

Healthy Native Babies Project:
Honoring the Past,
Learning for the Future

Facilitator's Guide for
1-Day Training

**A Collaboration Between the *Healthy Native Babies Project* Workgroup and
the *Eunice Kennedy Shriver* National Institute of Child Health and Human
Development (NICHD), National Institutes of Health (NIH)**

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1-Day Training Agenda

8:00-8:30 am: Registration

- Self-Assessment and Pre-Test

8:30-9:00 am: Opening

- Welcome and Blessing
- Icebreaker Activity

9:00-9:15 am: History of the *Healthy Native Babies Project*

9:15-10:30 am: About Sudden Infant Death Syndrome (SIDS) (Workbook Chapters 1 & 2)

10:30-10:45 am: Break

10:45-11:15 am: Activity Workstations—Understanding the Messages

- Safe Sleep Environment
- Safe Sleep Messages

11:15 am-12:00 pm: Risk Continuum Overview

12:00-12:15 pm: Brainstorming Barriers and Challenges

12:15-1:15 pm: Lunch

1:15-2:15 pm: Community Outreach (Workbook Chapters 3, 4, & 5)

2:15-3:00 pm: Problem-Solving Scenarios

3:00-3:15 pm: Break

3:15-4:00 pm: *Healthy Native Babies Project* Challenge

4:00-4:30 pm: Round Dance Review

4:30-5:00 pm: Closing

- Commitment to Use *Healthy Native Babies Project* and “Letter to Me”
- Post-Test
- Evaluation

Training Objectives

After completing this training, participants will be able to:

- Describe the disproportionately higher rates of Sudden Unexpected Infant Death (SUID), Sudden Infant Death Syndrome (SIDS), and sleep-related causes of infant death for American Indian/Alaska Native (AI/AN) infants.
- Identify facts and myths about SIDS, and explain what is currently known about SIDS risk factors.
- Define actions that families and communities can take to reduce SIDS risk.
- Communicate safe sleep messages.

How To Use This Training

You can use this training to educate others about SUID, SIDS, other sleep-related causes of infant death, SIDS risks, and ways to reduce the risk of SIDS in their communities. A few things to keep in mind:

- **This 1-day training is intended for intermediaries**—the people who interact and work with parents and caregivers—not for the parents and caregivers themselves.
- **Advance preparation is required.** Plan for approximately 4 hours of preparation to collect and assemble materials and supplies needed. You might also want to conduct a “practice training” to ensure you are familiar with the content and activities.
- **Obtain a *Healthy Native Babies Project Workbook Packet* for each person participating in the training.** Call 1-800-505-CRIB (2742) or e-mail NICHDInformationResourceCenter@mail.nih.gov to order multiple copies of the Workbook Packet.
- Depending on the size of your training group and their experience, **there might be more information in the training than you will have time to present.** The participant introductions will help you decide what material to include or leave out based on participant’s backgrounds and knowledge. Then, adjust the content and activities to address the specific needs of the group. For example, if your group includes many community-based workers, such as Community Health Representatives or Public Health Nurses, the interactive items in the first activity might be more useful than some of the other content. If the group includes more health care providers, you might want to conduct more discussion about the concept of risk reduction and how to use it with families.

- As you move through this Guide, please note the following symbols and their meanings:

The **projector** icon  appears with a specific slide or slide number in the *1-Day Training Presentation*.

The **disk** icon  appears next to items found on either the Toolkit Disk, which is in the Workbook Packet, or on the Resources Disk, which is in the Facilitator's Packet.

The **sound** icon  appears with *italicized* text that you can read as written or that you can paraphrase to present to the group.

- Although Pre- and Post-Tests are not a required part of this training, you are strongly encouraged to include them in your sessions. Pre- and Post-Tests are meant to test the training, not the participants, by giving feedback about key messages that might not be clear or about parts of the training that could be structured differently to better learning.
- In addition, Pre- and Post-Tests are often required for those who want to receive continuing education (CE) credits or units (CEUs) for the training. Check with participants before the training to see if they are expecting CE credits or CEUs, and if their organization requires the tests. If you need to or decide to include the tests, the training will take 2 hours to complete. If you don't need to or decide not to include the tests, the training will take 90 minutes to complete.
- **After the training**, it is useful to review the Pre- and Post-Test answers provided by your participants. If trainees are having trouble with similar concepts or messages, you might want to present these concepts in a different way in future trainings.
- The NICHD and the *Healthy Native Babies Project* Working Group are interested in receiving feedback about your trainings, evaluations, and Pre- and Post-Test themes, and knowledge challenges for your audiences. Please contact the NICHD by e-mail at NICHDInformationResourceCenter@mail.nih.gov with your comments.

Facilitator Preparation: Before the Training Session

1. PREPARE YOURSELF by obtaining a *Healthy Native Babies Project Workbook Packet* to review completely before you plan to do any training.
 - READ the entire *Healthy Native Babies Project Workbook*.
 - READ the entire *Facilitator's Guide for 1-Day Training*. MAKE SURE you are familiar with the content and with the activities you'll be leading in this training.
 - REVIEW the items on the Resources Disk to become familiar with the project background, training items, and additional information.
 - READ the *Toolkit User Guide* and use the Toolkit Disk to create your own outreach item, such as a poster or brochure, so that you can explain to trainees how the program works if you plan to discuss or demonstrate the toolkit use during your training.
2. PRINT OUT a copy of the slides in the *1-Day Training Presentation* for reference or in case you have technical difficulties at the training site.
 - REVIEW the slides in the *1-Day Training Presentation*.
 - MAKE SURE you are familiar with the content in the presentation and with its corresponding content in the *Healthy Native Babies Project Workbook*.
 - PLACE the printout in a three-ring binder for convenient access during the training.
3. OBTAIN the following items for use during the training:
 - Computer or laptop computer
 - Projector for computer/laptop
 - Screen/blank area of the wall
 - Items from the *Healthy Native Babies Project Facilitator's Packet*:
 - Resources Disk
 - Safe Sleep Messages Flip Chart (for Safe Sleep Messages Workstation)
 - Risk Continuum Chart (for Risk Continuum Overview)
 - Image cards (for Risk Continuum Overview)
 - Flip chart, dry erase board, or large paper
 - Markers/dry erase markers
 - Ball of yarn (optional for the Icebreaker Activity)

- Timer/stopwatch (to time activity sessions in the training)
- Laundry basket or wash tub (for discussion of alternative sleep surfaces)
 - Piece of thick cardboard that fits into the bottom of the laundry basket
 - Safety pins to secure thin blanket over the cardboard
 - ASSEMBLE the basket with above items before the training
- Items for safe sleep environment demonstration (for Safe Sleep Environment Workstation), such as:
 - Portable crib, such as a Pack ‘n Play® or playpen (child’s toy size works well)
 - Lightweight blankets (at least two)
 - Toys/stuffed animals
 - Crib bumpers
 - Heavy sleepwear
 - Onesie or light sleepwear
 - Baby doll
- Two magic markers of different colors—such as red and yellow (for aspiration/ choking demonstration in Session 1)
- Noisemakers (optional for *Healthy Native Babies Project Challenge*)
- Game prizes (optional for *Healthy Native Babies Project Challenge*)
- Masking tape
- Scissors
- Velcro® with adhesive or sticky back (optional for Risk Continuum Overview)
- Blank paper
- Pens/pencils (one for each participant)
- Radio/music player and music (optional)
- Small gift for person who leads the Blessing and/or Closing Prayer (optional)
- Three-ring binder for your slides, notes pages, etc. (optional)

4. OBTAIN a copy of the *Healthy Native Babies Project Workbook Packet* for each participant (see previous section for details on how to get multiple copies of the Packet); each packet includes:
 - *Healthy Native Babies Project Workbook*
 - *Healthy Actions for Native Babies Handout*
 - Toolkit Disk
 - *Toolkit User Guide*
5. PRINT/COPY the following handouts so that you have one for each participant, and PLACE each set in a separate folder or use a paper clip:
 - 1-Day Training Agenda (Page 1 of this Guide)
 - Pre-Test (on Resources Disk)
 - “Letter to Me” (from the back of this Guide)
 - Post-Test (on Resources Disk)
 - Training Course Evaluation (on Resources Disk)
6. PRINT a copy of the *Certificate of Completion* from the Resources Disk.
 - MAKE enough copies of the certificate for each person in the training.
 - WRITE the participants’ names and appropriate dates on the certificates.
7. PRINT the *Pre- and Post-Test Answer Key* to give to participants at the end of the training.
8. PRINT the “My name is...” sheet from the Resources Disk. WRITE your name clearly on the sheet.
9. REVIEW your participant list before the training with someone who knows the community (if you have an advance registration process).
 - ASK your local contact if it would be appropriate to have one of the attendees lead the Blessing. CONTACT that trainee ahead of time to ask for their involvement.
 - If it is not appropriate for one of the trainees to lead the Blessing, then ARRANGE for someone from the local community/Tribe to come to the training session and do the Blessing. USE local community contacts to identify appropriate community members to lead the Blessing.

10. MAKE one copy of the following handouts, found in the back of this Guide, to be used at each of the activity workstations:

- *Safe Sleep Environment: Workstation Sheet*
- *Safe Sleep Messages: Workstation Sheet*

11. MAKE one copy of the following items, found in the back of this Guide, to use during the activities:

- *Risk Continuum: Key Messages*
- *Problem-Solving Scenarios*
- *Problem-Solving Scenarios Key Messages*
- *Healthy Native Babies Project Challenge Cheat Sheet*
- *Round Dance Review Prompts*

12. MAKE three copies of the *Healthy Native Babies Project Challenge Score Sheet*.

13. PREPARE the Risk Continuum Chart:

- You will need a 36 inch by 48 inch piece of heavy paper.
 - You can use exam table paper, flip chart papers taped together, or other large paper.
 - If you wish to re-use a chart for multiple trainings, having it laminated or using heavy strength paper will help maintain the quality of the chart.
- PRINT the Increasing Risk and Decreasing Risk marker and logo to apply to the horizontal line on the center of the paper.
- IF USING VELCRO® for the chart:
 - PLACE the heavy paper/chart on a flat surface.
 - MEASURE a strip of the loops side of the Velcro® (softer and fuzzier) to equal the width of the Risk Continuum Chart. CUT the Velcro® as measured.
 - REMOVE the paper backing from the strip and PLACE it on the chart, applying pressure to make sure the strip is secure.

- USE the provided image cards with the Risk Continuum Chart.
 - CUT the cards along the dotted lines.
 - CUT short segments of the hooks side of the Velcro®, REMOVE the paper backing from each, and APPLY to the back side of each card.
 - PLACE the various image cards on the continuum for demonstration viewing before training session begins.
 - IF NOT USING VELCRO®, PREPARE the image cards for use in the Risk Continuum Overview.
 - CUT the cards along the dotted lines.
 - CUT short small segments of masking tape.
 - LOOP the segments with sticky side out, and APPLY to the back of each image cards.
 - If using a white or chalk board, you may choose to have a tape dispenser at the workstation so that participants can affix the tape to the image cards when they put them up on the board.
14. PREPARE the *Problem-Solving Scenarios* by cutting these into individual strips along the dotted lines so that there is one scenario per strip.
 15. READ the *Toolkit User Guide*, and USE the Toolkit Disk to create your own outreach item so that you can explain to the trainees how the program works.
 16. FAMILIARIZE yourself with the *Healthy Native Babies Project* Challenge on the Resources Disk so you know how to open the program on the computer, how the program works, and how to play before the training session.

Facilitator Preparation: At the Training Session, Before Participants Arrive

1. BEGIN preparations at the training site **at least 1 hour before** the training is scheduled to start.
2. PLACE the printed copy of the presentation slides in the front of the room where you can get to it easily.
3. PLACE participant folders or sets of handouts and the *Healthy Native Babies Project* Workbook Packets for participants at the check in or entrance area of the training room.
4. POST the “My name is...” sheet, with your name on it, on a wall in the front of the room where all the participants can see it.
5. SET UP the computer/laptop and projector.



- INSERT the Resources Disk into the CDROM/DVD drive.
- NAVIGATE to the file listing for the Resources Disk.
- OPEN the *1-Day Training Presentation* file. The presentation is a PDF. To view a PDF, you will need Adobe® Acrobat® Reader. Visit <http://get.adobe.com/reader/> to download a free copy of Acrobat®.



6. MAKE SURE that **Slide 1** of the *1-Day Training Presentation* is showing and is projected on the screen/wall.



- Without closing the presentation, NAVIGATE back to the file listing on the Resources Disk. OPEN the *Healthy Native Babies Project* Challenge by double clicking on “START APPLICATION.” Doing so will activate a Web browser window to run the program. The Challenge program runs best on Microsoft® Internet Explorer®.

- If the default browser on the computer is not Internet Explorer®, do the following:
 - Open a Web browser window.
 - In the FILE menu at the top of the screen, select “OPEN.”
 - Click on the “BROWSE” button. Navigate to the file listing for the Resources Disk, and select “START APPLICATION” from that list.
 - Click the “OK” button.



7. MINIMIZE the Challenge program so that **Slide 1** of the *1-Day Training Presentation* is showing and is projected on the screen/wall. The Challenge program should still be running in the background. You will switch to the Challenge program later in the day’s activities.
8. TEST all equipment to make sure it is working. CONSULT with the manager of the facility or with someone who has audio/visual expertise if you have problems.
9. SET UP the portable crib in a corner of the room. STORE other sleep environment items inside the portable crib until it is time for the demonstration. This area will be the Safe Sleep Environment Workstation for the Understanding the Messages Session.
10. SET UP the Safe Sleep Messages Flip Chart on a table in the training room. This area will be the Safe Sleep Messages Workstation for the Understanding the Messages Session.
11. POST the Risk Continuum Chart on a wall in the training room for the Risk Continuum Overview using masking tape, or CREATE a Risk Continuum line on a white board or chalk board if using one.
12. PLAY music at a very low volume level for when participants begin to enter the room (optional).
13. PLACE the *Certificates of Completion* and the *Pre- and Post-Test Answer Key* sheets in the same location as the binder so you can easily get to them at the end of the session.
14. GREET participants as they enter the room.

Conducting the Pre-Test

Time

5 minutes to 10 minutes

Overview

In this session, you will:

- Administer the Pre-Test.

Objectives

By the end of this activity, participants will:

- Understand their baseline knowledge about SIDS and safe sleep recommendations.

Healthy Native Babies Project Workbook References

None for this session.

Materials Needed

- Participant folders/packets with handouts
- Timer/stopwatch
- Pens/pencils (one for each participant)

Facilitator Preparation

- Be familiar with the Pre-Test in case participants have questions.

Setting Up the Activity

1. HAND OUT the participant folders or sets of handouts—one to each participant—as trainees arrive.
2. WAIT until participants are seated and are settled. You may begin before all participants have arrived if some are quite late.

Doing the Activity

1.  SAY: Before we get started with the actual training, I would like for you to complete a short Pre-Test.
2. EXPLAIN the purpose of the Pre-Test using the following information:
 - The purpose of the Pre-Test is to determine participants' prior knowledge, attitudes, and beliefs (KAB) before taking the *Healthy Native Babies Project* training.
 - The Pre-Test will help measure whether the training meets its objectives.
 - Some participants come to this training not knowing very much about SIDS, while others may already have a lot of experience on the topic.
 - If participants are unfamiliar with something on the Pre-Test, they shouldn't worry about it because they will learn about that topic during the training.
 - You will not review the Pre-Test answers together. Instead, participants will receive an answer key with their certificates at the end of the training.
 - The second page of the Pre-Test asks for participants' opinions about different topics. There are no wrong answers for this section.
3. EXPLAIN that this is not a “test” for participants, but for the training itself. ADD the following information:
 - Names are not linked to answer sheets. Instead, participants will use a code to match the Pre-Test to the Post-Test. In this way, the tests will be anonymous.
 - The code is the first two letters of their first name and the last two digits of their birth year. So someone named Ana, born in 1977, would have the code AN77.
4. ASK participants to find the Pre-Test and Post-Test in the folders/packets and to put their code on them at this time so they can be sure they use the same code.

5. ALLOW 5 minutes to 10 minutes for participants to complete the Pre-Test.
6. ANNOUNCE when time is up.
7. COLLECT the Pre-Tests.

Wrapping Up the Activity

1. THANK participants for their cooperation.
2.  SAY: *Now let's start the training and learn about SIDS.*

Getting Started

Time

45 minutes

Overview

In this session, you will:

- Welcome the group to the training.
- Introduce yourself and explain your background.
- Ask a local representative in the group (or local Elder) to share a Blessing.
- Have group members introduce themselves during the Icebreaker Activity.
- Explain the history and background of the *Healthy Native Babies Project*.

Objectives

By the end of this activity, participants will:

- Feel welcomed and ready to learn about SIDS.
- Have a sense of who else is at the training and why people have come.

Healthy Native Babies Project Workbook References

- *Healthy Native Babies Project History: Workbook Page 74*

Materials Needed

- A small gift for the person who does the Blessing (optional)
- Ball of yarn for Icebreaker Activity (optional)
- Timer/stopwatch
- Participant folders/packets with handouts
- *Healthy Native Babies Project Workbook Packets* (one for each participant)

Facilitator Preparation

- Be prepared to share some background information about yourself.
- Review the Icebreaker Activity before the training session.
- Review the *Healthy Native Babies Project* History on page 74 of the Workbook.

Setting Up the Activity

1. BE warm and welcoming. This activity will set the tone for your day.

2. MAKE SURE that  **Slide 1** of the *1-Day Training Presentation* is displayed on the screen/wall.

Doing the Activity

Blessing

1. ANNOUNCE to the group that you will begin the day's activities with a Blessing.
 - INTRODUCE the Elder or guest speaker, and INVITE her/him to do the Blessing before conducting any other business.
 - Optional: In addition to an opening Blessing, it may also be appropriate for the person to lead a Blessing at day's end, should he or she want to do so.
2. THANK the person who has conducted the Blessing, and GIVE her/him an acknowledgment and/or small gift.

Icebreaker Activity

1. SHOW  **Slide 2** of the presentation.
 - ASK each person in the group to pair with someone he or she does not know. EXPLAIN that they will ask each other questions and will "present" the person to the group briefly.
 - EXPLAIN that the slide shows some suggested questions that can help each person learn about his or her partner.

-  *SAY: Be prepared to “present” your partner to the larger group. You will have 2 minutes to speak with each other. I will let you know when 1 minute is up so you can switch the discussion.*
 - TIME the activity. TELL participants when there is 1 minute left. TELL them when time is up.
 - INVITE participants to stand in a circle.
 - EXPLAIN that you will introduce yourself and then you will toss the yarn across the circle while holding onto the end of the yarn.
 - INTRODUCE yourself briefly. TOSS the ball of yarn to someone in the circle. INVITE his or her partner to “present” information learned a few minutes ago. The person should hold on to the yarn, and then toss it to another person. By tossing the yarn back and forth, a yarn pattern will begin to form that connects participants.
 - NOTE: If you don’t want to have participants pair up for this activity, ASK participants to go around the room and introduce themselves. You can use the ball of yarn in this case as well, if desired.
 - CONTINUE until everyone has been introduced. At the end of this exercise, you will have a “web” of connections among the participants.
 - EXPLAIN that this web is similar to the many community connections needed to work together to reduce the risk of SIDS and other sleep-related causes of infant death.
 - EXPLAIN that every person is connected to everyone else, and that each person’s unique contribution is valuable in the collective effort to protect Native babies.
2. Optional: If there is space, ASK everyone to carefully set the yarn web on the floor and to step away from it. LOOK at the web, and LEAVE it there to observe later in the day.

Wrapping Up the Activity

1. THANK everyone for sharing.
2.  *SAY: Remember that SIDS is a topic that impacts every member of a community, every point in our “web.” We need to be willing to create connections among our various communities, programs, and efforts if we are going to be successful in reducing the risk of SIDS.*
3. ASK people to return to their seats.
4. SHOW  **Slide 3** with the training objectives.

- READ the objectives from the slide.
- STATE that the purpose of the training is twofold. The training aims to:
 - Teach participants about ways to reduce the risk of SIDS and other sleep-related causes of infant death, and
 - Provide tools that attendees can use to comfortably and confidently deliver safe sleep messages in their communities.

5. SHOW  **Slide 4** of the presentation.

- ASK participants to find the *1-Day Training Agenda* in their packets/folders. REVIEW the day’s schedule.
- COMPLETE other “housekeeping” tasks, such as:
 - Location of bathroom
 - Times for lunch and breaks
 - Location of refreshments or water fountain
 - Any other relevant information
- REVIEW the other items in the participant packet/folder.

6. SHOW  **Slide 5** of the presentation. REVIEW the *Healthy Native Babies Project History* (Workbook page 74).

7. SHOW  **Slide 6**.

- HAND OUT the Workbook Packets to participants if you haven’t done so already. ADD that the Packet includes:
 - Five content chapters
 - Appendices with additional information
 - Handouts in the back inside pocket (such as *Healthy Actions for Native Babies*)
 - Toolkit Disk

- TELL participants that you are using the Facilitator’s Packet to conduct this class. ADD that the Facilitator’s Packet includes the following items:
 - Resources Disk
 - Facilitator’s Guides (for 1-day and 2-hour training sessions)
 - Presentations (for 1-day and 2-hour training sessions)
 - Activity-related items (such as the Risk Continuum Chart)
 - Tests and evaluation
- EXPLAIN that participants will learn more about these items during the training.
- EXPLAIN the following about the last two items listed on the slide.
 - Train-the-Trainer Sessions: In 2006 and 2007, the *Healthy Native Babies Project* partners held two 2-day workshops in each targeted area (10 total) and distributed 30 scholarships for participants at each site. In 2009, they did two 1-day workshops in each targeted area to reinforce the safe sleep messages.
 - Mini-Grants Implementation and Support: In 2007, 26 mini-grants were awarded for up to \$2,000 per organization to enable local organizations to focus on SIDS risk-reduction education activities. In 2009, 2011 and 2012, the partners distributed additional funds to create *Healthy Native Babies Project* resource materials.

8. SHOW  **Slide 7.**

-  SAY: *You, as participants, are crucial to this training, both during and after it.*
-  SAY: *You are the ones who will spread the word in your communities, implement the Healthy Native Babies Project concepts across the country, and use the Healthy Native Babies Project Toolkit Disk and materials to promote safe sleep practices.*
-  SAY: *You are the most important part of this training!*
-  SAY: *Now let’s get started with the training. Are there any questions so far?*
- ANSWER any questions. If a question relates to something that you will cover in the training, TELL the person who asked the question that he or she will find out the answer later in the day.

About SIDS

Time

75 minutes (1 hour and 15 minutes)

Overview

This session includes an overview of SIDS information and facts. Lesson activities will help participants to understand the SIDS risk-reduction messages outlined in Chapter 1 and Chapter 2 of the *Healthy Native Babies Project Workbook*, and to deliver these messages to their clients and communities.

Objectives

By the end of this activity, participants will be able to:

- Define SUID, SIDS, and other sleep-related causes of infant death.
- Explain how many infants die of SIDS and recognize the disproportionately higher SIDS rates among AI/AN infants.
- Describe what is currently known about SIDS causes and risk factors, especially risk factors common in AI/AN communities.
- Define actions that can reduce an infant's risk for SIDS and other sleep-related causes of infant death, including those that address risk factors more common among AI/ANs.
- Identify alternative sleep surfaces, including cradleboards.
- Explain ways to lower risk of SIDS and other sleep-related causes of infant death associated with infant sleep location.
- Describe actions that may improve infant outcomes and further reduce the risk for SIDS.
- Explain Tummy Time and why it is important for infant health.

Healthy Native Babies Project Workbook References

- Chapters 1 and 2
- Appendices 2 and 5
- *Healthy Actions for Native Babies* Handout

Materials Needed

- Baby doll
- Two magic markers of different colors
- Onesie or lightweight infant sleepwear
- Blankets (2 lightweight blankets)
- Laundry basket or wash tub
- Piece of thick cardboard
- Safety pins or masking tape
- Timer/stopwatch

Facilitator Preparation

- Review Chapters 1 and 2 of the *Healthy Native Babies Project Workbook*. It may be helpful to write down the Workbook page numbers that correspond to the slides. You may need to assist the trainees in finding the pages in the Workbook that correspond to the presentation slides.

Facts about SIDS

Setting Up the Activity

1. SHOW  Slide 8.
2.  SAY: *Let's begin by looking at the facts about SIDS. You will find this material in Chapter 1 of your Workbook.*
 - Optional: GIVE a brief summary of your background and experience and your involvement with SIDS risk-reduction activities, if you have not already done so.
 - KEEP the following items nearby for use during the demonstrations later in this section:
 - Two magic markers of different colors
 - Baby doll

Doing the Activity

1. SHOW  **Slide 9.**

-  SAY: *What is Sudden Unexpected Infant Death or SUID?*
- READ the slide.

2. SHOW  **Slide 10.**

-  SAY: *SUID includes both explained and unexplained infant death. For example, some of the explained infant deaths are caused by [read list on slide]. Some of the unexplained infant deaths are caused by [read list on slide].*

3. SHOW  **Slide 11.**

-  SAY: *SUID is a category of infant deaths that can include different causes or unknown causes of death, such as those listed in the graphic shown on the slide. SIDS is only one type of SUID. SIDS deaths are the largest type of the SUID category.*

4. SHOW  **Slide 12.**

- READ the slide.
- EXPLAIN that a cause of death is usually determined after a thorough investigation and autopsy by a medical examiner and coroner.

5. SHOW  **Slide 13.**

-  SAY: *What is SIDS?*
- READ the slide.
-  SAY: *This is the formal definition of SIDS, but what does it mean practically?*

6. SHOW  **Slide 14.**

- READ the slide.
- NOTE that the information shown is from the Centers for Disease Control and Prevention (CDC). EXPLAIN that “incidence” refers to the number of new cases in a certain time period.

7. SHOW  **Slide 15.**

-  SAY: *So what is SIDS?*
- EXPLAIN the following about SIDS:
 - SIDS is the leading cause of death in infants between 1 month and 1 year of age. SIDS deaths occur most frequently between the first and fourth months after birth; 90 percent of all SIDS deaths occur by 6 months of age.
 - SIDS is a sudden silent medical disorder that can happen to a seemingly healthy infant.
 - A death is ruled SIDS after a thorough investigation, including an autopsy and a review of the baby’s and family’s medical history.
 - AI/AN babies are two to four times more likely to die from SIDS than are white babies.
 - SIDS is the leading single cause of post-neonatal deaths (infant deaths occurring between 30 days and 1 year of age) for AI/ANs.
 - Overall, SIDS is the third leading cause of infant death, after congenital malformations (birth defects) and complications from preterm birth.
 - Although SIDS is not preventable, the risk can be reduced by practicing certain risk-reduction behaviors.

TRAINER NOTES: Definitions and Sources

- Perinatal deaths include fetal deaths at 28 weeks or more of gestation plus infant deaths at younger than 7 days of age.
- Neonatal deaths are those that occur during the first month of life, specifically from birth through the first 27 days. Neonatal deaths may be “early” (younger than 7 days old) or “late” (between 7 and 27 days old).
- Post-neonatal deaths are those that occur between day 28 and day 364 after birth. Even though the first calendar month may include 28, 29, 30, or 31 days, infant deaths after 28 days of age are counted as occurring in the second month after birth.

From the National Center for Health Statistics. (1998). *Fetal and infant mortality. Volume 2: Oregon Vital Statistics Report 1995* (Chapter 7). Hyattsville, MD: National Center for Health Statistics. Retrieved June 19, 2013, from <http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/98v2/Documents/chapter7/chp7-nar.pdf>.

8. SHOW  **Slide 16.**

-  SAY: *Although SIDS is not preventable, the risk can be reduced by practicing certain risk-reduction behaviors. We will focus on those behaviors in this training. What is a preventable death?*
- EXPLAIN that a child’s death is considered to be preventable if the community (through legislation, education, etc.) or an individual (through reasonable precaution, supervision, or action) could have done something to change the circumstances that led to the death. Examples of preventable causes of death include:
 - Suffocation in bed
 - Suffocation from an adult rolling over onto a child during sleep
 - Aspiration or choking
 - Homicide
 - Injury by undetermined intent

- REMIND participants about the information they saw earlier on SUID. EXPLAIN that certain types of SUID are preventable. EXPLAIN the following example:
 - “Positional asphyxia” occurs when a baby is trapped in a couch or bed or armchair, can’t breathe, and dies—this death is preventable.
 - When there is no positional asphyxia, or no rollover death from bed sharing with an adult, then the death might have been unpreventable. Such a death might result from problems in the baby’s respiratory system or brain stem that cause him/her not to breathe properly.
-  SAY: *So, although SIDS itself is not preventable, there are things you can do to reduce the risk of SIDS. We are learning that this situation—of preventable versus unpreventable death—is NOT black and white, but is actually many shades of gray.*
- READ the rest of  **Slide 16.**

TRAINER NOTES: Sources

- Covington, T, Foster, V, & Rich, S. (2005). *A program manual for child death*. Okemos, MI: National Center for Child Death Review. Retrieved July 10, 2010, from <http://www.childdeathreview.org/Finalversionprotocolmanual.pdf>.
 - Malloy, MH, & MacDorman, M. (2005). Changes in the classification of sudden unexpected infant deaths: United States, 1992-2001. *Pediatrics*, *115*(5), 1247-1253. Retrieved July 10, 2010, from <http://pediatrics.aappublications.org/cgi/content/full/115/5/1247>.
-

9. SHOW  **Slide 17.**

- READ the slide.

TRAINER NOTES: Definitions and Source

- Child abuse is intentional injury to a child. Each state has its own specific definition of child abuse, generally based on the definition found in the federal Child Abuse Prevention and Treatment Act (CAPTA), which was originally enacted in 1974 (Public Law 93-247), but was most recently amended and reauthorized as the CAPTA Reauthorization Act of 2010 (Public Law 111-320). CAPTA defines abuse as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.”
 - Child neglect is an injury to a child caused by the omission of necessary acts, including failure to provide food, health care, shelter, or safety. Source: Child Welfare Information Gateway. (2008). *What is child abuse and neglect?* (DHHS Publication). Retrieved July 10, 2010, from <http://www.childwelfare.gov/pubs/factsheets/whatiscan.pdf>.
-

10. SHOW  **Slide 18.**

-  SAY: *Back sleeping does not cause vomiting or choking.*
- EXPLAIN that when a baby is in the back sleeping position, the trachea (breathing tube) lies on top of the esophagus (gullet or tube to the stomach). Anything regurgitated or refluxed from the esophagus must work against gravity to reach the trachea.

11. SHOW  **Slide 19.**

- EXPLAIN that when a baby is in the stomach sleeping position, anything regurgitated or refluxed will pool at the opening of the trachea, making it easier for the baby to aspirate or choke.
- EXPLAIN that you are going to use the baby doll to show them why infants are less likely to choke when sleeping on the back.
- PLACE the doll on its back in a place where all participants can see it.
- EXPLAIN that one of the magic markers is the infant’s trachea and the other is the infant’s esophagus. PLACE the markers next to the doll with the trachea marker on top and the esophagus marker on the bottom.
-  SAY: *So anything the baby throws up from the esophagus has to go against gravity to get into the trachea and cause choking.*
- TURN OVER the doll and REVERSE the order of the markers so that the esophagus marker is on the top and the trachea marker is on the bottom.

- EXPLAIN that baby is more likely to choke in the stomach sleeping position because of the location of the esophagus and trachea and the working of gravity.
- MAKE SURE participants understand that SIDS is not caused by vomiting or choking. ASK if the participants have any questions. ANSWER any questions.

12. SHOW  **Slide 20.**

- EXPLAIN that the graph shows the rate of infant deaths due to SIDS. ADD that the SIDS rate is equal to the number of deaths for a certain time period divided by 1,000 live births.
-  SAY: *This chart shows the results of a study of AI/AN individuals who use the urban Indian health organizations (34 clinics in 19 states).*
- EXPLAIN that:
 - The SIDS rate for AI/AN babies (gold bar) was just less than 1.4 deaths per 1,000 live births.
 - Compare this rate to the 0.6 deaths per 1,000 live births (red bar) for other infants living in the same urban cities.
-  SAY: *In other words, AI/AN infants in urban areas were 2.5 times more likely to die from SIDS than were their urban counterparts of other races.*

13. SHOW  **Slide 21.**

- EXPLAIN that the graph compares SIDS rates among AI/AN populations and the general U.S. population/all races. ADD that:
 - The first five gold bars in the graph indicate the SIDS rate for AI/AN populations in the five Indian Health Service (IHS) Northern Tier regions.
 - The sixth gold bar shows the SIDS rate for all IHS regions in the United States.
 - The red bar indicates the SIDS rate for all U.S. races.

14. SHOW  **Slide 22.**

-  SAY: *What causes SIDS? Researchers don't know exactly what causes SIDS, but there are several theories.*
- EXPLAIN that more and more research evidence suggests that some infants who die from SIDS are born with brain abnormalities or defects.

-  SAY: *For example, studies from researchers at Children’s Hospital, Boston, showed that many of the brains of babies who died of SIDS had abnormalities in the nerve cells that make and use serotonin. ADD that:*
 - Serotonin is a chemical messenger or a neurotransmitter.
 - Serotonin works in the part of the brain that controls vital functions, such as breathing, body temperature, blood pressure, heart rate, and waking from sleep.
- EXPLAIN that an infant might have a genetic change or rare mutation that affects this brain area.
 - The genetic mutation could impact how the infant’s body systems work, which could predispose the infant to problems in development.
 - As a result, some infants might lack coordination of vital systems, such as breathing, blood pressure, temperature, reflexes, and waking and sleeping.
 - Researchers don’t think these biological changes alone are enough to cause a SIDS death.

TRAINER NOTES: Source

Paterson, DS, Trachtenberg, FL, Thompson, EG, Belliveau, RA, Beggs, AH, Darnall, R, Chadwick, AE, Krous, HF, & Kinney, HC. (2006). Multiple serotonergic brainstem abnormalities in sudden infant death syndrome. *Journal of the American Medical Association*, 269(17), 2124-2132.

15. SHOW  Slide 23.

-  SAY: *Let’s take a minute to talk about the Triple-Risk Theory. Researchers use the Triple-Risk Theory to describe the convergence of events that might lead to death from SIDS.*
- EXPLAIN that researchers believe having only one of the following situations is likely not enough to cause death on its own. ADD that when all three are present, the likelihood of SIDS could be very high.
 - The first risk of the model is a **vulnerable infant**.
 - For instance, an infant who has an underlying abnormality or defect in the part of his or her brain that controls vital functions, such as breathing and body temperature, would be a vulnerable infant.
 - Likewise, an infant with an unknown genetic mutation would also be vulnerable.

- These abnormalities can't be "seen" so health care providers, parents, and families don't know an infant is vulnerable.
 - The second risk is a **critical development period**.
 - For example, during the first six months of life, an infant goes through many growth phases and changes in how well the body regulates itself, sometimes called homeostatic control.
 - During these phases and changes, the infant's systems are unstable.
 - The third risk involves **external stressors**, or stresses in the infant's environment.
 - These are things that most babies can encounter and overcome, such as exposure to second-hand smoke, sleeping on the tummy, or an upper respiratory infection.
 - These stressors alone are not believed to single-handedly cause death, but they might tip the balance against an infant who is also vulnerable and in a critical development period.
-  SAY: *According to the Triple-Risk Theory, all three elements must come together for SIDS to result.*
- EXPLAIN that:
 - First, the baby has an unknown or undetected vulnerability. Then, as the baby goes through a critical developmental period, the body systems become unstable. And finally, the infant encounters one or more environmental stressors, such as rebreathing air he or she has already breathed out, which is low in oxygen and high in carbon dioxide.
 - Because of the first two risks, the infant can't overcome the third risk and dies from SIDS.
-  SAY: *If caregivers reduce or eliminate one or more external stressors, they also remove one of the risks in the Triple-Risk Theory, thereby reducing the likelihood of SIDS. This practice is the basis of the SIDS risk-reduction strategies you will learn in this training.*

Wrapping Up the Activity

1. TELL participants that now is a good time for a short break.
2. ASK participants to come back to their seats in 5 minutes. SET the timer/stopwatch for 5 minutes.
3. INTERACT with any participants who linger in the area.
4. START the next activity when the timer/stopwatch goes off.

SIDS Risk Factors

Setting Up the Activity

1. WELCOME participants back.
2. EXPLAIN that they will now learn about some of the external stressors—or risk factors—for SIDS.
3. ADD that they will also learn how some actions can lower the risk for SIDS.
4. KEEP the following items nearby for use during the demonstrations later in this section:
 - Laundry basket or wash tub
 - Lightweight blankets
 - Piece of thick cardboard
 - Safety pins or masking tape
 - Baby doll

Doing the Activity

1. SHOW  **Slide 24.**
 -  SAY: *Certain controllable factors, including those that might be more common in Native communities, may put infants at higher risk for SIDS. Keep in mind that these are not direct causes of SIDS, but they may play a contributing role in terms of the Triple-Risk Theory. These risks are [READ slide]. Let's look at each one in more detail.*
2. SHOW  **Slide 25.**
 -  SAY: *Within AI/AN communities, overheating is a primary risk factor for SIDS.*
 - EXPLAIN that:
 - An overheated infant is more likely to sleep too deeply and have a difficult time waking up.
 - Overheating can occur when the baby is overdressed, has too many blankets on, when the room is too warm, or when one or more of these situations are present.

- The baby might be overheated or too hot if you notice sweating, damp hair, flushed cheeks, heat rash, or rapid breathing.

3. SHOW Slide 26.

-  SAY: *Drinking alcohol—during pregnancy or after the child’s birth—is also a risk factor for SIDS.*
- EXPLAIN that some of this evidence comes from a study conducted in partnership with AI/AN communities in the Aberdeen Area that included participants from 10 Northern Plains Indian communities. ADD that the study showed the following:
 - One binge episode—defined as 5 or more drinks at one time—during the first 3 months of pregnancy increased the risk of SIDS 8 times.
 -  SAY: *The definition of a binge for women was recently changed and is now 4 or more drinks at one time, not 5 as used in this study.*
 - Any drinking 3 months before and during the first 3 months of pregnancy increased risk 6 times.
 - Alcohol use during breastfeeding caused drowsiness, deeper sleep, weakness, and decreased growth in the infant. An infant with alcohol in its system might be less able to wake up or respond to the environment.
- EXPLAIN that, in addition to its effects on SIDS risk, drinking during pregnancy carries other risks for the baby. ADD the following:
 - During pregnancy, a baby eats and drinks everything that the mother eats or drinks, and alcohol is no exception.
 - Drinking alcohol during pregnancy is known to cause both physical and mental problems, including permanent brain damage and developmental delays.
 - Research shows that there is no safe level of alcohol consumption during pregnancy—even one drink could be harmful and can increase a baby’s risk for lifelong problems.

TRAINER NOTES: Source

Iyasu, S, Randall, LL, Welty, TK, Hsia, J, Kinney, HC, Mandell, F, McClain, M, Randall, B, Habbe, D, Wilson, H, & Willinger, M. (2002). Risk factors for sudden infant death syndrome among Northern Plains Indians. *Journal of American Medical Association*, 288(21), 2717-2723.

4. SHOW  Slide 27.

-  SAY: *Use of commercial tobacco—during pregnancy and in the child’s environment after birth—is also a risk factor for SIDS.*
 - SIDS risk among babies whose mothers smoked during pregnancy is up to 4 times higher than the risk of babies whose mothers did not smoke.
 - Smoking results in decreased growth and function in the baby’s developing brain, nerves, and other organs.
 - Many infants who died of SIDS had a higher concentration of nicotine in their lungs than did infants who died from other causes.

TRAINER NOTES: Source

McMartin, KI, Platt, MS, Hackman, R, Klein, J, Smialek, JE, Vigorito, R, & Koren, G. (2002). Lung tissue concentrations of nicotine in sudden infant death syndrome (SIDS). *Journal of Pediatrics*, 140(2), 205-209.

5. SHOW  Slide 28.

-  SAY: *Other risks for SIDS include pregnancy-related factors.*
- EXPLAIN that:
 - Not receiving early, regular prenatal care is a risk factor for SIDS. Missing prenatal care appointments means the woman/family misses education and screening for potentially treatable conditions. Research shows that getting early/regular care protects against SIDS.
 - Preterm labor/birth and low birth weight are also risk factors for SIDS. Regular prenatal care allows health care providers to detect preterm labor symptoms, low birth weight, or growth restriction of the baby—all of which increase SIDS risk.

6. SHOW  Slide 29.

-  SAY: *So, how can we lower the risk for SIDS?*
-  SAY: *The single most effective action that parents and caregivers can take to lower their baby’s risk for SIDS is to place the baby on his or her back to sleep for all sleep times, for naps and at night.*

-  SAY: *Infants who are used to sleeping on their backs and who are then placed on their stomachs to sleep, such as for a nap, are at **significantly higher** risk for SIDS.*
- EMPHASIZE that every sleep time counts.
- EXPLAIN the following:
 - It is important to place babies on their backs to begin the sleep, but do not force them to stay in the back to sleep position throughout their entire sleep period.
 - If you place a baby to sleep on the back, and the baby rolls over on its own, you do not have to reposition the baby on its back.
 - Babies usually begin to roll over at around 4 months of age or later.

TRAINER NOTES

This information is provided in the *Healthy Native Babies Project Workbook*, Chapter 2, pages 13-14.

7. SHOW Slide 30.

- READ the slide.

8. SHOW Slide 31.

-  SAY: *Remember that, within Native communities, overheating is a primary risk factor for SIDS. To prevent overheating, a blanket is not recommended. If parents choose to use a blanket, make sure it is lightweight. “Feet to foot” is the safest way to use a lightweight blanket.*
- DEMONSTRATE “feet to foot” using the baby doll and your alternative sleep surface.
 - PLACE the doll with its feet close to the foot or bottom of the sleep space.
 - PULL the blanket no higher than the baby’s armpits. EXPLAIN that the blanket needs to stay away from the baby’s head and face.
 - TUCK the blanket under the doll’s armpits.
 - TUCK the blanket under the mattress on three sides.

9. SHOW  Slide 32.

- EXPLAIN that even if families don't have access to cribs or bassinets, they can still provide an alternate sleep surface for their babies at little or no cost.
- SHOW the laundry basket or wash tub.
-  SAY: *If put together well and not covered with thick blankets, sheepskins, or comforters, this laundry basket can be an alternate sleep surface.*
- DEMONSTRATE how to create an alternative sleep surface using the laundry basket.
 - COVER a piece of thick cardboard with a lightweight blanket.
 - SECURE the blanket using masking tape or a safety pin.
 - PLACE the covered cardboard with the tape/pin side down in the bottom of the laundry basket or wash tub.
 - LAY the baby doll on its back on top of the "mattress" in the laundry basket.
- EXPLAIN that any of the following can make alternate sleep surfaces or sleep areas:
 - Cardboard box or carton
 - Dresser drawer
 - Dry wash tub
 - Laundry basket
 - Cradleboard
- REMIND participants that they can use these sleep surfaces or areas when they are at home or when they are traveling. ADD that only the baby should be in the sleep space, but that it can be in the same room as where others sleep. ADD babies should be placed on their backs. No data exists on the safety of these items and parents/caregivers must be careful about baby turning over as he/she grows and flipping the basket/box over.

10. SHOW  Slide 33.

- READ the text on the slide. EXPLAIN that research evidence shows bed sharing can greatly increase the risk for SIDS and other sleep-related causes of infant death and that, in some situations, bed sharing is actually quite dangerous.

- TELL participants that SIDS risk is significantly higher when an infant:
 - Shares a bed with other children
 - Is placed on a sofa to sleep
 - Sleeps in a bed with a mother who smokes cigarettes
 - Sleeps in a bed with an adult who has been drinking alcohol
 - Sleeps in a bed with more than one bed sharer—especially if sleeping with two adults
 - Is younger than 11 weeks to 14 weeks of age
- EXPLAIN that studies also show that room sharing—having a separate sleep area for baby in the same room where a parent or parents sleep—reduces the risk for SIDS and other sleep-related causes of infant death.

-  SAY: *Because of this evidence, the American Academy of Pediatrics (AAP) recommends room sharing as the best option. Studies suggest that bed sharing is always riskier than not bed sharing in terms of SIDS and other sleep-related causes of infant death, such as accidental suffocation or smothering, and other accidental or unknown causes of injury and death.*

- EXPLAIN that, despite evidence on its dangers, bed sharing is a common practice in many cultures, including AI/AN communities.

-  SAY: *It is ultimately the caregiver who will balance the dangers and benefits of bed sharing and take appropriate actions to reduce the risk of SIDS and other sleep-related causes of infant injury and death.*

11. SHOW  **Slide 34.**

-  SAY: *Parents should always be told about the dangers of bed sharing. If parents choose to bed share, make sure they follow other safe sleep practices to reduce the risk of SIDS. For instance... [read list on slide].*

12. SHOW  **Slide 35.**

- READ the bullets on the slide.

13. SHOW  **Slide 36.**

-  SAY: *Some health care providers in AI/AN communities suggest that the following actions might reduce the risk of accidental suffocation, a common sleep-related cause of infant death. Remember, though, that the safest option for baby is a sleep area close to but separate from where others sleep.*
- READ the bullets on the slide.
- EXPLAIN that participants will learn more about bed sharing and safe sleep environment later in the day's training during the discussion of the Risk Continuum.

TRAINER NOTES: Resources

- McKenna, JJ. *Guidelines to sleeping safe with infants*. Mother-Baby Sleep Laboratory, University of Notre Dame. Retrieved July 10, 2010, from <http://www.nd.edu/~jmckenn1/lab/guide.html>.
- Also, see graphics in the *Healthy Actions for Native Babies* Handout in the Workbook Packet.

14. SHOW  Slide 37.

-  SAY: *There are other things that caregivers can do to help improve babies' health and reduce the risk of SIDS. Research shows that babies benefit from these actions.*
- EXPLAIN the following:
 - Breastfeeding: Research shows that breastfeeding is associated with a lower risk of SIDS, and that it has protective effect against SIDS. In 2011, the AAP issued revised recommendations for ways to reduce the risk of SIDS and other sleep-related causes of infant death. The 2011 recommendations include breastfeeding as an action that can reduce the risk of SIDS.
 - Pacifiers: Scientific evidence also shows that pacifier use at the time the baby was last put down for sleep has a protective effect against SIDS. The AAP recommends that caregivers think about offering the baby a dry pacifier, not attached to a string, when putting the infant to bed. Other suggestions for pacifier use include:
 - If the baby refuses the pacifier, do not force him or her to take it.
 - Do not offer a pacifier to a breastfed baby until after breastfeeding is firmly established.
 - Do not coat the pacifier with any sweet or sticky substance.
 - Clean the pacifier often, and replace it regularly.

TRAINER NOTES: Source

Agency for Healthcare Research and Quality. (2007). *Breastfeeding, maternal, and infant health outcomes in developed countries*. (DHHS Publication No. 153). Retrieved June 19, 2013, from <http://archive.ahrq.gov/clinic/tp/brfouttp.htm>.

AAP Expands Guidelines for Infant Sleep Safety and SIDS Risk Reduction (October 18, 2011) Retrieved from <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Expands-Guidelines-for-Infant-Sleep-Safety-and-SIDS-Risk-Reduction.aspx>.

15. SHOW  **Slide 38.**

- EXPLAIN that the following actions improve health outcomes and seem to reduce SIDS risk:
 - Public Health Nurse Visits: The Aberdeen Area Infant Mortality Study, which involved American Indians from the Northern Plains, found that infants were less likely to die of SIDS if their mothers received visits from a Public Health Nurse before and after giving birth.
 - Infants whose homes were visited by a Public Health Nurse were one-fifth less likely to die of SIDS than babies who did not receive such attention.
-  SAY: *Does anybody have comments, feedback, or observations about their experiences with Public Health Nurses and home visits?*
- LISTEN to participant responses. ANSWER any questions from participants.

16. SHOW  **Slide 39.**

- EXPLAIN the following:
 - Some products claim to prevent SIDS or to “safely position” the infant for sleep, but most of these items have not been tested for safety or effectiveness, and many pose a danger to infants. Other companies sell “home monitors” that claim to detect SIDS and other life-threatening events. Research shows that these types of monitors are not effective at detecting or reducing SIDS.

- Other information about these types of products includes the following:
 - The U.S. Consumer Product Safety Commission and the U.S. Food and Drug Administration issued a warning against the use of sleep positioners because of the dangers they pose to infants. Visit <http://www.cpsc.gov/CPSCPUB/PREREL/prhtml10/10358.html> to read more.
 - Parents should especially avoid products made out of foam rubber or Memory Foam™ type materials because of the risk of suffocation.
 - The “home monitors” are different from the “baby monitors,” which allow parents to hear or see baby from another room. Baby monitors can be useful for alerting parents and caregivers to when an infant is awake, but they do not detect or reduce SIDS risk.
 - Some infants who have or are at high risk for certain medical conditions need medically prescribed monitoring devices. These infants are under medical supervision for conditions not related to SIDS. Such monitors are not intended to detect or prevent SIDS and are not prescribed for that purpose.

17. SHOW  **Slide 40.**

-  SAY: *Let’s take a moment to discuss the concept of risk reduction.*
- EXPLAIN the following about risk reduction:
 - Risk reduction is a behavioral change concept or intervention used to reduce adverse outcomes in health situations.
 - One example is the use of condoms to reduce the risk of HIV. Public health messages do not say, “Do not have sex,” instead, the messages seek behavioral change that reduces the risk, “Use condoms.”
 - Because we still do not know what causes SIDS, we look for risk indicators, including the things we have just been discussing.
 - Risks can be reduced by helping someone to think about behavior change.
 - We recognize that families will make choices about their situation and the risks that may apply to them.
 - The risk continuum uses a visual aid to show families a comparison between things that we know increase or decrease risk, and those things that may not be well studied or that are considered “risk neutral.”
 - Our goal is to help individuals think about what they are willing to change to reduce risk.

18. SHOW  Slide 41.

-  SAY: *Don't forget about Tummy Time!*
- EXPLAIN the following about Tummy Time:
 - Placing an infant on his or her tummy for short periods of time while the infant is awake and while someone is watching is an important part of baby's healthy development.
 - Supervised Tummy Time reduces the risk for flat spots developing on the back of the baby's head.
 - Babies should begin to spend time on their tummies very soon after birth. If parents delay this important practice, it may make it harder for them to get an older baby to accept this position.
 - Tummy Time also promotes muscle and motor development so that the baby gets strong enough to sit up, crawl, and eventually walk.
 - Babies should have three or four short Tummy Time sessions throughout the day.
 - After a diaper change, with an adult present, is a great time to let baby play on his or her tummy.
 - Having a toy within reach and having family members nearby can help babies learn to interact with the world around them.

Wrapping Up the Activity

1. ASK participants if they have any questions about information you have covered. ANSWER any questions.
2.  SAY: *Let's take a 15-minute break. When we come back from the break, we'll start a group activity.*
3. SET the timer/stopwatch for 15 minutes.
4. INTERACT with any participants who linger in the area.
5. START the next activity when the timer/stopwatch goes off.

Understanding the Messages

Time

30 minutes total (15 minutes for each activity)

Overview

These group activities help participants understand SIDS risk-reduction messages so that they can effectively deliver the messages to others. The activities are based on information from Chapters 1 and 2 in the *Healthy Native Babies Project Workbook*. These activities also utilize *Appendix 2: Ways to Reduce the Risk of SIDS* of the Workbook. Participants will work in small groups (up to 10 people each), moving between workstations to do activities together.

Objectives

By the end of this activity, participants will be able to:

- List the ways to reduce the risk of SIDS and other sleep-related causes of infant death.
- Demonstrate the ability to differentiate between a safe sleep environment and risks in a sleep environment.
- Describe factors in the infant sleep environment that increase risk for SIDS and other sleep-related causes of infant death.
- Discuss ways to reduce SIDS risk and possibly reduce the risk of other sleep-related causes of infant death, such as accidental suffocation, in the infant sleep environment.

Healthy Native Babies Project Workbook References

- Chapters 1 and 2
- Appendices 2 and 5
- *Healthy Actions for Native Babies* Handout

Materials Needed

For Safe Sleep Environment Workstation

- Portable crib, Pack 'n Play®, or alternative sleep surface from previous lesson
- Baby doll
- Lightweight and heavyweight blankets

- Toys/stuffed animals
- Bottle
- Crib bumpers
- Pillows
- Lightweight and heavyweight infant sleepwear
- Copy of the *Safe Sleep Environment: Workstation Sheet*

For Safe Sleep Messages Workstation

- Safe Sleep Messages Flip Chart (question on the front and the answer on the back)
- Copy of the *Safe Sleep Messages: Workstation Sheet*

Facilitator Preparation

- Be familiar with the material presented in these activities, particularly information about: sleep area/environment, sleep location, sleep surface, sleep position, and overheating.
- Review Chapters 1 and 2 and Appendix 2 in the Workbook and the *Healthy Actions for Native Babies* Handout.
- Keep in mind that you won't be able to go through each activity in full with the groups— You'll need to move between the workstations, assist with short portions of the activity, and then move to the other workstation.
- See the *Facilitator's Preparation: Before the Training* section and the *Facilitator's Preparation: At the Training Session, Before Participants Arrive* section of this Training Guide for details on preparing for the activities in this section.

Setting Up the Activities

1. BEFORE PARTICIPANTS COME BACK FROM THE BREAK, PLACE the baby doll on its stomach inside the portable crib, Pack-n-Play®, or alternative sleep surface, and PLACE a heavy blanket loose within the sleep area. MAKE SURE that other items (such as toys, stuffed animals, and crib bumpers) are inside the sleep area to create an unsafe sleep environment.
2. WELCOME participants back once the timer/stopwatch goes off.

3. SHOW Slide 42.

-  SAY: *Now we're going to learn how to put the information from Session 1 into action.*
- EXPLAIN that trainees will do activities to get some “real world” experience with reducing the risk of SIDS and other sleep-related causes of infant death.
- ASK participants to count off by twos and to remember their numbers.
- DIRECT all the ones to go to the workstation for the Safe Sleep Environment Activity, and all the twos to go to the workstation for the Safe Sleep Messages Activity.
- EXPLAIN that each group will put safe sleep information into practice in a different way. TELL participants that they will rotate to each workstation, so that they will be able to do both activities. ADD that you will be coming around to each group to assist with the activities.
- GIVE participants some time to move to their first workstation. SET the timer/stopwatch for 15 minutes, and ANNOUNCE when that time has started. When the timer/stopwatch goes off, ASK participants to move to the other workstation.
- ROTATE between workstations during each group's time there to assist and answer questions. REMEMBER to reinforce key messages as needed.

Safe Sleep Environment

Doing the Activity

1. INTRODUCE the activity, or TELL group members to read the activity instructions on the *Safe Sleep Environment: Workstation Sheet*.
 2. EXPLAIN to the group that they will be working to create a safe sleep environment. They will need to figure out how the environment is unsafe and make changes to improve its safety.
-  SAY: *This sleep area contains items that you might find in a baby's bed. Quilts from grandma and toys from auntie. Blankets to keep the baby warm in the cold northern winters or a teddy bear from big brother. All of the nice gifts that friends and family very lovingly gave to the new baby.*

-  SAY: *Based on what you learned about a safe sleep environment, work with your group to make the environment safer. Then discuss your reasons for making changes or for not making changes.*
3. ASK the group to select one person to take notes about the actions and the reasons for those actions. GIVE that person the *Safe Sleep Environment Activity: Workstation Sheet*, and DIRECT him or her to the Key Points list to use for discussion at the end of the activity. TELL the person not to look at the Key Points until the end of the activity.
 4. EXPLAIN that the group will have 15 minutes to do this activity. TELL them when the 15 minutes starts.

Wrapping Up the Activity

1. EXAMINE the final sleep environment, or TELL the note taker to examine the sleep environment.
2. PROVIDE feedback on the environment, and REVIEW the Key Points, or ASK the note taker to provide the feedback based on the Key Points.
3. ANSWER any questions, or TELL the note taker to write down the questions for a later discussion.
4. When 15 minutes is up, TELL the group to move to the other workstation; or—if they have completed both workstation activities—TELL them to return to their seats.

Safe Sleep Messages

Doing the Activity

1. INTRODUCE the activity, or TELL group members to read the *Safe Sleep Messages: Workstation Sheet* instructions.
2. EXPLAIN to the group that they will use a flip chart to conduct a question-and-answer session about safe sleep messages.
 -  SAY: *Imagine that you are using this educational tool—the flip chart—to instruct a group of young parents. This flip chart includes 16 questions and answers related to safe sleep messages.*

3. ASK for a volunteer or ASSIGN a person to hold the chart and flip the pages.
 -  SAY: *The person holding the chart will ask the question on the front of the page, and members of the group will give the answers. The correct answers are printed on the back of each question page.*
 -  SAY: *This fast-paced interactive activity will help you get comfortable with the safe sleep messages and with talking about them so that you can go back to your community and teach them.*
4. ASK for a volunteer or ASSIGN a person to write down any questions that arise during the discussion on the back side of the Workstation Sheet.
5. EXPLAIN that the group will have 15 minutes to do this activity. TELL them when the 15 minutes starts.

Wrapping Up the Activity

1. EXPLAIN to the group that using the flip chart is a great way to work with young parents.
2. ANSWER any questions the group has about the activity or the information they covered, or COLLECT the questions from the note taker for a later discussion.
3. When 15 minutes is up, TELL the group to move to the other workstation; or—if they have completed both workstation activities—TELL them to return to their seats.

Wrapping Up the Activities

1. CONGRATULATE the participants for their work on the group activities once they are all back in their seats. THANK them for their participation.
2. ASK if there are any questions. ANSWER any questions you can.
 -  SAY: *Parenting is rarely a black or white activity—that is, some situations don't fall clearly into the “Do” or the “Don't” category. In the next activity, we're going to learn how to help people make informed decisions to reduce the risk for SIDS and other sleep-related causes of infant death.*

Risk Continuum Overview

Time

45 minutes

Overview

The Risk Continuum activity allows the facilitator to guide trainees through different scenarios and depictions of scenarios to determine whether a situation or an action increases or decreases an infant's risk for SIDS and other sleep-related causes of infant death. The activity involves all the participants, and a hearty discussion helps to ensure that participants learn even subtle distinctions between increased risk and decreased risk and messages.

Objectives

By the end of this activity, participants will be able to:

- Identify scenarios that increase and decrease the risk for SIDS and other sleep-related causes of infant death.
- Discuss possible strategies for negotiating with families and caregivers about ways to reduce an infant's risk.

Healthy Native Babies Project Workbook References

- Chapters 1 and 2
- Appendices 2 and 5
- *Healthy Actions for Native Babies Handout*

Materials Needed

- Risk Continuum Chart and image cards, prepared as indicated in the *Facilitator Preparation: Before the Training Session* section of this Guide
- *Risk Continuum Key Messages* (in the back of this Guide)

Facilitator Preparation

- Be familiar with the material presented in these activities, particularly information about: sleep area/environment, sleep location, sleep surface, sleep position, and overheating.

- Review Chapters 1 and 2 and Appendices 2 and 5 in the Workbook and the *Healthy Actions for Native Babies* Handout.
- Review the *Risk Continuum Key Messages* in the back of this Guide.

Setting Up the Activity

1. SHOW  **Slide 43.**

2.  *SAY: When discussing SIDS risk reduction, it might be easier to think in terms of a continuum—in which actions can make the situation less risky and more risky—rather than in terms of actions being entirely safe or entirely risky.*
- EXPLAIN that this lesson focuses on the idea of the Risk Continuum and on ways to balance the dangers and benefits of situations to reduce the risk of SIDS and other sleep-related causes of infant death.
 - INVITE participants to move their chairs around the Risk Continuum Chart.
 - HAND OUT the image cards so that each person has at least one card.

Doing the Activity

1. TELL the participants to look at the image card(s) they have and to think about the situation in terms of risk for SIDS and other sleep-related causes of infant death that were discussed earlier in the training.
-  *SAY: Each one of us is going to place our image card(s) at a point on the continuum that corresponds to the associated risk of the situation shown. The continuum represents factors that reduce the risk of unexpected infant death and those that increase the risk for an infant. The center point represents neutral risk.*
 -  *SAY: As you think about your image card(s), consider not only WHERE the situation goes on the continuum, but WHY it goes there.*
2. ALLOW a minute or so for the participants to look at their image card(s).

-  SAY: *Parents and caregivers might think they are doing all of the “right things” to reduce risk and keep baby safe, but they might not know all of the variables related to baby’s risk. Doing this activity will help you assess different situations and determine how to negotiate with families and caregivers to address specific risk factors. As you will see, it is rarely just one factor that increases risk to the infant. It is usually a combination of factors that increase the risk of SIDS and other sleep-related causes of infant death.*

 -  SAY: *In addition, parents and caregivers often feel that they have no control over SIDS. This activity will help you understand and then convey the concept that even small actions can make a big difference in reducing risk for SIDS and other sleep-related causes of infant death.*

 -  SAY: *Caregivers must balance the dangers and benefits actions to reduce the risk of SIDS and other sleep-related causes of infant death. You can help parents and caregivers create a safe sleep environment in the following ways:*
 - Assess parents’ beliefs.
 - Determine what risk factors are present in the environment.
 - Provide education on known risk factors.
 - Show parents ways to make sleep environments safer.
 - Help parents reduce their baby’s risk through individualized counseling and demonstration.
3. BEGIN the activity by having one person show his or her card and place it on the continuum. DISCUSS the card and any additional information. TRY to get other participants to take part in or lead the discussion.
 4. USE the *Risk Continuum Key Messages*, *Healthy Native Babies Project Workbook* Chapters 1 and 2 and Appendices 2 and 5, and the *Healthy Actions for Native Babies Handout* as references during the activity.
 5. CONTINUE the activity until participants have placed all of their cards on the Risk Continuum.

Wrapping Up the Activity

1. SUMMARIZE and REVIEW messages or situations that seemed the most challenging for the group.
2. TELL participants that the Risk Continuum concept can be a useful tool for showing families how their environment/home variables increase or decrease their baby's risk of SIDS and other sleep-related causes of infant death.
3. EMPHASIZE that many situations will not be “black and white” with regard to risks. REMIND participants that their role is to help by informing families about things family members might not know, and helping families determine what actions to take to decrease the infant's risk.
4. THANK them for their active participation in the activity.
 -  SAY: *Now let's move on to the next activity—brainstorming about the most challenging messages and the barriers to these safe sleep messages that you might face in your communities.*

Barriers and Challenges

Time

15 minutes

Overview

This activity allows trainees to brainstorm barriers and challenges they might encounter with individuals and families in their communities when delivering SIDS risk-reduction messages. The activity is directly related to the *Problem-Solving Scenarios*.

Objective

By the end of this activity, participants will be able to:

- List several examples of barriers and challenges to SIDS risk-reduction strategies they may encounter in their communities.

Healthy Native Babies Project Workbook References

- Chapters 3 and 4

Materials Needed

- Markers
- Flip chart or large paper displayed where all participants can see it

Facilitator Preparation

- Familiarize yourself with this activity and with *Healthy Native Babies Project Workbook* Chapters 3 and 4.
- Review the scenarios provided for *Problem-Solving Scenarios*. Be prepared to give examples of barriers and challenges if participants are having difficulty brainstorming.
- Be prepared to recognize a “hot topic” scenario, which might not be covered in the scenarios provided, but is clearly an important issue to participants during the discussion.
- If desired, save the completed brainstorming sheet or “hot topic” scenario so you can address it during the next activity.

Setting Up the Activity

1. SHOW Slide 44.

-  SAY: *As you work to spread safe sleep messages throughout your communities, you are likely to come across some barriers and challenges.*
- EXPLAIN that this activity aims to prepare them for dealing with barriers and challenges by identifying issues beforehand. ADD that the next activity focuses on possible ways to resolve or address these barriers and challenges.
- MAKE SURE participants can see the flip chart or large paper. WRITE “Barriers & Challenges” across the top of the first page of the flip chart with a dark-colored marker.

2. SAY: *Let’s get started.*

Doing the Activity

1.  SAY: *Think about your home communities or the communities that you work in. Think about the types of barriers or challenges you have encountered in doing other outreach in these communities. Now think about the risk-reduction messages we’ve learned today. How do you think your community will respond to these messages? What things might make community members more receptive or less receptive to the messages?*

2.  SAY: *We’re going to list the things that might make community members less receptive to the messages as “barriers and challenges.” Then in the next activity, we’ll plan some possible ways to address these issues.*

3.  SAY: *This is brainstorming, so go ahead and say what you’re thinking out loud. There are no wrong answers.*

4. WRITE the themes the group shares on the flip chart or large paper.

5. NOTE if the group comes up with a theme or scenario that is not addressed in the next activity. MAKE SURE that you include it as a scenario in the next activity.

6. ALLOW 10 minutes for the group to brainstorm.

Wrapping Up the Activity

1. ALERT participants when time is up.
2. SUMMARIZE each barrier and challenge listed on the flip chart. ADD that these themes/topics will be discussed further in the next activity.
3. ASK participants if they have any questions. ANSWER any questions from the participants.

4. SHOW  Slide 45.

-  SAY: *Now it's time for lunch.*
- EXPLAIN that participants will have 1 hour for lunch. PROVIDE a specific time for participants to be back in the classroom.
- HIGHLIGHT any notices, information, or special instructions for the group.
- PREPARE a spirit plate or ask a participant to lead a pre-meal Blessing, depending on what is appropriate for your area and participant group (optional).

Strategies for Community Outreach

Time

60 minutes (1 hour)

Overview

This session corresponds to Chapters 3, 4, and 5 in the *Healthy Native Babies Project Workbook*, describes strategies for reaching communities with the safe sleep messages, and suggests ways to plan and sustain a *Healthy Native Babies Project*. This session also includes a description of how to use the *Healthy Native Babies Project Toolkit Disk* to design and create outreach materials specific to the five IHS areas.

Objectives

By the end of this activity, participants will be able to:

- Describe primary and secondary audiences for safe sleep messages and suggest options for where and when to reach out to these audiences.
- Understand the risks associated with unaccustomed sleep position and its relationship to child care settings.
- Describe essential behaviors for health care and service providers to use while interacting with AI/AN patients and clients.
- Define hard-to-reach and underserved audiences and identify ways to reach them.
- Understand how to use the *Healthy Native Babies Project Toolkit Disk* to create brochures, posters, and other printed materials with tailored SIDS risk-reduction messages for distribution in communities.

Healthy Native Babies Project Workbook References

- Chapters 3, 4, and 5
- Appendices 3, 4, and 5
- *Healthy Actions for Native Babies Handout*

Materials Needed

- Toolkit Disk
- *Toolkit User Guide*

Facilitator Preparation

- Review Chapters 3, 4, and 5 of the Workbook. It may be helpful to write down the Workbook page numbers that correspond to the slides. You may need to assist the participants in finding the pages in the Workbook that correspond to the presentation slides.
- Review the entire *1-Day Facilitator's Guide* and the slides for this lesson in the *One-Day Training Presentation*. Make sure you are familiar with the content and with the activities you'll be leading in this lesson, especially the slides related to using the Toolkit Disk.

Setting Up the Activity

1. SHOW  **Slide 46.**
2.  SAY: *Now let's think about ways to reach our communities and their different members. This information is available in Chapters 3, 4, and 5 of the Workbook.*
3.  SAY: *The strategies in this lesson encompass three overarching activities: 1) getting to know your audiences, 2) taking action to spread safe sleep messages in the community, and 3) planning and sustaining a Healthy Native Babies Project.*

Doing the Activity

1.  SAY: *Who needs SIDS education?*
2. WAIT for group to answer.
3. SHOW  **Slide 47.**

-  SAY: *Everyone who cares for infants or cares about infants needs SIDS education.*
- EXPLAIN the following about primary audiences for SIDS education:
 - Parents and parents-to-be—this group is among the most critical of the primary audiences for SIDS education. Educating parents and expectant parents with the latest and most accurate information is one very effective way to help reduce the risk for SIDS.
 - Foster parents and families—this group is also a primary audience for SIDS education because they might not be exposed to this information during usual parenting classes or birthing classes.
 - The community—Because of the importance Native culture places on the community as a whole, it is important to reach out to the entire community and educate them about safe sleep messages. Participants might need to work with the following community members:
 - **Elders** play a key role in the family life for many AI/AN families, and many are becoming the primary caregivers for their grandchildren. Assess their beliefs about SIDS and share current knowledge. Keep in mind that elders are also a great resource as educators. Likewise, often the “new” recommendations are supported by traditional practice, meaning that the messages can be reinforced with Elders’ input.
 - **Youth** also play an important role within the community. Siblings might be caring for infants in their own families or in other families as babysitters. If possible, incorporate safe sleep messages into school health classes, babysitting training classes, youth/community centers, or other places where teens may gather.
 - **Extended family and friends** play important roles in raising the children in Native communities. Whether they provide direct care for an infant—such as other parents and day care providers—or whether they have an influence on someone who provides direct care for an infant, SIDS education is important for this group.

4. SHOW  **Slide 48.**

-  SAY: *Child care providers are a unique but important audience for safe sleep messages.*

- EXPLAIN the following:
 - Two-thirds of infants younger than 12 months of age are cared for by someone other than a parent at least some of the time.
 - 20 percent of all SIDS cases occur while the baby is being cared for by someone other than the parent, such as at a day care center. The role of these types of care providers is critical to the safety of the infants in their care.
 - Infants who are used to sleeping on their backs and who are then placed on their stomachs to sleep are at **significantly higher risk** for SIDS.
-  SAY: *Finding ways to reach out to child care providers in the community can make a big difference in spreading safe sleep messages.*

5. SHOW  **Slide 49.**

-  SAY: *Other audiences for SIDS education might not have direct contact with infants, but have direct contact with those who care for infants. These are called “secondary audiences.”*
- EXPLAIN that secondary audiences can include (but are not limited to) the following groups:
 - Health care providers
 - This group includes not only doctors, but also dentists, nurses, pharmacists, public health educators, and others who provide care.
 - Health care providers can engage caregivers at the hospital or birthing center (immediately after the birth of the baby), during the infant’s health care appointments, or during other family health-related appointments.
 - Reaching out to health care providers can help you get the safe sleep messages deep into the community.
 - Emergency personnel, first responders, and others involved with the death scene
 - First responders include Emergency Medical Technicians, police (Tribal, state, local, or Federal Bureau of Investigation), fire fighters, and ambulance personnel. Such groups might be considered “non-traditional” partners.
 - Those who get involved later in the process—emergency room doctors and nurses, medical examiners, coroners, and others involved in the death scene investigation—can also benefit from knowing about SIDS and risk-reduction strategies.

- All community members
 - Be creative about how you can get risk-reduction messages into the community.
 - Families with infants are “everywhere” and have many community connections—keep an eye out for unique ways to tap into those connections.
 - Reach out to hair dressers, barbers, manicurists, and grocers with safe sleep messages. See if they will allow you to leave safe sleep materials in their businesses for parents to read.

6. SHOW  **Slide 50.**

-  SAY: *How important are good relationships between people and providers?*
- WAIT for answers from the group.
-  SAY: *How do you build good relationships?*
- DISCUSS ways to build good relationships. ALLOW trainees some time to share their ideas. OFFER your suggestions if the group needs some encouragement to discuss the topic.

7. SHOW  **Slide 51.**

-  SAY: *Remember to be consistent. Why might consistency in SIDS education be important?*
- WAIT for answers from the group. EXPLAIN the following:
 - Consistency is extremely important and should be a focus of any education program about health and changing behavior.
 - Emphasize to trainees that they need to provide the same information, the same messages, and the same images and methods to all of their audiences to ensure consistency.
 - Babies are at risk when this consistency is not maintained. An infant who is used to sleeping on his or her back and who is then placed on the stomach or side to sleep is at significantly higher risk for SIDS.
 - Parents and caregivers who hear the same messages about safe sleep can then consistently follow such messages.

8. SHOW  **Slide 52.**

-  SAY: *It's also important to focus on effective ways to change or maintain new, desirable behaviors.*
- READ the information on the slide. ASK participants if they can think of constructive and respectful ways to encourage behavior change.

9. SHOW  **Slide 53.**

-  SAY: *Remember to consider hard-to-reach groups in your outreach. Hard-to-reach and underserved individuals often have the greatest need for health and prevention information.*
- READ the slide. ASK participants about their experiences working with hard-to-reach and underserved groups. ALLOW several people in the group to describe their experiences.

10. SHOW  **Slide 54.**

-  SAY: *You might experience unexpected challenges when trying to provide health education messages to members of the following groups.*
- DESCRIBE the following groups and some of their characteristics:
 - Homeless—This category includes not just those we traditionally think of as homeless, but also the “hidden homeless”—those who are not in a permanent home, but who are also not living on the street or other uninhabitable location. These families and individuals might be “couch surfing” or staying with different friends throughout the week.
 - Women might expose themselves and their children to violent, controlling environments or very crowded households just to have shelter.
 - Some families might be paying so much for their shelter that they have nothing left for other expenses.
 - Incarcerated women
 - The number of indigenous women who are incarcerated is growing.
 - These women might be in jail, prisons, halfway houses, or probationary homes.
 - Some might have their infants living with them, or they might need risk-reduction information for the person who is caring for their infant.

- Those using alcohol or other substances
 - Addiction drives behaviors and might result in no health care, unlawful acts, and increased exposure to violence or neglect.
 - Trainees might need to alter their approach to educating addicted/substance-using women.
 - These women might respond to messages acknowledging that “if you drink or use, put your infant in the care of a non-drinking or non-using friend while you are using” more readily than “stop drinking or using substances” messages.
- Families affected by mental health problems
 - You might want to assess these families to determine the support available to them.
 - Providers in the mental health arena might be willing to share SIDS risk-reduction information brochures, flyers, and other materials with their clients.
- Families affected by Fetal Alcohol Spectrum Disorders (FASD), Fetal Alcohol Syndrome (FAS), or learning disabilities
 - These families might need information to be presented in a specific way—visually or in a step-by-step listing—to understand and remember.
 - They might also need visual reminders and follow-up or long-term support.
- ADD that Chapter 3 of the Workbook describes some of these groups in more detail and provides resources which might be able to assist trainees in working with these populations.

11. SHOW  **Slide 55.**

-  *SAY: In some cases, you will have to make an extra effort to get the safe sleep message to certain groups. It might be necessary for you and/or a community health worker to go to where they are to spread the risk-reduction messages, if they are unable to come to designated classes or health fairs.*
- READ the bullets on the slide.

12. SHOW  **Slide 56.**

-  *SAY: Now I'd like to give a brief demonstration of how to use the Healthy Native Babies Project Toolkit Disk. The Toolkit allows you to create your own safe sleep materials, such as brochures, postcards, and posters, and to customize them with language and images specific to certain IHS areas.*



- SHOW participants the *Toolkit User Guide* and the Toolkit Disk.
- EXPLAIN that the *Toolkit User Guide* (in the Workbook Packet) provides step-by-step instructions for how to install the Toolkit software on your computer and begin using the program.
-  SAY: *Once you've completed those steps, your screen will display the screen shown here. You would select "BEGIN" to get started.*

13. SHOW  **Slide 57.**

-  SAY: *This screen provides you with three main options for a document.*
- EXPLAIN the following steps for using the Toolkit Disk:
 - Step 1: Select the language you would like displayed on the materials.
 - Not all sections of the documents offer Native translations, but for those sections that do, there are 18 Native language options in the pull-down menu.
 - If a Native language is not available, you can insert your own messages in “free text” fields.
 - English versions are always available.
 - To use English only in an item, select “NONE” from the drop-down menu.
 - Step 2: Select a document type.
 - The Toolkit allows you to create a brochure, flyer, postcard, or poster.
 - The program provides a general template for each type of document to help you get started.
 - Step 3: Create a new document, or work on an existing document.
 - “CREATE A NEW DOCUMENT” allows you to create a new item from scratch.
 - General templates can't be opened directly, but you can select “DUPLICATE” to create something that looks mostly the same as the template. Then give the duplicate file a new name and make your desired changes.
 - To work on an item created previously, select that document in the list and select “OPEN” to continue working on the file.

14. SHOW  Slide 58.

-  SAY: *This is the template duplicate. It is in all English.*
- EXPLAIN the following:
 - Moving your mouse over the document shows which items can be edited or changed—the cursor changes to a pointing finger and the item dims slightly if something can be edited.
 - The interface has three tabs at the top: “IMAGE,” “TEXT,” and “CUSTOM TEXT.”
 - Click once to select the item you wish to edit. Double-click to zoom in for a better look.
 - To move through the photo or text options, use the “NEXT” and “PREVIOUS” buttons.
-  SAY: *The red circle shows a heading that you can change using “TEXT OPTIONS.” You can also select “CUSTOM TEXT” to add in your own message. Custom text also allows you to change the features of the text, such as style, formatting, and size.*

15. SHOW  Slide 59.

-  SAY: *Here is the front of the brochure. The Cheyenne language area is circled.*

16. SHOW  Slide 60.

-  SAY: *The back of the brochure is only available in English. But you can choose your photos or images, and you have text options available to you.*

17. SHOW  Slide 61.

-  SAY: *This screen shows the flyer design. The red circle highlights an area for Native language—in this example, it is Cheyenne. The black circles show areas for English only or for “free text” where you can type your own message. Numerous photo options can be selected for the three frames.*

18. SHOW  Slide 62.

-  SAY: *This screen shows the back side of the postcard. The dashed-line circle highlights where you have English-only options. The red circle shows the area where you can have Native language, in this case Cheyenne. The black circles show where you can type in your own text.*

19. SHOW  Slide 63.

-  SAY: *This screen shows the poster design. The posters have regional template backgrounds that can be selected for each of the five IHS Areas: Alaska, Portland, Bemidji, Billings, and Aberdeen. The one shown here is for Billings. You can change the top heading to include Native language. The areas circled in black are English only, or you can type your own text.*
- EXPLAIN to participants that using the Toolkit is an easy and effective way to tailor materials and messages to help reach different members of the community.
- ADD that once they create an item with the Toolkit, they can print it from their own computer and printer, or they can save the item to a disk, take it to a commercial printer, and have many copies produced.
-  SAY: *Chapters 3, 4, and 5 and Appendices 3 and 4 in the Workbook provide additional information about how to reach out to your community with safe sleep messages and how to plan and sustain your project. The Toolkit Disk allows you to create customized materials to further refine and personalize your outreach for your community.*

Wrapping Up the Activity

1. ASK participants if they have any questions about this lesson. ANSWER questions if you can.
2. TELL participants that you will all take a quick break before starting the next activity. ASK participants to come back to their seats in 5 minutes. SET the timer/stopwatch for 5 minutes.
3. START the next activity when the timer/stopwatch goes off.

Problem-Solving Scenarios

Time

45 minutes

Overview

This activity allows trainees to discuss scenarios they might encounter when delivering safe sleep messages in their communities. This activity is directly related to the brainstorming activity done in the previous section; facilitators might need to adjust the scenarios based on specific audience concerns.

Objectives

By the end of this activity, participants will be able to:

- Describe a variety of situations related to risk-reduction outreach that may present challenges for them.
- Provide problem-solving responses to the various challenges.

Healthy Native Babies Project Workbook References

- Chapters 2, 3, and 4
- Appendices 2 and 4

Materials Needed

- Problem-Solving Scenarios cut into individual strips (see *Facilitator Preparation: Before the Training Session* for details)
- *Problem-Solving Scenarios Key Messages* (in the back of this Guide)
- Flip chart or paper from the brainstorming session about barriers and challenges, if it includes a “hot topic” for your group
- Pens or pencils
- Paper

Facilitator Preparation

- Review the *Problem-Solving Scenarios Key Messages* before the training.
- Be prepared to provide your own Key Messages if the group has a “hot topic” to discuss from the brainstorming session that is not among the scenarios.

Setting up the Activity

1. SHOW Slide 64.

-  SAY: *Now we’re going to practice how to handle challenges you might encounter when educating others about reducing the risk of SIDS and other sleep-related causes of infant death.*
- ASK participants to count off from one to six and to remember their numbers.
- TELL all the ones to move to a certain area of the room. HAVE the twos move to another section of the room. CONTINUE until all six groups have their own space in the room.
- SELECT one scenario from each theme area, and GIVE each group a scenario. HAND OUT a piece of paper and a pen/pencil to each group.
- GIVE one group the “hot topic” scenario from the brainstorming session, if one was provided.

Doing the Activity

1.  SAY: *Each group will discuss a different scenario and will work together to come up with solutions to the challenge described. Once your group is finished with its discussion, we will come back together and each group will present its scenario and solutions to the entire class.*
2. ASK each group to assign one person as the note taker, and MAKE SURE he or she has paper and something to write with.
3. EXPLAIN that the groups will have 15 minutes to discuss their scenarios. ADD that after that time is up, each group will present its scenario and solutions to the entire class.
4. SET the timer/stopwatch for 15 minutes. TELL participants when time starts.
5. WALK AROUND to the groups while they are discussing to answer any questions.

6. TELL participants when 15 minutes is up. ASK them to adjust their chairs so they can all see each other.
7. ALLOW each group to read its scenario and proposed solutions. ASK the other participants to comment on the solutions.
8. REFER to the *Problem-Solving Scenarios Key Messages* during the group presentations. HIGHLIGHT key points that trainees might have missed during the discussion.
9. If time allows, GIVE groups another scenario. REPEAT this process until you have discussed all the scenarios or until time runs out.

Wrapping Up the Activity

1. THANK participants for their creative problem-solving ideas.
2.  SAY: *We're going to do more problem solving later in the training. But now, I need you to count off by threes so that we can form three groups.*
3. HAVE participants count off until every participant has a number. ASK participants to remember their numbers—They will need them in a short time.
4. ANNOUNCE that it is time for the afternoon break. TELL participants they will have 15 minutes for their break.
5. SET the timer/stopwatch for 15 minutes.
6. TALK to any participants who linger in the area.

Healthy Native Babies Project Challenge

Time

45 minutes

Overview

Healthy Native Babies Project Challenge, similar to the game show *Jeopardy: America's Favorite Quiz Show*®, uses an answer-and-question format to test the participants' knowledge about safe sleep and SIDS risk-reduction messages.

Objectives

By the end of this activity, participants will be able to:

- Describe risk and protective factors for SIDS and other sleep-related causes of infant death.
- Describe elements that create a safe or unsafe sleep environment for infants.
- Define audiences and action steps needed to promote SIDS risk reduction in communities.

Healthy Native Babies Project Workbook References

- Chapters 1 through 5
- Appendices 2, 4, and 5

Materials Needed

- *Healthy Native Babies Project Challenge* program on the Resources Disk (should already be running on the computer)
- 3 copies of the *Healthy Native Babies Project Challenge Score Sheets* (one for each group)
- *Healthy Native Babies Project Challenge Cheat Sheet* (in the back of this Guide)
- Pens/pencils
- Noisemakers (optional)

- Timer/stopwatch
- Small trinkets/prizes (optional)

Facilitator Preparation

- Review the *Healthy Native Babies Project* Challenge categories, questions, answers, and scoring system before this lesson.

Setting Up the Activity

1. During the break, SWITCH from the *1-Day Training Presentation* to the Challenge by holding down the “ALT” key on the keyboard and pressing the “TAB” key, also on the keyboard. The Challenge should be displayed on the computer screen and on the screen/wall. The *1-Day Training Presentation* should still be running in the background.

2. SHOW  Slide 65.

- WELCOME participants back from the break.
-  SAY: *Remember your numbers from before the break? You’re going to use them now to get into three groups.*
- DIRECT participants to go to different areas of the room based on their numbers; ones in one area, twos in another area, and threes in still another area.
- TELL participants that their groups are teams for the Challenge game. ADD that you are their host for the game.
- HAND OUT the score sheets—one sheet to each team. ASK for someone on each team to help keep score. (If there is an assistant or co-facilitator present, he or she can keep score.)

Doing the Activity

1. INTRODUCE the Challenge game to the participants. EXPLAIN the following:
 - For this game, all of the questions and answers are related to SIDS and reducing the risk of SIDS and other sleep-related causes of infant death.
 - Like *Jeopardy—America’s Favorite Quiz Show*®, this game supplies the answers, and the teams will need to provide the questions.

- For example, the game will give the following statement: *The Indian Health Service area with the highest SIDS rate in the American Indian/Alaska Native Population.* The team would have to provide the following question to get points: *What is Aberdeen?*
- Another example: Practice that reduces the risk of flat spots developing on the baby's head. To get points, the team would have to say: *What is Tummy Time?*
- The team's response must be in the form of a question, starting with "What is..." or something similar.
- The game includes five categories of answers and questions:
 - Safe Sleep Environments
 - Who Needs Safe Sleep Messages?
 - Risk Continuum
 - Action Steps
 - Barriers and Challenges
- Each category includes answers/questions which, if answered correctly, are worth 100 to 500 points.
- If a team gives the wrong question, it will lose the number of points indicated for that answer.

2. TELL teams the following about playing the game:

- Teams select an answer by category and point value: for example, "Action Steps for 200."
- The host reads the answer out loud and sets the timer/stopwatch for 30 seconds. The team must come up with its response question within 30 seconds.
- The team uses the noisemaker to signal that it has come up with a question.
- After using the noisemaker, one person from the team will say the team's question out loud to the group.
- If the question is correct, the team gets the point value of that answer and gets another turn.
- If the question is incorrect, the team loses the point value of that answer, and its turn is over.
- If the timer/stopwatch goes off before the team uses the noisemaker, the team loses the point value of that answer, and its turn is over.

3.  SAY: *To determine which team will go first, I'm going to write down a number between 1 and 50. Each team will give me a number between 1 and 50, and whichever team is closest to the number I wrote down will go first. The team with the second-closest number will go second.*
4. WRITE DOWN a number between 1 and 50 on a piece of paper, and HIDE it from the participants. LISTEN to the numbers from the teams. ASSIGN which team goes first, second, and last based on the numbers.
5. BEGIN the game with the first team.
 - SELECT the requested point value in the proper category (such as Action Steps for 200 points) using the mouse/cursor and clicking the number, or using the "TAB" key on the keyboard to move to the proper category and point value and pressing the "ENTER" key.
 - READ the answer out loud, and SET the timer/stopwatch for 30 seconds.
 - After the team uses its noisemaker and provides a question, or time runs out, SELECT "ANSWER" with the mouse/cursor, or by using the "TAB" key and then pressing "ENTER."
 - REMEMBER that the team answer does not need the exact same words as the question on the board, but it should express the general idea of the item, and it should be posed as a question.
 - TELL the team how to score the answer as appropriate on its score sheet.
6. CONTINUE with the game until all answers/questions have been viewed and answered.
7. REFER to the *Healthy Native Babies Project Challenge Cheat Sheet* if you have any questions during the activity.
8.  SAY: *Now it's time for the final challenge. Each team can risk any portion of its points for this final challenge. All teams will get to give a question for the final challenge answer. Teams that give the correct question will get that number of points added to their total. Teams that give the incorrect question will get that number of points subtracted from their total. The team with the highest number of points after the final challenge "wins."*
9. ASK teams to decide on the amount of points they will risk, and TELL them to write that number down on their score sheet.
10. When they are all finished, SELECT "MOVE ON TO THE FINAL CHALLENGE" using the mouse/cursor or "TAB" and "ENTER."
11. READ the final challenge answer out loud, and SET the timer/stopwatch for 1 minute. (You can give more time if you think the group will need it.)

12. When time is up, ALLOW each team to give its final question, one at a time, and FIGURE OUT each team's final score.
13. IDENTIFY the winning team, and ASK the rest of the participants to congratulate the team's members. Optional: GIVE a prize(s) to the winning team.

Wrapping Up the Activity

1. THANK all the teams and participants for their efforts and for tackling the Challenge with such enthusiasm.
2. REVIEW and SUMMARIZE messages that might have been more difficult for the participants during the Challenge.

Round Dance Review

Time

30 minutes

Overview

This fast-paced activity reinforces content covered during the training, while also providing an opportunity for participant interaction. During the activity, the facilitator reads knowledge-based or role-play prompts, and the participants take turns responding, while also rotating to interact with several partners. Combined with the *Healthy Native Babies Project Challenge*, this activity provides a thorough review of the course content. This activity also teaches participants how to interact with others to address challenges and barriers.

Objectives

By the end of this activity, each participant will be able to:

- Review key points of the *Healthy Native Babies Project* training.
- Deliver key safe sleep messages.

Healthy Native Babies Project Workbook References

This activity reviews key points found throughout the Workbook and addressed during the training.

Materials Needed

- *Round Dance Review Prompts* (in the back of this Guide)
- Chairs (optional): one for each participant, plus one additional chair if you have an odd number of participants
- Music player and music (optional)

Facilitator Preparation

- You can do this activity by having participants stand or by using chairs. If using chairs, make sure you have one chair for everyone in the class. If you have an odd number of people in the class, add one more chair than you have participants.
- Review the *Round Dance Review Prompts* before starting the activity.

- Keep in mind that there may be more prompts than you will have time to address. Identify the prompts that are most important or relevant to your participants, and make sure you address them as a group. Or, if a hot topic for your group is not included in the prompts provided, add prompts based on your experience and the participants’ needs.
- This activity works best if you set a fast-paced “game” mood for participants.

Setting Up Activity

1. HOLD DOWN the “ALT” key on the keyboard and PRESS the “TAB” key, also on the keyboard, so that the *1-Day Training Presentation* is displayed on the computer screen and on the screen/wall. (The *Healthy Native Babies Project* Challenge game should still be running in the background.)

2. SHOW  Slide 66.

-  SAY: *This next activity will help us review what we have learned today and practice spreading some key safe sleep messages. In this activity, you will get to work with several different partners, so you can learn from all of your colleagues.*
- ARRANGE participants into a large outside circle and a smaller inside circle.
 - Ask participants in the outer circle to pair with participants in the inner circle, and tell each person in the pair to face one another.
 - Or, if you are using chairs for this activity, face each chair in the outside circle with a chair on the inside circle.
 - If there is not enough space to put chairs in circles, you can put attendees in two lines facing each other, either standing or in chairs.
 - You can use other “musical partner” approaches to encourage the participants to interact with more than one partner.

Doing the Activity

1. ASK each person to find a chair in either circle, without moving the chairs. Once everyone has a seat, you can re-space the chairs to increase comfort, but keep the two circles intact. Each participant should be facing his or her partner and be close enough to hear him or her.
2. EXPLAIN the activity to participants using the following information:
 - Each person in the outside circle should pair up and face one person in the inner circle.

- The facilitator will read a prompt and one person in the pair will respond, speaking to his or her partner.
- The facilitator will then read another prompt, and the other person in the pair will respond, speaking to his or her partner.
- Then participants in the outer circle will move one person, chair, or step to the right, while the participants in the inner circle remain in place. This way, participants will be working with a new partner for the next set of prompts.
- If you are using chairs set up in a line, the person on the farthest end to the right would leave that chair and move around to the chair farthest on the left and all other participants would move down one chair.

3.  SAY: *In this activity, we will be giving feedback to our partners. It is most helpful when feedback is both positive and constructive. In this way, we can support one another while we learn. Those in the outside circle will respond first.*
4. ASK partners to greet one another. ALLOW a few seconds for this exchange.
5. READ the first prompt from the list. REPEAT if necessary. GIVE those in the outside circle about 15 to 30 seconds to respond, then ANNOUNCE that time is up.
6. READ the next prompt from the list. GIVE those in the inside circle 15 to 30 seconds to respond, then ANNOUNCE that time is up.
7.  SAY: *Thank your current partners. [ALLOW a few seconds for this exchange.] Those in the outside circle, please move one place or seat to your right. [ALLOW a few seconds for this movement.] Now say hello to your new partner. For this next set of prompts, the outside circle will go first.*
8. READ the prompts until you finish the list provided, or until you are out of time. After each pair of prompts, ASK the outside circle to move one place or seat to the right.

Wrapping Up the Activity

1. THANK the group for their participation in the activity.
2. ASK if there are any questions. ANSWER any questions.
3. HIGHLIGHT key points participants have learned during the training as time allows.
4. ASK participants to return the chairs to their original set up, as necessary, and ASK the group to sit in their original places for the last activity of the day and the closing.

Closing the Training

Time

30 minutes

Overview

During this closing activity, the facilitator will provide a wrap up or review of key messages, will motivate participants to take action in their communities, and will conduct final “housekeeping” activities, including having participants sign the “Letter to Me,” complete the Post-Test, and return the Training Evaluation.

Objectives

By the end of this activity, participants will be able to:

- Review key messages and reflect on the achievement of the overall training objectives.
- Commit to taking action to conduct risk-reduction activities in their communities.
- Complete the Post-Test and Evaluation.

Healthy Native Babies Project Workbook References

- Chapters 1 through 5
- Appendices 2, 4, and 5

Materials Needed

- Copies of the following materials, which should already be in the participants’ folders or packets:
 - “Letter to Me”
 - Post-Test
 - Training Evaluation
- A copy of the *Pre-Test/Post-Test Answer Key* sheet for each participant
- *Certificates of Completion* with participants’ names and appropriate dates filled in
- Timer/stopwatch
- Small gift for person leading the prayer (optional)

Facilitator Preparation

- Be familiar with the information discussed during this training and throughout the Workbook. Be prepared to clarify any issues for participants who have questions.

Setting Up the Activities

1. SHOW  **Slide 67.**
2.  SAY: *We have learned a lot in this training, not just about SIDS but also about each other and our communities.*
 - EXPLAIN that now each participant will have an opportunity to commit to using the information, skills, and resources from the *Healthy Native Babies Project* training to reduce the risk of SIDS and other sleep-related causes of infant death in their communities.
 - KEEP the tone of this activity upbeat, but STRESS the importance of the commitment participants are making.
 - TELL participants that they will also be able to comment on the training and activities.

Letter to Me

Doing the Activity

1.  SAY: *The goal of this training is to help you gain the skills and knowledge you need to spread risk-reduction messages in your communities. It is only through YOUR efforts in your communities that we can help protect Native babies.*
2. ASK participants to find the “Letter to Me” in their folders/packets.
3.  SAY: *This document represents your commitment to taking action to reduce the risk of SIDS and other sleep-related causes of infant death in your community during the next month and the next 6 months.*
4. ASK if one of the participants will read the first part of the letter out loud. REMEMBER that reading out loud in front of others can be stressful for people. If no one volunteers, READ the first part of the letter out loud yourself.

5. ASK if another participant will read the second part of the letter out loud. If no one volunteers, READ the second part of the letter out loud yourself.
6. GIVE participants 5 minutes to write down what specific actions they will take to reduce the risk of SIDS or to spread safe sleep messages during the next month and next six months.
7. ASK participants to sign the letter.
8. TELL participants that you will send them their letters later, and that they can choose to receive them either by regular mail or e-mail (if you have the ability to scan documents in order to attach to an email). REMIND participants to write their mailing address or e-mail address clearly on the letter.
9. ASK each participant to turn to a neighbor and share one thing that he or she committed to do. ALLOW about 1 minute for this exchange. ASK the other person to share one thing that she or he committed to do. ALLOW about 1 minute for this exchange.
10. ASK participants to sign their neighbor's letter as a witness.
11.  SAY: *When we commit to doing something, share that commitment with another, and ask that person to serve as our witness, we are more likely to follow through with our actions.*
12. ASK for one or two participants to share a commitment with the group.
13. COLLECT the letters from participants. REMIND participants that you will send them their letters after the training to remind them of their commitments.

Training Summary and Celebrate Successes

Doing the Activity

1. SHOW  **Slide 68.**
2.  SAY: *You've all done a wonderful job learning about SIDS and about ways to share SIDS risk-reduction information with others.*
 - REMIND the group that they have learned about the following topics:
 - Definitions of SUID and SIDS
 - Statistics about SIDS, including the higher rate among AI/AN infants
 - Theories about the causes of SIDS
 - Risk factors for SIDS and other sleep-related causes of infant death

- Ways to reduce the risk of SIDS and other sleep-related causes of infant death
- Ways to communicate risk and risk-reduction strategies
- Ways to handle challenging situations
- REMIND the group that they have the *Healthy Native Babies Project* Toolkit Disk to help them create customized outreach materials about risk reduction.
-  SAY: *Your successes in this training will help you do outreach in your community—and are cause for celebration! Give yourselves a round of applause!*
- CLAP for participants, and ENCOURAGE them to clap too.

Post-Test and Training Evaluation

Doing the Activity

1. ASK participants to find the Post-Test and the Training Evaluation in their folders/packets.
2. TELL participants that they will now complete the Post-Test. EXPLAIN the following:
 - The Post-Test is not graded, and no specific score is required to “pass” the training. It is more a test of the training than a test of the participants because it measures how well the training achieved its objectives.
 - Tests are not linked to anyone’s name. Participants should use the same code on their Post-Test that they used on the Pre-Test. A person’s code is the first two letters of his or her first name and the last two numbers in their birth year. For instance, one participant’s name might be Ana and she might have been born in 1977, so her code would be AN77.
 - The second page of the Post-Test asks for participants’ opinions only—there are no wrong answers for this section.
3. TELL participants that they will have 5 minutes to complete the Post-Test. SET the timer/stopwatch for 5 minutes. TELL participants when time is up.
4. ASK participants to put the Post-Test aside and to take out the Training Evaluation.
5.  SAY: *Please take a few minutes to give us some feedback on the training. Your comments are the best way for us to improve the training and activities. Please be honest with your feedback. Remember, your name will not be on this sheet.*
6. TELL participants that they will have 5 minutes to complete the Training Evaluation. SET the timer/stopwatch for 5 minutes. TELL participants when time is up.

7. If you identified someone to do a closing prayer, ASK that person to come to the front of the room and lead the prayer. Or ASK for a volunteer from the group to lead a closing prayer.
8. THANK the person for the prayer. GIVE that person a small gift, if appropriate.
9. ASK participants to pass their Post-Tests and Training Evaluations to the front of the room. COLLECT the papers.
10. HAND OUT copies of the *Pre-Test/Post-Test Answer Key*. MAKE SURE that each participant gets a copy.

Wrapping Up the Activities

1. SHOW Slide 69.

-  SAY: *The work you do in different communities makes an important difference in peoples' lives. Thank you for your hard work, dedication, and caring.*
- THANK the group for taking part in the training.

2. SHOW Slide 70.

- EXPLAIN that additional resources on SIDS and SIDS risk-reduction strategies are available through the Safe to Sleep® website at <http://www.nichd.nih.gov/SIDS>.
- ASK participants if they have any questions. ANSWER any questions.
- HAND OUT the *Certificates of Completion*.
-  SAY: *Thank you again, and good luck with your Healthy Native Babies Project!*

Healthy Native Babies Project:
Handouts for 1-Day Training

Safe Sleep Environment: Workstation Sheet

In this activity, your group will create a safe sleep environment for a baby. You will need to work together to figure out how the environment is unsafe and make changes to improve its safety.

Read all of the instructions below before starting the activity:

1. This sleep area contains items that you might find in any baby's bed:
 - Quilts from grandma and toys from auntie
 - Blankets to keep the baby warm in the cold northern winters
 - A teddy bear from big brother
 - All of the nice gifts that friends and family very lovingly gave to the new baby
2. Based on what you learned about safe sleep environments, work with your group to make changes that make the environment safer.
3. Discuss your reasons for making changes or not making changes.
4. Select one person to take notes on a separate piece of paper about the changes you make and the reasons for those changes.
5. When you've finished working on the sleep environment, turn over this page and review the Key Points list with the members of the group. But don't look at the Key Points until you've made all your changes to the sleep environment.
6. Your group will have 15 minutes to do this activity.

Good luck!

Key Points for Safe Sleep Environment Activity

The following key points about safe sleep environments will help you check your work:

- Make sure the baby is placed on his or her back for every sleep session, even naps.
- The sleeping surface should be firm with a fitted sheet or with a flat sheet tucked in snugly around the mattress/sleep surface.
- No pillows, quilts, blankets, pets, siblings, sheepskins, bumper pads, or toys should be in the baby's sleep area.
- Dress the baby in sleep clothing that is appropriate to room temperature with no more than 1 layer more than what an adult would wear to be comfortable.
- In most cases, a blanket is not needed. But if you choose to use a blanket, make sure it is lightweight and use the “feet to foot” method for safely using the blanket:
 - Place baby's feet at the end of the crib/sleep area.
 - Bring the blanket no higher than the baby's armpits.
 - Tuck the blanket under the baby's armpits to help keep the blanket away from the baby's head and face.
 - Tuck the blanket under the mattress on three sides.
- Always make the temperature of the baby's room one that is comfortable for an adult, and dress the baby appropriately for that temperature. Infants can overheat easily because they can't regulate their body temperature well. If they are too hot, they may sleep too deeply and have a hard time waking up.
- Alternatives to cribs, such as a basket, box, drawer, or wash tub, can be made into acceptable sleep areas. Remember that the sleep area doesn't require a thick blanket covering. Wrapping a light blanket around a piece of sturdy cardboard and securing with safety pins or masking tape is all that is needed to cover the sleep surface in these alternative areas.
- Breastfeeding is the best form of nutrition for an infant.
- The AAP recommends that caregivers think about offering the baby a dry pacifier, not attached to a string, when putting the infant to bed. If the baby refuses the pacifier, do not force him or her to take it. Do not offer a pacifier to a breastfed baby until after breastfeeding is firmly established.
- Avoid products and positioners that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety. Do not use home monitors to reduce the risk of SIDS.

Safe Sleep Messages: Workstation Sheet

Your group will use a flip chart to conduct a question-and-answer session about safe sleep messages.

Read all of the instructions below before starting the activity:

1. Imagine that you are instructing a group of young parents about safe sleep for infants. You will be using this educational tool—the flip chart. This flip chart includes 16 questions and answers related to safe sleep messages.
2. Select one person from the group to hold the chart and flip the pages. That person will ask the questions.
3. Members of the group will give the answers.
4. The correct answers are printed on the back of each question page.
5. Try to make this a fast-paced interactive activity to help you get comfortable with the safe sleep messages and get used to talking about them so that you can go back to your community and share them.
6. Select one person to write down, on the back of this paper, any questions that arise during the discussion.
7. Your group will have 15 minutes to do this activity.

Good luck!

Questions Raised During This Activity

Risk Continuum Key Messages

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
1.	Smoking during pregnancy <i>Pregnant woman and lit cigarette</i>	This situation increases SIDS risk. Nicotine reduces blood flow to the uterus and acts on fetus' brain in ways we are still trying to understand.	
2.	Drinking during pregnancy <i>Pregnant woman, bottle, and martini glass</i>	This situation increases SIDS risk. Drinking alcohol during pregnancy causes both physical and mental problems, including permanent brain damage and developmental delays. According to the Aberdeen Area Study: <ul style="list-style-type: none"> ▪ One binge drinking episode in the first 3 months of pregnancy increases SIDS risk by 8 times; ▪ Any drinking 3 months before pregnancy and during the first 3 months of pregnancy increases SIDS risk by 6 times. 	<p>Q: Is there any safe level of alcohol consumption during pregnancy?</p> <p>A: No. Research data indicate that there is no safe level of alcohol consumption during pregnancy. This means that even one drink could be harmful and could increase a baby's risk for lifelong problems.</p>
3.	Having a Public Health Nurse visit the home <i>Public Health Nurse with stethoscope, adult woman, and baby</i>	This situation reduces SIDS risk. The Aberdeen Area Study showed that a visit from a Public Health Nurse reduced the risk of SIDS.	<p>Q: What does a Public Health Nurse do that may decrease risk for an infant?</p> <p>A: Public Health Nurses assess home environments, help families get needed items and services, answer questions, and educate families and caregivers about caring for baby.</p>
4.	Tummy Time <i>Mom and baby on floor, baby on tummy on blanket</i>	This situation is SIDS risk neutral . Tummy Time has many benefits in terms of baby's healthy development of motor skill and brain functions. Tummy Time—when the baby is awake and being supervised: <ul style="list-style-type: none"> ▪ Reduces the risk for flat spots developing on the back of the baby's head. ▪ Promotes muscle and motor development. 	<p>Q: Under what circumstances might Tummy Time be risky?</p> <p>A: If the baby is unattended, he or she could fall asleep face down, causing suffocation.</p>

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
5.	Using Cradleboards <i>Adult man holding baby in cradleboard</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. Native Americans may have originated the concept of <i>Back to Sleep</i> with the traditional use of the cradleboard. The baby is placed on his or her back in the cradleboard and held into place in this safe and secure environment.	Q: What should caregivers keep in mind about using cradleboards? A: Avoid overdressing babies in cradleboards to prevent overheating. Dress baby in clothing appropriate for the weather conditions. The baby in the picture, in the heavier blanket, is ready for cooler or colder air temperatures.
6.	Baby placed on back to sleep, on firm sleep surface, dressed in light sleep clothing <i>Baby on its back in light sleep clothing in crib</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. The sleep area has nothing in it except the baby. Baby is dressed in light sleep clothing without blanket as a way to reduce risk of overheating. Firm crib mattress is covered with fitted sheet only and has no loose or fluffy bedding.	
7.	Baby in separate sleep area in the same room where others sleep <i>Adult woman on adult bed, baby in sleep area in the same room</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. The American Academy of Pediatrics (AAP) recommends room sharing—keeping baby in a separate area in the same room as where parents sleep—as the best option. Baby is in its own sleep space in parents’ sleep area, for convenient breastfeeding, and is dressed in light sleep clothing.	
8.	Baby placed to sleep on its back <i>Baby in light sleep clothing on its back</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. Sleeping on the back is safest position for sleep. Every sleep time counts: naps and night time.	
9.	Smoking in the house or car <i>Silhouette of house and car and lit cigarette</i>	This situation increases SIDS risk. Second-hand smoke competes with oxygen in the baby’s lungs, resulting in increased risk for infant infections, asthma, and hospitalizations. Infants who died of SIDS had a higher concentration of nicotine in their lungs than did babies who died from other causes.	

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
10.	Baby sleeping with a pacifier <i>Baby sleeping on its back with a pacifier in its mouth</i>	This situation reduces SIDS risk. Pacifier use when the baby goes to sleep has a protective effect against SIDS. Caregivers should offer the baby a dry pacifier that is not attached to a string when putting him or her to bed. If breastfeeding, wait until breastfeeding is established before offering the pacifier.	
11.	Sleeping with baby on the couch <i>Adult woman sleeping with baby on the couch</i>	This situation increases risk of SIDS and other sleep-related causes of infant death. Couches, chairs, and other non-standard sleeping surfaces pose extremely high risk of SIDS and suffocation for infants. The AAP recommends room sharing—keeping baby’s sleep area in the same room where parents sleep—as the safest option. The AAP also recommends that baby not sleep in an adult bed, on a couch, or on a chair alone, with a parent, or with anyone else.	Q: How has the caregiver tried to reduce SIDS risk? A: Baby is sleeping on its back and is dressed in light sleep clothing. Q: What are the other risks of this situation? A: Baby’s sleep area should be in the same room where others sleep; baby is placed on an adult pillow; couch surface is not as firm as a safety-approved crib mattress.
12.	Using positioners or items made of Memory Foam™ <i>Item with high pillows on either side, intended to keep an infant on its back</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. Products claiming to properly position infants during sleep and items made of Memory Foam™ have not been tested for safety or effectiveness. Baby could become trapped with its face against the cushion/foam and suffocate. In September 2010, the U.S. Consumer Product Safety Commission and the U.S. Food and Drug Administration warned against using sleep positioners because of the risks that they pose to infants. For more information, visit http://www.cpsc.gov/CPSCPUB/PREREL/prhtml10/10358.html .	
13.	Baby sleeping in adult bed placed against or close to a wall <i>Adult sleeping with baby in adult bed, with mattress against the wall</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. Baby could get trapped between the edge of the mattress and the wall and could suffocate. Providers who care for Native communities suggest placing the mattress low to or on the floor and in the middle of the room, away from any walls, to possibly reduce the risk of suffocation. The AAP recommends room sharing—keeping baby’s sleep area in the same room where parents sleep—as the safest option.	Q: What are the other risks of this sleep situation? A: Baby should not be covered with adult bedding; baby’s sleep area should be in the same room as where others sleep; impaired or overtired adult could roll over and suffocate the baby; adult bed is not as firm as a safety-approved crib mattress.

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
14.	Baby sleeping between two adults in adult bed <i>Baby sleeping between two adults in an adult bed</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. Providers who care for Native communities suggest that having only one adult in the bed, placing the baby above the adult’s head, and placing the baby on the mattress instead of on a pillow could reduce the risk for accidental suffocation. The AAP recommends room sharing—keeping baby’s sleep area in the same room where parents sleep—as the safest option.	Q: What are the other risks of this sleep situation? A: Baby should not be covered with adult bedding; baby’s sleep area should be in the same room where others sleep; impaired or overtired adult could roll over and suffocate the baby; adult bed is not as firm as a safety-approved crib mattress.
15.	Baby sleeping with an adult in an adult bed <i>Adult woman and baby in adult bed</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. The AAP recommends room sharing—keeping baby’s sleep area in the same room where parents sleep—as the safest option. Research studies have shown that bed sharing can be dangerous, especially in certain situations. If parents choose to bed share, they should follow other safe sleep practices to reduce the risk of SIDS and other sleep-related causes of infant death.	Q: How has the caregiver tried to reduce SIDS risk? A: Baby is dressed in light sleep clothing, placed on its back to sleep, and away from adult bedding. Q: What are the other risks of this situation? A: Baby’s sleep area should be in the same room as where others sleep; impaired or overtired adult could roll over and suffocate the baby; adult bed is not as firm as a safety-approved crib mattress.
16.	Baby sleeping in adult bed with an animal <i>Baby in adult bed with dog</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. Animals in the baby’s sleep area are risky because the animal could snuggle too closely to or cover the baby resulting in suffocation. The AAP recommends that a separate sleep area from others—including animals—but in the same room where others sleep is the safest sleep environment.	Q: How has the caregiver tried to reduce SIDS risk? A: Baby is dressed in light sleep clothing, placed on its back to sleep, and is away from adult bedding. Q: What are the other risks of this situation? A: Adult bed is not as firm as a safety-approved crib mattress.
17.	Use of baby breathing monitors to reduce SIDS risk <i>Infant breathing monitor</i>	This situation is SIDS risk neutral, but is not recommended for reducing SIDS risk. Many of these products have not been tested for effectiveness or safety. Health care providers may prescribe monitors for certain conditions. If prescribed, caregivers should discuss use of the monitor with the provider.	

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
18.	Baby sleeping on its back with a light blanket tucked under mattress <i>Baby with feet at foot of crib, light blanket tucked in on three sides</i>	This situation reduces SIDS risk and other sleep-related causes of infant death. This photo depicts the safe way to use a blanket—called “feet to foot” method. Baby is placed with feet at the foot of the crib. Blanket is no higher than baby’s chest and is tucked under the infant’s armpits. The blanket is tucked under the mattress on three sides. In most cases, though, use of a blanket is not recommended.	
19.	Baby sleeping on its back in crib <i>Baby in a crib with no other objects or items, dressed in light sleep clothing</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. This sleep environment addresses many ways to reduce SIDS risk, including: baby sleeping on its back; safety-approved crib mattress covered by fitted sheet; separate sleep area; baby dressed in light sleep clothing.	Q: What else about this sleep area helps to reduce SIDS risk? A: The crib is empty except for baby. Sleep area contains no stuffed toys or items and no loose or fluffy bedding.
20.	Tummy Time <i>Baby on its tummy playing, adult woman nearby</i>	This situation is SIDS risk neutral . Tummy Time has many benefits in terms of baby’s healthy development of motor skill and brain functions. Tummy Time—when the baby is awake and being supervised: <ul style="list-style-type: none"> ▪ Reduces the risk for flat spots developing on the back of the baby’s head. ▪ Promotes muscle and motor development. 	
21.	Baby sleeping on its back with a light blanket tucked under mattress <i>Baby with feet at foot of crib, light blanket tucked in on three sides, adult woman looking into crib</i>	This situation reduces SIDS risk and other sleep-related causes of infant death. This photo depicts the safe way to use a blanket—called “feet to foot” method. Baby is placed with feet at the foot of the crib. Blanket is no higher than baby’s chest and is tucked under the mattress on three sides. In most cases, though, use of a blanket is not recommended. The sleep area is also free of bumpers, fluffy bedding, and toys, and the baby is placed to sleep on his or her back.	

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
22.	Using cradleboards <i>Baby in cradleboard posing with two sisters</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. Native Americans may have originated the concept of <i>Back to Sleep</i> with the traditional use of the cradleboard. The baby is placed on his or her back in the cradleboard and held into place in this safe and secure environment.	Q: Is this baby overdressed for home environment temperatures? A: Maybe. It is best to dress the baby in light sleep clothing if using a heavier blanket, like the one shown, to reduce the likelihood that the baby will overheat.
23.	Crib with padded bumpers <i>Empty crib with thick bumpers around the crib perimeter</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. The AAP does not recommend bumper pads or similar products that attach to the crib because there is the potential for suffocation, entrapment, and strangulation. There is no evidence that these products prevent injury in young infants.	
24.	Breastfeeding <i>Mom breastfeeding</i>	This situation improves infant health and reduces SIDS risk. Breast is best for baby! The AAP recommends that most women exclusively breastfeed their infants for at least the first six months of life, and that they try to breastfeed for the baby’s first 12 months of life because of the benefits.	
25.	Crib with blanket and pillows <i>Empty crib with thick blanket and fluffy pillows</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. Baby’s sleep area should be free of loose or fluffy bedding, such as thick blankets and pillows. Baby’s face could become trapped in these items, causing suffocation.	
26.	Baby in adult bed covered with adult bedding <i>Adult woman and baby in an adult bed, baby covered with adult bedding</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. The AAP recommends room sharing—keeping baby’s sleep area in the same room where parents sleep—as the safest option. Babies who sleep on a soft surface, such as an adult bed, or under a soft covering, such as a soft blanket or quilt, are more likely to die of SIDS or suffocation.	Q: What are the other risks of this situation? A: Baby’s sleep area should be in the same room as where others sleep; impaired or overtired adult could roll over and suffocate the baby; adult bed is not as firm as a safety-approved crib mattress. Adult bedding could also cause the baby to become overheated.

No.	Image Title (Plain Text) and Description (<i>Italics</i>)	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
27.	Smoking around the baby <i>Lit cigarette and baby</i>	This situation increases SIDS risk. Second-hand smoke competes with oxygen in the baby’s lungs, resulting in increased risk for infant infections, asthma, and hospitalizations. Infants who died of SIDS had a higher concentration of nicotine in their lungs than did babies who died from other causes.	
28.	Baby placed to sleep on its back dressed in sleep clothing <i>Baby on back in light sleeper in crib</i>	This situation reduces the risk of SIDS and other sleep-related causes of infant death. Babies who overheat (because they are overdressed, because the room is too warm, or both) could sleep too deeply and might not wake up or to respond to changes in breathing or to external stressors. Dressing a baby in appropriate sleep clothing and not using a blanket can reduce overheating risk.	
29.	Child and baby in an adult bed <i>Child and baby in an adult bed</i>	This situation increases risk for SIDS and other sleep-related causes of infant death. Children in the baby’s sleep area are risky because they sleep deeply and could roll over the baby without knowing it and suffocate the baby. The AAP recommends room sharing—keeping baby’s sleep area in the same room where parents sleep—as the safest option.	Q: What are the other risks of this situation? A: Adult bed is not as firm as a safety-approved crib mattress.
30.	Having a Public Health Nurse visit the home <i>Public Health Nurse with stethoscope, adult woman, and baby</i>	This situation reduces SIDS risk. The Aberdeen Area Study showed that a visit from a Public Health Nurse reduced the risk of SIDS.	Q: What does a Public Health Nurse do that may decrease risk for an infant? A: Public Health Nurses assess home environments, help families get needed items and services, answer questions, and educate families and caregivers about caring for baby.

Problem-Solving Scenarios

Bed Sharing Scenario A

You are the supervisor of a community health visitor service. Because your agency has made reducing the SIDS rate for your area a priority, you introduced materials from the *Healthy Native Babies Project* to your home-visiting staff. In the past, one of your employees has said that she does not believe babies should ever sleep in adult beds, no matter what. But she will still have to provide risk-reduction information to families she visits, including information on how to reduce the risk of SIDS and other sleep-related causes of infant death. As her supervisor, how can you help her address this personal challenge?

Bed Sharing Scenario B

You are a Public Health Nurse. You know that one of the families you visit has difficulty making their money last through the month. They have only limited furnishings in the home. The dad is often gone for work or, if he is home, often drinks alcohol. The young mom has limited support from her family, even though many relatives live in the area. The family sleeps in an adult queen-sized bed with their 2-month-old daughter and 2-year-old son. What options could you suggest for reducing the risk of SIDS and other sleep-related causes of infant death for the infant in this family?

Child Care Scenario A

You are the friend of a young mom who has a 3-month-old baby. Her maternity leave is ending and she needs to return to work, so the baby will be going to a local child care facility every day. You know that this young mom has been willing to do whatever is necessary to provide a safe sleep environment for her baby, and you know that this baby always sleeps on his back at home. What could you suggest to help her make an informed choice about which child care facility might be best for her baby, in terms of a safe sleep environment?

Child Care Scenario B

You are the parent of an infant who is now 4 months old. You and your partner have decided that it is time for you to have a “date” and get out of the house, and you plan to have a teen family friend watch the baby while you are out for the evening. What would you do to assess the teen’s knowledge about SIDS risks and risk reduction? What information about safe sleep might be important to share with this teen babysitter before she cares for your child?

Tobacco and Substance Use Scenario A

You are a nurse in a family health clinic. In completing an intake history for a family with a 2-month-old infant, you learn that family members smoke in the home. Both mom and dad are with the baby today for his well-baby checkup, and both express interest in learning more about SIDS risk reduction. They reveal to you that they don't know much about SIDS, but that an infant in their community died from SIDS not long ago. When you ask how much they smoke, he says a pack a day, and she says half a pack a day. They live alone in their own home, and this is their first child. What would suggest this family do to reduce the SIDS risk for their infant?

Tobacco and Substance Use Scenario B

You are a Home Health Visitor who has been assigned to a single mom with three children, ages 5 years, 2 years, and 3 months. The mom has acknowledged that she binge drinks on occasion when she is feeling overwhelmed, and that she smokes cigarettes only when she drinks. The children's dads are only minimally involved in the family, and the mom's family lives in another community, so she has limited support. As you meet with her in her home, you find that she sleeps with the two older children in her adult bed and places the 3-month-old to sleep in a basket next to the bed. She is breastfeeding and sometimes does not place the infant back in the basket when finished. When assessing the home, you notice fluffy blankets and a sheepskin in the baby's basket. What would you suggest to this mom to help her reduce her baby's risk of SIDS and other sleep-related causes of infant death?

Overheating Scenario A

It is winter in Any Northern Community, U.S.A. You are a worker in the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) office and have noticed that many of the infants who come in for their appointments are being brought in their car seats. In addition to the liner in the car seats, the babies are usually wearing three layers of clothing: first layer of a t-shirt, diaper, and socks; second layer of a medium-weight, footed, one-piece sleep suit; and third layer of a heavier snow suit that includes foot, hand, and head covering. The families drive between one and three hours to get to their appointments. Some of the babies have red cheeks and damp hair when they arrive at the WIC office. You know that infants have died of SIDS in car seats and are concerned about the possibility of a baby overheating while in a car for so many hours bundled up like this. How would you discuss this topic with families? What would your recommendations be?

Overheating Scenario B

You are a Public Health Nurse who visits families throughout Any Northern Community, U.S.A. Many of the homes you visit do not have good insulation or heating systems. As a result, in the winter, the homes have some rooms that are too hot and others that are too cold for your comfort. To help ensure a comfortable temperature in most of the home, families turn up the thermostat to 85 degrees—meaning that some rooms are at that temperature, while others are around regular room temperature, which is about 70 degrees. How would you counsel these families to prevent overheating and to create safe sleep environments for their infants?

Scenario Involving Elders A

You are a health care provider who is seeing a young family with their 4-month-old infant in a pediatric clinic. The baby seems to have bronchitis. As you assess the family, you learn that they live in a small home with the dad's grandma. The parents admit that the grandma is becoming more absent minded, but add that she loves caring for the baby while they are at work during the day. You learn from the parents that the grandma has ideas about childrearing that are in contrast to their ideas. For example, they say she “overbundles” the baby. She also thinks placing the infant on the belly to sleep is more soothing than on the back because, she explains, the baby always falls asleep right away when placed on her tummy. How would you counsel these young parents to create a safe sleep environment for their baby?

Scenario Involving Elders B

You are the young parent of a 2-month-old infant, and your tight-knit extended family lives near you in the community. Most of the adults in your family smoke. You and your partner have struggled to remain non-smokers for the last three years, but have succeeded and are smoke free. You posted signs on your front door and throughout the house saying, “For our baby's sake, please don't smoke inside our home.” Many of your family members have gotten the message to smoke outside, and they do so. Your grandma loves the new baby and visits often, but she ignores the signs and your requests that she not smoke inside. When asked about it, she says, “I smoked when I was pregnant with your mama, and she smoked when she was pregnant with you, and you turned out just fine. When I visit, I smoke.” What information could you give to your grandma that might change her mind? How can you keep your baby's and your own environment smoke free while still respecting your grandma?

Hot Topic Scenario
(From Brainstorming Session in Barriers and
Challenges Activity)

Problem-Solving Scenarios Key Messages

As the groups discuss their challenge scenarios, be sure to highlight the following key points.

Bed Sharing Scenario A

You are the supervisor of a community health visitor service. Because your agency has made reducing the SIDS rate for your area a priority, you introduced materials from the *Healthy Native Babies Project* to your home-visiting staff. In the past, one of your employees has said that she does not believe babies should ever sleep in adult beds, no matter what. But she will still have to provide risk-reduction information to families she visits, including information on how to reduce the risk of SIDS and other sleep-related causes of infant death. As her supervisor, how can you help her address this personal challenge?

Key Messages:

- Explain that families make their own choices. Her job is to make sure they have the best information for making those choices, including the risks associated with bed sharing and how to possibly reduce those risks.
- Add that she will likely lose her audience or be less effective in creating and maintaining behavior change because of her inflexibility.
- Discuss the risk-reduction model versus abstinence model of public health education.

Bed Sharing Scenario B

You are a Public Health Nurse. You know that one of the families you visit has difficulty making their money last through the month. They have only limited furnishings in the home. The dad is often gone for work or, if he is home, often drinks alcohol. The young mom has limited support from her family, even though many relatives live in the area. The family sleeps in an adult queen-sized bed with their 2-month-old daughter and 2-year-old son. What options could you suggest for reducing the risk of SIDS and other sleep-related causes of infant death for the infant in this family?

Key Messages:

- Assess the mom's interest in providing a safe sleep environment for infant.
- Discuss the risk continuum concept with mom to explain more risky versus less risky aspects of her situation.
 - More risky: risk from baby sleeping in adult bed with sibling and with mom; risk from baby sleeping in the bed with dad if he has been drinking.
 - Less risky: baby in his own sleep space, sharing room with mom and sibling; or, baby placed above where adult head goes, not between two adults, away from adult bed coverings, and with the bed moved away from the wall.

- Discuss other ways to reduce the risk of SIDS and other sleep-related causes of infant death from baby being in adult bed. Use the *Healthy Actions for Native Babies* Handout to explain various scenarios.

Child Care Scenario A

You are the friend of a young mom who has a 3-month-old baby. Her maternity leave is ending and she needs to return to work, so the baby will be going to a local child care facility every day. You know that this young mom has been willing to do whatever is necessary to provide a safe sleep environment for her baby, and you know that this baby always sleeps on his back at home. What could you suggest to help her make an informed choice about which child care facility might be best for her baby, in terms of a safe sleep environment?

Key Messages:

- Suggest mom visit multiple facilities to see how they provide care. She should specifically ask each site about its sleep position practices.
- Discuss aspects of care, such as always placing baby on his back, that are most important to her and ways she might negotiate with caregivers to ensure they are used with her baby.
- Find out if licensing requirements in her community address safe sleep guidelines.

Child Care Scenario B

You are the parent of an infant who is now 4 months old. You and your partner have decided that it is time for you to have a “date” and get out of the house, and you plan to have a teen family friend watch the baby while you are out for the evening. What would you do to assess the teen’s knowledge about SIDS risks and risk reduction? What information about safe sleep might be important to share with this teen babysitter before she cares for your child?

Key Messages:

- Teens are eager caregivers, but might not be knowledgeable about safe sleep. Make sure you explain the importance of back sleeping before leaving baby in the teen’s care.
- If your community has babysitting classes, send safe sleep materials to the instructor, or ask to discuss safe sleep during one of the classes.
- Have the teen over to your house before the “date” night, while you are there, so he or she can observe your routines and usual practices. Be clear and specific about sleep position, and tell the sitter about the increased risk when an infant used to sleeping on its back is then placed on its stomach to sleep.
- The night of the “date,” put a list of safe sleep practices on the refrigerator or on the end of the crib to remind the babysitter about safe sleep practices.

Tobacco and Substance Use Scenario A

You are a nurse in a family health clinic. In completing an intake history for a family with a 2-month-old infant, you learn that family members smoke in the home. Both mom and dad are with the baby today for his well-baby checkup, and both express interest in learning more about SIDS risk reduction. They reveal to you that they don't know much about SIDS, but that an infant in their community died from SIDS not long ago. When you ask how much they smoke, he says a pack a day, and she says half a pack a day. They live alone in their own home, and this is their first child. What would you suggest this family do to reduce the SIDS risk for their infant?

Key Messages:

- The recent death, although tragic, offers a good teachable/reachable moment. Talk about SIDS risks with the parents, and explain ways to reduce risk.
- Discuss the link between SIDS and smoking/smoke in the baby's environment (second-hand smoke).
- Find out whether they have thought about or tried quitting smoking. If they seem interested in quitting, provide referrals or community resources to assist them.
- If they continue to smoke, suggest they "take it outside" and that they use a "smoking jacket" or shirt—a piece of clothing that they wear only when they are outside smoking, and that they leave outside to keep the smoke away from the baby and out of the house.

Tobacco and Substance Use Scenario B

You are a Home Health Visitor who has been assigned to a single mom with three children, ages 5 years, 2 years, and 3 months. The mom has acknowledged that she binge drinks on occasion when she is feeling overwhelmed, and that she smokes cigarettes only when she drinks. The children's dads are only minimally involved in the family, and the mom's family lives in another community, so she has limited support. As you meet with her in her home, you find that she sleeps with the two older children in her adult bed and places the 3-month-old to sleep in a basket next to the bed. She is breastfeeding and sometimes does not place the infant back in the basket when finished. When assessing the home, you notice fluffy blankets and a sheepskin in the baby's basket. What would you suggest to this mom to help her reduce her baby's risk of SIDS and other sleep-related causes of infant death?

Key Messages:

- Praise mom for having a separate sleep place for baby, and for using a good alternative sleep surface.
- Share photos/images of a safe sleep environment, and discuss ways to make the basket an even safer environment, such as removing the fluffy blankets and the sheepskin from the baby's sleep basket.
- Discuss risks related to baby sharing a bed with siblings and with an adult who has been drinking and/or smoking cigarettes.

- Make a contract with the mom, so she agrees to place the baby back in its own sleep area, especially when she is drinking, smoking, or has other children in bed with her.
- Help mom obtain a safety-approved crib, if community resources are available for her.
- Talk with mom about alcohol counseling or treatment. If she expresses an interest in getting assistance, provide a referral or community resource to assist her.

Overheating Scenario A

It is winter in Any Northern Community, U.S.A. You are a worker in the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) office and have noticed that many of the infants who come in for their appointments are being brought in their car seats. In addition to the liner in the car seats, the babies are usually wearing three layers of clothing: first layer of a t-shirt, diaper, and socks; second layer of a medium-weight, footed, one-piece sleep suit; and third layer of a heavier snow suit that includes foot, hand, and head covering. The families drive between one and three hours to get to their appointments. Some of the babies have red cheeks and damp hair when they arrive at the WIC office. You know that infants have died of SIDS in car seats and are concerned about the possibility of a baby overheating while in a car for so many hours bundled up like this. How would you discuss this topic with families? What would your recommendations be?

Key Messages:

- Explain that sleeping in a car seat is just like sleeping in a crib. An infant dressed in too many layers of clothing could sleep too deeply and be at higher risk for SIDS.
- Suggest lighter clothing for baby while in the car seat for many hours.
- Encourage rest stops every couple of hours to take a break and stimulate/feed the baby.
- Caution the families against covering the car seat with a blanket because doing so could create a situation where the baby re-breathes air it has already exhaled that is high in carbon dioxide.

Overheating Scenario B

You are a Public Health Nurse who visits families throughout Any Northern Community, U.S.A. Many of the homes you visit do not have good insulation or heating systems. As a result, in the winter, the homes have some rooms that are too hot and others that are too cold for your comfort. To help ensure a comfortable temperature in most of the home, families turn up the thermostat to 85 degrees—meaning that some rooms are at that temperature, while others are around regular room temperature, which is about 70 degrees. How would you counsel these families to prevent overheating and to create safe sleep environments for their infants?

Key Messages:

- Explain the risks of overheating in relation to SIDS.
- Suggest that they place the baby’s sleep area in a part of the house that doesn’t get too hot. The sleeping room should be comfortably cool.
- Explain that they should avoid dressing baby in excessive layers of clothing and coverings. Advise them to take cues from adult comfort—if it’s comfortable for an adult in regular clothes, baby doesn’t need heavier clothes or blankets.
- Look into community resources for energy/weatherization programs.

Scenario Involving Elders A

You are a health care provider who is seeing a young family with their 4-month-old infant in a pediatric clinic. The baby seems to have bronchitis. As you assess the family, you learn that they live in a small home with the dad’s grandma. The parents admit that the grandma is becoming more absent minded, but add that she loves caring for the baby while they are at work during the day. You learn from the parents that the grandma has ideas about childrearing that are in contrast to their ideas. For example, they say she “overbundles” the baby. She also thinks placing the infant on the belly to sleep is more soothing than on the back because, she explains, the baby always falls asleep right away when placed on her tummy. How would you counsel these young parents to create a safe sleep environment for their baby?

Key Messages:

- Suggest that the grandma come with the family to the clinic (or have a home visitor go to them) to discuss some infant health topics, including infant sleep position and SIDS risk reduction. During the visit, assess the grandma’s interest in learning new information and her beliefs about SIDS and what causes it.
- Share information/photos/graphics with the family about how sleeping on the tummy increases SIDS risk, and make sure that grandma is present and attentive to the information. Give the family visuals (handouts, posters, door hangers) to use in the home that outline safe sleep recommendations.
- See if the grandma will make a contract to try something new—placing baby to sleep on the back—for one day. Follow-up to see how the day went, and reassess the length of the contract.

Scenario Involving Elders B

You are the young parent of a 2-month-old infant, and your tight-knit extended family lives near you in the community. Most of the adults in your family smoke. You and your partner have struggled to remain non-smokers for the last three years, but have succeeded and are smoke free. You posted signs on your front door and throughout the house saying, “For our baby’s sake, please don’t smoke inside our home.” Many of your family members have gotten the message to smoke outside, and they do so. Your grandma loves the new baby and visits often, but she ignores the signs and your requests that she not smoke inside. When asked about it, she says, “I smoked when I was pregnant with your mama, and she smoked when she was pregnant with you, and you turned out just fine. When I visit, I smoke.” What information could you give to your grandma that might change her mind? How can you keep your baby’s and your own environment smoke free while still respecting your grandma?

Key Messages:

- Obtain information about the risks of smoking. Find another respected Elder or family member who understands the risks and ask him or her to share the information with your grandma.
- Explain that smoke in the baby’s environment increases SIDS risk. But stress that it is a *controllable* risk factor for SIDS. So she can help reduce and protect her great grandchild by controlling that risk.
- Set some clear boundaries for grandma’s visits. Explain that you respect her right to smoke, but that you ask she respect your family’s right to protect their baby’s health by doing what is best for baby. Stress that the issue is about giving *this* baby the healthiest environment, not about her right to smoke and not about what she did when her children were young.

Healthy Native Babies Project Challenge Score Sheet

Healthy Native Babies Project Challenge Cheat Sheet

	Safe Sleep Environments	Who Needs Safe Sleep Messages?	Risk Continuum	Outreach Strategies	Barriers and Challenges
100	A. The safest sleep position for babies Q. What is on the back?	A. Primary audience for safe sleep information Q. Who are parents, soon-to-be parents, and foster parents?	A. All sleep times, for naps and at night Q. When should baby be placed on its back to sleep?	A. Because SIDS risk is 8 times higher when a baby used to sleeping on its back is placed on tummy to sleep Q. Why is a consistent risk-reduction message so important?	A. Community members who might hold beliefs about infant sleep safety that might contradict or interfere with safe sleep messages Q. Who are Elders?
200	A. Surfaces, such as waterbeds, couches, or chairs Q. What are unsafe sleep surfaces for baby?	A. Because 20 percent of SIDS deaths occur when infants are in their care Q. Why are child care and day care providers a critical audience for SIDS education?	A. A beneficial infant feeding practice that reduces the risk of SIDS Q. What is breastfeeding?	A. One of three good practices for reaching out to communities, with using community outreach services and providing extra support to those with special needs Q. What is “Going to where the people are”?	A. Environmental risk factor for SIDS that is hard for some families to reduce or avoid Q. What is smoke in the infant’s environment or second-hand smoke?
300	A. A basket, box, drawer, wash tub, or cradleboard Q. What are good alternative sleep surfaces if a safety-approved crib is not available?	A. Elders, youth, and other friends and family Q. In addition to parents, who are primary audiences for SIDS education?	A. Home visiting providers whose visits are shown to reduce the risk of SIDS Q. Who are Public Health Nurses?	A. The <i>Healthy Native Babies Project Toolkit</i> Q. What is a useful tool for creating customized outreach materials for native communities?	A. Topic that might be hard for communities to discuss because of fear, taboos, or grief Q. What is a SIDS death?

	Safe Sleep Environments	Who Needs Safe Sleep Messages?	Risk Continuum	Outreach Strategies	Barriers and Challenges
400	<p>A. Soft bedding (including sheepskins and quilts), crib bumpers, and stuffed toys</p> <p>Q. What are items that should not be in baby's sleep area?</p>	<p>A. Health care providers, emergency personnel and first responders, and all members of the community</p> <p>Q. Who are some secondary audiences for SIDS education?</p>	<p>A. Smoking and alcohol or substance use during and after pregnancy, and sleeping on the stomach</p> <p>Q. What are known and well-established risk factors for SIDS?</p>	<p>A. Cradleboards</p> <p>Q. What is a traditional alternative sleep surface that can be turned into a hands-on community project?</p>	<p>A. A risk factor that, when it occurs during the first three months of pregnancy, increases SIDS risk 8 times</p> <p>Q. What is binge drinking?</p>
500	<p>A. Infant placed on its back on a firm adult mattress, in the area above where an adult's head would be, not covered with adult bedding, sleeping with one adult who has not smoked, had alcohol, or taken medications</p> <p>Q. What are some possible ways to reduce the risk for SIDS and other sleep-related causes of infant death when bed sharing?</p>	<p>A. Those who might need special outreach and messages tailored to their specific situations</p> <p>Q. Who are the homeless, incarcerated women, and those with Fetal Alcohol Spectrum Disorder or other learning disabilities?</p>	<p>A. Sleeping with an impaired adult, under adult bedding, wearing heavy sleep clothing, on a couch or a chair</p> <p>Q. What is a very high-risk sleep environment for an infant?</p>	<p>A. Tactics which are not usually effective ways to sustain new desired behaviors</p> <p>Q. What are guilt, shame, and fear?</p>	<p>A. A SIDS risk factor that is more common in Native communities than in non-Native communities</p> <p>Q. What is overheating?</p>

Healthy Native Babies Project Challenge: FINAL

Final Question Category: Risk Continuum

Q. An extremely high-risk situation for an infant who is used to back sleeping

A. What is being placed on his or her stomach for sleep?

Round Dance Review Prompts

Use the prompts below during the activity, as explained in the *Round Dance Review Activity*. While participants are moving, take a moment to recognize that certain SIDS risk-reduction concepts are challenging—sometimes very challenging. Encourage participants, and explain that what they learn in this training and from the *Healthy Native Babies Project Workbook* will help them rise to these challenges with commitment and skill.

Prompt Set 1

- (To Outside Circle) Please share one SIDS fact with your partner.
- (To Inside Circle) Please respond by sharing a different SIDS fact with your partner.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Outside Circle) Pretend that your partner is a teen girl. Please briefly explain to her what SIDS is.
- (To Inside Circle) Teens, please tell your partner whether you understood the explanation and how it might have been clearer.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Inside Circle) Pretend that your partner is a pregnant woman who smokes. Briefly explain to her how smoking is related to the risk of SIDS.
- (To Outside Circle) Pregnant women, please give your partner feedback about his or her explanation and how that explanation could have been more effective.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Outside Circle) Pretend that your partner is a father who smokes inside the house where his young infant lives and in the car where his infant often rides. Briefly explain how second-hand smoke is related to the risk of SIDS.
- (To Inside Circle) Fathers, please tell your partner what was effective about his or her explanation and how it could have been more persuasive.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Inside Circle) Pretend that you are doing a home visit, and your partner is the mother of a young infant. Please ask her if you can see where baby sleeps.
- (To Outside Circle) Mothers, please tell your partner how you felt when asked the question, whether you would show him or her where baby sleeps, and what—if anything—might be a more persuasive way to approach the subject.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Outside Circle) Pretend that your partner is a grandmother who believes it is best to place babies to sleep on their tummies. Briefly explain why the back sleep position is the safest sleep position for infants.
- (To Inside Circle) Grandmothers, please give your partner feedback about his or her explanation and how that explanation could have been more persuasive.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Inside Circle) Please tell your partner one traditional practice that reduces the risk of SIDS in your Tribe or the Tribe that you serve.
- (To Outside Circle) Please respond by sharing similarities and differences in your Tribe or community that you serve.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Outside Circle) Pretend that your partner is the mother of a young infant. Ask her a question that you think will help you determine her biggest SIDS-related concerns.
- (To Inside Circle) Please respond by discussing whether this question was an effective way to begin assessing SIDS risk-reduction knowledge.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Inside Circle) Of the SIDS risk-reduction concepts discussed today, please tell your partner which one you are least comfortable addressing and why.
- (To Outside Circle) Please respond by identifying the SIDS risk-reduction concept you are least comfortable addressing and why.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Outside Circle) Please tell your partner about one skill or piece of information that you learned during today's training.
- (To Inside Circle) Please respond by sharing a different skill or piece of information that you learned during today's training.

Rotate: Outside Circle Moves Right One Place/Seat

- (To Inside Circle) Please tell your partner one new thing that you will do with your clients/patients/community members to reduce the risk of SIDS as a result of what you learned today.
- (To Outside Circle) Please respond by sharing one new thing that you will do with your clients/patients/community members to reduce the risk of SIDS as a result of what you learned today.

Rotate: Outside Circle Moves Right One Place/Seat (Add Your Own)

- (To Outside Circle)
- (To Inside Circle)

Rotate: Outside Circle Moves Right One Place/Seat (Add Your Own)

- (To Inside Circle)
- (To Outside Circle)

Letter to Me

As a person committed to improving the health and well-being of American Indian and Alaska Native people, I commit myself—in the presence of my colleague—to using the information from the *Healthy Native Babies Project Workbook* and training to reduce the risk of SIDS and other sleep-related causes of infant death in the community I serve. To accomplish this, within the next month I intend to:

And within 6 months I intend to:

I proudly make this commitment today (date): _____

Printed Name of Participant: _____

Signature of Participant: _____

Signature of Colleague/Witness: _____

Please select one method of delivery and provide the appropriate address:

E-mail _____ @ _____

OR

Mailing Address:

