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# Safe Sleep in Oregon: Guiding Conversations with Families

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The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon  
Health  
Authority

# Housekeeping

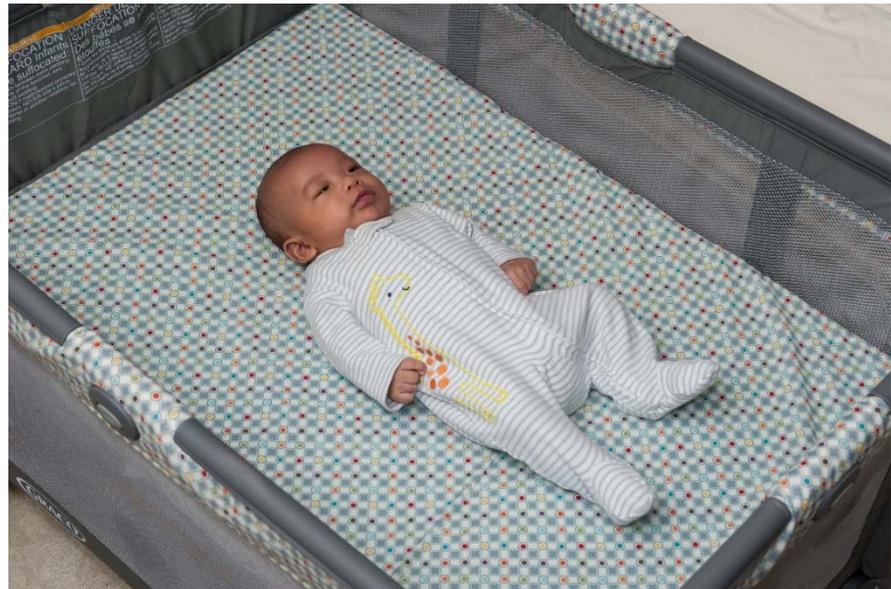
- Use your phone to call in for audio (you cannot listen using your computer speakers)
- You will be placed on mute
- Do not place call on hold
- Type in the Questions/Chat box when you would like to comment or ask a question
- Webinar recording will be posted on the Safe Sleep page of the Oregon Public Health Division website.
- Email with slides and directions for receiving a certificate of completion will be sent after the webinar.

# Objectives

- By the end of today's training, you will be able to:
  - Explain the research/ the “why” behind 1 safe sleep recommendation
  - Identify 1 risk factor when viewing pictures of sleep environments
  - Name three key steps when talking with caregivers about a baby's sleep environment

# Agenda

- Reflection Activity
- Definitions and Data
- Safe Sleep Recommendations
- Talking with Families
- Action Planning



# Acknowledgement

Some parts of this presentation include materials borrowed with permission from the Children's Health Alliance of Wisconsin, Sleep Baby Sleep Initiative.

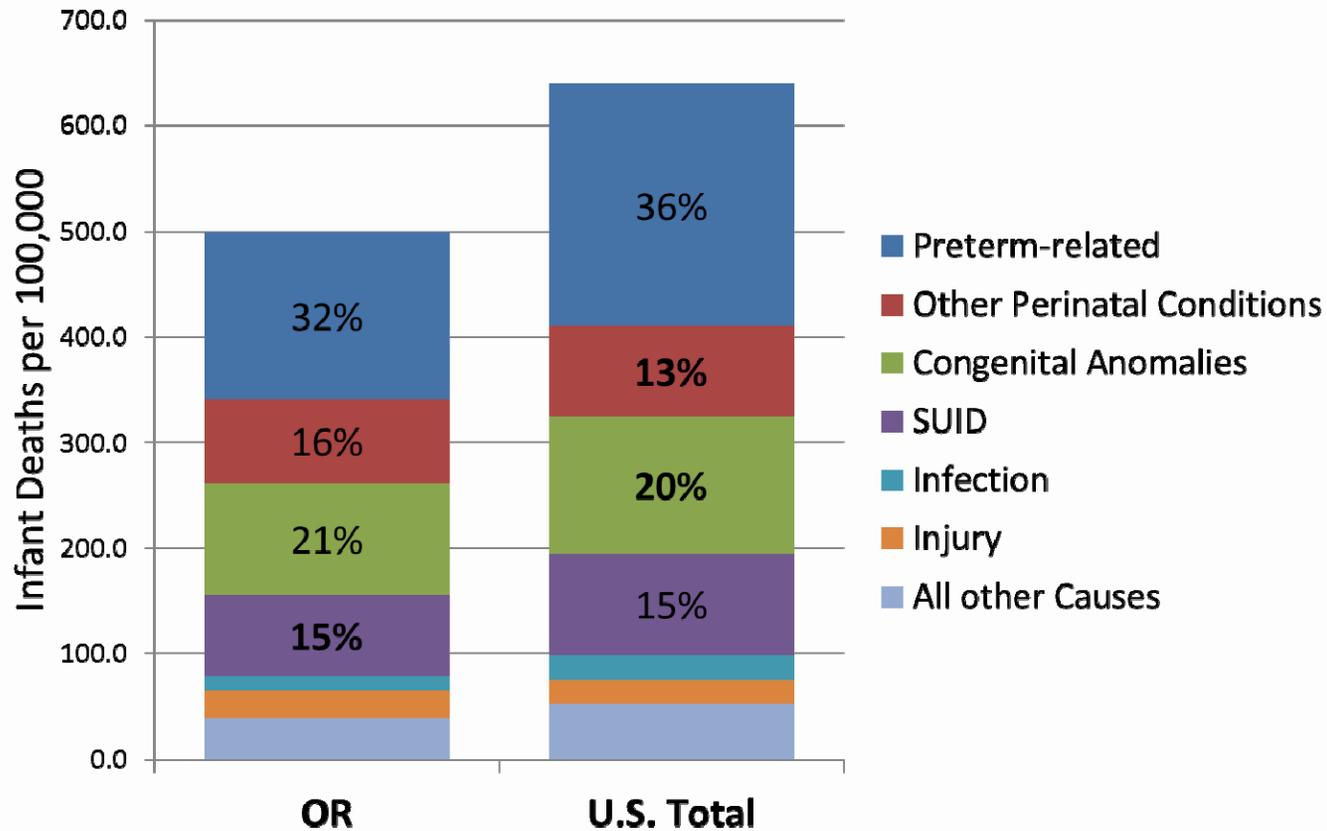


# Reflection

- What do you already know about safe sleep recommendations?
- Are you confident in your conversations with families about the sleep environment?
- What are your personal feelings about safe infant sleep environments?



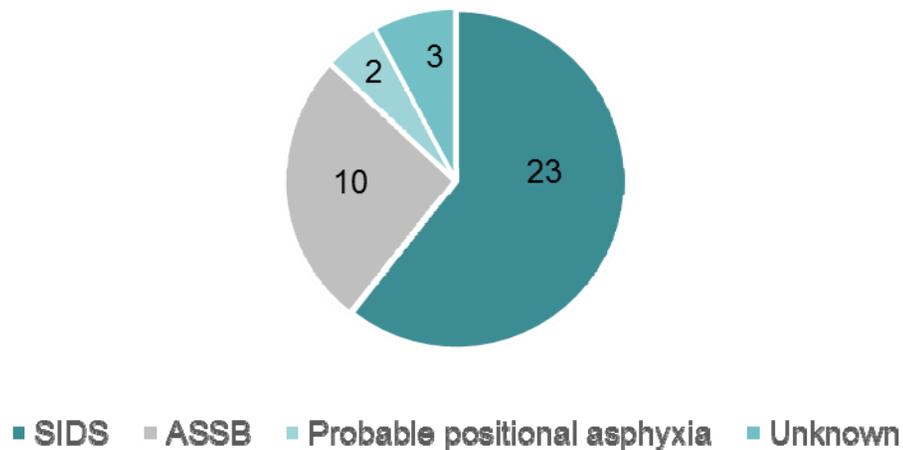
# Infant Mortality Rates by Cause, 2008-2010



# Sudden Unexpected Infant Deaths (SUID)

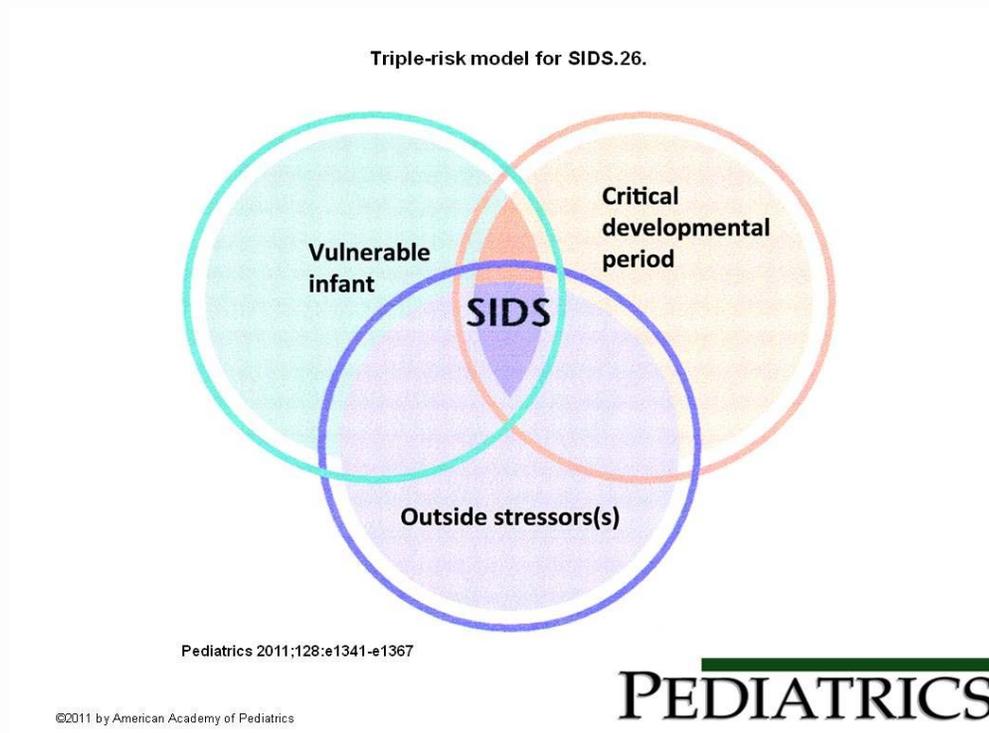
- Deaths occur among infants less than 1 year old and have no immediately obvious cause.
- The three commonly reported types of SUID are:
  - Sudden Infant Death Syndrome (SIDS)
  - Accidental suffocation and strangulation in bed (ASSB)
  - Unknown Cause.

38 Cases of SUID in Oregon, 2014



# Definitions: Sudden Infant Death Syndrome (SIDS)

- Sudden death of an infant less than 1 year of age that cannot be explained. There is no known way to prevent SIDS, but there are effective ways to reduce the risk of SIDS.



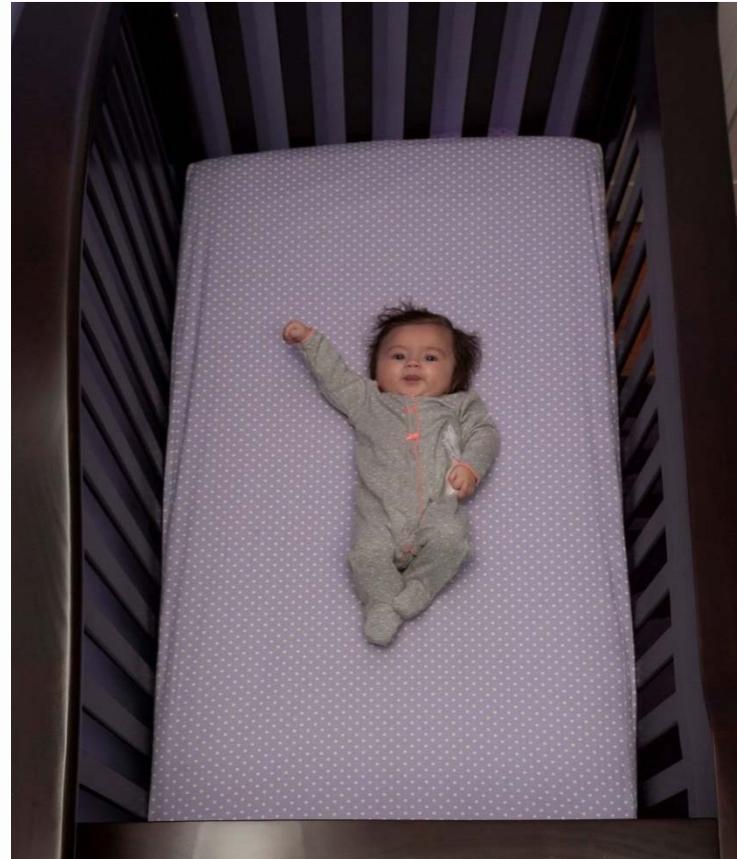
# Definitions: Accidental Suffocation and Strangulation in Bed (ASSB)

Mechanisms that lead to accidental suffocation include:

- Suffocation by soft bedding—for example, when a pillow or waterbed mattress covers an infant's nose and mouth.
- Overlay—for example, when another person rolls on top of or against the infant while sleeping.
- Wedging or entrapment—for example, when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
- Strangulation—for example, when an infant's head and neck become caught between crib railings.

# 8 Safe Sleep Recommendations: for all infants less than 1 year-old

1. Sleep Position
2. Sleep Surface
3. Sleep Location
4. Temperature during Sleep
5. Caregiver Behavior
6. Smoke-free Environment
7. Breastfeeding and Pacifier Use  
(Protective Factors)
8. Share the Message



# 1. Sleep Position

## Decreased Risk

Baby is placed on their back to sleep.

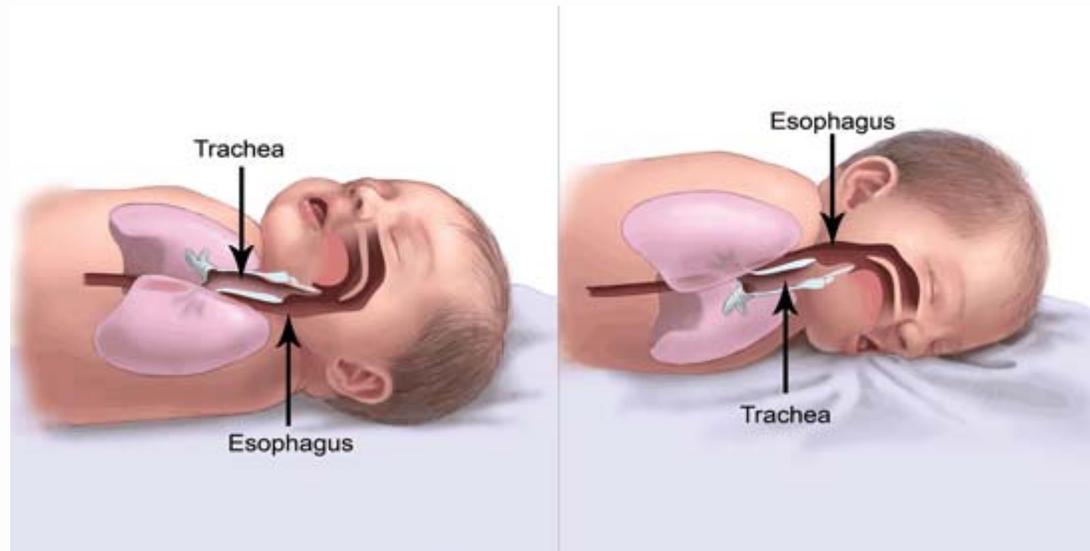
## Increased Risk

Baby is placed on their tummy or side to sleep.

## Discussion Points

- Placing a baby on their back is the most effective action parents can do to reduce SIDS
- The risk of SIDS is greater if the baby is usually a back sleeper and is placed to sleep on their tummy or side
- Tummy time when the baby is awake or playing will help prevent flat spots on the head
- Infants are less likely to choke on their backs

# Sleep Position: Back-to-Sleep



Babies are less likely to choke on their backs

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# Sleep Position: Back-to-Sleep, tummy to play

- Awake, tummy time allows baby to develop different muscles
- Tummy time helps avoid “flat head”
- Always supervise tummy time



## 2. Sleep Surface

### Decreased Risk

Baby sleeps on a firm surface, in a safety approved bassinet or crib and mattress is covered with a fitted sheet.

### Increased Risk

Baby sleeps on unsafe surface (couch, armchair, adult mattress, car seat).

There are hazards in the sleep area (pillows, toys/stuffed animals, blankets, bumper pads).

### Discussion Points

- Babies that sleep on soft surfaces (couch, pillow, etc.) are at risk for SIDS or suffocation
- To reduce the risk of suffocation, the American Academy of Pediatrics recommends a firm sleep surface, with a fitted sheet that is free of loose materials (pillows, toys/stuffed animals, blankets, loose bedding, bumper pads)

# Sleep Surface: Use a safe crib, bassinette or pack-n-play



# Sleep Surface: Alternative Sleep Surfaces



Basket



Box or carton



Drawer



Washtub

*Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://safetosleep.nichd.nih.gov>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.*

## 3. Sleep Location

### Decreased Risk

Room sharing; crib or bassinet is close to caregiver.

### Increased Risk

Baby shares a sleep surface with caregiver, non-primary caregiver, siblings, other person or pets.  
Baby's crib or sleep surface is located in a separate room.

### Discussion Points

- Though bed sharing is common in most cultures, in order to reduce the risk of SIDS, practicing room sharing is safer than bed sharing or solitary sleeping in a separate room
- Placing the crib or bassinet next to the caregiver's bed can make breastfeeding easier
- Bed sharing risk is increased if the baby is sharing a bed with someone who is not the primary caregiver

## Sleep Location: Baby Near



## 4. Temperature during Sleep

### Decreased Risk

Room temperature is comfortable for an adult. Baby not dressed in more than one layer than adult would wear.

### Increased Risk

Room temperature is too warm or uncomfortable for an adult. Baby is overdressed or underdressed for the temperature of the room.

### Discussion Points

- Overheated babies are more likely to go into a deep sleep that might be more difficult for them to arouse from

## 5. Caregiver Behavior

### Decreased Risk

Baby does not sleep with an impaired primary caregiver.

### Increased Risk

Baby sleeps with any caregiver who is very tired, smokes, or is under the influence of alcohol, drugs, or medications

### Discussion Points

- Sharing a sleep surface with an impaired caregiver is dangerous because they have greater difficulty waking up and are less aware of the baby on a shared sleep surface

## 6. Smoke-free Environment

### Decreased Risk

The baby is in a smoke-free environment.

### Increased Risk

Baby is exposed to secondhand smoke.

### Discussion Points

- Secondhand smoke increases the risk of SIDS
- Ask other caregivers and relatives not to smoke around the baby.

## 7. Breastfeeding and pacifier use (protective factors)

- Breastfeeding and pacifier use are protective factors against SIDS. Delay introduction of pacifier until breastfeeding is well-established (3-4 weeks).



## 8. Share the message

- Share where and how baby sleeps with baby sitters and other family members



# Is this baby safe?



*Image courtesy of the Children's Health Alliance of Wisconsin, Sleep Baby Safe Campaign.*

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# Talking with Families



# Talking with Families: Other considerations

- Religion
- Family traditions
- Neighborhood
- Socio economic

# Why families might not embrace recommendations

- Comfort of baby or themselves
- Convenience
- Prior experience with other children or own childhood
- Advice from family members or friends
- Lack of space for a crib
- Lack of a crib (money or access)
- Differing information or knowledge
- Mixed messages from health care providers
- Information is not culturally competent

# Talking with Families: Three Steps

- 1) Ask open-ended questions to explore
- 2) Affirm feelings
- 3) Educate

# Open-ended questions

- *What do you already know about safe sleep?*
- *(If pregnant) Have you thought about where your new baby will sleep?*
- *How do you feel about where your baby should sleep?*
- *What has your mom or other family members told you about how your baby should sleep?*
- *How do you feel about where your baby should sleep?*
- *How is your sleep arrangement working for you?*
- *Tell me about a typical day at your house.*
- *Tell me why it is difficult for you to get your baby to sleep.*

# Educate

- In partnership with public health, we would like to talk with all families with infants about safe sleep.
- These are the things we know will help to keep your baby safe during sleep.
  - \*Avoid the use of “shoulds”

# Barriers that come up

- I know putting my baby to sleep in a crib is safest, but.....
- If I put my baby to sleep in the crib then I won't be able to bond...
- My mom said ....
- My friend said ....

## Helpful Tools

- Brochures available in English and Spanish
- Oregon Prenatal and Newborn Resource Guide (English/Spanish)
- Public Health Safe Sleep Webpage:  
<https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Pages/sids.aspx>

# Safe Sleep for Babies



Face up  
Face clear  
Smoke-free  
Baby near!

# Action Planning

- How will you apply what you've learned to your work with families?
- What support do you need?



# Contacts

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