**Program Example – Safe Sleep**

**Note:** We have created program examples for a number of injury issues that affect children 0-6. These examples are based on best practice and share activities that groups have done or could undertake. These follow the steps of Lesson 6 in the on-line course, Introduction to Child Injury Prevention. They are designed for people who want to develop programs that can be evaluated, or for people who need samples of Action Plans and Evaluation Plans for funding proposals. Other program examples, without this level of detail, but dealing with the same stories (for the most part), are available on the Parachute site, associated with Lesson 5 of the course.

Should you decide to work on this issue in your community, share your experience through our new child injury prevention listserv. You can subscribe by sending an email to: cipg-subscribe@lists.parachutecanada.org.

**Introduction:**
Why is this issue important? Sudden Infant Death Syndrome (SIDS) and other sleep related situations are the leading cause of death for infants under six months in Canada and the 3rd leading cause of death for those under 1.

**Story:**
A recent newspaper article reported the death of a baby who had been found dead in the parents’ bed. After the autopsy, and extensive review, the death was ruled as SIDS – Sudden Infant Death Syndrome. Several factors were identified that might have contributed to the death. The baby was born prematurely with a low birth weight. The mother smoked during the pregnancy. Both parents were smokers and had entertained friends the night their baby died. There were several cases of empty beer bottles in the living room. The baby was found face down in the parents’ pillow-top bed. The article went on to say that this was the couple’s first child and they were devastated. The mother remembered breastfeeding the baby in the night but thinks she must have fallen asleep with the baby still in her arms.

The article was discussed at a staff meeting of the family resource centre as this family had been part of the pre-natal and post-natal programs. The staff knew that caregivers’ grief for the loss of this child and would want to talk about the tragedy. As well, they knew that caregivers would want to discuss what they could do to ensure this tragedy doesn’t happen to them. The staff member who knew the family and the Public Health nurse who worked most closely with the post-natal group arranged to visit the couple and attend the funeral. This was the second SIDS death in the community in the last two years.

**Problem Statement:** To begin a plan to address this cause of death, you need a short statement of the problem. For this story, it could be:
Babies in our community are dying of SIDS or in other sleep-related incidents.

Next, you need a goal:

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1 We are using the term caregiver to include parents, grandparents, foster parents and anyone else responsible for the care of a child.
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**Goal:** to reduce the incidence of sleep-related deaths of infants in our region.

Next, you need to start to identify who the key people are who can help address this situation in your community.

**Potential partners:** injury prevention organization, Public Health, health board or authority, organizations dedicated to the reduction of tobacco use or promotion of breastfeeding, caregivers and other community members.

Because of the death of an infant who was part of your community, caregivers, professionals and service organizations will recognize the issue of SIDS and sleep-related deaths and will want to learn what they can do to prevent them. Caregivers in particular will need opportunities to share their fears and their thoughts about ways to prevent these sleep-related deaths. They need to “buy into” the idea that:

- Their infants could be at risk for sleep-related death
- They can do something to minimize that risk.

Often caregivers believe that this won’t happen to their children, or that there is nothing they can do to reduce the risk of sleep-related death. In fact we know that there are lots of things that can influence the risk of sleep-related death. Some of these things are within the caregiver’s control and some are not. (See SIDS Canada link below). For this issue there are a number of environmental risk factors that we can help caregivers address.

The following table shows the risk and protective factors before a sleep-related death – note the table below is a more complete example than what was described in Lesson 5 in the Introduction to Child Injury Prevention course, but follows the planning model in Lesson 6, Program Planning and Evaluation. It shows all the potential areas that you could address.
### Program Example – Safe Sleep

**Haddon’s Matrix – Safe Sleep**

<table>
<thead>
<tr>
<th>Pre-Event</th>
<th>Person (Host)</th>
<th>Agent &amp; Carrier</th>
<th>Environment: Physical</th>
<th>Environment: Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will a sleep-related death occur?</td>
<td>infant</td>
<td>Absence of oxygen</td>
<td>Where is the infant sleeping? Do his caregivers smoke? Did the mother smoke during the pregnancy? How warm is the environment?</td>
<td>What is the caregiver’s level of understanding of the creation of a safe sleep environment? What is the caregiver’s understanding of the risks of bed sharing? What is the caregiver’s understanding that exposure to second hand smoke affects an infant? What is the caregiver’s understanding that alcohol and other substances impair the caregiver’s ability to look after the infant?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event</th>
<th>Age and health of infant</th>
<th>How long was the infant without oxygen?</th>
<th>What is the infant sleeping on – couch, adult bed, soft mattress, waterbed, or comforter? Is he face up, face down or on his side? Is there cigarette smoke in the air he is breathing?</th>
<th>Is the infant in an adult bed with the caregiver? Do the caregivers know infant CPR?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post-Event</th>
<th>Age and health of infant</th>
<th>Length of time without oxygen – brain damage after 4 minutes (approximately), death after 15 minutes (approximately)</th>
<th>Proximity of medical care Availability of First Aid/CPR</th>
<th>If the infant lives, the caregiver’s ability to follow through on treatment instructions – short and long term.</th>
</tr>
</thead>
</table>

Adapted by Parachute from the Canadian Injury Prevention Curriculum for the on-line course, Introduction to Child Injury Prevention found at [www.parachutecanada.org](http://www.parachutecanada.org).
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Once you have looked at all the risk and protective factors that could be involved in preventing a sleep-related death, choose which factors you have the capacity to influence and decide what changes you want to make with your program. Identify what best or promising practices are known to work with this injury situation and incorporate those into your approach.

**Risk/Protective Factors** that you have the potential to change: knowledge and behavior of caregivers around safe sleep practices, breastfeeding promotion, and tobacco cessation.


- Infants placed on their back to sleep, have a reduced risk of SIDS.
- Preventing exposure to tobacco smoke, before and after birth, reduces the risk of SIDS.
- The safest place for an infant to sleep is in a crib, cradle, or basinet that meets current Canadian regulations.
- Infants who share a room with a parent or caregiver have a lower risk of SIDS.
- Infants who share a sleeping surface with an adult have a greater risk of SIDS.
- Breastfeeding provides a protective effect for SIDS.

**Objectives**: These changes are then written as objectives, following this formula:

<table>
<thead>
<tr>
<th>Increase or decrease …</th>
<th>By what amount</th>
<th>In what timeframe</th>
<th>With whom</th>
<th>What</th>
</tr>
</thead>
</table>

**Objectives**:

1) To increase by 50% over the next year, the knowledge of caregivers about how to provide a safe sleep environment for their infant.

Once you have decided your objectives, then you need, with your committee, to decide what activities you will undertake in order for your changes to happen. You also need to decide how you will know if the change(s) happened (success indicators).
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Here is a sample story of what a group could do:

The staff prepared for the first meeting of the post-natal group after the death by having enough copies available of all the SIDS prevention/safe sleep materials. They found updated materials from PHAC. Some provinces had their own versions of these materials. Alberta Health Service’s materials had more detail on the risks of bed sharing and SIDS. (See web links below). They invited the Public Health Nurse, known to the group, to attend to help answer questions and deal with the fears and anxiety the caregivers would be expressing. The group spent 1.5 hours working through their grief and anxiety and left with the correct information about what they could do to provide a safe sleep environment for their infant.

After that, one of the staff reviewed their SIDS materials, promotion of Breastfeeding and Tobacco cessation materials and did a further web search on Safe Sleep. She discovered that there were some new images on the Parachute site that could be used as discussion starters and she also discovered some great resources from BC that their sister family resource centre that served Aboriginal families might find culturally relevant (see link below). She shared what she learned at a staff meeting and the group decided that their objectives around the promotion of breastfeeding and the reduction of tobacco use were being addressed through various programs already, but that they would remind caregivers in these programs that these activities also contributed to a safe sleep environment. Safe Sleep was talked about with the pre- and post-natal and breastfeeding groups but they knew many caregivers believed in bed sharing. They decided to focus on Safe Sleep over the next few months and brainstormed creative ways to introduce and demonstrate the issues, using the Alberta Health Services materials. They worked with the Public Health nurse to come up with ways to address bed sharing. They also talked about the practice of breastfeeding in bed and the concern about falling asleep with the infant in the bed. Caregivers stated that they found the discussions helpful. They were able to weigh the pros and cons of their own nighttime practices as they related to their own convenience versus the safety of their infants in this situation.

The 3 E’s that this group decided to address were:
- Education – assist caregivers in gaining the knowledge and enabling the behaviour change necessary to create a safe sleep environment for their infants.
- Environment –assist caregivers in creating a safe sleep environment for their infants.

Your objectives and activities can then be laid out in a project logic model format, or whatever template you currently use for program planning.

Activities:
Safe Sleep Program Logic Model:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce the incidence of</td>
<td>To increase by 50% over the next</td>
<td>Create committee</td>
<td>Committee is meeting and</td>
<td>Increase in knowledge about</td>
<td>Caregivers report they have stopped</td>
<td>Reduction in the number of sleep-</td>
</tr>
</tbody>
</table>
Program Example – Safe Sleep

<table>
<thead>
<tr>
<th>sleep-related deaths of children in our region.</th>
<th>year, the knowledge of caregivers about how to about how to provide a safe sleep environment for their infant.</th>
<th>providing direction</th>
<th>how to create a safe sleep environment for their infants and when night feeding, they sit up in a rocking or other chair.</th>
<th>related childhood deaths.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted by Parachute from the Canadian Injury Prevention Curriculum for the on-line course, Introduction to Child Injury Prevention found at <a href="http://www.parachutecanada.org">www.parachutecanada.org</a>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Here are their activities and success indicators, written in a format that could be used in a funding proposal. In this approach, the group has indicated their success indicators – the things they will measure to show their results.

**Safe Sleep Program Action Plan:**

<table>
<thead>
<tr>
<th>Actions/ Activities What we will do and how will we do it</th>
<th>Target Group Who are we trying to influence</th>
<th>Responsibilitie s and Timeline Who will do it and when will it be completed</th>
<th>Resources What will we need to do it</th>
<th>Success Indicators How will we know if we have done it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a plan to address the immediate crisis of having a death within a family that attended the Centre.</td>
<td>Post-natal group</td>
<td>Staff and Public Health - immediately</td>
<td>Time and materials</td>
<td>Caregivers express confidence in reducing the risk of SIDS and sleep-related death for their infant.</td>
</tr>
<tr>
<td>Identify the key people to be on the committee. Create committee to oversee project</td>
<td>Internal and external partners</td>
<td>Manager week 1</td>
<td>Time,</td>
<td>A committee is in place including Centre staff, Public Health, caregivers and members from other organizations.</td>
</tr>
<tr>
<td>Safe Sleep images and messages downloaded and delivered in programs</td>
<td>Caregivers – pre, post natal and breastfeeding groups</td>
<td>Staff Month1-6</td>
<td>Time, print/order copies of materials</td>
<td>Number of caregivers attending, increase in knowledge measured pre and post attending</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self reports regarding changes in sleeping arrangements and night feeding location.</td>
</tr>
</tbody>
</table>
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Evaluation:

Finally, you need to think about how you are evaluating what you are doing. This is very important because too often you know something is working (or not working) but you haven’t built in a way to measure the success (or pinpoint the problem). If we don’t have concrete evaluations of programs, it is harder to share what worked with others who work with caregivers on these issues. It is also harder to identify what did not work, and then change your activities to address the problem. There are different types of evaluations and the list below shows how you use each of them in your planning process.

Evaluation Plan

Needs Assessment: establishing a need
Q: Is there a need for Safe Sleep education? Yes, every year infants die from SIDS or other sleep-related incidents.

Developmental evaluation: identifying best practices
Q: Are there programs already in existence for this target audience that increase the knowledge of caregivers about how to create a Safe Sleep environment. Yes – there are a number of programs across Canada that address Safe Sleep. See resource list below for some.

Formative evaluation: testing program plans, messages, materials, modifications, strengths or weaknesses before they are put into effect.
Q: Do the caregivers understand how to create a Safe Sleep environment? The Back to Sleep and other SIDS prevention programs have been successful.

Process evaluation: tests whether the program’s procedures for reaching the target are working as planned.
Q: Are the caregivers still attending the program? – tracking attendance. Caregivers are participating in the discussion/problems solving around how to create a Safe Sleep environment.

Impact evaluation: assess the program’s progress towards its goal i.e. measuring changes in target audience’s knowledge, attitudes and beliefs that may lead to injury-prevention behaviour.
Q: Do the caregivers retain the knowledge? The pre/post tests will show any change.

Outcome evaluation: measures changes in preventive behaviours and injury-related morbidity and death.
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Q: Will this program ultimately reduce SIDS and other sleep-related deaths in this population? That would be the intent but the program would have to be on a very large scale in order to be confident that any reduction in these deaths can be attributed to your program.

Q: Do the parents self-report changes in their behaviour? Self-reports alone are unreliable as caregivers may just tell you what they think you want to hear (and what they would like to be true). Is there any way to verify these changes? If home visitors or public health nurses visit the home, they may be able to observe these changes.

Collecting the information:

Track the numbers of caregivers attending sessions. Conduct a simple pre-test to find out caregivers’ current knowledge, conduct a post-test after the program is finished. Sample pre and post questionnaires are located in the Resource section on the Parachute website (www.parachutecanada.org/child-injury-prevention). Staff delivering the program will do the tracking and conduct the pre/post surveys. If in-home visits for follow-up are possible, have these visitors look to see if there is a safe place for the infant to sleep in the caregiver’s bedroom.

Share the results of your evaluation with others working with caregivers. Even if you find that your program did not make any change, this is good information to know and you can work with your committee to figure out why the program did not work, and make changes to future programs.

Sleep Program Evaluation Plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activities</th>
<th>Outputs</th>
<th>Measurement Tool</th>
<th>Outcomes</th>
<th>Success Indicators/Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase by 50% over the next year, the knowledge of caregivers about how to create a Safe Sleep environment.</td>
<td>Create committee to oversee project</td>
<td>Committee formed and operational</td>
<td>Notes from meetings</td>
<td>Committee has undertaken all activities of the project</td>
<td>Program has been delivered to caregivers</td>
</tr>
<tr>
<td></td>
<td>Safe Sleep images and messages downloaded and delivered in programs</td>
<td>Caregivers have problem solved on how to create a Safe Sleep environment</td>
<td>Pre and post knowledge quiz</td>
<td>Caregivers more knowledgeable</td>
<td>50% increase in the knowledge of caregivers on how to create a Safe Sleep environment.</td>
</tr>
</tbody>
</table>
Other resources
PHAC – joint statement, Safe Sleep Brochure and Safe Sleep video:
SIDS Canada - http://www.sidscanada.org/whatissids.html
Some provincial resources:
AB: http://www.albertahealthservices.ca/7498.asp
BC: Safe Sleep resources for Aboriginal families: Honouring Our Babies initiative, First Nations Health Council
http://www.fnhc.ca/index.php/health_actions/maternal_and_child/
SK: http://www.skprevention.ca/safe-sleeping-and-sids/
ON: http://mao.ca/sites/mao-ca/files/PromoteSafeSleepForInfant.pdf
Parachute website – www.parachutecanada.org/child-injury-prevention
Information on a range of injury topics can be found in A Million Messages:
http://www.albertahealthservices.ca/7607.asp Your province/territory may have adapted these messages for your region.
Preventable.ca - www.Preventable.ca - is always increasing the range of topics they address.