Safe Sleep Change Package

By July 2017, reduce infant sleep-related deaths by improving safe sleep practices so that states:
1. Decrease sleep-related SUID mortality rate by 10% relative to the state baseline;
2. Increase % of infants placed on their backs for sleep by 10% or more relative to the state baseline;
3. Increase the % of infants placed to sleep in a safe sleep environment by 10% or more relative to the state baseline;
4. Increase the % of infants sleeping alone by 10% or more relative to the state baseline
5. Reduce relative disparities between white and non-Hispanic Black and American Indian/Alaska natives for SUID by 10% or more

* The fourth column identifies the states that worked on these priority areas during the Infant Mortality CoIIN Initiative.

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<th>Primary Driver</th>
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</table>
| PD1- Active endorsement of AAP guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment | SD1- Hospital safe sleep modeling | 1. Add safe sleep role modeling to annual skills training.  
2. Use safe sleep bassinet cards as visual reminders for nursery staff.  
3. Use reminders (e.g., onesies, crib sheets with safe sleep messaging).  
4. Use a graduation certificate as a means for NICU staff to explain to parents the rationale for the change from prone to supine position for their infant and the importance of safe sleep practices.  
5. Develop algorithm to determine when an infant is ready to start SSPs in NICU.  
6. Use sleep sacks instead of blankets.  
7. Discharge families with sleep sacks.  
8. Give staff access to their own data on safe sleep practices.  
9. Identify safe sleep champions for each shift.  
10. Utilize a crib audit tool to track data.  
11. Conduct periodic bed checks.  
12. Set up a safe sleep environment to model safe sleep.  
13. Use PQCs to develop metrics for actual safe sleep practices in hospitals, measuring modeling of safe sleep in nurseries and NICUs. | 1. KY, AZ, AR, NE, NM, WV, OK, MA, NY  
2. ND, TN, AZ, IA, NY, WV, MA  
3. ND, AZ, ND, MA  
4. NY  
5. MA, NY  
6. OK, MA, MY, WV, SC  
7.  
8. NM, OK, MA IA, NY  
9. NM, NY  
10. IA, TN, WV, MA, NY  
11. TN, OK, MA, NY  
12. RI, WV, MA, NY  
13. MA, NY |
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| SD2- Knowledgeable health professionals | | 1. Use hospital or county-level data on safe sleep and SUID rates in trainings.  
2. Show [video](#) that demonstrates how prone sleeping does not protect against choking in education sessions to address provider fear of aspiration (video available in Cribs for Kids app).  
3. Address common parental misconceptions and concerns on safe sleep that can be barriers to adoption of safe sleep practices in provider education.  
4. Consider any sleep-related infant death to be a sentinel event for the birth hospital (MedStar Franklin Square Medical Center in Baltimore). Track all infant deaths through Child Death Review Team and provide that feedback to staff at birth hospital. Help staff review what education was given to that family, and how they can improve.  
5. Use video testimonials from parents who have lost babies such as [Baltimore B'More Babies Safe Sleep Campaign Video](#).  
6. Have staff complete the [continuing education program on SIDS risk reduction](#) developed by the National Institute of Child Health and Human Development.  
7. Provide education on safe sleep in medical and nursing schools.  
8. Provide training for nurse educators on safe sleep.  
9. Use pre- and post-tests to assess knowledge, attitudes, beliefs and behaviors of health professionals.  
10. Partner with Medicaid, provider groups and national, state and regional health professional organizations to disseminate safe sleep educational materials.  
11. Utilize educational materials available in the [Crib for Kids Infant Safe Sleep App](#):  
   - Hospital Initiative Program  
   - Nursing Module  
   - Regurgitation Video  
12. Complete the [National Safe Sleep Certification Program](#).  
13. Utilize existing toolkits for improving safe sleep in birthing hospitals including [Cribs for Kids](#), [Alaska Infant Safe Sleep Toolkit](#), [Allegheny Health Department Model Hospital Policy, Manual and Toolkit](#), [West Virginia Say Yes to Safe Sleep for Babies Hospital and Home Visiting Education Program](#).  
14. Have coroners send letters to infants’ providers. |
<p>| | | State Priorities |
| | | 1. MA, NM, NY, OK |
| | | 2. MA, NY, OK, WV |
| | | 3. MA, MI, NE, NY, OK, WV, IA, SC, WI |
| | | 4. MA, NY, OK, TX |
| | | 5. OK, MA, NY |
| | | 6. CA, NE, OK, MA, NY |
| | | 7. AR, OK, NY |
| | | 8. AK, AR, AZ, IA, OK, NY, NM |
| | | 9. OK, NM, MA, NY AZ, AR, NE |
| | | 10. AR, OK, NY |
| | | 11. TX, MA, NY |
| | | 12. AR, WV, MA, NY ID, SC, TN |
| | | 13. AK, CA, WV, NY, TX, IL, NM |</p>
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| SD1 - Individualized education | SD3 - Hospital policy consistent with AAP guidelines and addresses the need for family-centered parent education and staff training/behavior modeling | 1. Partner with State Hospital Associations to encourage hospitals to implement policies on safe sleep.  
2. Consider any sleep-related infant death to be a sentinel event for the birth hospital (MedStar Franklin Square Medical Center in Baltimore).  
3. Complete the National Safe Sleep Certification Program.  
4. Utilize sample policies and templates (Allegheny Health Department Model Hospital Policy, Cribs for Kids, First Candle). | 1. AR, NE, VT, RI, TN, OK, MA, NY, MS, NE  
2. IL, TN, MA  
3. AR, WV, MA, NY  
4. FL, IL, OK, VT, NM, AR, WV, MA, ND |
| PD2 - Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every baby | 1. Education encourages honest conversation and includes skill building, explains rationale behind recommendations and addresses misconceptions and caregiver concerns on safe sleep.  
2. Use video testimonials from parents who have lost babies such as Baltimore B’More Babies Safe Sleep Campaign Video.  
3. Address the critical reasons for following safe sleep practices and common family concerns in all education.  
4. Engage mothers, fathers, and other infant caregivers and their communities in designing safe sleep messaging.  
5. Promote access to supports that encourage shared conversations with mothers, fathers, and other infant caregivers to identify their concerns and resistance to safe sleep behaviors, and work together to seek solutions to these challenges.  
6. Utilize a checklist when educating families on safe sleep.  
7. Utilize Delaware’s Safe Sleep Flipbook.  
8. Utilize educational materials available in Crib for Kids Infant Safe Sleep App:  
   a. Room Temperature  
   b. Safe Sleep for Your Grandbaby  
   c. Safe Sleep Poster | 2. OK, NY  
3. AR, NY, OK, WV  
4. AR, NM, NY, HI  
5. NY, OK, WV  
6. IL, MA, ME, NE  
7. TN  
8. AR, IA |
### Changes

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<td>d. What Does a Safe Sleep Environment Look Like</td>
<td>9. Utilize educational brochures by Cribs for Kids, or other reputable resources to educate caregivers about safe sleep.</td>
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<td>e. When You Smoke So Do I</td>
<td>10. Utilize videos targeting fathers such as <a href="#">Baltimore’s Safe Sleep Initiative</a>.</td>
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<td>9. Utilize educational brochures by Cribs for Kids, or other reputable resources to educate caregivers about safe sleep.</td>
<td>11. Provide consistent, accurate, and culturally competent information on smoking cessation, breastfeeding, and advocate breastfeeding as an integral part of safe sleep.</td>
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<td>10. Utilize videos targeting fathers such as <a href="#">Baltimore’s Safe Sleep Initiative</a>.</td>
<td>12. Provide access to training and supports to help mothers, fathers, other family caregivers learn how best to comfort and settle their infants in ways consistent with safe sleep.</td>
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<td>11. Provide consistent, accurate, and culturally competent information on smoking cessation, breastfeeding, and advocate breastfeeding as an integral part of safe sleep.</td>
<td>13. Ensure that mothers who choose to breastfeed know the options for successfully maintaining breastfeeding that are consistent with safe sleep practices.</td>
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<td>12. Provide access to training and supports to help mothers, fathers, other family caregivers learn how best to comfort and settle their infants in ways consistent with safe sleep.</td>
<td>14. Collect ‘life history’ of family’s infant sleep past to help develop family understanding of safe sleep, develop education based on family safe sleep history-include close relatives.</td>
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<td></td>
<td>13. Ensure that mothers who choose to breastfeed know the options for successfully maintaining breastfeeding that are consistent with safe sleep practices.</td>
<td>15. Utilize existing materials for training on <a href="#">teach-back</a> and motivational interviewing (<a href="#">example 1</a>, <a href="#">example 2</a>)</td>
</tr>
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<td></td>
<td>14. Collect ‘life history’ of family’s infant sleep past to help develop family understanding of safe sleep, develop education based on family safe sleep history-include close relatives.</td>
<td>16. Leverage expertise of professionals already trained in MI to integrate safe sleep into their work.</td>
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<td>15. Utilize existing materials for training on <a href="#">teach-back</a> and motivational interviewing (<a href="#">example 1</a>, <a href="#">example 2</a>)</td>
<td>17. Use Teach-back with parents on safe sleep practices.</td>
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<td></td>
<td>16. Leverage expertise of professionals already trained in MI to integrate safe sleep into their work.</td>
<td>18. Use motivational interviewing with families to surface resistance and engage in joint problem solving.</td>
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<tr>
<td></td>
<td>17. Use Teach-back with parents on safe sleep practices.</td>
<td>19. Require new parents to <a href="#">sign statements</a> that they have received counseling about safe sleep before leaving the hospital.</td>
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<td>18. Use motivational interviewing with families to surface resistance and engage in joint problem solving.</td>
<td>20. Use <a href="#">Safe Sleep Sweep App</a></td>
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### State Priorities

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<td>10. AR, NY</td>
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<td>13. OK, MA,</td>
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<td>18. AR, NY</td>
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<td>19. WV, OK</td>
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| SD2- Reduction of barriers for supporting families to keep infants safe within the context of day-to-day needs | 1. Ensure parents have access to safety-approved cribs, bassinets, or other safe sleep surfaces before leaving hospital.  
   a. Partner or initiate Crib for Kids program to distribute cribs or bassinets.  
   b. Start a Crib Incentive Program for pregnant women who attend prenatal visits.  
2. Distribute “Finland Baby Box” that contains clothes, blankets, and a mattress.  
3. Distribute sleep sacks at hospital discharge or at well-child visits.  
4. Utilize culturally appropriate sleeping products, i.e. Cradleboards, Wahakuras, Pepi-pods.  
5. Provide safe sleep education as part of play yard distribution programs. | 1. TN, NM, WV, OK, MA, IL, IA, ME, FL  
1a. IA, NM, ME, WV  
(a & b), MA, MS  
1b. WV  
2. FL, TN, NM  
3. OK, MA, WY, SC, NY  
5. DC, MA, OK, WV, MN |
| SD3- Reinforcement of safe sleep messaging in a variety of settings that interact with pregnant women and families | Changes for all settings:  
1. Create and distribute safe sleep bassinet cards, door hangers, and bibs as visual reminders for families at home.  
2. Create or use existing pictorial, or fact sheet cardboard cards.  
3. Provide consistent, accurate, and culturally competent information on smoking cessation, and advocate breastfeeding as an integral part of safe sleep.  
4. Provide access to training and supports to help mothers, fathers, and other family caregivers learn how best to comfort and settle their infants in ways that are consistent with safe sleep.  
5. Ensure that mothers who choose to breastfeed know the options for successfully maintaining breastfeeding that are consistent with safe sleep practices.  
6. Use video testimonials from parents who have lost babies such as Baltimore B’More Babies Safe Sleep Campaign Video.  
7. Utilize videos targeting fathers such as Baltimore’s Safe Sleep Initiative.  
8. Utilize Delaware’s Safe Sleep Flipbook.  
9. Utilize educational materials available in Crib for Kids Infant Safe Sleep App:  
   a. Room Temperature  
   b. Safe Sleep for Your Grandbaby  
   c. Safe Sleep Poster  
   d. What Does a Safe Sleep Environment Look  
   e. When You Smoke So Do I | 1. WV, OK, MA, NY, ND, AZ  
2. NY, MA  
3. WV, OK  
4. MN, WV, MA, NY  
7. OK, WI  
11. OK, NY  
13. NY |
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<td><strong>Hospital stay:</strong> <strong>10.</strong> Provide Safe Sleep information to caregivers at registration to the birth hospitalization. <strong>11.</strong> Educate families on safe sleep during post-partum room orientation. <strong>12.</strong> Add question on safe sleep to routine post-discharge telephone courtesy calls. Ask parents about safe sleep practices &amp; provide counseling if unsafe practices are identified. <strong>13.</strong> Include safe sleep strategies in the agenda of breastfeeding and discharge educational classes for parents. <strong>14.</strong> Use formative evaluation using an educative questionnaire during the maternity stay to improve maternal awareness on SIDS risk factors and mothers’ compliance with recommendations about SIDS prevention. <strong>15.</strong> Support national leaders who are exploring ways in partnership with the Joint Commission to increase and standardize the delivery of safe infant sleep education to new parents before they leave the hospital with their newborns.</td>
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<td><strong>Well-child visits:</strong> <strong>16.</strong> Utilize <a href="#">Bright Futures questionnaires</a> in the infant pediatric visits, which are inclusive of safe sleep promotion but also many other infant health, safety and wellness issues.</td>
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<td><strong>Health and Public Health Programs:</strong> <strong>17.</strong> Distribute safe sleep education with birth certificates. <strong>18.</strong> Work closely with OCFs, Office of Alcoholism and Substance Abuse Services (OASAS), WIC, etc. to ensure consistent messaging and efforts around infant safe sleep. <strong>19.</strong> Conduct 15-minute small group educational session with WIC program (prior to distributing food vouchers) that answers frequently asked questions. <strong>20.</strong> Provide online module and/or distribute brochures/educational materials at WIC sites. <strong>21.</strong> Confirm that all distributed materials are consistent with safe sleep messages. Consider developing an official positive safe sleep message for use in all public agencies with support from the breastfeeding community. <strong>22.</strong> Standardize safe sleep messages for all federally funded home visiting programs. <strong>23.</strong> Ask home visitors or other state agencies to use a Home Visiting Safe Sleep Assessment Tool to screen for unsafe sleeping environments.</td>
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15. OK  
16. OK  
17. NY, WV  
18. NY  
19. MA  
20. TN, ND, AK, MA, OK, NY, AR  
21. SC, TX, TN, OK, AR, MA, NY  
22. NM, WV, OK, MA, IL, MI, DC, AZ  
23. ME, IA, NE, NM, WV, OK, MA, NE
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<td>24. Standardize education and training for home visitors on current AAP guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment.</td>
<td>24. IL, OK, AZ, NE, WI, RI, WV, MA</td>
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<td></td>
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<td>25. Utilize existing toolkits for home visiting programs including West Virginia Say Yes to Safe Sleep for Babies Hospital and Home Visiting Education Program.</td>
<td>25. WV</td>
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<td></td>
<td>26. Support DCFS in working with foster parents to ensure education on safe sleep.</td>
<td>26. MA, OK, IL</td>
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<td>27. Leverage OASAS to work with mothers at residence homes.</td>
<td>27. NY</td>
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**SD4- Development and implementation of culturally congruent education materials, social marketing messages and communication strategies on safe sleep in partnership with families**

1. Utilize videos targeting fathers such as Baltimore’s Safe Sleep Initiative.
2. Utilize existing campaigns such as Los Angeles Safe Sleep for Baby, Delaware’s Long Live Dreams, NICHD Safe to Sleep, Ohio’s ABCs of Safe Sleep Campaign.
3. Utilize existing educational materials such as those from NICHD.
4. Use National Center for Cultural Competence Engaging Ethnic Media to Inform Communities about Safe Infant Sleep.
5. Utilize existing educational materials for American Indian and Alaska Native families i.e., The Coming of the Blessing and Healthy Native Babies Project Facilitator’s Packet.
6. Partner with the state’s Office of Health Equity/ Office of Minority Health to ensure that disparity reduction is included in the framing of the work and alliances with key community groups are forged.
7. Utilize social media outlets such as Text4Baby and TodaysBaby.
8. Utilize media messages and training materials with a focus on grandmothers (North Carolina Healthy Start Foundation, Safe to Sleep Campaign materials, Cribs for Kids Safe Sleep Education for Your Grandbaby).
9. Integrate competing messages into one universal message that encompasses both safety and developmental nurturing.
10. Distribute Sleep Baby Safe and Snug board book that provides timely and repetitive safe sleep messaging in approachable, easy-to-read book.
11. Consider partnering with coroners and medical examiners to distribute safe sleep education materials.
12. Consider use of celebrities or figurehead to promote safe sleep.
13. Initiate a safe sleep awareness day, week or month.
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| SD5- Targeted outreach and strategies for high-risk populations | 1. Utilize existing harm reductions messages to avoid alienating vulnerable populations ([Alaska Brochure](#), [Alaska Poster](#)).  
2. Partner with the state’s Office of Health Equity/Office of Minority Health to ensure that disparity reduction is included in the framing of the work and alliances with key community groups are forged.  
3. Utilize existing educational materials for American Indian and Alaska Native families i.e., [The Coming of the Blessing](#) and [Healthy Native Babies Project Facilitator’s Packet](#). | 1. AK, HI, NY |
| PD3- Activated community champions | SD1- Safe sleep behavior is understood and championed by trusted individuals and groups who are influential in the lives of mothers, fathers, grandparents and other infant caregivers | 1. Engage trusted and credible individuals and groups as safe sleep “champions” who have the motivation, knowledge, and skills to engage in meaningful conversations with mothers, fathers, and other infant caregivers in promoting safe sleep behaviors.  
2. Engage respected sources of information and opinions about child care and health in system-wide efforts to promote safe sleep and breastfeeding.  
3. Partner with faith communities, tribal elders, community elders, African American sororities/fraternities ([Arkansas’ Sisters United](#)) as a way to engage respected and influential community members.  
4. Utilize media messages and training materials with a focus on grandmothers ([North Carolina Healthy Start Foundation](#), [Safe to Sleep Campaign materials](#), [Crib for Kids Safe Sleep Education for Your Grandbaby](#)).  
5. Partner with AARP to reach grandparents with safe sleep messages.  
6. Included anticipatory guidance around safe sleep as part of adolescent well visits.  
7. Partner with state family advocacy organizations such as Family Voices and First Candle.  
8. Identify parent leaders actively involved in improving birth outcomes through community-based efforts and support groups such as Best Babies Zone, Cincinnati Children’s Hospital, B’more for Babies, Northern Manhattan Perinatal Partnership and Magnolia Project. | 1. FL, OK, NY  
2. AR, WV, OK, NY  
3. AR, NY, AK, WI  
4. WV, NY  
5. HI  
7. OK  
9. OK |
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| SD2- Reinforced safe sleep messaging in community settings |  | 1. Work with retailers such as grocery and baby stores to promote safe sleep messages in baby aisles.  
2. Ensure that media and manufacturing exposures follow safe sleep guidelines (store displays, magazines, websites).  
3. Engage mothers, fathers, and other infant caregivers and their communities in designing safe sleep messaging.  
4. Disseminate safe sleep messages at church events.  
5. Engage nontraditional partners who can share safe sleep messages with their constituents (Department of Motor Vehicles, barbers, hair dressers, etc.).  
6. Utilize [American Association of Advertising Agencies website](http://example.com) with safe sleep information for their companies.  
7. Promote [Safe Sleep Image Guidelines](http://example.com).  
8. Train first responders. EMT, paramedics, firefighters, and police officers to actively look for safe sleep hazards when they're on site or on scene of an emergency call in a home with small children, less than one year of age ([Direct On-Scene Education (D.O.S.E)](http://example.com) program and Cops n' Cribs).  
9. Include unsafe sleep environment as a secondary impression for EMS. Referral and follow-up occurs if secondary impression is documented.  
11. Create a baby sitter/child care check list including safe sleep recommendations.  
12. Include safe sleep in the curriculum for babysitting classes (such as those offered by the Red Cross).  
13. Work with middle and high schools to include safe sleep as part of health education. | 1. TN, OK  
2. NY, OK, SC  
3. HI, CA, IL, NY  
4. OK, NY  
5. WV, OK  
6. TN, NM, AR, OK, MA, MS  
7. MA, OK, IL |
| SD3 - Utilize local data to identify bright spots |  | 1. Utilize analytic techniques such as GIS mapping and perinatal periods of risk (PPOR) to identify bright spots or areas of positive deviance.  
2. Use SUID case registry to find teams with success stories.  
3. Build on bright spot positive deviance theory and approaches. | 1. NM, MA  
2. OK, NY |
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<td>PD4- Supportive policies for safe sleep practices</td>
<td>SD1- Standardized policies, practices and reporting for infant deaths and death scene review</td>
<td>1. Utilize Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF), investigation guidelines and training curriculum. 2. Partner with Medical Examiner and state police or other death scene investigators to ensure that detailed info about sleep-related deaths is collected and is uniformly reporting through death certificate. 3. Establish and partner with fetal and infant mortality review (FIMR) programs and Child Death Review Teams to increase understanding of conditions leading to infant deaths in the community. 4. Child Death Review Team reports all sleep-related infant deaths to birth hospital.</td>
<td>1. TN, OK, MA, MN 2. IL, NM, OK, MA, WI 3. IL MN, TX, WV, OK 4. TX, MA</td>
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<td>SD2- State child care and welfare licensing regulations include requirements on safe sleep policies and training</td>
<td>1. Partner with the state early education/child care agency to incorporate safe sleep education of providers as part of licensure, on site safety checks and inspections. 2. Utilize safe sleep educational resources that child care providers can share with parents. 3. Include educational resources/training for child care providers in their continuing education courses. 4. Utilize materials developed through the Healthy Child Care America Back to Sleep Campaign. 5. Utilize Michigan’s online training &quot;Infant Safe Sleep for Child Care Providers.&quot; 6. Partner with unlicensed child care providers.</td>
<td>1. NM, WV, OK, MA, NE, AK, IL, MS 2. FL, WV, OK, MA 3. FL, OK, SC, HI, IA, WV 4. OK 5. OK 6. HI, WV</td>
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<td>SD3- Medicaid policies and programs facilitate safe sleep</td>
<td>1. Revise Medicaid EPSDT guidelines to include safe sleep education. 2. Revise Medicaid coverage to include a post-partum home visit for all new moms and infants. 3. Designate cribs as a safety item, so that they can be covered by Medicaid. 4. Create <a href="#">crib/pack n play incentive program</a> for pregnant women who go to prenatal visits.</td>
<td>1. AR 4. WV</td>
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<tr>
<td>SD4- Institute federal and state policies and regulations that facilitate safe sleep</td>
<td>1. Ban sale of crib bumpers. 2. Develop performance measures related to safe sleep. 3. Require that all sleep related products undergo safety testing.</td>
<td>1. WV, IL 2. NY</td>
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Safe Sleep Bibliography

PD1- Active endorsement of AAP guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment

SD1- Hospital Safe sleep modeling


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**SD2- Knowledgeable health professionals**


SD3- Hospital policy consistent with AAP guidelines and addresses the need for family centered parent education and staff training/behavior modeling


PD2- Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

SD1- Individualized education


**SD2- Reduction of barriers for supporting families to keep infants safe within the context of day-to-day needs**


SD3- Reinforcement of safe sleep messaging in a variety of settings that interact with pregnant women and families


SD4- Develop and implement culturally congruent education materials, social marketing messages and communication strategies on safe sleep in partnership with families


5. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Safe to sleep public education campaign. doi:10.1097/NHH.0b013e31829330d2.


SD5- Targeted outreach and strategies for high-risk populations


PD3- Activated community champions

SD1- Safe sleep behavior is understood and championed by trusted individuals and groups who are influential in the lives of mothers, fathers, grandparents and other infant caregivers


SD2-Reinforced safe sleep messaging in community settings


SD3- Utilize local data to identify bright spots


PD4- Supportive policies for safe sleep practices

SD1- Standardized policies, practices and reporting for infant deaths and death scene review


SD2- State child care and welfare licensing regulations include requirements on safe sleep policies and training


SD3- Medicaid policies and programs that facilitate safe sleep


SD4- Federal and state policies and regulations facilitate safe sleep


The accompanying information, materials, and recommendations are the result of the collaborative efforts of several organizations and individuals on this project and do not necessarily reflect the views of any national partner.
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