

Prevention and Early Intervention: Safe Sleep Final Report

Texas Department of Family and Protective Services

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Acknowledgments



SUMA Social Marketing prepared this report

for

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Executive Summary

Background

SUMA Social Marketing, Inc. (SUMA) conducted qualitative research on behalf of the Texas Department of Family and Protective Services (DFPS) to determine sleep safety and sleep-related infant death risk-reduction practices, perceptions, beliefs, and barriers among priority audiences in Texas, with the goal of informing current programming and a future communications campaign to reduce infant mortality as it relates to unsafe sleep and sleep-related infant deaths.¹

SUMA conducted focus groups with mothers, fathers, and grandmothers of infants 12 months old or younger. The participants were screened to ensure they had at least two of the following identified risk behaviors.

- Mother smoked during pregnancy
- Smokers living with the baby
- Baby born at least three weeks before due date
- Baby breastfed for less than one month or not at all
- Baby typically sleeps in the same bed or on the same surface as another person
- Baby typically placed to sleep on his stomach or side
- Baby typically sleeps in a room separate from the parents
- Mother started receiving prenatal care after second trimester

Focus groups were also conducted with nurses who work with infants; and with child-care providers who work with infants. The focus groups were held in Amarillo, Beaumont/Port Arthur, Galveston, Midland/Odessa, and San Antonio. Stakeholder interviews were also conducted to provide background and inform the lines of inquiry for the focus groups.

¹ Sleep-related infant deaths are sudden unexpected infant deaths (SUIDs) that occur during an observed or unobserved sleep period. SUID is a term used to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome, or SIDS), that occurs during infancy. After case investigation, SUIDs are most often attributed to SIDS and to Accidental Suffocation and Strangulation in Bed (ASSB). Sudden infant death syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation. This investigation includes performing a complete autopsy, examining the death scene, and reviewing the clinical history. ASSB includes suffocation, asphyxia, and entrapment. Other contributors to SUID include infection, ingestions, metabolic diseases, arrhythmia-associated cardiac channelopathies, and accidental- or non-accidental trauma. Similar strategies can be used to reduce risk for all sleep-related infant deaths, including SIDS and ASSB.



Findings

Mothers, Fathers, and Grandmothers

Most parents learn about safe sleep practices at the hospital after giving birth. According to participants in the mothers' focus groups, it is a rare occurrence for them to learn about safe sleep prenatally from their OB/GYNs. A few mothers learned about safe sleep in prenatal classes or from the pediatrician, but this is the exception rather than the rule.

Hospital education about safe sleep and hospitals' own safe sleep practices varied by location and by hospital system. Most parents were taught to place the baby on his back in a crib or bassinet close to their own bed when he sleeps, and to keep the sleeping environment clear of toys and blankets. In some cases, mothers had to sign a document at the hospital saying they had received this instruction. For the most part, mothers reported that they understood this was for the baby's safety and to prevent suffocation.

Most of the mothers and grandmothers knew that SIDS is defined as the unexpected and unexplained death of an infant.² Some fathers knew this too, but others, especially in San Antonio and Amarillo, were unfamiliar with the term.

The way safe sleep messages were delivered varied by hospital as well. In some locations, mothers remembered someone explaining to them the dos and don'ts of safe sleep. Other mothers remembered just receiving brochures. Education on sleep safety and risk reduction for SIDS often takes place just before the mother is discharged.

Most hospitals consistently enforce rules about not bed-sharing in the hospital bed, which strengthens the message of not to share a sleep surface with the baby when parents get home. Modeling the safe sleep practice of putting babies on their backs to sleep varies among hospitals. While most nurses said they do put babies on their backs to sleep, some mothers recalled nurses propping their babies up on their sides with blankets. This practice was corroborated in some of the nurses' groups.

The American Academy of Pediatrics (AAP) 2011 Policy Statement, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment* updated AAP's previous statement on SIDS to include other causes of sleep-related infant deaths in addition to SIDS. The policy statement stated "many of the modifiable and nonmodifiable risk factors for SIDS and suffocation are strikingly similar. The AAP, therefore, is expanding its recommendations from focusing only on

² Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation. This investigation includes performing a complete autopsy, examining the death scene, and reviewing the clinical history.

SIDS to focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS.” The policy statement included 18 recommendations such as how to position the infant; ensure a safe and uncluttered sleep surface; room-share without bed-sharing; using protective behaviors including breastfeeding, immunizations, and considering a pacifier at time of sleep; and avoiding overheating and exposure to tobacco smoke, alcohol, or other drugs. The statement was accompanied by a technical report that summarized the science about each recommendation and provided the rationale for the recommendations as risk reduction strategies for sleep-related infant deaths, including SIDS and other causes.

The AAP Technical Report explained that, though the terms “bed-sharing” and “cosleeping” are often used interchangeably, they are not synonymous terms. Cosleeping is a sleeping arrangement where an infant and parent(s) sleep in close proximity with each other to be able to “see, hear, and/or touch each other.” Cosleeping arrangements can include either an infant sleeping on the same surface as another person (“bed-sharing”) or sleeping close by (e.g. in arms’ reach) and in the same room (“room-sharing”), but on separate sleep surfaces. Cosleeping in the form of room-sharing without bed-sharing is a recommended arrangement and is shown to reduce the risk of infant death, while bed-sharing cannot be recommended as safe. Because the term “cosleeping” can be used to describe either arrangement – a bed-sharing arrangement, which is not recommended, or a protective arrangement of room-sharing without bed-sharing – the AAP advises to avoid using the unprecise term “cosleeping” and instead recommends use of the descriptive terms “room-sharing” and “bed-sharing.”

It is important to note that, in this study, all audiences – including nurses and subject matter experts in the stakeholder audience – did not use the terms “bed-sharing” or “room-sharing.” Instead, they used the term “cosleeping” to describe bed-sharing and talked about having the baby sleep in a separate bed or bassinet in the mother’s room without using the term “room-sharing.”

Also, rather than talking globally about risk reduction strategies for all sleep-related infant deaths including SIDS, they distinguished between SIDS and other types of sleep-related infant deaths. These findings need to be considered in all safe sleep education messaging to ensure audiences understand the expansion of recommendations as well as distinctions in terminology.

Mothers were less likely to say they had been told not to use bumpers, to have a firm mattress for the baby, to avoid overheating, or to dress the baby lightly. The message that swaddling the baby might have detrimental consequences or risks for the infant was never spontaneously mentioned by mothers, fathers, or grandmothers. Mothers, fathers, and grandmothers never questioned the safety of swaddling, because they were taught to do it at the hospital.



Many mothers and fathers understood that it is safer to have the baby sleep in the room with them so they can easily monitor the baby and attend to the baby's needs. Some parents put their babies in a bassinet or crib in the same room with them, and some bed-shared with their babies. Mothers' reasons for avoiding bed-sharing were as likely to be about preventing the bad habit of children sleeping in the parents' bed as to be based on safety concerns.

A notable number of mothers, fathers, and grandmothers disregard the message to not bed-share or share a sleep surface with the baby. The reasons include their personal desire to sleep with the baby, convenience if they are breastfeeding, and a firm belief that their parental instincts will alert them to protect the baby if the baby is in danger. Fathers in particular stated that they bed-share for the baby's protection. They said that having the baby on their chest or in their bed is safest in the event that something should happen. Many fathers claimed to be light sleepers.

A notable number of grandmothers said they tell their children not to sleep with their babies in their beds, either to avoid harming the child or to ensure that the child will adjust to sleeping alone when he gets older and moves into his own room.

Most mothers and fathers do pay attention to the message to put the baby to sleep on his back, but some do not follow this recommendation because they think the baby is happier and sleeps better on his side or stomach. Participants in each of the mothers' groups, and to a lesser extent those in the grandmother's groups, expressed doubt about the validity of the message to put the baby to sleep on his back. They said they didn't believe it because they have heard contradictory messages from past campaigns about how to safely position a baby for sleep. A few mothers, fathers, and grandmothers expressed concern that the baby could choke more easily when on his back.

Overall, most grandmothers had heard the updated recommendation to put babies to sleep on their backs and described the reason as "SIDS prevention." Others were unsure of the reason for it. At least one grandmother in each group advised their children to put their babies on their sides, some out of fear that a baby sleeping on his back could asphyxiate if he were to spit up in his sleep.

The message to keep the crib clear of blankets and soft objects is also widely known by these three audiences, yet some still put a blanket or pillow-type object in the crib because they think it is a comfort to the baby. Some fathers said they believed the crib was big enough for both the baby and items like stuff animals.

For the most part, mothers, fathers, and grandmothers knew that smoking has negative health consequences for babies both in utero and after birth. In a couple of the mothers' groups, the connection between SIDS and smoking was mentioned by participants. Several participants noted that smoking can lead to low birth weight, impact the baby's immune system, and cause respiratory illnesses such as asthma. Mothers, fathers, and



grandmothers know smoking around the baby is not safe, and many do not allow it or require relatives who smoke to wash up and change before holding the baby. A few smokers in the groups were resistant to the message that smoking can hurt a baby.

Most mothers said they decided where the baby was going to sleep before it was born. (Fathers corroborated that this is usually the mother's decision.) Mothers pointed out that mothers are too overwhelmed and tired at the hospital to absorb safe sleep messages. For this reason, they said it is important to teach sleep safety prenatally. They identified doctors and their own mothers as trusted sources of safe sleep information.

In most cases, mothers are the ones who care for babies at night, especially during the early postpartum phase. Some acknowledged receiving help from the baby's father, but many are on their own during this time, since many fathers prioritize a good night's sleep in order to work outside the home. Most mothers had help from their mothers or mothers-in-law during the day on a regular basis in the baby's first year. A few fathers reported that they are active caregivers at night.

Mothers, fathers, and grandmothers were very knowledgeable about the benefits of breastfeeding. Numerous mothers and grandmothers identified WIC as the provider of their education on breastfeeding. In a discussion exercise to discuss the benefits of breastfeeding, almost no one mentioned that breastfeeding can reduce the risk of SIDS.

During the day, many babies sleep in a Pack 'n Play, swing, car seat, bouncer, adult bed, or rocking glider. Mothers, fathers, and grandmothers admitted to napping with their babies and seemed unaware of the dangers of this behavior. Their comments about napping suggest that although they may understand not to put the babies in adult beds at night, they have a different understanding of sharing a sleep surface for naps and of what constitutes an appropriate sleep surface.

Two of the most significant barriers to safe sleep messages are confusion about how certain behaviors can be attributed to reducing the risk of SIDS, which mothers, fathers, and grandmothers understand to be an unexplained death; and confusion about past messages that directly contradict the current message to put babies to sleep on their backs.

Public health sleep safety recommendations are the same for SIDS and for other sleep-related infant deaths—including suffocation, asphyxia, entrapment, and ill-defined or unspecified causes of death—because the risk factors and risk reduction strategies are the same. As campaigns move forward to promote and educate about these recommendations, it is important to craft messages that help audiences understand that messages about sleep safety are about all sleep-related infant deaths, including SIDS as well as other causes.

It is also important to note that when messages were tested in the focus groups about risk reduction for SIDS, most mothers, fathers, and grandmothers had a hard time



believing these messages. They understood risk reduction messages as they relate to suffocation because they could readily visualize how suffocation might happen in certain situations and could concretely understand that changing the environment could reduce risks so that these recommendations, in the words of some participants, were “common sense.”

In contrast, they were confused by the same risk reduction messages as they pertain to SIDS. There was poor understanding and confusion about what causes SIDS. While there is no single identifiable factor that is known to cause SIDS, scientists believe that SIDS results from a combination of factors (an underlying susceptibility, a specific time in development, and an environmental stressor) that, when present at the same time, culminate in an infant’s death in situations that would otherwise not be immediately fatal in the absence of one or more of these factors. Most mothers, fathers, and grandmothers, however, understood SIDS to mean that the death cannot be explained at all, and wondered how it is possible for there to be known risk factors that can be addressed for a death that, in their understanding, is unexplainable.

Campaign creators must keep in mind the priority audiences’ understanding of safe sleep and SIDS as the campaign is developed. Participants said they would be more likely to follow safe sleep and risk reduction for sleep-related infant deaths recommendations if they receive more in-depth information on SIDS or accidental death. Therefore any efforts to educate on safe sleep and risk-reduction for sleep-related infant deaths should offer explanations about *why* it is important to follow certain recommendations.

Nurses

Nurses see themselves as an important educational resource for parents. They are confident in their safe sleep knowledge. The majority of nurses who participated in the focus groups readily detailed safe sleep practices, such as the importance of babies sleeping flat on their backs and alone, without blankets, bumpers, or toys in the crib or bassinet. They answered questions about what constitutes safe sleep practices quickly, thoroughly, and without hesitation, demonstrating their knowledge of ideal safe sleep practices.

However, upon further discussion, nuanced themes emerged that provide insights into nurses’ belief system, need for education, and need for opportunities for more consistent practice in the hospital setting. Several nurses did not know the “whys” behind some of the information they had. Some nurses stated that they did not believe, did not practice, or did not educate parents on a certain safe sleep practice because they did not see its importance. For example, one nurse said she places the babies on their sides so the parents can see them, and a few nurses do not educate parents about the dangers of bed-sharing because they do it with their own children to no ill effect.



Nurses in every group agreed that they have not attended any formal, comprehensive safe sleep or SIDS risk-reduction training. Instead, they rely on learning new information from the physicians with whom they work and from each other. Some spoke of being educated about safe sleep and SIDS risk-reduction during their orientation, but for some nurses, that occurred many years ago. Others spoke of attending mandatory hospital in-service training and having to document that they read materials about a new policy or practice.

Nurses in multiple focus groups stated that their hospitals do not have many policies or procedures related to safe sleep other than actively educating parents to place babies on their backs, actively discouraging bed-sharing while in the hospital, educating parents who smoke on the negative health consequences of smoking for the baby, and, more rarely, documenting that a parent has been educated on safe sleep and SIDS risk-reduction prior to discharge.

Nurses shared their own ways of educating patients on safe sleep practices and SIDS risk-reduction. The content and strategies of this education varied within hospitals and across the state. Some nurses offer parents straightforward and direct information that links a given behavior to a risk of SIDS. Others simply tell parents the behavior is not safe. Still other nurses employ scare tactics or share stories of personal tragedy to motivate their patients to adopt safe sleep behaviors.

When presented with the sleep safety and sleep-related infant death risk reduction statements from the AAP, nurses in all focus groups reported that they were familiar with statements related to the benefits of room-sharing, the risks of bed-sharing, crib safety, and the dangers of smoking. However, they questioned statements related to the impact of breastfeeding on reducing the risk of SIDS and the risks of swaddling. Some did not know that room-sharing reduces the risk of SIDS, although they may tell parents to practice room-sharing. Nurses in every group wanted to see the research and data from which the statements of the AAP were developed.

Nurses believe in the importance of safe sleep and SIDS risk-reduction education and are receptive to more education, especially through journals and other research-based media.

Child-Care Providers

The child-care providers who participated in the focus groups represented both small, home-based day care centers and large, corporate-owned facilities. Many participants have been involved in day care for several years and said they care for the children as if they were their own. Most work directly with infants.

Regardless of the size of the day care center, the findings on infant safe sleep were consistent. All child-care providers who participated in the focus groups are keenly



aware of the state standards and are motivated to follow them for the safety of the infants as well as to avoid receiving a citation.

All babies in the child-care facilities represented in the focus groups sleep on their backs, unless the parent brings a doctor's note that indicates otherwise. The providers said they do not put swaddled babies or blankets in the cribs. They may swaddle the baby or use blankets for comfort prior to putting the baby into the crib to sleep. All participants said they must remove the swaddle or blanket before putting the baby into the crib or Pack 'n Play.

Some facilities no longer use swings or bouncers; others are in the process of phasing them out. Providers did say that if a baby falls asleep in a bouncer or swing, they pick the baby up immediately and put him in a bed. The use of pacifiers was mixed as well. If pacifiers are used, they are removed when the baby falls asleep.

SIDS is top of mind with child-care providers when safe sleep is discussed. They are knowledgeable about SIDS and understand that they must follow certain safe sleep rules to help prevent it. Participants at every location reflected on a SIDS case they had heard about in their community. They also mentioned the link between SIDS and smoking without prompting. Some participants referred to death by suffocation as SIDS.

In all three child-care provider groups, providers reported some cultural differences regarding safe sleep practices among the clientele. They said the most common minority-culture practice they see is that Hispanics tend to overwrap their babies in blankets. They also mentioned the Central American cultural norm of sleeping with the baby.

Child-care providers are required to take training on SIDS. Most have taken a course and seemed knowledgeable. Some participants bemoaned the lack of state-authorized training on SIDS and expressed concern about the quality of some of the training that is available. They also said the training should include more medical research to back up the findings on SIDS.

Child-care providers play an important role in educating parents on safe sleep as well as on many other topics that pertain to their children's well-being. They see some aspects of parent education as their responsibility. They also believe they are well trained and should be viewed as trusted sources of knowledge when it comes to the babies they care for.

The providers who participated in the focus groups said that, beyond the information parents receive when they tour the facility or when they are given an orientation packet, they provide SIDS education on an as-needed basis. During a facility tour, they explain to parents the center's rules about safe sleep and inform them that the babies are placed



on their backs in the crib, with no toys or blankets, and in appropriate clothing. They also explain why this is done and that they are following state standards.

Some providers who suspect a parent is not following safe sleep practices at home will use subtle techniques to educate the parent, such as giving her a brochure or talking with him in a non-confrontational way about why certain safe sleep practices are important. Providers in two groups requested a state-developed pamphlet so they can offer parents a standardized message with scientifically based information on SIDS.

In addition to teaching parents about the importance of putting babies to sleep on their backs, child-care providers often have to tell parents that the child cannot have a blanket or snuggly item of any kind while sleeping at the child-care facility. They also explain what appropriate clothing is, since they must follow specific rules about what the baby can wear to sleep. Some said they also have to educate parents not to put ponytail holders or clips in their babies' hair because they can be a choking hazard. One participant employed at a large facility said they have to educate parents not to put any cereal in the baby bottles.

When asked what can cause SIDS, the child-care providers brought up cigarettes early in the discussion. They reported that some of their parents are heavy smokers, and as a result both the baby and the parent smell like smoke. Participants at two locations explained that they put clean clothing on the baby and then wash the baby's clothing and diaper bag so it smells fresh. All facilities enforce rules against staffs' smoking on the property and the requirement to wash up after smoking a cigarette on break. Providers are reluctant to discuss smoking with parents; instead, one posted a sign saying "No Smoking and No Second-Hand Smoke." Others choose to send a brochure home in the diaper bag.

Child-care providers listened to safe sleep and SIDS prevention statements from the AAP. They all agreed with the statement linking room-sharing with reduced risk of SIDS and the statement advising caretakers to keep soft objects, such as pillows and loose bedding, out of the baby's sleep area. Some child-care providers who had bed-shared with their own babies did not agree with the statement advising parents to "have the baby share your room, not your bed."

Most providers believed the statement about the link between smoking and SIDS, although they questioned the statistics. They were split in their reactions to the statement linking breastfeeding and reduced risk of SIDS. They also questioned the statement linking swaddling and SIDS.



Recommendations

System-Wide

- Create system-wide and systemic change by working with relevant nursing and hospital associations to educate nurses on their essential role as patient educators and providers of safe sleep and SIDS prevention messages.
- Develop strategies to encourage hospitals to implement policies on safe sleep practices and health-care provider education on safe sleep.
- Create a comprehensive, statewide social marketing campaign that ushers in systemic change. Include advertising on traditional and social media, and establish a network of grassroots partnerships to distribute messaging. Field-test all creative materials and strategies with the target audience(s) before finalizing.
- Prioritize the message that the arrangement of room-sharing without bed-sharing decreases the risk of SIDS by as much as 50%, and is safer than either bed-sharing or solitary sleeping (when the infant is in a separate room). Focus group participants were receptive to the message about room-sharing. The statement made sense to them. They were less likely to agree with the message to not sleep with the baby. Link the two messages with a direct statement that room-sharing helps prevent SIDS and that bed-sharing can be hazardous under certain circumstances and can increase the risk of the baby overheating; becoming entangled or strangled in loose bedding or suffocating by being pinned under or between objects; and being exposed to second- or third-hand tobacco smoke.
- Adapt the current Room to Breathe campaign – if it remains active – so the tone is direct and sincere. For example, vignettes should feature real parents and not actors. Additionally, emphasize the benefit of the arrangement of room-sharing without bed-sharing in simple and direct language and visuals.
- Work with first responders to replicate the Florida Direct On-Scene Education program. The program trains first responders to address unsafe sleep practices in homes to which they are sent when responding to emergency and non-emergency calls. (See <http://nichq.org/blog/2015/may/first-responders-safe-sleep-education>.)



- Conduct research with doctors (OB/GYNs and pediatricians) to determine how best to engage them, their practices, or office in delivering safe sleep messages to their patients. Participants said that they trust what the doctors say and it does influence them. Explore tools and strategies that the state could make available to them as well as to other health care providers or entities such as WIC, home visiting programs or other social service programs that reach these audiences. For example, create a “sleep plan for baby” that emphasizes safe sleep practices, test it with these audiences, and distribute it to appropriate partners.

Mothers, Father, and Grandmothers

- Messages should emphasize the “why” as much as the “how” of sleep safety.
- Reduce the fear around sleep-related infant deaths (including SIDS) by creating empowering and actionable risk-reduction messages such as this one:
 - Scientific research shows that the chances of infant death can be reduced by not smoking during pregnancy or around the baby, avoiding drugs and alcohol during pregnancy and in the infant’s environment, breastfeeding, putting the baby to sleep on his back in a crib or bassinet in the parents’ room or within arm’s reach of a responsible caregiver at bed time and for naps, without bed sharing, and keeping the crib clear of blankets, bumpers, pillows, and toys. Also, dress the baby lightly and avoid overly hot temperatures.
- Partner with existing infrastructures, such as WIC, foster parent training, and other venues where parents are required or encouraged to take parent education to offer a simple, mobile-friendly, online safe sleep course for parents. (A mobile-friendly approach meets the needs of the many parents who access the web only through their phones.) The course should be short and interactive. Parents would receive a cute certificate of completion and a small gift for the baby. The course could also be available in physicians’ waiting rooms, where pregnant women could complete it while they wait to be seen.
- Create specific materials for grandmothers acknowledging their role and influence in caring for their grandchildren and addressing why and/or how information on safe sleep has changed and evolved over the years.
- Engage fathers in safe sleep practices and create messages for fathers that speak to their protective instincts. Clearly tell fathers that they are protecting their babies by championing the arrangement of room-sharing without bed-sharing and by adhering to other safe sleep practices.



- As part of the general campaign, create simple visuals that illustrate safe and unsafe sleep behaviors and environments.
- Create simple visuals to post in the offices of OB/GYNs and pediatricians as well as in hospitals. The visuals should show which sleep behaviors and practices are and are not appropriate.
- Increase messaging about the dangers of bumpers and blankets, and the importance of a firm mattress, avoiding overheating, and lightly dressing the baby. Also, increase messaging on the importance of using a sleep surface designed for infant sleep that does not include an adult bed with or without another person or pet, bouncy seat, swing, car seat, Boppy pillow, sheep skin rug, sofa, bed or sofa with a pillow “wall” around the baby, and many other surfaces that are commonly and inappropriately used for sleep and where infants are at an elevated risk of dying.
- Promote the message that there are specific circumstances in which bed-sharing is particularly hazardous, and it should be stressed to parents that they avoid the following situations at all times:
 - Bed-sharing when the infant is younger than 3 months old, regardless of whether the parents are smokers or not.
 - Bed-sharing with a current smoker (even if he or she does not smoke in bed) or if the mother smoked during pregnancy.
 - Bed-sharing with someone who is excessively tired.
 - Bed-sharing with someone who has or is using medications (e.g., certain antidepressants, pain medications) or substances (e.g., alcohol, illicit drugs) that could impair his or her alertness or ability to arouse.
 - Bed-sharing with anyone who is not a parent, including other children.
 - Bed-sharing with multiple persons.
 - Bed-sharing on a soft surface such as a waterbed, old mattress, sofa, couch, or armchair.
 - Bed-sharing on a surface with soft bedding, including pillows, heavy blankets, quilts, and comforters.
- Increase messaging about the importance of sleep safety for *each* time a baby sleeps – during baby’s nap times as well as night-time sleeping, including the risks of bed-sharing when napping with the baby.



Nurses

- Adopt or create a statewide standardized training program on safe sleep for nurses.
- Work with nursing associations and hospitals to disseminate the training.
- Provide nurses with education that explains the science behind each safe sleep recommendation.
- Assign nurses to quickly determine if there is a father present during the birth and during the postpartum stay at the hospital. Expand the father's role from "swaddler" to "safe sleep guru."
- Create talking points for nurses to provide them with guidance on how to respond to questions and how to educate their patients. Create separate talking points targeted to fathers, grandmothers, and new mothers.
- Create specific materials that nurses can pass on to fathers, grandmothers, and young mothers.

Child-Care Providers

- Disseminate state-approved safe sleep training to child-care providers through the DFPS Texas Child Care Licensing website.
- Educate child-care providers on their influential role in educating parents on safe sleep practices.
- Leverage the state's relationship with child-care providers to educate parents. Make educating parents on safe sleep part of the minimum standards that child-care facilities must adhere to. Provide them with a simple pamphlet about safe sleep practices and why they are so important. Establish an uncomplicated distribution system to make it easy for facilities to get the pamphlets so they, in turn, can distribute them to parents.
- Provide child-care providers with more state-endorsed, hands-on training on sleep safety and risk-reduction for sleep-related infant deaths.



Methodology

SUMA conducted qualitative research on behalf of DFPS to determine safe sleep and sleep-related infant death risk-reduction practices, perceptions, beliefs, and barriers among priority audiences in Texas, with the goal of informing current programming and a future communications campaign to reduce infant mortality as it relates to sleep-related infant deaths. The objectives of the research were as follows.

- Offer insights into current safe sleep and sleep-related infant death prevention efforts across the state of Texas
- Explore which efforts and innovations appear to be successfully impacting infant mortality as it relates to sleep-related infant deaths.
- Learn about perceived safe sleep and sleep-related infant death prevention educational needs

SUMA worked in collaboration with DFPS and the Department of State Health Services (DSHS) to identify five communities as key research sites that represent the geographic and cultural diversity of Texas or specific areas of concern to the state. The collaboration resulted in the choice of the following sites.

- Amarillo
- Beaumont/Port Arthur
- Galveston
- Midland/Odessa
- San Antonio

The research included the following components.

- Background research
- Stakeholder interviews ($N = 14$)
- Focus groups with mothers (5 groups, $N = 36$)
- Focus groups with fathers (3 groups, $N = 20$)
- Focus groups with grandmothers (3 groups, $N = 27$)
- Focus groups with nurses (5 groups, $N = 43$)
- Focus groups with child-care providers (3 groups, $N = 16$)

Please note that the data gathered for this project is qualitative in nature, meaning that it addresses open-ended questions designed to explore matters of “how, why, and what,” rather than “how many.” Therefore, findings should be considered strongly directional rather than statistically definitive, as those of a quantitative survey might be. Trained moderators led all focus groups. The sessions were audio-taped, and the recordings were transcribed verbatim.



During focus groups, researchers do not take exact counts of how many participants respond in a certain way on each line of inquiry, but rather foster a conversation through which participants can speak candidly. Then, as the transcripts of all focus groups are analyzed, trends emerge and qualifiers such as “few” and “most” are assigned to help the reader understand the prominence of each trend. The matrix presented below is used to qualify trends in the research.

- Few = under half
- Half = half (50%)
- Many = over half
- Most = 8 or 9 out of 10
- All = everyone (100%)

Stakeholder Interviews

SUMA conducted safe sleep and sleep-related infant death risk-reduction research with 14 stakeholders. The Texas DFPS and Health and Human Services Commission (HHSC) provided the contacts to SUMA. Interviewees represented statewide experts knowledgeable about various aspects of infant and child health or safety and, as part of their roles, have been involved in promoting sleep safety or other efforts to prevent sleep-related deaths. The objectives of the research were as follows.

- Provide background context to researchers
- Learn about sleep practices and sleep-related infant death prevention efforts, educational efforts, and perceived barriers to safe sleep practices throughout the state of Texas
- Inform the focus group research

Table 1 lists the participating stakeholders’ names and their associated organizations.

Table 1: Safe Sleep Stakeholders

Name	Organization
Jeannie Young	Department of Family and Protective Services – Child Care Licensing, Program Specialist
Yesenia Rodriguez	Office of Child Safety, Department of Family and Protective Services, Program Specialist
Kathryn Sibley	Office of Child Safety, Department of Family and Protective Services, Division Administrator
Matt Harrington	Department of State Health Services – Nutrition Education Branch, Program Specialist
Judith Henslee	Southwest SIDS Research Institute, Executive Director



Name	Organization
Tracy Erickson	Department of State Health Services – Nutrition Education Branch, Texas WIC Breastfeeding Coordinator
Beth Meyerson	University of Texas of the Permian Basin – First 5 Program, Program Director
Taiya Jones-Castillo	Department of State Health Services – Health Service Region 1 Title V Population-Based Program, Program Specialist
Misty Wilder	University of North Texas Health Science Center – Healthy Start Program Manager
Amy Bailey	Department of State Health Services – Office of Title V and Family Health, Child Fatality Review Coordinator
Reade Quinton	Southwestern Institute of Forensic Sciences of Dallas – Dallas County Office of the Medical Examiner, Deputy Chief Medical Examiner
Tecora Smith	Northeast Texas Public Health District (NET Health) – Program WIC Director and NET Health Healthy Texas Babies Coalition Coordinator
John Chacon	Health and Human Services Commission – Texas Home Visiting Program, Program Specialist
Brandy Martinez	San Antonio Military Medical Center – Trauma Injury Prevention Coordinator

Focus Groups

SUMA conducted a total of 19 focus groups with nurses, child-care providers, mothers, fathers, and grandmothers. Table 2 reflects the participant breakdown by geographic location and audience.

Table 2: Focus Group Participants, by City (N = 142)

City	Nurses	Child-Care Providers	Mothers	Fathers	Grandmothers
Galveston	7	0	8	9	0
San Antonio	7	6	5	7	9
Midland/Odessa	10	5	7	0	0
Amarillo	10	0	6	4	7
Beaumont/Port Arthur	9	5	10	0	11
Total	43	16	36	20	27

- SUMA conducted five focus groups with hospital nurses who work with families either during or soon after the birth of their babies in five Texas communities: Galveston, San Antonio, Midland/Odessa, Amarillo, and Beaumont/Port Arthur. The objectives of this part of the research were as follows.
 - Identify the messaging that is currently being used in hospitals to educate parents on safe sleep
 - Identify the gaps in hospital safe sleep education and practices
 - Understand the role nurses play in safe sleep education

- SUMA conducted three focus groups with child-care providers in three Texas communities: San Antonio, Midland/Odessa, and Beaumont/Port Arthur. The objectives of the research with child-care providers were as follows.
 - Identify current safe sleep messaging and practices being used at child-care facilities
 - Identify the gaps in safe sleep education and practices at child-care facilities
 - Understand how child-care providers interact with parents on safe sleep messaging

- SUMA also conducted focus groups with mothers, fathers, and grandmothers of babies as follows.
 - Five focus groups with mothers in five Texas communities: Galveston, San Antonio, Midland/Odessa, Amarillo, and Beaumont/Port Arthur
 - Three focus groups with fathers in three Texas communities: Galveston, San Antonio, and Amarillo
 - Three focus groups with grandmothers in three Texas communities: San Antonio, Amarillo, and Beaumont/Port Arthur

All of these groups consisted of participants who had a child or grandchild 12 months old or younger at the time of the focus group, with at least two of the following identified risk behaviors.

- Mother of the baby smoked while pregnant
- Smokers living with the baby
- Baby born at least three weeks before due date
- Baby breastfed for less than one month or not at all
- Baby typically sleeps in the same bed or on the same surface as another person
- Baby typically placed to sleep on his stomach or side
- Baby typically sleeps in a room separate from the parents



The objectives of the research with mothers, fathers, and grandmothers were as follows.

- Identify attitudes and perceptions of safe sleep, particularly as they relate to sleep-related infant death
- Identify the gaps in safe sleep education and practices among families of babies
- Understand the roles mothers, fathers, and grandmothers play in safe sleep education and practices



Safe Sleep and Sleep-Related Infant Death Prevention Stakeholder Research

SUMA conducted research with 13 safe sleep and sleep-related infant death prevention stakeholders, identified by DFPS and DSHS. The objectives of the research were as follows.

- Provide background context to researchers
- Learn about sleep practices and sleep-related infant death prevention efforts, educational efforts, and perceived barriers to safe sleep practices throughout the state of Texas
- Inform the focus group research

The stakeholders interviewed for this project were aware of and vested in safe sleep and sleep-related infant death prevention practices, education initiatives, trends, and data. They also provided insights into the priority audiences for this research. Below is a list of concepts and comments shared by the stakeholders. The language below is reflective of what was shared during the interviews and is further evidence of a lack of cohesion regarding sleep-related infant death prevention terminology.

- SIDS is a diagnosis of exclusion. It can be difficult to distinguish SIDS from other sleep-related infant deaths. Unsafe sleep practices contribute to all types of sleep-related deaths, including SIDS.
- Parents may unknowingly practice unsafe sleep methods in an attempt to keep their baby safe because they are worried about something happening to the baby while he sleeps.
- Most infant sleep related deaths are related to unsafe sleep practices and could be prevented.
- Education for parents should be straightforward and simple, with clear visual depictions of what safe sleep practices are and what they are not. Education is more powerful when delivered in person instead of relying solely on written materials.
- Safe sleep education should be direct and clear and define any words that may be confusing or used differently by professionals, such as cosleeping. Education should primarily focus on the dangers of sharing a bed with an infant along with other safe sleep practices such as using a firm mattress, having nothing in the crib with the baby, placing the baby on his back to sleep, and the importance of sharing a room with the infant. Parent education should also explain why certain practices are considered safe or unsafe. Education should also include safe sleep practices for breastfeeding mothers.



- Barriers to acceptance of the current safe sleep messages include confusion about the discrepancies between the current messages and messages received from influencers (such as mothers or grandmothers) who had their children sleep on their bellies or sides in keeping with their perception of previous safe sleep guidelines. In addition, breastfeeding advocates might promote bed-sharing. Fatigue is also a barrier; some parents or other caregivers do not intentionally sleep with their babies, but might inadvertently fall asleep while holding or comforting them.
- Fathers and grandmothers are important influencers and should be included in the education programming.
- Parents are unaware of the relationship between smoking and sleep-related infant deaths.
- The Florida Direct On-Scene Education program (<http://nichq.org/blog/2015/may/first-responders-safe-sleep-education>) was mentioned a few times and should be considered as an intervention in Texas. The program trains first responders to address unsafe sleep practices in the homes to which they are sent when responding to emergency and non-emergency calls.

The information shared by these stakeholders was largely echoed in the focus group findings and should therefore be strongly considered in the creation of a safe sleep or sleep-related infant death prevention marketing campaign and programming in the state of Texas.



Findings: Mothers

Background and Objectives

SUMA conducted five focus groups with mothers in five Texas communities: Galveston, San Antonio, Midland/Odessa, Amarillo, and Beaumont/Port Arthur. All groups consisted of mothers who had a child 12 months old or younger at the time of the focus groups and at least two of the following identified risk behaviors.

- Mother smoked during pregnancy
- Smokers living with the baby
- Baby born at least three weeks before due date
- Baby breastfed for less than one month or not at all
- Baby typically sleeps in the same bed or on the same surface as another person
- Baby typically placed to sleep on his stomach or side
- Baby typically sleeps in a room separate from the parents
- Mother started receiving prenatal care after second trimester

The objectives of the research were as follows.

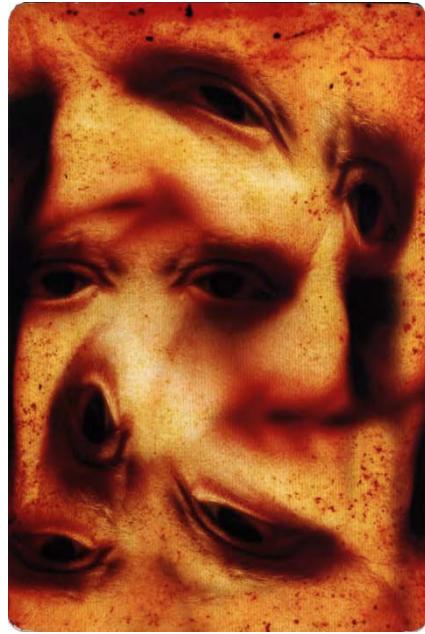
- Identify attitudes and perceptions of safe sleep among mothers, particularly as they relate to sleep-related infant deaths.
- Identify the gaps in safe sleep education and practices among mothers
- Understand the roles mothers play in safe sleep education and practices

Detailed Findings

In an icebreaker discussion at the beginning of each focus group, the moderator laid out a deck of Visual Explorer™ cards depicting images of a wide variety of people, places, and situations. Participants were asked to browse through the cards and select the one image that best illustrated their feelings about sleep during their baby's first year. Although the deck has 80 cards, for the most part the same few cards were picked in every group.

Two of the most popular images in almost every group were a photograph of an eye looking through a keyhole and a collage of blurred eyes. Mothers said they picked these photographs because they represent their desire to keep an eye on the baby.





You always have to keep your eye on the little one, especially when they're newborns. I've always been afraid that if I don't check on them all the time, they could stop breathing or something.

—San Antonio

A photograph of a little girl walking away with a suitcase was also popular. Mothers said they picked it because it illustrated their own desire to get sleep.



It's like you're going to pack up and just go get some sleep. That was what I was thinking.

—Galveston



As one might expect, mothers reported that their sleep patterns changed dramatically after the birth of their babies. Many reported waking up to “every little noise,” being constantly on guard, getting less sleep, and becoming lighter sleepers.

I used to be a heavy sleeper. Now with him being right there next to my bed, any little noise just wakes me up now.

– Midland/Odessa

It's like you sleep with one eye open.

– Amarillo

When asked what surprised them about the baby's sleep, mothers most often commented on how sleep patterns can vary from baby to baby within a family: some babies are “good sleepers” while others are “demanding.”

In most cases, the mothers in the focus groups reported they are the ones who care for babies at night and decide where they sleep. Some acknowledged receiving help from the baby's father, but many are on their own when the baby was a newborn, since many fathers work outside the home while the mother stays home to care for the newborn. Most have help from their mothers or mothers-in-law. At least one mother in each group lives with either her mother or her mother-in-law.

Participants shared several strategies they use to help the baby sleep at night, such as trying to keep the baby up longer during the day, which usually involves having the father play with the baby and giving her a bath. These practices were often described as good ways to get a baby ready for sleep. Many participants have special sound machines that play ocean or nature noises to help the baby sleep. Some mentioned swaddling.

The Hospital Stay: Safe Sleep Messages and Modeling

Most women learned about safe sleep practices at the hospital shortly before or after giving birth. Very few focus group participants said they learned about safe sleep prenatally from their OB/GYN. A few participants learned about safe sleep in prenatal classes, but this was the exception rather than the rule.

Hospital education about safe sleep and hospitals' safe sleep practices varied by location. In the best-case scenario, mothers were taught to place the baby on his back in a crib or bassinet close to the parents' bed when he sleeps, and to keep the sleeping environment clear of toys and blankets.



Some mothers had to sign a document at the hospital saying they had received this instruction. For the most part, they understood that it was for the baby's safety and to prevent suffocation.

If we put them on their belly, like how she said, their necks, they can't move their head to, oh my gosh, breathe.

– Midland/Odessa

Participants were less likely to say they had been told not to use bumpers, to have a firm mattress, to avoid overheating, or to dress the baby lightly. In Beaumont/Port Arthur, a small number of participants remembered being informed at the hospital that bumpers aren't safe and could smother the baby.

It is interesting to note that all focus group participants in Beaumont/Port Arthur received a onesie listing important safe sleep messages. The mothers referred to the people who gave them the onesies and educated them as nurses, but researchers learned from the Beaumont/Port Arthur nurses group that they were distributed by a volunteer group of educators organized by a local nonprofit. Recall of the messages was fairly high, and several participants quoted them: "Don't sleep with me," "Don't smoke around me." Some said it helped educate them, whereas others admitted that they did not follow the recommendations.

As a first-time mommy, you don't know nothing, you're going to take heed of the nurses and the doctors.

– Beaumont/Port Arthur

When she gave me the onesie, I read it and I tried putting my daughter on her back; she just wasn't having it.

– Beaumont/Port Arthur

Modeling makes an impact. Most hospitals consistently enforced rules about not bed-sharing in the hospital bed, which strengthens the message not to bed-share when parents get home with the baby. Almost all participants remembered learning that they should not bed-share with the baby, but not everyone followed the recommendation. In most focus groups, participants recalled that if they had the baby in bed with them, the nurses would remove the baby and tell them it isn't safe to bed-share.

They didn't even let me go to sleep with him on the bed. They told me, "Not on the bed."

– Midland/Odessa

Whenever I was in the hospital, I had him in the bed with me, because he would lie next to me. They came and took him out of my bed and put him back in his and told me not to do that.

– Amarillo



Modeling the safe sleep practice of putting babies on their backs to sleep varied among hospitals. Most of the mothers said the nurses put the baby on his back, but some mothers reported that the nurses propped the baby on his side with blankets. A few mothers said they used this technique when they got home because they had seen it done in the hospital.

They roll that blanket over behind their back. They lay them on their side.

–Galveston

Sometimes she would come in on her back, and sometimes she would come in on her side, but she was swaddled.

–San Antonio

Yeah, they told me about the little wedge deals where you can kind of prop them to the sides.

–Midland/Odessa

The ways safe sleep messages were delivered varied by hospital as well. In some locations, participants remembered someone explaining to them the dos and don'ts of safe sleep. Others remembered getting brochures. Some mothers admitted they were overwhelmed or tired during the safe sleep education session and did not retain much.

Mine gave a little demonstration. She showed me how to swaddle him, how to position him in his crib. Just basic things. How to change his Pampers when he's sleeping, never put him facedown until his neck has stabled up.

– Midland/Odessa

They gave it to me and they said, "Here's some stuff for you to read," and they told me not to put her on her stomach.

–San Antonio

They made me sign a paper, just to make me aware of the cosleeping. I was half-asleep. I don't even remember signing it.

–Galveston

It's too much, you just had the baby. You want to rest. You want to see the baby.

–San Antonio



In some places, it was the postpartum nurse's job to educate mothers about safe sleep and SIDS. Participants said this education often went hand in hand with instructions on how to put the baby in the car seat at the time of discharge. (The role of the nurse who discharges the baby as the primary safe sleep educator in certain locations was confirmed in the nurses' focus groups.)

They give you information on your baby's safety. It's the same information they give you with postpartum. Before you leave, they come in your room and give you information.

–Galveston

That's where the SIDS pamphlet comes in, when the discharge comes out and gives you all the information.

– Beaumont/Port Arthur

During the focus groups, most participants said they learned to put the baby to sleep on their back and to not bed-share. Some said they were told this is safest for the baby, others said it is to help prevent SIDS, and still others remembered what they were told but could not explain why they were supposed to follow the recommendations.

Most participants received some SIDS education at the hospital. They were as likely to call it "SIDS education" as they were "safe sleep," and most do not distinguish the two. Most knew that SIDS is defined as the unexpected and unexplained death of an infant. They also knew from their hospital stays that it is recommended that babies sleep on their backs to help prevent SIDS. Some had friends or relatives who had lost babies to SIDS. Others mentioned local news stories about incidents of SIDS or sleep-related infant deaths.

If I remember correctly, it was just like, "Don't lay your baby on their stomach, or they'll get SIDS." That was just it in a nutshell.

–Galveston

You see a lot on the news, too, with just other babies that have passed in town. I think there was a recent case in a home day care here locally, where they say, "Don't leave the baby in the car seat when it's sleeping once you get home," because I guess it can cut off airways.

– Midland/Odessa

Parents who have babies in the NICU are more likely than others to receive expanded education on safe sleep. Some mothers in a couple of the groups had babies in the NICU. In the NICU, the nurses may place the babies on their stomachs, but they consistently told the mothers not to do this at home and that the baby should always be put to sleep on her back. They explained that it is okay for a baby to be on his stomach in the NICU because of the monitor. These mothers also reported having been educated



about CPR and said their babies were given a test before being discharged from the hospital, in which they were placed in a car seat for a specified length of time to measure breathing and oxygen levels.

Safe Sleep Practices When Newborns Go Home

Placing Babies on Their Backs to Sleep

Most mothers followed what they had learned at the hospital and put their babies to sleep on their backs, but there were some in each group who disregarded hospital instructions. These mothers said they think their babies are happier and more likely to go to sleep on their sides or stomachs than on their backs. Only a few said they propped the baby up as they had seen at the hospital.

She didn't want to be on her back anymore. I noticed she wouldn't sleep. She would turn and start fussing. The minute I turned her on her stomach, she was cool.

—Galveston

Sometimes you think your baby likes it, but I know sometimes what they like isn't always best for them, and I think sometimes as moms, it's hard to change that, even though you've been told what's best for them.

— Midland/Odessa

My daughter and my son, they never liked sleeping on their backs. They always liked sleeping on their side or their stomach.

— Beaumont/Port Arthur

Some mothers further explained their decision by pointing out that the baby is more likely to choke on his back. Or, they said their babies are strong enough to turn their heads or roll over and, therefore, can sleep on their sides or stomachs.

They said that it's safer if they put them on their back because it doesn't go down the wrong air hole. I just don't agree with that, though. It doesn't make sense to me, really.

—Galveston

I put my baby on his back when he was 3 months old. He would turn over and he would sit up like this. Every two minutes he'd sit up like this. He don't like being on his back.

—San Antonio



Bed-Sharing

Most mothers also learned that bed-sharing is not recommended. Some mothers had the baby in a bassinet or crib close by, but just as many disregarded what they had been taught at the hospital and slept with the baby. Some said they found sleeping in the same bed with the baby more convenient if they were breastfeeding. Others simply liked having the baby sleep with them. Some believed sleeping with the baby is safest, thinking that having the baby so close to them would increase their chances of knowing if something is wrong.

In some cases, entire families were sleeping together by choice, not because they could not afford beds.

I'm so used to being attached to him for nine months and then I had him. It's like, I've got to have him next to me. I know it's going to be harder on me to break him from that, but I have to have him next to me. It's a must. I don't know why.

– Beaumont/Port Arthur

I wasn't going to have my kid sleeping in my bed. Then I decided I was going to breastfeed, and I was like, "Screw walking back and forth." I brought him into bed with me for a couple of months and then switched him to his crib, which is in his own room. He stays there religiously.

– Galveston

I like to sleep with him. I like to cuddle with him.

– Galveston

Mothers' reasons for avoiding bed-sharing were as likely to center on preventing the bad habit of children sleeping in their parents' bed as on safety concerns, such as avoiding suffocation or having the baby fall off the bed. In fact, only a few identified the baby's safety as their reason for putting the baby in a crib or bassinet close to them.

When you have them sleeping with you now, then they'll be 18 years now and sleeping with you.

– Beaumont/Port Arthur

Interestingly, Amarillo was the only city where mothers in the focus group did not bed-share with their babies. It is not clear what factors are most responsible for this; they did report being educated at the hospital about bed-sharing. This was true in the other focus groups as well. This is a small, non-representative sample, but this information is included in the report because they were the only group that did not have anyone bed-share.



A few mothers in each group had the baby sleep in a separate room close by. Some said they were unaware that this put the baby at risk. Some used monitors to keep an eye on the baby, a practice that is not recommended by the AAP.

Room-Sharing

Participants could easily identify the health benefits of having the baby in the same room as the mother. They said it makes it easier to help the baby if there is a problem. They also said it allows the mother to get more sleep, which is important for her emotional and physical well-being.

Breastfeeding

Mothers were very knowledgeable about breastfeeding, often identifying WIC as the provider of their education. Many had breastfed or were still breastfeeding. In a brainstorming exercise, they could list many benefits of breastfeeding, but none mentioned its link to preventing SIDS. Some mothers spoke of the convenience of bed-sharing in the context of breastfeeding, explaining that it saves the mother the trouble of having to get up at night.

I cosleep and bassinet. Very rarely the bassinet, just because it's easier to nurse when you're on your side.

– Midland/Odessa

Napping

During the day, mothers reported the babies sleep in a Pack 'n Play, which is an approved infant sleep surface, but others reported their baby sleeping in swings, car seats, bouncers, or rocking gliders, all of which are not designed for sleep. It is also extremely common for babies to nap with their mother, father, or grandmother. A few mothers admitted to falling asleep with the baby on the couch or chair. For the most part, they seemed unaware that this can be dangerous.

Oh yeah, mine's lying with me when I'm napping.

– Beaumont/Port Arthur

My grandmother ... she'll lay on there with her, but she puts pillows around the other side and makes sure they're not anywhere close – because she doesn't really roll around a lot. As long as it's out of reach for her, then she's good.

– Midland/Odessa



Car Seat Use

A few mothers in different focus groups mentioned that it is not safe to leave the baby in a car seat for too long, because it can affect her ability to breath.

In one location, focus group participants told of hearing a news story about an infant who had died in a car seat and recalled that the baby's breathing had been compromised.

Items in the Crib

Most mothers know not to put anything in the crib with the baby. A few participants in the groups did engage in risky sleep behaviors such as putting blankets or pillows in the crib because they think it comforts the baby and helps him sleep. These mothers seemed to perceive the baby as lonely. Several mothers also mentioned that they prop the baby with a Boppy (a C-shaped nursing pillow and positioner) in the crib with the baby.

Sometimes, the only kind of way I could get her to stay asleep is if I put a pillow or something behind her so she feels something. I can't just put her in there wrapped up without touching something.

—Galveston

... He likes that snug feeling at nighttime. I have to put a Boppy pillow and blankets and everything to give him that snug feeling, because his crib is so big, and he's so tiny. He likes that.

—Galveston

A Boppy is good, because they're still elevated but they're still comfortable. They're still on their back – technically.

—Beaumont/Port Arthur

Bumpers

A fair number of mothers in each group were unaware that bumpers are unsafe. In one group, a few participants did not know what bumpers are. Some mothers said they used mesh bumpers, which they understood are safe. Some believed bumpers make the crib safer because it prevents the baby's legs or feet from getting stuck between the bars.

Swaddling

Focus group participants had no idea that swaddling can be a health risk for babies. They all said it is done in hospitals so they think they are supposed to do it too. Most mothers who swaddle their babies base their practice on whether the baby likes or dislikes swaddling. If the baby is kicking, trying to move his arms, or crying, many parents stop swaddling. If the baby falls asleep after being swaddled, they continue. No one could give a specific age at which the baby should no longer be swaddled.



Tummy Time

Almost all mothers practice tummy time, saying their doctors educated them on it. They most often cited the importance of tummy time in building the baby's neck strength. Only a few mentioned that tummy time is important in preventing a flat head.

Smoking

Most participants knew that exposure to smoke has negative health consequences for babies in utero and after birth. In two of the groups, the connection to SIDS was mentioned. Several participants noted that exposure to cigarette smoke can lead to low birth weight, impact the baby's immune system, and cause respiratory illnesses such as asthma. Most do not allow smokers around their babies. Many require relatives to smoke outside and change their shirts or wash up before holding the baby.

My mother was a smoker, and you're not going to smoke around my child. That's just how I feel about it, so she goes outside.

—Galveston

In Beaumont/Port Arthur and Galveston, a few women in each group admitted smoking during their pregnancies. They often rationalized their behavior by claiming it did not hurt their babies or that fate determines whether something will happen to their children.

I'm pregnant now and I still smoke. If something's going to happen to my kids, something's going to happen.

—Beaumont/Port Arthur

Like, I've had two children, and I smoked with both of those children. Their birth weights were fine. They don't have asthma. Their immune system's fine. I just think that's hit or miss. The doctor told me it's better for me to smoke than it is for me to stress, so I think a smoker that usually smokes that becomes pregnant and stressing over not being able to smoke can also impact the child. That's just my opinion.

—Galveston

As another strategy to prevent the baby from being exposed to cigarette smoke, some of the women's partners switched from cigarettes to vaporizers after the baby was born.

My husband smokes vaporizers. Once we had our first baby, he would stop smoking real cigarettes. That's because just vapor going into the air, it's not harming us.

—Beaumont/Port Arthur



During the discussion about smoking, participants in almost every group spontaneously brought up proposed legislation that prohibits smoking in cars carrying children. Everyone who brought it up thought it was law and was unaware it did not pass or that it actually only applied to children who are secured in a car seat.

I'm happy to know that they're trying to pass a law to where any child under the age of 12, even if it's your vehicle, you cannot smoke in that car while there are babies in there.

– Beaumont/Port Arthur

Experience with Day Care

Having relatives care for the baby if both parents work was more common than using day care, although a few participants in each group did have their infants in day care. Parents with infants in day care consistently reported that, at the day care center, the baby slept in a crib or Pack 'n Play with no blankets, no stuffed animals, no pillows, and no bumpers. They understood that this is a policy that must be followed.

At the day care, they sleep in these all-white cribs. They don't have anything in them, no fuzzy animals, no blankets, nothing in there besides them and a sheet over the mattress. That's what I've always been told. It's just them sleeping, because I remember one day, she was asleep when I brought her there, and I put a blanket over her and she [child-care provider] said, "No, the state will come in, and we could get in trouble for having anything in the bed."

– Beaumont/Port Arthur

Barriers to Safe Sleep Messaging

The two most significant barriers to safe sleep messages are past messages that directly contradict current messages and confusion about how certain behaviors can reduce the risk of SIDS.

The effectiveness of the message to put babies on their backs is undermined by their perception that past messages instructed parents to put them to sleep on their sides or stomachs. In every group, at least one mother commented on the discrepancy in safe sleep messages over time and cited this as the reason they found the current messages questionable.

It's like it was okay then. What made them completely change to say this? Until it's a proven thing, it's like, well, I'm still going to do this.

– Midland/Odessa



The school of thought on that always changes, too. Back when I was little, it was, you put the babies on their tummy in case they spit up, so they don't aspirate. Then it was, no, put them on their sides. When my sister had her first baby, she went out and bought the little cushion. You're supposed to put the baby in it, like a wedge. You put the baby in, so the baby stays on their side. Now it's on the back, on the back because of suffocation, and nothing in the crib. You're not supposed to have any blankets or toys or big pillows.

– Amarillo

My grandmother is 76, and she was like – she'd never heard of this new stuff, that it's ridiculous. She was like, "You laid on your tummy, and your momma laid on her tummy."

– Galveston

Confusion over the cause of SIDS is also a barrier to safe sleep messages. Many focus group participants stated that SIDS is an unexplained death and, therefore, can't be prevented. In almost every group, participants had a hard time understanding whether messages were intended to prevent suffocation or SIDS, or whether suffocation is a form of SIDS. Furthermore, they struggled with the idea that certain behaviors can reduce the risk of SIDS because, in their understanding, SIDS is unexplainable. The following conversation is typical of those that took place at this juncture in the focus groups.

Participant 1: *Actually, when I took my child-birthing class in Houston, they were saying that the Houston area has a lot of SIDS lately, and that's why they have been doing this, because there was like one girl. She went to sleep with her baby in her bed and she rolled off on her or something like that.*

Participant 2: *That's not SIDS.*

Participant 1: *Yeah, that is. That's part of it. ... They're suffocating.*

Participant 3: *SIDS is sudden infant death syndrome. It's like the baby wasn't sick. It was something that just happened. They were saying that's why they've been coming out with all these rules and regulations, but then I felt, as a mother, if your mother instincts kick in, you don't do nothing as careless as to go to sleep with your baby. If you know you sleep that bad, put your baby back to bed. That's how I feel.*

Participant 2: *Right. That's an accident. You rolled over on your child. Let's call it what it is. Let's not put a title of SIDS on it.*

– Galveston



Trusted Sources of Safe Sleep Information

Mothers said most people decide where the baby is going to sleep before she is born and are too overwhelmed and tired during and after delivery to absorb safe sleep messages at the hospital. For this reason, they explained, it is important to teach safe sleep messages prenatally. They identified doctors and their own mothers as trusted sources of safe sleep information. Some recommended placing posters in doctors' waiting rooms that patients can read while they wait for their appointments. A few said they also trust websites such as BabyCenter.com. They said the best way to educate them is through their doctors or their doctors' nurses while they are pregnant.

One of the main blogs that I trusted was BabyCenter, because it's a lot of experienced moms. They help people who are just first-time moms in there, stating what's going on.

– Beaumont/Port Arthur

If doctors tell you more – because I feel like a lot of people, because they're doctors, they have so many years of schooling and stuff – I feel like we are more apt to listen for a lot of things.

– Midland/Odessa

The following conversation further supports the need to educate pregnant women before they are in the hospital having their babies.

Moderator: *How can they get the messages out about-*

Participant 1: *I think during prenatal care, during, while you're pregnant.*

Moderator: *All of you shook your heads yes. Why is that?*

Participant 1: *I think that's when you're taking a lot in, is when you're pregnant. When you have that baby, those first couple days in the hospital –*

Participant 2: *You forget everything.*

– Amarillo

Prenatal classes were also identified as a good place to receive education about safe sleep. Many of the focus group participants were experienced mothers who were less likely to have attended a parenting or prenatal class to prepare for their most recent baby. A few of the first-time mothers who did attend a prenatal class attested to getting good education on safe sleep there. Others said their classes focused on giving birth and did not include safe sleep education.

They had a parenting class at the [hospital] ... for free. They were telling about infant death syndrome and putting them on their back or the side, not on the stomach, and the little bumpers for the cribs, and make sure that there's no blankets, just a sheet and the mattress. That's pretty much what they were telling me. In the car seat, don't have toys on the car seats and all that.

– Galveston



Photo Exercise

The photographs below were shared in the focus group as another means to determine the level and depth of knowledge mothers have about safe sleep practices. Mothers were able to articulate what was unsafe in some of the photos, but in others, they did not recognize the unsafe sleep practices.



- **Photograph 1: empty crib with bumpers and toys.** The majority of mothers said the crib in this photograph was not safe because of the bumpers, pillows, and stuffed animals.
- **Photograph 2: baby in crib under blanket.** Mothers had mixed reactions to this photograph. Some identified safe practices such as having the baby on her back. Some commented that the tightly tucked blanket is okay. Those who said the baby should not have a blanket were in the minority. This is in direct contradiction to other conversations during the focus groups, when participants said the baby should not have a blanket. This finding suggests confusion about the safety of having a blanket in the crib.
- **Photograph 3: swaddled baby.** Several mothers thought the swaddling in this photograph is acceptable. Only a few in each group said there is too much fabric, and some commented that it is too high on the baby's face.



- **Photograph 4: baby on dad's chest.** Reactions to this photograph were mixed. Many mothers wondered if the father is asleep; if he is, they did not think it is safe. Some said that it is OK if he is a light sleeper. In a couple of groups, some participants commented that it was good for the baby to get skin-to-skin contact with the father. None of the mothers mentioned he was on a couch.

Safe Sleep Statements from the American Academy of Pediatrics

The moderator led a discussion about specific safe sleep and SIDS prevention statements from the American Academy of Pediatrics. After listening to the statements, mothers were asked for their impressions and feedback. These statements are listed below and had specific statistics pertaining to SIDS risk reduction.

Most mothers thought the following four statements made sense and found them plausible, although they did want more information about how the statistics on room-sharing and smoking were determined.

- It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep.
- Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area.
- Room-sharing decreases the risk of SIDS by as much as 50%.
- It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke.

Mothers think that having the baby in the same room as the parents can reduce SIDS, because the parents can respond to a problem more quickly. At the same time, they questioned the statistics of the studies on room-sharing and smoking, wondering how an unexplained death from SIDS can be linked to specific behaviors.

I'm not saying I don't believe them I'd like to know what data they pulled from, because there's so many factors they consider for SIDS. How they could pinpoint it to those two factors? I'd like to know.

—San Antonio

The following statement about bed-sharing was met with mixed responses. Some mothers said they want to sleep with the baby because they enjoy it, and a subset of these also said they do not believe sleeping with the baby is harmful. Others said it should be left to the mother's discretion and that what works for one mother may not work for another.



- Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else.

You show me why it is safer for them to sleep in their crib and not in my bed. Show me why. What are the facts? What is the research done behind this statement?

– Midland/Odessa

Mothers, like fathers, were more likely to reject these two statements than any others. They questioned how there can be information about what prevents SIDS when, by definition, the cause of SIDS is unknown. They also did not believe swaddling is a health risk because it is the first thing the nurses do at the hospital.

- Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%.
- Swaddling is not recommended because of serious health concerns, which include SIDS.

Conclusion and Recommendations

Mothers receive limited education on safe sleep. Most of the education they do receive takes place in the hospital after they give birth. The main recommendations they remember receiving are to put the baby on his back to sleep in order to reduce the risk of SIDS and not to bed-share to prevent suffocation. Many do not pay attention to the bed-sharing message because their desire to sleep with the baby outweighs their fear that something could happen to the baby while they bed-share. The effectiveness of the messages is challenged in some cases by mothers' belief that their maternal instincts will save the baby from danger.

Most mothers do pay attention to the message to put the baby to sleep on her back. Nevertheless, in most groups there were a few who do not follow this recommendation, because they think the baby is happier and sleeps better in another position, or because they have heard contradictory messages about positioning the baby for sleep. Some mothers understood that the reason to put a baby to sleep on his back is to prevent SIDS. A few participants expressed concern that the baby could choke more easily when on his back.

The message to keep the crib clear of blankets and stuffed animals is also widely known, but some mothers put a blanket or pillow-type object in the crib because they think it is a comfort to the baby. Fewer mothers knew of the danger of bumpers and the importance of making sure the baby has a firm mattress and is dressed lightly and that the temperature is not overly hot.



Mothers understood that it is safer to have the baby sleep in the room with her so she can easily attend to his needs. For the most part, they also knew that smoking around the baby is not safe, and many do not allow it. A few smokers in the groups were resistant to the message that smoking could hurt the baby.

Mothers said they want to receive safe sleep messages prenatally from their doctors or nurses. They said their hospital stays were short and they were often tired and overwhelmed after giving birth. They also trust their mothers and some websites for information on safe sleep.

The findings suggest the following recommendations.

- Messages should emphasize the “why” as much as the “how” of safe sleep. For instance, they should include explanations of why the recommendation is to have the baby share your room, not your bed.
- Reduce the fear around sleep-related infant deaths by creating empowering and actionable prevention messages, such as this one:
 - Modern science shows that you can reduce the chances of sleep-related infant deaths by not smoking during pregnancy or around the baby, putting the baby to sleep on his back in a crib or bassinet in the parents’ room, and keeping the crib clear of blankets, bumpers, pillows, and toys. Also, dress the baby lightly and avoid overheating.
- Create simple visuals that illustrate safe sleep practices and identify safe and unsafe sleep behaviors.
- Promote the safety of room-sharing without bed-sharing.
- Increase messaging about the dangers of bumpers, blankets, pillows, Boppys, stuffed animals, and all other objects as well as the importance of a firm mattress, a sleep surface designed for infant sleep (e.g. crib, portable crib, or bassinet), avoidance of overheating, and lightly dressing the baby.
- Emphasize that all sleep safety messages apply for naps as well as night-time sleeping.
- Partner with existing infrastructures, such as WIC, foster parent training, and other venues where parents are required or encouraged to take parent education to offer a simple, mobile-friendly, online safe sleep course for parents. (A mobile-friendly approach meets the needs of the many parents who access the web only through their phones.) The course should be short and interactive. Parents would receive a cute certificate of completion and a small gift for the baby. The course could also be available in physicians’ waiting rooms, where pregnant women could complete it while they wait to be seen



- Conduct research with doctors (OB/GYNs and pediatricians) to determine how best to engage them, their practices, or office in delivering safe sleep messages to their patients. Participants said that they trust what the doctors say, and it does influence them. Explore tools and strategies that the state could make available to them as well as to other health care providers or entities such as WIC, home visiting programs or other social service programs that reach these audiences.



Findings: Fathers

SUMA conducted three focus groups with fathers in three Texas communities: Galveston, San Antonio, and Amarillo. All groups consisted of fathers who had a child 12 months old or younger at the time of the focus group, and at least two of the following identified risk behaviors.

- Mother of the baby smoked while pregnant
- Smokers living with the baby
- Baby born at least three weeks before due date
- Baby breastfed for less than one month or not at all
- Baby typically sleeps in the same bed or on the same surface as another person
- Baby typically placed to sleep on his stomach or side
- Baby typically sleeps in a room separate from the parents

The objectives of the research were as follows.

- Identify attitudes and perceptions of safe sleep among fathers, particularly as they relate to sleep-related infant death
- Identify the gaps in safe sleep education and practices among fathers
- Understand the roles fathers play in safe sleep education and practices

Detailed Findings

In an icebreaker discussion at the beginning of each focus group, the moderator laid out a deck of Visual Explorer™ cards depicting images of a wide variety of people, places, and situations. Participants were asked to browse through the cards and select the one image that best illustrated their feelings about getting newborns to sleep.

The fathers picked cards that represented either feelings of pride and happiness about being a father or exhaustion and frustration about missing sleep. Two fathers in two different focus groups picked the same card to express very different emotions about getting their newborns to sleep.





I picked a guy bungee jumping because when my son sleeps, it takes my breath away. It's cool because it's a little you, your little man...sleeping. You get to watch him and, oh, that's mine. You know what I mean? It makes you happy. You get excited; it's a rush.

— Amarillo

I picked this one [of a bungee jumper], because I get no sleep and she made me feel like I just wanted to jump off.

— San Antonio

General Sleep Practices

The general sleep patterns of the focus group participants are what one might consider typical for parents of infants. Participants described a typical night as one in which they are up several times to tend to the baby.

It feels like if I fall asleep, then he wakes up. Then, when I wake up and I'm like, "Okay, I'm up," he stays asleep. Then when I'm dozing off, he wakes back up.

— San Antonio

Some families share responsibility at night, whereas in others, the mother is the main nighttime caregiver so that the father can rest for work in the morning. A few fathers stated that they are the main caregivers at night.

Well, with [my baby], it's kind of like a schedule. You've got to be on his schedule, but the way we, the way I feel is like, I kind of give him his bottle and that way he can go ahead and, knock on wood, go to sleep. He sleeps about three or four hours...My thing is to get him to sleep so that way I don't have to deal with him; I just ease up out of bed and my wife takes care of him.

— Galveston

My girl was like, "I carried your baby for nine months, now it's your turn." So for the first couple of months, I had to wake up every couple of hours, change him, feed him. That was the hard thing.

— Amarillo



The impact of newborns' sleep patterns on focus group participants varied widely. Some fathers experience grouchiness due to lack of sleep, less free time, and feeling that their lives revolve around the baby. Others stated that they easily adapted to the baby's schedule. Still others were surprised that the baby sleeps so much and sleeps during the "wrong" hours. They acknowledged it is "hard" to deal with the lack of sleep.

I like those babies, the quiet ones. I've got a loud one. I've got a loud baby. She never wants to go to sleep until it's almost time for me to get up already, so it's hard...It's hard to go back to sleep when I'm already up. I'm like, "Damn, my alarm's going to go back off, it's going to ring right now," so I'll just stay up and drink some coffee or something.

—San Antonio

Honestly, for me it was eye-opening. I was so used to going to bed late. I play my video games, I go to bed late after working two jobs with my first child, and actually having to get up every three hours – I mean, I'm a man. I understand that you've [got] to step in and do your part...Some days I wake up three hours later and be grouchy. I be looking at my daughter like, "Really? You're going to wake up at this time?"

—Galveston

Participants shared several strategies they employ to manage their sleep changes and long nights. Some fathers jokingly admitted that they pretend to be asleep when their partner says it's "their turn" to tend to the baby. Others try to keep the baby awake longer during the day, swaddle the baby, and simply comfort the baby so that he will go back to sleep quickly and sleep more soundly.

In my head, I learned from experience...I stick her head right here, my arm in, and I kind of smother her and I rock her and keep her warm right here. I give her that warm milk. As soon as I see her mouth drop, I ease up and I slide her in bed real quiet. I try to be real quiet, get myself to try to go to sleep. If I hear her cry, I act like I'm snoring. She [child's mother] calls my name and I won't say nothing. She can get up, because I'm the one working right now and I'm trying to let her get some rest. Sometimes it wears me out. She doesn't understand that. She's like, "You need to get up." It's hard to get up and be with the baby at 3 in the morning and I have to go to work at 5. It's kind of hard getting two or three hours of sleep every night.

—Galveston

I've tried to keep her up a little more, playing with her and stuff like that. When she's starting to be drowsy is when I'll start picking her up and playing with her and stuff. That way she could sleep a little longer through the night.

—San Antonio

At least one father in each focus group said he was "paranoid" that something would happen to his baby while the baby was sleeping at night. Fear of what could occur while their babies sleep and the desire to protect them drove these fathers to form strong opinions of the sleep behaviors they practice.



Fathers explained that they adopted their current behaviors because they want to keep their children safe.

Kind of paranoid...Just because I was so excited, and then paranoid like, okay, sleeping, what to expect. This is my newborn son...Yeah, the worrying of it.

—San Antonio

I just wanted [the baby] in my room for safety reasons. I guess I was maybe being a little paranoid, being a new parent and all. I think I kind of just wanted him in the room just to make sure he's safe and nothing happens.

—Amarillo

According to focus group participants, their babies nap in a variety of places throughout the day. Some nap with the parents in bed, and some nap in swings, bassinets, or on the grandparents' laps.

I get in bed, lay on my back, and put her on my chest. I fall asleep with her. It won't be a good nap, because I'll be scared. I don't want to roll over.

—Galveston

Most of the participants receive help from family and friends, at least during the day. Few focus group participants use day care outside of family and friends. Some stated that their own mothers help them with the baby and encourage them to put cereal in the bottle to help the baby sleep longer.

That rice stuff that they put in the bottle, my dad's wife told me to do that, and it helps them to sleep longer or puts them to sleep faster, too.

—San Antonio

I'm kind of like a veteran. It matters. The first month to two months, they tell you not to do it, but like I say, I was raised by older people. My grandmother says it's OK to put a little bit of cereal in the baby's food about 2-and-a-half, 3 months if she's not sleeping. You start to introduce them about 2-and-a-half to 3 months, and you can start putting a little bit of cereal to thicken it up. It'll sit on their stomach so they can sleep during the night.

—Galveston



Safe Sleep Practices and Behaviors

Participants reportedly practice a wide range of sleep behaviors, some of which are considered to be safe sleep practices and others which are not. The sleep behaviors adopted by the fathers are geared toward helping the baby and the parents get more sleep at night and are intended to protect the child. Their understanding of safe sleep practices also varied quite widely.

I had a bassinet for mine, and he will never sleep in that thing. He would rather be in the bed, and he sleeps for so much longer when he's just nuzzling next to me or my fiancée. It's just 10 times easier.

—Galveston

Me and my wife, we just said he's not going to sleep with us, due to we could roll over onto him during our sleep. He could suffocate through one of our pillows, something like that. We just made it clear we're going to put him in a bassinet, no toys, just his blanket.

—San Antonio

I think it's harder [to have the baby sleep] in the other room too, because you have to wake up, go in there, go back to bed, go in there, go back to bed, back and forth If you have a crib in the room, you can just check on them and do what you got to do and not walk too far.

—Amarillo

When he was a newborn, that's how I slept with him, because he didn't like to sleep in the crib, so I'd lay him skin-to-skin [on my chest].

—San Antonio

Some fathers place their babies on their backs, alone in a separate sleeping space, for safe sleep reasons. Several fathers have their babies sleep in a crib in the same room so that they can respond more quickly if something happens during the night. For these fathers, proximity to the baby at night is a way to keep the child safe.

[T]he bassinet...[it's] right next to our bed, to keep an eye on her.

—San Antonio

Just that sense of security that he's okay if you don't have the cameras or baby monitors or anything like that.

—Galveston

When asked how they decided where the baby would sleep, fathers often said that that decision was made by the mother.

It was back and forth. We haven't decided. [The mother] wants to bring [the baby] in [the bed], and I just want to put him back. I'm like, "No, go to sleep." She brings him back, and they fall asleep together. She rolls off of him, and then he's in the middle. It's kind of dangerous.

—San Antonio



[I]t's like kind of hard for a man to voice his opinion against his wife or his fiancée...It's going to be like World War Fifteen.

–Galveston

Multiple fathers in each focus group shared information that indicated they were not following safe sleep practices. Fathers reported engaging in practices such as bed-sharing, propping the baby, putting the baby down for bed swaddled, putting the baby to sleep on her side, placing blankets in the sleep space, using pillows beneath the baby, having toys or blankets at the edge of the crib where they believe the baby can't reach them, and falling asleep with the baby in a chair or sofa.

[The baby] likes to be wrapped up real tight...she likes the swaddle; she sleeps longer when she's wrapped up.

–Galveston

Just the blanket. I don't like to put any toys in there, because he could possibly suffocate or something. I have that worry that he'll roll to the side too much and he'll grab a stuffed animal, and he'll start breathing his own breath, and it's bad for them ... because my baby, he rolls now on his side and stuff. I don't know. I just put an extra blanket right there, so he'll stay in that one spot and not roll to his face ... behind him and in front of him, where their stomach area is at.

–San Antonio

Mine's got the crib, the mattress, the bumper pad, and about a 120 stuffed animals that end up on the floor by the time she wakes up in the morning.

–Galveston

Fathers have heard various safe sleep messages, yet choose not to follow them. For example, the majority of participants have heard the message not to bed-share. However, multiple participants in each focus group share a bed with their infants. Some fathers rationalized their failure to follow safe sleep recommendations by citing personal experience that contradicts what they have been told and their belief that all babies are different.

I've learned, because my uncle lost his kid. He had, I guess, one of those bassinet things. She rolled over. They told me to put him on his side and then put a pillow in front of him, and a smaller one in the back, so the baby can't roll over...He lost his daughter, because she was in the bassinet. The baby rolled over and suffocated...So I was real scared to put my kids in the bassinet. Either a crib, but putting in the crib, you have to walk to the other room and stuff, so it's best just to sleep with you.

–San Antonio



To me, honestly, your baby gets to a certain age, ours is 2 weeks, when they get over a month or so, I really don't see no harm in having them on their stomach if you've got a close-eye watch on them. We use night lights. Some people probably have these lamps with the shade, or got the baby monitor and stuff. We use night lights. We get up odd hours during the night so we actually keep an eye on him and stuff. Since he's been sleeping in his crib, we do set him on his back. It's just that I have to go through his mom. She doesn't like him wrapped up tight, she feels like it's going to harm, it's going to break his arms, but if it was going to break his arms, they wouldn't do it in the hospital. The hospital would have broke his arms.

–Galveston

Bed-sharing is a frequent occurrence. Participants stated that they bed-share for the baby's protection. They said that positioning the baby on their chests or in their beds is safest in the event that something should happen. They reported being light sleepers so they would wake up if the baby needed them and would not roll over on the baby.

This is the smallest child I ever had: six pounds, six ounces. The other three were nine and 10 pounds or so, so it's like, it's something new to me. That's why I focus a lot on him, because he's so little, he's so tiny. It's like I just sleep light, so if he rolled over, I try to – I already have a comforter, so if he rolled, he would hit my forearm and I would wake up.

–Galveston

When she was just small, when she was barely newborn, I didn't want her [to sleep in bed with me] – because I know I roll over a lot. Now that she got – she's not big, but she's a little older, I tried it once and it was instinct for me not to move compared to what I usually do.

–San Antonio

[A] year-and-a-half ago, our son died a week before he was due. Somehow he was breeched, and he moved and he tied his umbilical cord and suffocated. Since that happened, you know, we had a little girl and she's [the mother] scared. And she's real timid with the baby right now, so she keeps her just close to her heart. She's sleeping, so now I have to watch. I get up and watch because I'm scared she's going to roll off the bed, so I kind of barricade the pillows and build them up so if the baby rolls, I can kind of catch the baby and everything. But her mom, she keeps her close right now.

–Galveston



Fathers in at least two focus groups expressed concern about having their babies sleep on their backs. They worry that if the baby is not on her side and burps, she could choke. A small number of participants stated that their babies sleep on their stomachs.

I put my daughter on her side. She's kind of greedy. She likes to stuff that bottle and when you take it out of her mouth...I have to burp her and she doesn't want to burp because she wants another one, and there's milk in her stomach, and I know I have to burp her because she's going to throw up. So I have to lay her on her side. If she goes to sleep, I have to watch her because she'll throw all the milk up, and she'll get mad and she'll cry again for more milk. I have to lay her on the side...

—Galveston

At the hospital they told me, because she was throwing up a lot. Just to put her on her side, so that way she couldn't choke on her own tongue.

—San Antonio

Participants practice tummy time and were able to articulate its purpose. Fathers said they heard about tummy time from hospital staff when their babies were born.

Before the walker...I guess I had a chair for him, so he can start sitting up. Then I'd teach him to do that for 10, 15 minutes, and then tummy time so he can start moving his neck and moving his body parts a little bit more, and stuff like that.

—San Antonio

You give them the fundamentals of crawling, too, to put them on their tummy.

—Amarillo

Education about and Understanding of Sleep-Related Infant Death and Safe Sleep

Most fathers were educated to place the baby on his back when he sleeps and to keep the sleeping environment clear of toys and blankets. These fathers typically received this education, along with other health and child-care messages, from the doctor or other hospital staff when their babies were born.

The main doctor came in and said, when it was time to go home, "Make sure she eats every two hours, don't keep her, don't put her on her stomach, no stuffed animals in her crib. Keep stuff away from her face and also she's breastfeeding – she's being breastfed also – so make sure her nose is not on the [breast]"...

—Galveston

[The doctor at the hospital] told me it's good to lay them on their back, but also you want to switch them between, have different methods besides just on the back. Their head is still soft, so it could flatten out. You want to switch them out to their side, have them sleep like that sometimes. Basically, give them some tummy time also, so that they could build their muscles, their neck muscles, but switch from the side to the back to their other side. Rotate, so that their head won't just be one shape.

—San Antonio



A few fathers did not see the danger of having blankets and toys in the crib while the baby is sleeping as long as the crib, in their opinion, is large enough to accommodate these items as well as the sleeping baby.

Participant 1: *I don't think it really matters. Nothing's in the way for them to get a hold of. My baby's crib is big, so I don't see it would have to be completely empty if she's on one side and there's a completely empty side. You know what I mean?*

Participant 2: *I think it's just for decoration if you have a big-enough crib like his, that's big to where he has a side for decorations and a side for where he sleeps.*

—San Antonio

Focus group participants received varying levels of education about sleep-related infant death, including SIDS, and its prevention. Some fathers received more in-depth background information on SIDS that helped them understand the importance of the risk-reduction behaviors, whereas others were just taught risk-reduction behaviors without much explanation. A few focus group participants, especially in San Antonio and Amarillo, did not know what SIDS is and had never heard the term.

I think of not taking care of yourself when the mother's pregnant [could cause SIDS or other sleep-related infant death]. If the mother's pregnant and she's not taking care of herself, the baby might be born with all these issues, and doctors don't know it.

—San Antonio

[H]er doctor was like, "You all just need to get a crib. It's the safest way"...Overall, though, they just kept insisting, "Make sure the baby sleeps on their back, make sure the baby's not in bed with you"...because of SIDS.

—Galveston

[T]he doctor basically scared me when he told me the baby's breath itself could be harmful. We breathe oxygen and exhale, what is it? Carbon monoxide. That's right, so that's bad. If he's breathing that in, there's a stuffed pillow in front of him, it's coming back to him.

—San Antonio

Some participants in each group knew that SIDS is defined as the unexpected and unexplained death of an infant. These fathers found it difficult to understand how a cause of death that is unexplained could be prevented.

Basically, [babies] just stop breathing, just out of nowhere. Could be caused by anything. I don't know. I don't know why it happens. [Hospital staff] just said it can happen.

—San Antonio



Really, it didn't sound like SIDS is anything that's preventable. It sounded like SIDS is just something that sort of happens, a freak accident.

—Galveston

The thing with SIDS is, they honestly don't know what causes it.

—San Antonio

Some fathers equate SIDS with suffocation. Like the grandmothers, fathers in these focus groups considered the safe sleep practices to prevent suffocation and/or asphyxiation to be “common sense” and understood how those measures can reduce the risk of death.

[Is it important for babies to sleep on their backs] so they don't suffocate? They don't really know. They could put their face in a blanket or roll around this way, and the sheet will get over their head. It's kind of common sense...SIDS – is that what it's called, when they suffocate?

—Amarillo

Some fathers learned about SIDS or sleep-related infant death through the hospital or other health care providers, whereas others learned about it in high school or by “word of mouth.” A few fathers had known someone whose child had died of SIDS. Some reported receiving a packet that included safe sleep information from the hospital. Fathers in both Amarillo and San Antonio stated that they did not remember receiving any sleep-related infant death or safe sleep education at the hospital.

[The hospital staff] just give you a form, a packet to read, and that's basically it ... just telling you the basic symptoms of what causes it and be cautious and what you need to do.

—Galveston

I think they might have talked about and told my wife. I was usually there for the births, but then I had to work usually around that time, so I didn't get to stay the night or anything like that. The doctor didn't tell me anything. He probably told my wife more, but she didn't pass on the information to me.

—San Antonio

Most fathers knew that breastfeeding is beneficial to the infant, and some knew it is beneficial to the mother. Fathers listed a reduced chance of diabetes, improved brain development, and improved overall health as benefits of breastfeeding for infants, and quicker weight loss and saving money on formula as benefits for mothers. No father mentioned the relationship between breastfeeding and a reduced risk of SIDS.

If you're going to breastfeed, they say at least do it for the first couple of weeks, because it helps their brain to develop and helps them grow.

—Amarillo



It passes on still the nutrients from the mother, so it's still taking from the mother. It helps develop the brain. They say that kids that breastfeed, they have a higher IQ than those kids that don't.

–San Antonio

All participants knew that smoking has negative health consequences for babies. Fathers said smoking around babies or while babies are in utero can impact the development of their lungs and increase the risk of asthma and bronchitis. Fathers who smoke and those who have family members and friends who smoke reported taking precautions that they perceive as limiting the dangers to their babies. For example, they have smokers put on a clean shirt or wash their hands before holding the baby.

I get a lot of hand sanitizer from the doctor. As soon as they come in, it's on the dresser. I'm real strict, I'm like, "Bathroom, shirt off, you need to bring another shirt" Shirt, shoes, grandmother, mother. Everybody stops and looks at me like, "Is it okay?" I'm like, "Okay, are your hands clean? Because I don't want you to touch her face, the whole..." "Make sure your shirt's clean"...

–Galveston

I went to the point where I told my mother-in-law that she can't carry him until she changes her blouse, because that smoke is still on her, and he breathes it in, and it's bad for him.

–San Antonio



Photo Exercise

The photographs below were shared in the focus group as another means to determine the level and depth of knowledge fathers have about safe sleep practices. Fathers were able to articulate what was unsafe in some of the photos, but in others, they did not recognize the unsafe sleep practices.



- **Photograph 1: empty crib with bumpers and toys.** The majority of fathers said the crib in this photograph is not safe because it contains many items.
- **Photograph 2: baby in crib under blanket.** Fathers had mixed reactions to this photograph. Some identified safe practices such as having the baby on her back. Others pointed out practices they perceived to be unsafe, such as the blanket being too tight around the baby.
- **Photograph 3: swaddled baby.** Several fathers thought the baby in this picture is too tightly swaddled.
- **Photograph 4: baby on dad's chest.** Reactions to this photograph were mixed. Several fathers first stated that this photograph displayed safe sleep, but a few later noted that if the father is asleep, the baby is in danger of falling off, and that the father should have his hands intertwined for safety. A few fathers were concerned that the baby in this photograph would fall off the father because he is asleep. They also expressed concern that the father could roll on top of the baby. No one commented that he was sleeping on a couch.



Safe Sleep Statements from the American Academy of Pediatrics

The moderator led a discussion about specific safe sleep and SIDS prevention statements from the American Academy of Pediatrics. After listening to the statements, fathers were asked for their impressions and feedback. These statements are listed below and had specific statistics pertaining to SIDS reduction.

Most fathers thought the four statements below made sense and indicated that they were plausible. A couple of fathers questioned the statistics related to room-sharing and smoking. They either stated that they did not understand how the behavior would affect SIDS or sleep-related infant death or questioned the statement because they had not heard it before.

- It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep.
- Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area.
- Room-sharing decreases the risk of SIDS by as much as 50%.
- It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke.

Several fathers questioned the statement about not sharing a bed with the baby. They again reasoned that they are light sleepers and would be aware of rolling over, could keep their babies safe while in the same bed, and would be close enough to get to their babies quickly if needed.

- Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else.

It depends on the person. Some people can roll over. Some people's body are tolerated to their child, so they don't roll over. It's closer. If your body's still and you know you're still, whether the crib is over there or not, you're closer to hear more what the baby's doing.

—San Antonio

It is a true statement, but it just – when you get your child home ... it's like, just to see that, besides hearing it come from a doctor, it said it on paper, I'm not going to abide by it. I can't abide by that, because so many things can go wrong, and just, for instance, if you've got the crib somewhere else and you've got a big, king-size room, how do you not know if you're jumping out of the bed to get to your child and you're hearing all those guys – in seconds, the baby can die. I want my child close to me, so you can react quicker. It only takes two seconds.

—Galveston



Fathers were confused by the statement on breastfeeding and reluctant to believe it. In two groups, they even questioned if breastfeeding could be a cause of accidental death due to suffocation. In addition, some fathers questioned how there can be information about what reduces the risk for SIDS when, by definition, the immediate cause of death from SIDS is unknown.

- Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%.

Participant 1: *That's pretty high. SIDS is sudden; it isn't something that you can predict. It's kind of ridiculous that you can put a number to that.*

Participant 2: *I think in order to make a statement like that, they'd have to have research to back it up. I'm okay with it.*

Participant 3: *Yeah, SIDS isn't just caused by breastfeeding or by feeding your baby. It can happen when they're sleeping, it can happen when they roll over.*

Participant 4: *We just talked about, there was a case with breastfeeding where you have to be sure you don't smother them with your breast. You have to make sure there's enough gaps. In a sense, breastfeeding could be worse, it could kill you, it could kill a child.*

—Galveston

That's false. I don't believe that. You could easily just fall asleep while you're feeding the baby, and he could die instantly right there, suffocate.

—Amarillo

As was the case for the statement about the protective impact of breastfeeding, fathers were confused and reluctant to believe this statement about the potential dangers of swaddling. They again questioned whether there is a difference between SIDS and accidental death due to suffocation. Once again, they expressed confusion about how information about what reduces risk for SIDS can be available when SIDS itself is inexplicable by definition. They also noted that nurses swaddle babies in the hospital and questioned how swaddling could be unsafe if they see nurses doing it.

- Swaddling is not recommended because of serious health concerns, which include SIDS.

Participant 1: *Whatever [the hospital] told me would have been lies, then, because they told me swaddling is the best thing.*

Participant 2: *My first thought is, every hospital in this country swaddles babies.*

—Galveston



To me, again, it goes back to the whole, it's SIDS and they still don't know what it is, they don't know what causes it. I get that they're trying to – there's research being done every day about SIDS, and I get that, but again, to me, it's one of those things that, how can you say this is putting a child at a high risk of SIDS when you don't know what causes SIDS?

–San Antonio

Conclusion and Recommendations

Fathers want to keep their children safe and sleeping through the night. At times, these two goals can be at odds. None of the fathers who participated in the focus groups knowingly endanger their children, but even those who have received some education about safe sleep may engage in unsafe sleep behaviors; others are influenced by first- or second-hand experience that seems to counter doctors' recommendations.

Many fathers in the focus groups share the belief that keeping sleeping babies close to them is the best way to protect them. The closer they are to the baby, they reason, the more quickly they can respond in the event of an emergency. Being able to respond quickly is important to fathers, several of whom described themselves as “paranoid” about what could happen to their babies while they sleep at night. For some, the solution is to keep the baby's crib or bassinet in the room with them. Others turn to bed-sharing. Those fathers who engage in bed-sharing firmly believe that they are keeping their babies safe by keeping them as close as possible.

Fathers who received explanations from doctors about how prevention behaviors can keep their children safe took the messages to heart. An example is the father who learned from a doctor how babies can suffocate by breathing in their own “carbon monoxide” if they press their faces into a pillow. Fathers who were directed to adopt certain behaviors without understanding how they help prevent sleep-related infant death have a harder time accepting them. As a result, they are less likely to follow the directives “blindly,” especially when personal experience appears to contradict what the doctors have told them is safe.

Like the grandmothers, fathers found it easier to believe in and agree with prevention behaviors that relate directly to suffocation. Fathers could see, for instance, how soft toys and blankets in the crib can suffocate a child and, thus, could understand that keeping the crib clear of soft, fluffy objects can prevent accidental death. Risk reduction behaviors that do not seem to relate directly to the mechanics of suffocation based on their current understanding, such as breastfeeding and avoiding swaddling, were confusing to the fathers, as they could not understand the link between those behaviors and SIDS—which, in their understanding, is unexplainable—or other sleep-related infant deaths.



The findings suggested the following recommendations.

- Engage fathers in safe sleep practices and create messages for fathers that speak to their protective instincts. Clearly tell fathers that they are protecting their babies by not allowing bed-sharing and by adhering to other safe sleep practices.
- Messages should emphasize the “why” as much as the “how” of safe sleep practices. For instance, messages should explain facts like crib bumpers, including mesh crib bumpers, are risky because even babies that can’t yet roll or crawl are still able to move enough in their sleep that they can become strangled, wedged, or suffocated in the bumper or by other objects in the crib.
- Reduce the fear around sleep-related infant death by creating empowering and actionable prevention messages such as this one:
 - Scientific research shows that the chances of sleep-related infant death can be reduced by not smoking during pregnancy or around the baby; avoiding drugs and alcohol during pregnancy and in the infant’s environment; breastfeeding; putting the baby to sleep on his back in a crib or bassinet in the parents’ room or within arm’s reach of a responsible caregiver at bed time and for naps and without bed-sharing; and keeping the crib clear of blankets, bumpers, pillows, and toys. Also, dress the baby lightly and avoid overly hot temperatures.



Findings: Nurses

Background and Objectives

SUMA conducted five focus groups with hospital nurses who work with families either during or soon after the birth of their baby. The focus group participants primarily worked in various positions including: Labor and Delivery Nurse, Postpartum Nurse, Newborn Well Baby/Nursery Nurse, NICU Nurse, and Mother/Baby Nurse.

The objectives of the research were as follows:

- Identify the messaging that is currently being used in hospitals to educate parents on safe sleep
- Identify the gaps in hospital safe sleep education and practices
- Understand the role nurses play in safe sleep education

Detailed Findings

In an icebreaker discussion at the beginning of each focus group, the moderator laid out a deck of Visual Explorer™ cards depicting images of a wide variety of people, places, and situations. Participants were asked to browse through the cards and select the one image that best illustrated their feelings about getting newborns to sleep. The vast majority of nurses in each focus group selected photographs that they described as calm, peaceful, and serene. A few nurses selected photographs that illustrated the struggle or satisfaction of putting a newborn to sleep. However, the most common feelings were those associated with a special time between parent and baby.





I just got the picture of a guy. It looks like serenity to me. Just in a boat, by himself, in the middle of the water. For me, that was my favorite time with my kids.

— Beaumont/Port Arthur

I think my picture is footprints in the sand. When I think of this, I think of just the wind blowing nice and soft, just clear mind. Whoever's putting the baby to sleep is able to focus on just the infant.

— San Antonio



Patient Education

Most nurses stated that they are one of the most important educators on safe sleep messaging for parents. Along with nurses, they cited grandmothers and doctors as key educators and influencers on safe sleep.

I think nurses play the biggest role, but I think the patients listen more to their doctors. I just actually did a paper on this. I feel like the doctors and nurses need to be on the same page somehow in the education that they give the patient, so that we can be like a front because me, as a nurse – if I tell a patient something and then in two days they give their pedi[atrician], and the pedi tells them something, guess who they're going to listen to? Their pedi. They have more letters behind their name, you know? Yes, I feel like we nurses play the biggest role because we spend the most time with the patients, but we don't necessarily have the exact pull or push...

– Galveston

The majority of nurses indicate that their hospitals educate patients on the following safe sleep and sleep-related infant death reduction practices.

- There should be nothing in the bassinet or crib with the baby except for a syringe bulb.
- The baby should sleep alone.
- The baby should be placed on his back to sleep.
- Smoking near or around newborns is dangerous to their health.

Nurses are cognizant of the varying educational and literacy levels of their patient population. They note the challenge of educating young patients and try to tailor their educational messages to meet this patient need.

A continuous thing. You have to remind them, especially the younger crowd. The 15-, 16-, 17-, 18-year-olds that are having babies that just don't think about what could happen when your baby's asleep with 20 pillows.

– Amarillo

Again, you don't educate an 18- or 19-year-old the way you educate a 35-year-old, of course. Sometimes you have to just get down and dirty and tell them exactly what can happen.

– Beaumont/Port Arthur



When Parents are Educated

Differing degrees of safe sleep and sleep-related infant death prevention education are provided throughout the hospital stay, with the majority of education taking place postpartum or at the time of discharge. In some cases, the hospital provides parent or baby education classes prior to labor, and safe sleep is a topic during those classes. Some nurses provide follow-up calls to patients after discharge, and safe sleep hospital practices are a topic during those calls. One hospital reportedly offers a follow-up appointment to their patients two days after delivery, at which time safe sleep is discussed.

Usually, most of the time, we started doing our own discharge calls... They're calling, and you're like, "Oh, yes, I remembered you. You're from the unit." You call them directly from the hospital. They'll [be] more comfortable with patients themselves, so they'll [say] things like, "No, the nurse didn't do this; the nurse didn't – " so you'll know when your practices are not followed. That's what helps, and it's why we started doing our own discharge calls, so you have a friendly face to the voice.

– San Antonio

Focus group participants stated that at least some safe sleep education begins quickly once a mother is in the hospital to deliver her baby, even (in the case of one hospital) when she is in the early stages of labor. The labor and delivery nurses focus on skin-to-skin contact and often mentioned that the baby is not allowed to sleep in the hospital bed with the parent. The nurses who cared for the mother and infant after delivery are the ones who reported having more detailed discussions around safe sleep practices. Some have checklists to determine if specific topics have been covered.

Some topics are broad safe sleep messages, while others are about hospital policy, such as informing parents that the baby is not allowed to sleep in the hospital bed with the mother. The nurses review these lists during their postpartum time in the hospital and again at the time of discharge.

I talk maybe briefly about it after the skin-to-skin. Then we talk about how they're going to have to – even though they stay skin-to-skin and then they go to a bassinet when we transfer them. We talk about not keeping the – putting them on their back to sleep. Then not keeping them in bed with you. No toys. We talk about blankets. Those blankets are huge.

– Amarillo Labor and Delivery Nurse

We have a checklist, a discharge instruction checklist that we use for newborns. When you're going through things, especially when you're newer, there's things it goes through you need to check off; saying, "We discussed this, we discussed this," and part of that's on there. Newborn safety as far as sleep safety, they're sleeping on their back, make sure no co-bedding with them and stuff like that.

– Beaumont/Port Arthur



Although the timing of the patient education is fairly consistent in all of the hospitals, the content and approach varies between and within each hospital. Opinions vary on how candid and blunt patient education should be regarding the consequences of not following safe sleep guidelines and, therefore, practices vary on specific messages and education. Some nurses tell patients that a particular risk behavior, such as smoking, is “not good for the baby.” Or, some say it is “safest for the baby” to sleep alone and they do not provide detail as to why these practices are good and safe, nor do they make the connection for the patient that these behaviors increase the risk of sleep-related infant death.

Moderator: *What do you tell them about cosleeping? What’s the “why”?*

Participant: *It’s not safe for the baby.*

– Midland/Odessa

Other nurses do provide the reasons why a certain behavior is unsafe. They inform patients that the particular behavior, such as smoking, increases the risk of SIDS. They also educate them on why bed-sharing increases the chances of suffocation. These nurses relayed specific detailed and informative conversations they have had with patients.

The single most important thing you can do for your health and the health of your baby is to stop smoking. Smoking around your baby in the home – secondhand smoke increases the risk for sudden infant death syndrome.

– Amarillo

When you tell them that they will suffocate in their vomit, they look at you and it’s like, oh, okay. A light bulb goes off...That’s how I – I’ve gone into a room and seen a young teen mom, just 20 – to me, that’s young – and in bed with the baby. It’s 7:15, 7:20 [and] I’ve gone in to do my assessment, and she’s been dozing, and the baby’s in her arm and one of the first things I – I introduce myself and I say, “You cannot allow this to happen, because if the baby falls through that side rail, the head will fit and not the body. We’re looking at a tragedy.” I know I scare the hell out of them, but I have to tell you, I want that. When they’re home I don’t want to feel like I didn’t do everything possible to educate them. That’s a tragedy.

– Beaumont/Port Arthur



Several nurses shared specific tragedies in an attempt to motivate their patients. A few nurses were personally touched by having a friend or relative's baby die from sleep-related infant death and they share those stories with patients. Other believe that citing any tragedy, whether they are actually connected to it or not, is the best way to educate mothers on safe sleep practices and sleep-related infant death prevention.

My nephew passed away at 14 months old in February from SIDS, and I think it was because his mom smoked and he was around secondhand cigarette smoke. Even before he passed away, that's what I believed – that it was a cigarette smoking thing.

– San Antonio

I would use personal examples or I would say, "I heard of a mother..." and maybe it's made up – I can't say – "A mother just like you...rolled over on her baby and suffocated her baby." ...I'll say whatever I need at the time.

– Galveston

The reasons some nurses do not educate patients on a specific safe sleep topic or sleep-related infant death prevention practices include lack of knowledge, or they personally do not agree with a recommendation. At least one nurse in multiple focus groups chose not to tell patients about the potential dangers of bed-sharing, because these nurses bed-shared with their children. In addition, nurses in multiple focus groups stated that they do not practice certain safe sleep habits at home with their own babies. For example, one nurse has bumpers, and another nurse places the baby on her tummy to sleep.

I don't personally teach them not to sleep with their babies because I sleep with my babies. I know that's what we're supposed to say, but I don't say that. (Laughter)

– San Antonio

I tend not to [educate on bed-sharing] because I actually think cosleeping is fine...

– Amarillo

I think, especially for older nurses, too, from the sense that we've been taught so many different ways over the years that it's like, what is it this week? (Laughter) Is it on their side? Is it on their back? What is it? Mine, personally, wouldn't sleep unless he was on his stomach. He would wake up that way every morning. I think it goes back, again, to whatever your child is comfortable doing too.

– Galveston

Smoking was discussed in all groups. The way in which nurses educate patients about the dangers of smoking near and around infants varied, but in general, patient education includes encouraging parents to abstain from smoking; to change their clothes that smell of smoke before holding the baby; and, in at least one case, to send the parent away until they changed clothes in order to protect the infant.



It appears that the depth of education a patient receives about the dangers of smoking and its relationship to SIDS/sleep-related infant death depends on the nurse's understanding and knowledge. There were various levels of understanding across focus groups as well as within each group.

Honestly, physiologically, I don't know what about smoking causes – is an increased risk for SIDS. How it all works. I don't know what to tell them how.

– Beaumont/Port Arthur

Evidenced-based research that has shown that babies that are in a home of smokers have a higher incidence of SIDS. I do tell them just like that. I'm very comfortable speaking about it, and that's what I teach them.

– Beaumont/Port Arthur

Educational Materials

Multiple hospitals provide patients with pamphlets and discharge booklets that include safe sleep education. At least two hospitals have television channels with baby care messages, which include safe sleep education. Some hospitals use their electronic medical records to document and educate patients on safe sleep practices and sleep-related infant death prevention. However, it is unclear whether nurses mention these resources to patients.

Your hospital's policy is that everyone has to see this SIDS pamphlet and be verbally shown.

– San Antonio

There were a few NICU nurses in multiple focus groups. These nurses said that, prior to discharge, their patients need to watch discharge videos about new baby care that include safe sleep messaging. When the babies are in the NICU, they frequently sleep in different positions, including on their tummy, for medical needs. These nurses said they inform the parents that the babies are connected to various sensors while in the NICU, which makes it safe for them to be in these positions while in the hospital. They also tell parents that the correct sleeping position at home is alone in the crib and on the back (unless there is a medical condition at discharge that requires another position). Mothers of NICU babies shared, without prompting, the same finding with researchers in the mothers' focus groups.

All the discharge teaching, and it's called Back to Sleep. She stresses it as really important. We go over it over and over, because they do come in our unit, and they see us put them on their stomach and on their sides, because we can do that because we have monitors and we have nurses all around them [at] all hours. We teach them, stress to them that you can't do that when you go home.

– Midland/Odessa



Whom Is Educated

Whom the nurses educate on safe sleep and sleep-related infant death also varies. When asked, nurses reported educating whoever will be the support person for the mother, which is the law in Texas, although none of the nurses mentioned that as the reason for educating the support person. They stated that this is important because, often times, the mother is too tired or overwhelmed to retain all of the messages and education she receives during her short hospital stay.

We ask. Their support system. We ask, "Who will be helping you?" So that we can teach them how to do this properly and even how to put a diaper on correctly.

– Midland/Odessa

I think whoever you see there the most with the patient is the one that you should focus on.

– San Antonio

Grandmothers and fathers were most frequently mentioned as the support system and as needing education. The nurses stated that grandmothers are the ones who will frequently turn the baby over on their tummy to sleep and have the attitude of "I raised you this way, and you turned out fine."

I can't tell you how many times I've heard grandmothers [say], "You've got to put them on their tummy."

– Beaumont/Port Arthur

Fathers were briefly mentioned in all of the focus groups. However, they were not consistently mentioned as someone who is specifically targeted for safe sleep education. When asked how fathers are educated, nurses said the same way as the mother. They were also mentioned in references to skin-to-skin contact and swaddling.

I always teach the dads during the bath how to swaddle because they're less likely to do skin-to-skin.

– Galveston

Patient Questions and Concerning Practices

Nurses observe several unsafe sleep practices while patients are in the hospital and note incorrect patient perceptions of safe sleep. They said when they notice these behaviors, they tell each patient that this is unsafe and correct the behavior, if possible.



Nurses mentioned the following most common practices or perceptions of patients.

- Belief that a soft mattress is preferred, leading to the use of pillows in the crib
- Belief that the baby needs blankets to regulate their temperature
- Bed-sharing

Sometimes you have to be very careful that you're not insulting them or making them feel like they're inadequate, so your choice of words and how you approach them. It's like, "I know this seems really soft, but really, the firm surface is better for the baby." You know, you just have to be very careful sometimes not to insult them.

– Midland/Odessa

Cultural Differences

Even before the moderator specifically asked about cultural differences that they notice regarding safe sleep practices, nurses brought up the overuse of blankets with the Hispanic population. By far, this was the most frequently mentioned cultural concern and practice mentioned by nurses. However, others were briefly cited by nurses. Their comments, concerns, or perceptions are highlighted in Table 1.

...especially Hispanic – moms cover the baby three, four blankets and then pillow here, stuffed toy here.

– Midland/Odessa

Table 1: Cultural Differences in Safe Sleep Practices, Cited by Nurses

Culture	Perceived Practice
African	Bed-sharing
African American	Grandmother will put cereal in the bottle
Asian	Only feed the baby when the baby cries
Hispanic	<ul style="list-style-type: none"> • Grandmother is influential • Cover baby with blankets • Dress baby too warmly
Indian/Pakistani	Too many blankets
Mennonites	Father is not involved in infant care
Middle Eastern	Father of the baby is the decision maker
Somalian	<ul style="list-style-type: none"> • Husband is decision maker • Parents do not want to bond with or hold the baby until they are more certain the baby will survive



Practices, Policies, and Procedures in Hospitals

The moderator led a discussion with the nurses to learn about the practices, policies, and procedures at each of their hospitals surrounding safe sleep and sleep-related infant death prevention. Policies and procedures varied between hospitals within the same geographic location and across the state, but in most cases, the following practices take place in all hospitals represented in the focus groups.

- Babies are not allowed to sleep in the same beds as the mothers and are placed in bassinets to sleep while in the hospital.
- Bassinets are wheel-locked and placed next to the mother or father.
- There is nothing in the bassinet other than the syringe bulb.
- Parents who smoke are offered smoking cessation resources.

The most frequent policy mentioned is no bed-sharing during the hospital stay. The majority of nurses reported that hospital policy forbids bed-sharing in the hospital and that infants should be placed alone and on their backs in a bassinet. Nurses from at least three hospitals indicated that they have a compliance document to review with parents. This document is signed by the parent to record that they have been educated on safe sleep practices, including the policy of no bed-sharing in the hospital. A couple of nurses in different focus groups mentioned that a baby had fallen in their hospital due to bed-sharing.

We have a policy...we get signed from moms...do not let the baby sleep in your bed, because so many accidents can happen. Babies fall down, and mom sleeps.

—San Antonio

There's an outline that we have them sign before they go home, and at the bottom, it mentions SIDS and shaken baby syndrome. I touch over it, but I don't go into great detail. I just tell them baby on their back and nothing next to her in the bed or bassinet.

—Beaumont/Port Arthur



Nurses in three of the groups said they do not believe they have any policies and procedures directly related to safe sleep practices in the hospital. Some nurses said they simply don't have a policy, and other nurses, like in the exchange below, indicated that the policies are not uniformly enforced. Rather, they are left to the nurses' discretion.

Participant 1: *We have very few policies at our hospital. People can pretty much do whatever they want.*

Participant 2: *Or you pick your battles.*

Participant 3: *That's true.*

Participant 4: *Sometimes, if it's not horribly unsafe, and like she said, you have this grandmother that's dead set on having this blanket in there because it brings good juju or whatever, you're just like, "Whatever..." The blanket is not going to hurt, but unfortunately, if it's something that is dangerous and you see that it's a hazard, you have to be the patient advocate and say no.*

Participant 5: *I did have to say no two weeks ago. I don't really care if there's something at the foot of it. I don't care about that, because the baby's not going to flip itself around and get down there and suffocate on that with all of us watching. I did have a patient – it was probably her fourth baby, and she insisted on putting a pillow underneath – a big hospital pillow in the bassinet underneath the baby because she said the thing was too hard. I said, "Look what would happen if your baby was to flip against the Plexiglass on the side and that pillow – that, you can't do." They were like, "Well, we're doing it." I was like, "But you're not." I just said, "I'm sorry, you can't. I'm sorry. You can't do that." I took it out.*

–Galveston

At least one nurse in multiple focus groups does not follow a safe sleep practice because she does not believe or understand that it is an important safe sleep behavior or sleep-related infant death-reducing behavior. Some nurses reported propping the babies so the parent could see their faces; putting the baby on their side so that, if they throw up, they won't asphyxiate; uncertainty of how sleeping on their back was advisable due to burping and asphyxiation; and not educating parents on the recommendation to not bed-share because they did it or still do it themselves.

Participant 1: *It goes against everything to lay them on their back.*

Participant 2: *Putting our babies on our chest, just leave her in bed with us was really going to kill her, none of us would have done that.*

Participant 3: *Absolutely. Come on.*

–Amarillo



Nurses have differing opinions on whether propping up a baby in the bassinet is an acceptable sleep practice. San Antonio participants said there is no evidence that propping up a baby in the bassinet is an unsafe sleep practice and they, as well as nurses in Amarillo, reported propping up the baby at their hospitals.

It would be recommended if they're having regurgitation, but there's no indication where you cannot prop a newborn up.

– San Antonio

That will be propped, but still on their bed.

– Amarillo

Smoking was mentioned in every focus group as a behavior that the nurses witness and attempt to impact. Most nurses educate their patients who smoke about how dangerous the behavior is to infants. It also appears to be hospital policy to offer these patients smoking cessation resources. The amount of smoking witnessed by nurses varies, but many reported that smoking was an issue they frequently face.

We have to give every patient a smoking cessation packet. We have to ask them that question whether they smoke or not, and they still get a no-smoking packet.

– Galveston

Swaddling is prevalent in every hospital and is a tool taught to parents – frequently fathers – in order to comfort their baby. A few nurses spoke of educating parents to not swaddle too tightly and ensure that the blanket edges are tucked down. Otherwise, swaddling was not associated with safe sleep, except in one or two instances.

You always hear them say, "Back to Sleep." "Put them on their back to sleep." Babies like to be swaddled. We're big swaddlers. We always teach the dads. That's the one thing that we – one of the things that we teach the dads is how to swaddle the babies.

– Amarillo

Nurses from one hospital stated that they are part of the Texas Ten Step Program, and because of that, they have moved to providing larger beds in their maternity wing. The nurse stated that this practice has increased the amount of bed-sharing she witnesses in the hospital.

Participant 1: *The main concern is with family-centered care. There is a family bed and that promotes, of course, sleep. With that being said, the babies usually, they usually sleep on the edge, they sleep on the edge.*

Moderator: *What do you mean that there's a family bed?*

Participant 1: *A queen-sized bed.*

Participant 2: *Even though there's a bassinet there, the baby usually is not in it.*

– Amarillo



Nurse Training and Knowledge

Neither consistent nor uniform safe sleep and sleep-related infant death prevention training exists for nurses across the state. Nurses reported a variety of ways in which they are trained. In addition to the varied education they receive, the frequency in which they are trained also varies; some nurses are trained on an annual basis, some more frequently, and some have not received training since orientation.

Some nurses are required to take annual education regarding safe sleep, acknowledge new practices as important or research their hospital mandates, and attend mandatory in-service training. Nurses from a couple of hospitals in different locations discussed having nurse educators who maintain the responsibility of updating and training them on new practices.

We also have nurse educators...We have one for maternal health, whereas ICU and CCU have their own nurse educator. It is their job to keep us educated and to also monitor that the mandates are done and to monitor that the certifications are up to date.

– Midland/Odessa

If there was ever – not even a change in practice, but if there was something new going on or if there's a new policy, they would put something on HealthStream, and you have to be 100% compliant with keeping up with our HealthStream tests. They put some literature that you have to read, and then take a quiz after that.

– Galveston

However, a large number of participating nurses reported no formal training on safe sleep practices. Some nurses were trained when they went to orientation, which may have been several years ago.

I can't recall the last time I've been educated on Back to Sleep or anything. When it first came out. I want to say, my daughter's 17. That's probably the last time I've had anybody really – that's when the campaign was released or it had come out. I don't remember it being around with my son, and he's 20 and she's 17, so somewhere in that period. That's probably the last time I really remember an educational – somebody came and spoke to us about.

– Beaumont/Port Arthur

We didn't get any training.

– San Antonio



Nurses stated they learn about new safe sleep practices from journals, pediatricians, neonatologists, and each other. Some said that if there is a new practice in their hospital, they are given a document they must sign subsequent to reading it.

The way that it changes, I think, is what comes from the pediatricians, and it just kind of filters down to us as labor nurses and we get filled in, in the nursery. That's how I learned.

– Amarillo

When it switched over from belly to back, they just told us in a staff meeting, "Babies need to go on their back. Here's the handouts we're giving the parents." There wasn't any training.

– San Antonio

While the majority of nurses were aware of safe sleep practices, as discussed throughout this report, their knowledge of some of the protective factors surrounding SIDS and other sleep-related infant deaths—such as breastfeeding and room-sharing—was lacking. Nurses spoke of the importance of breastfeeding for various health benefits, but most did not name reduced incidence of SIDS as one of those benefits. Likewise, nurses stated that they often tell parents to keep the baby in the bassinet right next to them, but they did not indicate that they were aware this was a preventive measure against sleep-related infant deaths.

Moderator: *What is said to a parent about a connection between breastfeeding and SIDS? Anything?*

Participant 1: *It's an excellent source of nutrition.*

Participant 2: *I don't think they say anything about a connection.*

– San Antonio

Nurses expressed a desire to know more safe sleep and sleep-related infant death prevention measures. They would like additional educational opportunities to learn about the latest safe sleep recommendations. They would also like to have practical statistics to share with parents.

I would like to know. There's nothing around here. Mostly I think everyone's interested. We know the interventions, what to do, what not to do, but I need to know why. What is the reasoning behind this stuff? I can't educate someone unless I know what I'm talking about. The rationale. I don't feel comfortable.

– Beaumont/Port Arthur



You've got to remember, they talk about money, and budget, and restrictions. Like we said, administration is the one that goes. Not all hospitals have the funding. It's got to be something that's brought to us and it's got it on our fingertips. Just like they make sure that we know about Foleys [catheter] and how often we have to change the tubing, and the I.V.s have to be set and that's our standard of care. They have to start doing that for us, too.

— Beaumont/Port Arthur

I think people feel like SIDS is something that won't happen to them, like [another participant] was saying. I think if we – it sounds kind of harsh, but if it hit a little closer to home. If somehow we could advertise that 10 or 20 babies died this year in the Panhandle.

— Amarillo



Photo Exercise

The photographs below were shared in the focus group as another means to determine the level and depth of knowledge nurses have about safe sleep practices. Overall, the nurses were able to quickly identify what was appropriate and inappropriate in each of the photographs. However, there were a couple of unsafe practices they did not recognize.



- **Photograph 1: empty crib with bumpers and toys.** Nurses readily identified that the crib was full of hazards. They knew there was nothing safe about this crib.
- **Photograph 2: baby in crib under blanket.** Most of the nurses thought this photograph showed unsafe sleep practices and thought the blanket should be removed. However, several nurses thought the scenario this photograph depicted was safe, because the blanket was tucked in. They noted the baby on her back was safe and that there was nothing else in the crib, which they identified as a safe sleep practice.
- **Photograph 3: swaddled baby.** Most of the nurses thought the swaddle was too tight and went too high and close to the baby's mouth.
- **Photograph 4: baby on dad's chest.** Most of the nurses liked the skin-to-skin illustrated in this photograph, but if they thought the dad was asleep, they said this was an unsafe sleep practice. Only one person mentioned that he should not be on the couch.



Safe Sleep Statements from the American Academy of Pediatrics

The moderator led a discussion about specific safe sleep and sleep-related infant death prevention statements from the American Academy of Pediatrics. After listening to the statements, nurses were asked for their impressions and feedback. These statements are listed below and had specific statistics pertaining to sleep-related infant death reduction. Nurses were familiar with most of the statements, with the exception of those about swaddling and breastfeeding. They understand and generally agree with the messages, but the statistics gave them pause. Regardless of the messages, nurses in every group wanted to see the data from which these statements were developed. They questioned the specifics of the research, even when they knew it came from the American Academy of Pediatrics.

The majority of nurses thought the following statements were correct and supported.

- Room-sharing decreases the risk of SIDS by as much as 50%.
- Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else.
- It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep.
- Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area.
- It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke.

Nurses in every focus group expressed doubt about the following statement regarding breastfeeding. Their responses ranged from thinking the statement was inaccurate to disbelief, and questioning the specific percentages.

- Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%.

I think those numbers are not correct.

— Midland/Odessa

Well, the 73% breastfeeding reduces SIDS. I would love to see the research behind that. If that's true and that truly one-third of the children are more likely to die from SIDS if they're exposed to smoke – those are huge numbers. I would like to see that and I would pass that on. If there was something solid behind it, because that's a big thing to put over on a smoker. "Did you know your kid is 33.3% more likely to die because you smoke?"

— Galveston



Participant 1: *I believe it.* [Several respondents agree.]

Participant 2: *Not the numbers.* [Several respondents agree.]

– San Antonio

It's possible, but how do you know?

– Amarillo

I don't know about the percentages and how we came to those. I'm not saying they're wrong, I'm just saying I'm surprised. It sounds true, but it's just percentages. I'm not sure how.

– Beaumont/Port Arthur

Nurses in every group also expressed disbelief and doubt about the statement regarding swaddling. Very few had heard that swaddling could cause some health issues, but the majority of nurses had not and wanted more specific information about what kind of swaddling is referenced by the statement.

- Swaddling is not recommended because of serious health concerns, which include SIDS (and respiratory infection and hip diseases).

I think it would really depend on what's your swaddling technique and how old is the child that you're swaddling.

– Galveston

They're not being specific. Swaddling too tight? [Several respondents agree.]

– San Antonio

No. I never heard of that one, but if it's true, we're going to change.

– Amarillo

Yikes.

– Beaumont/Port Arthur

They're swaddled. You're not supposed to have loose blankets in there.

– Midland/Odessa



Conclusion and Recommendations

Nurses see themselves as important educators of safe sleep and sleep-related infant death reduction messages for new moms. Most nurses embrace the safe sleep messages and try to educate their patients on the importance of following these practices. However, at least one nurse in most focus groups stated that she did not educate patients on some safe sleep practices because she either did not believe in the practice or did not know why it was a safe sleep practice. Many lack formal training that explains the science behind safe sleep practices. Nurses would benefit from specific messaging and training on how to discuss safe sleep practices with their patients, especially with fathers, grandmothers, and younger mothers.

The findings suggest the following recommendations.

- Create or disseminate existing standardized training for nurses on safe sleep statewide.
- Work with nursing associations and hospitals to disseminate the training.
- Provide education to nurses that explains the science behind each safe sleep recommendation.
- Employ the nurses to quickly identify if there is a father present during the birth and during the postpartum stay at the hospital. Expand the dad's role from "swaddler" to "safe sleep guru."
- Create scripts for nurses to provide them with guidance on how to respond to questions and how to educate their patients. Create separate pieces for fathers, grandmothers, and young mothers. Consider creating additional materials targeted toward Hispanic and African-American grandmothers.
- Create specific materials for nurses to educate fathers, grandmothers, and young mothers.



Findings: Grandmothers

Background and Objectives

SUMA conducted three focus groups with grandmothers in three Texas communities: San Antonio, Amarillo, and Beaumont/Port Arthur. All groups consisted of grandmothers who were actively involved in their grandchildren's lives. They each have a grandchild 12 months old or younger, with at least two of the following identified risk behaviors.

- Mother of the baby smoked while pregnant
- Smokers living with the baby
- Baby born at least three weeks before due date
- Baby breastfed for less than one month or not at all
- Baby typically sleeps in the same bed or on the same surface as another person
- Baby typically placed to sleep on his stomach or side
- Baby typically sleeps in a room separate from the parents

The objectives of the research were as follows.

- Identify attitudes and perceptions of safe sleep practices among grandmothers, particularly as they relate to sleep-related infant death
- Identify gaps in safe sleep education and practices among grandmothers
- Understand the role grandmothers play in safe sleep education and practices

Detailed Findings

The participating grandmothers are actively involved with their grandchildren. Many of the grandmothers regularly provide child care for their grandchildren in addition to working and caring for other family members. Even with their many responsibilities, grandmothers adore their grandchildren and are glad to spend time caring for them.

I love my grandchildren. I spend a lot of time with them, with all of them. I do work full time, but when I'm off, that's what I like to do; I like to go and pick them up and bring them over to my house and enjoy them. Like I was telling my friend, they're fun to be around, and they just bring me a lot of joy...It's like a remarkable kind of love that you don't think you can have or give out besides your children.

– Amarillo



In an icebreaker discussion at the beginning of each focus group, the moderator laid out a deck of Visual Explorer™ cards depicting images of a wide variety of people, places, and situations. Participants were asked to browse through the cards and select the one image that best illustrated their feelings about getting newborns to sleep.

The majority of grandmothers in each focus group selected photographs that they described as calm, peaceful, and/or joyful. While a few grandmothers chose cards that illustrated the struggle of putting a newborn to sleep, the most common feelings suggested by the chosen cards were those associated with the deep sense of love and connection these women have for their grandchildren.



Mine's a picture of – I think they're polar bears and it looks like they're cuddling. It just reminds me when I put mine to sleep, I cuddle with them and also sing to them, too. My own little non-specific songs. I just come up with stuff.

–San Antonio





[Referring to a picture of a pair of old, wrinkled hands stretched out] *That's sort of what I was going for when you mention about putting the baby to sleep. There's nothing like grandmother's hands. They can get a little one to rest peacefully.*

— Beaumont/Port Arthur

When you said, "Pick something that reminds you of your grandchildren at night, asleep," it's just joy. The grandkids bring joy, and that's why I picked this, because it's just a happy color. And then there's one [flower] that's just plain red, one of these flowers is just red; the rest of them behind it are all yellow, but that red one, I think that probably signifies when they go to sleep. I don't know. It's just all joy, joy, and then they go to sleep. It just kind of dies down to one color, I guess is the way I thought of it.



— Amarillo



General Sleep Practices

Most grandmothers stated that, for the most part, their grandchildren sleep in the same room as their parents. Some of the babies sleep in the same bed, while others sleep in a bassinet or crib next to the parents. Some babies do sleep in a separate room, but this is more the exception than the rule.

[The baby] sleeps in a crib, and depending on where she's at – if she's with mom, then she sleeps – because she shares it with my daughter. She sleeps in her room with mom. If she's with the dad, then he has a crib, and she sleeps in there, in her own room, while they sleep in another room.

– Amarillo

Sleep location appears to be more varied during the day. Grandmothers reported that the babies nap with them in a bed, chair, or sofa; in a car seat; in bed with the parents or in a crib; or they are swaddled and in a carrier. Several grandmothers reported that when visiting the grandmother's house, where there is no crib, the baby sleeps on a bed but that the baby sleeps in a crib at home.

...At my house, [the baby] doesn't have a crib. I'll lay him on the bed or lay down with him or the play yard or something like that.

– Beaumont/Port Arthur

What I do know is, when I put [the] baby to sleep with me in to take a nap and I put him on the side and I hold him like, under here, and I'm just patting his back, he'll just fall asleep quick. Also he likes that side, to sleep on his side now. He likes that.

– San Antonio

If I'm at my daughter's, either one of their house, I'll put them in the cradle. They both have cradles. But if we're at home, I'll tend to just like – if I'm in the living room, just next to me on the sofa or something, put a pillow and lay them on the pillow to make sure there's no – they won't roll into the cushions of the sofa.

– Amarillo

The grandmothers reported that their children place the babies in various sleeping positions, such as propped up sideways on their backs, lying on their backs, lying on their stomachs with their heads turned to the side, and lying on their sides with pillows. Sometimes, the advice the grandmothers give their children is incorrect.

She puts him on his back and I get on her, "No, don't be leaving the baby like that and always elevate him, always put a towel or baby blanket folded up like a pillow so his head can be elevated up," because she'll just put him like that on the back.

– San Antonio



Grandmothers' Advice

Some grandmothers recalled the advice about babies' sleep that they were given by their doctors, nurses, and mothers when they themselves were young mothers. The advice these grandmothers received included recommendations to put the baby on his back, to put the baby on his tummy, to put the baby on his side, to place the baby alone in the crib, and to use a blanket. Some grandmothers said they learned by trial and error and had to figure it out as they went.

With me, nobody [gave me advice on putting my baby to sleep]. I would just put my girls to sleep. My mom always worked, so she didn't come around too much. I was a stay-at-home mom, so I didn't get to – my girls didn't really grow up with my mom.

– San Antonio

My mom would say put them in the crib with nothing in there except the pillow and blanket. She said lay them on their side and put the pillow behind them and make sure the blanket is down below the knees, kind of where they won't be able to get it over their face and strangle themselves.

– Amarillo

Make sure you don't lay them flat on their stomach because they could smother themselves.

– Beaumont/Port Arthur

Grandmothers impart a plethora of advice about sleep to their own children, passing down advice that they received from their own mothers and grandmothers. This advice covers not propping a bottle with the baby; wrapping the baby for comfort; placing the baby on her back; patting the baby's back; giving the baby a warm bath; placing the baby in a car seat on top of the washing machine; placing the baby alone in a crib; and tucking a blanket under the baby.

[P]ut them on top of the washer. That's what my grandmother told me with my daughter. Put them in the car seat on top of the washer while the washer's going, and they'll go [to sleep].

– Amarillo

Just whatever I did, and [my daughter] listens to everything I say. Basically I try to get her to wrap [the baby] up, bundle her up because they're – when they're in the womb, they like to be comfortable...we just tuck the blanket under her, I tell her, "Just tuck it under her, she needs to be covered. Her body doesn't hold the heat so you need to just cover her up."

– San Antonio



Several grandmothers advise their children to not sleep with their babies in their bed. For some, the reasons are related to avoiding accidental harm to the child (suffocation in the sheets, adults rolling onto the child), but others caution their children against bed-sharing to make it easier for the child to adjust to sleeping alone as he or she gets older.

Don't sleep with them ... because of the fact – first off, this came from my mother. She was – you at the time when I had my children, I was married. She said, "That's your and your husband's marital bed, so you have the baby have their own space so they can develop their own sense of independence."

– Beaumont/Port Arthur

[My mother was] always coming up with, "Don't put them in the bed with you." She'd come over when I was sick and I had the baby in the bed, and she was, "Nope, baby has to go in his own bed." She said that when they got bigger, it would be hard to get them out of my bed. Now I tell my daughter the same thing. He's only 18 days old, but put him back in his bed because that's how it starts.

– San Antonio

Sleeping with the baby in the bed with you, because sometimes you can accidentally roll over on the baby and you can suffocate the baby. Sometimes it's not good to have the baby laying on the side of you with covers on because sometimes that baby might decide to roll around and that cover can get tangled up in the baby's way if the baby can't breathe.

– Beaumont/Port Arthur

Grandmothers' Involvement

Some grandmothers help their children with the baby at night, especially if they live together. Some grandmothers reported keeping the babies overnight one or two nights a week. Others said that either the parents take turns or one parent is the primary nighttime caregiver.

My daughter's husband does nothing. She does it all by herself. She's on the phone with me the whole time.

– Beaumont/Port Arthur

I know when they're tired, her daughter and my son, they're real tired, I'll take over. Oh, yes, I'll let them sleep, because he has to go to work and he's a machine operator. I told my daughter, "Your duty as a mother is to get up; I didn't have no help from nobody. You have two grannies here and you have him helping you out." I said, "You need to get up." I get up, I see that I don't want to bother them, they're asleep, I'll get up, I'm a light sleeper and I hear him, I'll jump. I'll go and get him and start making his bottle and feeding him.

– San Antonio



Safe Sleep Practices and Behaviors

Several grandmothers had been aware of changes in safe sleep recommendations since they were young mothers. For example, some stated that the baby should now be placed on his back, have 10 minutes of tummy time, and be in a crib with no bumpers or pillows. Grandmothers in Beaumont/Port Arthur stated that more people now sleep with their babies and it is a danger.

There's less chance of suffocation [when babies sleep on their back], because – or if they're on their side, they roll over, suffocate. It's basically – that's what it's for, to avoid the suffocation. Took the pillow, took the blankets, took the bumper pads. I mean, because you have the bumper pads, like she said we did before, the baby rolls over, and they have their face covered. That's it.

– Amarillo

Me being a first-time grandmother, and like I said, the last time I had a child [I] was 22 years old. My daughter trying to do everything right like the doctor says. I let her take that lead and said, "Okay, fine." Maybe I'll just – my theory is just old-fashioned. Maybe there's a study behind it of why this baby, the newborn should be on their back.

– San Antonio

More people nowadays like to sleep with their baby in the bed with them. It changed because it's a danger because they could roll over on the baby and not know that they're suffocating the baby or injuring the baby in any kind of way. It's changed. Most people used to use bassinets, baby beds, and now they kind of actually have the baby with them. That's how it's changed.

– Beaumont/Port Arthur

Most grandmothers are aware that bumper pads in cribs are no longer recommended due to the risk of children suffocating. However, several viewed using bumper pads as a positive behavior when they were young mothers, seeing them as a way to keep babies from catching their limbs between the bars of the crib. Many grandmothers recalled taking toys and blankets out of their children's cribs when it was time for them to sleep.

I had a bumper, and there was stuff in there when they were awake. When they're sleeping, I just move everything to the opposite side of them and then I always had a wedge under the mattress to elevate; even the mattress in the crib was elevated. That way there was nothing around them to hold them up or a blanket so that they – because they'll move, they turn when they're at that age already, so we put it under the mattress.

– San Antonio



Participant 1: *I was always told, "Have them sleep by themselves." In other words, they didn't sleep with me. They had their own space. It was no bumpers, they said, "No bumpers" ...*

Participant 2: *I actually used bumpers, though, because of the danger of them getting anything like the body parts caught ...*

– Beaumont/Port Arthur

Participant 1: *Even my kids, it would look like this [with toys and blankets in the crib], but before I would put them down [I would] take that all out, except that bumper pad, because when my kids were little, that really wasn't an issue with the bumper pad, but everything else was.*

Participant 2: *Yeah, because then it was the issue of them getting between the bars; that's why you used the bumper pad. That's why it's there.*

– Amarillo

When grandmothers were asked why placing babies on their backs is important, responses varied. Some grandmothers stated that it reduces the risk of SIDS and can lower the chance of suffocation, while others did not answer the question and instead said the correct sleeping position depends on what works best for the individual baby.

What I learned was when I first had – baby James was born and I rolled him over on his stomach and the nurse goes, "Oh, no. You can't do that anymore, you have to lay him on his back all the time because of the SIDS nowadays." When the children go to sleep – she told me the child sleeps very well when they're on their stomach and they can forget to breathe. But I always put my children on the side or on their belly and put them to sleep, but now it's that they want you to put them on their back.

– San Antonio

Hospital, doctors. It's – I mean, the advertisements for, like, the SIDS and don't lay your baby on her tummy, because it's better chance – more chance of suffocation. It's in the flyers in the doctor's or pediatrician's office. It's everywhere.

– Amarillo

What works for one doesn't work for someone else. You just have to try whatever works for your baby, as long as they're safe.

– San Antonio

When asked what, if any, health benefits there are to having a baby sleep in the same room as the parents, grandmothers mentioned bonding with the baby, convenience for night feeding, and being able to better hear and respond to the baby when he wakes up.

You will be able to hear if there's something going on. When I was in the same room as her, I can hear her congestion, so I can hear her breathing so I know if she starts coughing up a little bit. It's a lot easier to hear what's going on with her in the same room.

– San Antonio



Response time is shorter. Response if somebody's choking or whatever, you're right there.
— Beaumont/Port Arthur

Grandmothers in the San Antonio and Beaumont/Port Arthur focus groups expressed concern that if the baby is not properly burped and then placed on her back, the baby would choke. These grandmothers instead advised that babies be laid on their sides to avoid choking.

What I learned from my second, what I learned is that putting them on the side, there'd be times when mine wouldn't burp. I'd rub their back and tried everything, and they wouldn't burp. When I would lay them down, at Walmart they sell this cushion thing that you can put on the back to keep them on the side because sometimes they do roll back like this. Well, this way, in case that they didn't burp and they spit up, it goes this way instead of them choking. But I learned that from doctors and nurses.

— San Antonio

I taught my daughter to use a pillow. I don't like to let him lay on his belly or on his back because if he throws up, he's going to choke. So I taught her to use a pillow and just cover it with a sheet, a crib sheet, so you know just in case the pillow will move and it will suffocate him. I always lay him, I always tell them, "Lay him sideways and always make sure you check up on him because we don't know if he's turning around," and if he's turned around, I find him on his stomach.

— San Antonio

Don't lay them on their back because they could choke.

— Beaumont/Port Arthur

Grandmothers were aware of "tummy time" and were able to explain its purpose: to strengthen the baby's neck muscles. Some grandmothers noted that "tummy time" was not a concept they were aware of when they were young mothers, and identified it as one of many practices that are new or have changed since they were raising their children.

That's what I guess this now generation has [tummy time], because when my girls were growing up, we used to put them in the walker and they'd say, "No." They end up crawling around and everything because the walker, they don't have balance. And now they're saying this...The doctor told her to put him on his tummy, and he resists it. He's only 5 months old. He's doing a lot, but maybe for everybody else this might work. I don't know, I've never seen that. But there's a lot of new stuff out there that I don't know.

— San Antonio



Grandmothers stated that breastfeeding is beneficial to the infant, and some knew it is beneficial to the mother as well. Benefits of breastfeeding identified by grandmothers included greater nutritional value in comparison with formula, increased IQ for babies, transfer of antibodies from mother to child, cost savings over formula, weight loss for the mother, and bonding between mother and child. No grandmother mentioned the correlation between breastfeeding and the reduction of SIDS/sleep-related infant death.

I breastfed for a year, and my daughter wasn't sick. She had no earaches, no infections, nothing like that. It was the benefit of the bonding.

– Beaumont/Port Arthur

[Breastfeeding is] healthier, because I guess all that nutrients in our own bodies, we're transferring that to the baby, so it's supposed to be a lot more healthier than milk, regular milk that you can buy off the shelf.

– Amarillo

I lost a lot of weight when I breastfed my daughter, and then she breastfed. Oh yes, I recommend that 100%, because they don't get sick.

– San Antonio

All participants knew that smoking has negative health consequences for babies. One grandmother said that there is a relationship between smoking and SIDS. Grandmothers talked about the negative effects that smoking can have on babies both in utero and after they are born, including ear infections, respiratory problems such as asthma and bronchitis, and birth defects.

My daughter had chronic ear infections from the beginning, so...we were always at the doctor. And that was one of the things he asked me: "Does someone in the home smoke?" Well, I was living with my parents, and my stepdad smoked the whole time I was pregnant and with her, too, and he actually did say that, that that's what causes those chronic ear infections, and it's even from before birth.

– Amarillo

It causes problems with them breathing, because all my grandkids are on breathing machine for the simple fact that both their mothers smoke. You can preach until you're blue in the face, and they're not going to stop.

– Beaumont/Port Arthur

[Smoking impacts a fetus's] development, the growth, the growth of the body. That's bad, smoke. Defects, right? Defects, and it's not going to grow maturely. I don't smoke. Nobody in the house smokes.

– San Antonio



Grandmothers who smoke or who have family members and friends who smoke reported taking precautions that they perceive as limiting the dangers to their grandchildren. These precautions include changing clothes, washing hands and face, and going outside of the house to smoke.

My husband – well, my grandson’s step-grandfather – he is a smoker, but he always washes his hands, washes his face, brushes his teeth, and everything before he handles the baby. He knows not to be around him when he’s smoking. He goes outside.

– San Antonio

I smoke, but I will not smoke around them, but I still know that it still affects them even if it’s just on you. Even if the smell or whatever is on you, that still affects them. I will not smoke around him, and I am trying to quit.

– Beaumont/Port Arthur

Education about and Understanding of Sleep-Related Infant Death and Safe Sleep

The majority of grandmothers had heard of SIDS. Grandmothers in two focus groups referred to SIDS as “crib death.” There were a couple of grandmothers who had not heard of SIDS.

I just told [my daughter] what – back in the day, when she was a baby, that that was the first time that I heard about it, and that it was called, like, “crib death,” or if a baby would die overnight all of a sudden in a crib or a bassinet, they would just say it was a crib death or something like that. And I told her that it...[was] from suffocating, like if you put too much pillows in the crib with the baby or too many blankets, and they turned over the wrong way and suffocates on it, that’s the way I explained it to her. I told her, “Just be sure that the crib is clear, that there’s nothing around the baby, and that you’re going to put a blanket in there.” I said, “Just put it up to the knees or lower,” I said, “where the baby can’t suffocate on it.” But yeah, I remember her asking me about that.

– Amarillo

When grandmothers were asked what causes SIDS, their responses varied. Several said there was no known cause, while a few said it was a breathing issue or was caused by choking, or that the babies “forget to breathe.” One grandmother, who referred to SIDS as “crib death,” said it was caused by the baby being alone in a big crib.

I think it’s from suffocation or breathing problems. I don’t think any time that there’s something in their bassinet that’s not supposed to be there, and the baby gets too close to it or turns its face on it or whatever – that’s what I’ve always thought that it was because of suffocation.

– Amarillo



They told us with [the grandchild at the hospital] not to put him on his stomach because the babies go into real deep, deep sleep and they forget to breathe and they can die of SIDS. That's why they told us to put him on his back.

—San Antonio

They really can't even say. They just say that when a baby dies and they don't know what it died from. They just say it's from that syndrome. They really – like my daughter, they couldn't tell her why. She wasn't a smoker or drinker, but her first baby died and they could not say why. He wasn't suffocated. He didn't, like, throw up and choke on it. He just stopped breathing. He didn't have a heart problem. That's [SIDS] what they said it was.

—Beaumont/Port Arthur

Grandmothers said they learned about SIDS from various people and places, including the doctor, WIC, their own past parenting classes, and the media. A few remembered their children receiving pamphlets or discharge notebooks from the hospitals. Two grandmothers learned about SIDS after experiencing personal tragedy: one lost her own baby to SIDS, and the other lost a grandchild.

Honestly, just from media. Just from hearing cases of babies. Of course – I shouldn't say of course, but when I heard about it in the media, the baby was in its crib or something of that nature and the parent went to go check on the baby, the baby was no longer breathing. It's just, again, like she said, it was an unexplained cause of death.

—Beaumont/Port Arthur

[My daughter] just gave me this stack of papers that [the hospital] gave her to take home and look through. She gave to me like, just kind of – I already know, so I just kind of looked through what it was and there was a lot of information on SIDS in there, too. It was pictures, illustrations of sleep, how to lay the baby.

—San Antonio

My daughter went to WIC and stuff, and WIC tells you...The WIC program tells you a lot about child safety and stuff...They told her about sleeping the baby on her back and not to lay the baby down with the bottle because they could choke and stuff like that.

—Beaumont/Port Arthur

I didn't learn about [SIDS] until my baby passed away. They never told us anything about – you just had your baby and go home and just do the best. Back then, a lot of grandparents and great-grandmother would help raise – but I did have her with me because my mother worked and my grandmother wasn't around and I didn't learn about it until after my baby passed away. That's what they said my baby passed away from, but thinking about it, I started working, like, five weeks after I had her, and my mother-in-law would take care of her and she would tell me, "Every time I wash her little face she takes deep breaths like she can't breathe." We were going to start looking into that, but overnight we woke up and there was no response. The first thing, we didn't even know anything about CPR or anything. We rushed her to the hospital...

—San Antonio



Some grandmothers said they do not think risk-reduction measures to decrease the risk of SIDS exist because the cause(s) is (are) unknown. Participants offered ideas on how to prevent SIDS, including burping the baby, placing the baby on his back, keeping toys or stuffed animals out of the crib, and watching the baby.

- Participant 1: *If SIDS happens so quickly, how can you protect them at all?*
Participant 2: *They don't know why it's happening.*
Participant 3: *They don't know what's causing it.*
Participant 2: *If we knew how to prevent it, it wouldn't be happening.*
Participant 3: *Or if you knew the symptoms.*
Participant 4: *SIDS doesn't have any symptoms.*
Participant 3: *Say you did have the breathing thing on, and I had cameras over both of their cribs and their cribs are in the room with me, like she said, it happens in seconds. By the time you get there, they're still going to be gone. I mean, like she said, would I know the difference?...If you pick the baby up, what's to say that you're going to stop it from dying, because you don't know what's causing it without knowing the symptoms?*

– Beaumont/Port Arthur

I felt like there's not always a reason why; it just happens. It's just sudden. A lot of the times, they just teach you how to prevent it from happening. But if it happens, it happens.

– San Antonio

When I seen it on the media, they say that the baby is not supposed to be sleeping on its stomach. A lot of the babies that was found that had SIDS was asleep on their stomach.

– Beaumont/Port Arthur

A few grandmothers expressed confusion about the relationship between safe sleep practices and SIDS. They expressed the opinion that not following safe sleep practices causes suffocation and that SIDS is unexplained.

- Moderator: *How does the way the baby's crib is set up relate to keeping a baby safe from SIDS? Like stuffed animals or blankets or anything?*
Participant 1: *It's none of that. It's none of that.*
Participant 2: *Or pillows or baby pillows, nothing like that.*
Participant 3: *Then that would be called suffocation. Then that wouldn't be unexplained.*

– Beaumont/Port Arthur

Grandmothers suggested that safe sleep messages be disseminated in mandatory parenting classes and through doctors, pharmacies, clinics, schools, WIC, the media, and churches. One grandmother suggested that safe sleep information be attached to new cribs.



Photo Exercise

The photographs below were shared in the focus group as another means to determine the level and depth of knowledge nurses have about safe sleep practices. Grandmothers were able to articulate what was unsafe in some of the photos but in others, they did not recognize the unsafe sleep practices.



- **Photograph 1: empty crib with bumpers and toys.** The majority of grandmothers said there was nothing safe about the crib in this photograph.
- **Photograph 2: baby in crib under blanket.** Grandmothers identified both safe and unsafe behaviors in this photograph. As safe behaviors, grandmothers mentioned the baby's placement on her back, the absence of bumpers, and the fact that the blanket was secure. Others stated that the blanket was unsafe.
- **Photograph 3: swaddled baby.** Grandmothers in Beaumont/Port Arthur stated that the sleep practices depicted in this photograph were perfect; they did not identify any unsafe practices. However, grandmothers in both San Antonio and Amarillo said the baby was too tightly swaddled, and that the blanket was too high and the baby may be too hot.
- **Photograph 4: baby on dad's chest.** Grandmothers identified both safe and unsafe sleep practices in this photograph. They said the skin-to-skin contact was safe. However, if the father had been asleep, the practice would have been dangerous. No one mentioned that the dad was sleeping on a couch.



Safe Sleep Statements from the American Academy of Pediatrics

The moderator led a discussion about specific safe sleep and sleep-related infant death prevention statements from the American Academy of Pediatrics. After listening to the statements, grandmothers were asked for their impressions and feedback. These statements are listed below and had specific statistics pertaining to sleep-related infant death risk reduction.

These two statements made sense and seemed plausible to grandmothers.

- Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area.
- Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else.

Most grandmothers said the following statement made sense to them, because room-sharing enables the parent to hear the baby and respond quickly. However, a couple of grandmothers did not believe this statement, saying that if the cause(s) of SIDS is (are) unknown, it is unclear that risk-reduction measures could be known.

- Room-sharing decreases the risk of SIDS by as much as 50%.

Participant 1: *You don't know when the baby's going to die because you don't know that it has SIDS.*

Participant 2: *If you're a heavy sleeper, it doesn't matter. If they're going to die of SIDS, they're going to die. You can't prevent it. We don't know what's causing it.*

— Beaumont/Port Arthur

[M]aybe because you can – you will hear them a lot quicker and a lot sooner, and you can get to them a lot faster than if they were in another room and it was coming over a monitor.

— Amarillo



Reactions to the following statement were mixed. Most responses ranged from disbelief to confusion. A few grandmothers believed the information, while others questioned the statistics. Again, the questions grandmothers generally asked revolved around how preventive measures can be known if the cause of SIDS itself is unknown.

- Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%.

I don't think breastfeeding could lead to SIDS. I don't know much about it. I'm just going to say that, I don't know much about it, but just by reading that and by what I've heard, I don't put the two together Well, I've been told that SIDS is a child that stops breathing. They either get too comfortable – whatever happens to the child, the child stops breathing on their own. There's nothing that the parent does to cause the SIDS. Some children just fall asleep and so, how does breastfeeding have anything to do with the child falling asleep?

– San Antonio

I think it makes sense If the doctor said it, then yeah, definitely I would believe it, yeah.

– Amarillo

Disagree Why? Because they don't know what causes SIDS.

– Beaumont/Port Arthur

As for the following statement, grandmothers had mixed reactions to this statement, ranging from belief, disbelief, confusion, and questions about the statistics. Again, the questions grandmothers generally asked revolved around how risk-reduction measures can be known if the cause of SIDS itself is unknown.

- It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke.

How can they – what makes it go together with the smoking? We know health-wise it isn't good, period. Who would want to do that? As a parent, as a mother, how do they make it coincide together, like, why does – I would want to know where they got the data from. Is it from the upper northwest, where it's always cold, and did they get the study in the winter instead of the summer? There's just so many factors. Did they get a hundred women? Did they get 50 women to get the study from? There's just so many questions that I would have before I could say that statement's correct.

– San Antonio



When I see that statement I'm just going to believe it regardless. I don't want anyone that smokes around my kids or my grandkids. I've never lost a baby to SIDS, but that's just a third. That's just a third of babies who are lost to SIDS. I don't want to be that one third. I don't want my granddaughter to be that one third, no matter where they got that data or regardless. I'm not going to have – I'm not even going to question it, I'm just going to take that information that I just read, because I never heard it before, and I'm going to take it to my daughter so she can tell her grandmother.

– San Antonio

Of course smoking is bad for the babies.

– Beaumont/Port Arthur

The statement below did not make sense to several grandmothers. They said that everyone who has a baby is tired and that this advice was given by people who do not have children. Some also thought that a baby who needs feeding or comforting in the night, when parents are tired, would be fussy and thus too loud to allow the parents to accidentally fall asleep. They also said they would like to know more about the rationale behind this recommendation.

- It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep.

You're either tired because you're the new parent, or because your baby doesn't sleep, you know. Yeah, that doesn't make any sense to me It's like they're saying you should stand up to feed your kid.

– Amarillo

Now, a lot of times when you get up and the baby's crying and all that, you're not fully awake, but if they crying and you trying to comfort them, that wakes you up. You can't sleep and do that with a baby.

– Beaumont/Port Arthur

Grandmothers met this statement with disbelief and questioned why swaddling is done in the hospital if it contributes to SIDS.

- Swaddling is not recommended because of serious health concerns, which include SIDS.

To agree with [this statement], that means we can go back and sue the hospital, because they the first ones did that to the baby.

– Beaumont/Port Arthur

I learned that from [the hospital nurses], because that's how they bring [the babies] in, all swaddled up and on their side.

– San Antonio

Then why do they show you how to do it at the hospital?

– Amarillo



Conclusion and Recommendations

Grandmothers influence their grandchildren's sleeping behaviors as caregivers and as trusted advisors to the parents. Grandmothers share the knowledge they have accrued through experience and pass down what they were taught by their own mothers. Grandmothers are aware that new and better child safety recommendations are available to their children today because of advances in medicine and research. While, for the most part, grandmothers listen to medical staff and take their advice seriously, they have difficulty believing some of the updated recommendations when they run counter to their own personal experience.

The concept of SIDS as a cause of death is hard for many grandmothers to understand. They did not readily accept idea of reducing risk through behaviors identified through empirical research, even when that research was attributed to doctors from the American Academy of Pediatrics. Much of the grandmothers' reluctance to accept the messages about reducing the risk of SIDS was tied in with their difficulty in understanding how a syndrome with no known cause could be preventable.

While behaviors that could easily be credited with reducing suffocation risk (such as removing soft objects from the crib and putting the crib in the parent's room) were deemed "believable" as prevention measures, grandmothers saw those with more esoteric links to SIDS risk (such as suboptimal breastfeeding, swaddling, and second-hand smoke) as "unbelievable."

The findings suggest the following recommendations.

- Create brief materials that are specific to grandmothers and address a grandmother's role and influence in caring for her grandchild. Materials should address why and/or how information has changed and evolved over the years, including the shift to having one set of recommendations to reduce risk for all sleep-related infant deaths rather than separate recommendations for suffocation or for SIDS.
- Create simple visuals that illustrate safe sleep practices and identify safe and unsafe sleep behaviors.



Findings: Child-Care Providers

Background and Objectives

SUMA conducted three focus groups with child-care providers in three Texas communities: San Antonio, Midland/Odessa, and Beaumont/Port Arthur. All groups consisted of child-care providers who care for infants and work in one of the following types of facility.

- Licensed child-care center
- Licensed child-care home
- Registered child-care home

To ensure representation of child-care facilities that care for infants from homes of lower socioeconomic status, the groups were over-recruited to include institutions participating in the Child and Adult Care Food Program, which provides aid for nutritious foods to child and adult care institutions and family or group day care homes.

The objectives of the research were as follows.

- Identify current safe sleep messaging and practices being used at child-care facilities
- Identify the gaps in safe sleep education and practices at child-care facilities
- Understand how child-care providers interact with parents on safe sleep messaging

Detailed Findings

The child-care providers who participated in the focus groups represented both small, home-based day care centers and large, corporate-owned facilities. Many participants have been involved in day care for several years and said they care for the children as if they were their own. Most work directly with infants. A few participants are directors but said they have daily contact with their staff and with infant care. The number of infants cared for at each facility ranged from one to 25. Most facilities begin to take infants at six weeks of age, although some accept them earlier with a doctor's note or under special circumstances, but they prefer not to.

I just hug them. I just treat my kids as if they were mine. They feel that motherly love, they do. It just means talking to them and giving them that comfort.

—San Antonio



As in the focus groups with other audiences, the discussion in the child-care providers' groups began with an icebreaker exercise using Visual Explorer™ cards depicting a wide variety of images of people, places, and situations. The cards were spread across the table, and participants were asked to browse through them and select the one image that best illustrated their feelings about getting infants to sleep. The overriding theme represented in the bulk of the images they selected was a sense of calm. A few child-care providers in different groups picked images of hands.



I feel like babies enjoy... receiving comfort from being touched and are soothed by being touched... They can feel the love from you and soothe them to sleep.

— Beaumont/Port Arthur

Another popular image was a photograph of a ballerina; child-care providers said it reminded them of something calm and peaceful.

I have a ballerina. When I look at this and I think of infants sleeping, I think of softness, because most of the time they're so delicate when they're sleeping. This is what I think about.

— Beaumont/Port Arthur

Our teachers are graceful and calming.

— San Antonio



Safe Sleep Practices and Behaviors

Regardless of day care size, the findings on infant safe sleep were consistent. Focus group participants from all of the represented facilities said they follow state safe sleep standards. They are all keenly aware of the state standards and are motivated to follow them for the safety of the infants as well as to avoid receiving a citation. Most facilities have a safe sleep policy of their own, and one child-care provider talked about an infant handbook for the infant room.

Babies typically stay in an infant room, especially in the larger facilities. Participants reported that the babies sleep in Pack 'n Plays or cribs that contain only a tight-fitting sheet. They described putting them to sleep on their backs, in a onesie, or in a baby sack. Child-care providers are very much aware that the crib should not contain a blanket or anything else. Some mentioned avoiding overheating, which is a safe sleep precaution. Some also discussed lighting and mentioned that they dim the lights, but not so much that they cannot clearly see the babies. A provider at one of the larger facilities said they keep the lights on all the time as a safety measure, but babies sleep soundly regardless.

Only one fitted sheet. That's it. Nothing else... I remind parents that we don't use blankets here, so it may be a tad colder in here than it is outside, because we want to keep it germ-safe. So dress them according to the inside, as opposed to the outside.

— Beaumont/Port Arthur

Minimum standards does say that you're allowed to dim the lights, but it's important that it's not too dim. You have to be able to see your furthest child's shirt color, so that way you can tell if they're still breathing or if they're moving in their crib. You still have to be able to see each child.

— Beaumont/Port Arthur

All babies sleep on their backs unless the parent brings a doctor's note that indicates otherwise. Some child-care providers said they have gotten doctors' notes to use a wedge to prop a baby up, or to position him on his side if the baby has reflux.

The doctor wrote we are supposed to tilt him on his side.

— Midland/Odessa

If the child has acid reflux, or something is wrong with their digestion, or they have stomach issues, then we will have a doctor's note stating they need to be on their back or on their tummy.

— San Antonio



The providers said they do not put swaddled babies or blankets in the cribs. They may swaddle a baby or use blankets for comfort prior to putting a baby into the crib to sleep. Some talked of swaddling a baby or covering her with a blanket as they rock or comfort her to help her sleep. All participants said they must remove the swaddle or blanket before putting the baby into the crib or Pack 'n Play. Some providers understood they were not to swaddle infants but wondered why not. A few participants who have worked in day care for many years said they have a hard time looking at a baby who is not swaddled and has nothing like a blanket to cuddle, but they follow the rules.

You can swaddle if you're holding them. You can still swaddle them, it's just the crib. The minute you lay them down in that huge crib, you have to unswaddle them, which wakes them up.

— Midland/Odessa

We might put them to sleep in our arms with a blanket, but once we position them in the crib on their back, we don't do any blanket.

— Beaumont/Port Arthur

I have four infants, and we're right in front of them all the time. Why can't we just swaddle? It would just make life so much easier, and they would be happy. They would be warm. They're in that huge space around them, and they look so tiny.

— Midland/Odessa

The use of swings and bouncers varied among facilities. Some participants said they do not use swings or bouncers. Child-care providers at other sites said they are gradually getting rid of them by not replacing them when they break. Providers did say that if a baby falls asleep in a bouncer or swing, they pick him up immediately and put him in a crib.

The use of pacifiers was mixed as well. Some facilities use pacifiers, while others do not. If pacifiers are used, any string or other attachment is removed, and the pacifier is removed from the baby's mouth once she falls asleep.

We take those off [strings] and they will eventually let it go when they are asleep... and then we will take them away.

— San Antonio

Research shows that children develop a lot faster in crawling and moving if they aren't in a swing or a bouncer. We use nothing.

— San Antonio

In each of the child-care provider focus groups, the topic of SIDS came up organically in conjunction with the discussion of how babies are placed in their cribs for sleep. SIDS was top of mind for child-care providers in the discussion on safe sleep. They are knowledgeable about SIDS and understand that they must follow certain safe sleep rules to help prevent it. Participants from every location reflected on a SIDS case they had heard about in their community.



They also mentioned the link between SIDS and smoking.

Moderator: *What are the things that you can do to lower the chances of SIDS?*
Participant: *For the parents not to smoke around the kids, because that can also increase it.*

—San Antonio

Precautions include following state standards, such as placing babies on their backs with nothing in the crib. Child-care providers said they constantly watch and monitor the babies. Some providers said they know the sleep patterns of the children in their care and become concerned if a child sleeps longer than usual, in which case they check to see if the baby has a fever.

I know if they are sleeping longer than usual, I'm like, let me check their forehead.

— Midland/Odessa

Child-care providers linked safe sleep precautions to SIDS/sleep-related infant death prevention. Some participants interchanged the terms SIDS and “suffocation.” In fact, very few of them were actually talking about death by suffocation, but about death by SIDS, when using this term. Participants almost never used the term “suffocation” correctly.

First of all, being a sudden infant's death, my understanding that I try to give to the parent that wanted her baby to sleep on her tummy: you're not aware of everything that happens. The baby can't turn their head like it needs to being on its tummy. You can have the baby spitting up and he can waddle up in the mess...at the same time, you want the baby to be mobile enough to move around or something.

— Beaumont/Port Arthur

It [SIDS] just happens. It usually happens because they are choking or suffocation.

—San Antonio

In all three focus groups, providers reported some cultural differences among their clientele. They said the two most common minority cultural practices they see are that Hispanics tend to overwrap their babies in blankets and tend to follow the Latin American norm of sleeping with their babies. In one group, two participants who were Hispanic or married to a Hispanic said that in Mexico and Guatemala, it is normal for parents to sleep with their babies.

Well, I'm a gringa, but my husband's Hispanic...a lot of Hispanic families, they're real big on wrapping them like burritos, which we call the swaddling, we wrap them like burritos....Some of them even believe [in] rocking them in their car seat, wrapped, swaddled, and then putting another thick blanket over them.

— Midland/Odessa



Yes. I think it is Hispanics, because I do it myself, but I don't put four shirts on my son. I just make sure his little chest is covered, his ears – because that is where they get sick – ear infection or getting the cool air on their chest.

– San Antonio

I will say, not necessarily in my facility, but my husband is from Mexico...when we go to Mexico to my in-laws', they don't have baby beds. That is how they do it...It's not that we deal with it in our facility, I just deal with it personally.

– Beaumont/Port Arthur

All child-care providers practice tummy time with the babies and understand that it is important for building neck strength. All participants said they do tummy time for 10 to 15 minutes a day; one provider said her facility provides a total of 25 minutes in five- to 10-minute increments spaced throughout the day. One participant described appropriate toys the facility uses to engage the baby, such as mirrors. Another said they make it interactive by playing peek-a-boo and other games.

Education about and Understanding of Sleep-Related Infant Death and Safe Sleep

Child-care providers are required to take training on SIDS, but focus group participants said there are no specific standards for the training, so training quality may vary. Most had taken a course and seemed knowledgeable, other than using the terms “SIDS” and “suffocation” interchangeably. They said they learn about training opportunities from notices, take online courses on the licensing website, or go to the website to sign up for classes. The providers said they are obligated to have a certain number of continuing education hours annually, but it was unclear from the discussion whether this education refers specifically to safe sleep. Some said the SIDS training is annual, whereas others said it is required every other year. Some reported that the training guidelines they follow at their centers are based on the minimum standards set by the state. One participant said the center she works at offers additional education on a broad array of topics, including safe sleep, during staff meetings. Still others said they also study on their own to stay abreast of important information pertaining to the children they care for.

Infant and toddler teachers...have to, as part of their training hours, but you have to provide them with sudden infant death syndrome training and shaken baby training. They find out a lot about – especially if you've got a good SIDS training and you've got a good shaken baby training, they find out a lot about brain development at that point, too.

– Day care director, Midland/Odessa

It just says you must provide two hours of SIDS and shaken baby. It doesn't give what the criterion is.

– Midland/Odessa

We do SIDS in our facility every year. You have to have it every year.

– Beaumont/Port Arthur



Participants differed in their perceptions of state training directions and requirements. One participant said that first-time SIDS training for child-care providers must be given by a certified trainer. A participant from another child-care center discussed the fact that the state does not endorse any particular training or offer state-developed, state-approved training on SIDS.

You could have one from the Quacko of America, and as long as you set that in front of those ladies and you said, "Read this." Or you sat them in front of a website and you said, "Look at this website," you've met the requirements of Quacko America.

– Midland/Odessa

Some participants bemoaned the lack of state-authorized training on SIDS and wished the state provided it. Participants also said they wish the training on SIDS included more medical studies on the subject. They want medical research that backs up the findings on SIDS.

That's where our state is lacking, and I don't even know if any state provides the training that they ask you to have, which would be great. We would love for the state to provide the training that they ask us to have, and that way we wouldn't be reaching for ghosts.

– Midland/Odessa

Child-Care Providers' Interactions with Parents on Safe Sleep

Child-care providers play an important role in educating parents on safe sleep as well as on many other topics that pertain to their children's well-being. They see some aspects of parent education as their responsibility. They also believe they are well trained and should be viewed as trusted sources of knowledge when it comes to the babies they care for.

I know my infant workers have a lot of influence on the parents as they come, as they spend time with them. We're with their babies more working hours than they are.

– Midland/Odessa

They understand this is what we do every day. We train in this.

– Beaumont/Port Arthur

The providers who participated in the focus groups said they do provide parental education on a range of topics, including sleep safety, mostly on an as-needed basis. They do not offer structured training to parents.



Some said they teach about safe sleep when parents take their first tour of the facility. During the tour, they explain the center's rules about safe sleep and inform parents that the babies are placed on their backs in the crib, with no toys or blankets, and in appropriate clothing. They also explain why this is done.

It starts with the tour....“We feel like, for your child to be in a safe environment, this is what we have to do. It's a partnership between you and me that we can make sure that not just your child, but all the infants in there. That's why we have the shoe covers, that's why we teach about SIDS. There are ways to help prevent it.”

—San Antonio

Some facilities provide information on safe sleep in their welcome packets. They said most parents understand why certain practices are in place once they are informed that the center is following state standards. One facility uses a closed Facebook page to keep parents abreast of everything that happens at the facility. Participants in two groups commented that a pamphlet from the state would be helpful. They want a standardized message with scientifically based information to help them educate parents about SIDS.

I find them pamphlets and information on stuff, and then they tend to understand it a little better and that you're doing it for their safety.

—San Antonio

As far as informing them, when we get a new infant, every parent gets a packet. It has up-to-date feeding charts, it has their enrollment information, and then there is a SIDS packet and a minimum standards sheet to know what to expect when we put their child to sleep, and then information on SIDS. Then our facility has a closed-group Facebook page, so every time we get new information about minimum standards...we put it on the Facebook page.

—Beaumont/Port Arthur

What the state can do is help us to teach parents...give us pamphlets that when we get a new parent...just make it easier on us to have something to give them, especially our new mommas and our young mothers who might not know it.

—Beaumont/Port Arthur

Focus group participants reported not getting too much pushback from parents about safe sleep practices at their centers. However, a few participants in each group knew of parents who do not follow safe sleep practices themselves. Some providers who suspect a parent is not following safe sleep practices at home will use subtle techniques to educate the parent, such as giving her a brochure or talking with him in a non-confrontational way about why certain safe sleep practices are important. One provider said she sent parents who insisted their child was unhappy sleeping on his back photographs of the baby soundly sleeping on his back. In at least one case, the day care provider was more direct and scheduled a meeting to talk to a parent about safe sleep.



Some discuss actual sleep-related infant death cases in their community with parents whom they perceive as reluctant to adopt safe sleep practices.

I have one problem: the baby girl's mother and father have trained her to sleep on her tummy...she is always flipping. I asked the mother, "You do know SIDS?" I would bring attention to her and I say, "I have to lay her on her back. I'll give you some more information on it."

– Beaumont/Port Arthur

When the kid is sleeping on their back, I take that picture and I'm like, "So-and-so is sleeping so good!"

– Beaumont/Port Arthur

What we are doing, they aren't really doing at home, and so it is a habit they are not used to...but some of the parents, to this day I have to remind them, "No blankets," or they try to sneak in a baby toy.

– San Antonio

There was an incident we had in Beaumont not long ago that a child that was near our facility, where we live, died of SIDS. I used that for these parents, so I think it gave her fear for a little while.

– Beaumont/Port Arthur

Child-care providers reported that they educate parents on a number of safe sleep issues in addition to the importance of putting babies to sleep on their backs. They often have to tell parents the child cannot have a blanket or snuggly item of any kind. They said they also explain what appropriate clothing is, since they must follow specific rules about what the baby can wear when sleeping. They tell parents the baby must be appropriately clothed for sleep as well as for the cool temperatures some facilities keep to promote safe sleep and germ prevention. They also mentioned telling parents not to put ponytail holders or clips in their babies' hair because they can be a choking hazard. One participant employed at a large facility said they have to educate parents not to put any cereal in the baby bottles.

I tell them they can't have blankets. I need them to have their onesie, and a bottom, because it is really cold, and that is all they can sleep with.

– San Antonio

I was changing a baby and I was, like, "What is in your mouth?" She had her hair thing in her mouth. We had already told the mom...it is a hazard to your kid and to all the kids.

– San Antonio

I've had a parent call me...she wanted her daughter to get her blanket. Her daughter was having a hard time, of course, because she was used to the blanket 24/7, but we told her she couldn't.

– Midland/Odessa



Most child-care providers reported that some of their parents are heavy smokers, and they can smell smoke on both the parents and the baby. Participants at two focus group locations explained that they put clean clothing on the baby and then wash the baby's clothing and diaper bag so it smells fresh.

I've literally taken diaper bags home with me, washed them, put them in the dryer, waited for them to dry, brought them back, repacked everything in it so that when that baby left, it left with a fresh-smelling diaper bag. Completely changed the clothes, went home and washed the clothes, taken and put the baby in the sink, washed the baby, washed his hair, everything...Would I talk to a parent about it? I doubt it.

– Midland/Odessa

You have this baby smelling like pure smoke...I can't stand it. I'm like, "You know what? I'm just going to wash all this." That's what I do because I can't stand it.

– Beaumont/Port Arthur

When asked what can cause SIDS, the child-care providers brought up cigarettes early in the discussion. They know there is a link between exposure to smoke and SIDS, and they are careful to make sure infants are not exposed to the smell of smoke on the staff's clothing. At least one facility represented in the focus groups will not hire people who smoke to work with infants. Smoking is not allowed on any of the child-care properties represented in the focus groups. Some staff admitted to smoking on their breaks but said they leave the property and wash their hands before handling babies or children. Some said they change shirts after smoking.

Child-care providers said that talking to parents about smoking around their children is a touchy subject because it entails getting into their personal lives. Participants said they are reluctant to discuss it because they fear parents will be offended and remove the child from their facility. For the most part, providers can only enforce the rules at their facility, such as prohibiting smoking on the property. Some reported using subtle techniques in an effort to educate parents, such as including a brochure on the dangers of smoking around infants in take-home materials. One participant said she put up a sign saying the smell of smoke on clothing is dangerous for infants. She said it made a difference, because some parents stopped showing up smelling like smoke.

I put a sign: "No Smoking and No Second-hand Smoke"...Well, she didn't come back smelling like smoke.

– San Antonio

Providers in every focus group believed the state had passed proposed legislation against smoking in a car carrying a child under 18 years of age and talked about how happy they were about the law.



Photo Exercise

The photographs below were shared in the focus group as another means to determine the level and depth of knowledge child-care providers have about safe sleep practices. The child-care providers may have been the most knowledgeable group of study participants in correctly distinguishing between the safe and unsafe sleep practices depicted in the photographs.



- **Photograph 1: empty crib with bumpers and toys.** Child-care providers said this crib is unsafe because of the blankets, bumpers, and toys.
- **Photograph 2: baby in crib under blanket.** In two locations, participants said the blanket should not be in the crib. A few participants in a third location did not think the blanket is unsafe because it is tightly tucked in. Other participants in the same group did think it is unsafe. Some identified having the baby sleeping on her back, with no toys and no pacifier in the crib, as a good safe sleep behavior.
- **Photograph 3: swaddled baby.** Participants in all groups said the baby is over-swaddled, and the blanket is too heavy.
- **Photograph 4: baby on dad's chest.** Participants in all groups questioned whether the father is asleep and said that if he is, it is unsafe. No one mentioned that the father was asleep on a couch.



Safe Sleep Statements from the American Academy of Pediatrics

The moderator led a discussion about specific safe sleep and sleep-related infant death prevention statements from the American Academy of Pediatrics. After listening to the statements, child-care providers were asked for their impressions and feedback. These statements are listed below and had specific statistics pertaining to sleep-related infant death reduction.

The following statement was met with mixed responses; some providers had slept with their own babies.

- Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else.

All participants agreed with the following two statements.

- Room-sharing decreases the risk of SIDS by as much as 50%.
- Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area.

Of these two statements, providers were more likely to believe the one linking smoking to SIDS, although they also had questions about the authoritative tone of the statement. Providers were split on their reactions to the statement about breastfeeding. Some accepted it because of their own strong belief in the benefits of breastfeeding. Others wondered if the connection between breastfeeding and SIDS prevention has to do with the way the bottle used in formula feeding is held or propped, or with how the baby is positioned during breastfeeding versus formula feeding. They also wondered if it has to do with the nutrients passed from mother to child during breastfeeding. Some who had fed their infants formula did not believe the statement. Many wondered how the risk for a disease they believe to be completely unexplainable could be reduced.

- Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%.

They don't even know what causes it, so how are you going say that is what reduces it?

– Midland/Odessa

- It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke.

Maybe if it just said it's estimated that SIDS deaths could be prevented...It's strange they have a certain amount and they don't know that much about SIDS.

– Midland/Odessa



Most child-care providers agreed with the following statement. One participant said she disagreed because she had fallen asleep feeding her baby in a recliner to no ill effect.

- It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep.

Some child-care providers disagreed with the following statement. They referenced the fact that babies are swaddled in hospitals. Participants in one group expressed the opinion that it should be okay for a baby to be swaddled in a light blanket like the ones they use in hospitals, but not in a heavy blanket.

- Swaddling is not recommended because of serious health concerns, which include SIDS.

Conclusion and Recommendations

The child-care providers who participated in the focus groups are passionate about their jobs and want to give the best care possible to the children in their facilities. They reported following the state safe sleep standards. They described putting the babies to bed on their backs, in onesies, with nothing else in the crib. Blankets and swaddling are used only while providers are holding the baby. They understand that the state's standards are in place to prevent sleep-related infant deaths.

They sometimes find themselves in the position of educating parents on safe sleep and they reported not receiving much pushback from parents about safe sleep practices in place at their facilities. Beyond the information they give new parents during the facility tour, they typically use only subtle techniques to educate parents if they suspect they are doing something that isn't safe at home. They do not want to offend the parents for fear they will move the baby to another facility. Although providers said they receive training on sleep safety, they would welcome more in-depth, state-sponsored, hands-on training. They believe the best way to reduce sleep-related infant deaths is to focus on parent education and to offer child-care providers tools to help better educate parents.

The findings suggest the following recommendations.

- Develop a simple pamphlet explaining safe sleep practices and why they are so important. Establish an uncomplicated distribution system to make it easy for facilities that need pamphlets to receive them so they, in turn, can distribute them to parents.
- Make educating parents on safe sleep part of the minimum standards that child-care facilities must adhere to.
- Provide child-care providers with more state-endorsed, in-depth, hands-on training on sleep-related infant deaths.



Appendix A: Focus Group Guides

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2015 Safe Sleep Focus Group Research

Moms Focus Group Guide

I. Introduction

- Moderator begins by introducing the concept, process, and purpose of the focus group.
- Lay ground rules for the discussion (no right or wrong answers, speak one at a time, etc.)
- Explain the purpose of the tape recording equipment.
- Assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.
- Explain that all participants are dads of a baby under one.

II. Ice Breaker

Let's go around the group and introduce ourselves, tell us how many children you have and their ages. Also, tell us a little bit about yourself – are you a full time stay at home mom, work outside the home, or go to school.

After introductions: Please pick a card from the picture cards in the middle of the table that expresses your feelings about sleep during your baby's first year.

III. General Sleep Questions

- After your first baby – what surprised you the most about how your sleep was impacted?
- What surprised you the most about the baby's sleep?
- What strategies do you have to help you deal with how the baby impacts your sleep? **Probe:** How does your and your babies different sleep patterns affect each other?
- Tell me a little bit about where your baby sleeps. **Probe:** In a crib, in a bassinette, or somewhere else? **Probe:** What about throughout the day?
- How did you decide where the baby would sleep? Are they in their own room, or in your room, or somewhere else? **Probe:** what about when they were newborns? What role did the father have in where the baby sleeps?

- Walk me through a night of caring for the baby? What happens when they won't go to sleep? **Probe:** What about swaddling? **Probe:** Do you bring them to **bed** with you or go to the couch or chair? Then what happens?
- What is dad's attitude about helping at night?
- Who, if anyone, helps you with your baby? Do they have any special ways of getting the baby to sleep? What do they do? (**Probe:** dad, grandmother e.g. add cereal to the bottle?)
- What about your mother or mother-in-law, auntie, grandma- what advice do they have she have about the baby's sleep? **Probe:** Did you follow their advice - why or why not?
- What about napping? Does anyone nap with the baby? (Dad, grandma, brother/sisters, pets)
- How many people have someone watch the baby while they work? (moderator notes number) Who takes care of the baby? Does anyone take their baby to daycare? What do you tell them about the best way to get your baby to sleep? Were you able to see where the baby would sleep? What if any concerns did you have?
- What about when your baby is awake what do they do? **Probe:** baby swing, propped up on couch etc. (if older might be crawling, walking)

IV. Safe Sleep Behaviors

- What have you heard about how the baby should be positioned when they sleep? Why is that important?
- How did you learn about where and how your baby should sleep? (**Probe:** Doctor, nurse, mother, partner?) How did they lay your baby down at the hospital?
- What kind of information did you get at the hospital or from your doctor about your infant's sleep?
- What kind of information did you get at the hospital or from your doctor about your own sleep? **Probe:** What did they say?
- What if any health benefits are there to having the baby sleep in a crib or bassinette in the same room with you?
- What did you learn about tummy time?
- What are the benefits of breastfeeding for a baby?
- How does smoking impact an unborn child as they develop?
- Do you or the family around you have any challenges with smoking?

- How can smoking around a baby affect the baby's health?

V. Understanding of Sudden Infant Death Syndrome (SIDS)

- How many of you have heard of SIDS? (Moderator notes how many people have heard of SIDS.) What is it? Where did you learn about it?
- What kind of information did you get at the hospital or from your doctor about SIDS?
- What do you think are some of the causes of SIDS?
- What can you do to protect your baby from SIDS? Where did you learn that?
- How does the way the baby's crib is set up for sleeping keep a baby safe from SIDS? What about things like stuffed animals or blankets?
- Where is the best place for the baby's crib to make sure they sleep safely?

VI. Photo Exercise

- Now I am going to show you some photographs and I want you to tell me what you see that is an example of good safe sleep practices or things that could put your baby at danger. Moderator notes out loud for the recording the description of each photograph.

VII. Statement Exercise

- Now I am going to read some statements and I would like to know what you think about them. (moderator shows statements mounted on a board). I want to tell you that some of these statements are difficult to hear. They are all from the American Academy of Pediatrics. We are just learning about how to communicate these messages. You can help us with your honest feedback. These statements are not meant to make anyone feel badly or to judge anyone. We just want your feedback and thoughts.

Statement #1

Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%. What are your thoughts on this statement?

Statement #2

Room sharing decreases the risk of SIDS by as much as 50%. What are your thoughts about on this statement?

Statement #3

Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else. What are your thoughts on this statement?

Statement #4

It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired, because of the high risk of suffocation if you fall asleep. What are your thoughts on this statement?

Statement #5

Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area. What are your thoughts on this statement?

Statement #6

Swaddling is not recommended because of serious health concerns, which include SIDS. What are your thoughts on this statement?

Statement #7

It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke. What are your thoughts on this statement?

Moderator hands out a worksheet and asks participants to mark which were the two statements that had the most impact on them. They should then put a 1 next to the statement that was the most impactful and a 2 next to the one that was the 2nd most impactful. Facilitator picks up worksheets at the end of the group.

- Now as we are wrapping up: Where is a good place for you to learn about safe sleep for your baby? Moderator leads brainstorm and makes a list on white board.

VIII. Adjournment

We will close with this last question – let's go around the group one last time and tell us what is the most important thing(s) you learned to night and if you will change anything about your baby's sleep environment?

Moderator says: This can be a difficult subject to talk about. No one should feel guilty if they are doing something that is different than the things we talked about tonight. Being a parent is a challenge and an ongoing learning process.

You've been a great group, thank you for your time!

2015 Safe Sleep Focus Group Research

Dads Focus Group Guide

I. Introduction

- Moderator begins by introducing the concept, process, and purpose of the focus group.
- Lay ground rules for the discussion (no right or wrong answers, speak one at a time, etc.)
- Explain the purpose of the tape recording equipment
- Assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.
- Explain that all participants are fathers of a baby under one.

II. Ice Breaker

Let's go around the group and introduce ourselves, tell us how many children you have and their ages. Also, tell us a little bit about yourself – if you work or go to school – and what you like to do in your free time.

After introductions: Please pick a card from the picture cards in the middle of the table that expresses your feelings about sleep during your baby's first year.

III. General Sleep Questions

- After your first baby – what surprised you the most about how your sleep was impacted?
- What surprised you the most about the baby's sleep?
- What strategies do you have to help you deal with how the baby impacts your sleep? **Probe:** How does your and your babies different sleep patterns affect each other?
- Tell me a little bit about where your baby sleeps. **Probe:** In a crib, in a bassinette, or somewhere else? **Probe:** What about throughout the day
- What about the crib or bassinette – how is it arranged? (are their stuffed animals blankets, or bumpers)

- Tell me a little bit about how your baby sleeps. **Probe:** Swaddling?
- How did you decide where the baby would sleep? Are they in their own room, or in your room, or somewhere else? **Probe:** what about when they were newborns?
- Walk me through a night at your house with the baby. **Probe:** How do you and your wife work out who does what when the baby wakes up
- What happens when they are crying in the middle of the night? **Probe:** Do either you or the mother bring the baby to bed with you or go to the couch or chair? Then what happens?
- Who, if anyone, helps you and the mother with your baby? Do they have any special ways of getting the baby to sleep? What do they do? (**Probe:** grandmothers, others – e.g. putting cereal in the bottle?)
- What about your mother or mother-in-law, auntie, grandma– what advice do they have she have about the baby’s sleep? **Probe:** Did you follow their advice – why or why not?
- What about napping? Does anyone nap with the baby? (you, mom, grandma, brother/sisters, pets)
- Who takes care of the baby during the day? **Probe:** Relatives, daycare? (moderator notes number) Have you ever had a conversation with them about the best way to get your baby to sleep? Were you able to see where the baby would sleep? What if any concerns did you have? Have they ever given you any advice about safe sleep or how to get the baby to sleep?
- What about when your baby is awake what do they do? **Probe:** baby swing, propped up on the couch etc. (if older might be crawling, walking)

IV. Safe Sleep Behaviors

- What have you heard about how the baby should be positioned for sleep? Why is that important?
- How did you learn about where and how your baby should sleep? (**Probe:** Doctor, nurse, mother, partner?) How did they lay your baby down at the hospital?
- What kind of information did you get at the hospital or from your doctor about your infant’s sleep?
- What kind of information did you get at the hospital or from your doctor about your own sleep? **Probe:** What did they say?
- What if any health benefits are there to having the baby sleep in a crib or bassinette in the same room with you and the mother?

- What did you learn about tummy time ?
- What are the benefits of breastfeeding for a baby?
- How does smoking impact an unborn child as they develop?
- Do you or any of your relatives have any challenges with smoking?
- How can smoking around a baby affect the baby's health?

V. Understanding of Sudden Infant Death Syndrome (SIDS)

- How many of you have heard of SIDS? (Moderator notes how many people have heard of SIDS.) What is it? Where did you learn about it?
- What kind of information did you get at the hospital or from the doctor about SIDS?
- What do you think are some of the causes of SIDS?
- What can you do to protect your baby from SIDS? (**Probe** for multiple answers) Where did you learn that?
- How does the way the baby's crib is set up for sleeping keep a baby safe from SIDS? What about things like stuffed animals or blankets?
- Where is the best place for the baby's crib to make sure they sleep safely?

VI. Photo Exercise

- Now I am going to show you some photographs and I want you to tell me what you see that is an example of good safe sleep practices or things you that could put your baby at danger. Moderator notes out loud for the recording the description of each photograph.

VII. Statement Exercise

- Now I am going to read some statements and I would like to know what you think about them. I want to tell you that some of these statements are difficult to hear. They are all from the American Academy of Pediatrics. We are just learning about how to communicate these messages. You can help us with your honest feedback. These statements are not meant to make anyone feel badly or to judge anyone. We just want your feedback and thoughts.

Statement #1

Breastfeeding reduces the risk of SIDS by more than 59% and exclusive breastfeeding reduces it by 73%. What are your thoughts on this statement?

Statement #2

Room sharing decreases the risk of SIDS by as much as 50%. What are your thoughts about on this statement?

Statement #3

Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else. What are your thoughts on this statement?

Statement #4

It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep. What are your thoughts on this statement?

Statement #5

Keep soft objects, such as pillows and loose bedding out of your baby's sleep area. What are your thoughts on this statement?

Statement #6

Swaddling is not recommended because of serious health concerns, which include SIDS. What are your thoughts on this statement?

Statement #7

It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke, if pregnant women were not around people who do smoke and if their infants were not around people who do smoke. What are your thoughts on this statement?

Moderator hands out a worksheet and asks participants to mark which were the two statements that had the most impact on them. They should then put a 1 next to the statement that was the most impactful and a 2 next to the one that was the 2nd most impactful. Facilitator picks up worksheets at the end of the group.

- Now as we are wrapping up: Where is a good place for you to learn about safe sleep for your baby? Moderator leads brainstorm and makes a list on white board.
- Should there be anything special for dads?

VIII. Adjournment

We will close with this last question – let’s go around the group one last time and tell us what is the most important thing(s) you learned tonight and if you will change anything about your baby’s sleep environment?

Moderator says: This can be a difficult subject to talk about. No one should feel guilty if they are doing something that is different than the things we talked about tonight. Being a parent is a challenge and an ongoing learning process.

You’ve been a great group, thank you for your time!

2015 Safe Sleep Focus Group Research

Nurses Focus Group Guide

I. Introduction

- Moderator begins by introducing the concept, process, and purpose of the focus group.
- Lay ground rules for the discussion (no right or wrong answers, speak one at a time, etc.)
- Explain the purpose of the tape recording equipment.
- Assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.
- Explain that all participants are nurses who work with newborns.

II. Ice Breaker

Let's go around the group and introduce ourselves, tell us your position, where you work and for how long. Also, tell us what you like to do in your free time.

After introductions: Please pick a card from the picture cards in the middle of the table that expresses your feelings about getting newborns to sleep.

III. General Safe Sleep Hospital Practices

- I would like to go around the room one more time and have each of you explain your role in putting newborns to sleep and educating families about putting newborns to sleep.
- How are they positioned for sleep?
- What if anything is in the bassinette with the newborn? (pacifiers, blankets)
- How are the bassinets positioned? **Probe:** Do you prop them up? Where it in the room?
- How is swaddling used at your hospital?
- What are the safe sleep practices at your hospital? Why is this important?
- How well do you think they are followed?
- Under what circumstances would they not be followed?

- How familiar are you with the back to sleep recommendations? What do you think about the back to sleep recommendations?
- What kind of training have you received about infant safe sleep? **Probe:** does the hospital provide any safe sleep training? Did you learn it in school or from on- going education?
- How confident do you feel about your knowledge related to infant safe sleep?
- Who do you think plays the most important role in educating parents about safe sleep?
- How do you teach families about infant safe sleep? (Baby position, co-sleeping, having a crib or bassinette in the same room – nothing in crib etc.)
- How is breastfeeding discussed with the new mother? Is the mother told about how breastfeeding can be a protective factor against SIDS?
- Walk us through the safe sleep education that parents receive from the moment the baby is born until they leave the hospital?
- What is your role in providing them with that safe sleep education?
- How do you provide it? Please walk me through what you do.
- What kind of materials, if any, are parents given? **Probe** if not discussed above: do you walk them through it or are they expected to read it on their own?
- Who besides the mother is typically involved? Father, grandmother etc.
- What about tummy time - do you talk about it – and if so what do you say?
- What kind of policies does your hospital have around sleep both for mothers and for infants?
- What kind of questions do the families ask you about safe sleep – or anything related to sleep?
- What, if any, push back do you get from parents or family members?
- What kind of cultural differences do you notice around safe sleep practices?
- How much smoking do you see in the mothers? What about in the fathers or other family members. What do you tell them about smoking around the infant?

IV. Photo Exercise

- Now I am going to show you some photographs and I want you to tell me what you see that is an example of good safe sleep practices or things you that could put a baby at danger.

V. Statement Exercise

- Now I am going to read some statements and I would like to know what you think about them. (moderator shows statements)

Statement #1

Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%. What are your thoughts on this statement?

Statement #2

Room sharing decreases the risk of SIDS by as much as 50%. What are your thoughts about on this statement?

Statement #3

Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else. What are your thoughts on this statement?

Statement #4

It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep. What are your thoughts on this statement?

Statement #5

Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area. What are your thoughts on this statement?

Statement #6

Swaddling is not recommended because of serious health concerns, which include SIDS (and respiratory infection and hip diseases). What are your thoughts on this statement?

Statement #7

It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke. What are your thoughts on this statement?

- Now as we are wrapping up: What kind of education would you like at your hospital for you on safe sleep? What about for the mother and her family?

VI. Adjournment

We will close with these last questions – let’s go around the group one last time and tell us two things:

1 -What did you hear tonight that made an impression on you?

2 - What is the most important thing the health department can do to assist hospitals in getting safe sleep messages to staff and then to parents?

You’ve been a great group, thank you for your time!

2015 Safe Sleep Focus Group Research Grandmothers Focus Group Guide

I. Introduction

- Moderator begins by introducing the concept, process, and purpose of the focus group.
- Lay ground rules for the discussion (no right or wrong answers, speak one at a time, etc.)
- Explain the purpose of the tape recording equipment.
- Assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.
- Explain that all participants are grandmothers of a baby under one.

II. Ice Breaker

Let's go around the group and introduce ourselves, tell us how many grandchildren you have and the age of the youngest. Also, tell a little bit about yourself – what you do day-to- day.

After introductions: Please pick a card from the picture cards in the middle of the table that expresses your feelings about putting babies to sleep when they are infants.

III. General Sleep Questions

- When you were a young mother who advised you about how to put your baby to sleep so they were safe? What did they say?
- How have things changed in regards to safe sleep for babies? **Probe:** What do you think about that?
- What have you heard about how the baby should be positioned when they sleep? Why is that important?
- What about the trend to put the baby on their back, what do you think about that?
- How are you involved in the care of your youngest grandchild? **Probe:** how much time do you spend with them? Do you feed them, change their diapers, and put them down for naps or bed? (*Moderator reminds the group the focus is on babies under one year of age.*)

- Tell me about what happens when you put your grandbaby down for a nap. **Probe:** Where do they sleep? What, if anything, is in the crib with the baby? (Pillows to keep them from rolling off the bed, sheep skin, soft blankets, stuffed animals.)
- Moderator – for each participant clarify where the baby sleeps at night - in a crib, in a bassinette, or somewhere else?
- What position does the baby sleep in? Why is this important?
- What's kind of advice have you given your daughter or son related to the baby's sleep?
- What do you do when the baby is suppose to be sleeping but is crying? **Probe:** Do you bring them to bed with you or go to the couch or chair? Then what happens?
- Do you ever nap with the baby? Tell me about that.
- Now we've talked a lot about how you put the baby to sleep – what about the parents do they put the baby down for sleep in the same position you do or is it different? What do you do about that?
- What kind of support does your son or daughter have to help at night with the baby? Who does what?
- What kind of questions did your daughter (son) have about anything related to the baby's sleep?
- Does the baby sleep in the parent's room or in their own room? Do they have a bed or bassinette in the parent's room?

IV. Safe Sleep Behaviors

- What if any health benefits are there to having the baby sleep in a crib or bassinette in the same room as the mother?
- What about when your baby is awake what do they do? **Probe:** baby swing, propped up on couch etc. (if older might be crawling, walking) How much time do they spend on their tummy? Why is tummy time important?
- What are the benefits of breastfeeding for a baby?
- How does smoking impact an unborn child as they develop?
- Who, if anyone, in your family smokes?
- How can smoking around a baby affect the baby's health?

V. Understanding of Sudden Infant Death Syndrome (SIDS)

- How many of you have heard of SIDS? (Moderator notes how many people have heard of SIDs.) What is it? Where did you learn about it?
- Where any of you with your daughter at the hospital? Do you remember if the hospital gave her any information about SIDS?
- Did she ever ask you about it? What did you tell her?
- What do you think are some of the causes of SIDs?
- What can you do to protect a baby from SIDs? Where did you learn that?
- How does the way the baby's crib is set up for sleeping keep a baby safe from SIDs? What about things like stuffed animals or blankets?
- Where is the best place for the baby's crib to make sure they sleep safely?

VI. Photo Exercise

- Now I am going to show you some photographs and I want you to tell me what you see that is an example of good safe sleep practices or things you that could put your baby at danger.

VII. Statement Exercise

- Now I am going to read some statements and I would like to know what you think about them. (moderator shows statements mounted on a board)

Statement #1

Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%. What are your thoughts on this statement?

Statement #2

Room sharing decreases the risk of SIDS by as much as 50%. What are your thoughts about on this statement?

Statement #3

Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else. What are your thoughts on this statement?

Statement #4

It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired, because of the high risk of suffocation if you fall asleep. What are your thoughts on this statement?

Statement #5

Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area. What are your thoughts on this statement?

Statement #6

Swaddling is not recommended because of serious health concerns, which include SIDS. What are your thoughts on this statement?

Statement #7

It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke. What are your thoughts on this statement?

- Now as we are wrapping up: Where is a good place for you to learn about safe sleep for your baby? Moderator leads brainstorm and makes a list on white board.

VIII. Adjournment

We will close with this last question – let's go around the group one last time and tell us what is the most important thing(s) you learned tonight and if you will talk to the baby's mother about it or change anything about your grandbaby's sleep environment?

Moderator says: This can be a difficult subject to talk about. No one should feel guilty if they are doing something that is different than the things we talked about tonight. Taking care of babies is wonderful and challenging. It is also an ongoing learning process.

You've been a great group, thank you for your time!

2015 Safe Sleep Focus Group Research

Childcare Providers Focus Group Guide

I. Introduction

- Moderator begins by introducing the concept, process, and purpose of the focus group.
- Lay ground rules for the discussion (no right or wrong answers, speak one at a time, etc.)
- Explain the purpose of the tape recording equipment.
- Assure participants that their remarks are confidential in the sense that their names will never be attached to their statements.
- Explain that all participants are childcare providers and that the focus today is on children under one especially infants.

II. Ice Breaker

Let's go around the group and introduce ourselves, tell us your position, where you work and for how long. Also, tell us what you like to do in your free time.

After introductions: Please pick a card from the picture cards in the middle of the table that expresses your feelings about getting infants to sleep.

III. General Safe Sleep Practices

- I want to go back around the table and have each of you tell me a little about your day care – how many children, what ages, demographics, how old is the youngest, at what age are babies allowed to start attending your facility? (the questions should be listed on a flip chart if possible)
- Tell me about your role in putting infants to sleep.
- How are they positioned for sleep?
- What if anything is in the bassinet/crib with the babies when they are being put to sleep? (pacifiers, blankets)
- How do you calm or comfort a baby?
- How is swaddling used at your facility?
- What does safe sleep mean to you?

- What is SIDS? Probe to determine if everyone understands what SIDS is.
- What is a safe sleep environment?
- What are your safe sleep practices at work? What kind of safe sleep policies does your facility have?
- How well do you think they are followed?
- Under what circumstances would the safe sleep practices be altered?
- How familiar are you with the back to sleep recommendations? What do you think about the back to sleep recommendations? Probe: to determine what they know beyond putting the baby on their back
- What kind of training have you received about infant safe sleep? **Probe:** What kind of training do the providers you work with receive?
- How confident do you feel about your knowledge about infant safe sleep? What about the other employee – how confident are you in their knowledge about safe sleep practices.

IV. Parents and Safe Sleep

- Who do you think plays the most important role in educating parents about safe sleep?
- How often do you find yourself educating parents about infant safe sleep? What do you tell them? (Baby position, co-sleeping, having a crib or bassinet in the same room – nothing in crib etc.)
- What, if any, push back do you get from parents or family members? What about from your Director or from other teachers?
- What kind of materials, if any, are parents given about safe sleep?
- What kind of special instructions do parents have about their baby's sleep? Probe: what they sleep with, how they like to be positioned, if they lay down with a bottle.
- How often do you have a parent who wants you to position a baby in a different position than on their back when they are sleeping? Why do they say the baby needs to be positioned differently?
- How do you handle these situations?
- What about tummy time - how do you practice tummy time?
- What kind of cultural differences do you notice around safe sleep practices?
- How can we get buy-in from families to practice safe sleep? How do you think you could improve parent's knowledge of safe sleep and sudden infant death?

- How much smoking do you see in the mothers? What about in the fathers or other family members. What do you tell them about smoking around the infant?
- What kind of smoking policies do you have in your facility?
- What do you do when a baby comes in smelling like smoke?

V. Photo Exercise

- Now I am going to show you some photographs and I want you to tell me what you see that is an example of good safe sleep practices or things you that could put a baby at danger.

VI. Statement Exercise

- Now I am going to read some statements and I would like to know what you think about them. (moderator shows statements)

Statement #1

Breastfeeding reduces the risk of SIDS by more than 59%, and exclusive breastfeeding reduces it by 73%. What are your thoughts on this statement? Moderator explain this to ensure people understand reduces means lowers and what exclusive breastfeeding means.

Statement #2

Room sharing decreases the risk of SIDS by as much as 50%. What are your thoughts about on this statement?

Statement #3

Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you or anyone else. What are your thoughts on this statement?

Statement #4

It is dangerous to feed or comfort your baby in an armchair or sofa when you are tired because of the high risk of suffocation if you fall asleep. What are your thoughts on this statement?

Statement #5

Keep soft objects, such as pillows and loose bedding, out of your baby's sleep area. What are your thoughts on this statement?

Statement #6

Swaddling is not recommended because of serious health concerns, which include SIDS (and respiratory infection and hip diseases). What are your thoughts on this statement?

Statement #7

It is estimated that more than 1/3 of SIDS deaths could be prevented if pregnant women did not smoke; if pregnant women were not around people who do smoke; and if their infants were not around people who do smoke. What are your thoughts on this statement?

VII. Adjournment

We will close with these last questions – let’s go around the group one last time and tell us two things:

- 1 -What did you hear tonight that made an impression on you?
- 2 - What is the most important thing the state agencies working on this can do to assist child care providers in getting safe sleep messages to staff and to parents?

You’ve been a great group, thank you for your time!

