PEDIATRIC INFANT SLEEP SAFETY INJURY PREVENTION CURRICULUM

Organization Name: Franklin Square Hospital
Type: Acute Care Hospital
Specialty Hospital
Pediatric Nursery, Floor, Emergency Rooms

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IDENTIFICATION:

The “back to sleep” program has decreased the rates of Sudden Infant Death Syndrome (SIDS) nationwide since 1994. However, 75% of the total 69 infant deaths in Baltimore County between the years 2003-2007 were associated with unsafe sleep environments. It is estimated that infant mortality in Baltimore County could be decreased from 7.6 to 6.7 deaths per 1000 live births through the adoption of safe sleep practices. Previous interventions and education directed toward parents of the infants have been inadequate in helping them understand the significance of a safe sleep environment.

PROCESS:

We performed a literature search on staff interventions for infant sleep safety education and found very little available. Subsequently, we used current AAP guidelines and expert opinions to create a sleep safety checklist, which included 6 items: 1) alone in a crib/basinet; 2) on back; 3) appropriate dress; 4) no objects in crib/basinet; 5) no smell of smoke; and 6) comfortable temperature. Selected pediatric staff used the checklist to perform pre-intervention random bed checks in the nursery, inpatient and emergency room. Inter-rater reliability was assessed to normalize the checklist scores. A SiTEL based interactive education module was created to train the hospital staff. The training course provides the staff with a 6-minute slide show to reeducate them on the safe sleep practices and prepares them to create a safe sleep environment within the hospital. After 85% of the pediatric hospital staff completed the SiTEL module, post-intervention bed checks were performed to reassess the safety of sleep environments for infants at FSHC.

SOLUTION:

The purpose of this study was to create a new educational intervention program for hospital staff working with infants in all settings at Franklin Square Hospital Center (FSHC), Baltimore, Maryland. The goal of this program is to achieve a 100% safe sleep environment in our hospital setting for all infants, while reinforcing the message to parents that safe sleep is a priority.
OUTCOMES:

75% of the pediatric staff completed the SiTEL module, and passed the post-test with a score greater than 80%. Pre-intervention bed checks of 232 newborns showed that 9.9% of the infants did not meet all of the safe sleep criteria identified in the checklist. The post-intervention bed checks of 258 newborns showed that 9.7% of infants did not meet all safe sleep criteria.

The incidence of babies in unsafe sleep positions as determined by random bed checks at the FSHC is approximately 10 percent. The computer based teaching module used to educate the FSHC staff did not translate to the bedside in that the pre-intervention as compared to post-intervention bed checks showed no significant difference in the number of babies in unsafe sleep environments. Factors not taken into consideration are the cultural beliefs and the role the family played in the unsafe sleep environments. Next steps will be to design teaching interventions for families focused on a team approach to create safe sleep environments for infants.