Preventing Sudden Unexplained Infant Death
A 1,000 Grandmothers Project

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Content adapted from Healthy Native Babies Project and Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
Every day 10 babies die suddenly and unexpectedly ...

most happen because of accidental suffocation, entrapment, or strangulation while sleeping

many of these tragic deaths were PREVENTABLE
Native American babies more at risk

Native American babies have the highest rate of sleep-related deaths of any group – 3 times that of White babies.
SIDS = Sudden Infant Death Syndrome
SUID = Sudden Unexplained Infant Death

What is SUID & SIDS?

People are using the term SUID more

SUID includes:

- SIDS – death of a baby less than 1 year that can’t be explained
- Accidental suffocation or strangulation in bed (baby can’t breath)
1,000 Grandmothers Partners

Centers for Disease Control and Prevention (CDC)

National Network of Public Health Institutes (NNPHI)

Michigan Public Health Institute (MPHI)

International Association for Indigenous Aging (IA²)

Turtle Mountain Band of Chippewa Indians (ND)

Snowbird (Eastern Band of Cherokee Indians) (NC)

Sault Ste. Marie Tribe of Chippewa Indians (MI)

Hannahville Indian Community (Potawatomie) (MI)
1,000 Grandmothers Concept

- Tap into high regard that elders are held in Native communities
- Opportunities for elders to meaningfully engage with younger tribal members is declining
- Native youth in some tribes experiencing renewed pride in heritable, curious about traditional stories, values and experiences
- Infant safe sleeping practices and sudden infant death is a topic of interest to both young and old
Pilot

- Worked collaboratively with tribes to design effective approaches, messaging and content of mentor sessions
- Project team onsite for 2-3 meetings per tribe, helped with partnerships, momentum, expertise in SUIDs and/or project management
- Most contacts were in maternal child health, but elder/aging agencies could serve as a host
Basic Components

- Tribal council review and approval
- Planning committee – young and old
  - Made all decisions about number of sessions, activities, content, etc.
- Tribal cultural liaison
- Recruit elders from local aging groups/centers/meetings
  - Included education on safe sleep practices with these recruitment sessions
- Local expertise in safe infant sleep practices
- Need to assess awareness, beliefs and practices of elders as much as those of young mothers
- Simplify existing safe sleep content and messaging
- 1-5 sessions
  - 1 session: large, open community meeting, intergenerational, men and women
  - 3-5 smaller recurring meetings
- Sessions included: blessings/prayers, meals, crafts
- Gifts/incentives for participants
- Multi session pilots showed better outcomes with change in knowledge
Barriers & Challenges

- Lengthy review/approval by some tribal council or other review groups
- Tribal council / leadership buy-in essential- without it, department managers may feel little accountability
- Connections=relationships
  - Need an established relationship or endorsement by local person to sell the idea
- Even if objectives align (safe sleep) it doesn’t always mean partnerships will be productive
- Need to cast a wide net to find people willing and interested partners
Barriers & Challenges

- Tribal aging services and maternal child health programs are not well funded or staffed- staff turnover, illness, competing projects can easily derail a project
- Smaller tribes have difficulty seeking funding, preparing grant applications and/or managing projects once money is received
- Involves multiple programs and departments, and that is hard to manage
- Beliefs and practices of staff and/or elders can be contrary to accepted safe sleeping practices
Key Local Partners

- Tribal council
- Intertribal health council
- Healthy Start (available in 87 communities)
- Early Head Start
- Other Maternal Child Health (MCH) programs
- Community Health Representatives
- Programs that provide home visiting services to new mothers
- Established “elder” programs such as OAA Title VI
- External safe sleeping subject matter expert
- Tribal historical or cultural director
- Contracting intermediary
Successes

- 96 elders and community residents participated in recruitment educational sessions
- 39 grandmothers and grandfathers participated in sessions
- 38 young mothers and 14 fathers and young children

Evaluation:
- 93% of participants in 5-session model answered all questions correctly
- 46% of participants in 1-session model answered all questions correctly
Successes

• This was a first- many tribal members reported never having heard or participated in targeted infant safe sleep programs/projects
• One tribe incorporated messaging into a larger program focused on youth issues: suicide, depression, pregnancy, STDs
• One community successful incorporated men (grandfathers and fathers) into the sessions
• Created connections that some of the most disadvantaged young mothers had not ever had – laugh, cry, hug
Can you do this in your tribe? YES!

- “Curriculum” – step-by-step guide is available on IA2 website
- Background and Overview of Project Concept
- Curriculum Map (what to do/discuss in each session)
- Sample Partnership Agreement
- Agenda for Planning Committee Meeting
- Sample Budget and Narrative
- Safe Sleep Resources
- PowerPoint Slides for Sessions with Safe Sleep Concepts
- Pre- and Post-Assessments
Sample Slides from PowerPoint
YOU make it safe for your baby to sleep...

Understand that old truths from the past may change as new research, new science and better data produces new knowledge and understanding.
Back to sleep is the only way to put baby down

Baby should **ALWAYS** be placed on his/her **BACK** (face up) when resting, napping, sleeping, or while left alone during the first year.
Many babies have slept on their stomachs and survived, but that doesn’t mean that was the safest way for them to sleep. Some babies who sleep on their stomachs become unable to take a breath when needed. This can cause them to suffocate because of their inability to change position and take a breath.
“My baby is healthy and doesn’t have any problems. There is no reason for him to have to sleep on his back”

“My babies didn’t sleep on their backs and they were fine, so it’s ok for my grandchildren.”

“Babies have slept on their stomachs for generations and they survived.”

“I don’t believe that sleeping on the back is better.”
Tummy time – American Academy of Pediatrics

Tummy Time

When baby is **AWAKE** and someone is **WATCHING**.

- Decreases chance of flat spots on head
- Strengthens neck and shoulder muscles
Old way...New Wisdom

“My baby is safer sleeping in my bed. We would never roll over on him. We would feel him if we did.”

Many parents think that they will hear the baby and wake if this happens, but tragically, this often isn’t the case.
Cradleboards have always been a safe and secure way for babies to sleep.
New wisdom means safe babies

**Back to Sleep:**
Babies who sleep on the stomach are more likely to die than babies who sleep on the back.

**Share a ROOM, not a BED.**
Keep them close, but separate. You can’t roll over on a baby in a crib.

**Keep sleep areas safe: no toys, blankets, bumpers, quilts or pillows- just baby!**
Soft items cause suffocation or strangulation.

**Dress baby for the temperature- don’t use blankets.**
Overdressing is a risk factor for SIDS.

**Use a pacifier.**
Reduces the risk of SIDS.

**Tummy time.**
Builds neck strength and reduces bald spots.

**Other choices for soothing baby.**
Swaddle, side carry, rock, pacifiers.
SUID and SIDS

• A baby dying while they sleep is a family’s worst nightmare.
• It happens everyday, killing up to 4,000 babies per year.
• It is the #1 cause of death for babies under 1 year.
• SUID = Sudden Unexplained Infant Death (includes SIDS and accidental suffocation or being strangled.
• It happens to Native American babies 3 x more often.

You can make a safe sleep environment for your baby and reduce the chance of it happening!
Ideas for Implementation

• Try out different # of sessions - 1, 3, 5 to see which one has best outcome (use assessments)
• Use social media, short video sessions or stories, take photos prominently throughout project and as project deliverables (get signed releases!)
  • Great way to involve young people
• If the project is too much, consider basic infant safe sleep education with your elders
• We are hoping to expand the “1,000 Grandmothers” concept to other topics (diabetes education, veteran’s, etc.)
Spread the word about what you have learned.

Make sure everyone who cares for babies in your community knows about infant Safe Sleep.

Together, let’s give all our babies a chance at tomorrow!
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Find the curriculum and PowerPoint: