



Safe Sleep for Babies: A Community Training

Acknowledgements

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Welcome!

Thank you for being willing to talk with parents about the importance of having a safe sleep environment for their baby. You will be making a difference in the lives of parents and babies and may even save a life with the information that you can provide to new or expecting parents, and continuing parents, grandparents and other caregivers.

This manual will give you information that should be covered when talking with parents about safe sleep environments. You will also find handouts, resources and other tools that can be given out to parents or caregivers during your presentation. You will find tips and tricks about presenting the information in sidebars of the training. Each section will also offer commonly asked questions and ideas about how answer them.

This training is provided by Department of State Health Services, Office of Program Decision Support and Office of Title V and Family Health and by the Prevention and Early Intervention Division of the Texas Department of Family and Protective Services. This training is provided in partnership by the Department of State Health Services and the Department of Family and Protective Services.

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For the Trainer: Using this Training Guide

Each section of the training will have handouts, activities, training tips and other materials you can copy to use for your trainings. Handouts that are meant to be given out to parents, caregivers and other community members will be labeled at top “For Parents, Caregivers and Community Members”. If the page is labeled “For the Trainer”, it is meant to serve you as a guide to conducting your trainings. Each trainer section will also have a “Common questions” section in which we cover common questions your audience might have and provide you with ideas on how to address them. These are not items that you need to cover as part of your training, rather they are meant to serve as a resource to the trainer when the class has lots of questions.

At the end of the “Parent and Caregivers” Handouts Section, there is a page for resource information. We suggest that you enter (either write in or add a page to your handouts) your local resources here to make the training more relevant to your specific audience. Since resources are different in different communities, the only resources that are offered here are ones that are available statewide. There is not a statewide program that assists women in getting a crib. If you have one locally, please be sure to give that information out at your training.

The following items are provided (some to pilot sites only) for you to hand out to the parents in your classes or to distribute more widely in your community.

- Safe Sleep for Babies flyer in English and Spanish
- Keep Me Safe and Sound Magnets (pilot sites only)
- Keep Me Safe and Sound Onesies (pilot sites only)
- Take Home Checklist: Is My Baby Safely Sleeping?
- Brochure for grandparents. (For those downloading this training, these brochures are available to order for free from the following website. Just click on “Back to Sleep Campaign”)
<http://www.nichd.nih.gov/publications/pubs.cfm>

Preparation

This is a 1 hour training session that is meant to be delivered to a group of 10-15 at a time, but could be done for a group as small as 2 or 3.

Prior to presenting, make copies of all the handouts you will use for the class and put together the packets to be given out to the participants as they come into the class.

Be sure to bring the onesies and magnets. Start the training off by asking the attendees to fill out the questionnaire (pre-test) you are handing out. At the end of the training, give out the end of class evaluation (post-test). As attendees are giving you their evaluations, give the onesies and magnets out to the parents/caregivers to take home. Remind them to take a look at their checklist to make sure they are giving their baby a safe place to sleep at home.

Welcoming parents to your training (5 minutes)

This is an important first step in a successful training.

Some ways you can open the training include:

1. Asking trainees to share something about their plans or what they know about safe sleep such as “what plans have you and your family made to make sure your baby is placed to sleep safely?” or “where and how will/ does your baby sleep?” or “what do you know about safely putting your baby to sleep?”
2. Asking trainees to share one question they would like to have answered in this session about safe sleep. Keep track of their questions on a board or flip chart. Check them off as they get answered.

Think about how you are going to open the training. Do you want to start with getting parents or caregivers talking and comfortable with each other? Use the “Tips for Trainers” side bars when you see them to think about how you want to engage the class. These side bars offer you ideas on doing that. You could also consider an internet search to find a real life story to make the topic personal to the class.

After the Training

Collect the evaluations from the class and mail them to:

Safe Sleep Project
ATTN: Margaret Vaaler
Office of Program Decision Support
Texas Department of State Health Services
1100 W. 49th Street, MC 1922
Austin, TX 78756

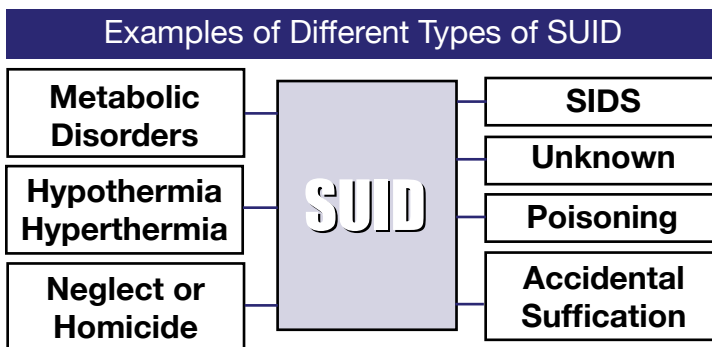
Be sure to follow up with trainees who had questions that you were unable to answer during the class. Following through with people to answer their questions is important.



There is a lot of information and sometimes media about infant death and co-sleeping. Although SIDS is the commonly known and used term, many of the prevention measures we will discuss are for the larger category of sudden unexpected infant death. Because infant death in a sleep environment can be caused by a wide variety of things this training will address a wider variety of prevention measures. Below are some definitions that will help you to get on the same page with the parents attending your presentation/training.

- **Sudden Unexpected Infant Death (SUID):** infant deaths that occur suddenly and unexpectedly, and whose manner and cause of death are not immediately obvious prior to investigation. Each year in the United States, more than 4,500 infants die suddenly of no obvious cause. Half of these Sudden Unexpected Infant Deaths (SUID) are due to Sudden Infant Death Syndrome (SIDS), the leading cause of SUID and of all deaths among infants aged 1–12 months. (CDC: <http://www.cdc.gov/sids/index.htm>)

- **Sudden Infant Death Syndrome (SIDS):** the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted including a complete autopsy, examination of the death scene, and review of the clinical history. (CDC: <http://www.cdc.gov/sids/index.htm>)



- **Co-Sleeping:** Co-sleeping is the practice of a parent or care giver sleeping in close proximity with an infant, in the same room. This could include having a crib, bassinet, infant co-sleeper, mattress, or child’s bed in the adult’s room for a child to sleep in alone, or it could mean that the infant bed-shares.

- **Bed-Sharing:** When baby shares a sleep surface (adult bed, sofa, recliner, or other surface used for sleep) with a parent, other child, and/or another adult caretaker.

- **Tummy time:** Placing your baby on his or her tummy on the floor while he or she is awake. A baby should never be left unattended, especially during tummy time.

Common questions

Question: What is the difference between co-sleeping and bed sharing? I thought they were the same thing?

Training Tips:

1. When reviewing definitions, rather than reading aloud to trainees, consider having them go around the room and read them out loud. Be sure you know your audience and know they would be comfortable with the literacy level of the handouts before asking them to read aloud.
2. Encourage attendees to ask questions. There are a lot of myths about safe sleep and you want to encourage trainees to talk about them.
3. Always be sure to ask if people have questions about each section before you move on to the next one.

Answer: You're right; many people do use the two interchangeably. But for the purpose of this training, we are going to use the definitions provided to you. Co-sleeping is sleeping very near your baby and bed sharing is sleeping on the same sleep surface, like your bed or the couch.

Question: Is SIDS just a made up thing?

Answer: No, SIDS is not made up, it is a real event. Unfortunately a cause has not been determined for every infant death. While there are some commonalities, the exact cause of death is unknown. Because of the things these deaths have in common there was a need to classify these deaths as something other than "unknown".

For Parents, Caregivers and Community

What do I need to know about Safe Sleep for Baby?

For the Trainer: Myths and Facts

15 minutes

Key Words	What it means
Sudden Unexpected Infant Death (also called SUID)	This is an umbrella word that describes all infant deaths that happen suddenly and unexpectedly. The manner and cause of death are not clear before an investigation is done.
Sudden Infant Death Syndrome (also called SIDS)	This is the more common word used for infant deaths. It refers to the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted. This includes a complete autopsy, examination of the death scene, and review of the medical history.
Co-Sleeping	Co-sleeping is the practice of a parent or care giver sleeping in close proximity with an infant, in the same room. This could include having a crib, bassinet, infant co-sleeper, mattress, or child's bed in the adult's room for a child to sleep in alone, or it could mean that the infant bed-shares.
Bed-Sharing	When baby shares a sleep surface (adult bed, sofa, recliner, or other surface used for sleep) with a parent, other child, and/or another adult caretaker.
Tummy Time	Placing your baby on his or her tummy on the floor while he or she is awake. A baby should never be left unattended, especially during tummy time.

In this section, you will want the class to talk about the myths and facts around safe sleep and sudden unexpected infant death (SUID). The class will have a handout that they can go through individually and mark what they think are myths and facts.

When you've gone through the ones listed here, ask the class if they have other myths or facts that they want to share about safe sleep, back to sleep, SIDS, or sudden unexpected infant death. Be sure to point out which statements are myths and which are facts.

When going through each one of these items be sure to stop in between and allow the class time to discuss what they've been told, or what they've heard; especially if it is contrary to what you are telling them.

Points to Cover:

- There are many myths about safe sleep and unexpected infant death (SUID)
- This section will clarify myths and give facts about safe sleep practices and the unexpected death of an infant.
- Participants can follow along with their Myths and Facts handout

Myths and Facts:

Myth or Fact? If I place my baby on his back to sleep, he might choke.

This is a myth. Healthy babies tend to swallow or cough up fluids when they are lying on their backs. They also have other ways such as a gag reflex to prevent choking while lying on their backs. If your baby has a medical condition such as reflux, you should talk to your pediatrician about the best sleep position.

Myth or Fact? There are things I can do to reduce my baby's risk of sudden unexpected infant death.

This is a fact. This is definitely true. And we will cover in more detail during our time together today ways you can prevent your baby's risk of sudden unexpected death.

Myth or Fact? Immunizations can cause SIDS or the unexpected death of an infant

This is a myth. There is no evidence that immunizations cause SIDS or the unexpected death of an infant

Myth or Fact? It takes time for a baby to learn to sleep soundly on his or her back.

This is a fact. Sleeping soundly on the back is learned and parents shouldn't give up. If your baby wakes during the night, remember that lighter sleep protects baby against unexpected death.

Myth or Fact? Putting my baby on his or her back will lead to a flat head.

This is a myth. Putting your baby to sleep on his or her back does not lead to a flat head. However, If your baby is always left on his or her back, for example, in the car seat, sleeping, in a swing chair, in a stroller, it could lead to a flattening of the head. This is why tummy time is important. You should provide your baby with time on his or her tummy 2-3 times a day. This should happen when the baby is awake and you can watch the baby closely.

Training Tips:

1. If you have time, this section may be more effective if you label one side of the room myth and one side fact. Read each statement aloud and have class members go to the side of the room they believe the statement is. Discuss after.

2. If you don't have time for an activity, you can have them work with one other person and fill out the myths and facts handout. You can also have everyone fill out the handout individually. This might be best for larger groups of 10 or more.

3. Always be sure to ask if people have questions about each section before you move on to the next one.

Myth or Fact? Smoking anywhere near baby can increase the risk of sudden unexpected infant death. **This is a fact.** Smoke from any type of cigar or cigarette contains many ingredients that are harmful to adults and young children. Exposing the baby to secondhand smoke makes a baby 2.5 times more likely to die unexpectedly.

Myth or Fact? Babies do not die in cribs.

This is a myth. Just because your baby is in a crib does not mean it is a safe sleep environment. There are things that you can do to make sure your baby's crib is safe. We will talk about these more when we talk about crib safety later.

Ask the class if any of these myths or facts surprised them, and if they have any questions for you.

Common questions asked

Question: If the cause of unexpected infant death is unknown, how do you know that what you're telling me is true? (That back to sleep is best, or that co-sleeping increases risks, etc.)

Answer: It is true that the exact cause of unexpected infant death is unknown. But over time, we have learned that there are some common things that were present when a baby died and these are the things I am telling you about today. For example, when doctors started recommending that babies be put on their back to sleep, unexpected infant deaths went down in the US from 5,000/year to 3,000/year. Ultimately, it is up to you as the parent to make decisions for your baby to keep him or her safe and sound. I am here giving you knowledge and tools to make those decisions.

Question: What if I slept with my other babies in the bed with me and they turned out fine?

Answer: You are the parent, and it is up to you to make sure your baby is safe and healthy. You can choose whatever sleep arrangements you want to for your baby. I am sharing with you what is recommended by doctors, scientists and other experts.

For parents, caregivers and community: Myths and Facts about Safe Sleep

Circle “Myth” if you believe the statement is not true, circle “Fact” if you believe the statement is true.

Myth	Fact	If I place my baby on his back to sleep, he might choke.
Myth	Fact	There are things I can do to reduce my baby’s risk of sudden unexpected infant death.
Myth	Fact	Immunizations can cause SIDS.
Myth	Fact	It takes time for a baby to learn to sleep soundly on his or her back.
Myth	Fact	Putting my baby to sleep on his or her back will lead to a flat head.
Myth	Fact	Smoking during pregnancy can increase the risk of sudden unexpected infant death.
Myth	Fact	Babies do not die in cribs.

Were you surprised by any of these?

Do you have any questions about why something is considered a myth or a fact?

For the Trainer: Prevalence and Prevention

15 minutes

In this section, you want to focus your time on talking with parents and caregivers about concrete things they can do to make their baby safe during sleep. Below are a few statistics followed by the prevention tips you want to share.

85% of all sudden and unexpected infant deaths between the age of 1 month and 1 year are due to SIDS.
90% of SIDS occurs from 1 to 6 months of age.

Black infants have the highest rate of SIDS in Texas; more than double the rate of Whites. Hispanics have the lowest SIDS rates in Texas. Boy babies have higher rates than girl babies.

Points to Cover:

- A parent or caregiver can do many things to make their baby safe during sleep
- 85% of all sudden and unexpected infant deaths between 1 month and 1 year are due to SIDS
- 90% of SIDS occurs from 1 to 6 months of age

1. Back to Sleep (BTS)

Sleeping on the back is safest for infants and every sleep time counts; babies that sleep on their tummies have 5 times the risk of unexpected death. Parents should share this information with everyone who cares for their baby.

Points to cover:

- Back sleeping is safest for infants
- Every time an infant sleeps he/she should be placed on his/her back
- Babies that sleep on their tummies have 5 times the risk of unexpected death
- Parents-remember to share this information with everyone who cares for your baby

2. Breastfeeding

Studies show that babies who die of SIDS are less likely to have been breast fed. Breastfeeding ensures that your baby will be as healthy as possible.

Points to cover:

- Babies who are breastfed are 36% less likely to die of SIDS.
- Breastfeeding helps ensure a baby will be as healthy as possible

3. Separate but proximate

Set up the infant's own safe sleeping area in the same room with the parents during the early months; use a firm, tight-fitting mattress and a tight-fitted bottom sheet specifically made for the crib.

Points to cover:

- Baby should be in same room as the parent in the early months
- Baby should have his or her own sleeping area

4. Non-usual care provider

Most parents will have other people in their life who will be responsible for their baby. Whether that is a day care provider, family member, babysitter or friend, it is very important that they tell these people (called non-usual care providers) that they want their baby placed on his or her back to sleep. Suggest

Tips for presenting this section:

Let the class know that you are going to go through some of the main points of how to keep a baby safe when sleeping. Encourage them to stop along the way to ask questions about any of the points you are covering here.

Always keep in mind your audience and their abilities. Consider having the class read each one (or ask for volunteers to read) and then cover your talking points after each one.

that parents share the 'safe sleep' checklist with people who will care for their child while sleeping or napping. Babies who are used to sleeping on their back are at a much greater risk (19 times) of unexpected death when placed on their tummies to sleep.

Points to cover:

- Parents often have other people help take care of their baby
- Examples of non-usual care providers: day care provider, family member, babysitter or friend
- Important to tell anyone who cares for baby to put baby on his/her back
- Safe Sleep Checklist can be a helpful tool
- Babies who are used to sleeping on their back are at greater risk of unexpected death when placed on their tummies to sleep

5. Crib Safety

Keep all unnecessary items out of the infant's sleep area that are a suffocation hazard. Items that put your baby at risk of suffocation include toys or stuffed animals, bumper pads, loose items including blankets/loose bedding, comforters or pillows; bumper pads, wedges and positioning devices. You should only put one baby in a crib or portable crib – no sharing with siblings.

Points to Cover:

- Keep unnecessary items out of baby's sleep area
- Keep toys, stuffed animals, bumper pads and blankets out of the crib
- Do not use wedges or positioning devices
- Only one baby per crib; no sharing with siblings

6. Temperature of the room

Don't let your baby get too warm while he or she sleeps. Keep the temperature of the room comfortable for an adult or between 70 and 72 degrees. Don't cover your baby with blankets or overdress your baby. If your baby is sweating or is damp during sleep, your baby is getting too hot.

Points to cover:

- Do not let baby get too warm
- A sweating or damp baby is too hot
- Do not cover baby with blankets or overdress
- Keep room temperature at a comfortable temperature for a lightly clothed adult
- 70-72 degrees is acceptable

7. No smoking

It is very important that you don't smoke when pregnant – this can cause many health problems for a baby (including being born too soon and too small, breathing problems) and it increases the chances that a baby will die unexpectedly. After the baby is born, it is still very important that you not smoke near the baby. Don't let anyone else smoke near the baby, especially near where the baby sleeps. In many of the cases of infant death that have been investigated, the mother either smoked while she was pregnant or the baby was exposed to tobacco smoke during its life. If you or someone you know is interested in getting help to quit, there are resources about that in your resource handout.

Points to Cover:

- Important that mom does not smoke when pregnant
- Smoking can cause many health problems for baby
- Smoking during a pregnancy increases the chance a baby will die from SIDS
- Do not let anyone smoke around the baby

Common questions asked

Question: Why are more black babies dying than white babies?

Answer: The fact that black babies are dying more than other babies is a tragedy that many people are working to change. You as a parent/caregiver can do your part to help. Studies show that African American parents and caregivers are more likely to place their baby on his or her stomach or side to sleep. This increases the risk that the baby will die. Also, if you are a parent or caregiver that always places your baby on his or her back to sleep and then you leave the baby with a different caregiver who then puts the baby on his or her tummy to nap or sleep, the baby has a big risk of SIDS – in fact, the chance of that baby dying of SIDS is 19 times greater in that situation. That is why it is important that you share the information about safe sleep and how you want your baby to sleep with grandparents, babysitters and other caregivers. You are protecting your baby by sharing this information.

Some other risk factors that may contribute include sharing a bed with the baby, which some studies show happens more in African American families.

Question: What about when my baby rolls over on its own and ends up sleeping on its stomach because of that?

Answer: Once your baby is able to roll over completely, from back to tummy and then tummy to back again, the chances of him or her dying are greatly reduced. The timing of this is different for every baby but most babies usually begin rolling over around 7 or 8 months of age. When your baby is first learning to roll and he or she can only go from back to stomach, you may want to keep an eye out and turn him or her back onto their back to sleep. This is easier to do if you follow the recommendation of having your baby sleep in the same room with you, on a separate sleep surface.

Question: What if I want to breastfeed and it's easier to have the baby in the bed with me?

Answer: It is certainly fine to breastfeed your baby in bed, but when it is time for you to go to sleep, it is recommended that you put your baby in his or her own crib or bassinet. If you are going to sleep with your baby, there are some safety precautions you should take to reduce the risk to your baby. These precautions are listed on the bed-sharing handout.

Question: What about putting my baby on his or her side to sleep?

Answer: It is dangerous to put your baby on his or her side to sleep because it is easy for the baby to roll over onto his or her tummy.

For Parents and Caregivers: Keeping Your Baby Safe While Sleeping



Back to sleep: Make sure baby is always placed on his or his or her back to sleep. Let grandparents, babysitters and day care know that you only want your baby placed on his or her back to sleep.



Temperature: Be sure to keep the temperature of the room comfortable for you, 70 to 72 degrees is best. Don't let your baby overheat. Don't cover baby's head when sleeping as this is the main place on your baby's body where heat is released. You may want to leave a fan going in the room where your baby sleeps to help avoid overheating.



Separate sleep surface: The best place for baby to sleep is on a separate sleep surface in the same room that parents are sleeping.



Non-usual care provider: Tell grandparents, babysitters and day care that you want your baby to nap and sleep on his or her back. Babies who are used to sleeping on their back are at a much greater risk of SIDS when placed on their tummies to sleep.

Breastfeeding: Studies show that babies who die of SIDS are less likely to have been breastfed. Breastfeeding ensures that your baby will be as healthy as possible.



Smoking: You should never smoke around your baby or when pregnant. Don't let others smoke around your baby. Smoking around your baby increases the chance of your baby developing allergies, asthma, and other respiratory illnesses. It also increases his or her risk of SIDS.

For the Trainer: Crib Safety

5 minutes

There are many products sold today for infant cribs that are meant to be decorative. There are some that even make claims about keeping babies safer. In this section of the training you will talk with parents about how to keep their baby's crib, portable crib, bassinet or other sleep surface safe. See the sidebar for ideas on how to present this information. Below are the points for you to cover and common questions.

Tips for presenting this section:

Consider printing out a large picture of a crib that is not safe and ask the class to point out things in the crib or sleep environment that are not safe based on the items you cover with them.

Points to cover:

- This section is about crib safety. The following are tips to keep a crib safe
- Have class refer to: "For Parents and Caregivers: Crib Safety"

Bumpers, Bottles & Baby

Bumpers can be dangerous to your baby in a few ways. If you are sharing a room with your baby having a bumper would block your view of the baby. Also, there is a risk of suffocation from a very fluffy bumper (if baby rolls into it) and strangulation from the strings that tie the bumper to the bed. Putting your baby to bed with a bottle or sippy cup can be a choking risk for your baby. Never put your baby to bed with a bottle or sippy cup.

Points to cover:

- Bumpers and bottles can be dangerous in the crib
- Why?
 - If you are sharing a room it can obstruct view of baby
 - Suffocation and strangulation risk (if baby rolls into it or gets caught in bumper strings)
 - Bottles can cause choking or suffocation

Sleep positioning products

There is no proof that any of the products that are sold to keep your baby on his or her back actually lower the risk of infant death. During the time of greatest risk (2-4 months), most babies are not able to roll over on their own. Once they can roll over on their own, this kind of product would be an item in their crib that they could potentially roll onto. It's best to keep nothing but baby in the crib.

Points to cover:

- No proof sleep positioning products keep baby on back or lower risk of SIDS
- It is best to keep nothing but baby in the crib

Toys and blankets

The only thing that needs to go in the crib is your baby. If you feel a light blanket is needed (remember not to let your baby overheat), you should only cover the lower half of the baby's body and tuck the blanket in around the sides so your baby can't pull it up to cover his or her face.

Points to cover:

- Only baby should be in crib; no toys or blankets
- Also, no bottles or sippy cups in crib
- If a light blanket is needed only cover lower half of baby's body and tuck blanket in around sides
- Make sure baby can't pull blanket up towards his or her face

No siblings or sharing of the crib and no loose cords.

Points to cover:

- Don't let your baby share a crib with a sibling or pet. This can lead to suffocation.
- Be sure that the crib or sleep surface is not near loose cords or venetian blinds. These can be a strangulation risk to your baby.

Swaddling

- If you swaddle your baby the right way, it can be a good tool to help comfort your baby and to help your baby sleep. If you swaddle the wrong way, it can be dangerous to your baby's health. Talk to your health care provider about how to properly swaddle your baby.

The end of this section would be a good time for the class to identify the unsafe sleep practices shown in the picture on the parent/caregiver handout.

Common questions asked:

Question: How do I keep my baby from injuring him or herself without a bumper? What if he hits his head or gets his arm or leg stuck between the crib slats?

Answer: One way you can make sure your baby is protected from injury is to share a room with your baby. Put the baby's crib or portable crib in the same room or area where you sleep. This will allow you to keep an eye on your baby. Another thing you can do to make sure your baby doesn't get caught in the crib slats is to buy a safety approved crib. The slats on these are close enough together that your baby will be less likely to hurt him or herself.

Question: What if I don't have room for a crib? Or what if I'm staying with a friend and sleeping on the couch and there's no room for a crib? Or I can't afford a crib?

Answer: There are a couple of things you can do if you don't have room for a crib or the person you are staying with doesn't have room for a crib. You can try using a Portable crib instead. Portable cribs are smaller than a crib, cheaper than a crib and they are portable. Couches are one of the most dangerous places for a baby to sleep so if you are sleeping on a couch, you can put the Portable crib next to you. So when your baby is done sleeping or napping, it can be folded up and put away or placed in another room for use later.

Note to trainer: Parents may ask about what they should do if they don't have any other options for where to put their baby down to sleep. Perhaps they have exhausted all options of getting a sleep space donated, they may not have resources to purchase one, or they may be staying with someone who doesn't have space. You can let parents know that if there are no other options, the best place for their baby to sleep is on a thin mat or blanket on a clean and cleared off space on the floor.

If you are unable to purchase a Portable crib, there are other ways for you to find a safe place for your baby to sleep. Here are some ideas:

1. If you are pregnant and people are asking you what you need for your baby, ask for a Portable crib.
2. When you are at the hospital, ask them if they know of any resources to help you get a crib, bassinet or portable crib.
3. Consider asking your church or local community center if they help mothers purchase needed items for their baby.
4. Find out if there are any Mom's Groups in your area. Check to see if they help other mom's out with purchasing needed items.

For Parents and Caregivers: Crib Safety

You can learn more about crib safety, crib recalls and other information by visiting <http://www.cpsc.gov/cribs.html>

Here are some things to keep in mind for crib safety:

1. No loose blankets in the crib.
2. No toys, stuffed animals.
3. No bottles or sippy cups in the crib.
4. No bumper pads.
5. No positioning devices.
6. No loose cords or strings near the crib.
7. Only one baby per crib, no sleeping with brothers or sisters.

Take a look at the picture below and write down what you see as the unsafe sleep practices.



Picture shown here is of an unsafe crib. This is not a recommended safe sleep environment for your baby. Unsafe sleep practices from the picture above:

For the Trainer: Bed-sharing

5 minutes

There are many forms of co-sleeping. Co-sleeping can be unplanned, when a care taker is very tired and falls asleep while holding a baby. Unplanned co-sleeping can be unsafe because it can increase the risk that the baby will be crushed or suffocated. Planning for where the baby will sleep will reduce the risk of SIDS.

One form of co-sleeping is bed-sharing. There are risks, as well as benefits, in bed-sharing. All parents have the right to know about the risks & benefits of bed-sharing should they choose to sleep with their infant. As a trainer, you will help parents make informed decisions about what is right for their family.

Points to cover:

What are reasons parents sleep with their infants? Among others:

- To be close to the baby
- To get more sleep
- To not have to get up in the night
- To breastfeed
- Do not have a crib

Research shows:

- In all sleep settings, the best infant sleep position is on the back.
- Room-sharing lowers the risk of SIDS.
- Experts agree that the safest place for your baby to sleep is in your room within arm's reach.
- Adult beds are not made for infants.
- The use of soft bedding, pillows and covers that can cover the infant's head increases the risk of death in all sleep environments.
- Sleeping with an infant on a sofa is particularly high risk of sudden unexpected death in infancy.
- An infant is more at risk of sudden unexpected death if the infant bed-shares with people other than parents or usual caregiver.
- The risk of SIDS is increased when infants bed-share with anyone who smokes cigarettes. A person who smokes should never share a bed with an infant.
- Bed-sharing with an adult who is very tired, sick or using medication that causes drowsiness can pose a risk for the infant.
- Bed-sharing with an adult who has been using alcohol or drugs (legal or illegal) can pose a serious risk for the infant.
- Parents can face criminal charges if their baby dies while they were under the influence of alcohol or an illegal drug.

Tips for presenting this section:

1. Make sure that participants understand the difference between co-sleeping and bed-sharing. You can refer them back to definitions on p.7 or ask the group the open question of what the terms mean to confirm their understanding.

2. It is important to not express any bias you might feel on this issue. Your job as a trainer is to make sure parents have the most recent information as they make decisions about their parenting.

3. Some parents might say they would like to have a crib but cannot afford one. Find out if your community has any resources where parents might get a crib at low cost.

For Parents and Caregivers: What if I want to share a bed with my baby?

The safest place for a baby to sleep is in a safety-approved crib, bassinet, or a portable crib in the same room with a parent or caregiver. Adult beds are not designed for babies and may carry a risk of accidental entrapment and suffocation. But if parents choose to share a sleep surface (bed-share) with their infants, the following precautions are offered.

- Siblings or adults other than the parents should never sleep with an infant.
- Avoid crevices between the mattress and a wall that could entrap an infant.

All of the following make it harder for a parent or caregiver to respond to a baby.

Never sleep with infant if you:

- Are a smoker,
- Have been drinking any alcohol,
- Have been using drugs, including amphetamines (uppers), meth, cocaine, crack, roofies, heroin, methadone, LSD, peyote, marijuana (weed/bud), THC, methadone, morphine (Big M or M), Opium (O) and others. **NOTE:** Parents – You can face **criminal charges** if your baby dies while you are under the influence of drugs.
- Are taking medication that causes sleepiness. This can include over the counter drugs such as Benadryl, NyQuil, Tylenol PM, and cough syrup. It also includes prescription medication, often given to help deal with pain after childbirth, that has a warning label “may cause drowsiness” such as hydrocodone, oxycodone, flexeril, and anything with codeine. Be sure to read the warning labels on any medication you take.
- Are sick,
- Are unusually tired,
- Are very upset or angry, or
- Are obese or severely overweight.
- Never sleep with an infant on a sofa, recliner, futon or similar furniture.

For the Trainer: Tummy Time

5 minutes

There are a lot of benefits of tummy time for a baby. In this section you will encourage parents and caregivers to spend tummy time with their baby and explain the benefits of tummy time.

Points to cover:

Q: What is tummy time?

A: Placing your baby on its tummy on the floor when he or she is awake. During tummy time, an adult should always be with the baby. Tummy time is play time!

Q: What if my baby doesn't like tummy time?

A: An infant might not like tummy time at first and it may take some time to get used to but it is important to keep trying. The American Academy of Pediatrics recommends 30 minutes a day of tummy time, but this can be broken into several short sessions, especially if baby doesn't like tummy time at first. Even if your baby cries, keep trying every day.

Q: How can I keep tummy time safe for my baby?

A: Always stay with your baby when he or she is in tummy time. It's a great time to talk to, lay with, and play with your baby on the floor. Be sure the area you put baby down for tummy time is safe, clean and free of pets, small items, away from cords and outlets and not near items that can fall on baby.

Q: What does tummy time have to do with safe sleep?

A: Many people don't put their baby on his or her back to sleep because they worry about flat spots on the baby's head. Tummy time is a way to prevent the flat spots and encourage you as a parent or caregiver to put the baby on his or her back to sleep.

Q: Is tummy time good for my baby?

A: YES! Tummy time is great for your baby in a few ways. First it helps him or her to develop arm, shoulder and neck strength. This is very important for what comes next – crawling! Also, your baby's brain can be stimulated by looking around at things from the ground. Talk to your baby and show him or her toys and books while in tummy time. Babies learn new things every day so talk to and play with your baby. It will help him or her learn.

Ask the class if they have any questions about tummy time.

Tips for the trainer

Consider asking the class to think about “what are some of the things you can do with your baby during tummy time to make it play time?”

Ideas include: singing, making faces, showing baby a toy, pointing to things in the room, listening to music

For Parents and Caregivers: Tummy Time Q&A

Q: What is tummy time?

A: Placing your baby on its tummy on the floor when he or she is awake. During tummy time, an adult should always be with the baby. Tummy time is play time!



Q: What if my baby doesn't like tummy time?

A: An infant might not like tummy time at first and it may take some time to get used to but it is important to keep trying. The American Academy of Pediatrics recommends 30 minutes a day of tummy time, but this can be broken into several short sessions, especially if baby doesn't like tummy time at first. Even if your baby cries, keep trying every day.

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Q: Is tummy time good for my baby?

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RESOURCES for Parents and Caregivers

Help finding a crib: Call 2-1-1 or 1-877-541-7905 from a cell phone. Consider asking a church or community center for assistance if you cannot find something in your area.

Help finding health care for your child or baby: Call 2-1-1 or from a cell phone call 1-877-541-7905. Trained staff familiar with local resources can help you.

Help with Breastfeeding: Free information and referrals are available from Texas' Statewide Lactation Support Hotline: 1(800) 514-6667.

Help with postpartum depression: Postpartum Support International has a hotline you can call 1-800-944-4PPD or visit <http://postpartum.net/> to learn more or find local resources

Help quitting smoking: Contact the American Cancer Society Quitline for free and confidential counseling services, support and information:
1-877-937-7848, TTY: 1-866-228-4327. You can also visit **www.yesquit.com**

Help finding a fan in the summer time: Call 2-1-1 or from a cell phone call 1-877-541-7905. They have information about household fan donation programs around the State.

Other information for parents, including coping with crying, car seat safety and choosing a child care can be found at: http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

Is My Baby Sleeping Safely? A checklist for parents

- I always put my baby to sleep on his or her back.
- I don't smoke around my baby or let others to smoke around my baby.
- My baby sleeps in a crib, portable crib, bassinet or safe sleep surface.
- My baby's mattress or sleep surface is firm and doesn't have loose sheets, blankets, toys, bumpers, pillows, positioning devices or other items.
- My baby's sleep surface is in the same room as mine.
- The room my baby sleeps in is kept cool and comfortable.
- I don't put my baby to bed wearing too many clothes or covered in blankets.
- I've talked to my baby's daycare and other family members who babysit about always putting my baby on his or her back to sleep.

It can be a difficult thing, especially for new, first time and young parents, to assert themselves about what they want for their baby. They may be getting advice from friends, doctors, their parents, the internet, media, etc. In this final part of the training, you want leave them with a message of empowerment. Let them know that it is up to them to make sure that their baby is safe and protected.

Talking with Grandparents

Points to cover: If you have grandparents in the room, address them by letting them know that they are very important role models in their son's or daughter's life. Let them know that you understand that some of what they have heard today may be opposite of how they raised their kids. And the thing about being a parent is that we always want better for our kids than we had growing up. We all do the best we can with what we have as parents. The tools we are providing you here in this training are just suggestions about how you can make things better and safer for your kids/grandkids.

With the parents and caregivers in the room, tell them that it is important that they talk to grandparents to explain what safe sleep is and why it is important. Some ways to start the conversation are:

- Consider sharing the checklist with a grandparent or caregiver.
- Bring a grandparent along to the doctor's visit and ask the doctor about safe sleep with the grandparent in the room.
- Show grandparents the Safe Sleep for My Grandbaby brochure.

Remind the class that as parents, grandparents and caregivers, it is their responsibility to keep their baby/grandbaby safe. Safe sleep is a big part of a baby's safety, especially in the first year of life.

Talking with your child's day care

Points to cover: First of all, remember that your day care provider works for you. You are paying them to take good care of your child while you are at work or school. It is ok and it is your right to ask questions and check up on how your baby is doing. When you are going to visit day cares or if you already have one, consider asking some of the following questions:

- Do you require staff to get training on safe sleep and SIDS prevention?
- Do you have a policy about putting babies on their backs to sleep?
- What do you do to ensure crib safety?

Be sure to tell the day care provider that you want your child put on his or her back to sleep every time. You can even ask to have it documented in your file.

Talking with other family members, babysitters, etc.

Points to cover: It is important that family members, babysitters and any other people in your life that you may ask to care for your child knows about safe sleep practices. One way you can bring up the subject is to show them the safe sleep checklist and tell them that you want to make sure that they are following all of those suggestions when putting

Tips for the trainer

1. Interaction: You could start this part of the training by asking parents and caregivers if they have any concerns about talking about safe sleep to anyone who might care for their baby.

2. Activity idea: Depending on the size of the group you could break into small groups and give each group a category, such as new parents, grandparents, day care providers, and a teen babysitter. Ask the group to brainstorm ways to start a conversation about safe sleep with each of these groups.

For parents: "Did they talk to you about SIDS at the hospital?"

For grandparents: "There are so many things that have change in caring for infants. Did you know that we are supposed to put babies to sleep on their backs?"

For day care providers: "Have you received any material or training about SIDS?"

Babysitters, family members: "Have you heard of SIDS?"

As you go through each group and hear people's ideas about how to start off conversations, you can go through your talking points with them.

your baby down to sleep. If they ask why, tell them what you have learned about ways to reduce the risk your baby dying unexpectedly.

Talking with other parents you know

Points to cover: Now that you have learned a lot about safe sleep for your baby, you can share this knowledge with other parents of newborns or pregnant women you may know. Parents often turn to each other for advice and this is one way that you can potentially save a life. By educating your friends and others about the safest way to put their babies to sleep, you can know that you are doing everything you can to keep your baby and babies in your community safe and sound.



For Parents: Talking to family members and caretakers about safe sleep for your baby

Remember:

- As a parent you have the important job of deciding what is best for your baby, even if it means having uncomfortable conversations with family or caregivers about how you want your baby cared for.
- After this training, you have the most current information on safe sleep practices.

Why is it important to talk to family members and caretakers?

- 1 in 5 SIDS deaths occur when baby is in the care of someone other than the parent.
- Babies who are used to sleeping on their back are at a much greater risk (19 times) of SIDS when placed on their tummies to sleep.

Talking with caregivers about safe sleep:

For grandparents:

“Did you know that we are supposed to put babies to sleep on their backs?”

“I attended a class about keeping my baby safe during sleep. They taught me that putting the baby on his back to sleep is the safest way. I want the best for my baby”.

“I need your support and help in doing what is best for my baby, and putting her on her back to sleep is what is best.”

For day care providers:

“Have you received training on safe sleep practices?”

“Do you have a policy about putting babies on their backs to sleep?”

For a babysitter:

“Do you know about things you can do to keep my baby safe during sleep while you are taking care of him/her?”

“My baby is used to sleeping on his/her back, please put baby on his/her back to sleep every time”.

Share the safe sleep checklist with caregivers.

It is up to you to make sure your baby is safe and protected!

-----END OF TRAINING-----

At this point, start handing out the evaluations and ask the class to fill it out and return it to you. Tell them we will use their feedback to determine whether the class was helpful to them and whether we should continue to promote the training and use it in the community.

Thank them for their time and be sure to collect the evaluations before they leave the class. If there were any questions you couldn't answer, be sure to get the contact info of the people you need to get back in touch with once you get an answer.



For the Trainer: Promoting Your Training

- a. How will you recruit parents to attend your session?
- b. What support do you need to be successful?
- c. Any tips or tricks you want to share amongst your group of colleagues/co-trainers?

Getting a PSA on the radio

There are many radio stations that have information on their websites about getting a public service announcement on the air. Start by learning which radio stations are in your area. Browse their websites or make a phone call and ask to speak to someone about getting a PSA on the air.

A few things to keep in mind about radio PSAs:

1. You will need to get the wording to the contact at the radio station several weeks in advance of when you want to do some promotion.
2. Most likely, you will not be the person reading the PSA. The radio station uses internal folks to read and record these before airing them.
3. Most radio stations will put a time limit on how long they will run your PSA (usually a few weeks). So be sure to time your promotion efforts so that you are getting good saturation of the audience with your message from your combined efforts.

Sample Radio Public Service Announcements (PSA)

30 Second Radio PSA

Babies need room to breathe when they sleep. Did you know that the safest way for babies to sleep is alone, on their back, and in a crib? Following these steps will help make sure that your baby is sleeping safely and reduce the risk of SIDS, or Sudden Infant Death Syndrome. To find out more about how to make sure your baby is sleeping safely, call (insert your organization phone number) or visit (insert your organization website or other contact information)

A public service of this station and the (insert name of your organization here)

15 Second Radio PSA

Reduce the risk of Sudden Infant Death Syndrome or SIDS by placing your baby to sleep alone, on its back and in a crib. To learn more about SIDS call (insert your organization phone number) or visit (insert your organization website or other contact information)

A public service of this station and the (insert name of your organization here)

Other things to consider

Some areas have local community television stations that announce community events, and do public service announcements on television. Again, use the web to find out the station's process for getting a PSA listed or make a phone call and ask someone to talk with you about getting a PSA on the air.

Be sure to have talking points prepared when contacting TV or radio stations for PSAs. Let them know this is important information to share with the community and it coincides with your efforts to host parent and caregiver trainings to talk with folks about safe sleep.

Media Release with a sample

Another way you can consider getting the word out about your training and educating the community about safe sleep is by issuing a media release from your agency. Before you issue a media release, be sure to think about the types of questions that reporters or others might ask of you and consider how you would respond.

Position yourself as a reliable source of information and build a good relationship with reporters or other media people you might want to work with. You may want to consider preparing an outline of talking points in case you receive any follow up calls related to your media release. Below is a sample media release.

For Immediate Release

Contact: (Name of person in your organization who is available to answer questions. Include the phone number.)

(Name of your organization)

Leading Local Efforts to Reduce the Risk of Sudden Infant Death Syndrome

The (insert name of organization) has kicked off a community education campaign to help parents and other caregivers reduce the high incidence of death from Sudden Infant Death Syndrome (SIDS) in the community. Overall, SIDS is the leading cause of death in all babies under 1 year of age. SIDS also affects African American babies twice as often as white babies.

Research has shown that placing babies to sleep alone, on their backs and in a crib dramatically reduces the incidence of SIDS.

“SIDS is a community problem. We must come together to help educate one another about the steps we can take to reduce the number of babies who will die from this syndrome” said (insert name of spokesperson) of (Insert name of organization). This campaign is designed to bring together parents, grandparents, caregivers and everyone concerned about the health of infants.

This effort is part of the *Babies Need Room to Breathe* safe sleep efforts sponsored by the Department of State Health Services and the Department of Family and Protective Services. (Name of your organization) is partnering with these State agencies to reduce the risk of SIDS for babies in this community. If you are interested in joining this community based effort, contact (insert contact name and phone number).

Sample Flyer

Flyers are a good way to get information out to people about your training. Consider putting flyers up in churches, community centers, kiosks or mail centers of apartment complexes, beauty and barber shops, ask hospitals if you can put them up in the emergency departments, pediatric offices, or OB/GYN offices, businesses, parenting classes, day cares, and senior citizen centers among others. Below is a sample flyer you can use to advertise your class. Below is a sample educational flyer you can use to let people know about your workshop.

Reducing Sudden Infant Death Syndrome (SIDS) in Our Community

You can help reduce the risk of SIDS in our community. Come to this important workshop to learn ways to help protect your baby or a baby you care about.

You will learn about safe sleep and have the chance to talk with other parents, grandparents and caregivers. You will be given tools to take home or to share with others. Free onesies and magnets will be given away!



Who should attend: Parents, expecting parents, grandparents, aunts, uncles, babysitters, childcare providers, anyone who cares for and about infants

When:

Where:

Time:

For more information contact:



Safe Sleep for Babies

Why is Safe Sleep Important?

- Placing babies in a safe sleep position is very important to reduce the risk of Sudden Infant Death Syndrome (SIDS) or "crib death." When a baby, usually between the ages of 1-12 months old dies suddenly without a clear cause, the death is often referred to as SIDS.
- More babies between 1-12 months of age die from SIDS than any other cause. SIDS has also been called "crib death" but cribs do not cause SIDS.

What is the Safest Way for Babies to Sleep to Reduce the Risk of SIDS?

- Babies that are put to sleep and to nap on their backs are much less likely to die from SIDS.
- The safest place for babies to sleep or nap is in a crib or on a firm sleeping surface with a fitted sheet. The place where the baby sleeps or naps should not have toys, pillows or other soft items that could get near the baby's face.
- Everyone who takes care of babies like grandparents, friends, and baby-sitters, should know about safe sleep. Parents should share this information with anyone who will be taking care of their baby.
- Babies can get hot while they are sleeping, which can make them more at-risk for SIDS. It is safest to put babies to sleep with light clothing and the temperature of the room should feel comfortable to you.
- Babies do best when they are not exposed to tobacco smoke. Babies that are around people who are smoking are more at-risk for SIDS. It is safest to make sure babies are in a "smoke-free" zone at home, away from home, and in cars.

If you would like to learn more about Safe Sleep you may contact:

Texas Department of State Health Services
<http://www.dshs.state.tx.us/mch>

Texas Department of Family and Protective Services
<http://www.dfps.state.tx.us>

National Institute of Child Health and Human Development
<http://www.nichd.nih.gov/sids/>

Sources:

National Institute of Child Health and Human Development.
Back to Sleep Campaign 2005.

Available from: <http://www.nichd.nih.gov/SIDS>

Centers for Disease Control and Prevention.
Sudden Infant Death Syndrome 2007.

Available from: <http://www.cdc.gov/SIDS/index.htm>



Sample for a newspaper

When writing a piece for a newspaper, there are a few things to think about. You can write an op-ed piece, in which case you are writing your opinion and the only guidance that can be offered here when writing about safe sleep is to stay away from controversial words like 'co-sleeping'. Remain as neutral as possible and talk about 'safe sleep' and why it is important for parents and caregivers to know about the issue. Keep it short and to the point.

The same points are relevant when dealing with a story in one of the sections of the paper. Generally, it is recommended that you put all of the important information in the opening paragraph of the article (the who, what, where, when, why and how). Explanatory information and other details can be included. The idea is that if people only read the first paragraph, they should have all the information they need to ACT on what you want them to do. A sample is below.

Keeping Babies Safe During Sleep (or some other catchy title)

By: insert name of author

Parents, grandparents, caregivers and anyone concerned with preventing Sudden Infant Death Syndrome (or SIDS) is invited to a short workshop on (DATE and TIME) at (PLACE). Because SIDS is a leading cause of death for babies under one year of age, (INSERT ORGANIZATION NAME) is sponsoring this workshop to try and reduce the numbers of babies dying in our community. Contact (INSERT NAME & NUMBER) for more information or to sign up. (If your organization is providing refreshments, food, or other incentives, state that here)

In (Name of county) there are (data #) of SIDS deaths every year. Many of these deaths could be prevented by ensuring that the baby has a safe sleep environment. In the State of Texas, and in the nation as a whole, African American babies are dying of SIDS at twice the rate of white babies. "It is vital that we as a community come together to learn about what we can do to keep our babies safe while they sleep" said (insert spokesperson from your organization).

Some key factors of safe sleep include placing the baby to sleep on his or her back. Make sure baby sleeps alone, not with siblings or parents and in a crib, bassinet or portable crib. Also, don't smoke around or let others smoke around the baby. The training was created by the Department of State Health Services and the Department of Family and Protective Services.

Handouts

For Parents, Caregivers and Community
What do I need to know about Safe Sleep for Baby?

Key Words	What it means
<p>Sudden Unexpected Infant Death (also called SUID)</p>	<p>This is an umbrella word that describes all infant deaths that happen suddenly and unexpectedly. The manner and cause of death are not clear before an investigation is done.</p>
<p>Sudden Infant Death Syndrome (also called SIDS)</p>	<p>This is the more common word used for infant deaths. It refers to the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted. This includes a complete autopsy, examination of the death scene, and review of the medical history.</p>
<p>Co-Sleeping</p>	<p>Co-sleeping is the practice of a parent or caregiver sleeping in close proximity with an infant, in the same room. This could include having a crib, bassinet, infant co-sleeper, mattress, or child's bed in the adult's room for a child to sleep in alone, or it could mean that the infant bed-shares.</p>
<p>Bed Sharing</p>	<p>When baby shares a sleep surface (adult bed, sofa, recliner, or other surface used for sleep) with a parent, other child, and/or another adult caretaker.</p>
<p>Tummy Time</p>	<p>Placing your baby on his or her tummy on the floor while he or she is awake. A baby should never be left unattended, especially during tummy time.</p>

For parents, caregivers and community: Myths and Facts about Safe Sleep

Circle “Myth” if you believe the statement is not true, circle “Fact” if you believe the statement is true.

Myth	Fact	If I place my baby on his back to sleep, he might choke.
Myth	Fact	There are things I can do to reduce my baby’s risk of sudden unexpected infant death.
Myth	Fact	Immunizations can cause SIDS.
Myth	Fact	It takes time for a baby to learn to sleep soundly on his or her back.
Myth	Fact	Putting my baby to sleep on his or her back will lead to a flat head.
Myth	Fact	Smoking during pregnancy can increase the risk of sudden unexpected infant death.
Myth	Fact	Babies do not die in cribs.

Were you surprised by any of these?

Do you have any questions about why something is considered a myth or a fact?

For Parents and Caregivers: Keeping Your Baby Safe While Sleeping



Back to sleep: Make sure baby is always placed on his or his or her back to sleep. Let grandparents, babysitters and day care know that you only want your baby placed on his or her back to sleep.



Temperature: Be sure to keep the temperature of the room comfortable for you, 70 to 72 degrees is best. Don't let your baby overheat. Don't cover baby's head when sleeping as this is the main place on your baby's body where heat is released. You may want to leave a fan going in the room where your baby sleeps to help avoid overheating.



Separate sleep surface: The best place for baby to sleep is on a separate sleep surface in the same room that parents are sleeping.



Non-usual care provider: Tell grandparents, babysitters and day care that you want your baby to nap and sleep on his or her back. Babies who are used to sleeping on their back are at a much greater risk of SIDS when placed on their tummies to sleep.

Breastfeeding: Studies show that babies who die of SIDS are less likely to have been breastfed. Breastfeeding ensures that your baby will be as healthy as possible.



Smoking: You should never smoke around your baby or when pregnant. Don't let others smoke around your baby. Smoking around your baby increases the chance of your baby developing allergies, asthma, and other respiratory illnesses. It also increases his or her risk of SIDS.

For Parents and Caregivers: Crib Safety

You can learn more about crib safety, crib recalls and other information by visiting <http://www.cpsc.gov/cribs.html>

Here are some things to keep in mind for crib safety:

1. No loose blankets in the crib.
2. No toys, stuffed animals.
3. No bottles or sippy cups in the crib.
4. No bumper pads.
5. No positioning devices.
6. No loose cords or strings near the crib.
7. Only one baby per crib, no sleeping with brothers or sisters.

Take a look at the picture below and write down what you see as the unsafe sleep practices.



Picture shown here is of an unsafe crib. This is not a recommended safe sleep environment for your baby.

Unsafe sleep practices from the picture above:

For Parents and Caregivers: What if I want to share a bed with my baby?

The safest place for a baby to sleep is in a safety-approved crib, bassinet, or a portable crib in the same room with a parent or caregiver. Adult beds are not designed for babies and may carry a risk of accidental entrapment and suffocation. But if parents choose to share a sleep surface (bed-share) with their infants, the following precautions are offered.

- Siblings or adults other than the parents should never sleep with an infant.
- Avoid crevices between the mattress and a wall that could entrap an infant.

All of the following make it harder for a parent or caregiver to respond to a baby.

Never sleep with infant if you:

- Are a smoker,
- Have been drinking any alcohol,
- Have been using drugs, including amphetamines (uppers), meth, cocaine, crack, roofies, heroin, methadone, LSD, peyote, marijuana (weed/bud), THC, methadone, morphine (Big M or M), Opium (O) and others. **NOTE:** Parents – You can face **criminal charges** if your baby dies while you are under the influence of drugs.
- Are taking medication that causes sleepiness. This can include over the counter drugs such as Benadryl, NyQuil, Tylenol PM, and cough syrup. It also includes prescription medication, often given to help deal with pain after childbirth, that has a warning label “may cause drowsiness” such as hydrocodone, oxycodone, flexeril, and anything with codeine. Be sure to read the warning labels on any medication you take.
- Are sick,
- Are unusually tired,
- Are very upset or angry, or
- Are obese or severely overweight.

For Parents and Caregivers: Tummy Time Q&A

Q: What is tummy time?

A: Placing your baby on its tummy on the floor when he or she is awake. During tummy time, an adult should always be with the baby. Tummy time is play time!



Q: What if my baby doesn't like tummy time?

A: An infant might not like tummy time at first and it may take some time to get used to but it is important to keep trying. The American Academy of Pediatrics recommends 30 minutes a day of tummy time, but this can be broken into several short sessions, especially if baby doesn't like tummy time at first. Even if your baby cries, keep trying every day.

Q: How can I keep tummy time safe for my baby?

A: Always stay with your baby when he or she is in tummy time. It's a great time to talk to, lay with, and play with your baby on the floor. Be sure the area you put baby down for tummy time is safe, clean and free of pets, small items, away from cords and outlets and not near items that can fall on baby.

Q: What does tummy time have to do with safe sleep?

A: Many people don't put their baby on his or her back to sleep because they worry about flat spots on the baby's head. Tummy time is a way to prevent the flat spots and encourage you as a parent or caregiver to put the baby on his or her back to sleep.

Q: Is tummy time good for my baby?

A: YES! Tummy time is great for your baby in a few ways. First it helps him or her to develop arm, shoulder and neck strength. This is very important for what comes next – crawling! Also, your baby's brain can be stimulated by looking around at things from the ground. Talk to your baby and show him or her toys and books while in tummy time. Babies learn new things every day so talk to and play with your baby. It will help him or her learn.



RESOURCES for Parents and Caregivers

Help finding a crib: Call 2-1-1 or 1-877-541-7905 from a cell phone. Consider asking a church or community center for assistance if you cannot find something in your area.

Help finding health care for your child or baby: Call 2-1-1 or from a cell phone call 1-877-541-7905. Trained staff familiar with local resources can help you.

Help with Breastfeeding: Free information and referrals are available from Texas' Statewide Lactation Support Hotline: 1(800) 514-6667.

Help with postpartum depression: Postpartum Support International has a hotline you can call 1-800-944-4PPD or visit <http://postpartum.net/> to learn more or find local resources

Help quitting smoking: Contact the American Cancer Society Quitline for free and confidential counseling services, support and information:
1-877-937-7848, TTY: 1-866-228-4327. You can also visit **www.yesquit.com**

Help finding a fan in the summer time: Call 2-1-1 or from a cell phone call 1-877-541-7905. They have information about household fan donation programs around the State.

Other information for parents, including coping with crying, car seat safety and choosing a child care can be found at: http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

Is My Baby Sleeping Safely? A checklist for parents

- I always put my baby to sleep on his or her back.
- I don't smoke around my baby or let others to smoke around my baby.
- My baby sleeps in a crib, portable crib, bassinet or safe sleep surface.
- My baby's mattress or sleep surface is firm and doesn't have loose sheets, blankets, toys, bumpers, pillows, positioning devices or other items.
- My baby's sleep surface is in the same room as mine.
- The room my baby sleeps in is kept cool and comfortable.
- I don't put my baby to bed wearing too many clothes or covered in blankets.
- I've talked to my baby's daycare and other family members who babysit about always putting my baby on his or her back to sleep.

For Parents: Talking to family members and caretakers about safe sleep for your baby

Remember:

- As a parent you have the important job of deciding what is best for your baby, even if it means having uncomfortable conversations with family or caregivers about how you want your baby cared for.
- After this training, you have the most current information on safe sleep practices.

Why is it important to talk to family members and caretakers?

- 1 in 5 SIDS deaths occur when baby is in the care of someone other than the parent.
- Babies who are used to sleeping on their back are at a much greater risk (19 times) of SIDS when placed on their tummies to sleep.

Talking with caregivers about safe sleep:

For grandparents:

“Did you know that we are supposed to put babies to sleep on their backs?”

“I attended a class about keeping my baby safe during sleep. They taught me that putting the baby on his back to sleep is the safest way. I want the best for my baby”.

“I need your support and help in doing what is best for my baby, and putting her on her back to sleep is what is best.”

For day care providers:

“Have you received training on safe sleep practices?”

“Do you have a policy about putting babies on their backs to sleep?”

For a babysitter:

“Do you know about things you can do to keep my baby safe during sleep while you are taking care of him/her?”

“My baby is used to sleeping on his/her back, please put baby on his/her back to sleep every time”.

Share the safe sleep checklist with caregivers.

It is up to you to make sure your baby is safe and protected!



Department of State Health Services and
Department of Family and Protective Services
Safe Sleep for Babies Training

Certifies

as

A Trainer for the Safe Sleep for Babies Curriculum for Parents and Caregivers

Trainer

Month Day, Year



Department of State Health Services and
Department of Family and Protective Services
Keep Me Safe and Sound Committee

Present

Certificate of Completion

to

for

Completion of the

Safe Sleep for Babies Training

Trainer

Month Day, Year

TRAINER: Make copies of the questionnaire titled “Before We Begin: A Pre-Class Questionnaire” and “Evaluation: A Post-Class Questionnaire” and give the class the “Before we Begin” survey in the beginning of the class. Collect their questionnaires before you begin training. After you finish the class, give out the “Evaluation” questionnaire and have the class fill it out. Collect the questionnaires from folks as they leave. Once you have them all, submit both the “Before we begin” and the “Evaluation” questionnaires to:

Dr. Margaret Vaaler
Office of Program Decision Support
Texas Department of State Health Services
M-350, MC: 1922
P.O. Box 149347
Austin, TX 78714-9314

The answer key below is provided for your reference.

Safe Sleep for Babies Program, Answer Key

1. Which statement about SIDS is true?

SIDS is the leading cause of death among infants between 1 month and 12 months year of age

SIDS is completely preventable

Most infants seem sick before they die from SIDS

SIDS is caused by immunizations

2. The best way to put a baby down to sleep is

On their back

On their side

On their stomach

Use all three ways to put a baby to sleep

3. Which of the following statements is NOT a way to reduce SIDS risk?

Do not smoke around infants

Place infants on their backs to sleep

Do not use fluffy bedding or stuffed toys in the sleeping area

Keep infants warm by using lots of blankets

4. Infants may choke if they sleep on their backs.

True

False

Don't Know

5. Which of the following is a safe sleeping surface for an infant:

Soft sleeping surfaces

A firm mattress with stuffed toys surrounding the perimeter

Loose bedding, such as quilts and comforters

A firm mattress, free of loose bedding and stuffed toys

6. Babies do not die in cribs.

True

False

Don't Know

Evaluation Information

Before We Begin: A Pre-Class Questionnaire Safe Sleep for Babies Program

Instructions: Check the box next to the choice you think correctly answers the question.

1. Which statement about SIDS is true?

- SIDS is the leading cause of death among infants between 1 month and 12 months year of age
- SIDS is completely preventable
- Most infants seem sick before they die from SIDS
- SIDS is caused by immunizations

2. The best sleep position for infants is

- On their back
- On their side
- On their front
- Not consistent

3. Which of the following statements is NOT a SIDS risk-reduction recommendation?

- Do not smoke around infants
- Place infants on their backs to sleep
- Do not use fluffy bedding or stuffed toys in the sleeping area
- Keep infants warm by wrapping tightly with blankets

4. Infants may choke if they sleep on their backs.

- True
- False
- Don't Know

5. Which of the following constitutes a safe sleeping environment for an infant:

- Soft sleeping surfaces
- A firm mattress with stuffed toys surrounding the perimeter
- Loose bedding, such as quilts and comforters
- A firm mattress, free of loose bedding and stuffed toys*

6. Babies do not die in cribs.

- True
- False
- Don't Know

Evaluation: A Post-Class Questionnaire Safe Sleep for Babies Program

Instructions: Check the box next to the choice you think correctly answers the question.

1. Which statement about SIDS is true?

- SIDS is the leading cause of death among infants between 1 month and 12 months year of age
- SIDS is completely preventable
- Most infants seem sick before they die from SIDS
- SIDS is caused by immunizations

2. The best sleep position for infants is

- On their back
- On their side
- On their front
- Not consistent

3. Which of the following statements is NOT a SIDS risk-reduction recommendation?

- Do not smoke around infants
- Place infants on their backs to sleep
- Do not use fluffy bedding or stuffed toys in the sleeping area
- Keep infants warm by wrapping tightly with blankets

4. Infants may choke if they sleep on their backs.

- True
- False
- Don't Know

5. Which of the following constitutes a safe sleeping environment for an infant:

- Soft sleeping surfaces
- A firm mattress with stuffed toys surrounding the perimeter
- Loose bedding, such as quilts and comforters
- A firm mattress, free of loose bedding and stuffed toys

6. Babies do not die in cribs.

- True
- False
- Don't Know