

Alaska Infant Safe Sleep Initiative Develops Toolkit for Birthing Hospitals

The Alaska Division of Public Health engaged providers, parents, and other key stakeholders to develop a toolkit about safe infant sleep that reaches across cultural barriers and sets a model for state standards.

Background

Historically, Alaska has had a high post-neonatal mortality rate. Since 2009, a dedicated group of healthcare providers, hospital representatives, and public health leaders, led by the Alaska Division of Public Health (ADPH), have come together to form the Alaska Infant Safe Sleep Task Force and address some of the most preventable causes of infant death: unsafe sleep behaviors.

In 2009, the Alaska Maternal-Infant Mortality Review (MIMR) committee identified 53 Alaskan infants who died in a sleep environment between 2005 and 2007. After reviewing the circumstances of each case, the committee concluded that 25 deaths were preventable, 15 were probably preventable, and eight were possibly preventable. Using this data the Alaska Infant Safe Sleep Task Force developed the [Alaska Infant Safe Sleep Project](#) to promote a consistent safe-sleep message that reached across cultural barriers. The project includes a quality improvement toolkit on infant safe sleep for birthing facilities.

The project also has a social marketing campaign that is used outside of birthing facilities. Because Alaska has the highest percentage of out-of-hospital births in the country, the ADPH group recognized that many families would be missed with only an in-hospital intervention. Therefore, it is critical to distribute materials to additional partners via the social marketing campaign.

Steps Taken:

- In 2009, with support from ADPH leadership, the division formed a taskforce of healthcare providers and representatives from birthing facilities, neonatal intensive care units, and the Special Supplemental Nutrition Program for Women, Infants, and Children.
- ADPH reviewed infant mortality and Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2005-2010 and learned that many infant deaths could have been prevented with safe sleep practices. It also learned that infant safe sleep behaviors varied by hospital of birth.
- In September 2010, ADPH held a safe sleep summit to share information, formalize a coalition, and create a call to action. The summit focused on birthing hospitals because that is where a majority of births take place, making them the first opportunity to teach safe-sleep practices.
- The taskforce, along with the project partners, developed the [Alaska Infant Safe Sleep Toolkit](#) for Birthing Facilities. The toolkit provides a model for the state standard on safe sleep, based on

- The Alaska MIMR identified 53 Alaskan infants who died in a sleep environment between 2005 and 2007.
- During 2009-2010, Alaska PRAMS data show that 31 percent of mothers indicated that their babies did not usually sleep in a crib, and 27 percent reported that they most often placed their babies to sleep on their sides or stomachs.

the [AAP guidelines](#) for safe sleep, and invites Alaska birthing facilities to develop safe-sleep policies and implement education programs for nursing staff and patients.

- The toolkit's goal is for facilities to develop policies and quality improvement measures around safe sleep. The kit includes:
 - Sample safe-sleep policies.
 - Nurse education module.
 - An evaluation plan, including a crib audit, which allows birthing facilities to self-assess their safe-sleep practice before and after the nurse education module.
 - Posters and brochures with the safe-sleep message.
 - A three-star recognition program, [Baby Stars](#), which recognizes a facility's commitment to implement safe sleep practices. Facilities receive incentives on three levels for completing specific steps in the toolkit.
- To reinforce the safe-sleep message with parents after the hospital stay, ADPH also developed a social marketing campaign to reach parents and caregivers. Parent focus groups informed the social marketing campaign, enabling ADPH to tailor the safe-sleep message in a culturally appropriate way, and address concerns about proper breastfeeding practices, by presenting a "safe, safer, safest" message to avoid alienating vulnerable populations.
- The brochures and posters are also being used outside of hospitals in childcare centers and military base facilities. Home visitors also use the brochures and posters in their meeting with clients.
- ADPH has done safe-sleep training for some home visitors in Anchorage. ADPH plans to continue this outreach to home-visiting programs.
- Tribal organizations informed ADPH's efforts to develop culturally appropriate messaging and resources for the Alaska Infant Safe Sleep Project. Tribal health entities began [Healthy Native Babies](#) trainings in December 2006, and many tribal facilities currently use this approach.¹ This collaboration helped ADPH understand the cultural considerations of the rural and native populations where co-sleeping is common and housing arrangements limit the space for a crib. To avoid alienating tribal and native populations, a risk-reduction approach to infant sleep was more appropriate than an abstinence-only approach.
- ADPH plans to offer the toolkit in an electronic version in the future.

Results:

- The birthing facilities toolkit was released in August 2013. As of April 2014, three of the larger birthing facilities, out of 22 total, had fully adopted the toolkit and signed on for the recognition program. These three facilities cover approximately 33 percent of all births in the state.
- The poster and the brochure that were developed as part of the social marketing campaign were widely distributed around the state in childcare facilities, doctors' offices, and Joint Base Elmendorf-Richardson, which is a military facility in Anchorage.
- Not all the hospitals signed on to the full program, but many implemented the crib audit and use the training materials in the toolkit at their facilities.

¹ The Eunice Kennedy Shriver National Institute of Child Health and Human Development's Healthy Native Babies curriculum presents culturally tailored instruction and includes a risk-reduction approach to sleep environments.

- In Nome, AK, (rural area) Healthy Start home visitors are using the Healthy Native Babies curriculum to deliver safe-sleep messages that are culturally appropriate for their clients.
- In Anchorage, Nurse Family Partnership nurses use the Alaska Infant Safe Sleep program materials.
- PRAMS/maternal and child health epidemiology data indicate a decrease in infant mortality from 2007-2012, but it is difficult to determine if this decline is due to the safe-sleep efforts. Although the data is difficult to parse, ADPH leaders are encouraged by this development and plan to continue promoting safe sleep among various populations.

Lessons Learned:

- It is important to know your audience. The focus groups provided feedback that allowed the ADPH group to create a successful campaign. However, the wrong message could alienate vulnerable populations.
- To reach tribal populations, build strong relationships with tribal partners. ADPH has good working relationships with Alaska Native tribal organizations and has worked with them in the past on other issues (e.g., immunizations).
- Be patient and allow for some flexibility. For example, tribal health facilities adopted the Healthy Native Babies curriculum to address their particular needs. Some hospitals created their own programs and resources before the toolkit was released. Similarly, not all hospitals adopted the full toolkit, but many facilities use the crib audit and the training materials.
- Education during pregnancy is key. Parents need to plan ahead and be prepared to offer the best sleeping environment when their new baby arrives.
- It is important to set the tone at the birthing facilities, but the message also needs to be disseminated in other places that can influence caregivers' infant sleep practices. Because of the high percentage of out-of-hospital births, ADPH plans to expand the toolkit for childcare centers, pediatricians, and family practices.
- There is often tension between the safe sleep and breastfeeding communities. While breastfeeding is one of the safe-sleep recommendations, parents find it difficult to maintain proper breastfeeding practices and schedules, and avoid dangerous sleep situations (e.g., having the infant sleep in the same bed with the parent). It is important to consider this and work with the breastfeeding community when crafting safe-sleep messages.

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