Meet Our Facilitators

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*NICHQ Senior Project Director*

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*Founder Black Print Inc. and Global Infant Safe Sleep (GISS) Center*
Meet NICHQ

NICHQ is a mission-driven nonprofit dedicated to driving dramatic and sustainable improvements in the complex issues facing children’s health.
What Motivates Us

Mission
Driving change to improve children’s health

Vision
Every child achieves optimal health
Passionate Experts & Influencers

We know how to:

• create pathways and partnerships
• get real traction on tough issues
• bring the right people and capabilities together

to transform systems for better health outcomes.
16 Current Initiatives

• Asthma
  ➢ Florida Asthma and Tobacco Cessation Learning and Action Networks

• Early Childhood
  ➢ Common Metrics to Drive Change through Early Childhood Systems
  ➢ Early Childhood Comprehensive Systems CoIIN
  ➢ Environmental Influences on Child Health Outcomes: Developmental Impact of NICU Exposures
  ➢ Parenting through Pediatrics Practice Analysis
  ➢ Partnering for Impact to Improve 0-3 Outcomes
  ➢ Strengthening Early Childhood Comprehensive Systems through Policy and Cross-State Learning Efforts

• Epilepsy
  ➢ American Academy of Pediatrics-Children and Youth with Epilepsy Evaluation

• Infant Health
  ➢ Maternal and Child Environmental Health CoIIN
  ➢ National Action Partnership to Promote Safe Sleep Improvement and Innovation Network
  ➢ National Network of Perinatal Quality Collaboratives
  ➢ NYS Maternal and Child Health Collaboratives
  ➢ Safe Sleep CoIIN to Reduce Infant Mortality

• Newborn Screening
  ➢ NewSTEPs 360

• Sickle Cell Disease
  ➢ Sickle Cell Disease Treatment Demonstration Program

• Vision and Eye Health
  ➢ Improving Children’s Vision: Systems, Stakeholders & Support
Our Safe Sleep Projects

• National Action Partnership to Promote Safe Sleep Improvement and Innovation Network

• Safe Sleep CoILIN to Reduce Infant Mortality
State of the Problem
U.S. Has One of the Worst Infant Mortality Rates

NOTES: Canada’s 2010 data were not available from the Organisation for Economic Co-operation and Development (OECD) at the time of manuscript preparation. The 2009 infant mortality rate for Canada was 4.9. If the 2010 data for Canada had been available, the U.S. ranking may have changed. Deaths at all gestational ages are included, but countries may vary in completeness of reporting events at younger gestational ages.

SOURCES: CDC/NCHS, linked birth/infant death data set (U.S. data); and OECD 2014 (all other data). Data are available from: http://www.oecd.org.
It Gets Worse

Babies born to black mothers in the U.S. die at more than twice the rate of babies born to white mothers.
Sudden Unexpected Infant Deaths

Deaths per 100,000 Live Births due to SUID, 1990-2015

In 2015, there were about 3,700 sudden unexpected infant deaths in the United States.

C D C
U.S. SUID by Cause: 2015

- **SUID**: Death of an infant younger than 1 year of age that occurs suddenly and unexpectedly. Includes suffocation, entrapment, infection, trauma, and SIDS among other causes.

- **SIDS**: Sudden death of an infant younger than 1 year of age that cannot be explained even after a full examination.

- **Unknown cause**: 32%
- **Accidental suffocation and strangulation in bed**: 25%
- **Sudden infant death syndrome**: 43%

Source: CDC/NCHS, National Vital Statistics System, Compressed Mortality File
American Indian, Alaskan Native and Black Babies Die at Higher Rates

UNSAFE SLEEP PRACTICES WITH BABIES ARE COMMON.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Not Placing Baby on Back to Sleep</th>
<th>Overall 22%</th>
<th>Any Bed Sharing</th>
<th>Overall 61%</th>
<th>Any Soft Bedding</th>
<th>Overall 39%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16%</td>
<td>53%</td>
<td>77%</td>
<td>33%</td>
<td>41%</td>
<td>53%</td>
</tr>
<tr>
<td>Black</td>
<td>38%</td>
<td>77%</td>
<td>67%</td>
<td>41%</td>
<td>41%</td>
<td>53%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27%</td>
<td>67%</td>
<td>77%</td>
<td>53%</td>
<td>55%</td>
<td>53%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>21%</td>
<td>77%</td>
<td>77%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>20%</td>
<td>84%</td>
<td></td>
<td>36%</td>
<td></td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of Mother (years)</th>
<th>Not Placing Baby on Back to Sleep</th>
<th>Overall 22%</th>
<th>Any Bed Sharing</th>
<th>Overall 61%</th>
<th>Any Soft Bedding</th>
<th>Overall 39%</th>
</tr>
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<tbody>
<tr>
<td>19 or less</td>
<td>30%</td>
<td>77%</td>
<td></td>
<td>49%</td>
<td></td>
<td>49%</td>
</tr>
<tr>
<td>20-24</td>
<td>28%</td>
<td>69%</td>
<td></td>
<td>46%</td>
<td></td>
<td>46%</td>
</tr>
<tr>
<td>25-34</td>
<td>19%</td>
<td>58%</td>
<td></td>
<td>36%</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>35+</td>
<td>19%</td>
<td>57%</td>
<td></td>
<td>36%</td>
<td></td>
<td>36%</td>
</tr>
</tbody>
</table>

### Duration of Breastfeeding and Risk of SIDS

- Individual level data from 8 case control studies
- 2267 SIDS cases and 6837 control

<table>
<thead>
<tr>
<th></th>
<th>Pooled Adjusted Model ANY Breastfeeding</th>
<th>Pooled Adjusted Model Exclusive Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>0-2 months</td>
<td>0.91 (0.68-1.22)</td>
<td>0.82 (0.59-1.14)</td>
</tr>
<tr>
<td>2-4 months</td>
<td>0.60 (0.44-0.82)</td>
<td>0.61 (0.42-0.87)</td>
</tr>
<tr>
<td>4-6 months</td>
<td>0.40 (0.26-0.63)</td>
<td><strong>0.46 (0.29-0.74)</strong></td>
</tr>
<tr>
<td>&gt; 6 months</td>
<td><strong>0.36 (0.22-0.61)</strong></td>
<td></td>
</tr>
</tbody>
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Hauck F et al Pediatrics. 2017
What Will Make A Difference

• Knowledge
• Understanding the risk and what reduces risk
• Modelling
• Conversations that meet people where they are
• Being realistic and relevant
Role Play: Situation One

Setting: Home visitor finds father in the middle of the chaos of daily life (e.g., loud children, busy home.)
Key Takeaways for Successful Conversations

• Be supportive; without judgement

• Clarify risk factors

• State desired behavior (e.g., *nothing but the infant in the crib*)

• Ask questions about factors that influence sleeping environments that aren’t easily visible (e.g., *co-sleeping, breastfeeding*)

• Consider who the influencers are in the family

• Stress educating all caregivers about safe sleep practices
“When fathers are involved, children thrive in school and in their development. So, it should be no surprise that when fathers are present in the lives of pregnant mothers, babies fare much better.”

- According to Amina Alio, PhD, research assistant, professor of community and family health at the USF College of Public Health.
Role Play: Situation Two

Setting: A mother at a Women Infants and Children (WIC) office.

Tony Hill
Founding Executive Director of the Northeast Mississippi Birthing Project

Stacy D. Scott, PhD, MPA
Founder Black Print Inc. and Global Infant Safe Sleep (GISS) Center
Additional Key Takeaways for Successful Conversations

• A conversation: Active listening to support what is possible to reduce risks
• Acknowledge what you’ve heard
• Share what you’ve seen work
• Make sure there is acknowledgement that a behavior change is possible
• Identity where to turn for additional support
What’s Next?
Resources

• Campaigns to Conversations
  https://www.ncemch.org/learning/building/index.php

• Infant Mortality Prevention Toolkit www.nichq.org/infant-mortality-prevention-toolkit

• Join NICHQ’s “Friends of NAPPSS-IIN” email list for quarterly project updates on our safe sleep and breastfeeding initiative
  http://nappss.gr8.com/

• Attend First Candle’s Webinar: Straight Talk for Infant Safe Sleep, an individualized approach to promote safe sleep and breastfeeding, on May 2, 2018 |12 p.m. ET
  www.firstcandle.org
Learn more @ www.NICHQ.org