

# FACILITATORS GUIDE: SLEEP SAFE

## Community insights on how to create effective and honest conversations on safe sleep practices

This brief includes input from BWPC Safe Sleep Informal Working Group. The working group had three meetings in the fall of 2021.

The working group members volunteered their time and experiences to contribute to formulating honest and effective messaging on safe infant sleep practices.

"Sudden unexpected infant death (SUID) is a term used to describe the sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation.

These deaths often happen during sleep or in the baby's sleep area. Sudden unexpected infant deaths include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths from unknown causes." Source: CDC



## Assumptions that we accept, and need to balance their meanings when discussing SIDS/ Safe Sleep practices:

- Science ultimately aims to improve health outcomes; **safe sleep studies are valid** and are there to improve infant mortality rates.
- Mothers know their baby. **Not every baby is the same.**
- SIDS-related anxiety in parents, **especially new parents** can be overwhelming.
- Mothers want their babies **to be safe.**
- Generational knowledge passed on from mothers, aunts to younger women in the family is respected, **even if those may or may not automatically be applicable** to newer generations.
- **Parenting is a personal** and an experimental learning process that never ends.

## Safe sleep expectations –

### What is the conflict:

Being well-informed about safe sleep practices and SIDS happens by chance and it is rather an informal learning process. **Depending on work/education background**, it is possible to be exposed to information on safe sleep practices, however, little information is given by providers on safe sleep practices or SIDS to parents prior to childbirth. Education from medical staff is usually provided after birth which mainly included handling out information brochures.

It seems that in this environment parents develop their sleeping arrangements/practices through observations, taking care of siblings, intuition or as they walk their parenthood journeys. The observations these mothers had from previous experiences watching younger siblings and family sometimes did not support the updated guidance on safe sleeping practices.. With certain protective measures and monitoring, mothers feel that practices that are not recommended could be made safe.



Additionally, consistently following safe sleep instructions is hard as it puts a burden on mothers immediately right after delivery.

Furthermore, the recommendations are not always feasible (sleep patterns of babies, sleep deprivation, resources, expectations toward mothers). **In turn, mothers are torn between what they should do and what they are able to do.** This knowledge increases the feeling of guilt and shame and can heighten senses of inadequacy.

### Factors impacting sleeping arrangements:

- **Having support system and** supportive partner to help mothers rest
- Having support system and **supportive partner to help making sure that the baby is sleeping** in their crib if mother and baby both fell asleep while in hand



- **Baby's sleep patterns:** Some babies are better sleepers than others
- Mother's **exhaustion**
- **Past experiences with raising babies** without incidents during sleep – customary practices
- **Unforeseen birth complication** such as preterm birth and C-section (not having resources (crib, bassinet) ready yet, pain, difficulties to walk/move)
- Mothers **feeling unsafe** leaving the baby in a crib
- **Number/age of children** in the family
- **Perceptions of better digestion** and sleep if baby is on their stomach
- **Advertisement and misleading marketing-devices** and products that are advertised for infants, however, they are not safe (soft surfaces)
- Safe sleep **education** (timing and source of information/delivery)

## What is helpful/less helpful while promoting **safe sleep practices**:

### DO:

- Provide education and information **prior to birth and after birth** to both parents and caregivers
- Providers to **build safe sleep practices** education in pregnancy care
- **Start safe sleep discussion by providing a safe space where mothers can talk** about challenges and experiences
- Guidance on **how to filter information** and weight evidence
- Educational resources that are **short and feature experienced and credible voices**
- A narrative that **acknowledges that following safe sleep practices may be difficult but they are proven to be safe for babies**
- Develop **digestible, age-appropriate information for everyone**, not just medically trained individuals
- Understand how **mother-groups, blogs, internet are sources of information** sharing
- Use **culturally resonating and relevant images, settings, and models**
- Offer **alternatives and practical** arrangements for making sleep environments safer

### DO NOT:

- Deliver information in the **form of a simple flyers**
- Encourage **mother-shaming**
- Educational materials **not to feature idealistic image and privileged living situations** as lot of people's living conditions are not ideal

## When to support: **From pregnancy to the first birthday of the baby.**

"I have received parenting advice from family members **but mostly from peers (...)**. I feel that some of the ways that they choose to parent, or some of the decisions, choices, they make or recommend, don't quite align with me and where I am. I do talk a lot to my peers, just kind of to hear that what they have to say, or what they do around certain topics, **like going on Facebook**, Black moms, things like that, Tiktok.."

**"With this baby, me and my husband have really tried** our best, and actually succeeded just as first week. But I say "TRY" because it's very hard. I want him in the bed with me. I feel like it's safer."

**"I was so blessed to have a mom that made sure that I took all the classes,** I read the books. I listened to my grandma and my aunties that all raised kids. We had to look up things in the dictionary. There was no Google for me to ask."

"In the male psyche, we are always trying to fix things, we don't know how to do anything else. I was like, OK SIDS, cool, we just do this and this and it all gets right. Well, it is not the case, and what do I do then? **There is nothing I can do to fix this. I didn't really know how to rest with that.**"

"If you have the sleeping, **utensils to use, and then the knowledge, the background** and information given to us on how to use, how to put baby in that mode and use them, I think that would encourage a lot more mothers to practice safety, sleeping habits."

"What made me listen to the video was that the woman had like over **40 years of experience and working with different families, different, races, different ethnicities backgrounds.** She was talking about how intelligent infants are. And I was like: I'm going to try it. It doesn't hurt to try because nothing else is working and I need sleep."

"My experience in Fresno is that they give you the information **when your child is born, that versus giving it during the pregnancy** so you could plan accordingly."