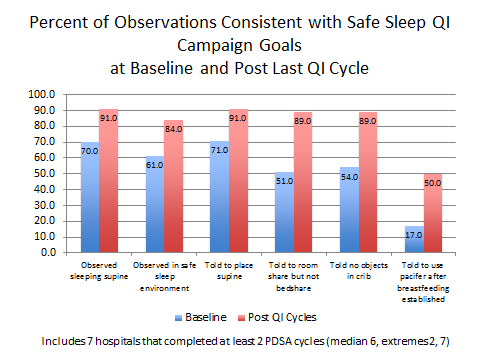
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| Topics: **Implementing best practices** |
| Type: **Oral or** **Poster** |
| **Extent of Safe Sleep Role Modeling and Education in Birth Hospitals** |
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**Introduction:** When physicians and nursing staff do not correctly model safe sleep behavior or address safe sleep recommendations with parents, parents may be less likely to follow these recommendations at home. Since all U.S. hospitals are required to document efforts in improving quality of health care delivery to maintain accreditation and to be eligible for federal payments, using quality improvement (QI) methodology may be an innovative way to deliver and evaluate this education. The Social Media and Risk-reduction Training (SMART) study is being conducted, in part, to assess whether implementation of QI programs at delivery hospitals to promote infant care practice role modeling and delivering of key messages will improve adherence to infant care practice guidelines. We are now reporting on baseline and post-QI program assessments of safe sleep role modeling and education at seven of the eight hospitals who were randomly assigned to received safe sleep QI programs. **Objectives:** To assess baseline and post-QI program rates of measures of birth hospital safe sleep role modeling and parent education, among eight birth hospitals planning to launch safe sleep quality improvement (QI) programs.

**Material and** **Methods**: QI programs were initiated on a rolling basis in 2014 in eight hospitals throughout the U.S. A team of safe sleep experts visited each participating hospital nursery to review safe sleep measures and provide a Safe Sleep toolkit (PowerPoint presentations and teaching tools, with specific emphasis on frequently cited barriers to adherence). Following the visits, assessments of role modeling and parent education were performed by local hospital staff at baseline at each site via direct observation and mother interviews using standardized practice audit tools and methodology.

**Results:** The percentage of positive observations/responses for each assessment is shown in the figure below at baseline and after the QI intervention. At baseline, except for advice to use a pacifier, which was seldom reported, each of the other five measures was observed or reported 51 – 71% of the time. All metrics showed improvement after implementation of the QI intervention by a least 20 percentage points.

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**Conclusions**: At baseline, there was need for substantial improvement in all measures of safe sleep role modeling and education. Quality improvement methodology was very effective in implementing change in safe sleep behavior amongst U.S. hospital personnel. The SMART study will assess if the safe sleep QI intervention leads to greater adherence to safe sleep guidelines, when compared to families who received a breastfeeding QI intervention.

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