



Implementation of a Safety Bundle and Education for Health Care Providers and Parents in the NICU Increases Compliance of Safe Sleep Practices After Discharge

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Introduction

Infants admitted to the Neonatal Intensive Care Unit (NICU) are often nestled in different positions by the care team to help them sleep and grow during their acute length of stay. It could be very confusing for parents to recognize the safest sleeping position for their infant as they transition from the NICU to home. Health care providers serve as role models for parents as they prepare to be discharged home. Education and reinforcement of safe sleep practices during the hospital stay is crucial. Implementation of staff and parental education in the NICU along with transitioning to Safe Sleep Practices (SSP) a couple of weeks prior to discharge influences the way parents position infants at home thus contributing to the prevention of Sudden Infant Death Syndrome (SIDS).



**I will be going home soon.....
Place me on my back to sleep**



Ready for Back to Sleep

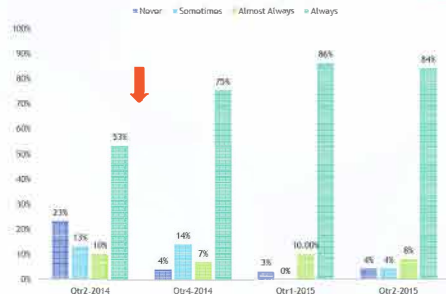
- Back to sleep is recommended by the AAP and should be implemented prior to discharge.
- Arms in or arms out are both acceptable ways to swaddle an infant based on its needs.
- Cold infants are not happy infants. Dress infants appropriately and use extra blankets if necessary.
- Keep unnecessary blankets, toys and soft objects out of the infant's bed space.
- Tummy time should be encouraged when alert and should be supervised by parent or caregiver.
- Opportunities for tummy time are during an assessment or when nurse is warming a feed.
- Swaddling is safe. Keep the blankets from going above the infant's shoulder line.
- Educate parents on a safe sleep environment and practice with the parent crib card, hand out "back to sleep" pamphlet located outside education room.
- Encourage the use of a pacifier.
- Prevent plagiocephaly by encouraging tummy time when the infant is awake.

Practice Change Methods

An assessment of the current state was completed in 2014. The nursing staff made follow up calls to those families that had been discharged from the NICU within the last three months. We found that although parents knew about recommendations for the prevention of SIDS, only 53% of them were following safe sleep practices at home. This information was used for our "pre-data". We collaborated with nursing leadership to educate and train the staff and implement practice changes at the bedside. Mandatory SIDS prevention education and the creation of a safety protocol bundle was then completed, including tagging the cribs of the patients that met the criteria for SSP. The NICU at Nicklaus Children's Hospital has established a safety bundle and process following the recommendations of the American Academy of Pediatrics (AAP). Education to health care providers was implemented using resources from the U.S. Department of Health and Human Services Curriculum for Nurses: Continuing Education (CE) Program on SIDS Risk Reduction. In order to sustain our results, we continue to reinforce education with staff and introduce new employees to continuing education on SIDS prevention. For the patient's families, education on SIDS prevention is reviewed at the end of parental CPR training. Also, SSP education is part of the EMR discharge checklist tool used to prepare families to go home and we have added SSP teaching materials to our electronic discharge instructions.



Safe to sleep Data collection 2014/2015
Compliance of parents following "Safe to Sleep" recommendations at home after discharge (positioning)



Conclusion

After implementation of this safety tool we have continued to follow up with families post discharge and found compliance at home to have increased from 53% to 75% for our first group post implementation (Post-I group), 86% (Post-II group) and 84% (Post-III group). It has been over a year since the program's inception and we have continued to sustain the compliance of Safe Sleep Practices at home for those patients discharged from our NICU by introducing the transition before discharged. We are now standardizing this practice to other areas of the hospital where infants are admitted within our free-standing pediatric facility.

References

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