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| **Developing a state-wide infrastructure for safe sleep promotion** |
| **Schunn, Christy**1; **Ahlers-Schmidt, Carolyn**2; **Kuhlmann, Stephanie**2; **Kuhlmann, Zachary**2; **Engel, Matt**2 *1 - Kansas Infant Death and SIDS Network. 2 - University of Kansas School of Medicine-Wichita.* |
| **Introduction** Kansas is a rural, Midwestern state spanning 82,277 square miles. Sleep-related deaths are the third leading cause of infant death in Kansas; 60% of infants with sleep-related deaths were bed-sharing and 98% had ≥1 factors contributing to an unsafe sleep environment. The Kansas Infant Death and SIDS Network has 2.5 FTE staff to cover bereavement services and safe sleep education for the state. This study evaluates the ability of regional trainers to educate parents/caregivers, child care providers, health care providers, and others about safe infant sleep practices.  **Material and Methods** Of 30 applicants, 23 were selected for Safe Sleep Instructor training. Participants’ ranged from community members to a pediatrician. The 2-day training included demonstration by the state’s expert in safe sleep training, breakout sessions with content experts on physiology, research, merging safe sleep and breastfeeding promotion messages, and addressing barriers to safe sleep. Participants practiced and received feedback on a crib demonstration and a portion of the training presentation. Participants completed 18-item pre and post-training knowledge tests, a training evaluation survey, and submitted pre and post-test scores for their trainees. Trainee test scores were compared using t-test.  **Results** Twenty-three trainers were trained and completed pre- and post-tests. Scores averaged 13.5 (SD=2.4) for the pretest and 15.3 (SD=2.4) for the posttest out of the 18 possible points. Incorrect responses were reviewed with all participants. Those scoring <80% post-training (n=6) received additional instruction. Participant self-reported knowledge significantly increased from 6 (SD=2) to 9 (SD=1) out of 10. The majority reported the training was well-organized, relevant and that they gained insight into safe sleep. In the subsequent nine months, 12 trainers provided safe sleep education at 18 events to a total of 319 participants, of which 296 (93%) completed pre- and posttests. The trainings were provided in hospitals, community centers and churches; audiences were predominantly healthcare providers, with other attendees being parents/caregivers, child care providers and home visitors. Participants correctly answered an average of 11.4 (SD=2.7) questions on the pretest. On average, scores increased 22% on posttests to 13.9 (SD=2.5)(p<0.001).  Before the training, 17 (5.3%) answered more than 80% of the questions correctly, and 87 (29.4%) did so after the training (p<0.001). These improvements in knowledge were consistent when adjusting for variation between individual trainers. Trainees were asked to self-identify their level of knowledge before and after the training. Reported knowledge prior to the training averaged 4.8 (SD=2.3) on a scale from 1-10; after the training, average self-reported knowledge was 8.4 (SD=1.2)(p<0.001).  **Conclusions** Safe Sleep Instructors can be trained to provide infrastructure for disseminating safe sleep guidelines statewide. However, only half the trainers completed a training within nine months. Future recommendations include over sampling when recruiting potential trainers, providing more intense follow-up after the training, partnering with existing statewide programs, such as home visitation, to incorporate safe sleep training into job duties for existing positions, or otherwise incentivizing instructors to provide safe sleep trainings. |
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| **CONTACT** | |
| Name: | **Carolyn** |
| Lastname: | **Ahlers-Schmidt** |
| E-mail: | **cschmidt3@kumc.edu** |
| Country: | **USA - United States of America** |
| Institution | **University of Kansas School of Medicine-Wichita** |
| Cellphone: | **316-293-1810** |
| City: | **Wichita** |