

HEALTHY NEW MOMS WEBINAR - JULY

Safe Sleep Saves Lives: Equipping Professionals to Promote Safe Sleep Practices



Healthy New Moms

Mental Health Association of Maryland

Healthy New Moms is a program of the Mental Health Association of Maryland. Healthy New Moms works to raise awareness of maternal mental health conditions, infant and early childhood mental health, and offer support and resources to moms, families, and providers across the state. You can learn more about the Healthy New Moms program by visiting healthynewmoms.org.



Learning Objectives

Safe Sleep Saves Lives

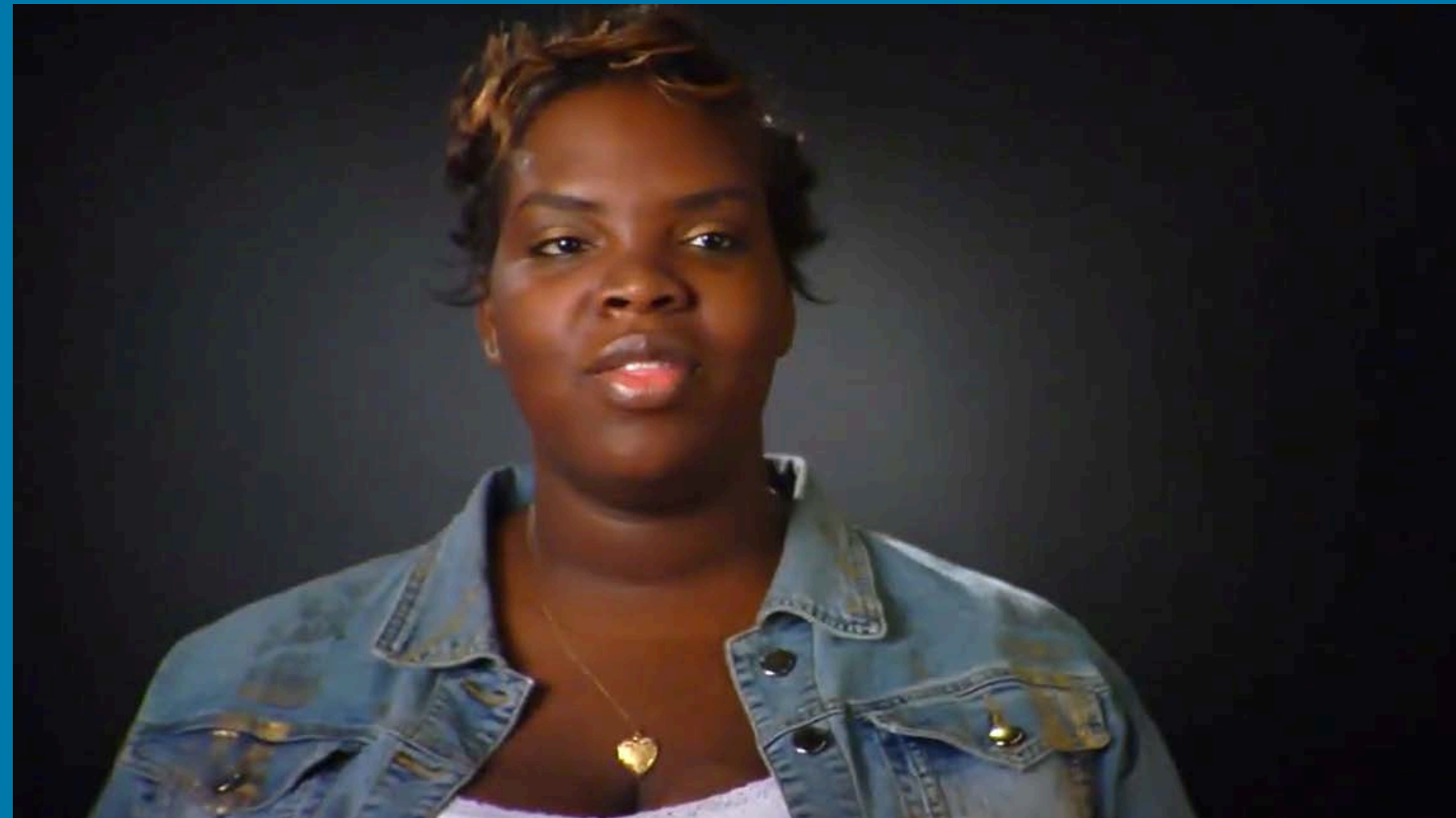


1. Identify evidence-based safe sleep recommendations and recognize common unsafe sleep practices.
2. Effectively use the Healthy New Moms Safe Sleep Assessment Tool to assess risk and guide conversations with families.
3. Apply practical communication strategies to educate and support expectant and new parents in creating safe sleep environments.



This presentation includes topics that may feel difficult or personal. Feel free to step away or take a break at any point!

B'More for Healthy Babies: Safe Sleep Campaign Video



A photograph of a baby sleeping in a crib, wearing a blue onesie and a blue pacifier. The crib has white bars and a white sheet with small dark dots. The image is used as a background for the text.

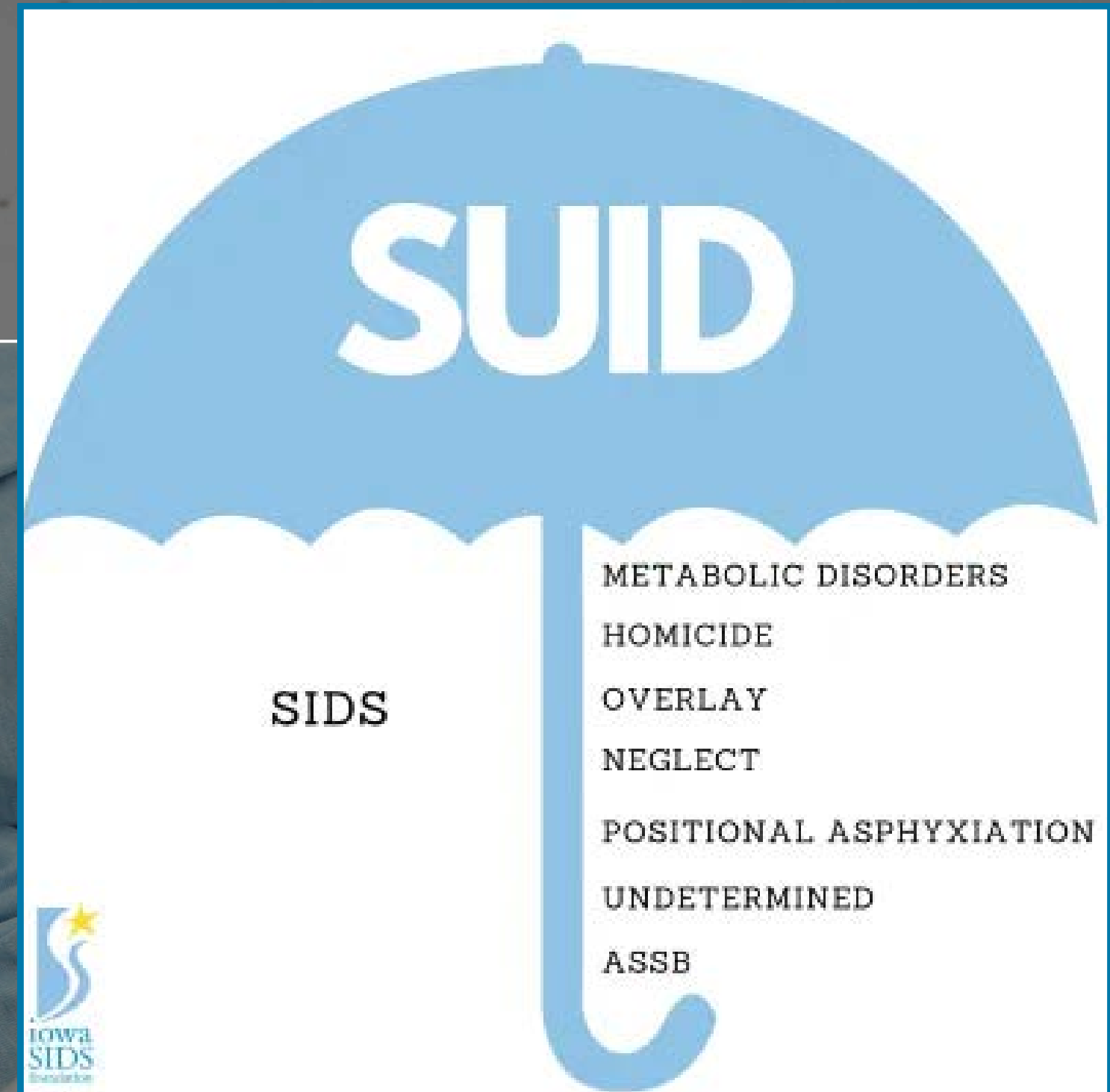
Defining Terms & Acronyms

SUID

Sudden Unexpected Infant Death (SUID) is defined as the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly, where the cause of death is not immediately obvious prior to investigation.

NICHD NIH Safe to Sleep

Defining Terms & Acronyms



NICHD NIH Safe to Sleep

A photograph of a baby sleeping in a crib, wearing a blue onesie and a blue pacifier. The crib has white slats and a white sheet with small dark dots. The image is used as a background for the text.

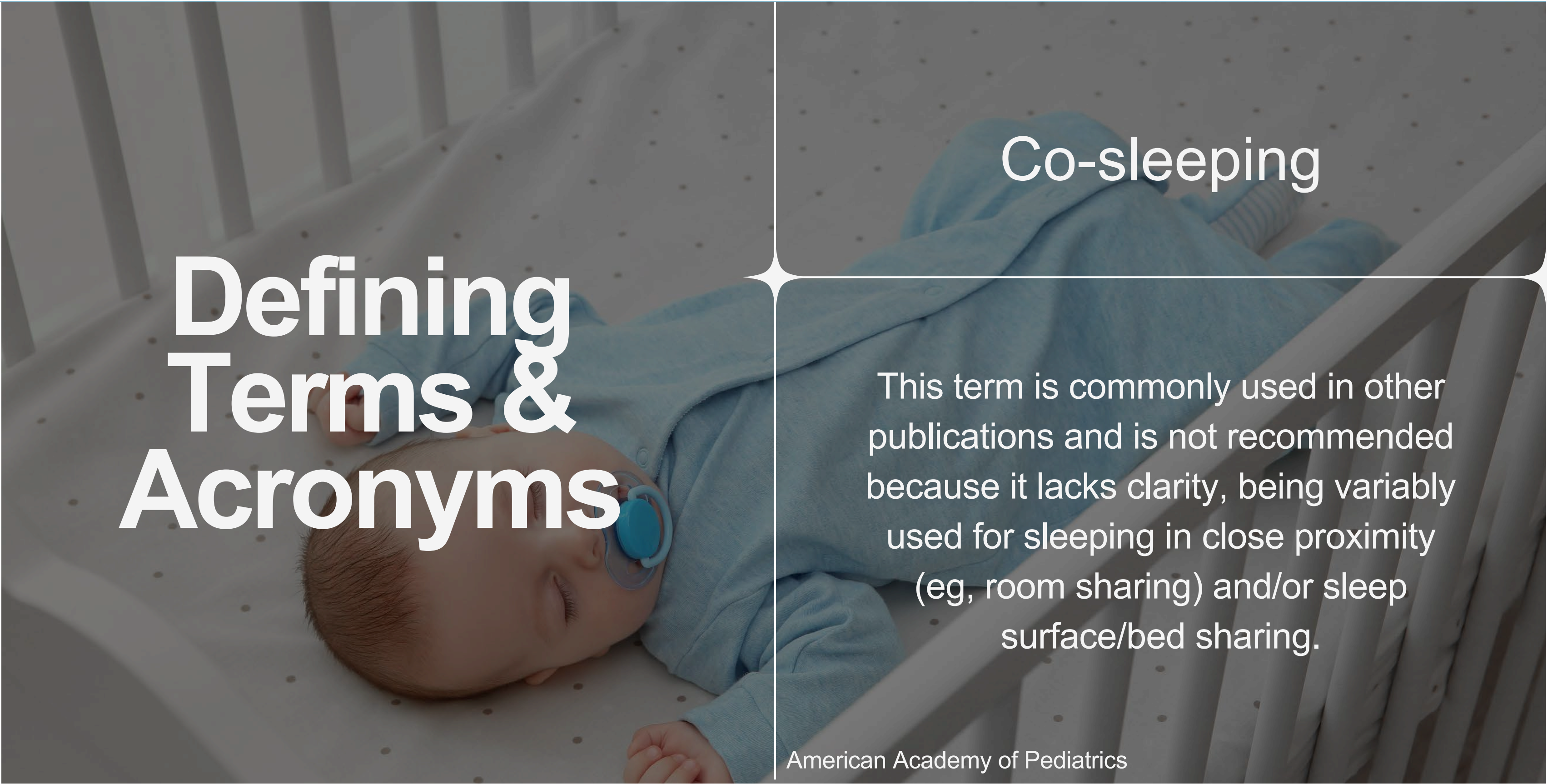
Defining Terms & Acronyms

Bed Sharing

Parent(s) and infant sleeping together on any surface (bed, couch, chair).

Medical professionals may use the term “surface sharing.”

American Academy of Pediatrics

A photograph of a baby sleeping in a crib, wearing a blue onesie and a blue pacifier. The crib has white bars and a white sheet with small dark dots. The image is divided into four quadrants by a white crosshair.

Defining Terms & Acronyms

Co-sleeping

This term is commonly used in other publications and is not recommended because it lacks clarity, being variably used for sleeping in close proximity (eg, room sharing) and/or sleep surface/bed sharing.

American Academy of Pediatrics



Defining Terms & Acronyms

Wedging or entrapment

A form of suffocation in which the breathing airways are compressed or obstructed because of the infant being trapped or confined between inanimate objects, preventing respiration (i.e., an infant stuck between a mattress and a wall).

American Academy of Pediatrics

Data Overview

Number of SUIDs Per Year (2022)

~3500-3700

CDC/NCHS, National Vital Statistics System, Mortality Files.



Data Overview

SUID by Cause of Death (2022)

41% (1,529) - Sudden infant death syndrome (SID)

31% (1,131) - Unknown causes

28% (1,040) - Accidental suffocation and
strangulation in bed

CDC/NCHS, National Vital Statistics System, Mortality Files.



Data Overview

State SUID Rate by 100,000 Live Births
(2018-2022)

Maryland - 91.4

D.C. - 104.8

(U.S. average - 94.8)

CDC/NCHS, National Vital Statistics System, Mortality Files.



Data Overview

The majority (90%) of SIDS deaths occur before 6 months of age, and the number of SIDS deaths peaks between 1 month and 4 months of age.



Data Overview

Breakdown by Ethnicity Per 100,000 Births (2022)

American Indian/Alaska Native: 229.4

Black: 244.0

Hawaiian/Other Pacific Islander: 237.1

White: 83.2

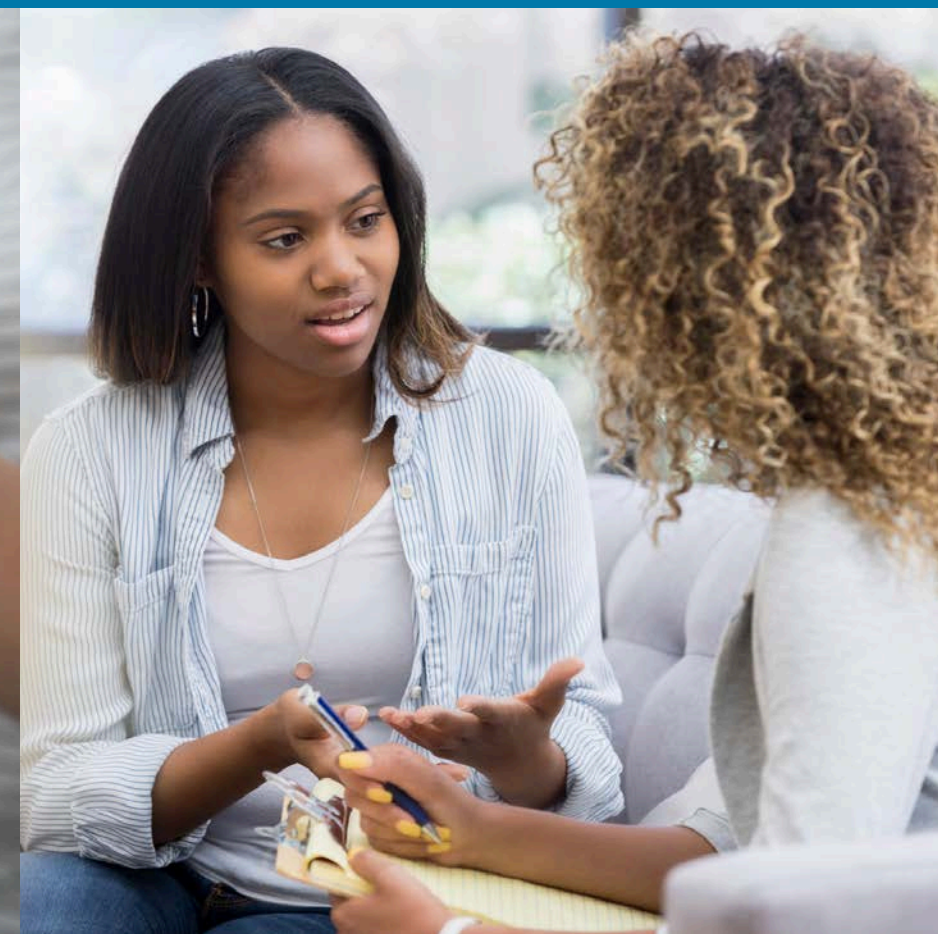
Hispanic: 61.6



CDC/NCHS, National Vital Statistics System, Birth/Infant Death Data

Reflect on Your Role

How can you integrate safe sleep education and awareness into your work?



Our Shared Responsibility

As professionals, advocates, and loved ones, we are uniquely positioned to observe, ask questions, and share safe sleep information.

Every conversation about safe sleep has the potential to save a life.



Healthy New Mom's *Safe Sleep Campaign*

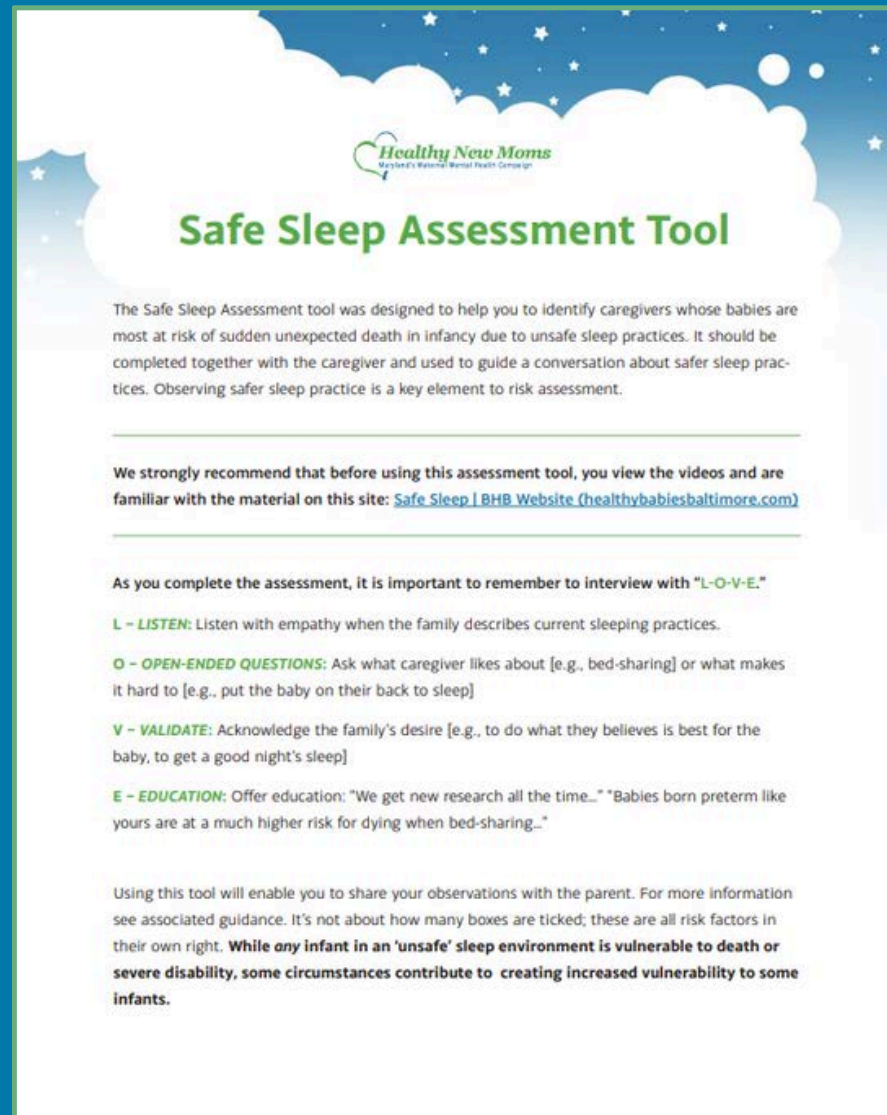
The Healthy New Moms Safe Sleep Campaign was developed by the Mental Health Association of Maryland (MHAMD) through a grant partnership with the Behavioral Health System Baltimore (BHSB).

The campaign was created to promote safe infant sleep practices, increase awareness of sleep-related infant deaths, and equip providers with standardized tools and education to support families across Maryland.



Healthy New Mom's *Safe Sleep Campaign*

Resources for providers and professionals.



Healthy New Moms
Maryland's Maternal Mental Health Campaign

Safe Sleep Assessment Tool

The Safe Sleep Assessment tool was designed to help you to identify caregivers whose babies are most at risk of sudden unexpected death in infancy due to unsafe sleep practices. It should be completed together with the caregiver and used to guide a conversation about safer sleep practices. Observing safer sleep practice is a key element to risk assessment.

We strongly recommend that before using this assessment tool, you view the videos and are familiar with the material on this site: [Safe Sleep | BHB Website \(healthybabiesbaltimore.com\)](http://Safe Sleep | BHB Website (healthybabiesbaltimore.com))

As you complete the assessment, it is important to remember to interview with "L-O-V-E."

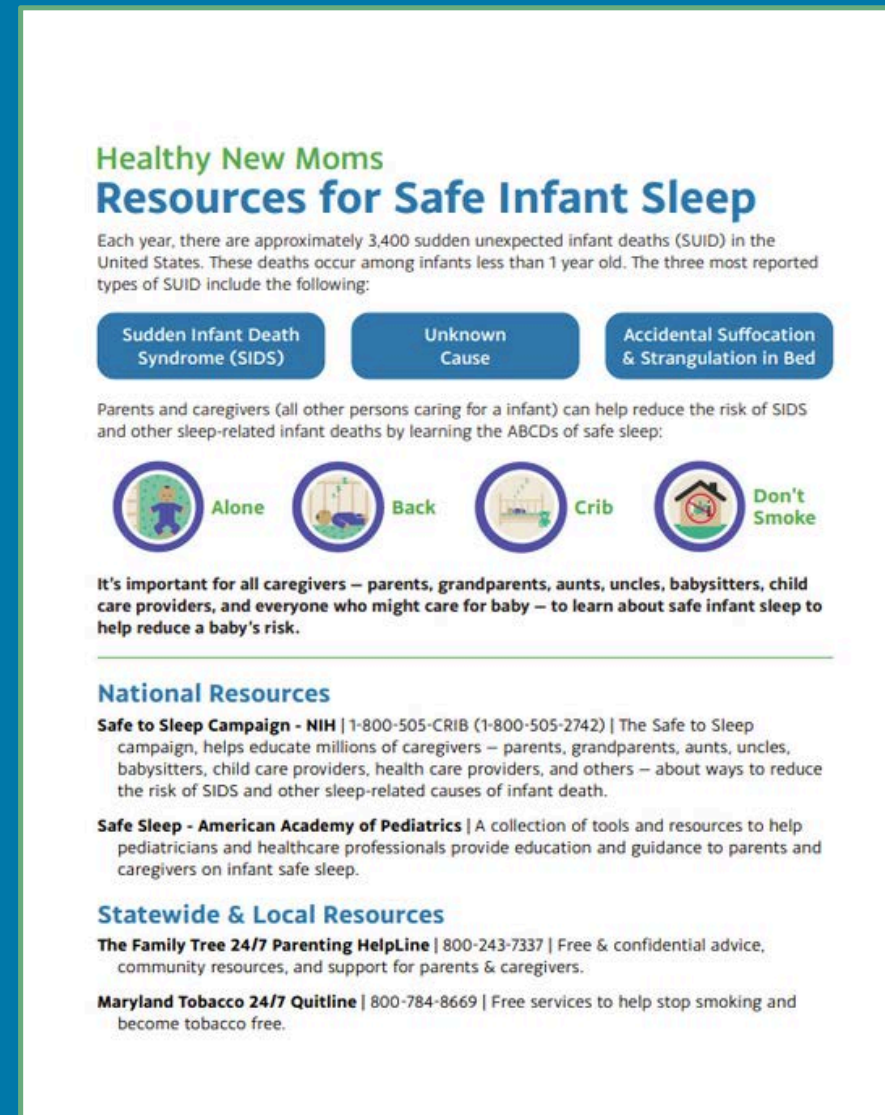
L – LISTEN: Listen with empathy when the family describes current sleeping practices.

O – OPEN-ENDED QUESTIONS: Ask what caregiver likes about [e.g., bed-sharing] or what makes it hard to [e.g., put the baby on their back to sleep]

V – VALIDATE: Acknowledge the family's desire [e.g., to do what they believe is best for the baby, to get a good night's sleep]

E – EDUCATION: Offer education: "We get new research all the time..." "Babies born preterm like yours are at a much higher risk for dying when bed-sharing..."

Using this tool will enable you to share your observations with the parent. For more information see associated guidance. It's not about how many boxes are ticked; these are all risk factors in their own right. **While any infant in an 'unsafe' sleep environment is vulnerable to death or severe disability, some circumstances contribute to creating increased vulnerability to some infants.**



Healthy New Moms Resources for Safe Infant Sleep

Each year, there are approximately 3,400 sudden unexpected infant deaths (SUID) in the United States. These deaths occur among infants less than 1 year old. The three most reported types of SUID include the following:

- Sudden Infant Death Syndrome (SIDS)
- Unknown Cause
- Accidental Suffocation & Strangulation in Bed

Parents and caregivers (all other persons caring for a infant) can help reduce the risk of SIDS and other sleep-related infant deaths by learning the ABCDs of safe sleep:

- Alone
- Back
- Crib
- Don't Smoke

It's important for all caregivers – parents, grandparents, aunts, uncles, babysitters, child care providers, and everyone who might care for baby – to learn about safe infant sleep to help reduce a baby's risk.

National Resources

Safe to Sleep Campaign - NIH | 1-800-505-CRIB (1-800-505-2742) | The Safe to Sleep campaign, helps educate millions of caregivers – parents, grandparents, aunts, uncles, babysitters, child care providers, health care providers, and others – about ways to reduce the risk of SIDS and other sleep-related causes of infant death.

Safe Sleep - American Academy of Pediatrics | A collection of tools and resources to help pediatricians and healthcare professionals provide education and guidance to parents and caregivers on infant safe sleep.

Statewide & Local Resources

The Family Tree 24/7 Parenting HelpLine | 800-243-7337 | Free & confidential advice, community resources, and support for parents & caregivers.

Maryland Tobacco 24/7 Quitline | 800-784-8669 | Free services to help stop smoking and become tobacco free.



Healthy New Moms
Maryland's Maternal Mental Health Campaign

Safe Sleep Assessment Tool



Safe Sleep Assessment Tool



What is the tool's purpose?

This tool helps you to identify who is most at risk of sudden unexpected death in infancy as a result of unsafe sleep practices and allows you to identify and map out the associated risk factors.

Safe Sleep Assessment Tool



It should be completed together with the caregiver and used to guide a conversation about safer sleep practices. Observing safer sleep practice is a key element to risk assessment.

The goal is to foster a shared conversation without making the caregiver feel targeted, judged, or criticized.

Safe Sleep Assessment Tool



We strongly recommend that before using this tool, you view the videos and are familiar with the material on this site:

[Safe Sleep | BHB Website \(healthybabiesbaltimore.com\)](https://healthybabiesbaltimore.com)

Safe Sleep Assessment Tool

PAGE ONE



Safe Sleep Assessment Tool

The Safe Sleep Assessment tool was designed to help you to identify caregivers whose babies are most at risk of sudden unexpected death in infancy due to unsafe sleep practices. It should be completed together with the caregiver and used to guide a conversation about safer sleep practices. Observing safer sleep practice is a key element to risk assessment.

We strongly recommend that before using this assessment tool, you view the videos and are familiar with the material on this site: [Safe Sleep | BHB Website \(healthybabiesbaltimore.com\)](https://healthybabiesbaltimore.com)

As you complete the assessment, it is important to remember to interview with "L-O-V-E."

L – LISTEN: Listen with empathy when the family describes current sleeping practices.

O – OPEN-ENDED QUESTIONS: Ask what caregiver likes about [e.g., bed-sharing] or what makes it hard to [e.g., put the baby on their back to sleep]

V – VALIDATE: Acknowledge the family's desire [e.g., to do what they believes is best for the baby, to get a good night's sleep]

E – EDUCATION: Offer education: "We get new research all the time..." "Babies born preterm like yours are at a much higher risk for dying when bed-sharing..."

Using this tool will enable you to share your observations with the parent. For more information see associated guidance. It's not about how many boxes are ticked; these are all risk factors in their own right. **While any infant in an 'unsafe' sleep environment is vulnerable to death or severe disability, some circumstances contribute to creating increased vulnerability to some infants.**



Approach the assessment as a collaborative conversation.

Invite caregivers to answer questions with you and document responses together. Explain that the assessment is not an interrogation or a test, but an opportunity to understand their current practices and work together to support safer sleep.



As you complete the tool, it is important to remember to interview with “**LOVE**”:

LISTEN: Listen with empathy when the family describes current sleeping practices.

OPEN-ENDED QUESTIONS: Ask about caregiver likes [e.g., bed-sharing] or what makes it hard to [e.g., put the baby on their back to sleep]

VALIDATE: Acknowledge the family’s desire [e.g., to do what they believes is best for the baby, to get a good night’s sleep]

EDUICATION: Offer education: “We get new research all the time...” or “Babies born pre-term like yours are at a much higher risk for dying when bed-sharing...”



While any infant in an 'unsafe' sleep environment is vulnerable to death or severe disability, some circumstances contribute to creating *increased vulnerability*.

Predisposing Vulnerability and Risk Factors



SAFE SLEEP ASSESSMENT

CHILD'S NAME: _____ DATE OF REVIEW: _____

PARENT/CAREGIVER NAME: _____ DATE OF ASSESSMENT: _____

Predisposing Vulnerability and Risk (Child):

Were any of these factors present during pregnancy or currently to the baby?

- | | |
|--|--|
| ☐ Low birth weight (<2.5kg) | ☐ Under 6 months of age |
| ☐ Respiratory Illness | ☐ Smoking and/or other substance use in pregnancy |
| ☐ Prematurity (<37 weeks) | ☐ Fussy, colicky, or difficult to soothe infant |

Guiding Questions About External Stressors:

Does anyone in your household or anybody who cares for baby smoke? _____

Do you ever take your baby to bed with you? If yes, explore the reasons for this: i.e. no other sleeping space available, feel safer and closer to baby, etc) _____

Do you share your bed with anybody else (or pets)? _____

Does anyone in your household or anybody who cares for baby drink alcohol or use drugs? _____

Is any primary caregiver experiencing extreme stress, mental health decline or challenges?

Is the baby always put to bed on their back? _____

What does your baby sleep in? (clothes/bedding) Is this appropriate? _____

Is the family able to ensure room temperature stays around 72°F? _____

Do you have a plan to manage safe sleep for your baby in different circumstances? (e.g., sleeping away from home, after drinking alcohol at a party or celebration) _____

Risk Factors:

- | | |
|--|--|
| ☐ Smoke Exposure | ☐ Caregiver drug/alcohol misuse |
| ☐ Prone/Side position | ☐ Overheating |
| ☐ Soft Surface and/or bedding | ☐ Caregiver mental health condition |
| ☐ Surface sharing | |

Safe Sleep Assessment Tool

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When Asking Questions...

1. Watch your reactions: Your facial expressions and body language can influence how comfortable caregivers feel sharing.
2. Stay neutral and supportive: Avoid expressions that may unintentionally communicate judgment or surprise.
3. Practice active listening: Show caregivers that their answers are heard.



Ask: Were any of these factors present during pregnancy or currently to the baby?

- Low birth weight (<2.5kg)
- Respiratory Illness
- Prematurity (<37 weeks)
- Under 6 months of age
- Smoking and/or other substance use in pregnancy
- Fussy, colicky or difficult to soothe infant



Risk Factors

- Smoke Exposure
- Prone/Side position
- Soft Surface and/or bedding
- Surface sharing (bed sharing)
- Caregiver drug/alcohol misuse
- Overheating
- Caregiver mental health condition



Guiding Questions About External Stressors

- Is the baby always put to bed on their back?
- What does your baby sleep in (clothes/bedding)? Is this appropriate?
- Is the family able to ensure room temperature stays around 72°F?
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Guiding Questions About External Stressors

- Does anyone in your household or anybody who cares for baby smoke?
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- Do you share your bed with anybody else (or pets)?
- Does anyone in your household or anybody who cares for baby drink alcohol or use drugs?
- **Is any primary caregiver experiencing extreme stress, mental health decline or challenges?**

Maternal Mental Health Considerations

Consider the caregiver's emotional well-being as part of the safe sleep conversation.

1. Ask caregivers how they are feeling and coping.
2. Create space for caregivers to share concerns.
3. Connect caregivers with appropriate resources.
4. Pay attention to changes in the caregiver.



Maternal Mental Health Considerations

Mood changes: Sadness, anxiety, irritability, feeling overwhelmed

Behavior changes: Withdrawal or loss of interest

Emotional distress: Hopelessness, guilt, or helplessness

Caregiver-infant interaction: Difficulty bonding or reduced responsiveness

Safety concerns: Expresses unsafe thoughts or actions



Healthy New Moms: Safe Sleep Campaign Video



Reflection Questions:

- Did the care worker establish rapport? If so, How?
- Did the care worker sound empathetic and non-judgmental?

A safe sleep environment is...

**Firm
Flat
Level**

**No toys, soft objects, comforters,
quilts, pillows, or blankets.**



What to do next?

Check whether the family knows what the standard safe sleep advice is. Check their understanding of the advice and why it's so important to follow it.

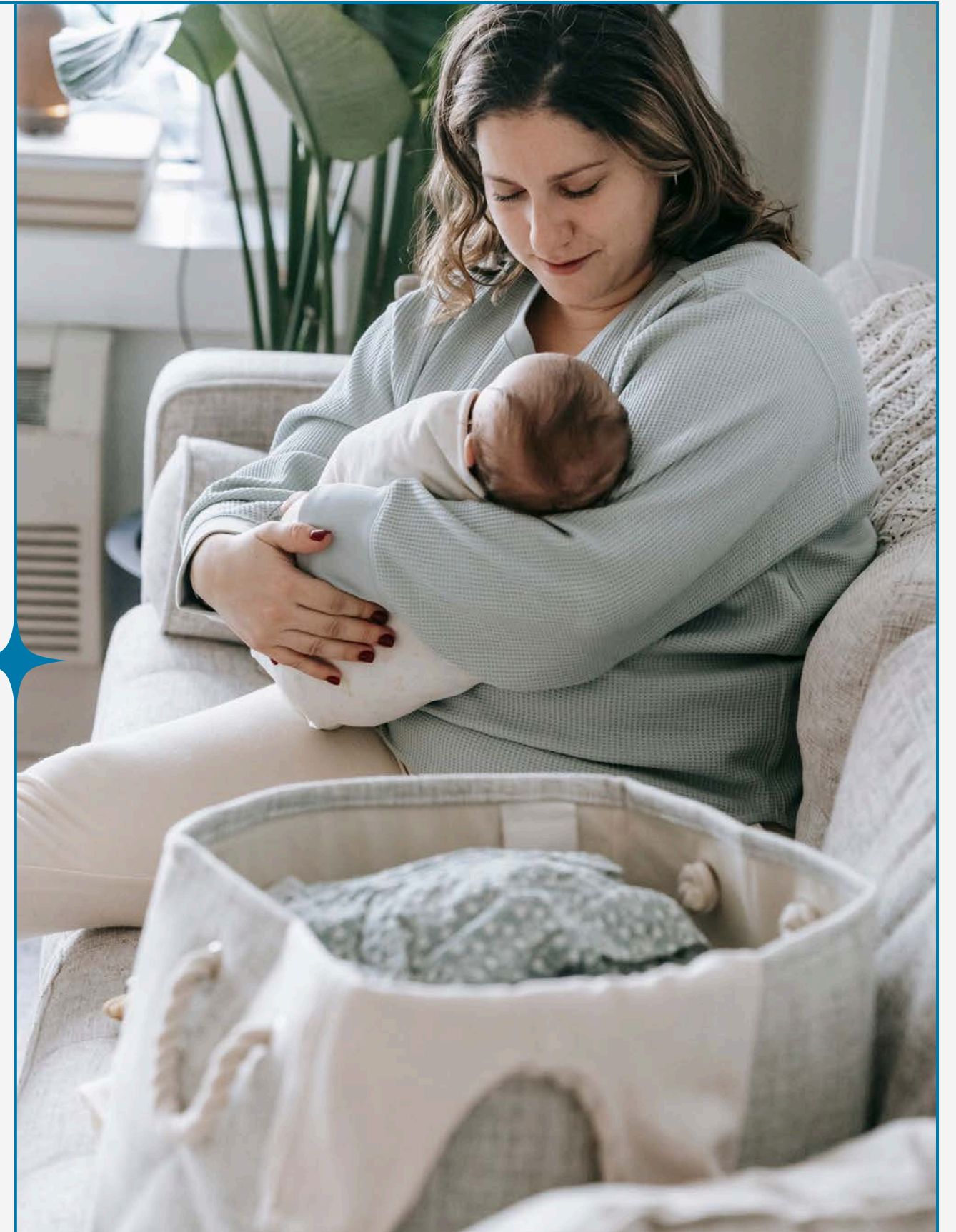
Be prepared for pushback!



Take a Moment

What is something you think you may receive pushback on?

How can you respond in a way that's validating but also supports best practices?



Take a Moment

“I don't want my baby to sleep alone, I like her close to me”

Unfortunately, co-sleeping is really dangerous, remember it doesn't take much for a baby to suffocate. Co-sleeping is a common practice in some cultures. While it is wonderful to observe some cultural traditions, some need to be adapted. Sharing your room with your baby is a great alternative to keep her close and safe.



Take a Moment

“Won't my baby get cold without a blanket?”

Dress your baby in a sleeper for warmth, but do not use blankets or allow your baby to get too warm. Overheating can be a risk for SIDS. A good rule is to dress your baby in the same number of layers that you are wearing. If the room temperature is comfortable for you, then it is also comfortable for your baby.



What to do next:

1. Check whether the family knows and understands what the safe sleep advice is and why it's so important to follow. The goal is to reduce the infant's risk of sleep-related death by sharing information with the family (ABCDs of Safe Sleep).

A - ALONE* **B** - BACK **C** - CRIB **D** - Don't Smoke

2. Answer their questions and concerns, understanding that:

- For parents who do nevertheless choose to co-sleep with their infant, the guidelines note that three practices, in particular, increase an infant's risk of death more than ten times: bed-sharing when the parent's alertness is impaired due to fatigue or medications; if the parent is a smoker; or if they are sleeping on a soft surface, such as a couch or waterbed.
- In addition to the risk to the baby's safety, there can be other consequences to co-sleeping, such as not learning how to fall asleep on their own, development of anxious behaviors, poor sleep quality for the caregiver, limited space for intimacy with your partner.
- A safe alternative to bed-sharing is room sharing, which keeps babies close to their parents in the same room but on their own safe sleeping surface like a bassinet or crib.
- Even if co-sleeping, emphasize the importance of continuing to follow all the other safe sleep guidelines.

3. Help them to trouble-shoot obstacles in the way of safe sleep:

- If you are in the home, assess the sleep environment and identify steps the family can take to create a safe environment
- Suggest moving the bed away from the wall and arranging furniture to place a crib near the bed
- Help families identify where to store items being stored in the crib
- Help avoid inadvertent bed sharing: remove pillows and loose bedding from the bed before feeding, set alarms, engage in activity (e.g., watching favorite television shows, etc.)
- Share strategies for soothing a fussy infant
- Encourage caregiver to seek solutions for colicky and hard to soothe infants from pediatrician
- Provide resources for substance use/mental health treatment.



Safe Sleep Assessment Tool

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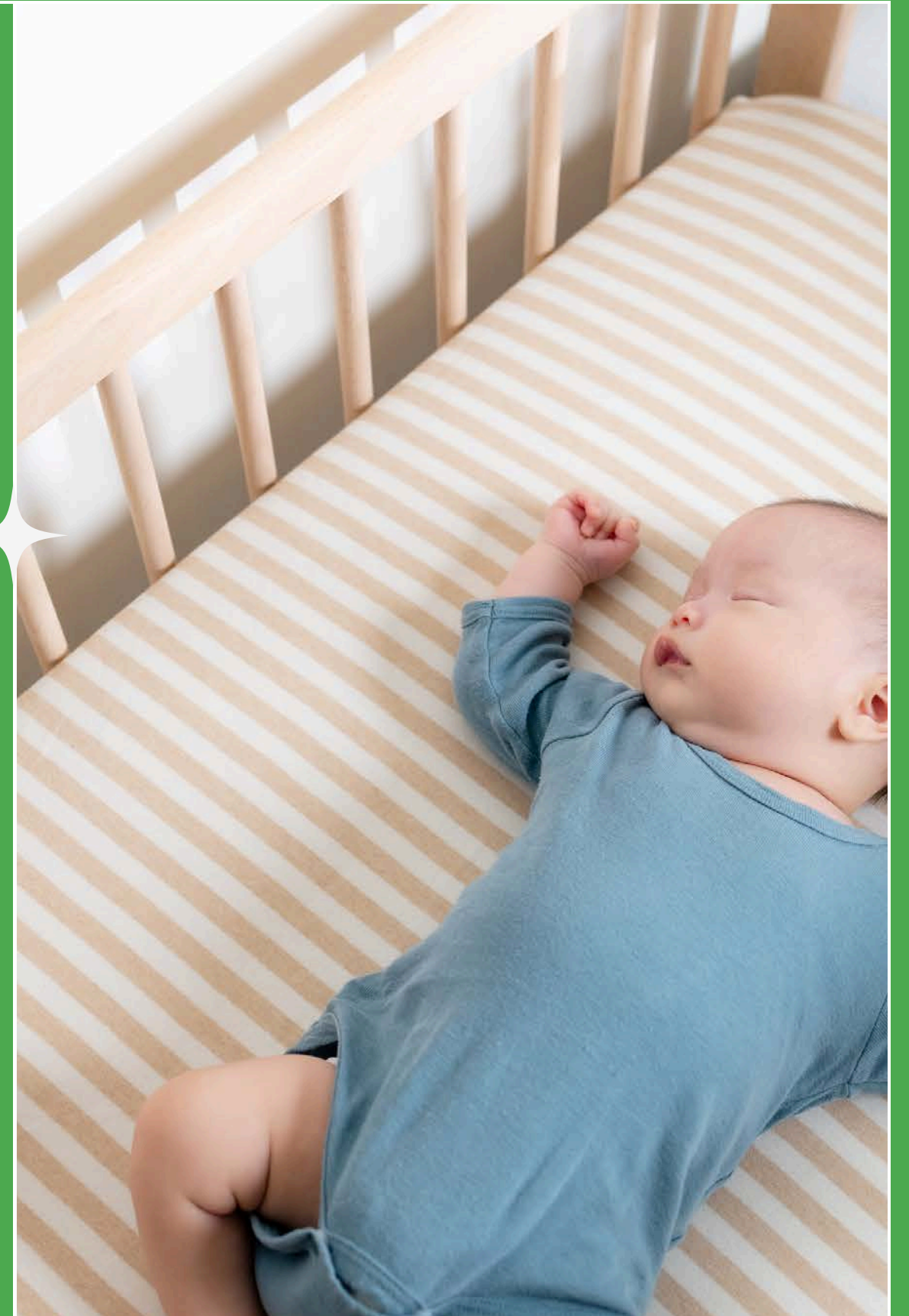
The goal is to reduce the infant's risk of sleep-related death by sharing information with the family (ABCDs of Safe Sleep).

A – ALONE

B – BACK

C – CRIB

D – DON'T SMOKE



The goal is to reduce the infant's risk of sleep-related death by sharing information with the family (ABCDs of Safe Sleep).

For parents who do nevertheless choose to co-sleep with their infant, the guidelines note that 3 practices in particular increase an infant's risk of death more than 10x:

- Bed-sharing when the parent's alertness is impaired due to fatigue or medications
- If the parent is a smoker
- Sleeping on a soft surface, such as a couch, armchair, rocker, or waterbed



What if they still have reservations?

You can share other important reasons for adopting safe sleep practices.



Additional Risk Beyond Safety

1. Not learning how to fall asleep on their own
2. Development of anxious behaviors
3. Poor sleep quality for the caregiver
4. Limited space for intimacy with your partner



Recommendations to Make

A safe alternative to bed-sharing is room sharing, which keeps babies close to their parents in the same room but on their own safe sleeping surface like a bassinet or crib.

Even if co-sleeping, emphasize the importance of continuing to follow all the other safe sleep guidelines.

Recommendations to Make

- If you are in the home, assess the sleep environment and identify steps the family can take to create a safe environment
- Suggest moving the bed away from the wall and arranging furniture to place a crib near the bed
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Recommendations to Make

- Encourage caregiver to seek solutions for colicky and hard to soothe infants from pediatrician
- Provide resources for substance use/mental health treatment

Remember: Many families are overwhelmed with many systems and services involved in their lives.

When introducing a new service that may be helpful to them, such as home visiting, be sure to discuss with them how these services can complement and coordinate with other providers they are already working with.



REFERENCES

CDC Data and Statistics for SUID and SIDS

- <https://www.cdc.gov/sudden-infant-death/data-research/data/index.html>

CDC SUID by Cause of Death, 2022

- <https://www.cdc.gov/sudden-infant-death/data-research/data/suids-deaths-by-cause.html>

NIH Safe to Sleep FAQ

- <https://safetosleep.nichd.nih.gov/reduce-risk/FAQ>

NICHQ Safe Sleep for Infants

- https://nichq.org/wp-content/uploads/2024/09/Myth-VS-Fact_Safe-Sleep_For-Web.pdf

American Academy of Pediatrics

- <https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected>

RESOURCES

MD Family Tree 24/7 Parenting Hotline

- 1-800-243-7337

National Crisis Hotline

- 988

B'more for Healthy Babies

- healthybabiesbaltimore.com

National Safe to Sleep Campaign

- safetosleep.nichd.nih.gov

Healthy New Moms

- healthynewmoms.org

UMD Center for Infant and Child Loss

- infantandchildloss.org

Cribs for Kids Safe Sleep Academy

- cribsforkids.org

HEALTHY NEW MOMS



MENTAL HEALTH ASSOCIATION OF MD

Thank You