

# Baby's Best Sleep: Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Evaluation

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## Background

- Florida has a rate of sudden unexpected infant death (SUID) that is three times higher than the national rate (.67/1,000 vs. .21/1,000) with several regions showing rates of 1-2/1,000 live births.
- The Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) program serves pregnant women and families with infants in 29 counties who have characteristics that place them at a higher risk for SUID. Home visitors provide social support, anticipatory guidance, health education and referral for services.

Figure 1.

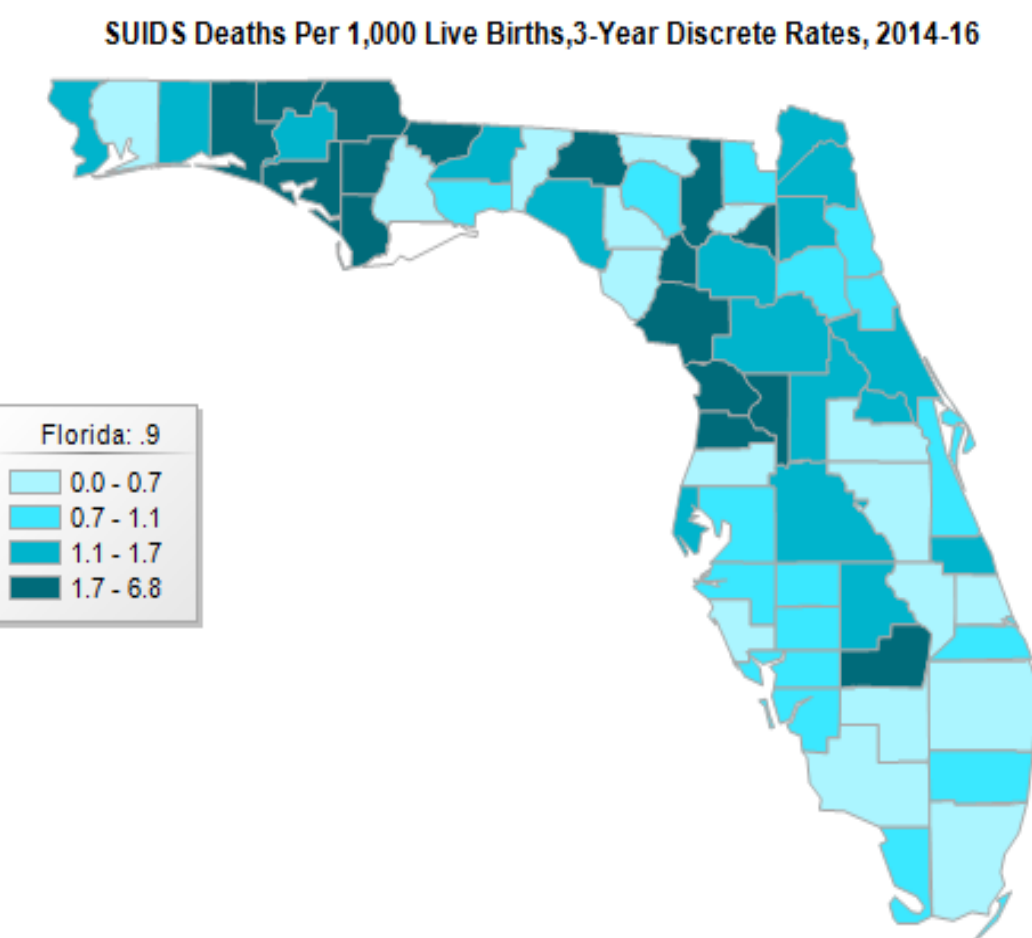


Figure 2.

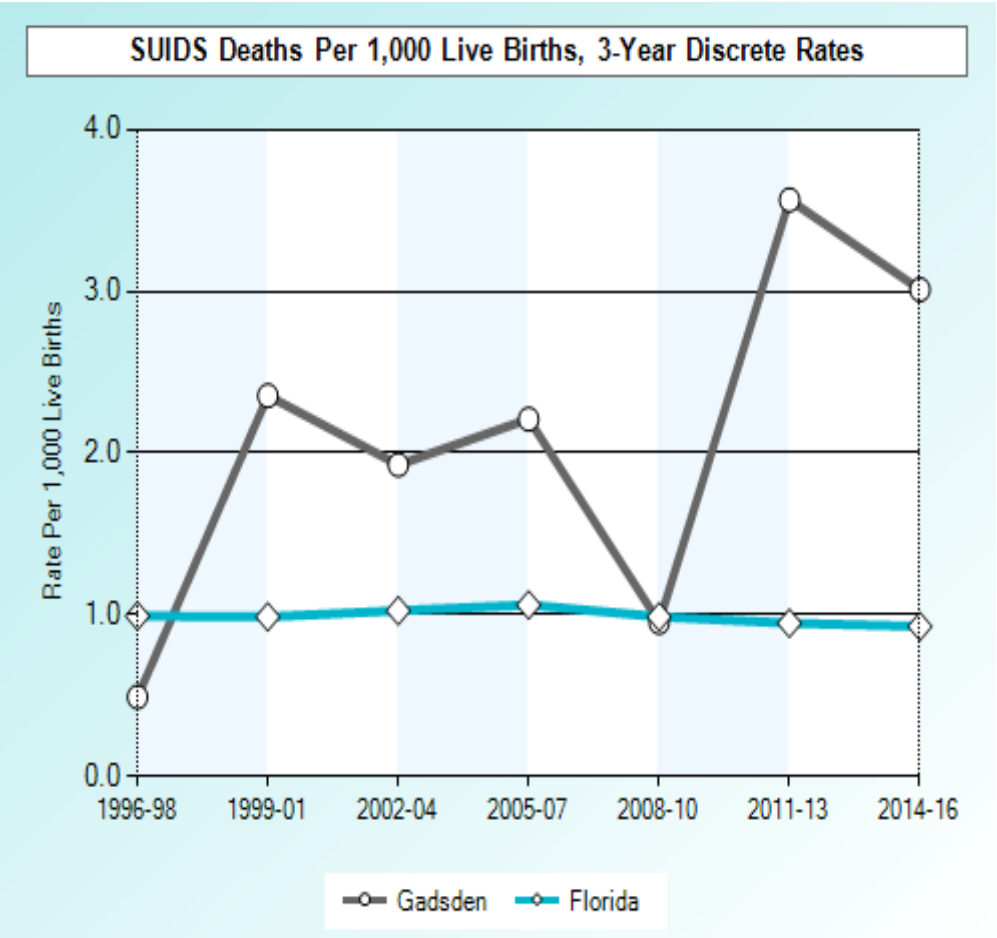


Figure 3.

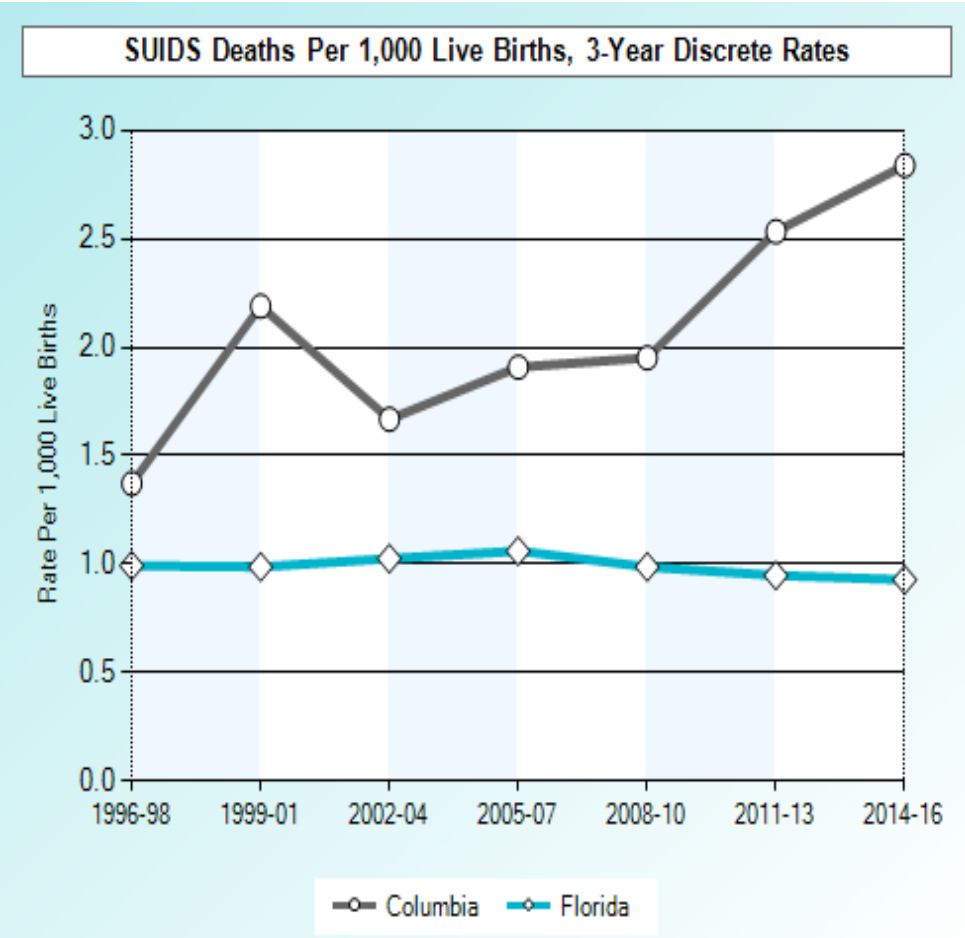


Figure 1: Florida Map of SUIDS deaths per 1,000 live births for the 2014-2016 3-year period.  
Figures 2-3: Trends for SUIDS deaths for the two MIECHV participating counties with the highest SUIDS deaths in the 2014-2016 3-year period.  
FLHealthCharts: Community health assessment resource tool set: Maternal and child health: SUIDS deaths. <http://www.flhealthcharts.com>

## Objectives

The Florida MIECHV infant sleep evaluation assesses:

- participants' practices, knowledge, attitudes, and beliefs
- influences on infant sleep environments
- adherence to the guidelines set by American Academy of Pediatrics
- intervention approaches used by MIECHV sites to promote safe infant sleep practices

## Methods

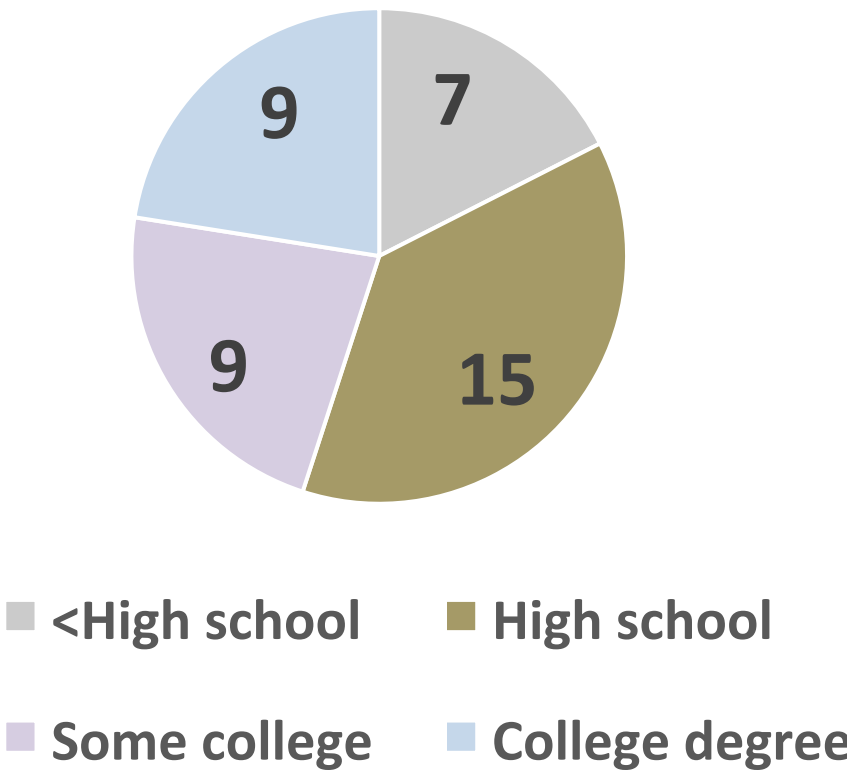
- Stratified random quota sampling was used from a list of all enrolled parents with infants ages 0-6 months drawn from the MIECHV ETO system. Parents from each site were invited to participate, then interviewed parents invited other caregivers involved in their infant's sleep regimen to participate in a separate interview.
- Telephone interviews were conducted in English, Spanish and Haitian Creole.
- Discussions focused on beliefs, current infant sleep practices, perceptions of safe sleep guidelines, and opinions about infant sleep furnishings.



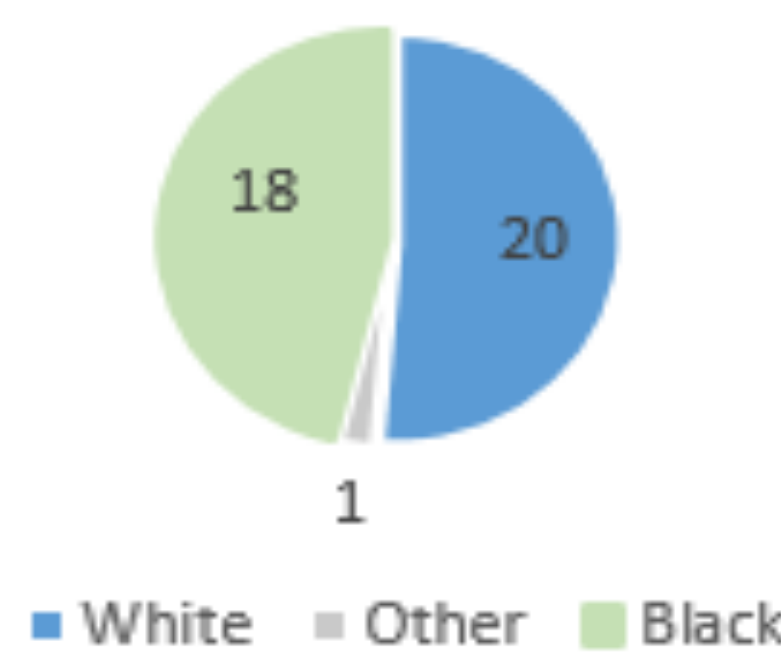
## Participants

Participant Characteristics		N (%)
<b>Age (Years)</b>		
Under 18		4 (9.8)
18-25		15 (36.6)
26-35		21 (51.2)
36-45		0 (0)
46+		1 (2.4)
<b>Gender</b>		
Male		1 (2.4)
Female		40 (97.6)
<b>Relationship to Baby</b>		
Mother		36 (87.8)
Other caregiver		5 (12.2)
<b>Race*</b>		
White		20 (51.3)
Black		18 (46.2)
Asian		0 (0)
American Indian /Alaskan Native/		0 (0)
Native Hawaiian/Pacific Islander		0 (0)
Other		1 (2.5)
<b>Ethnicity</b>		
Non-Hispanic		32 (78.1)
Hispanic		9 (21.9)
<b>Marital Status</b>		
Married		10 (24.3)
Widowed		0 (0)
Divorced		4 (9.8)
Separated		2 (4.9)
Single		25 (61.0)
<b>Education*</b>		
Less than high school		7 (17.5)
High school graduate/GED		15 (37.5)
Some college		9 (22.5)
2-year degree		2 (5)
4-year degree		7 (17.5)
Professional degree		0

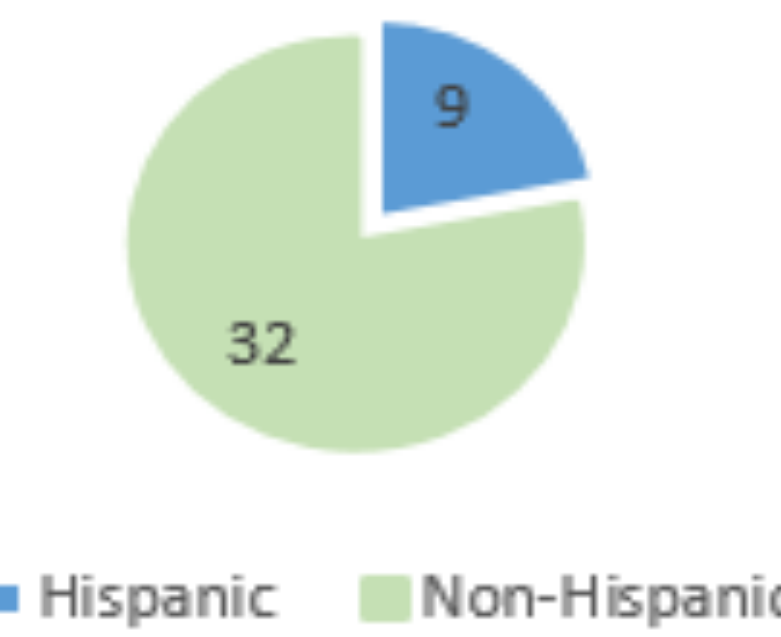
### Education



### Race



### Ethnicity



## Results

### Current Sleep Practices

17 of the 41 participants stated that infants co-slept either with them or someone else. Some reasons parents gave for co-sleeping were to assist with breastfeeding, soothing, GERD/reflux, to prevent waking the baby after they've fallen asleep in their arms.

"You know, he's usually in the bed with us. I know they say you shouldn't do that because the baby might suffocate, but I think that is exaggerated."

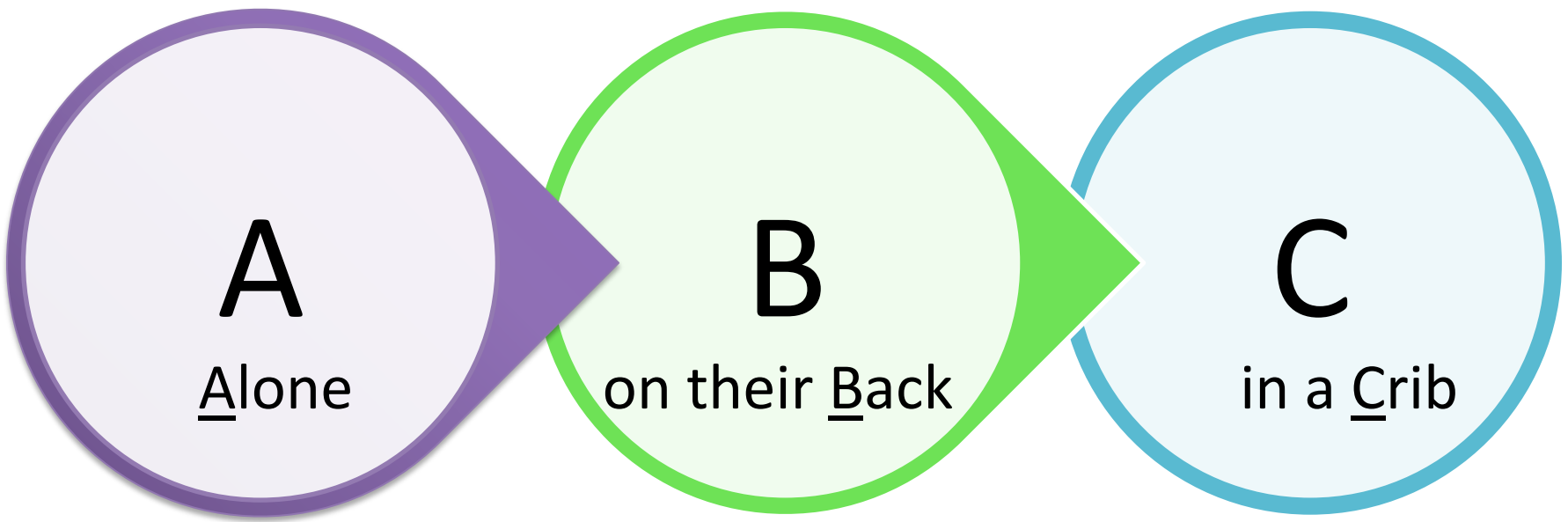
"It's just it's so much easier for me to roll over and nurse her that way than to get up out of the bed and go into her room, and she won't sleep in her crib anyway. For me, that's what works best."

Successful routines for infant sleep included: Bath time before bed; Swaddling/zip-up blankets; White noise machines; Placing sleep furnishings at an incline for infants with reflux.

"One of the things that I know works really well for him is the swaddling. He tends to be calmer and sleep better if he's very tightly swaddled."

### AAP Guidelines/Safe Sleep Information

AAP recommends placing your baby to sleep:



- Nearly all participants were aware of the AAP guidelines; only 2 participants stated being unaware of the guidelines.
- However, there was mixed success with adherence to these guidelines; 17/41 parents reported co-sleeping with the infant, and 13/41 participants stated that they consistently placed their infants to sleep on their side (n=6) or their stomach (n=7).

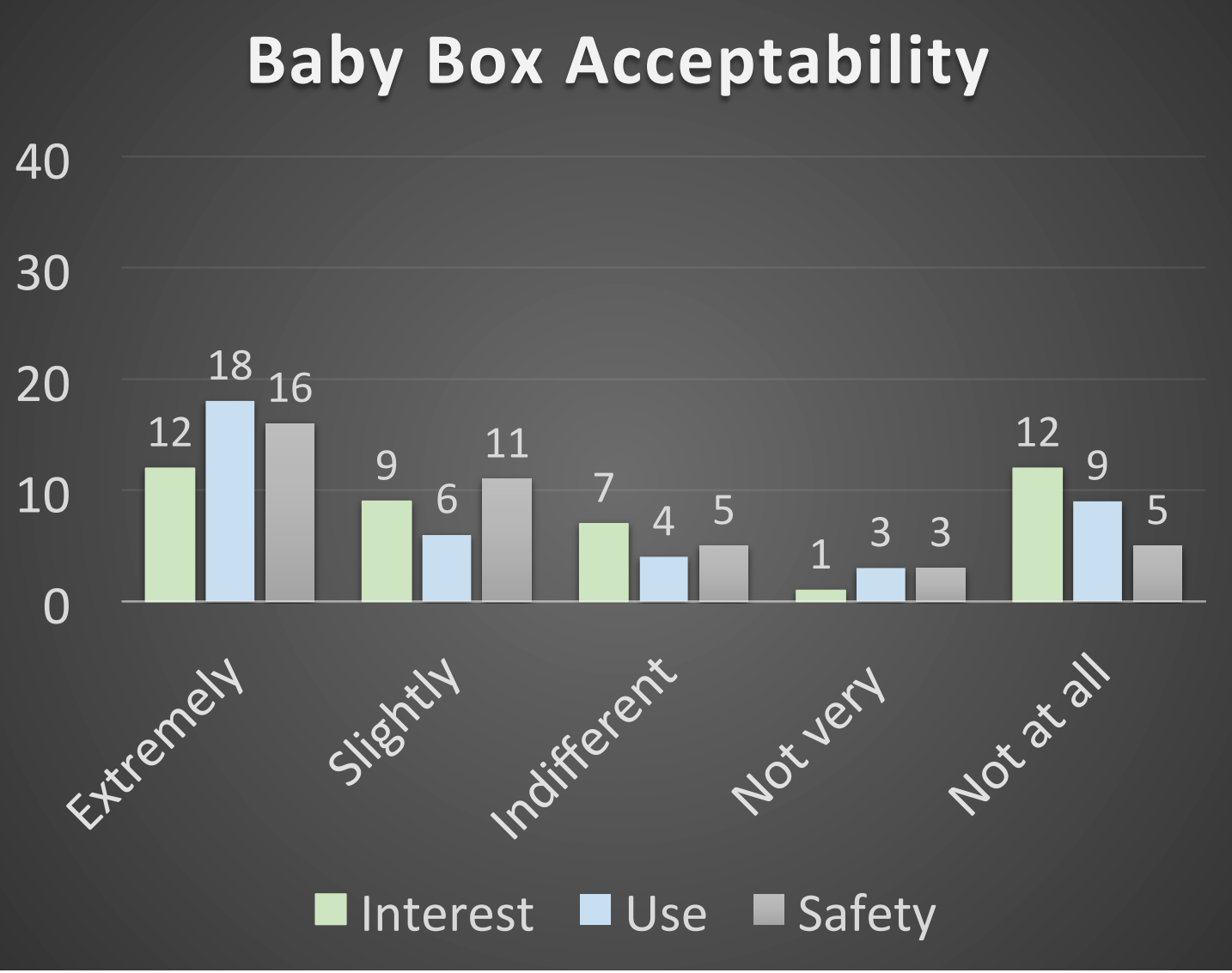
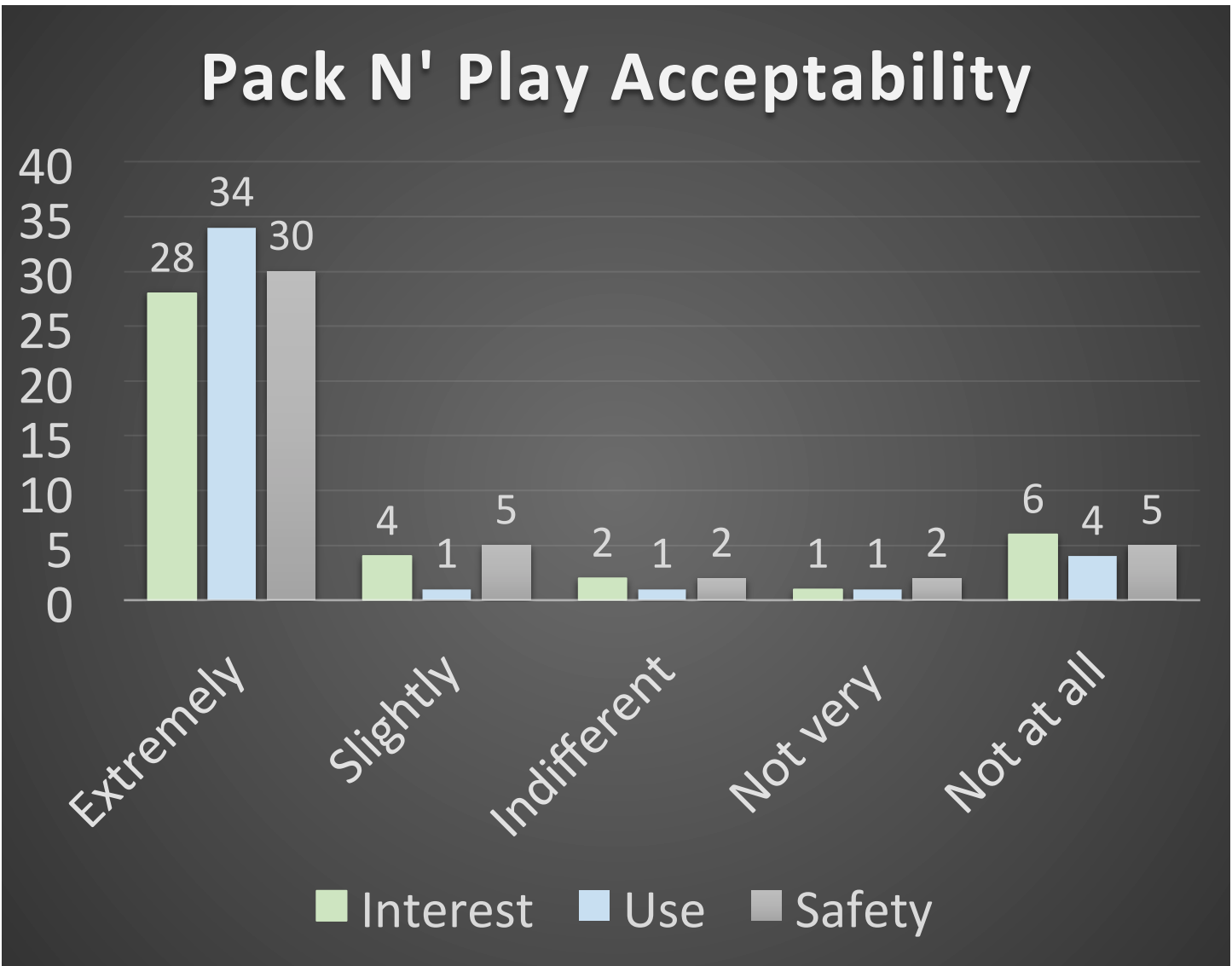
"I try the alone, on her back, in her crib and there's days that it works but there's days where if she's alone she's going to keep the whole house up at night, including herself. On the back, she has choked a couple of times [...] because of her reflux. [...] she usually sleeps in the crib, if not in the crib then in the bassinet or on my chest for the same reasons."

"[She] explained to me that he has to sleep alone in the crib, without anything in the crib – without toys, blankets, without anything – and face up."

### Infant Sleep Furnishings

Participants were asked to rate their:

- interest in receiving a Pack n' Play or Baby Box
- likelihood of using a Pack n' Play or Baby Box if provided
- perception of the safety of a Pack n' Play or Baby Box for the infant



## Next Steps

- Additional interviews with parents and caregivers will be conducted six months after the Safe Baby Curriculum ([healthysafebaby.org](http://healthysafebaby.org)) has been implemented in the program.
- Focus groups conducted with home visitors at Safe Baby Trainings will be transcribed, reviewed and analyzed.

This project is supported by:



Chiles Center  
Women, Children & Families



Florida  
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Home Visiting Initiative

For more information about the FL MIECHV evaluation, please contact Dr. Jennifer Marshall [jmarshall@health.usf.edu](mailto:jmarshall@health.usf.edu)



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