

Patient Identification of Unsafe Sleep Practices

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Patient Voice: Safe Sleep Project

- A handout with images of newborns in unsafe sleep situations was developed and presented to new parents.
- Parents were challenged to identify as many of the unsafe items as they could.
- The answers were then reviewed and the leadership team recorded the results.
- The identified knowledge gaps were then presented to providers at a department meeting, allowing them to better tailor education toward common deficiencies.

Challenges

- Finding images with infants in unsafe sleep situations was challenging. Staff were willing to photograph their own infants for the project, allowing for more customization.
- The parent educational tool was initially presented and reviewed with the patient in a single encounter. The nurse leaders identified that this may influence their responses due to prompting so the process was then changed to returning at a later time to discuss findings.
- Multipara patients were less receptive to the information and sharing.

Implementation Steps

1. Research uncommon safe sleep practices and develop educational handout.
2. Develop a patient response tracking tool to use during patient rounding.
3. Educate staff on the purpose of the handout and to provide to all patients.
4. Gather patient responses during patient rounding and compile results.
5. Share results of the most commonly missed unsafe sleep items with the providers during the Pediatric Department Meeting and during interdisciplinary rounds.
6. Track neonatologist and pediatric provider education was through attendance records.

How it Worked

- Patient participation was voluntary.
- The handout was presented in the form of a game where patients were encouraged to circle the unsafe sleep situations.
- Patients searched for the unsafe sleep situations independently, and the nurse leader followed-up later in the day for review.



Did you find all of the unsafe sleep practices?

Photo 1:

- baby sleeping in the car seat (no inclined sleep surfaces)
- car seat on the chair
- loose blanket
- hat while indoors
- stuffed animal

Photo 2:

- baby sleeping in the car seat
- car seat on the counter
- stuffed animal on pacifier
- hat while indoors (infants do not need hats indoors after the first few hours, can get over heat/stuffy)

Photo 3:

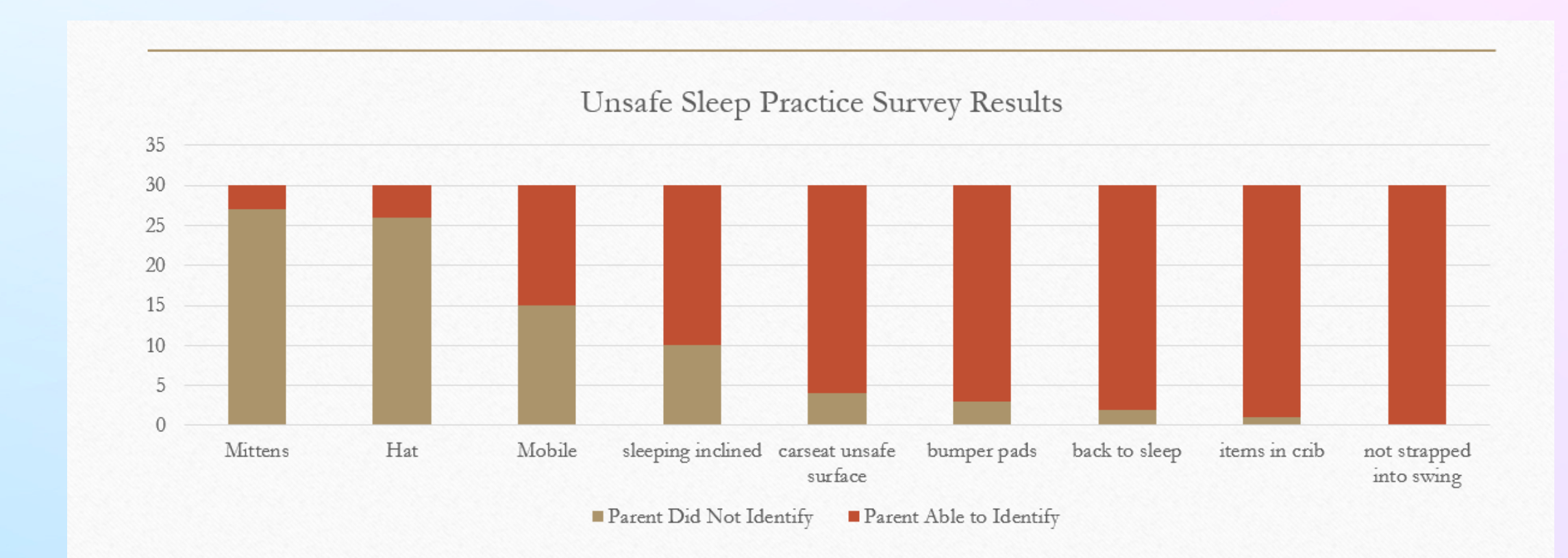
- baby sleeping in the swing
- baby not strapped into swing
- hat
- mobile (do not use mobiles after baby can push up on hands and knees - around 4-5 months old, avoid ones with strings)

Photo 4:

- baby sleeping on his stomach
- loose blanket
- second loose blanket
- pillow
- bumper pads
- mitts (can come off, choking hazard)

Remember- if it inclines or has straps, it is not meant for sleep. Babies should not need hats indoors, and anything that is added to the crib increases the risk of suffocation.
Safe Sleep- Every Place, Every Time

Results



A key takeaway is that hospital interventions such as newborn hats are assumed by patients to be safe at home. As healthcare providers, we are sending mixed messages by continuing to place them on normothermic babies throughout the hospital stay.