

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

Facilitator's Guide for  
2-Hour 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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## 2-Hour Training Agenda

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**25 minutes:** Registration and Opening

- Self-Assessment and Pre-Test
- Welcome and Blessing
- Brief Introductions

**45 Minutes:** About Sudden Infant Death Syndrome (SIDS) (Workbook Chapters 1 and 2)

**30 Minutes:** Activity Workstations—Understanding the Messages

- Safe Sleep Environment
- Risk Continuum Overview

**20 Minutes:** Other Key Points and Closing

- Outreach Overview
- Post-Test
- Evaluation

**Optional:**

**20 Minutes to 30 Minutes: Toolkit Demonstration**

# Training Objectives

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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 other 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

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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 2-hour training is intended for intermediaries**—the people who interact and work with parents and caregivers—not for the parents and caregivers themselves.
- **This training can be provided as a conference workshop topic.** In these situations, the core content (slides and activity demonstrations) will take 90 minutes to deliver.
- **Advance preparation is required.** Plan for approximately 2 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](mailto: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 brief participant introductions will help you decide what material to include or leave out based on participants’ 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 activity

session 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.

- 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.
- 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.

- **After the training**, it is useful to review the Pre- and Post-Test answers provided by 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](mailto:NICHDInformationResourceCenter@mail.nih.gov) with your comments.

# Facilitator Preparation: Before the Training Session

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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 2-Hour 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 the 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 *2-Hour Training Presentation* for reference or in case you have technical difficulties at the training site.
  - REVIEW the slides in the *2-Hour 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
    - 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

- 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
  - Masking tape
  - Scissors
  - Velcro® with adhesive or sticky back (optional for Risk Continuum Overview)
  - Blank paper
  - Pens/pencils (one for each participant)
  - 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 from the Resources Disk, so you have one for each participant. PLACE each set in a separate folder or use a paper clip:
  - 2-Hour Training Agenda (Page 1 of this Guide)
  - Pre-Test (on Resources Disk)
  - 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, 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 use at each of the activity workstations:
  - *Safe Sleep Environment: Workstation Sheet*
  - *Risk Continuum Overview: Workstation Sheet*

## 11. 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 a 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 OUT 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 demo viewing BEFORE training session begins.
- IF NOT USING VELCRO®, PREPARE the image cards for use in the Risk Continuum Overview.
  - CUT OUT 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.

## 12. 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.

## Facilitator Preparation: At the Training Session, Before Participants Arrive

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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 *2-Hour 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 *2-Hour Training Presentation* is showing and is projected on the screen/wall.
7. 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.
8. 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.
9. 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.

10. **PLAY** music at a very low volume level for when participants begin to enter the room (optional).
11. **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 to hand out at the end of the session.
12. **GREET** participants as they enter the room.

# Conducting the Pre-Test

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## **Time**

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*

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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

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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 their 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

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

# Getting Started

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## **Time**

15 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 by giving their name, agency or role in community, and reason they are attending the training today.

## **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.

## ***Healthy Native Babies Project Workbook References***

None for this session.

## **Materials Needed**

- A small gift for the person who does the Blessing (optional)
- 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.

## Setting Up the Activity

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1. BE warm and welcoming. This activity will set the tone for your day.
2. MAKE SURE that  **Slide 1** of the *2-Hour Training Presentation* is displayed on the screen/wall.

## Doing the Activity

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1. ANNOUNCE to the group that you will begin the day's activities with a Blessing.
  - INTRODUCE the Elder, guest speaker, or trainee 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.
3. INTRODUCE yourself to the audience.
4. ASK attendees to introduce themselves, explain their role(s) in the community, and describe what they hope to learn today.
5. COMPLETE other "housekeeping" tasks, such as:
  - Location of bathroom
  - Location of refreshments
  - Any other relevant information
6. SHOW  **Slide 2** 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.

7. Review the items in the participant packet/folder.
8. HANDOUT 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
9. 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

## Wrapping Up the Activity

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1. SHOW  **Slide 3** of the presentation.
2.  SAY: *Now let's move on to learn about SIDS.*

# About SIDS

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## **Time**

45 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
- 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

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1. SHOW  **Slide 3.**
2.  SAY: *Let's begin by looking at the facts about SIDS. You will find this material in Chapter 1 of your Workbook.*

## Doing the Activity

---

1. SHOW  **Slide 4.**
  -  SAY: *What is Sudden Unexpected Infant Death or SUID?*
  - READ the slide.

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

2. SHOW  **Slide 5.**

-  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.*

3. SHOW  **Slide 6.**

- READ the slide.

4. SHOW  **Slide 7.**

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

5. SHOW  **Slide 8.**

- 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.

6. SHOW  **Slide 9.**

- READ the slide.
-  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.

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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>.

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7. SHOW  **Slide 10.**

-  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 10.**

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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>.
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8. SHOW  **Slide 11.**

- READ the slide.
- EXPLAIN the difference between the terms “abuse” and “neglect.”

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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>.

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9. SHOW  **Slide 12.**

-  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.

10. SHOW  **Slide 13.**

- 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.
- MAKE SURE participants understand that SIDS is not caused by vomiting or choking. ASK if the participants have any questions. ANSWER any questions.

11. SHOW  **Slide 14.**

- 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.*

12. SHOW  **Slide 15.**

- 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.

13. SHOW  **Slide 16.**

-  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.

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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.

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14. SHOW  Slide 17.

-  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 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 of the model 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

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1. ASK participants if they have any questions about information you have covered.
2. ANSWER any questions.

# SIDS Risk Factors

## Setting Up the Activity

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1. EXPLAIN that trainees will now learn about some of the external stressors—or risk factors—for SIDS.
2. ADD that they will also learn how some actions can lower the risk for SIDS.
3. 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

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1. SHOW  Slide 18.

-  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 19.

-  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 20.**

-  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 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.

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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.

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4. SHOW  **Slide 21.**

-  **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.

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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.

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5. SHOW  **Slide 22.**

-  **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 birthweight are also risk factors for SIDS. Regular prenatal care allows health care providers to detect preterm labor symptoms, low birthweight, or growth restriction of the baby—all of which increase SIDS risk.

6. SHOW  **Slide 23.**

-  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.

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TRAINER NOTES

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

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7. SHOW  **Slide 24.**

- READ the slide.

8. SHOW  **Slide 25.**

-  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 26.**

- 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.*
- DESCRIBE how you created an alternative sleep surface using the laundry basket.
- EXPLAIN that you:
  - Covered a thick piece of cardboard with a lightweight blanket;
  - Secured the blanket using masking tape or safety pins; and
  - Placed the covered cardboard 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 27.**

- 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 a caregiver 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 caregivers 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 death.*

11. SHOW  Slide 28.

-  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 29.

- READ the bullets on the slide.

13. SHOW  Slide 30.

-  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.

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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.

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14. SHOW  Slide 31.

-  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 a 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.

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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>.

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15. SHOW  Slide 32.

- 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 33.**

- 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 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 34.**

-  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 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 35.**

-  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

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1. ASK participants if they have any questions about information you have covered.
2. ANSWER any questions.

# Understanding the Messages

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## 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* in 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 Risk Continuum Overview Workstation

- Risk Continuum Chart and image cards, prepared as indicated in the *Facilitator Preparation: Before the Training Session* section of this Guide
- Copy of the *Risk Continuum Overview: Workstation Sheet*
- *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 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.

- Review the *Risk Continuum Key Messages* in the back of this Guide.

## Setting Up the Activities

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1. MOVE the items for the Safe Sleep Environment Activity to the front of the room. 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. The *Risk Continuum* chart should already be displayed on the wall, with the image cards and instructions nearby.

3. SHOW  Slide 36.

-  SAY: *Now we're going to learn how to put the information from Lesson 1 into action.*
- EXPLAIN that trainees will do activities to get some “real world” experience with sharing SIDS risk-reduction messages.
- EXPLAIN that these are sample activities and that you do not expect them to complete the full activities.
- 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 go to the Risk Continuum workstation.
- EXPLAIN that each group will put safe sleep information into practice in a different way. TELL participants that they will switch to the next 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 next 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

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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: 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

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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.

# Risk Continuum Overview

## Doing the Activity

---

1. INTRODUCE the activity.
2. EXPLAIN that 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. ADD 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.
  -  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 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.*
3. ASK for a volunteer or ASSIGN a person to read the activity instructions on the *Risk Continuum Overview: Workstation Sheet* and write down any questions that arise during the discussion on the back side of the Workstation Sheet.
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. 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.
2. 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 SIDS risk.

3. 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.
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.

# Other Key Points and Closing the Training

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## **Time**

20 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 complete the Post-Test and return the Training Evaluation.

## **Objectives**

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

- Identify key audiences for safe sleep education.
- Note the importance of consistency and effectiveness in outreach activities.
- Review key messages and reflect on the achievement of the overall training objectives.
- 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:
  - 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.

## Other Key Points

### Setting Up the Activity

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1. SHOW  Slide 37.

-  SAY: *We don't have enough time in this training to go through all the information in the Workbook. So let's quickly talk about outreach, and then we'll do some closing activities.*

### Doing the Activity

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1. READ the slide.

2.  SAY: *Everyone who cares for infants or cares about infants needs SIDS education.*

- EXPLAIN that primary audiences for SIDS education include:
  - Parents and parents-to-be
  - Foster parents and families
  - The Community: Elders, youth, extended family and friends
- ADD that other audiences include:
  - Health care providers
  - Emergency personnel, first responders, and others involved in the death scene
  - All community members

- Hard-to-reach groups, such as the homeless
- Underserved groups, such as those who are incarcerated

3.  *SAY: Child care providers are a unique but important audience for SIDS education and finding ways to reach this audience in your community can make a difference in spreading safe sleep messages.*

- EXPLAIN the following:
  - 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 who are placed to sleep on their stomachs are at significantly higher risk for SIDS.

4. SHOW  **Slide 38.**

- EXPLAIN the following:
  - It is important to provide the same information, the same messages, and the same images and methods to all 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 but 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.

5. SHOW  **Slide 39.**

- READ the slide.
-  *SAY: The goal of this training was to help you gain the skills and knowledge you need to spread risk-reduction messages in your community. It is only through YOUR efforts in your communities that we can help protect Native babies. We hope that you will try some of the methods and activities you learned today in your own outreach.*
-  *SAY: The Healthy Native Babies Project Workbook Packet includes important information, useful resources, and activity ideas that will help you reach out to your community. Refer to the information as often as necessary.*

# Post-Test and Training Evaluation

## Doing the Activity

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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 Activity

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1. SHOW  **Slide 40.**

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

2. SHOW  **Slide 41.**

- 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>.

3. HAND OUT the Certificates of Completion.

-  SAY: *Thank you again, and good luck with your Healthy Native Babies Project!*

# Optional: Toolkit Demonstration

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## **Time**

20 minutes to 30 minutes

## **Overview**

In this session, you will describe to participants how to use the *Healthy Native Babies Project Toolkit Disk* to design and create outreach materials specific to the five Indian Health Service Areas.

## **Objectives**

By the end of this activity, participants will:

- Understand how to use the *Healthy Native Babies Project Toolkit Disk* to create brochures, postcards, posters, and other printed materials with safe sleep messages for distribution in communities.

## ***Healthy Native Babies Project Workbook References***

None for this section.

## **Materials Needed**

- Toolkit Disk
- *Toolkit User Guide*

## **Facilitator Preparation**

- Be familiar with the *Healthy Native Babies Project Toolkit Disk* so that you are able to demonstrate the program and answer any questions.
- Remember that this activity will add about 30 minutes to the length of the training. You should only do this activity if you have enough time to do so.

## Setting Up the Activity

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1. SHOW  Slide 43.

2.  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.*

## Doing the Activity

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1. SHOW  Slide 44.

-  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.

2. SHOW  **Slide 45.**

-  *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.*

3. SHOW  **Slide 46.**

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

4. SHOW  **Slide 47.**

-  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.*

5. SHOW  **Slide 48.**

-  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.*

6. SHOW  **Slide 49.**

-  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.*

7. SHOW  **Slide 50.**

-  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

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1. ASK participants if they have any questions about this activity.
2. ANSWER questions if you can.

*Healthy Native Babies Project:*  
Handouts for 2-Hour Training

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## Safe Sleep Environment: Workstation Sheet

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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

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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.

# Risk Continuum Overview: Workstation Sheet

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In this activity, your group will have a chance to consider a variety of situations that may increase, decrease or neutrally impact SIDS risk. You will each take an image card, consider where it belongs on the continuum and discuss the placement decisions.

1. Caregivers must balance the dangers and benefits of 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 safe.
  - Help parents reduce their baby's risk through individualized counseling and demonstration.
2. The Risk 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.
3. Each group member should select an image card (or cards if time).
4. One at a time, place the image card(s) at a point on the continuum that corresponds to the associated risk of the situation shown.
  - As you look at the image, consider not only WHERE the situation goes on the Risk Continuum, but WHY it goes there. Tell your group what you are thinking as you place the image on the chart.
  - Discuss the decisions as a group.
5. Ask the facilitator for help if you have any questions about the images, or refer to the *Risk Continuum Overview Key Messages* for help in placement.
6. Your group will have 15 minutes to do this activity.

Good luck!

## Risk Continuum Key Messages

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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 <b>increases</b> 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 <b>increases</b> 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"> <li>▪ One binge drinking episode in the first 3 months of pregnancy increases SIDS risk by 8 times;</li> <li>▪ Any drinking 3 months before pregnancy and during the first 3 months of pregnancy increases SIDS risk by 6 times.</li> </ul>	<b>Q:</b> Is there any safe level of alcohol consumption during pregnancy? <b>A:</b> 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.
3.	Having a Public Health Nurse visit the home <i>Public Health Nurse with stethoscope, adult woman, and baby</i>	This situation <b>reduces</b> SIDS risk. The Aberdeen Area Study showed that a visit from a Public Health Nurse reduced the risk of SIDS.	<b>Q:</b> What does a Public Health Nurse do that may decrease risk for an infant? <b>A:</b> Public Health Nurses assess home environments, help families get needed items and services, answer questions, and educate families and caregivers about caring for baby.
4.	Tummy Time <i>Mom and baby on floor, baby on tummy on blanket</i>	This situation is SIDS risk <b>neutral</b> . 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"> <li>▪ Reduces the risk for flat spots developing on the back of the baby's head.</li> <li>▪ Promotes muscle and motor development.</li> </ul>	<b>Q:</b> Under what circumstances might Tummy Time be risky? <b>A:</b> If the baby is unattended, he or she could fall asleep face down, increasing the risk of suffocation.

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 <b>reduces</b> 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.	<b>Q:</b> What should caregivers keep in mind about using cradleboards? <b>A:</b> 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 <b>reduces</b> 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 same room</i>	This situation <b>reduces</b> the risk of SIDS and other sleep-related causes of infant death. The American Academy of Pediatrics (AAP) recommends room sharing—having baby in a separate sleep area in the same room as where parents sleep—as the safest 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 <b>reduces</b> 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 <b>increases</b> 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 <b>reduces</b> 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 <b>increases</b> 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 parents, or with anyone else.	<b>Q:</b> How has the caregiver tried to reduce SIDS risk? <b>A:</b> Baby is sleeping on its back and is dressed in light sleep clothing. <b>Q:</b> What are the other risks of this situation? <b>A:</b> 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 <b>increases</b> 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 <a href="http://www.cpsc.gov/CPSCPUB/PREREL/prhtml10/10358.html">http://www.cpsc.gov/CPSCPUB/PREREL/prhtml10/10358.html</a> .	

No.	Image Title (Plain Text) and Description ( <i>Italics</i> )	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
13.	<p>Baby sleeping in adult bed placed against or close to a wall</p> <p><i>Adult sleeping with baby in adult bed, with mattress against the wall</i></p>	<p>This situation <b>increases</b> risk for SIDS and other sleep-related causes of infant death.</p> <p>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.</p>	<p><b>Q:</b> What are the other risks of this sleep situation?</p> <p><b>A:</b> 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.</p>
14.	<p>Baby sleeping between two adults in adult bed</p> <p><i>Baby sleeping between two adults in an adult bed</i></p>	<p>This situation <b>increases</b> risk for SIDS and other sleep-related causes of infant death.</p> <p>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.</p>	<p><b>Q:</b> What are the other risks of this sleep situation?</p> <p><b>A:</b> 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.</p>
15.	<p>Baby sleeping with an adult in an adult bed</p> <p><i>Adult woman and baby in adult bed</i></p>	<p>This situation <b>increases</b> risk for SIDS and other sleep-related causes of infant death.</p> <p>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.</p>	<p><b>Q:</b> How has the caregiver tried to reduce SIDS risk?</p> <p><b>A:</b> Baby is dressed in light sleep clothing, placed on its back to sleep, and away from adult bedding.</p> <p><b>Q:</b> What are the other risks of this situation?</p> <p><b>A:</b> 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.</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)
16.	Baby sleeping in adult bed with an animal <i>Baby in adult bed with dog</i>	This situation <b>increases</b> 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.	<b>Q:</b> How has the caregiver tried to reduce SIDS risk? <b>A:</b> Baby is dressed in light sleep clothing, placed on its back to sleep, and is away from adult bedding. <b>Q:</b> What are the other risks of this situation? <b>A:</b> 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 <b>neutral, but is not recommended</b> 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.	
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 <b>reduces</b> the risk of SIDS 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, 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 <b>reduces</b> 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.	<b>Q:</b> What else about this sleep area helps to reduce SIDS risk? <b>A:</b> The crib is empty except for baby. Sleep area contains no stuffed toys or items and no loose or fluffy bedding.

No.	Image Title (Plain Text) and Description ( <i>Italics</i> )	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
20.	Tummy Time <i>Baby on its tummy playing, adult woman nearby</i>	This situation is SIDS risk <b>neutral</b> . 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"> <li>▪ Reduces the risk for flat spots developing on the back of the baby’s head.</li> <li>▪ Promotes muscle and motor development.</li> </ul>	
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 <b>reduces</b> the risk of SIDS 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. The sleep area is also free of bumpers, fluffy bedding, and toys, and the baby is placed to sleep on his or her back. In most cases, though, a blanket is not recommended.	
22.	Using Cradleboards <i>Baby in cradleboard posing with two sisters</i>	This situation <b>reduces</b> 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.	<b>Q:</b> Is this baby overdressed for home environment temperatures? <b>A:</b> 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 <b>increases</b> 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.	

No.	Image Title (Plain Text) and Description ( <i>Italics</i> )	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
24.	Breastfeeding <i>Mom breastfeeding</i>	This situation <b>improves infant health and reduces SIDS risk.</b> 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 <b>increases</b> 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 <b>increases</b> 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.	<b>Q:</b> What are the other risks of this situation? <b>A:</b> 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. Adult bedding could also cause the baby to become overheated.
27.	Smoking around the baby <i>Lit cigarette and baby</i>	This situation <b>increases</b> 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 <b>reduces</b> 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.	

No.	Image Title (Plain Text) and Description ( <i>Italics</i> )	This Situation...(Key Message) and Explanation	Additional Information on Back of Card (If Any)
29.	Child and baby in an adult bed <i>Child and baby in an adult bed</i>	This situation <b>increases</b> 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.	<b>Q:</b> What are the other risks of this situation? <b>A:</b> 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 <b>reduces</b> SIDS risk. The Aberdeen Area Study showed that a visit from a Public Health Nurse reduced the risk of SIDS.	<b>Q:</b> What does a Public Health Nurse do that may decrease risk for an infant? <b>A:</b> Public Health Nurses assess home environments, help families get needed items and services, answer questions, and educate families and caregivers about caring for baby.



