



Baby's Best Sleep Evaluation Participant Interview Report

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Baby's Best Sleep 2017

Executive Summary

The Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative supports home visiting programs that serve families with characteristics that place them at a higher risk for Sudden Unexpected Infant Death (SUID) in 25 counties throughout the state. Sleep-related death is the largest preventable cause of infant mortality after the first month of life. In the United States, there were more than 3,600 Sudden Unexpected Infant Deaths (SUID) and 203 in Florida in 2016. There were 239 SUID deaths in Florida in 2017. In Florida, the infant mortality rate of 6.2 per 1,000 is slightly higher than the national average of 6.0/1,000. Florida MIECHV staff and home visitors provide safe sleep education and support for program participants and their families. This infant sleep evaluation, Baby's Best Sleep, assesses participants' knowledge, attitudes, beliefs, and other factors that influence infant sleep practices and environment.

The MIECHV evaluation team randomly selected and conducted phone interviews of 50 program participants, consisting of parents and other caregivers (i.e., fathers/partners, grandmothers, and aunts) of infants up to seven months old. Participants were interviewed in their native/preferred language, (i.e., English, Haitian-Creole, or Spanish). Participants were asked about their current infant sleep practices, knowledge of recommended infant sleep guidelines, and their use and perception of infant sleep furnishings (e.g., cribs, bassinets, Baby Boxes, Pack-N-Plays, and Moses Baskets). In addition, for Baby Boxes and Pack-N-Plays, participants were asked to rate their perception of safety, comfort, and helpfulness; level of interest in receiving the product; and their likelihood to use it.

Nearly all MIECHV participants reported being aware of infant sleep guidelines: alone, on their back and in a crib (n=40). However, there was mixed success with conveying of recommendations from MIECHV participants to other caregivers with almost all participants being unaware of the recommendations (n=5). Despite reporting being aware of the recommended infant sleep guidelines, participants reported practicing co-sleeping (n=23), infants sleeping on their side or stomach (n=15), and having stuffed animals or blankets in the infant's sleep area (n=13). Use of a variety of sleep furnishings were reported in interviews including, but not limited to, Boppy Pillows, co-sleepers, and bouncers. Pack-N-Plays were largely accepted and perceived to be safe, comfortable, and helpful; in comparison to Baby Boxes where participants' acceptance and perceptions varied greatly.

Compliance with infant sleep guidelines were influenced by factors such as breastfeeding, proximity to infant, convenience, safety concerns and traditions. In addition, use of sleep furnishings was influenced by factors such as perceived safety, perceived quality, infant response, and ease of use. This report provides a better understanding of MIECHV participants' infant sleep practices, infant sleep furnishing use and perceptions, and barriers to compliance with recommended infant sleep guidelines. Recommendations include continued education of all caregivers on the importance of compliance with recommended infant sleep guidelines and delivery of consistent messages across health disciplines regarding co-sleeping.

Introduction

Unsafe sleep practices place infants and newborns at increased for infant mortality. Sleep-related death is the largest preventable cause of infant mortality after the first month of life. In the United States, there were more than 3,600 Sudden Unexpected Infant Deaths (SUID), including 203 in Florida in 2016. There were 239 SUID deaths in Florida in 2017. The Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program strives to improve health outcomes in pregnant women and infants by providing evidence based interventions to families with characteristics that place them at a higher risk for SUID and reaching underserved populations in 25 counties. Florida MIECHV promotes infant health by providing education and resources and preventing SUIDs within program participants to high need and at-risk families.

The Florida MIECHV staff and home visitors provide safe sleep education and support for program participants. The Florida MIECHV infant sleep evaluation (Baby's Best Sleep) assesses participants' practices, knowledge, attitudes, beliefs, and other influences on infant sleep environments, as well as intervention approaches used by MIECHV sites to promote safe infant sleep practices as recommended by the American Academy of Pediatrics. The evaluation also aims to examine participant perceptions of sleep furnishings such as Baby Boxes, Pack N' Play, and Moses Baskets; which have been used in recent years as strategies to promote, demonstrate, and provide education and potential alternative sleep furnishing for infants.

Methods

The Baby's Best Sleep Evaluation utilized a qualitative research design to understand current infant sleep practices among program participants. In efforts to better understand the critical issue of safe sleep practices within Florida MIECHV, this evaluation aims to capture infant sleep knowledge and practices from multiple perspectives. In this study, 50 in-depth interviews were conducted with parents and caregivers involved in the infant's sleeping regimen. Stratified random quota sampling was used to create a list of eligible program participants with infants 0-4 months old. The interviews were conducted in the participants preferred language (i.e., English, Spanish or Haitian-Creole). Semi-structured interviews were conducted to foster rich discussions aiming to identify gaps in care, improve home visiting services, education and resources, promote safe sleep and prevent SUID. Discussions were digitally recorded, transcribed verbatim, and reviewed for accuracy. Coding and thematic analysis was conducted, in addition to demographic analysis.

Participants

A total of 50 interviews were conducted with parents and caregivers of infants enrolled in the home visiting program representing 10 of the 17 MIECHV sites. Of those 50 interviews, 43 interviews were conducted with the mother of the infant and 7 with another caregiver (i.e., father, grandmother, aunt). The infants were aged one to seven months old. More than half of the participants were single (60%), about a quarter were married (24%), 8% reported being divorced, and 4% were separated. The employment status for the one third of the respondents was unemployed – looking for work (36%), followed by homemaker (26%), employed full-time (18%) and employed part-time (8%). Eighteen participants reported having a high school diploma/GED (37%), 11 completed some college (22%), 10 completed less than a high school education (20%), two reported having a two-year college degree (4%), and eight reported having a four-year college degree (16%). None of the women reported being pregnant at the time of the interview. Table 1 further displays participant characteristics.

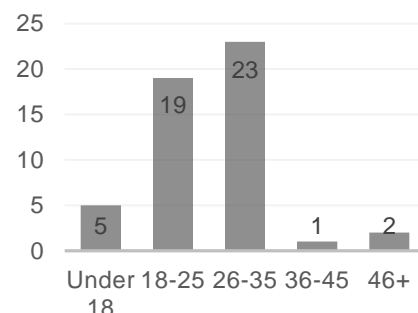
Table 1: Participant Characteristics

Participant Characteristics		N (%)
Gender	Male	2 (4)
	Female	48 (96)
Relationship to Baby	Mother	43 (86)
	Other caregiver	7 (14)
Education*	Less than high school	10 (20.41)
	High school graduate/GED	18 (36.73)
	Some college	11 (22.45)
	2 year degree	2 (4.08)
	4 year degree	8 (16.33)
	Professional degree	0

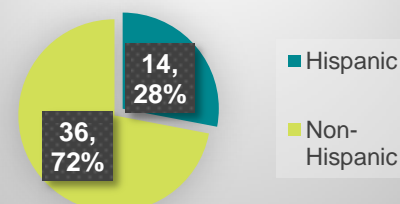
*Some participants preferred not to answer.

DEMOGRAPHICS SNAPSHOT

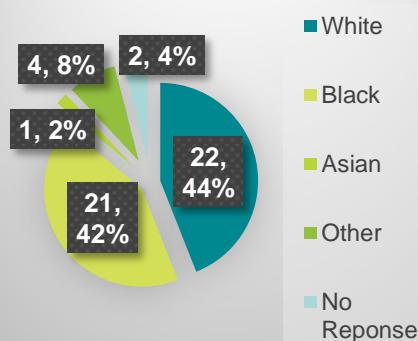
Age (Years)



Ethnicity



Race*



Sleep Practices & Behaviors

Participants shared their various experiences with infant sleep and methods utilized to successfully get their infant to sleep. Some of the most common challenges respondents expressed were:

- having an infant that prefers to be held and that requires proximity to a parent in order to sleep
- having infants who wake frequently during the night and require frequent attention

On the contrary, some participants explained that their infant does not wake frequently enough and subsequently misses feedings. Successful routines for infant sleep included:

- bath time before bed
- swaddling/zip-up blankets
- infant sleep furnishings placed at an incline (for infants with GERD)
- white noise machines



Nighttime bath



Swaddle



White Noise Machine=

Sleeping Position

Majority of parents and caregivers (70%) reported that their infant consistently slept on their backs. Of the 50 participants, 30% (n=15) reported that their infants either consistently or on some occasions slept on their sides (n=9) or on their stomachs (n=6). Several respondents also reported their infants rolling from their backs after being placed to sleep.

"She normally sleeps on her back, but now that she's turning, she sometimes turns on her side, but she [is] placed on her back."

Sleep Area

Most respondents reported that infants slept in an infant sleep furnishing that was empty with only a fitted sheet or a thin blanket covering the mattress. Only 13 (26%) of the participants reported that their infants slept with a stuffed animal or blanket. Three parents reported their infants have a mobile above their cribs. There were no reported uses of bumpers or crib decorations. Almost all of the parents and caregivers had

separate set sleep areas for their infants and many of the participants practice room sharing. Some reported having multiple set sleep areas.

"[We co-sleep] because we put him in the crib when he was two months old and he wasn't happy. So, then I put him in the bed with me because he doesn't like to sleep alone. He wants to be where he can nurse when he wants to."

Co-Sleeping

Nearly half of participants reported co-sleeping despite being in the program and receiving ample education about its risks. There were 23 (46%) parents and caregivers who reported that their babies co-slept with them or with another caregiver either occasionally or on a regular basis. Some

respondents emphasized that they only co-slept with their babies when they felt it necessary (e.g., when breastfeeding, for soothing, to prevent GERD/reflux, or if baby simply fell asleep in their arms). Another common reason cited for co-sleeping with the baby was to bond and build a close relationship. Almost all of these participants were aware of the risks of co-sleeping and could recite the American Academy of Pediatrics (AAP) guidelines and recommendations.

Some of the parents/caregivers alluded to the concept of 'safe co-sleeping' and claimed that they created a safe co-sleeping environment by sleeping lightly, avoiding soft or plush bedding, refraining from drug and alcohol use, and using objects such as pillows as dividers. A proportion of caregivers were adamant about the benefits of sleeping with baby. However, most caregivers had attempted to mitigate the risks by:

- staying alert when baby falls asleep
- keeping infant sleep furnishings in close proximity
- moving the baby to their own furnishing before the caregiver begins to feel tired

Breastfeeding

Many of the parents/caregivers agreed that co-sleeping with the baby in the bed facilitates breastfeeding and helped them to maintain consistent feeding. Having to leave their beds to feed baby in the middle of the night was described as very difficult and inconvenient for the mothers; some felt as though the expectation was unrealistic. They explained that breastfeeding often helps soothe baby to sleep, therefore some breastfeeding caregivers kept the baby in the bed with them during the night. According to respondents, lactation consultants encouraged breastfeeding mothers who co-slept to do so safely by using recommended safe bedding and avoiding drugs




and alcohol for anyone in the sleep area. Most caregivers were aware of the risks of sleeping with baby but claim they were “more aware” with baby in the bed.

Reasons behind Sleep Practices

Respondents expressed various reasons for their infant sleep practices and behaviors. Many agreed that education and infant behaviors, health, and temperament were primary reasons for sleep practices. Program participants also highlighted the influence of friends, family and peer support groups on their actions. Specifically, a small proportion of the breastfeeding mothers explained their choice to co-sleep after attending breastfeeding support groups and receiving support from their peers and the facilitator. On the contrary, other peer support groups encouraged AAP guideline adherence. Additionally, the needs of parents and family members in the residence also impacted sleep practices. A small number of program participants explained that one of the primary influences on their sleep practices was knowledge of a personal friend or colleague who lost their infant to Sudden Infant Death Syndrome (SIDS).

Participant Concerns



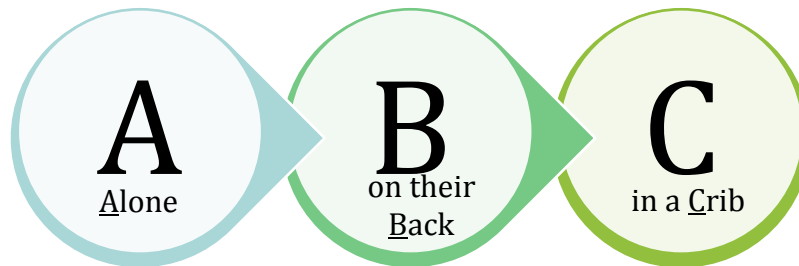
“I ALSO HAVE CONCERNS ABOUT MY DAUGHTER BECAUSE OF HER ACID REFLUX THAT I AM CONCERNED SHE WOULD END UP SPITTING UP WHILE SHE’S SLEEPING. BECAUSE SHE’S SO LITTLE, I’M SCARED THAT SHE COULD ASPIRATE AND END UP CHOKING, DYING BECAUSE SHE CAN’T BREATHE.”

Many of the parents and caregivers interviewed expressed sleep-related concerns they had for their infant, despite receiving education through the program. The largest concern of the respondents was the risk of the baby choking due to reflux, GERD and gas during sleep time. Safety was a concern both in regard to the reflux and the perceived risk of baby sleeping alone in cribs. These caregivers also cited the need to sleep with the babies to either monitor these issues or to safeguard against mishaps in their cribs or bassinets. Few caregivers expressed their apprehension about the infant’s continued breathing throughout the night and sleep habits such as the infants’ frequent waking/lack of sleep or tendency to oversleep and missing feedings. Participants also expressed concern about their infants’ warmth without the use of blankets. Crib safety was also a concern; some parents stated that their infants’ limbs were getting caught between crib slats or mentioned the possibility of the infant falling

“[he] likes to put his foot in between them [crib slats] and then he’ll fall asleep and roll over, and he gets stuck occasionally. I’ve had to use lotion to try to get his leg out. So I feel like they should be closer together.”

from the sleep area.

American Academy of Pediatrics (AAP) Guidelines/Safe Sleep Information



The respondents understood and could recite, when asked, the infant sleep AAP guidelines or the ABC's of safe sleep, regardless of adherence. Only a few (n=2) program participants were unaware of the guidelines and few required additional prompting. However, program participants relayed this information to other caregivers with mixed success. Almost all of the caregivers (5 out of 7) were unaware of the existence of 'safe sleep guidelines'. Caregivers who were unknowingly adhering to the safe sleep guidelines were unaware their actions were an effort to prevent SIDS. While respondents found the safe sleep awareness information to be helpful, though majority of respondents felt they had received more than enough information on this topic.

Although a large proportion of program participants were aware of AAP guidelines, there was mixed adherence to these guidelines. All infant sleep practices were influenced by the guidelines in some way, even if the participant was not adhering to all of them. This was especially emphasized for co-sleeping respondents who attempted to make co-sleeping as safe as possible via positioning and bedding adaptations. Some respondents felt that adhering to all the guidelines on a consistent basis was unrealistic and that sleep practices are greatly influenced by the infant.

Twelve of the study participants specifically mentioned receiving safe sleep information from their home visitors. Those who mentioned their home visitors explained the home visitors' vital role in explaining and helping them to implement safe sleep practices. Other providers mentioned were pediatricians, OB/GYNs, midwives and lactation consultants.

"Pretty much everybody that you meet along the way after having a baby, you hear it constantly. Nothing in the crib, no bumpers, babies on their back, no blankets. You hear it everywhere."

Traditions & Previous Practices

A few of the respondents concluded that their traditions either stem from previous experiences with their older children or from what they have learned from family members. For some, practices with their previous children resulted in indifference toward infant sleep recommendations. Furthermore, previous practices of close family members and friends were also influential. A few (n=3) of the caregivers based sleep practices on previous practices instead of recommendations provided by the mother. A small minority of the respondents reported having traditions that align with the recommended guidelines from the AAP.

Perceptions and Beliefs

The respondents recognized the overall benefits of the safe sleep practices, but also conveyed that they could be difficult to implement. Numerous parents described inconveniences that safe sleep practices presented for late night feedings and/or baby soothing. Alternatives that were mentioned as a way to observe the safe sleep practices, but also to make the late-night feedings easier on the caretaker included using flat bassinets, placing the infant's sleep furnishings (i.e., Pack N' Play, crib, bassinet, etc.) in the caregivers' bedrooms (room sharing), and 'safe co-sleeping'. However, these choices were heavily influenced by whether or not the infant cooperates, thus causing the caretakers to adjust accordingly. Participants had varied responses for their decisions regarding infant sleep practices, citing either their spatial awareness while sleeping or unwillingness to place their infant at risk as reasons for their routines.

"I'M DOING WHAT I THINK IS BEST FOR MY BABY. I MEAN, ANYBODY ELSE CAN DO 'SLEEP THE BABY BY HIMSELF' BUT I FEEL LIKE THERE'S NO RISK WITH ME. I'M A VERY LIGHT SLEEPER. I JUST FEEL MORE COMFORTABLE WITH HIM THERE WITH [...]. THAT'S MY OPINION."

"I BELIEVE THAT THAT IS ABSOLUTELY THE SAFEST WAY TO SLEEP. [...] EVEN AT A YOUNG AGE, THEY ARE CAPABLE OF GRABBING A BLANKET AND COVERING THEIR FACE WITH IT. SO I ABSOLUTELY DO TRUST AND BELIEVE THAT AN INFANT IS PLACED SAFEST ON THEIR BACK, ALONE."

Sleep Furnishings

Participants were asked about their opinions on different sleep furnishing options for their infant. The most popular items were bassinets, cribs, and Pack n' Plays; though a few parents also mentioned having a Rock n' Play. Parents' and caregivers' responses varied regarding why they believed that a certain item was best for their children. Many parents and caregivers reported that they had more than one of these

items. Most felt that the item they chose for their babies to sleep in was safe whether it



Pack-n-Play

- A piece of furniture in which an infant or young toddler is placed to provide a safe place



Baby Box

- A box filled with safety information and necessities, which is lined with a mattress and is used as temporary sleep space for newborns.



Moses Basket

- A basket for holding a newborn; a kind of bassinet, often set upon a stand.

was the bassinet, crib, or Pack n' Play.

Crib/Bassinet

Cribs were largely accepted by respondents as the best infant sleep furnishing, with some participants indicating that they preferred bassinets. Some participants identified convertible cribs as a worthwhile investment because they are made to change along with growing children. These cribs can be transformed into toddler beds and then to full-sized beds as the children grow. Size was also identified as a factor for lack of preference for bassinets. While some participants expressed that they like bassinets because they are small and portable, others stated that the small size of the bassinet is limiting as it can only be used for a short period of time.

Despite participants' preferences in furnishings, many explained that their use of a particular furnishing was dependent on their infants' comfort and response to sleeping in the space; often determine by whether the infant easily fell asleep in it or awoke often. Safety was another factor that affected furnishing preference with several participants indicating that the space between crib slats were of concern since their infants put their arms and legs between them. Almost all participants that discussed bassinets found them to be a safe and secure option.

Moses Basket

Most parents were previously unaware of a Moses Basket, and for the majority of those that were aware, they reported that they were unlikely to use one. In general, most respondents were reluctant to use the Moses Basket primarily

"[I]nfants that I know would outgrow it very quickly because of their length or their weight. Moses baskets are very flimsy. Yes, there's no draw to the Moses basket for me. That'll be the least choice I'd choose from any of these."

due to safety concerns; they feared that the basket is too small to protect an infant. Some parents simply did not like the idea of putting their child in a “basket”, while others felt the Moses Basket was not worth the investment due to the fact that the infants would outgrow it quickly. However, other parents stated they would be willing to use the Moses Basket if their child was small enough (i.e., newborns).

Other Sleep Furnishings

Parents and caregivers were asked to identify other sleep furnishings they use in addition to bassinets, cribs, and Pack-n-Plays. A wide variety of sleep furnishings or devices that infants slept in were mentioned by participants, including:

- Rock-N-Plays
- Swings
- Bouncers
- Boppy Pillows
- Sleeping mats
- Cradles, strollers
- Car seats
- Co-sleepers
- Side sleepers
- Rocking chair
- Parent’s bed

It is worth noting that parents and caregivers expressed that they may not place the infant in these places/items with the intention for them to sleep, but that the infant would simply fall asleep while in them. Parents and caregivers also reported that they do not want to disturb their sleeping baby and will allow them to stay wherever they may have fallen asleep – even if it is not their set sleep areas.



Rock-N-Play



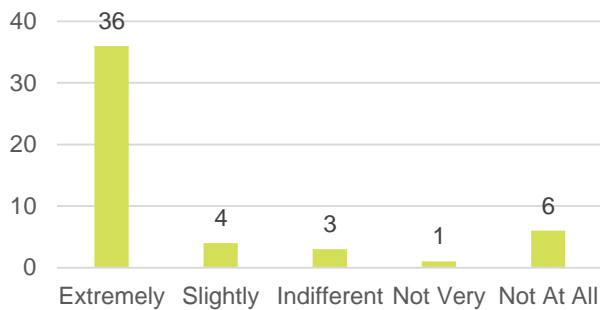
Co-Sleeper



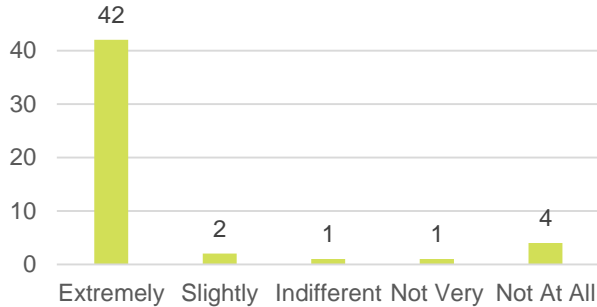
Boppy Pillow

Pack-N-Play Ratings

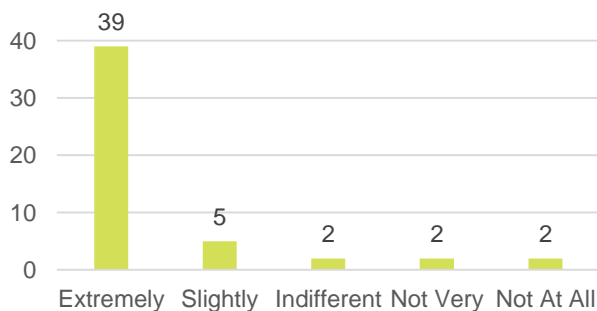
Pack-N-Play
Interest in Receiving



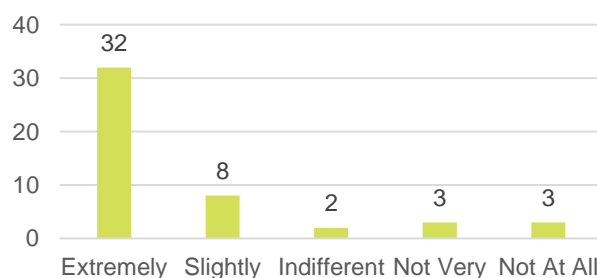
Pack-N-Play
Potential Use



Pack-N-Play
Level of Safety



Pack-N-Play
Level of Comfort



Pack-N-Play

Many participants reported having positive experiences and opinions regarding Pack-N-Plays. Parents and caregivers stated that they like that the Pack-N-Play is:

- practical
- useful
- easy to move around the house and travel with
- safe and sturdy
- made with mesh/netting which prevents their baby from getting an arm, leg, or foot stuck compared to a crib with slats
- convenient because it comes with a Newborn Napper and changing table that sits on top of the Pack-N-Play which is useful as their baby grows

"Pack-N-Plays are so easy to just pack up and bring with you. When I go to family functions, to park. I think that Pack-N-Plays are awesome."

Though most parents and caregivers had positive opinions about the Pack-N-Play, some have concerns regarding the portable crib. Common concerns and issues that parents and caregivers had regarding the Pack-N-Play included:

- Feeling that cribs would be safer
- Too low to the ground
- Mattress was too hard and not comfortable for their baby

Most participants reported that they

"I don't like the Pack-N-Play just because it's low to the ground when you put them all the way in and then I don't feel like it's safe enough to have them in the little top portion so I personally don't like it."

had heard of the Pack-N-Play, even if they have not used one yet or own one. Both parents and caregivers were open to trying the Pack-N-Plays and expressed interest in them. Most participants reported that they had previously used a Pack-N-Play or would be likely to use it if they had one. Participants expressed interest in using them for when their baby napped during the day, but some were less likely to place their baby to sleep in one at night. While many parents and caregivers stated that they were comfortable allowing their baby to sleep in a Pack-N-Play, others felt that a crib would be safer. Furthermore, some parents reported that the frequency of Pack-N-Play use has increased now that their baby is getting older, while others reported using them more when their baby was a newborn. Overall, the Pack-N-Play was positively received by participants.

Baby Box

While the majority of participants were unfamiliar with Baby Boxes, many expressed interest in learning more about them. Of the several parents and caregivers that were aware of Baby Boxes, some had received one or knew of them. When asked how likely participants thought they were to use a Baby Box, parents and caregivers reported a high level of uncertainty.

Many reported that they would like to see the Baby Box and evaluate its safety, before using one. It is clear that parents and caregivers wanted to familiarize themselves with the Baby Box before allowing their baby to sleep in one. Additionally, some stated that if left with no other furnishing options they would use a Baby Box; but was not their preference. However, many were curious about them and reported feeling open to the idea of having their baby sleep or nap in one.

After explaining what Baby Boxes were to participants, some parents and caregivers stated that the Baby Boxes seemed:

- convenient because it sounded practical and easy to move around
- safe
- comfortable because of the foam mattress, as compared to a Pack-N-Play, which may not be included a mattress or cushion
- comforting for an infant seeing as it is not as large as a crib

“Versatility, I don’t know if that would be the best way to describe it. I can use it as she grows, because when I first decided to buy a crib or a bassinet [over] a playpen, I reviewed the Pack-N-Play, it was almost like a three-in-one. So, in her newborn stage, the bassinet area worked well and then flip it over, you can utilize this changing pad. As she gets older, I’m able to use it as a regular crib and days where she just wants to jump around. As she grows older, I can also use it as a playpen.”

"It seems very useful, especially for parents who don't have a place in the house yet set up for the baby. If they didn't have anything ready, I think this could be a solution."

Respondent's interest levels varied based on their concerns regarding the Baby Boxes. Some parents believed that a crib was ultimately the safest location for their baby to sleep. While some participants reported that they were simply not interested, others mentioned they had concerns such as:

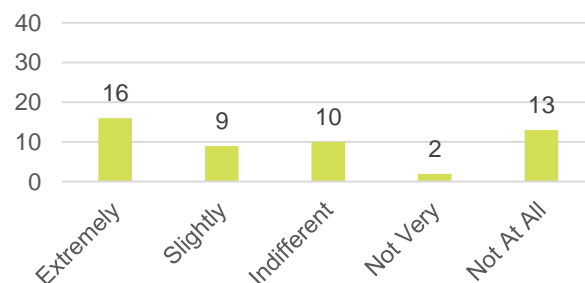
- safety and comfort
- mixed or negative feelings about placing their baby to sleep in a box
- the baby potentially tipping the box over

"I don't know because I have to see how [they are] – I guess seeing one might understand the concept, but it still kind of scares me because she's rolling now, so if she's on her side, she could easily just flip herself."

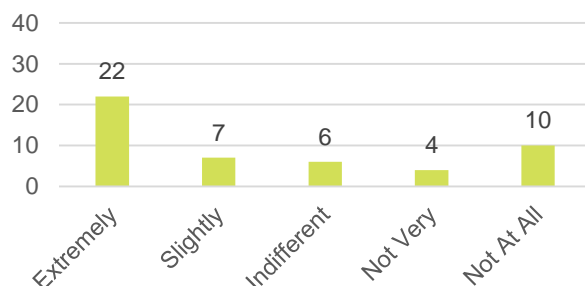
"If it has a small mattress, I expect it would be a little more comfortable because I saw that it looked small. [...] since it's smaller than the crib, the baby wouldn't feel so lost. So, if it had a surface that wasn't so hard, like the pack 'n play, I expect babies would like it better than the crib because they would feel more snuggled. I think it would be more stable than a bassinet because it doesn't have legs, and because you can put it directly in the crib. I would try one."

Baby Box Ratings

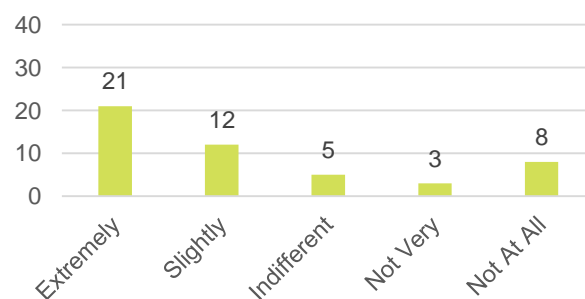
Baby Box
Interest in Receiving



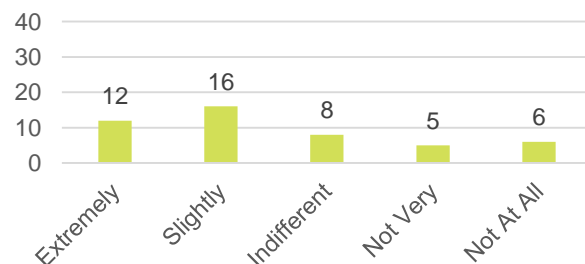
Baby Box
Potential Use



Baby Box
Level of Safety



Baby Box
Level of Comfort



Recommendations

While this evaluation revealed that caregivers are aware of AAP infant sleep guidelines, it is important to note that many believe the guidelines to be unrealistic in practice. It would be beneficial to further explore practical ways in which to implement the guidelines so that it works best for both caregivers and infants. In addition, the discrepancy between the information that some caregivers are receiving from the program and other providers must be addressed. Furthermore, the education of all caregivers and siblings involved in the infants' sleep regimen is encouraged. The notion of "co-sleeping" continues to be interpreted in many ways, and the encouragement of "safe co-sleeping" challenges the recommended sleep practices. Ideally, providers, agencies, and programs that address infant sleep should coordinate the messages they are disseminating in efforts to provide consistent information and education to caregivers. Caregiver concerns regarding their infants health and safety (e.g. concerns regarding choking when reflux/GERD was present) and sleep patterns and comfort call for continued and improved education regarding infant sleep cycles as the infant develops along with strategies for promoting sleep hygiene and safety while maintaining attachment and responsiveness to infants' needs.

Furniture safety and proximity were some of the most common concerns expressed by caregivers. Cribs with slates should continue to be monitored and manufactured with the safety of babies in mind. That is, caregivers concern for the distance between slates on cribs should be further explored to determine whether the concern is of substance and truly presents a safety hazard for babies. Co-sleepers, such as those like the picture previously provided, which allow for the baby to sleep alone should be further explored to determine whether they are a safe alternative to cribs. These allow for the baby to sleep near their caregiver while adhering to AAP guidelines, and may help decrease the rate of in-bed co-sleeping due to breastfeeding routines and safety concerns. In all, there are still many areas to further study in the area of infant sleep.

Future Directions

In 2016, the Florida Healthy Babies Initiative conducted a statewide evaluation of safe sleep interventions including a Florida SUID epidemiologic analysis, health education and policy analysis, literature review, and focus groups with community program staff. The statewide evaluation resulted in recommendations for unifying community efforts to promote safe sleep while tailoring education to the culture, environments, and needs of families. One program that was implemented in several counties was the Safe Baby program (healthysafebaby.org). Due to targeted efforts towards promoting safe sleep practices within MIECHV, the Safe Baby curriculum has been adopted by MIECHV, Florida Healthy Start and Healthy Families Florida statewide. Moving forward, the MIECHV evaluation team plans to examine the program

implementation of Safe Baby and the resulting impact on program participant infant sleep practices. Additionally, the evaluation team plans to further study infant sleep furnishings and education strategies through comparative effectiveness analysis.

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