Teaching Newborn Safe Sleep
An Evidence-Based Practice Project

What is best practice for effective teaching that will increase compliance with newborn safe sleep recommendations?

Background
In the United States, there have been numerous local, nationwide and hospital-based campaigns to promote safe sleep practices for newborns. Yet, evidence shows that this messaging has not resulted in a significant change in parent/family behavior surrounding infant safe sleep.

In the Labor/Delivery and Mother-Baby units at BWMC, safe sleep is a high priority. Parents receive printed material and the topic is included in discharge teaching. There is also a “Safe Sleep” bulletin board display. Our goal with this evidence appraisal was to discover whether our teaching methods correspond with what current evidence shows to be the most successful interventions to increase compliance with safe sleep practices.

Nursing Implications
- Enhance staff confidence in presenting safe sleep education by providing a standardized “script” and modeling.
- Empower families to participate more actively in the process by tailoring safe sleep messaging to address cultural, ethnic and economic differences.
- Increase opportunities for cooperation and support between Labor/Delivery, Mother-Baby and Nursery staff.

GOAL
To maximize parent/family compliance with safe sleep practices upon discharge from the Mother-Baby Unit.

Summary of Evidence
- Local and national messaging and public health campaigns do not change behavior. (Kendall-Tackett et al., 2016)
- No single type of teaching intervention is effective in changing behavior (brochure, door knob card, information sheet, t-shirt/onesie, etc.). (Raines et al., 2016) Only sleep sacks have been shown to increase safe sleep compliance (McMullen et al., 2008)
- Safe Sleep as part of general discharge teaching does not change behavior. (Raines et al., 2016)
- Racial, ethnic, economic and demographic differences directly influence safe sleep practice at home. (Kendall-Tackett et al., 2016)
- Direct instruction on safe sleep and modeling by nurses influence behavior at home, but nurses do not always apply safe sleep practices in the hospital. (Colson et al., 2013)
- The most effective practice is a multi-method approach that includes direct formal education applied consistently throughout the hospital stay (Raines et al., 2016 and Mason et al., 2013)
- To influence behavior, teaching must be standardized and consistent, but also tailored to address individual racial, ethnic, cultural and economic barriers and concerns (McDonald et al., 2017)

Conclusions
After reviewing multiple studies on newborn safe sleep education, it is clear that changing beliefs and practices surrounding infant sleeping is very difficult. In the hospital setting, even with several individual interventions at different points during a stay, the evidence shows that there is not a lasting impact on understanding and behavior.

Direct and specific instruction, consistency in message, multiple methods and customization that addresses differing beliefs and needs are the key elements for us to consider as our safe sleep education program evolves.

Recommendations
- Review current practice for safe sleep education
- Develop a standardized plan with multiple methods for teaching safe sleep from time of admission in labor and delivery to discharge from mother baby unit
- Consider creating a post discharge survey tool to assess compliance
- Adjust workflow and discharge process to accommodate consistent application of safe sleep teaching plan
- Initiate Safe Sleep for Babies program (Unit Practice Council) by incorporating Halo Safe Sleep Sacks prior to discharge

References Available Upon Request

Potential Stakeholders:
- Unit Managers
- MBU/LD/Nursery Staff
- Clinical Specialist and Educator
- Unit Practice Councils
- Lactation Consultant

Acknowledgments
Special thanks to Karen Allicock and all of the educators for their effort and support during our residency year. Thanks to our managers Kendra Ellison and Ashley Schluman for allowing the flexibility needed to fulfill the requirements of the nurse residency program. Thanks to nursing, mother baby and lactation staff for their input, ideas and inspiration.

Next
Collaborate with Mother Baby Unit, Labor & Delivery and Nursery staff to review our current safe sleep teaching practices.

Steps
Standardize our teaching approach to incorporate multiple teaching methods that add the flexibility to address racial, economic and demographic differences.

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