

# Expanding and Improving our Safe Sleep Program by Focusing on Health Equity and the Significance of Patient Voice

Doylestown Health 595 W State Street Doylestown PA 18901

DOYLESTOWN HOSPITAL



- 247 Bed Capacity Acute Care Organization
- Grade A Leapfrog Safety Designation
- Level II Neonatal Intensive Care
- Approximately 800 Deliveries Annually



## Problem Statement

Sudden Unexpected Infant Death (SUID), which includes Sudden Infant Death Syndrome (SIDS), remains the leading cause of injury and death in infancy. Sleep is a big challenge for families with young babies, and following safe sleep recommendations can be challenging. Especially if parents are unable to provide a designated safe sleep space for the newborn following discharge.

### Focus Area:

The success of safe sleep depends on the ability of parents to practice safe sleep in many situations, considering variables such as the environment, breast feeding, fatigue and family, as well as accessibility of a designated safe sleep space for the newborn. We have chosen this initiative because of the identification of gaps in process among our patient population, and the lack of a consistent screening process.

### Team Members:

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### Status:

Implementing

### Measures:

- Recognize the importance of Health Equity and adequately screen on admission to identify economic barriers and gift cribbettes upon discharge to patients in need

- Bedside interviews on day of discharge with patients and family regarding knowledge and perceived barriers to sustaining safe sleep following discharge
- Bedside interviews consist of two open-ended questions to help facilitate conversation
- Utilize Qualitative Data to shape ongoing staff and patient education

### Key Interventions:

- Acquired grant to purchase cribbettes from Cribs for Kids to reduce economic barriers
- Developed screening question in EMR to identify families in need
- Developed two open-ended questions that would expand bedside conversations beyond the ABC's
- Interview approximately 10% of our delivered post-partum patients using the same two open ended questions each time
- Continue periodic PA Safe Sleep Environmental Audits to recognize unsafe sleep practices and document corrective actions/education

Reference: Rachel Y. Moon, MD, FAAP; Rebecca F. Carlin, MD, FAAP; Ivan Hand, MD, FAAP; THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME and THE COMMITTEE ON FETUS AND NEWBORN  
<https://doi.org/10.1542/peds.2022-057991>

## Results

- 2024 Updated documentation in EMR to Include Safe Sleep Space availability at home
- 90-100% of patients are screened for Safe Sleep Space accessibility following discharge
- In 2024 identified one family in need, and gifted a cribette upon discharge
- Patient Voice: 10% of all post-partum patients are interviewed regarding Safe Sleep sustainability
- Presented initiative to providers, leadership and administration

## On This Topic: Our Team Would Like to Learn Most From Our Peers:

- Disseminate qualitative data
- Best approach for follow-up with families