

TALKING WITH PARENTS AND CAREGIVERS ABOUT SAFE SLEEP

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Gift of Life, Nurse-Family Partnership

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STAFF NURSE, LABOR AND DELIVERY, BAPTIST MEDICAL CENTER

JUNE 1987 - JANUARY 1997

MATERNAL EDUCATOR, GIFT OF LIFE

AUGUST 2002 - DECEMBER 2008

- Developed curriculum and provided education to pregnant teens with Montgomery Public Schools. Collaborated with Montgomery Public Schools' nurses to track and support pregnant and parenting teens.

NURSE HOME VISITOR, GIFT OF LIFE

DECEMBER 2008 - DECEMBER 2011

- Case management of 25 first time moms utilizing the Nurse Family Partnership Model

TEAM LEADER/NURSE EDUCATOR/ NURSE HOME VISITOR, GIFT OF LIFE

DECEMBER 2011 - FEBRUARY 2019

- Case management and home visitation under the Nurse Family Partnership model, leader of team meetings and case conferences, educating newly hired nursing staff and promoting development of skills of nurse home visiting.

NURSE HOME VISITOR/NURSE SUPERVISOR, GIFT OF LIFE

FEBRUARY 2019 - CURRENT

- Case management/home visitation and supervising under the Nurse Family Partnership Model/assist with grant writing and programmatic reporting.

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OBJECTIVES

- Identify challenges parents encounter in following safe sleep practices.
- Discover strategies that promote open discussion around safe sleep practices.
- Learn ways to assist parents to align their sleep practices with the most current safe sleep practices.

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NURSE FAMILY PARTNERSHIP

Nurse-Family Partnership® is an evidence based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality.

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There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse." David Olds, PhD Founder of Nurse-Family Partnership, Professor of Pediatrics at University of Colorado, Denver.



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KEY GOALS

- ▶ Improve Pregnancy Outcomes
- ▶ Improve Child Health and Development
- ▶ Improve Economic Self-Sufficiency of the family

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NFP Currently Serving:

- ▶ 191 Women Clients and 135 infants/toddlers
- ▶ Average Number of Visits while enrolled: 50.4 Visits
(If completed program)
- ▶ 986 Families Served since GOL NFP Inception in 2008

NFP-GIFT OF LIFE



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DEMOGRAPHICS

RACE

- ▶ 85% Black/AA
- ▶ 3% Multi-racial
- ▶ 9% White
- ▶ 2% Other/Hispanic
- ▶ 1% Asian




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AGE

- ▶ 23% - Age 15-20
- ▶ 64% - Age 21-30
- ▶ 12% - Age 31-40
- ▶ <1% Age 40+

DEMOGRAPHICS




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DEMOGRAPHICS
MARITAL STATUS

- 80% Single, Never Married
- 11% Not Married, Living with Partner
- 8% Married
- <1% Divorced
- <1% Separated

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EDUCATION

- 88% of clients have completed HS by completion of NFP program
- 11% of clients have completed or are enrolled in additional education (trade school, Associate's Degree, Bachelor's Degree) upon completion of NFP program

WORKFORCE PARTICIPATION

- 57% of Clients are working at completion of NFP program
- 67% work full-time
- 33% work part-time

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GIFT OF LIFE -NFP

- 84 % Babies Born at a Healthy Weight
- 82 %Babies Born Full Term
- 56 %Mothers Initiated Breastfeeding
- 91% Babies Received all Immunizations by 24 Months

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SUDDEN UNEXPECTED INFANT DEATH

THESE DEATHS OCCUR AMONG INFANTS LESS THAN ONE YEAR OLD AND HAVE NO IMMEDIATELY OBVIOUS CAUSE.

Three commonly reported types of SUID:

- Sudden infant death syndrome (SIDS)
- Unknown cause
- Accidental suffocation and strangulation in bed.

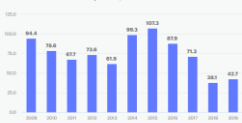
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SUDDEN UNEXPECTED INFANT DEATH

- ▶ From 2017 to 2018
- ▶ Seventy infant deaths were classified as SUID; this accounted for 17.3 percent of all infant deaths in Alabama.
- ▶ Infant Mortality-ADPH

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Infant deaths due to sudden infant death syndrome: Alabama, 2009-2019



MARCH OF DIMES

- In Alabama in 2019, the infant mortality rate due to sudden infant death syndrome (SIDS) was 42.7 per 100,000 live births.
- This accounted for 5.5% of all infant deaths in Alabama in 2019.

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Purpose	Listen	Discuss
Purpose of Study:	Listen to how home visit nurses offer education	Discuss ways nurses could support mothers to be more successful in using safe sleep practices

WHAT ARE THE CHALLENGES PARENTS ENCOUNTER WHEN FOLLOWING SAFE SLEEP PRACTICES ?

Supporting African American Mothers During Nurse Home Visits in Adopting Safe Sleep Practices
Deborah Shifer RN, CNM
Sherry Mukassa Matemacani, CHES
Lane Crane MSN, RN

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“ IN ONE STUDY WITH ENHANCED MESSAGING ABOUT SAFE SLEEP GUIDELINES, AFRICAN AMERICAN MOTHERS CONTINUED TO BED-SHARE DESPITE HEARING THAT BED-SHARING INCREASED THE RISK OF SIDS AND SUFFOCATION ”

Moon, Mathews, et al., 2017

When the mother believes that her vigilance is the primary protective Mechanism for keeping her child safe, it is difficult to assure her that the safest place for her child to sleep is in a crib or bassinet.

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RESULTS-TWO OVERALL THEMES WERE IDENTIFIED

- Challenges following safe sleep practices
- Nurses' perspectives on how to better promote safe sleep practices

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CHALLENGES
FOLLOWING SAFE
SLEEP
RECOMMENDATIONS

▶ Starting with good intentions-
in this study, Nurses explained
that most mothers were
receptive to the education
and planned to follow the
recommendations

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BUT... SOMETHING
HAPPENS

Crying infant or sick infant-so mother brings
the infant to bed and he sleeps better

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KEEPING A
SECRET

Some moms plan
to sleep with their
babies even
though they have
received the
education

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CULTURE


Often follow suggestions of mother, especially if they are living with their mother

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Crib Death

Sources of misinformation include: family, social media and the community

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MISTRUST

Nurse Home visitors have the unique opportunity to build a trusting relationship

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NURSES PERSPECTIVES ON HOW TO BETTER PROMOTE THE SAFE SLEEP MESSAGE

Why can't it be easier?
Relationships and trust

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IN SUMMARY

Mothers intend to follow safe sleep practice-but challenges for caring for infant change their practices

Many African American Mothers believe they can be more vigilant about protecting their infants if the infant is in the bed with them

Misinformation-can play a role in the decision

Creating a trusting, respectful relationship is essential

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Barriers and Challenges

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WHAT ARE THE BARRIERS OUR CLIENTS FACE IN PRACTICING SAFE SLEEP?

WHAT ARE THE REASONS THEY CHOOSE TO CO-SLEEP?

"They usually show they have the intention to practice safe sleep-it seems that when it comes to doing, it just falls apart."

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- ▶ Baby Doesn't like the bed
- ▶ Moms can sleep better when baby is in bed with them
- ▶ Being a tired mom
- ▶ Breastfeeding
- ▶ Baby sleeps better
- ▶ Safety-vigilance Issue
- ▶ Anxiety of mom when baby was away from her
- ▶ Space in the Bedroom
- ▶ Mobility of clients

BARRIERS

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- Use my own experience and understanding as a mom
- Validate their feelings and show my understanding
- Explain to them that it also will hinder their ability as mom to have "me time" or time to do things around the house.
- Ask questions:
- Do you have blanket and pillow in your bed? Who sleeps in your bed?
- Giving them awareness of what co-sleeping risks are. If you are going to co-sleep, let's show you ways we can make that situation as safe as possible (no fully covered fully pillows etc).
- Suggesting bassinets that can go IN the mom's bed.

How do you address these reasons and your concerns with your clients?

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The more you do it, the easier it gets.

Consistency of each visit.

Show no judgement.

After you try to educate, using your own experience and sharing the new research helps.

Explaining your own regrets about choosing co-sleeping in the past in your own life.

DOES IT MAKE YOU UNCOMFORTABLE TO TALK ABOUT AN ENVIRONMENT THAT WE KNOW IS NOT SAFE?

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Keep talking without judgement and providing education.

Provide encouragement and support.

Address concerns like bobby in bed-demonstrate what could happen.

Validate their concerns and show understanding.

Relating to mom is key.

WHEN A CLIENT HAS BEEN CO-SLEEPING BUT STARTS TO PRACTICE SAFE SLEEP WHAT STRATEGIES DID YOU USE AS HER NURSE THAT IMPACTED HER DECISION?

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Safe Sleep Handout showing NOTHING in the crib.

Discussing Dangers of co-sleeping environment on the couch.

Safe Sleep interactive website.

Demonstration and return demonstration with doll on home visit.

WHAT IS WORKING WHEN YOU ARE EDUCATING YOUR CLIENTS?

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HOW CAN WE HELP OUR CLIENTS BE SUCCESSFUL IN PRACTICING SAFE SLEEP?

- Consistent encouragement.
- Showing risk assessments with factors (LBW, smoker, etc) to clients.
- Sharing risk factors.
- Making sure that they have something like a Pack n Play that they can take to other environments or caretakers' homes.
- Utilize Cribs for Kids through ACHN Care Coordinators

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What you say to parents and caregivers of infants does make a difference

- Use a strength-based approach. This helps families feel valued, not judged.
- Ask for permission to share information and remember to be respectful and sensitive.
- Use open-ended questions to get the conversation going and to keep it honest.
- Remember the goal is to reduce the risk by sharing information, answering questions and concerns, discussing resources, problem-solving, and offering support.

[HTTPS://SAFESLEEPNC.ORG/HEALTHCARE-PROVIDERS/TALKING-TO-FAMILIES-ABOUT-SAFE-S](https://safesleepnc.org/healthcare-providers/talking-to-families-about-safe-s)

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Judgement free and Honest Dialogue Using open-ended question such as:

- What do you like about bed sharing?
- What makes it hard for you to put your baby on their back to sleep?

By proactively avoiding yes or no answers, you can better understand parents' and caregivers' motivations and help to create solutions for each family that reduces the risk of death or injury for the infant.

[HTTPS://SAFESLEEPNC.ORG/HEALTHCARE-PROVIDERS/TALKING-TO-FAMILIES-ABOUT-SAFE-S](https://safesleepnc.org/healthcare-providers/talking-to-families-about-safe-s)

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Open-Ended Questions to Talk About Safe Sleep

What have you heard about ways to keep your baby safe while they sleep?

What worries or questions do you have about how and where your baby should sleep?

What do others who will care for your baby know about safe sleep practices?

What plans have you made for where your baby will sleep? (Or: Where does your baby sleep?)

We recommend that you put your baby to sleep alone, on his or her back and in a crib. What do you think about these recommendations?

[HTTPS://SAFESLEEPNC.ORG/HEALTHCARE-PROVIDERS/TALKING-TO-FAMILIES-ABOUT-SAFE-S](https://safesleepnc.org/healthcare-providers/talking-to-families-about-safe-s)

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There is no 100% safe way to bed share, but there are issues that make bed sharing more dangerous.

The below factors increase the risk of infant death when bed sharing.

If Your Baby:

- ▶ Was born premature (less than 37 weeks)
- ▶ Was born weighing less than 5lbs 8oz
- ▶ Is less than 4 months old
- ▶ The mother of the baby smoked during pregnancy.

HTTPS://SAFESLEEPNC.ORG/HEALTHCARE-PROVIDERS/TALKING-TO-FAMILIES-ABOUT-SAFE-S

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The below factors increase the risk of infant death when bed sharing.

If the person sharing the Sleep Space with your baby

- ▶ Smokes or vapes (even if you do not smoke/vape in bed)
- ▶ Has taken any medicines or drugs that might make it harder for you to wake up.
- ▶ Drank any alcohol.
- ▶ Is not the baby's parent.

HTTPS://SAFESLEEPNC.ORG/HEALTHCARE-PROVIDERS/TALKING-TO-FAMILIES-ABOUT-SAFE-S

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The below factors increase the risk of infant death when bed sharing.

If the Sleep Space

- ▶ Has pillows/blankets/loose bedding, or a soft mattress (like memory foam or pillow top)
- ▶ Is a couch or recliner
- ▶ Has multiple people in the bed, including other children or pets

https://safesleepnc.org/healthcare-providers/talking-to-families-about-safes

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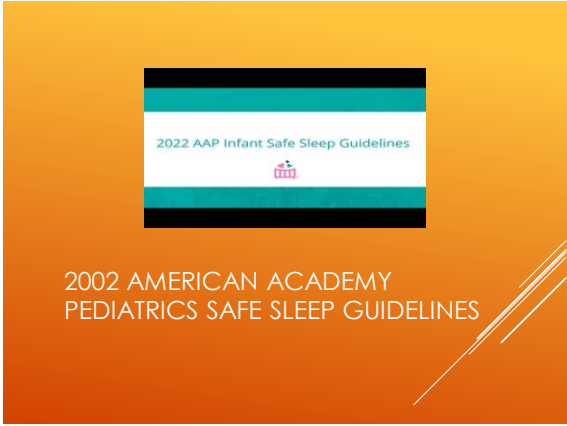
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Talking Points

- Placing your baby on the stomach on soft bedding (such as a pillow) increases the risk of death by 21 times.
- A baby who usually sleeps on the back and is suddenly placed to sleep on the stomach has an 18 times greater risk of dying.
- The risk of death from these two factors is increased almost 40-times!

https://safesleepnc.org/healthcare-providers/talking-to-families-about-safes

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