

Let's Talk – Safe Infant Sleep

A training for communities

IMPLEMENTATION GUIDE



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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This training is provided by the **Texas Department of State Health Service (DSHS) Maternal and Child Health Unit (MCHU)**.



Introduction

Thank you for championing safe infant sleep best practices!

Talking with parents, grandparents, and other infant caregivers about safe infant sleep and maintaining a safe sleep environment can help bring awareness to this important public health issue and may save a life in your community.

This toolkit provides guidance for implementing of the **DSHS Let's Talk – Safe Infant Sleep** community training and a guide for using the DSHS Safe Infant Sleep online toolkit. It also provides recommendations for using the included handouts, resources, and other tools to support parents and caregivers in their decision-making about safe infant sleep practices and safe sleep environments.

Please note: When we use the term *caregivers* in these modules, we mean individuals who put babies to sleep: Mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, daycare and other childcare education providers.

Welcome



Are new strategies needed?

Evidence and Guidance

Efforts to reduce sudden infant death syndrome (SIDS) and other sleep-related deaths have stalled in the past 20 years. In 2020*, SIDS, unknown or unexplained cause, and accidental suffocation and strangulation in bed were the second, third, and fourth most common causes of infant mortality in the U.S.

Safe sleep champions especially need strategies to support populations that show higher rates of infant death over others.

*CDC Vital Statistics: stacks.cdc.gov/view/cdc/120700

How can your organization reach more people and reduce risks?

1. Recognize each family's needs, beliefs, and lived experience, and acknowledge how these may impact their ability to follow safe infant sleep recommendations.
2. Choose an individualized approach to promote safe sleep recommendations, increasing the likelihood of changing behavior.
3. Integrate breastfeeding with safe sleep recommendations, as they mutually affect each other.
4. Have conversations with caregivers and families to help shift their view of your role from “expert” to “problem-solver” using shared decision making.



Placing babies on their backs to sleep is a long-standing recommendation to reduce the risk of SIDS.

In Texas, data shows that non-Hispanic White mothers were more likely than non-Hispanic Black mothers or Hispanic mothers of any race to report placing their babies to sleep:

- * On their backs;
- * On a safety approved sleep surface; and
- * With no loose bedding or soft objects in the sleep area.*

Studies show that many factors affect how and where caretakers place babies to sleep.

*Healthy Texas Mothers and Babies Data Book, 2021

What's New?

An updated training

Let's Talk – Safe Infant Sleep takes what you know about safe infant sleep practices and moves your work to a model of action. The new approach focuses on an open and honest dialogue between the community trainer and families and caregivers. This training updates and replaces the previous DSHS-developed “Safe Sleep for Babies, a Community Training”.

Like the previous training, there are activities and handouts designed to support specific audiences including:

1. Facilitator and community educator tools and materials (distinguished by a blue page border)
2. Parent and caregiver resources and materials (distinguished by a teal border or background)
3. Handouts and other tools are hyperlinked and referenced to additional state and national resources.

This training supports a shift in the role of safe infant sleep educators from “experts or authorities” to “partners” who can help families identify and break down stated barriers to adopting safe infant sleep practices.

The Let's Talk training uses a conversations approach based on work led by the National Center for Education in Maternal Child Health (NCEMCH) and the National Action Partnership to Promote Safe Sleep (NAPPSS) collaborative. This approach allows families and caregivers to share any barriers or challenges they face when implementing safe sleep recommendations. The goal of this approach is to develop a plan with families that centers their needs, beliefs, and lived experiences and incorporates realistic goals.

Reduce the Risk of SIDS:

- Place baby on their back to sleep, even at naptime, in a safety approved crib.
- Keep bumpers, blankets, pillows, toys, and loose bedding out of baby's sleep area.
- Share your room; keep baby close by but on a separate surface, like a crib or bassinet.
- Breastfeed to reduce the risk of SIDS.

What does a safe sleep environment look like?

Adapted from the Safe to Sleep® campaign.

- Room share: Give baby their own sleep space in your room, close to but separate from your bed.
- Place baby on their back to sleep for naps and at night.
- Use a firm, flat, and level sleep surface covered with a fitted sheet.
- Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.
- Cushions and armchairs are not safe for baby to sleep on unless with people, or with pads.
- Make sure baby's head and face stay uncovered during sleep.
- Keep baby's surroundings smoke- and vapor-free.
- Use a firm, flat, and level sleep surface covered with a fitted sheet.
- Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.
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* The Consumer Product Safety Commission sets safety standards for other sleep surfaces such as cribs, bassinets, and playpens. See the CPSC website for more information.

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Updated Training Assets

How is a new strategy useful?

The new strategy recognizes a family or caregiver's culture and unique life experience that may impact their ability to achieve their goals for safe sleep practices and breastfeeding.

Meeting families and caregivers where they are, actively listening to their needs, then sharing recommendations and resources, assists them to build confidence and can improve outcomes.



“Recognizing the lack of access to economic, social, and educational resources as a risk factor [for sleep-related deaths]; working closely with communities to identify possible unknown risk factors; and engaging health care and public health professionals in thoughtful and respectful conversations with families about safe infant sleep will be important in improving understanding of the most effective strategies to promote adoption of safe infant sleep practices among various populations.”

American Academy of Pediatrics (2022)



Who should be trained using this approach?

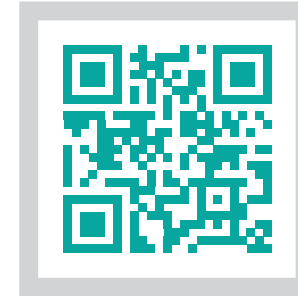
- Public health staff who work with community educators, health care providers, and/or parents and infant caregivers.
- Health care providers and staff who support parents and infant caregivers.
- Community educators who support parents and infant caregivers.

Recommended Pre-Training for Facilitators

Safe infant sleep is a national and state public health priority. The topic of safe infant sleep is complex and nuanced, adding importance to consistent messaging that goes beyond campaign slogans. Providing information on risk reduction strategies alone will not improve outcomes. Conversations that include real solutions tailored to meet the needs of parents and everyone caring for infants offers a comprehensive approach to saving infant lives.

Building on Campaigns with Conversations, National Center for Education in Maternal and Child Health (NCEMCH)

NCEMCH developed this learning module series with input from over 70 U.S. based organizations. It serves as the foundation for the **Let's Talk – Safe Infant Sleep** training strategy. DSHS embedded the conversations approach in each of the risk reduction strategies outlined in the American Academy of Pediatrics (AAP) 2022 [Updated Recommendations for Reducing Infant Deaths in the Sleep Environment](#). The NCEMCH modules can serve as foundational learning to support other local-level safe infant sleep training.



Let's Talk – Safe Infant Sleep Community Facilitators are strongly encouraged to complete the NCEMCH modules prior to implementing the **Let's Talk – Safe Infant Sleep** training to your community educators and supporters.

The modules are free to access here:
ncemch.org/learning/building/index.php



How to Implement the Training

The Texas DSHS **Let's Talk – Safe Infant Sleep Online Toolkit**, is designed for skilled health educators to train their community's safe infant sleep champions. There are two presentations within the toolkit:

Let's Talk - Safe Infant Sleep Community Training

- Uses a train-the-trainer format (see blue box below).
- Designed for public health partners, agencies, and others who train community educators to work with families and caregivers.

Let's Talk - Safe Infant Sleep Parent and Caregiver Class

- Uses a class format to educate families and caregivers using the conversations approach.
- Designed for community educators who host infant health and safety classes for parents and caregivers.

What is a “train-the-trainer”?

The “train-the-trainer” model is intended to engage master trainers in coaching new trainers that are less experienced with a particular topic or skill, or with training overall.*

*Reference: [cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf](https://www.cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf)



Who should facilitate a train-the-trainer?

Facilitators are organizational leaders or seasoned trainers who have demonstrated the following:

- An advanced skill level in training, facilitation, and engagement of adult learners.
- Success in the field and are champions for the topic area.
- Completion of the entire training workshop.
- The ability to deliver the training when needed (flexible; able to travel, has needed equipment or training resources).
- The ability to act as a local resource for participant support after training.

HOW TO IMPLEMENT THIS TRAINING

What is the role of the Community Training facilitator?

The main goal of the facilitator is to prepare community educators to present information effectively, respond to participant questions, and lead activities that reinforce learning. Other facilitator roles include:

- Directing participants to supplementary resources and reference materials
- Leading discussions
- Listening effectively
- Making accurate observations
- Helping participants link the training to their jobs

What is the role of the community educator?

Community educators work in a variety of settings within their community. They support parents and caregivers by providing information on important infant health and safety topics. They have completed a facilitator-led Let's Talk training course and can:

- Direct participants to supplementary resources and reference materials
- Lead discussions
- Listen effectively
- Make accurate observations
- Help parents and caregivers identify barriers they may have to increase use of safe infant sleep recommendations while respecting and supporting their cultural and lived experiences



Training Presentations



Let's Talk – Safe Infant Sleep Community Training

This presentation is intended for organizations to use within their community using a train-the-trainer method.



Let's Talk – Safe Infant Sleep Parent and Caregiver Class

This presentation is intended for parents or caregivers within your community.

How can I access these DSHS presentations?

Both the community training (train-the-trainer) and parent and caregiver class presentations are available for download at dshs.texas.gov/SafeInfantSleep



Suggested Outlines

Community Training for Facilitators

Introduction

- Pre-Training Survey
- Ice Breaker (Let's Talk Memory Game)
- Objectives
- Adult Education

Why is Safe Infant Sleep Important?

- What Is SIDS?
- What Does the Data Tell Us?
- A New Strategy

What do we know?

- Myth vs. Fact
- Recommendations
- Baby Behaviors

How can we help?

- Self-Reflection Survey
- Adding the Approach
- Breaking Down Barriers
- Toolkit Resources

Practicing our Approach

- Using the Let's Talk Toolkit
- Modeling the Approach

Planning, Goals, & Support

- Engaging Your Circle
- Tools for Planning and Measuring Your Work
- Follow-Up Activities

Closing

- Post-Test

Parent and Caregiver Class for Community Educators

Introduction

- Pre-test
- Objectives

What do we know about SIDS?

- Myth vs. Fact
- Recommendations

What concerns do we have?

- Understanding Baby Behavior

Who can help?

- Circle of Support

How can we use all the recommendations?

- Talking About Challenges
- Planning for Safe Sleep
- Sharing Our Plan for Safe Sleep

Who can help me?

- Finding Your Circle of Support
- Community Resources

Closing

- Post-Test

Supporting Community Educators

Conversations can vary in time based on the setting and may include:

- Prenatal appointments
- Community classes
- Support groups

Community educators may express concern over the time it may take to support parents and caregivers through conversations. Utilizing both the **Let's Talk – Circle of Support** (see page 17) tool and **Let's Talk – When Time Matters** allows for segmented information sharing based on available time and opportunities with parents and caregivers.

The **Let's Talk – When Time Matters** provides a breakdown for community trainees to implement part, or all, of the Let's Talk approach based on their setting. The guide includes scripting and hyperlinked resources that can be found on the DSHS website at dshs.texas.gov/SafeInfantSleep.

Let's Talk When Time Matters



Let's Talk Safe Infant Sleep

When Time Matters

Short Conversations
A 5-to-10-minute opportunity

Introduction:
Newborns spend most of their time sleeping, eating, or having other needs tended to. It is a lot of work, but if you know what to expect ahead of time, you will feel better prepared. New parents can expect to be tired from not getting much sleep because newborns do not spend as much time as adults do in deep sleep. And their sleep is largely regulated by their frequent need to eat and be comforted too. It is common for people to ask how your baby is sleeping because most don't understand normal infant sleep patterns and believe that *sleeping through the night* is a measure of a "good baby." These questions along with lack of sleep can cause parents to make decisions about sleep practices that put their baby at increased risk for sudden infant death syndrome (SIDS), suffocation, and strangulation.

Ask: Have you heard this information before? What do you think?
What have others told you about sleeping and feeding?
How does what others have told you shape your decisions about sleeping and feeding your baby?

Listen to responses and use them to guide the conversation, share recommendations, acknowledge, and support cultural practices, correct misinformation, and support the parent or caregiver to create a plan.

Ask: What are your plans for baby's sleep- including naps during the day or night-time sleep?

Listen for plans that align with the recommendations and those that do not.
Explore feeding in connection with infant sleep and ensure that information is provided on breastfeeding as a top tier risk reduction strategy for reducing SIDS, and that formula feeding increases risk. (Some parents and caregivers may not know this information).
Listen for any reasons they give for their intentions.

Share recommendations and explain why they are important. **TOOL – DSHS Safe Infant Sleep Infographic.**
Following these recommendations keeps your baby safe by 1. Making sure your baby gets enough oxygen (keeping your baby's airways open and keeping your baby from rebreathing carbon dioxide when face down and 2. Ensure your baby does not sleep so deeply that they don't wake up if their oxygen levels are too low.

Ask: Have you heard these recommendations before?
Do you want me to clarify anything about what is recommended and why? (Use side 1 of *Let's Talk Safe Infant Sleep Recommendations (topics specific discussion guides)* to support concerns the parent or caregiver may share.)
Which recommendations do you think you can do with your new baby?
Is there anything that may be hard, or that you might need help with?
(This is open ended to prompt the next phase of discussion. Making notes on the Let's Talk Safe Infant Sleep Parent and Caregiver Plan can help identify recommendations that need support a community resources.)

Listen and respond to clarify recommendations.
Listen for what they can do and what they see their challenges may be. If they didn't share any challenges, you may share some "common concerns." **TOOL= side 2 of Let's Talk Safe Infant Sleep Recommendations (topics specific discussion guides)**

Provide resources or referrals to support the parent or caregiver with needs in making a plan for sleep.
TOOL =Let's Talk Safe Infant Sleep Parent and Caregiver Plan

Let's Talk - Safe Infant Sleep
Continue to share safe infant sleep information with parents and caregivers throughout the first year to increase their use of safe sleep practices!



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What types of conversations do community supporters hold?

- Short conversations
- Deeper conversations
- Continued conversations



The NCEMCH “Building on Campaigns with Conversations” learning modules address community educators’ common questions, including:

I am required in my job to document my teaching about safe infant sleep. Given this, how should I use this approach?

You should still document your interaction. You will be providing two-way communication where you anticipate and elicit questions and concerns, and help with problem-solving. Part of your interaction may be connecting parents and caregivers with ongoing support for their decisions about how to ensure a safe sleep environment for their baby.

I provide information in group settings—workshops or classes in settings such as WIC clinics or Head Start sites, etc. How does the Let's Talk Approach apply to those types of situations?

The Let's Talk Approach works well in group settings. Some parents and caregivers can be hesitant to share their reluctance to follow safe sleep recommendations. Group conversations allow people to voice concerns that may be shared by others. They can also help encourage others in the group to speak. In addition, the group can help brainstorm ways of meeting challenges, share past successes, and create a network of support for addressing unanticipated challenges in the future.



Common Questions (Continued)

Explaining each recommendation seems very time-consuming. I don't have that much time to communicate these important recommendations.

Since the Let's Talk Approach is a two-way process, you don't have to go through each recommendation. Instead, ask families if they have any questions about a particular recommendation and provide information based on their identified needs. Research shows that families are not likely to use safe sleep recommendations without understanding why they are made. Learn from parents and caregivers about their barriers, and share recommendations based on their identified needs.



It can be hard to express the “why” behind the 2022 AAP recommendations. What two themes are most important to reference in my discussions with parents and caregivers?

Each recommendation may either serve to:

- Make sure baby is getting enough oxygen.
 - Several recommendations serve to keep baby's airway open by not covering their face and keeping their chin off their chest.
 - Placing baby to sleep on their back keeps them from rebreathing carbon dioxide;
- Make sure baby does not sleep so deeply that they can't wake up if oxygen levels are getting too low.
 - Several of the AAP recommendations serve to prevent baby from sleeping too long or too deeply. Waking frequently throughout the night is a normal and expected newborn behavior.
 - In addition to preventing baby from sleeping too deeply, breastfeeding has additional benefits that may help protect baby from SIDS.

Knowledge Checks

Surveys and Quizzes

The **Let's Talk – Safe Infant Sleep Facilitator Presentation** includes a slide for discussing survey results from a self-reflection survey. The Let's Talk Approach can help families see health educators, promoters, and providers as partners rather than “experts”. This helps families and caregivers make informed decisions about safe infant sleep practices that meet the needs of their lived experiences. The survey is designed to add reflection and bring awareness to facilitators' potential biases.

Additional surveys are included that can be used in paper format prior to the training, or the text can be cut and pasted into an online training platform's poll feature or other electronic survey tools such as:

- **Microsoft Forms**
- **Survey Monkey**
- **Straw Poll**
- **Doodle Pool**

Quizzes that allow education to be presented in a game format can be used in a paper handout format when technology is unavailable. These files can also be cut and pasted into free online game platforms such as:

- **Kahoot**
- **Blookit**

DSHS Let's Talk – Safe Infant Sleep Toolkit components:

1. Let's Talk – Conversation Bias and Self-Assessment
2. Let's Talk – Community Training Pre-Test
3. Let's Talk – Community Training Post-Test
4. Let's Talk – Parent Class Pre-Test
5. Let's Talk – Parent Class Post-Test
6. Let's Talk – Community Training Participation Feedback Survey

Engage Adult Learners

Ice Breakers for Community Classes

Welcome parents and caregivers to your training (5-10 minutes)

This is an important first step to successful training.

Ice breaker for a community training:

Before introductions facilitators can use the **Let's Talk – Memory Game** found in the DSHS online toolkit. The game can be printed on card stock. The game includes instructions for use as an icebreaker activity that encourages partners to interact and introduce themselves. The game is simple and doesn't require any previous safe infant sleep knowledge.

The **Let's Talk – Memory Game** matched sets can be used again at the training mid- point or end as a “teach back”

opportunity to model how participants will share the safe sleep recommendations using the Let's Talk approach.

For a **parent and caregiver class**, ask attendees to share what they know about safe infant sleep such as:

- What do you know about safely putting your baby to sleep?
- What plans, if any, have you and your family made to consistently place your baby to sleep safely?
- Where will your baby sleep?

Games for Kinesthetic Learners

Clear the Crib

The National Safe to Sleep® campaign developed a fun activity to raise awareness of safe infant sleep practices. The participant's goal is to complete the challenge of creating a safe sleep environment as quickly as possible. Participants can be provided with the **DSHS Safe Sleep Environment Infographic** (see page 18) as a reference.



The campaign's instructions, supplies, and recommendations are found here: [Participate in the #ClearTheCrib Challenge | Safe to Sleep® \(nih.gov\)](#)



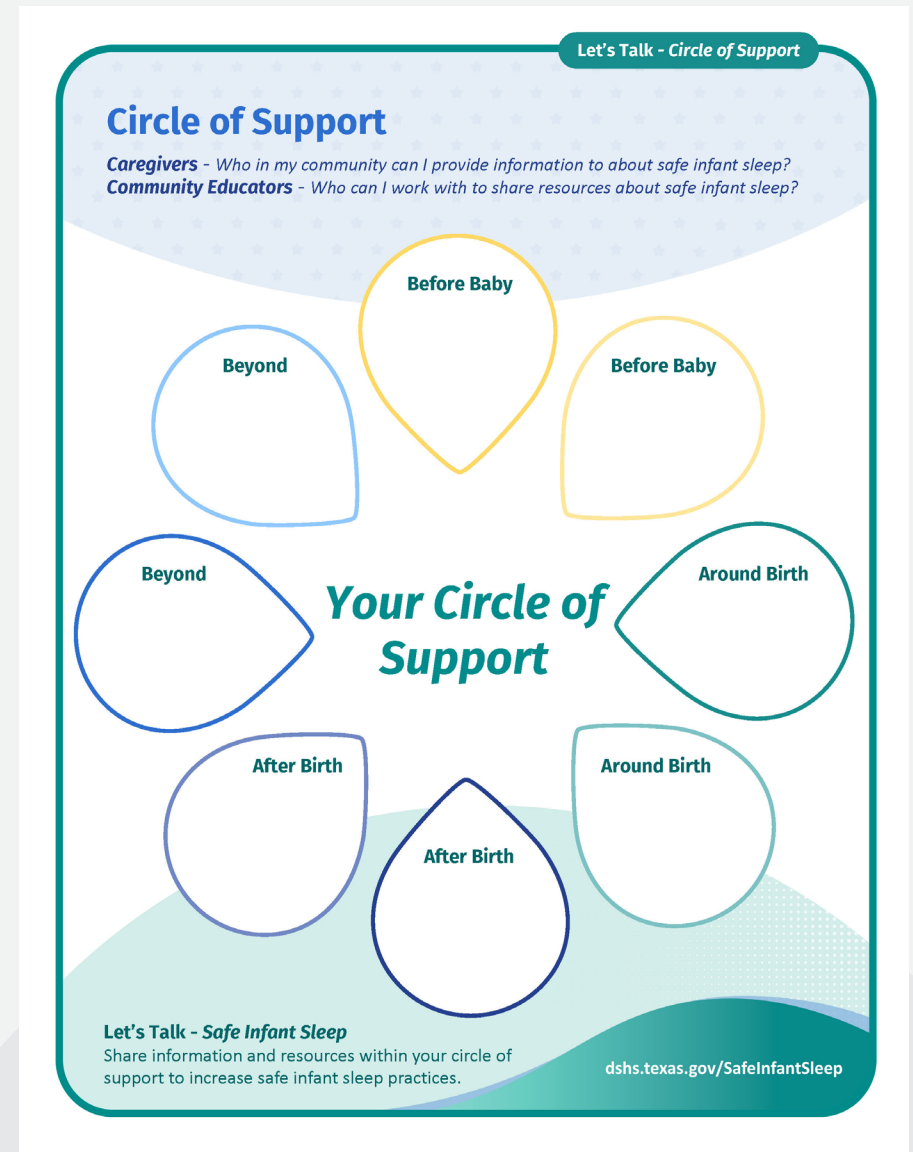
Printable Materials

A Circle of Support

When we engage the full circle of community support, we increase opportunities to improve implementation of these safe infant sleep practices.

- **Facilitators:** Reinforce use of the Circle of Support concept with community educators to help identify others in their community that may benefit from the Let's Talk training.
- **Community Educators:** Encourage parents and caregivers to identify their individual circles of support and to share their plans for safe infant sleep with everyone in that circle. This will help to empower them to ask for resources based on their identified needs no matter where they are in their parenting journey.

The **Let's Talk - Circle of Support** is a system of people, information, and resources related to a parent or caregiver. It can include many types of organizations. It may change based on the needs of the person and available resources.



Circle of Support is adapted from the Circle of Care model by Price & Lou (2013)

Printable Materials

Infographic

Source

The **DSHS Safe Infant Sleep Environment Infographic** is a handout adapted with permission from the NICHD's Safe to Sleep® Campaign.

This handout can be used with general health promotion activities and can be used with **Let's Talk – Parents and Caregiver Plan** (see page 22), and **Community Resources Template** (see page 23).

Example use:

Use as a handout to parents and caregivers during any interaction that introduces the safe infant sleep recommendations. Worried about time? See **Let's Talk – When Time Matters** (see page 12).

What does a safe sleep environment look like?
Adapted from the Safe to Sleep® Campaign.

- Room share:** Give baby their own sleep space in your room, close to but separate from your bed.
- Place baby on their back:** to sleep for naps and at night.
- Use a firm, flat, and level sleep surface:** covered only by a fitted sheet.
- Remove everything from baby's sleep area:** except a fitted sheet to cover the mattress. No objects, toys, or other items.
- Couches and armchairs are not safe for baby to sleep on alone:** with people, or with pets.
- Make sure baby's head and face stay uncovered during sleep.**
- Dress baby in sleep clothing to keep baby warm without blankets in the sleep area.**
- Keep baby's surroundings smoke- and vape-free.**

* The Consumer Product Safety Commission sets safety standards for infant sleep surfaces such as a mattress, and sleep spaces like a crib.
Visit www.cpsc.gov/SafeSleep to learn more.

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Safe sleep for your baby
Reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related infant deaths
Adapted from the Safe to Sleep® Campaign.

- Place baby on their back to sleep:** for naps and at night.
- Use a sleep surface for baby that is firm:** returns to original shape quickly if pressed on. Not like a table, not a hammock, level (not at an angle or inclined), and covered only with a fitted sheet.
- Feed baby human milk:** like by breastfeeding.
- Share your room with baby:** for at least the first 6 months. Give baby their own sleep space (crib, bassinet, or portable play yard) in your room, close to but separate from your bed.
- Keep things out of baby's sleep area:** No objects, toys, or other items.
- Offer a pacifier for naps and at night:** if breastfeeding, offer a pacifier once baby is breastfeeding well.
- Stay smoke- and vape-free during pregnancy:** and keep baby's surroundings smoke- and vape-free.
- Stay drug- and alcohol-free during pregnancy:** and make sure anyone caring for baby is drug- and alcohol-free.
- Avoid letting baby get too hot:** and keep their head and face uncovered during sleep.
- Get regular medical care:** throughout pregnancy.
- Follow health care provider advice:** on vaccines, checkups, and other health issues for baby.
- Avoid heart, breathing, motion and other monitors as your main way to reduce the risk of SIDS.**
- Give baby plenty of "tummy time"** when they are awake, and when someone is watching them.
- Avoid products or devices* that claim to "prevent SIDS"** or "reduce the risk of SIDS."
- Follow health care provider advice on vaccines, checkups, and other health issues for baby.**

*Some examples of products and devices to avoid include wedges, positioners, inclined sleepers, and others that claim to "prevent SIDS" and sleep-related deaths.

For more information about the Safe Infant Sleep campaign, visit dshs.texas.gov/safefantSleep

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- Use side one to ask the parent or caregiver about their plans for baby's sleep arrangements during naps and night-time. Use an active listening approach and expand the discussion where needed.
- Use side two to review recommendations that can reduce individual risks. Discuss the information that a parent or caregiver may need to understand in order to adopt relevant recommendations.
- The icons used in the infographic depict a given recommendation and are carried through to additional tools for that specific recommendation (see page 20, **Let's Talk – Safe Infant Sleep** topic specific discussion guides).

Printable Materials

DSHS Safe Infant Sleep Environment Checklist

Source

The **DSHS Safe Infant Sleep Environment Checklist** is an updated handout.

Recommendation for use:

Provide as a handout to parents and caregivers during any interaction (see page 12, **Let's Talk – When Time Matters**) related to sleep practices.

- If parents or caregivers share a concern related to their baby's sleep environment, you can share the checklist and use it to guide your conversation.
- Actively listen to any concerns and elicit their thoughts and feelings about the recommendations you share.
- The online (pdf) version hyperlinks to both the DSHS Safe Infant Sleep website and the Consumer Product Safety Commission (CPSC) website, for more information. Community educators may encourage parents and caregivers to sign up for CPSC recalls - www.cpsc.gov/Recalls.
- The blue box highlights recommendations for when a parent or caregiver brings baby into their bed for feeding or comforting. For additional guidance on this discussion, see the **Let's Talk – Room Sharing** and **Let's Talk – Breastfeeding** topic specific discussion guides.


Safe Infant Sleep Environment Checklist

Every caregiver can plan for safe infant sleep. Every night. Every nap. Every feeding. Every time.

Share this information with grandparents, other family members, and childcare providers so that everyone caring for your baby follows safe infant sleep practices.

✓ Check for the following:

- Baby is placed on their back for every sleep, including naps.
- Baby's sleep area is in your room, close to your bed.
- Safety-approved* non-inclined sleep surface that is firm, flat, and covered with a well-fitted sheet.
- Mattress that fits well and has no spaces larger than two fingers between the mattress and the side of the crib or bassinet.
- Smoke-free space at a comfortable room temperature for a lightly clothed adult.



✗ Remove the following unsafe items from baby's sleep area:

- Pillows
- Quilts, comforters, or blankets
- Crib bumpers
- Stuffed toys, dolls, or other soft items
- Infant positioners or wedges
- Bottles or sippy cups

✗ Remove the following items from within reach of baby's sleep area:

- Drapes, curtains, window blinds, or shutters
- Crib mobile or other items attached to or hanging over crib
- Electrical cords
- Furnace vents, radiators, space heaters, or other heat sources
- Items that could burn, cut, or become wrapped around your baby

If you bring baby into your bed for feeding or comforting, remove all soft items and bedding before you start. If you fall asleep with baby in your bed, put them back on their own sleep surface as soon as you wake.

Visit dshs.texas.gov/SafeInfantSleep to learn more.




Image source: Elisabeth Millay/BreastfeedLA, API Breastfeeding Task Force, and NICHD.
*Visit the U.S. Consumer Product Safety Commission website (cpsc.gov) for more information about crib safety and safety-approved infant sleep surfaces or to sign up for product recall notices.

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Printable Materials

Let's Talk – Recommendations, Topic Specific Discussion Guides

The DSHS **Let's Talk – Recommendations** topic specific discussion guide series includes 20 topic-specific 2-sided resources to guide conversations between the parent and caregivers (side 1) and the community partners (side 2). These resources can be printed or used digitally. The topics align with the 2022 AAP recommendations for safe infant sleep and expand to include baby behaviors.

Let's Talk: Back to Sleep

Place baby on their back to sleep, for naps and at night.
Stomach or side sleeping increases the risk of SIDS death.

What does science tell us about baby's sleeping position?

- Sleeping on their tummies increases your baby's risk of overheating and increases their temperature.
- When your baby is 2-3 months old, the tummy position may impact how their brain receives important messages that control their breathing and heart rate.
- Placing your baby on their side increases the chance they will roll onto their tummy.
- Sleeping on their backs **DOES NOT** make your baby more likely to choke on spit up or breathe the spit up into their lungs (also called aspiration). This is because the trachea (tube to the lungs) is on top of the esophagus (tube to the stomach), so when your baby is on their back, it is harder for spit up to get into the trachea.

Begin every sleep with your baby on their back. If your baby rolls from their back to stomach and from stomach to back on their own, they may be left in the position they choose.

Baby in the back sleeping position
Trachea (Tube to lungs)
Esophagus (Tube to stomach)

Baby in the stomach sleeping position
Esophagus (Tube to stomach)
Trachea (Tube to lungs)

Image source: Image courtesy of the "Safe to Sleep" campaign.

Let's Talk - Back to Sleep
It is normal for your baby to wake often during the night. This may even protect them from SIDS.
For content resources, visit: dshs.texas.gov/SafeInfantSleep

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Front side (Blue)

- Designed to share with parents and caregivers who may need more information on a specific recommendation.
- Visuals are included to help parents and caregivers learn.
- A simple list of facts support the topic and help expand the conversation to uncover barriers the person may face.
- The bottom right corner

provides a reference point for other developed topic guides that relate to the topic and may be explored.

Let's Talk: Back to Sleep

Place baby on their back to sleep, for naps and at night.
Family & Caregiver Common Questions

Do babies sleep better and longer on their tummies?
Babies who sleep on their tummies sleep more deeply, are less reactive to noise, and move around less. Research shows sleeping on their tummies increases their risk for:
• Rebreathing gases that can affect how much oxygen the baby gets causing baby to move less, and limiting their ability to breathe new, fresh air
• Slowed heart rate and lowered blood pressure
• Raised body temperature due to overheating
While longer and deeper sleep may seem like a relief to parents who are very tired, sleeping longer and deeper puts babies at greater risk for SIDS and other sleep-related death.

Will my baby choke when they sleep on their back?
Healthy, full-term babies naturally swallow or cough up fluids—it's a reflex we are born with. Babies may clear these fluids better when sleeping on their backs. This is because the baby's trachea lies on top of the esophagus, so anything vomited, or spit up from the stomach must go against gravity to get into the trachea and cause choking.
When on their stomach, fluids that leave the baby's esophagus can collect at the opening of the trachea, making choking more likely (see graphic on front page).

Will my baby get a flat head from sleeping on their back?
When babies are laid down in the same position too often or too long, pressure on the same part of their head can cause flat spots. Flat spots are usually not dangerous and typically go away on their own. Flat spots are not linked to long-term problems with the head shape, but any concerns or questions should be discussed by the parent or caregiver with the baby's doctor.
Making sure your baby gets enough tummy time when awake is one way to help prevent flat spots. Try to avoid using a car seat carrier for baby to sleep. Instead, use only for travel. Changing the direction that baby lays in the sleeping area from week to week can also help to relieve the pressure placed on one single area.

Let's Talk - Circle of Support
Continue to share safe infant sleep information with parents and caregivers throughout the first year to increase their use of safe sleep practices!
For content resources, visit: dshs.texas.gov/SafeInfantSleep

TEXAS Department of State Health Services

Back side (Green)

- Designed for use by community partners who provide safe infant sleep education.
- Includes family and caregiver concerns and guidance on how to address the concern through conversation.
- Actively listen to the parent or caregiver to learn more about concerns they have on these recommendations.

- Help them to develop a plan to address their stated barriers.
- Use with the **Let's Talk – Parent and Caregiver Plan** handout (see page 22) and the **Let's Talk-Community Resources** template (see page 23) to help parents and caregivers develop a plan and provide referrals they may need to adopt recommendations.

Printable Materials

Let's Talk: Discussion Guides



Back to Sleep



Pacifier



Baby Check-ups



Baby Behavior: Crying



Sleep Surface



Smoke & Vape-Free



Monitors & Devices



Baby Behavior: Feeding Cues



Breastfeeding



Alcohol and Drugs



Tummy Time



Sleep Training



Room Sharing



Temperature



Swaddling



Emergencies



Clear the Crib



Prenatal Care



Baby Behavior: Sleep



Special Health Conditions

Printable Materials

Let's Talk – Parent and Caregiver Plan

This handout is designed to be used with parents and caregivers to prompt your conversations supporting safe infant sleep recommendations. It can be paired with the DSHS Safe Sleep Environment infographic, the **Let's Talk – Recommendations** (topic specific discussion guides, see page 20), and with the **Let's Talk – When Time Matters** (see page 12).

Using the **first column** parents or caregivers can note recommendations they may need more information of support to understand and adopt.

The **middle column** can be used to record any barriers the parent or caregiver identifies. When a parent or caregiver presents a challenge, it is important to listen and provide resources and additional support (see page 17 **Let's Talk – Circle of Support**) You may also use the **Let's Talk – Community Resources** (see page 23) to add local resources the parent or caregiver may be referred to for additional community support.

The **last column** encourages parents and caregivers to build a plan for safe infant sleep. It is especially important to encourage them to share the plan with all the baby's caregivers (grandparents, other family members, child care center staff, and others). This can increase the likelihood that safe infant sleep practices will be adopted every night, every nap, every feeding, every time.

Let's Talk - Parent and Caregiver Plan

A Plan for Parents and Caregivers

This tool is intended to guide conversations with parents and caregivers about recommendations found in the *American Academy of Pediatrics' Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment.*

Recommendation	I need more information...	This may be hard because...	My plan is...
Place baby on their back to sleep			
Use a separate, firm, flat and level safety-approved* sleep surface designed for infants			
Feed baby human milk, like by breastfeeding			
Share your room, with baby's crib close to but separate from your bed			
Remove everything from baby's sleep area			
Offer baby a pacifier for naps and at night			
Stay smoke- and vape-free during pregnancy and after			

A series of discussion guides and additional resources are available at dshs.texas.gov/SafeInfantSleep

dshs.texas.gov/SafeInfantSleep

It's okay if you don't know an answer!

If a parent asks about something you aren't familiar with regarding one of the recommendations, let the parent know you will find out more information and follow up with them. To find additional information, contact your community training facilitator, or the DSHS Infant Health team at InfantHealth@dshs.texas.gov

Printable Materials

Templates

Invitation Template

Community partners may use and customize the invitation template

DSHS Safe Infant Sleep Community Resources Template

This template provides state resources and a space for educators to customize by adding local resources that support safe infant sleep practices.

Provide this template to parents and caregivers to support an identified barrier, lack of resource, or to coordinate care by connecting to them to their **Let's Talk – Circle of Support.** (see page 17).

Title here title here title here

LOREM IPSUM el mauris porttitor, eleifend orci eu, tincidunt augue.

Phasellus imperdiet tincidunt ante, eget tincidunt metus ultrices faucibus. Integer ultrices nulla malesuada orci aliquam consetetur

Date: MM DD
Time: 00:00
Venue: TBA

RSVP

dshs.texas.gov/SafeInfantSleep

Let's Talk - Community Resources

Community Resources

- Texas Lactation Support Hotline**
1-855-550-6667
Call for free breastfeeding support 24/7 including weekends and holidays.
- National Maternal Mental Health**
Hotline Free 24-hour phone or text access to professional counselors for mental health support before, during, and after pregnancy 1-833-TLC-MAMA (1-833-855-6262)
- Texas Lactation Support Centers**
Offers breastfeeding support to Texas mothers in the communities listed below:
 - Houston - The Lactation Foundation
713-500-2800, option 1
 - Dallas - Lactation Care Center
214-670-7222
 - Austin - Mom's Place
512-972-6700
 - McAllen - Lactation Care Center RGV
956-292-7711
 - San Antonio - Lactation Support Center
210-207-7138
- Early Childhood Intervention Services (ECI)**
Services for Texas babies and toddlers, age birth to 36 months to address developmental delays, disabilities, and other qualifying medical diagnoses. Call the HHSC Office of the Ombudsman at 1-877-787-8999 or visit hhs.texas.gov/services/disability/early-childhood-intervention-services
- Texas Child Care Regulation**
For a list of child care centers and homes or for information about choosing good child care, visit txchildcaresearch.org or call 1-800-862-5252
- Texas Poison Center Network Hotline**
Free 24-hour help. If you think someone has been poisoned, call 1-800-222-1222
- Texas Safe Riders Child Passenger Safety Program**
For help with car seat safety, call 1-800-252-8255 or dshs.texas.gov/injury-prevention/safe-riders
- The Texas Workforce Commission Child Care Services Program**
For information and assistance for income-eligible, working families who need help paying for child care, visit twc.texas.gov/programs/childcare
- Texas Tobacco Quitline**
For help quitting tobacco, call 1-877-YES-QUIT or 1-877-937-7848
- U.S. Consumer Product Safety Commission (CPSC)**
Check the recall list to make sure your baby's sleep surface is safe by visiting www.cpsc.gov/SafeSleep
- Your Texas Benefits**
Visit yourtexasbenefits.com to learn more about state benefit programs such as WIC, SNAP, and TANF and support services that you may be eligible for; the site includes a prescreening tool
- Texas Lactation Support Directory**
Find breastfeeding support in your area, including prenatal breastfeeding classes, breastfeeding support groups, and lactation support services by visiting breastmilkcounts.com/get-help/lactation-consultants/
- Infant Risk Center**
Call for free breastfeeding support related to medications, Monday to Friday 8 am - 3 pm at 1-806-352-2519
- Texas 2-1-1 Helpline**
Free, 24-hour service that can connect you to services such as assistance with rent and utilities, food, emergency shelters, employment, medical and mental health services, transportation, and trained suicide intervention counseling.

Let's Talk - Safe Infant Sleep
Share information and resources within your circle of support to increase safe infant sleep practices.

dshs.texas.gov/SafeInfantSleep

Printable Materials

Pre and Post Training Surveys

For facilitators use in Community Training class:

- **Let's Talk – Community Training Pre-Test**
Use to identify the baseline knowledge of participants as well as interest or needs prior to the start of training.
- **Let's Talk – Self-Assessment Survey**
Use after completing the review of safe infant sleep recommendations portion of training with participants. Facilitators can provide a paper or electronic version of the survey and ask participants to complete before taking a break (let them know that surveys are anonymous). Facilitators can then share the compiled results and lead the group in discussion and self-reflection.
- **Let's Talk – Community Training Pre-test**
Use to identify the knowledge gained after the participants' completion of the training as well as additional needs and follow-up contact information.
- **Let's Talk – Community Training Participation Survey**
Use to measure training objectives and goals while gathering feedback for future improvements.

For Safe Infant Sleep community educators use in Parent and Caregiver class:

- **Let's Talk – Parent Class Pre-Test**
Use to identify the baseline knowledge of parents and caregivers before attending a safe infant sleep class.
- **Let's Talk – Parent Class Post-Test**
Use to identify the acquired knowledge of parents and caregivers after attending a safe infant sleep class.
- **Let's Talk – Parent Class Survey**
Use to measure training objectives and goals while gathering feedback for future improvements.



Setting Goals and Planning for Sustainability

Sustaining your Circle of Support

Planning and Logistics

Planning starts with gathering key supporters in your community that work or offer services to families and caregivers. Planning should include safe infant sleep community champions to help identify challenges and solutions for implementing Let's Talk within your community.

Key planning activities:

- Anticipate how to achieve long-term successes
- Consider necessary adaptations to the Let's Talk training to meet the community's current needs
- Identify key partners for the Circle of Support within your community
- Follow-up with educators to identify additional training needs
- Provide the training in a safe, non-judgmental space that is sensitive to the diversity among the mothers and families you serve

For more information on sustainability planning, visit:

SustainTool.org/psat

Let's Talk – Sustainability

Planning for Sustainability

Who?	
Who is the lead facilitator or educator? Name: Contact:	Who is your intended audience?
What?	
What resources are available within your organization?	What resources are available within your community?
What organizational resources are needed?	What community resources are needed?
What funding will be available for training and materials?	Is funding sustainable for future training and support?
When and Where?	
When will training or support occur?	When will follow-up occur?
Where will training or support take place?	
How	
How will you communicate with participants?	How will you monitor your participants' needs and success?

ADAPTED FROM:
sph.unc.edu/wp-content/uploads/sites/112/2017/08/Implementation-Guide_v2018.pdf
dshs.texas.gov/SafeInfantSleep

Use the **Let's Talk – Planning for Sustainability** work sheet to support group planning that ensures continued education reaches all parents and caregivers in the community.

Setting Goals to Measure Success

Pre- and post- tests measure knowledge of both training participants as well as parents or caregivers that are engaged in your training program.

Consider the goals you want to reach with your community. Do you want to improve their knowledge, adoption of recommendations, or the reach of your program? Each community should develop a set of SMART objectives they hope to achieve.

How will you measure success of your Let's Talk training?

Examples may include:

- Number (or minutes) of interactions a parent or caregiver has with their circle of support using the **Let's Talk – Safe Infant Sleep** approach.
- Number of organizations or staff trained in the **Let's Talk – Safe Infant Sleep** approach.
- Percent of participants that were highly satisfied with their training.
- Percent of parents or caregivers that adopted additional recommendations after receiving support through a **Let's Talk – Safe Infant Sleep** approach.

Let's Talk – SMART Goals

Smart Goals

INSTRUCTIONS
Review the SMART goal questions below. The questions will help you develop clear, focused, and actionable goals. Use page 2 to write goals that fit your organization and community's need.

S	Specific	<ul style="list-style-type: none"> What do you want to achieve? Who is involved or responsible? Where will this take place? Why is this goal important?
M	Measurable	<ul style="list-style-type: none"> How will you track progress? What are the key indicators for success? How will you know when the goal is achieved?
A	Achievable	<ul style="list-style-type: none"> Is the goal possible with what you have? What steps or actions will you take to reach the goal? Do you have the necessary skills and support?
R	Relevant	<ul style="list-style-type: none"> Does the goal align with the organization's objectives? Will it support your organization's success? Is now the right time to work on the goal?
T	Time-bound	<ul style="list-style-type: none"> When will you start working on the goal? What is the planned date to achieve the goal? Are there any checkpoints that are planned along the way?

Let's Talk – Safe Infant Sleep
 Continue to share Safe Infant Sleep information with parents and caregivers throughout the first year to increase their use of safe sleep practices.

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Let's Talk – SMART Goals

Smart Goals

DATE:

S	Specific	
M	Measurable	
A	Achievable	
R	Relevant	
T	Time-bound	

Goal

Let's Talk – Safe Infant Sleep
 Continue to share Safe Infant Sleep information with parents and caregivers throughout the first year to increase their use of safe sleep practices.

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Use the **Let's Talk – Smart Goals** worksheet to develop and share your plan to measure your success.

Communications Materials

DSHS Safe Infant Sleep Communications Toolkit

Planned toolkit content:

- Social Media Training
- Social Media Templates
- Social Media Messaging
- Press Release Template
- DSHS Safe Infant Sleep Image Checklist

Additional resources

- [NICHD media](#)
- [National Institute for Children's Health Quality \(NICHQ\)](#)
- [First Candle](#)
- [NAPPSS Image Vetting handout link](#)
- [CPSC Sign up for safety recalls](#)



Resources and additional trainings

Trainings

[Sleep 101, Resources for Parents, Families, and Caregivers, National Institute of Children's Health Quality \(NICHQ\)](#)

[DOSE: Direct On Scene Education](#)

First responders are trained to identify and remove hazards from an infant's sleep space while on scene during emergency and non-emergency 911 calls.

[Continuing Education for Nurses, NICHD](#)

Explains the latest research on sudden infant death syndrome (SIDS) and other sleep-related types of sudden unexpected infant death (SUID), and describes ways to reduce the risks of these types of deaths. It also outlines how nurses can communicate risk-reduction messages to parents and caregivers in just a few minutes without adding to their already busy schedules.

Resources

- [CDC Training and Professional Development](#)
- [CDC Understanding the Training of Trainers Model Fact Sheet](#)

[Culturally and Linguistically Appropriate Services Training \(CLAS\)](#)

Developed by U.S. Health and Human Services is designed to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and respond to the individual's health needs and preferences.

[CLAS Training in Maternal Health Care](#)

- [Community Health Workers](#)
- [Nurses](#)
- [Physicians](#)

[Baby Behavior \(UC Davis\)](#)

Baby Behavior: Tools for Medical Professionals – Human Lactation Center (ucdavis.edu)

About this Toolkit

Let's Talk - Safe Infant Sleep Community Training Toolkit

This training was updated by staff in the Perinatal and Infant Health and Safety Team in the Maternal and Infant Health Branch of the Maternal and Child Health Unit at the Texas Department of State Health Services (DSHS) in 2023.

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Let's Talk – Safe Infant Sleep
A training for communities

IMPLEMENTATION GUIDE

For more information on this training or other DSHS Infant Health and Safety topics, email
InfantHealth@dshs.texas.gov



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