

FLORIDA MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING INITIATIVE EVALUATION

QUALITATIVE REPORT: PERCEPTIONS OF SAFE SLEEP PRACTICES AMONG FLORIDA MIECHV HOME VISITING STAFF, 2016

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INTRODUCTION

Sleep is a vital aspect of a child's development, yet during infancy unsafe sleep environments can cause life-threatening complications¹. Each year, 3,500 infants in the United States die due to unsafe sleeping environments² with accidental suffocation, strangulation in bed, and smothering among the most commonly reported circumstances³. In Florida alone, Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) is identified as a leading cause of death among infants, and the leading cause of neonatal deaths⁴. To combat this, the American Academy of Pediatrics recommends that safe sleep practices be used to reduce the incidence of infant sleep-related deaths⁵.

One of the goals of Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative is to promote infant health, including prevention of SUID and through the promotion of safe infant sleep practices. To learn more about MIECHV program interventions, the Florida MIECHV evaluation team organized focus groups among MIECHV staff during fall 2016 to elicit their perspectives on safe sleep education, caregiver practices, successes and challenges.

METHODS

A qualitative approach was utilized to understand the perceptions of safe sleep promotion activities among Florida MIECHV staff. Six focus groups were held with three Florida MIECHV sites (Escambia, Manatee and Hillsborough counties) implementing: *Healthy Families Florida*, *Nurse Family Partnership*, and *Parents as Teachers* programs. Administrators/supervisors and home visitors in were interviewed separately at each site regarding the definition of safe sleep, factors contributing to unsafe sleep practices, populations of focus, and the overall facilitators and barriers of promoting safe sleep practices. Identifying these factors helps to inform Florida MIECHV about effective interventions to reduce the overall occurrence of sleep related deaths. A semi-structured focus group guide was developed, and flip charts were used to engage staff and facilitate conversations. These discussions were audio recorded, transcribed verbatim, and thematic analysis was conducted.

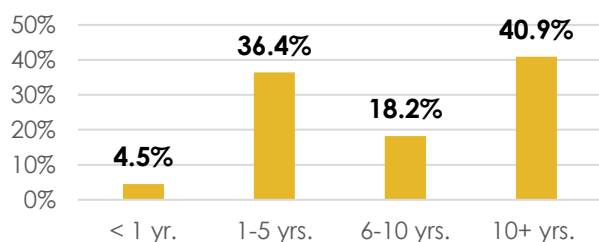
PARTICIPANT CHARACTERISTICS

A total of 23 staff members participated in the focus group, including two administrators, one supervisor, 16 home visitors, and 4 other staff members. Most were female (95.7 %), with the greatest percentage of participants within the ages of 36-45 (34.8%). Most had been in their profession for at least 6 years (56.5%, with 39.1% at 10+ years), while 34.7% had worked for 1-5 years. Participants were also ethnically

Staff Focus Groups: Safe Sleep 2016

and racially diverse, with 21.7% identifying as Hispanic, and 65.2% White, 17.4% Black, 4.4% Asian and 3% other. Most had received a bachelor's or professional degree (78.2%, n=18).

NUMBER OF YEARS IN PROFESSION



HIGHEST LEVEL OF EDUCATION

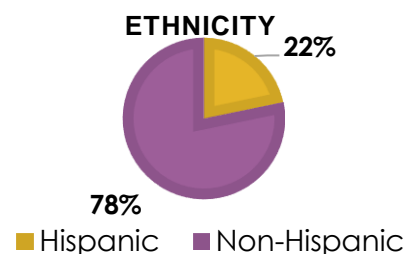
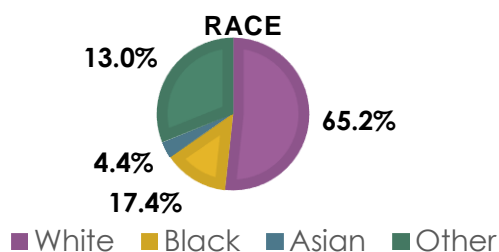
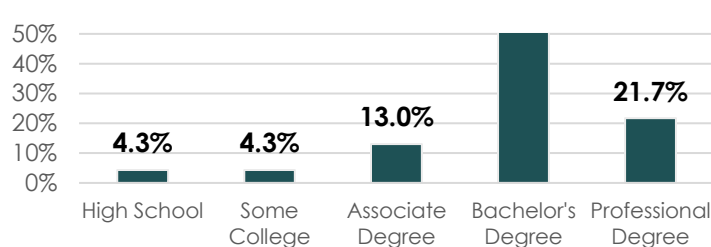


Table 1: Participant characteristics

Staff Characteristics	N (%)
Age (years)	
18-25	2 (8.7)
26-35	6 (26.1)
36-45	8 (34.8)
46-55	3 (13.0)
56-65	2 (8.7)
66-75	2 (8.7)
Gender	
Male	1 (4.4)
Female	22 (95.7)
Race	
White	15 (65.2)
Black	4 (17.4)
Asian	1 (4.4)
Other	3 (13.0)
Ethnicity	
Hispanic	5 (21.7)
Non-Hispanic	18 (78.3)
Organizational Role	
Administrator/Director	2 (8.7)
Supervisor	1 (4.4)
Home visitor	16 (69.6)
Others	4 (17.4)
Number of years in profession*	
< 1 year	1 (4.3)
1-5 years	8 (34.7)
6-10 years	4 (17.4)
10+ years	9 (39.1)

*One respondent did not provide information.

PERCEPTIONS OF SAFE AND UNSAFE SLEEP PRACTICES

SAFE SLEEP DEFINITION

Safe sleep was defined by participants in a variety of ways. All definitions given included a reference to the infant lying on his/her back alone in a designated sleeping area. Participants' definitions included: "babies sleeping on their backs", "not having anything in the sleep area", and "not co-sleeping with parents or caregivers." Other definitions of safe sleep referred to providing a safe place for a baby to sleep without harm, the absence of bedding materials within close proximity of a sleeping infant, the proximity of the baby's crib to a window, and the temperature of the baby's room.



"Yes. Alone, back, crib, nothing else in there. No co-sleeping. We do like room sharing and we're advocates of that but not bed sharing preferably". - Home visitor

UNSAFE SLEEP PRACTICES

Home visitors observed and identified unsafe sleep environments in participants' homes. These often included items such as pillows, blankets, bumper pads, and stuffed animals in an infant's sleep area. Infant sleep areas described were bassinets, cribs, and Pack 'n' Plays. Further unsafe sleep practices identified by participants included bed-sharing with the infant, putting the bassinet top over the baby, placing an infant to sleep on their stomachs, the use of old cribs, sleeping on a parent or caregiver's chest, being propped against the corner of a sofa or couch, and sleeping in car seats. Several home visitors specifically mentioned some parents/caregivers do not allow their babies to sleep in the crib for fear of "crib death", thus resulting in more unsafe sleep practices.

"I was at a meeting just last week where they talked about several cases of infants either sleeping in the bed with the parent and smothering, because somebody rolled over on them or they got caught between the bed and the wall, that type of thing." - Administrator/Supervisor

BARRIERS TO SAFE SLEEP PRACTICES

MIECHV staff observed barriers within homes that prevent safe sleep practices, and identified several risk factors for unsafe sleep practices. These include alcohol and substance abuse in the home, child abuse or neglect, lack of adequate space for infant furnishings, cultural norms that promote co-sleeping, and convenience of tending to the baby in the same bed. All aforementioned scenarios impact the mindset and perception of the mother, and affect what she believes to be the most ideal sleeping situation for her child. For some caregivers, safe sleep practices may be perceived as impacting comfort and convenience, and thus are challenging to promote. For example, staff explained that some families report that they like the mobility of the portable cribs, but worry that they are not soft enough for their infants to sleep in. Staff also report that some breastfeeding mothers they work with

"We've had situations where there has been substance abuse or alcohol that it has impacted the caregiver's ability to really sense what's going on". - Administrator

feel that co-sleeping was an important way to bond with their baby, and that they prefer co-sleeping due to the convenience of breastfeeding their infants in bed.

All sites linked the difficulties experienced with changing or encouraging safe infant sleep practices to generational and cultural preferences, especially regarding co-sleeping; for example some caregivers resist safe sleep promotion because they strongly believe in co-sleeping, or caregivers from older generations co-slept with their babies and continue to encourage this practice. Two sites specifically mentioned cultural norms as barriers to safe sleep. In another site, it was similarly reported that certain populations of parents participating in the program, such as those with developmental disabilities and those of certain cultural backgrounds are more likely to resist changes to current sleeping practices. Also, some parents were convinced by other agencies or programs, doctors within their community, and the Internet that co-sleeping is good for the infant. Staff report that parents have been taught by others that co-sleeping is a safe practice so long as certain guidelines are followed (e.g. no alcohol, drugs, obesity, etc.). Because caregivers are given conflicting advice on the best sleep practices for their infant, uncertainty about this often occurs. Multiple supervisors and administrators specifically mentioned that mixed messages act as a barrier to safe sleep promotion.

"We had a grandfather who had a child on his chest and he was sleeping on the couch, but he was inebriated and he wasn't aware that the child rolled off of him in between the couch and him, and then the couch back."

- Administrator/ Supervisor

"Culturally with Hispanic families, it's a family bed. I mean... those are some of the barriers that you have, too. It's just the cultural norm or it's just the way they've always done it."

- Administrator/Supervisor

"We get a lot of resistance there is a whole group of people that just, they say co-sleeping is the best. They're like, other countries do it, and they go into all that. They have their research and their facts."

Administrator/ Supervisor

"I have a sense from my nurses that the Pack 'n Plays are number one, they're grateful to receive them, and because they are mobile, they feel like they can take the baby in all the rooms that they're in."

– Home Visitor

STRATEGIES

Some of the strategies used for promoting safe sleep included educating the caregivers about the importance of safe sleep, explaining risks of unsafe sleep practices, and demonstrating correct practices. The conversations with parents included sharing of stories, anecdotes, news, and videos of real life experiences that resulted in poor outcomes. Parents were also referred to specific resources on the Internet and to their physicians for more information on safe sleep practices.

When educating parents, staff noted that just presenting and reading information to the parents, even if it is evidence-based, or just handing them a flyer, does not have the same impact as parents seeing the risks for themselves. Staff commented further that many parents in the program accept and incorporate their teachings, but face pressure from grandmothers and other relatives who did not practice safe sleep themselves.



ADDITIONAL SUGGESTIONS

Other strategies utilized to address safe sleep risk factors include educating parents on the immediate and long-term benefits of safe sleep, the consequences of unsafe sleep, provision of portable cribs or safe sleep boxes, the use of positive messages, and reference to specific online videos. Staff find that involving others in the household and babysitters also increases appropriate safe sleep outcomes.

Provision of resources such as the portable crib (Pack 'n Play) can influence the level of engagement. Some of the parents and caregivers who use these resources are highly engaged in the program. According to MIECHV supervisors and administrators, there are pilot programs underway where hospitals receive funding to purchase and distribute Pack 'n Plays to families in need. Because Pack 'n Plays are easy to assemble and transport, and are cheaper than cribs, they have showed positive results for the safe sleep initiatives. However, manufacturer guidelines do not recommend Pack 'n Plays for overnight sleep. "Onesies" or "sleep sacs" were also mentioned by respondents as being helpful in promoting safe sleep practices. This clothing is produced with a message that reads "This side up," serving as a convenient reminder for the parents to place the baby on their back to sleep. MIECHV supervisors and administrators also referenced recent promotion of baby boxes used in Australia and Finland, and have shown interest in using them as a safe sleep promotion strategy.

"Trying to educate them too that when they go to sleep like that, they are going to increase risk of spitting up and then they can aspirate the more reason they need to be on their back in a safe sleep position."

- Home visitor

"I have a sense from my nurses that the Pack 'n Plays are number one, they're grateful to receive them, and because they are mobile, they feel like they can take the baby in all the rooms that they're in."

- Administrator/Supervisor

"We have a lot of videos and then even we'll find stuff here, but we have some videos specifically, the Back to Sleep from the Healthy Start Coalitions and some of those back to sleep videos."

- Home visitor

"You know what works too, their doctors, their pediatrician telling them when the pediatrician tells them and he's adamant about it, they listen... 'Yes, you're right because my pediatrician just told me that.'"

- Home visitor

CONCLUSION AND RECOMMENDATIONS

MIECHV staff reported that the majority of parents respond positively to safe sleep messages. To continue to promote infant health through the prevention of SUIDs, messages about safe sleep should remain consistent and continue to be publicized. The MIECHV program staff have expressed knowledge, awareness, and commitment to promotion of the AAP safe sleep guidelines. They also acknowledge the numerous challenges in delivering this piece of their educational program to the populations that they work with. In response, the Florida MIECHV Initiative and Healthy Families Florida are instituting universal Safe Baby® training (healthysafebaby.org) for all staff beginning in fall 2017.

Additionally, in 2017 the Florida MIECHV evaluation will interview mothers, fathers, and other caregivers involved in the MIECHV program and in 2018, will conduct a comparative assessment of safe sleep furnishings and other strategies used in Florida MIECHV sites to promote safe sleep and an evaluation of the Safe Baby program implementation.

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