

Infant Safe Sleep: Assessing Knowledge and Practice in Physician Clinics

CityMatCH 2009 Conference
New Orleans, LA

Tomorrow's Child
Michigan SIDS
WHERE HOPE SHINES ON.



Tomorrow's Child
Michigan SIDS

A non-profit organization dedicated to preserving the lives of newborns and healing families, one day at a time.

Tomorrow's Child

Michigan SIDS

- Title V SIDS and Other Infant Death Program in partnership with MDCH
- Lead organization for the Back to Sleep and Infant Safe Sleep campaigns



A Changing Landscape...

Decrease in SIDS, however:

- ▶ little to no decrease in postneonatal deaths
- ▶ little to no decrease in disparity
- ▶ emerging evidence suggesting many deaths may be preventable

Preventability = Urgency



Addressing the Urgency

Back to Sleep Campaign:

- Simple message
- Health education campaign
- Only about 70% success after 15 years

Infant Safe Sleep Campaign

- Complicated message
- Lack of consensus about message
- Message often dismissed

The Michigan Story

Acknowledgement of urgency

Statewide coordinated effort with endorsements

Public and private funding targeting counties with highest disparity

Written plan



Systems Approach



Written Plan:

Identify critical existing systems
(Hospitals, clinics, childcare, health plans)

Consensus re: safe sleep message

Assure integration and sustainability
through policy, rules, and curriculum

Infant Safe Sleep Hospitals

- ▶ Collect baseline data
- ▶ Develop nursing practice policy
- ▶ Train staff with standard curriculum
- ▶ Collect data after implementation
- ▶ Compare results with baseline



Physician Clinics: Infant Safe Sleep

Purpose:

- ▶ Collect baseline data about who provides health education in the OB / Peds clinic setting
(messengers)
- ▶ Collect baseline data about infant safe sleep education offered to patients in the OB / Peds clinic setting
(message)



Physician Clinics: Infant Safe Sleep

Purpose:

- ▶ Collect baseline data from OB / Peds clinic patients regarding what they were taught about infant safe sleep by clinic staff and how they plan to place their baby for sleep
- ▶ Report findings to participating clinics



Methods



- ▶ Approached three managed care plans to identify participating practices
 - Service area in high disparity counties
 - Offered both private and Medicaid products
- ▶ Six OB/GYN practices and six pediatric practices were then called by the health plan representatives and invited to participate in the study. All twelve agreed to participate.

Survey Tools



Clinical and non-clinical office staff surveys

- Responsibility for patient education
- Select safe sleep topics taught to patients
- Assessed basic knowledge about infant safe sleep
- Suggestions for improving patient education in clinic setting

Surveys were completed by 275 staff members.
The estimated response rate was 60.77% based on staffing patterns at eight of the twelve offices.

Survey Tools



Patient Survey

- Checklist of infant care topics
- Infant sleep position
- Infant sleep location
- Items in crib

Each clinic was given 70 patient survey packets and asked to distribute during one month period until 50 surveys collected.

Total of 652 surveys collected:
OB/GYN: 313 (48%)
Peds: 339 (52%)

Results—Who Provides Education in Physician Clinics

- ▶ 5% of non-clinical staff does education
- ▶ 66% of MD's provide patient education
- ▶ 82% of nurses
- ▶ 84% of technical clinical staff



Who Teaches What

Topic*	OB/GYN %**	Pediatrics %
Infant on back to sleep	61.8%	91.8%
Infant in own bed	58.2%	77%
Soft objects out of crib	43.6%	83.6%
No smoking pregnancy	89.1%	42.6%
Remove loose bedding	45.5%	80.3%

*Based on 19 Topics recommended by the AAP

**Topics reported Sig. difference $< .05$

Who Teaches What

Topic*	OB/GYN%**	Pediatrics %
Use firm sleep surface	45.5%	80.3%
Proper car seat use	41.8%	73.8%
Tummy time	36.4%	72.1%
Avoid overheating	36.4%	54.1%
Altering head position during sleep	18.2%	41%

*Based on 19 Topics recommended by the AAP

**Topics reported Sig. difference $< .05$

What Women/Parents Report Receiving

Topic	OB/GYN %	Pediatrics %
Safe Sleep Practices*	45%	73.5%
SIDS**	46.6%	54.3%

* $p < .001$

** $p < .05$

Provider/staff Knowledge

Risk factor/not risk factor for SUID *Risk factor	% who correctly chose if a risk factor
Maternal smoking during preg.*	81.4%
Mat. Illicit drug use during preg.	27.4%
Mat. Alcohol use during preg.	36.3%
Exposed to 2 nd hand smoke in house*	85.5%
Sleep in warm room*	47.8%
Advanced maternal age	82.3%
Recent immunization	85.8%
Sleeping prone*	95.6%
Bed sharing with others	88.5%
Have soft bedding in crib*	95.6%

Relationship between reported education and parent reported sleep position

	Back	Tummy	Side
No Education on safe sleep practices	79.3%	5.7%	14.9%
Education on safe sleep practices	86%	7%	7%

Women who had received education on safe sleep practices were less likely to place their babies on their sides for sleep than women who did not receive education on safe sleep (Chi-square = 10.92, df = 2, p < .01).

Types of Factors that Impact Enhancing Patient Education

- ▶ *Practice Organization and Resources Issues*
- ▶ *Attitudinal Issues*
- ▶ *Enhancing Practice Staff Knowledge and Skills*

What do practice staff say they need to enhance efforts to provide patient/parent education on safe sleep and other infant safety and survival issues?

- ▶ Staff indicate a need for support in acquiring knowledge and skills to assure high quality information for families, to support behavior change in families, to provide effective patient education within the context of the cultures and languages of their patients and to address intergenerational issues in education.
- ▶ Staff indicate that publications and other teaching resources provided at no cost to the practice would facilitate enhancing education efforts.

What do practice staff say they need to enhance efforts to provide patient/parent education on safe sleep and other infant safety and survival issues?

- ▶ Staff indicate that time to provide education within the office schedule is difficult. Strategies to integrate it into office routines and the potential for augmented reimbursement for patient education activities could address this issue.
- ▶ Staff indicate that while classes may be an appropriate approach for patient education, practices lack the space for such activities.

Roles for System Partners

- ▶ Who are the players?
- ▶ What can they do?

Contact Information

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