

these disparities creates opportunities to reach stakeholders at birth hospitals invested in preventing SUID through sharing data, clinical practices, hospital policies, community approaches and passion to promote safe sleep during the critical opportunity birth hospitals have surrounding the birth of a baby.

Objectives:

1. Recall 3 data sources used to illuminate the SUID rates for infants discharged from Cook County birth hospitals.
2. Understand the non-uniformity of SUIDs experienced by infants discharged from Cook County birth hospitals serving communities with varying economic hardship.
3. Consider how historical disinvestment, economic hardship and the pandemic intersect to impact hospital systems serving communities most impacted by SUID.

Community Partnership Approaches to Safe Sleep (CPASS) Program Evaluation



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Background: Sudden unexpected infant death (SUID) continues to be a leading cause of death in U.S. infants, with significant disparities by race and socio-economic status. Infant safe sleep behaviors are associated with decreasing SUID risk, but challenges remain for families to practice these routinely. The objective of this program was to implement and evaluate a novel approach for an infant safe sleep pilot program, partnering hospitals with community-based organizations (CBOs) serving at-risk communities.

Methods: Community Partnership Approaches to Safe Sleep (CPASS) was a prospectively implemented infant safe sleep program developed by the American Academy of Pediatrics and executed from December 2021 through October 2022. The program consisted of: 1) monthly learning community program calls; 2) dissemination of culturally sensitive, language specific

education; and 3) distribution of safe sleep survival kits (sleep sack, cribette, sheet, pacifier, educational materials). CPASS included hospitals partnering with CBOs across 5 US cities: Portland, OR, Little Rock AR, Chicago, IL, Birmingham, AL, and Rochester, NY. Surveys of sites and families were used for program outcome evaluations: 1) site participation in CPASS activities; 2) use of kits distributed to families; and 3) parent/caregiver safe sleep knowledge and behavior (reported as mean nights (M), standard deviation (SD), and range of nights) after kit/education provision.

Results: There was strong site participation in the CPASS learning community activities with at least 2 representatives (1 hospital-based, 1 CBO-based) from each site attending every call. Across the 5 sites, 1,002 safe kits were distributed, the majority (>85%) to families with infants < 1 month old. Among participating families 45% reported no safe sleep location before receipt of the kit and reported new safe infant sleep knowledge regarding no bedsharing (30%); sleeping on back (27%); and sleep environment (25%). Family adherence to nighttime safe sleep recommendations included: 1) no bedsharing (M 6.0, SD 1.8, range 0-7); 2) sleep on back (M 6.3, SD 1.7, range 0-7); and 3) sleep on uncluttered mattress (M 6.0, SD 2.0, range 0-7). Overall, hospital-CBO relationships were strengthened with program participation. Lessons learned included importance of: 1) resources in languages beyond English and Spanish; 2) future social media for enhanced outreach; 3) culturally and linguistically appropriate messaging for families; and 4) shifting SUID narrative as a preventable event. CPASS participation influenced counselling, including moving from awareness to action and celebrating and building upon family safe sleep knowledge. Sharing local SUID data and greater incorporation of terms like ‘suffocation’ and ‘strangulation’ were found to be useful with families.

Conclusions: The CPASS pilot provides a new, innovative model for building strategic hospital-community partnerships for infant safe sleep community-based programs. CPASS empowered families with knowledge and resources to practice infant safe sleep. Important lessons learned included improved ways to center and communicate with families.

Objectives:

1. Describe evidence-based interventions to improve infant safe sleep behaviors to prevent infant sleep-related death.
2. Examine how a community-based safe sleep program enhanced knowledge and safe sleep environment behaviors among families with newborns.
3. Discuss the benefits and challenges of hospital partnerships with community-based organizations for implementing safe sleep programs.