Increasing Safe Sleep Compliance in the Neonatal Intensive Care Unit

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BACKGROUND

- Safe to Sleep® campaign began in 1994 with "Back to Sleep" reducing infant death rates
- Approximately 3500 sleep related infant deaths per year
- Current safe sleep recommendations:
  1. Firm and flat surface, no fluffy pillows or blankets,
  2. A non-smoking environment
  3. Promoting room sharing without bed sharing
- NICU infants are placed in various positions for therapeutic benefit
- In many NICUs, the current practice is not compliant with the AAP's safe sleep guidelines.

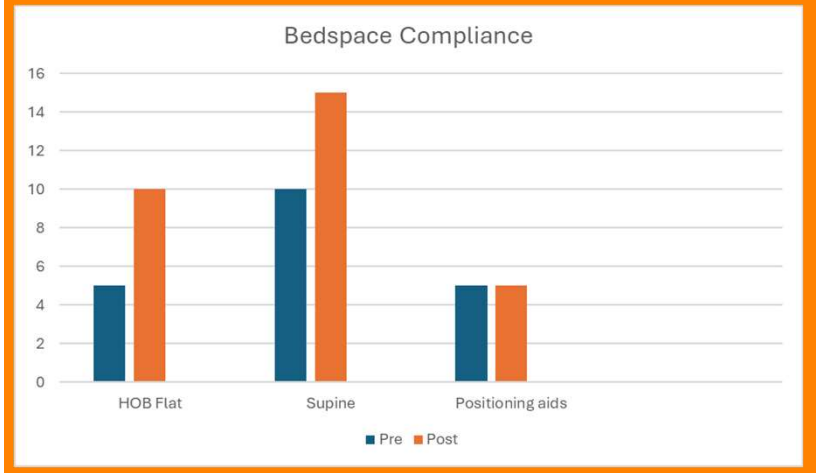
LOCAL PROBLEM

- The current safe sleep policy in the NICU at the project site is compliant with the safe sleep guidelines of the AAP
- However, due to an influx of travel nurses and inconsistent staffing, policy compliance is lacking
- The specific aims of this project were:
  1. Increasing compliance to a standardized unit-based policy based on the AAP guidelines
  2. Increasing nurses' knowledge on the unit policy and safe sleep practices.

METHODS

- The Model for Improvement was used as the framework for this project.
- This intervention was developed based on critical appraisal of literature
  - Recommendation was to implement a safe sleep education module to refresh the staff's knowledge on safe sleep
  - Develop and place crib cards as a reminder to be compliant with safe sleep practices as soon as the infant is eligible.
  - Knowledge of safe sleep guidelines and safe sleep compliance were measured pre and post intervention.

Increased knowledge of safe sleep guidelines increasing compliance.



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INTERVENTIONS

- The intervention process included:
  1. An initial survey of staff knowledge on the AAP safe sleeping recommendations and bedspace audits to assess safe sleep
  2. Education on safe sleep will be provided to participants
  3. A post survey and final audits to assess the effectiveness of the education

RESULTS

- The pre and post test intervention produced positive results and displayed a mean increase in safe sleep knowledge (p-value <0.01).
- There was an increase in compliance after the completion of the intervention (p-value <0.01).

Descriptive Statistics – Knowledge Scores	Mean	Standard Deviation	Minimum	Maximum
Pre-Education Knowledge Score	3.68	.37	2.81	4.31
Post-Education Knowledge Score	4.13	.47	2.81	4.73

Descriptive Statistics – Compliance Scores	Mean	Standard Deviation	Minimum	Maximum
Pre-Bed Compliance Score	7	3	0	10
Post-Bed Compliance Score	10	4	5	15

CONCLUSIONS

- Safe sleep compliance begins in the NICU and those practices are translated home following discharge.
- The education used to complete this project will become a part of the unit orientation and information booklet
- Research and data from this project and similar projects should be used to assess and implement safe sleep practices in all NICUs

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