



# Training & Education Evaluation Guide

## 2022 AAP Recommendations for Training Inclusion



Use this Evaluation Guide to assess hospital-developed safe sleep staff training and family education materials to ensure minimum certification requirements are met prior to submission. Applicable to training or education that hasn't been provided by a known national entity (Cribs for Kids, NICHD or other state approved materials). Icons to the left of each topic indicate the required audience, either healthcare member training or family/caregiver education.



Healthcare Team



Family/Caregiver

### Introduce the topic of unsafe sleep resulting in injuries and Sudden Unexpected Infant Death.



- Provide national & local statistics
- History of Safe to Sleep Campaign



- Include all sleep-related death subcategories (ASSB & SIDS)

### Incorporate all 2022 AAP recommendations

#### • Back to Sleep for Every Sleep



- For naps and at night until 1 year of age.
- Caregivers should start the baby for every sleep on their back. When babies begin to roll over, they do not need to be repositioned onto their back during sleep.



#### • Use a firm, flat, non-inclined, and safety-approved sleep space (crib, bassinet, or placard).

- Less than 10 degrees
- If motion devices are ordered as an intervention for medical indications, model moving the infant to a safe sleep space once the infant has fallen asleep.



- Ensure products are free from recalls & safety approved. Refer to Consumer Product Safety Commission (CPSC), ASTM International, CDC & FDA.
- Identify surfaces that are not safe for sleep and pose the highest risk of injury or death.
- Car seats, motion device swings, and baby-wearing slings or carriers are not safe for sleep. If the infant has fallen asleep, move to a safe sleep space as soon as possible.

Visit the Hospital Certification Toolkit for educational & training support materials. 1



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### Incorporate all 2022 AAP recommendations (continued)

#### • Feed breast milk to reduce the risk of death.



- Promote ANY breast milk for at least 2 months, ideally, EXCLUSIVE breastmilk 6-12 months or beyond if mutually desired by parent & baby.

- Include direct breastfeeding, expressed or pumped breast milk, and safety-approved donor milk.

- Parents of preterm or low birth weight babies should be given additional education and encouragement to promote the benefits of breast milk consumption.
- If a parent is unable or chooses not to feed breastmilk, families should follow all other safe sleep recommendations.

#### • Share your room, not your bed.



- Babies should sleep on a separate surface in the parent's room for at least 6 months.
- Strategies for safe nighttime feeding, avoiding accidental surface-sharing, and actions to take if accidental surface-sharing occurs.

#### • Place baby in a bare crib.



- No bulb syringes or medical supplies.



- No objects in the sleep space except a single tightly fitted sheet and pacifier.
- Reference items are to be removed and Safe Sleep for Babies Act.

#### • Use a pacifier to reduce the risk of death.



- Use a pacifier for naps and at night once breastfeeding has been established.
- Review safe use of a pacifier.

#### • Avoid smoking, vaping, and impairment during pregnancy and while caring for baby.



- Substances: Nicotine (second and third-hand), alcohol, illicit drugs, marijuana, prescription medications.
- Exhaustion is a form of impairment because it decreases arousal and alertness.

#### • Dress for sleep: Avoid overheating and safely swaddle.



- Causes and signs of overheating.
- Review updated infant hat use.
- Thermoregulation interventions
- Additional clothing layers, use a wearable blanket, etc.
- Safely swaddling and discontinuation.



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### Incorporate all 2022 AAP recommendations (continued)

#### • Keep up with all medical visits and vaccines.



- Infants should receive recommended immunizations according to the AAP and CDC to reduce the risk of SUID.
- Babies of pregnant parents obtaining regular prenatal care have a lower risk of SUID. It is important to note that infants of parents who did not obtain prenatal care have an increased risk of SUID.

#### • Research baby products before buying.



- Families should not rely on any retail or medical infant monitoring devices or products to prevent SUID. There is no evidence suggesting the use of monitors or products prevents or reduces the risk of SUID.
- Offer examples of direct-to-consumer products and devices advertised to reduce the risk of SUID (i.e., breathable mattresses, heart rate monitors, etc.).
- Discuss medical grade monitors may be ordered by a medical provider to monitor infants.
- Products may still be used as long as they follow all AAP guidelines (firm, flat, non-inclined, etc.)
- Promote continued practice of safe sleep recommendations.

#### • Practice Tummy Time



- Review the benefits of Tummy Time
- How to practice Tummy Time
- Recommended timeframe to practice.

#### • Spread the Safe Sleep Message



- Endorse and model safe sleep guidelines from the beginning of pregnancy.
  - Throughout the hospital and hospital-owned prenatal clinics.
- Address process for remediation and documentation related to family/caregiver non-compliance (i.e., re-education, signing non-compliance forms, changes in care -- use of pulse ox, removal of blankets/pillows from the adult bed, social work referral, etc.),
- Procedure for staff to report unsafe sleep imagery if found.



- Promote family member involvement to spread the message in their communities and to other childcare providers (babysitters, grandparents, siblings, etc.)
- Promote safe sleep imagery and media messaging throughout the community.

### Address safe skin to skin care to reduce the risk of SUPC, falls, and suffocation.



- AAP Clinical Report "Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns" Box 2, "[10] Components of Safe Positioning for the Newborn While Skin-to-Skin"





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**If applicable, address specialized care regarding infants with medically indicated conditions resulting in a change in the modeling of the Home Sleep Environment (HSE)**

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  - Address qualifying medical conditions requiring therapeutic positioning.
  - Address the procedure to transition the infant to the Home Sleep Environment.
    - Address orders required to initiate, maintain, and discontinue.
    - Ongoing maintenance (monitoring, age, symptom evaluations, multidisciplinary actions, etc.)
    - Guidelines to discontinue.
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  - Include focused education for families observing ITP and the transition to the home sleep environment to ensure practices are not continued after discharge (i.e., crib card, graduation, etc).
  - Additional breastmilk education/support for preterm and low birth-weight infants.

**If applicable, address any Emergency Department procedures related to any unsafe sleep incidence.**

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  - Include any hospital assessment and education for patients diagnosed with sleep-related injuries or SUID. Include referrals or consultations, synoptic reporting, etc.


**If applicable, address the home sleep environment assessment process for every family with an infant less than one year of age. Include process to assist families identified to be at risk for unsafe sleep.**

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  - Bronze and Silver hospitals include the referral to obtain safe sleep space.
  - Gold hospitals include the distribution of sleep space before discharge.
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  - Gold hospitals providing a safe sleep space before discharge are to provide education on proper use.

**Silver and Gold Levels - Address hospital-wide wearable blanket use or distribution.**

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  - Address proper wearable blanket use according to the manufacturing guidelines.

**Silver and Gold Levels - Quality improvement infant sleep unit audits**

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  - Orient staff to certification requirements
  - Designated team members completing audit to reduce bias and promote accuracy to discuss
    - Process: when, documentation, etc.
    - Process to re-educate staff or family if non-compliance is observed.
    - Reporting.

**Gold Level - Community Outreach**

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  - Orient staff to certification requirements regarding community outreach.