**Finding a Safer Way to Sleep in Hospitals**

In this feature, Neonatal Intensive Care interviews clinicians and healthcare providers about the actual application of specific products and therapies. This interview is with Charla Sue Payne, BSN, RNC, IBCLC, Perinatal Nurse Educator Coordinator of Lactation and Childbirth Education, The Christ Hospital Health Network.

Neonatal Intensive Care: What prompted you to initiate the HALO Safer Way to Sleep® program in your hospital?

Charla Sue Payne: The Christ Hospital, located in Hamilton County, Ohio, has an annual birth rate of 3,200 births. Unfortunately this area has one of the highest rates of infant mortality in the country. Our main focus to decrease this rate is to send a strong message to new parents on how to keep their baby safe through the safe sleep program.

Before utilizing the HALO Safer Way to Sleep program, we were just communicating the ABC’s of safe sleep and swaddling in receiving blankets. After the implementation of the program, we brought the ABC’s of safe sleep to life by modeling safe sleep in the hospital and by using the HALO® SleepSack® swaddle. We realized that it was difficult to tell parents not to use blankets at home if we were still using them in the hospital, so we adopted a no blanket policy once the HALO Safer Way to Sleep program was in place.

After skin-to-skin contact with parents and other postpartum procedures including the first feeding, all newborns are put in a HALO SleepSack swaddle. In the NICU, we use the HALO SleepSack Swaddle when baby is transferred to an open crib or is transitioning out of the isolette.

There is scientific evidence behind modeling behaviors for new parents as an effective way of teaching, and if we could save just one baby’s life, then all these efforts are more than worth it.

NIC: What are the SIDs rates in your part of Ohio?

CSP: We are at 10.8 deaths per 1000 live births, which is about 40 percent higher than the national average. We embrace an education method referred to as “centering care” which allows the expectant mothers to bring family members with them to OB visits, so that family and support persons can all attend child care classes together throughout the pregnancy. This allows us to have the dialogue about safe sleep early and often through the prenatal time frame with family members or caregivers present, thus taking the burden off the new parent at home. Even our sibling class which helps older children welcome a baby into the home spreads a safe sleep message.

We find that about 75 percent of first-time parents attend our childbirth classes while second-time parents may participate in part of the program and come for a tour of the hospital. This allows for contact with nearly all of the parents before they give birth.

NIC: What are the hospital’s main initiatives with new parents?

CSP: There are three main areas of baby care we focus on: safe sleep, skin-to-skin contact and breastfeeding.

These areas of baby care are emphasized throughout the hospital with posters, videos and educational pamphlets. We utilize our lactation consultants as champions for all three of these areas of care. At many institutions, lactation consultants focus solely on the feeding aspect of the neonate, but at our institution they are intimately involved in the care plan of the newborn. They assist with education of the families, and support not only breastfeeding, but also skin-to-skin contact and safe sleep for baby.

In addition to the in-person instruction through demonstration, we also have an in-hospital video series. In order to make the

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safe sleep message realistic and less clinical, we feature real parents in settings around Cincinnati, sharing how important safe sleep is, how to carry-out safe sleep, and some of them share stories of personal loss. In addition to safe sleep, the video series also covers shaken baby syndrome, breastfeeding, self-care after delivery, basic baby care, pertussis, and for NICU babies, special videos on developmental care and providing breastmilk to NICU infants.

We also send every new baby home with a new HALO SleepSack, so parents can continue to practice safe sleep at home. This is particularly important for those families who may not be able to purchase a HALO SleepSack.

NIC: What parts of your staff are involved in safe sleep and how has that affected their interaction with new parents?
CSP: Nurses, lactation consultants and OB care techs are the three main participants in patient post-partum care. It was a deliberate move to have our lactation consultants become the champions for our initiatives, and they make it a point of seeing all NICU babies daily for the first several days of life if mom is interested in breastfeeding. We have an 88 to 92 percent breastfeeding initiation rate, with less than 1 percent deciding not to breastfeed before discharge. An average length of stay is from five to 30 days, dependent on diagnosis.

We are preparing to open a birthing center with telemetry monitoring in all rooms, so that many NICU/Special Care infants can remain in the mom’s room dependent on their medical status and needs.

Rooming in is our standard of care with our infants, but we always have a nursery for babies to go to should staff or parents request for a variety of reasons.

NIC: What tools or materials did you introduce in postpartum baby care that facilitated safe sleep education and practice?
CSP: There are brochures and posters around the hospital focusing on safe sleep for baby, and the in-room videos also cover the topic. In keeping with our safe sleep initiative, a baby is never shown with a blanket in any materials the hospital produces.

NIC: What evidence do you have that the program has become known as part of mom/baby care at your hospital?
CSP: We truly have parents who come in and ask “when will my baby be put in the SleepSack?” and if a child is being treated in another hospital, that staff knows immediately where the baby was born because the parents often pack their HALO SleepSack swaddle for baby to wear in the hospital.

NIC: Have you seen a change in the patient experience at the hospital since the Safer Way to Sleep program was introduced?
CSP: I believe parents appreciate our efforts in safe sleep. They view this program as a way that we are keeping their babies safe, and it demonstrates that their babies’ safety is our top concern. We are strict about supporting safe sleep and breastfeeding throughout all our communications, and our amazing PR & marketing department helps us share and model that message by not using photos that send conflicting messaging.

NIC: Is your hospital designated a “Safe Sleep Hospital?”
CSP: Yes. We are Gold Certified Safe National Sleep Champion, the highest level as designated by the Cribs for Kids. The process included hospital staff training and education; having a hospital safe sleep policy in place; parent education and modeling; a wearable blanket program, and community and media outreach.

NIC: Have you shared your experience with safe sleep with other institutions?
CSP: We created a poster on our safe sleep efforts which we presented at AWOHNN as well as the Cribs for Kids conference, and the information there in was submitted it to Cribs for Kids as part of our certification. We also shared the information with Cradle Cincinnati, a local safe sleep multi-disciplinary collaborative. We are the first institution in our area to utilize the HALO SleepSack swaddle instead of blankets in both the normal newborn nursery and the NICU. As part of our commitment to safe sleep, we have not put babies back in blankets since April 2015, when the HALO Safer Way to Sleep program was initiated. In terms of practicality and effectiveness, I would wholeheartedly recommend this program to other birthing institutions.