

Appendix:

Sample Memorandum of Understanding (MOU)

1,000 Grandmothers: A Project to Help American Indian/Alaska Native Communities Reduce Sudden Unexpected Infant Death (SUID)

Memorandum of Understanding between [Name of Tribe] and [Name of Partner]

Background and Purpose

The aim of the *1,000 Grandmothers: Infant Safe Sleep* Project is to help reduce sudden unexpected infant death (SUID) including Sudden Infant Death Syndrome (SIDS), in the American Indian/Alaska Native population. The strategy for doing this will be to engage grandmothers and other tribal Elders to serve as mentors and educators for young Indian mothers—including their own granddaughters—to understand and practice safe sleep and other healthy behaviors for their infants.

American Indians/Alaska Natives have the highest rates of SIDS among all racial and ethnic groups. SIDS rates are three times that of whites. In other words, AI/AN infants are at least three times more likely to die of SIDS and other sleep-related SUID causes than white infants. The International Association for Indigenous Aging (IA²) together with the National Center for Child Death Review (NCCDR) at the Michigan Public Health Institute (MPHI) conceived the idea of *1,000 Grandmothers: Infant Safe Sleep* as an intergenerational approach to promoting safe infant sleep practices among young Indian mothers.

This project is based on the belief that AI/AN grandmothers and other elders are viewed by young Indian mothers as a trustworthy and respected source of knowledge and wisdom about how best to protect their babies from SUID and to practice safe sleeping practices that are consistent with tribal values.

Partnership Between [Name of Tribe] and [Name of Partner]

Staff from [Name of Tribe] and [Name of Partner] will be actively engaged and support local efforts in the design and implementation of the project.

The following is a brief outline of the framework for the work plan to be followed by [Name of Tribe] and [Name of Partner] in implementing the *1,000 Grandmothers Project: Infant Safe Sleep*

Upon agreement of this draft work plan framework, a formal agreement containing the scope of work and the accompanying work plan detailing the responsibilities of both parties will be agreed to between [Name of Tribe] and [Name of Partner]. The project will be carried out between [DATE and DATE].

- A. Secure agreement with local stakeholders for support of the Grandmothers project.
 - 1. Arrange and conduct meeting(s) with appropriate tribal officials and program directors (e.g., Tribal Council, HHS/Health Director/Social Services Director).
 - 2. Conduct meeting(s) with appropriate tribal departmental heads (e.g., senior programs/Title VI, Maternal and Child Health, WIC, CHRs, Healthy Start).
 - 3. Secure MOU(s) for all partners to confirm participation in project.
- B. Recruit and engage a group of tribal grandmothers and other Elders who are willing and capable of helping to design and then implement a program of education and mentoring for Young Mothers about safe sleep and other related healthy baby practices. Steps may include:
 - 1. Identify a cohort of Elders who are interested in helping with the project
 - 2. Engage Elders in a discussion on SIDS/SUID and other forms of infant mortality, traditional and current infant sleep practices and what may be done to prevent such infant deaths.
 - 3. Engage Elders in selecting a strategy for bringing participating Elders together with Young Mothers. (Examples include engagement during activities such as cradleboard or basket-making, group meals, classroom presentation, or talking circles.)
 - 4. Provide additional SIDS/SUID and related education for participating Elders.
- C. Recruit Young Mothers who are willing to learn from or be mentored by Elders about SIDS/SUID and safe sleep and related practices to prevent such infant deaths.
- D. Bring Elders and Young Mothers together using the selected strategy.
 - 1. Conduct sessions with the participating Elders and Young Mothers. (The number depends on the strategy selected).
 - 2. Pair individual Elders with Young Mothers for on-going dialogue and sharing.
 - 3. Conduct follow-up meetings with participating Elders and mothers to hear and learn from each other's experiences in participating in the *1,000 Grandmothers: SUID* Project.
- E. Develop and conduct an assessment of the strategy.
 - 1. Develop and measure objectives for implementation of the strategy, e.g. appropriate and reasonable measures on the number of sessions, number of Elders and number of Young Mothers to be recruited and track the actual number of participants.
 - 2. Conduct a pre and post assessment of knowledge and practices on safe infant sleep among participants.
 - 3. Solicit feedback from the Elders and tribal leaders and agency staffers on the project.
- F. Prepare [insert number] interim reports and one final report.

Sample Project Planning Meeting Agenda

1,000 Grandmothers: Infant Safe Sleep

Status Report: [Date]

[INSERT NAME], 1000 Grandmothers: SUID Project Coordinator

Task	Lead person	Notes and Action Items (AI)
Lead Elder & Lead Young Mother Reports		<ul style="list-style-type: none">• (AI)
Recruitment <ul style="list-style-type: none">• Young Mothers• Grandmothers		<ul style="list-style-type: none">• (AI)
Event logistics <ul style="list-style-type: none">• Number of sessions• Dates, times for sessions• Location• Point of contact• Room set-up• Computer, projector, PowerPoint• Flipchart/markers• Name tags• Photographer or videographer for sessions• Video and photo releases		<ul style="list-style-type: none">• (AI)
Safe sleep curriculum <ul style="list-style-type: none">• Speaker(s)• Content per sessions• Handouts		<ul style="list-style-type: none">• (AI)
Meal/feast planning <ul style="list-style-type: none">• Caterer• Food selection• Cost• Number of participants• Delivery time(s)		<ul style="list-style-type: none">• (AI)
Crafts/activities <ul style="list-style-type: none">• Supplies• Cost• Written instructions		<ul style="list-style-type: none">• (AI)
Advertising/media <ul style="list-style-type: none">• Event poster• Tribal newspaper• Local radio station• Facebook, Twitter, Instagram		<ul style="list-style-type: none">• (AI)
Budget–Expenses to date		<ul style="list-style-type: none">• (AI)
Next meeting of planning team <ul style="list-style-type: none">• Date/time/location		<ul style="list-style-type: none">• (AI)

Notes:

Sample Project Budget and Budget Narrative

Line Item	Budget	Actual Expenditures
Project Coordinator Salary [INSERT NAME SALARY AND FRINGE]		
Project Support Worker Salary [INSERT NAME SALARY AND FRINGE]		
Young Mothers – Stipend or Gifts [INSERT NAMES AND AMOUNT EACH PAID]		
Grandmothers – Stipend or Gifts [INSERT NAMES AND AMOUNT EACH PAID OR GIFT AMOUNTS]		
Art or Craft Supplies [INSERT PAYEE AND ITEMS PURCHASED]		
Honoring Banquet Expenses [INSERT PAYEE AND ITEMS PURCHASED]		
Other Food and Beverage [INSERT PAYEE AND ITEMS PURCHASED]		
Media Recorder (Photographer, Videographer, Social Media or Traditional Media assistance) [INSERT PAYEE AND ITEMS PURCHASED]		
Presenter / Subject Matter Expert [INSERT PAYEE AND STIPEND OR TRAVEL PAID]		
Cultural Liaison [INSERT PAYEE AND STIPEND OR TRAVEL PAID]		
Other Supplies [INSERT PAYEE AND ITEMS PURCHASED]		
TOTAL		

1,000 Grandmothers: Infant Safe Sleep

Project Budget Narrative

Project Coordinator

Project Coordinator is responsible for oversight of the entire program delivery. Project Coordinator will design the program model for delivery, meet with all stakeholders and ensure appropriate arrangements for a successful program. Project Coordinator will be responsible for creating a work plan and Memorandum of Agreement with partner programs detailing responsibilities of all parties and will be responsible for budget coordination and will guarantee the project follows the parameters of all. Will coordinate training of grandmothers and facilitate all work sessions. The Project Coordinator will also design and implement assessment tools to track project success.

Project Support(s)

Project Support will assist the project coordinator in ensuring the programs' delivery. He/she will be present at all events. Responsibilities include set-up and all that it entails, and transporting participants as needed, assisting with the delivery of curriculum to meet the programs' goals, refreshment arrangement, management of children at event, dissemination of flyers for recruitment efforts and duties as assigned.

Young Mothers

Young Mother Participants are anticipated to either currently be pregnant or have a child that is less than 2 years old. Participants will be required to attend and engage in all project sessions to receive stipends or incentives offered as part of the project.

Elders

Grandmothers (and Grandfathers) will be requested to attend a training session on the expected content delivery as scheduled. They will be requested to attend all sessions, especially those involving Young Mothers. Grandmothers will share some life experiences with the group and engrain the program message of infant safe sleep into their delivery. Grandmothers will work with mothers on their crafts projects and will hopefully engage fully in all aspects of the program.

Cultural Liaison

The Cultural Liaison will be available as a cultural guiding force for the project. The Liaison will guide the cultural crafts part of the program and provide background information to engage participants. The Cultural Liaison will prepare and coordinate all of the crafts project materials, making them available for the program participants. They will also ensure that the space for the project will be suitable for the project delivery. The Cultural Liaison will also assist the Project Coordinator with identifying cultural leaders in the community as potential project participants.

Craft Supplies

Art supplies for the project design will be purchased for all participants in the program. This includes Young Mothers, the Elders, Project Support, the Project Coordinator, and the Cultural Liaison.

Feast / Honoring Banquet

An honoring banquet will be held as the project's final session. The Banquet will be catered. All participants may be allowed to bring guests to the banquet (if project resources permit). Participants and staff will all be recognized for their commitment to the project.

Media Manager

A Media Manager will be identified to help with advertisement, social media outreach and recording project sessions through selected media vehicles including video, voice, and photography. Documentation from the gatherings will be used to expand the safe sleep message beyond the sessions. The media portion will also be used as documentation for report purposes. The Media Manager will provide all of their own equipment as well as coordinate recording sessions outside of the project session times as well as secure and maintain releases from all participants to allow for publication and sharing of photos and videos.

Meeting Refreshments

Refreshments or meals will be provided for all project meetings. The Project Support staff person will be responsible for coordination.

Office Supplies

Necessary supplies may include paper, ink, pens, curriculum materials, brochures, media CD, and photo paper.

Sample Project Checklist

1,000 Grandmothers: Infant Safe Sleep Project Checklist

Task	Who is doing task	Done √
Purchase gift cards or arrange honorarium for Elders (keep receipts)		
Purchase gift cards or arrange honorarium for Young Mothers (keep receipts)		
Make sure everything is on target for meal, including service items like plates, napkins, etc. (keep receipts)		
Make sure supplies are purchased & everything is on target for craft activity (keep receipts)		
Make sure there is a computer, screen & LCD projector set-up and tested for teaching portion of event		
Bring PowerPoint slideshows on flash drive for teaching safe sleep practices		
Prepare copies of handouts being distributed each evening, including a copy for both Elders and Young Mothers		
Print copies of Pre Assessment & Post Assessment; bring to event		
Print copies of video and photo releases; bring to event		
Bring nametags & magic markers to write names		

Sample Participant Information Form for Young Mothers
1,000 Grandmothers: Infant Safe Sleep
Participant Information Form

Name:

Today's Date:

Age:

Date of Birth:

Address:

Home phone:

Ok to leave message? Yes / No

Work phone:

Ok to leave message? Yes / No

Cell phone:

Ok to leave message? Yes / No

Email:

Marital Status (circle): Single / Married / Cohabiting / Divorced / Re-Married

Name of Spouse or Partner: _____

Names of Children

Ages

What his your cultural/ethnic background?

Educational Status:

What is your highest completed grade?

GED: YES / NO

HS Diploma: YES / NO

College: YES / NO **Area of Study:**

Sample Event Handouts

Honor the Past, Learn for the Future Handout - Online

Available at: https://www.nichd.nih.gov/publications/pubs/documents/HNB_flyer.pdf

Order copies from:

https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5732

Safe Sleep for Your Baby Brochure - Online

Available at:

http://www.nichd.nih.gov/publications/pubs/Documents/SafeSleepForYourBaby_AIAN_2013.pdf

Order copies from:

https://www.nichd.nih.gov/publications/Pages/pubs_details.aspx?pubs_id=5732

Table Discussion Questions – Provided

1,000 Grandmothers: Infant Safe Sleep

Table Discussion Questions

1. Do you have family or friends who give you advice that is different than what we've learned? If yes, how can you talk with them in the future so you can keep your baby safe?
2. Is it right for my baby to sleep with me at nights? Why or why not.
3. If you are in a hotel without a crib, what is one way you can put your baby in a safe sleep environment?
4. What are some alternative ways of getting your baby to feel safe in their own crib?
5. If you have a family member (grandmother, aunt, partner), who insists on putting your baby them down to sleep on their stomach when they are watching them, what can you do to fix the problem?
6. Has there ever been a time when you felt your baby was not safe while sleeping?

Healthy Actions for Native Babies Handout (Adapted)– Separate File

How can I protect my baby in my home?

- Don't smoke around the baby.
- Don't let others smoke around the baby.



- Don't drink alcohol when caring for your baby or when breastfeeding the baby.



- Have a Public Health Nurse visit your home.



What else can I do to help my baby?

- Reduce the chance that flat spots will develop on the baby's head.

- Provide **Tummy Time** when the baby is awake and someone is watching.
- Hold the baby upright when he or she is not sleeping.



- Change the direction that the baby faces in the crib from one week to the next (that is, baby's feet face one end of the crib for a week, then face the opposite end of the crib the next week).



- Avoid too much time in car seats, carriers, and bouncy seats.

- Breastfeed your baby.
- Take your baby to doctor's appointments (sometimes called "well baby checkups") on a regular basis, as recommended.



Healthy Actions for Native Babies

Tips for Protecting Your Baby

How can I protect my baby before it is born?

- Don't smoke during your pregnancy.



- Don't drink alcohol while you are pregnant or breastfeeding.



- Get early and regular prenatal care.



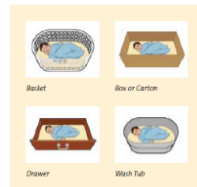
- Have a Public Health Nurse visit your home.



Adapted by The International Association for Indigenous Aging 1/1/2015

How should my baby sleep?

- Place baby on its **back** to sleep for every sleep time-- for naps and at night.



- Place baby on a firm surface for sleeping, such as a safety-approved crib or alternative sleep surface, such as a basket, box or carton, drawer, or wash tub.

- Don't leave soft things, blankets, toys, pillows, padded bumpers, or quilts in the baby's sleep area.

- Keep all items away from baby's face.

- Don't let baby get too warm during sleep.
- Dress baby in light sleep clothing, such as a sleeper (sleep suit with sleeves and feet "built in") or onesie (one piece sleep suit).
- NEVER use a blanket.
- Keep the temperature comfortable for you and it will also be OK for baby.
- Give the baby a pacifier to suck on while he or she is falling asleep.
 - Don't force the baby to take the pacifier.
 - It is OK if the pacifier falls out while the baby is sleeping—You don't need to put it back in baby's mouth.
 - Wait until baby is used to breastfeeding before using a pacifier.



Where should my baby sleep?

- Make a separate place for your baby to sleep that is close to you and in the same room. This is the safest place for baby to sleep.



- Don't sleep with baby on a couch, armchair, sofa, or waterbed. The baby could suffocate if it gets stuck in these surfaces or between your body and the surfaces.



- Don't let siblings, pets, or other children sleep in bed with the baby. The baby could suffocate if a person or animal rolls over on top of it.



Sample PowerPoint for Presentation (Screen Shots) - Separate File

Session #1

Preventing Sudden Unexplained Infant Death

A 1,000 Grandmothers Project

Presented by: (Presenter name, organization)
Sponsored by: (Sponsor / partner)

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**

Infant sleep related deaths

This is most new mothers' worst fears!

Infant deaths that happen during sleep are usually **healthy** babies who suffocate.

Did you know? It happens more often in states that are cold.

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



What is SUID & SIDS?

SIDS = Sudden Infant Death Syndrome
SUID = Sudden Unexplained Infant Death

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 breathe)

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!



Good Night, Sleep Right.

Keep Your Baby Sleeping Right.



Keep It Safe
Your baby should always be in a safe sleep environment. Always use the back of the crib for sleep. Never use a car seat or stroller for sleep. Always use the back of the crib for sleep.



Back to Sleep
Your baby should always be placed on their back to sleep. This is the safest position for your baby.



A Healthy Start
Always use the back of the crib for sleep. Never use a car seat or stroller for sleep. Always use the back of the crib for sleep.



Play It Safe
Your baby should always be placed on their back to sleep. This is the safest position for your baby.



Spread the News
It's important to share the information with everyone who takes care of your baby.



LIVE & GROW!
www.grow.org

Q:

Do any of you know someone whose baby has died because of a sleep-related death?

Session #2

Preventing Sudden Unexplained Infant Death

A 1,000 Grandmothers Project



Content adapted from Healthy Native Babies Project and Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

Reflection from last session

- What does SUID stand for?
- What is the leading cause of SUID?
- How many babies die each year from SUID?
- Unsafe sleep deaths are how many times more likely to happen for American Indians and Alaska Natives?

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 and include 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!



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.

What we will talk about

- Recommendations for creating an infant safe sleep environment.
- Statements that Native moms and other community members have made regarding the recommendations that may put their babies at risk.
- The newest wisdom and scientific rationale for the recommendations.

It will never happen to me!

Some parents who lost a baby to an unsafe sleep environment said just that, but **IT DID** happen to them!

Many of these grieving parents asked "Why didn't anyone tell me it was dangerous to sleep with my baby?"

We are here today to do just that. Here are the recommendations for infant safe sleep!

Back to sleep is the only way to put baby down

Back to Sleep

Baby should **ALWAYS** be placed on his/her **BACK** (face up) when resting, napping, sleeping, or while left alone during the first year.



Old Ways

"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."

New wisdom – Back to sleep

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.

New wisdom – Back to sleep

Stomach sleeping can increase a baby's risk of "re-breathing" his or her own air, especially if there is soft bedding near the face.

As baby breathes the exhaled air, the oxygen level in the body can drop, carbon dioxide can accumulate and the baby can experience a lack of oxygen leading to death.

Babies need to wake and respond appropriately to these dangerous conditions.



New wisdom – Back to sleep

**"You don't know my baby.
She sleeps better on her stomach."**

Babies DO sleep longer, more deeply, and may wake up less when on their stomachs to sleep.

This may be why stomach sleeping is dangerous. Sleeping too deeply may keep the baby from waking up if their oxygen levels are too low.

New wisdom – Back to sleep

Babies who sleep on their stomachs are:

- Less reactive to noise.
- Experience less movement.
- Are more difficult to wake up.
- Have longer periods of deep sleep.
- Experience sudden decreases in blood pressure and heart rate control.

Is it because they aren't breathing as well?

New wisdom – Back to sleep

"My baby startles more easily if he sleeps on his back."

Babies do startle more easily when on their back.

This startle reflex (a sudden jerk or flinch, often with a gasp) may be protective for the baby as it causes the baby to take a sudden breath.

A startle may also stir the baby from too sound a sleep.

A baby who wakes up frequently is not a "bad" sleeper—just a safer sleeper.

New wisdom – Back to sleep

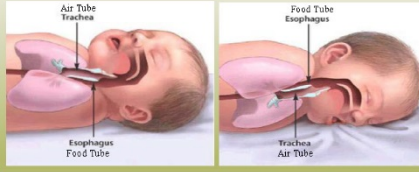
"Babies will choke if they spit up or vomit when they're sleeping on their backs."

Health care providers used to think that babies should sleep on their stomachs, but now we know that when babies sleep on their backs, their airways are more protected and they are safer.

Even babies with reflux should sleep on their backs.

Back to sleep does NOT cause choking

The Air Tube and the Food Tube:
on their back spit up goes back
to the stomach not lungs



Tummytime – 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



Soothing a fussy baby

"I know I shouldn't sleep with my baby, but he is fussy. What can I do?"

Ways to soothe a fussy baby:

- Swaddling
- Side carrying
- Shushing noise (Make shush noises, use white noise machines or soft music)
- Swinging/gentle Rocking (Use a rocking chair or swing)
- Swaying/gently dance with baby
- Sucking (Breastfeed or offer a pacifier)
- Calmly hold baby, gently rubbing or patting baby's back
- Hang in there



Session #3

Preventing Sudden Unexplained Infant Death

A 1,000 Grandmothers Project



Content adapted from Healthy Native Babies Project and Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

Reflection from last sessions

What is the safest way for a baby to sleep?

What does it mean when they say a baby "re-breaths" their own air when they sleep on their stomach?

If you are worried about choking, why is it safer for baby to sleep on their back?

Why is it good for a baby to "startle" – which they do more if they sleep on their back?

What are some ways you can soothe a fussy baby?

YOU make it safe for your baby to sleep...Remember

Back to Sleep

Baby should **ALWAYS** be placed on his/her **BACK** (face up) when resting, napping, sleeping, or while left alone during the first year.



What we will talk about

- The newest wisdom and scientific reason for safe sleeping recommendations
- How to create a safe sleep area for baby
- Why you need to keep toys and blankets out of the crib
- Dangers of sleeping with baby
- Using cradleboards to keep baby safe
- The dangers of overdressing your baby
- Using a pacifier
- Tummy time

Where baby sleeps – American Academy of Pediatrics

Sleep Location

- Baby's sleep area should be kept **CLOSE, BUT SEPARATE** from where Mom and others sleep.



- **Room-share** DON'T Bed-share.

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.



Old ways...New wisdom

Many parents also think that bed-sharing is only risky if they have been drinking or taking drugs.

Alcohol and drugs do increase risk, but **bed sharing is dangerous** even if the parent hasn't had alcohol or drugs.



New wisdom

Baby may roll or move to a dangerous place in the bed such as between the mattress and headboard, between the mattress and the wall, or pressed against a pillow or other soft bedding.



Old way... New wisdom

"My baby will get lonely in a bed by herself."
"We will bond better if we sleep together."

You can bond and develop strong attachments during "awake" time with baby.

Cuddling, holding while feeding, making eye contact, and talking with baby ways to develop strong attachments.

When baby goes to bed, those feelings don't go away.



Old way, New wisdom

"I'm breastfeeding and I'll be more successful if I sleep with my baby."

Breastfeeding provides the best nutrition and health benefits for baby.

But, breastfeeding can make mother sleepy too.

- Breastfeed outside of the bed, like in a chair; put baby back in the crib/bassinet once feeding is finished.
- Some mothers find it helpful to set a timer or alarm to help wake them after feeding to make sure baby is safe.
- Partners can help by returning baby to the crib when the feeding is done.

Old way, New wisdom

"My baby sleeps best in the swing or his car seat."

Babies are at greater risk for airway obstruction, choking and suffocation in:

- a car seat
- swing
- any device with a raised back

Especially babies under 4 months of age.



Cradleboards: Old wisdom

Cradleboards have always been a safe and secure way for babies to sleep.



Protect sleep space – American Academy of Pediatrics

Sleep Area

To avoid suffocation, keep **all** **SOFT things** out of baby's crib or sleep area.

That means NO:

- stuffed toys
- bumper pads
- loose bedding
- blankets
- comforters
- quilts
- pillows and wedges

JUST BABY!



Toys and blankets are a danger for a sleeping baby



Doll re-enactment

Old way, New wisdom

"My baby will get cold without blankets. We live in the north and our winters are cold!"

Baby comfort is different than adult comfort.

Babies don't need blankets, pillows, comforters or stuffed animals, to feel comfortable.

These can get in baby's way and can cause **suffocation** if baby becomes tangled or make them **overheated**.



Keep sleep space clear- American Academy of Pediatrics

Do Not Use Bumper Pads

- Bumper pads should not be used in cribs. They don't prevent injury, and can cause **suffocation, strangulation or entrapment**.
- Don't use home monitors or devices sold to reduce the risk of SIDS - including wedges and positioners.



Keeping baby warm- Don't overdress

Babies should be dressed in the same number of layers an adult would be comfortable in.

Use **footed sleepers** or a **sleep sack** if you worry that baby is cold.



Use a pacifier- American Academy of Pediatrics

Use a Pacifier

Clean, dry pacifier when placing baby down to sleep...

Reduces the risk of SIDS.



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.

Session #4

Preventing Sudden Unexplained Infant Death

A 1,000 Grandmothers Project



Content adapted from Healthy Native Babies Project and Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

Reflection from last sessions

- What does SUID stand for?
- How many babies die each year from SUID?
- Unsafe sleep deaths are how many times more likely to happen for American Indians and Alaska Natives?
- What is the safest way for a baby to sleep?
- Why is sleeping with your baby dangerous?
- What can you do if you are worried about your baby being cold?
- Why is tummy time important?
- What does it mean when they say a baby "re-breathes" their own air when they sleep on their stomach?
- Why is it good for a baby to "startle" – which they do more if they sleep on their back?
- What are some ways you can soothe a fussy baby?

What we will talk about

- Review lessons from previous sessions
- Dangers of smoking
- Small group discussion on ways to deal with problems that may come up

YOU make it safe for your baby to sleep...Remember

- 4,000 babies die each year from SUID
- Indian babies have a 3 x higher risk of death
- Back to Sleep
- Share a ROOM, not a BED.
- Keep sleep areas safe: no toys, blankets, bumpers, quilts or pillows- just baby!
- Don't overdress- use footed sleepers or sleep sacks.
- Use a pacifier.
- Tummy time.



Smoking increases the SIDS risk

- Smoking when you are pregnant:
 - Decreases the oxygen baby gets – can affect brain, nerves and other organs
 - Smoking later in pregnancy can cause changes in baby's brain that affects their ability to wake up, control movements or adjust their heart rate
 - Creates higher risk for preterm labor, losing the baby, low birth weight

Increases the risk of SIDS 4 x after the baby is born.

Smoking increases the SIDS risk

- Smoking in the home— even if you aren't around baby:
 - Exposes baby to nicotine and toxic chemicals
- Infants **whose caregivers smoke** or are even exposed to second-hand smoke are **4 x more** likely to die from SIDS
- Infants who died of SIDS had higher nicotine amounts in their lungs than babies who died from other causes
- Babies exposed to any amount of cigarette smoke have more: respiratory infections, asthma, hospitalizations
- Smoking can cause lung problems, sleep problems or cancer for mom

Don't smoke. Don't allow anyone around your baby to smoke. Don't allow anyone to smoke in your home.
If you smoke, get help!



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!

Sample Pre-Assessment Questionnaire for Elders
1,000 Grandmothers: Infant Safe Sleep
Promoting Safe Sleep Project
Pre-assessment

Please circle if you believe the following statements are True or False

1. I am familiar with the term Sudden Unexpected Infant Death (SUID).	True	False
2. Sudden Unexpected Infant Death (SUID) is the leading cause of death in the United States for infants between one month and one year of age.	True	False
3. Sudden Unexpected Infant Deaths happens almost 3 times more often in American Indian families than in the rest of the United States.	True	False
4. Smoking around an infant increases the risk of SUID.	True	False
5. Alcohol use before and during pregnancy increases the risk of SUID.	True	False
6. The place where the baby sleeps should have bumpers, toys, or soft items in it.	True	False
7. Most babies should sleep on their tummies.	True	False
8. Back sleeping increases the risk of vomiting or choking.	True	False
9. The "Back to Sleep" position is for night time sleeping only.	True	False
10. Parents should not sleep in the same bed with their baby.	True	False
11. Dressing a baby too warmly will put him or her at risk for Sudden Unexpected Infant Death.	True	False
12. Breastfeeding is associated with a lower risk of SUID.	True	False
13. I know how to keep a baby safe during sleep.	True	False
14. My babies usually sleep/slept with me in my bed	True	False

- Please tell us about how and where your babies slept or those of your neighbors when you were younger. Example: 'My babies usually slept with me in my bed or my babies usually slept in a crib'.
- Why do you think new moms/parents might not practice safe sleeping practices?
- What do you think will be the hardest thing about working with new moms/parents to help them learn about safe sleeping practices?

Sample Pre-Assessment Questionnaire for Young Mothers

1,000 Grandmothers: Infant Safe Sleep

Promoting Safe Sleep Project Pre-assessment

Please circle if you believe the following statements are True or False

1. I am familiar with the term Sudden Unexpected Infant Death (SUID).	True	False
2. Unsafe sleep is the leading cause of death for infants after one month of age.	True	False
3. Unsafe sleep deaths happen almost 3 times more often in American Indian families than in the rest of the United States.	True	False
4. Smoking during pregnancy increases the risk of SUID.	True	False
5. Smoking around a baby increases the risk of SUID.	True	False
6. Babies should sleep on pillows.	True	False
7. Most babies should sleep on their tummies.	True	False
8. Parents should not sleep in the same bed with their baby.	True	False
9. I know how to keep a baby safe during sleep.	True	False
10. Most new or expectant parents in our community know about safe sleeping practices.	True	False

- What are your expectations for this program?
- Are there questions you have that you would like addressed during the session(s)? If so please share.
- Is it in your wishes to have another child in the future?

Sample Post-Assessment Questionnaire for Elders

1,000 Grandmothers: Infant Safe Sleep

Promoting Safe Sleep Project

Post-assessment

Please circle if you believe the following statements are True or False

1. I am familiar with the term Sudden Unexpected Infant Death (SUID).	True	False
2. Sudden Unexpected Infant Death is the leading cause of death in the United States for infants between one month and one year of age.	True	False
3. Sudden Unexpected Infant Death happens almost 3 times more often in American Indian families than in the rest of the United States.	True	False
4. Smoking around an infant increases the risk of SUID.	True	False
5. Alcohol use before and during pregnancy increases the risk of SUID.	True	False
6. The place where the baby sleeps should have bumpers, toys, or soft items in it.	True	False
7. Most babies should sleep on their tummies.	True	False
8. Back sleeping increases the risk of vomiting or choking.	True	False
9. The “Back to Sleep” position is for night time sleeping only.	True	False
10. Parents should not sleep in the same bed with their baby.	True	False
11. Dressing a baby too warmly will put him or her at risk for Sudden Unexpected Infant Death.	True	False
12. Breastfeeding is associated with a lower risk of SUID.	True	False
13. I know how to keep a baby safe during sleep.	True	False

- What was the most important thing you learned today?

Sample Post-Assessment Questionnaire for Young Mothers

1,000 Grandmothers: Infant Safe Sleep

Promoting Safe Sleep Project Post-assessment

Please circle if you believe if the following statements are True or False

1. I am familiar with the term Sudden Unexpected Infant Deaths (SUID).	True	False
2. Unsafe sleep is the leading cause of death for infants after one month of age.	True	False
3. Unsafe sleep deaths happen almost 3 times more often in American Indian families than in the rest of the United States.	True	False
4. Smoking during pregnancy increases the risk of SUID.	True	False
5. Smoking around a baby increases the risk of SUID.	True	False
6. Babies should sleep on pillows.	True	False
7. Most babies should sleep on their tummies.	True	False
8. Parents should not sleep in the same bed with their baby.	True	False
9. I know how to keep a baby safe during sleep.	True	False
10. Most new or expectant parents in our community know about safe sleeping practices.	True	False

- Can you share what you enjoyed the most about your experience with the *1000 Grandmother: Infant Safe Sleep* sessions?
- Were all of your questions about safe sleep answered during the sessions? If not, what questions do you still have?
- Do you have any feedback or suggestions for future sessions?

Sample Project Director's Final Report

1,000 Grandmothers: Infant Safe Sleep

Project Final Report

The *1,000 Grandmothers* Parent Night Series began on September 8, 2014 and concluded on October 1, 2014. Participation was an enormous success with 13 families starting the program and 12 completing. There were 3 grandmothers sharing their knowledge throughout the program which also proved to be fruitful as this was the initial target number the project sought out. There were several others who engaged in the program in order to make it a success. Three Project Support workers ensured that the project ran smoothly all the way from marketing and recruiting participants for the program, to engaging the children in attendance in fun and educational activities. The Cultural Liaison was very active and instrumental in assuring the craft activities delivery. He was able to organize the essential materials for this to take place. He also shared his cultural expertise throughout the project. The project invited one presenter who was a certified safe sleep trainer to share her knowledge and expertise about safe sleep practices. Her training and knowledge ensured the delivery of appropriate and accurate information sharing with the families. There were five meeting times in all. The structure of four of the meeting times were as follows: meal time, craft instructions, curriculum sharing, story time and finally closing. Throughout the evening, the mothers and grandmothers would work on their cultural craft at their own pace. The final meeting time for the project was a formal meal with awards given to all participants. Each certificate indicated how the individual contributed to the project. A slide show of pictures encapsulating the action of the project was displayed. Overall, the 1000 Grandmothers Parent Night Series was a huge success!

The project commenced with laying out the foundation. An important factor in the design of the project was the participation of grandmothers throughout. Three grandmothers were identified and invited to participate. To give some background context, one grandmother is currently a school counselor in the K-12 school system. She has been working with families in the school system for over 30 years. She had the most powerful and eloquent words for the mothers throughout the program and a sense of humor to go along with it. Another grandmother also worked in education for several years throughout her lifetime. She currently teaches courses about culture at the local tribal college. She is a respected elder in the community who holds much knowledge on the cultural aspects of the tribal people. She was deemed the lead grandmother for the project as her leadership skills came through tremendously. The final grandmother has been a trusted child care provider in the community for several years. She has taken care of many babies in her lifetime. She was a great listener and shared powerful stories of her upbringing.

The grandmothers were able to meet prior to the start of the program in order to take a pre-survey, as well as participate in some pre-program training curriculum. The curriculum used to train the grandmothers was the Healthy Native Babies Curriculum. Each grandmother was given a kit of their own to study and utilize for group discussion. A sample of the curriculum shared as well as the survey the grandmother's fill out is

included as an attachment of this report along with many other attachments to put this narrative into perspective.

Overall, the grandmothers were knowledgeable about safe sleep. One area that the grandmothers did not agree on in relation to the pre-survey was the practice of babies sleeping on their tummies. One grandmother believed most babies should sleep on their tummies, while the other two thought it was not a great idea for babies to do so. Throughout the program, the grandmothers shared stories of their experiences with babies and sleep. One grandmother expressed that she was raised in an era where cribs were not always in the home. She shared how babies slept in dresser drawers amongst other creative alternatives. Another grandmother shared how she used a willow basket for her children and grandchildren for safe sleep. The majority of the grandmothers shared that their children slept with them at times as well. They used these stories as an opportunity to normalize with the mothers and let them know that just because we think we know what it is best for our children is not always the case and it is very important to try and learn about the best practices for keeping our children safe. Their closing message was "it could happen to anyone, it could happen to you."

The mothers of the project were very committed. Of the 13 to start the program, 12 completed yielding a 92% completion rate! The average age of the mothers was 30. Forty six percent of the mothers were single, whereas 30% were married. The other 16% were either cohabitating or divorced. Each mother had an average of 3.38 children and 67% said it is their wish to have another child in the future. Three of the participants were expecting. All of the mothers were American Indian and large portion, 62% of them had some college. On the other hand, 31% had completed no education at all.

A pre-survey was given to the mothers to gauge their knowledge on safe sleep. These are some outcomes of the survey:

- 85% of participants felt they were familiar with the term Sudden Unexpected Infant Death.
- 100% agreed that unsafe sleep is the leading cause of death for infant after one month of age.
- 69% of mothers believed that unsafe sleep deaths happen almost 3 times more often in American Indian families than in the rest of the United States.
- 100% of mothers agreed that smoking during pregnancy increases the risk of SUID.
- 100% of mothers thought that babies should not sleep on pillows.
- 8% of participants said that babies should sleep on their tummies.
- 8% of mothers also thought that their baby should sleep in the same bed with them.
- 100% of mothers said they knew how to keep their baby safe during sleep.
- Only 38% of the mothers believed that most new or expectant parents in our community know about safe sleeping practices.

All in all the mothers were gauged to have knowledge about safe sleep practices. These rates perhaps could be correlated with the education levels of the mothers. The most

alarming data surrounded the notion that only 38% of the mothers believed that most new or expectant parents in our community know about safe sleeping practices. Although these mothers believed they were knowledgeable about safe sleep, they did not think the masses of their community were. This, I believe, added direction for this project as we now have mothers who have been through this project and can be advocates for the promotion of safe sleep in our community. Many of the mothers indicated that chose to participate in the program to gain new knowledge, to learn and to become better parents.

A post-survey was given to the mothers in order gauge if we have facilitated any change in their responses and beliefs surrounding safe sleep. These are some outcomes of the survey:

- 100% of participants felt they were familiar with the term Sudden Unexpected Infant Deaths.
- 100% agreed that unsafe sleep is the leading cause of death for infant after one month of age.
- 100% of mothers believed that unsafe sleep deaths happen almost 3 times more often in American Indian families than in the rest of the United States.
- 100% of mothers agreed that smoking during pregnancy increases the risk of SUID.
- 100% of mothers thought that babies should not sleep on pillows.
- 100% of participants said that babies should not sleep on their tummies.
- 100% of mothers also thought that their baby should not sleep in the same bed with them.
- 100% of mothers said they knew how to keep their baby safe during sleep.
- 99% of the mothers believed that most new or expectant parents in our community know about safe sleeping practices.

This data supports the success of our program! Although there were minor changes in that data, we believe that it is enough to save lives. We are happy to say that the feedback we received from the mothers was very positive as well. Some of the comments are listed below:

Can you share what you enjoyed the most about your experience with the *1,000 Grandmothers* Parent Nights?

- I enjoyed all of the information and visiting with all of the mothers. It was a great learning experience
- Visiting and learning
- Togetherness
- Enjoying life as a family
- I loved meeting new people
- Storytelling, sharing, beading, connecting
- The stories, beading, talking about keeping my baby safe
- I enjoyed visiting with the grandmas, other moms and the staff. I also enjoyed the crafts

Have all of your questions about safe sleep been addressed at parent night?

- All mothers answered this question with “yes”

Do you have any feedback or suggestions for future parent nights?

- I thought it was a very good learning experience and I would not change a thing.
- No feedback - liked the program
- Maybe baby activity class like singing as a group with babies and talk with other mothers
- I would love for this to continue on and for more classes
- Need to continue!

This feedback is very powerful! We are immensely overwhelmed by the enjoyment and support the mothers have displayed in their feedback comments. We cannot begin to express how grateful we are to have been given the opportunity to be able to reach out to families in our community and affect change on this type of grassroots level. This has been a pilot project for our Healthy Families Program. We have the intention of coordinating family nights in our community for some time but have not had the resources to bring it to fruition. We also, did not know what type of structure would be workable. We can now say it is abundantly clear that we have an effective model that not only brings joy to the participants and staff but also influences change for the better in our community! How invigorating!

In closing, we would like to reiterate our gratitude and thank the funders once again for making this wonderful, exciting, new endeavor possible. These words of appreciation not only come from tribal staff, or the mothers and grandmothers who have participated, but from the unborn children who will be saved as a result of this project. It is our hope at Healthy Families, that we can share and continue on with the model and even furthermore effect change.

Sample Close-Out Interview or Focus Group Questions

Young Mothers

1. What did you learn about safe sleeping practices and how to prevent SUID?
2. Did you find it useful to interact with Elders to learn about safe sleeping and SUID?
3. What was your favorite part of the project/ meeting?
4. How do you think the project could be changed to make it better in the future?
5. For you, what is the biggest barrier to using the safe sleeping tips you learned?
6. What could we do to “recruit” other new mothers to participate in sessions in the future?
7. What ideas do you have for activities where we can bring Elders together with new mother’s to learn about safe sleeping practices?

Grandmothers/Elders

1. Do you think the project made a positive impact on the mother’s understanding of safe sleeping practices and SUID? How?
2. How do you think the project impacted the Elders who participated?
3. What did you learn?
4. What do you think we did as part of the project that worked well?
5. What do you think we could do better next time?
6. What do you think are the biggest barriers for new moms in following safe sleeping practices?
7. What could we do to “recruit” more mothers to participate in sessions in the future?
8. What ideas do you have for future activities where we can bring Elders together with new mothers to learn about safe sleeping practices?

Project Directors/ Staff

1. How much of an impact do you think the project made on the mothers’ understanding of safe sleeping practices and SUID?
2. How do you think the project impacted the Elders who participated?
3. What do you think worked well for your project?
4. What do you think you could do better next time?
5. What did you find to be the biggest barriers for new moms in following safe sleeping practices?
6. What did you find to be the biggest barriers in recruiting Elders to participate?
7. What could you do to recruit more mothers to participate in sessions in the future?
8. What could you do to recruit more Elders to participate in sessions in the future?
9. What ideas do you have for future activities where you could bring Elders together with new mothers to learn about safe sleeping practices?