MCH Innovations Database

EVIDENCE-INFORMED POLICY IMPLEMENTATION

Maine Safe Sleep Kit Program

Location	Focus Area	Policy Type
Maine	Primary/Preventative Care; Injury Prevention/Hospitalization; Safe Sleep/Infant Mortality	Big P Policy

Target Population
Infants and their families

SECTION 1: POLICY DESCRIPTION

In Maine between the years 2014 and 2018, an average of ten Maine infants per year died due to SIDS/SUID. Infant sleep position, sleep surface, and sleep location are associated with the risk of SIDS/SUID and other sleep-related infant deaths. To reduce sleep-related infant deaths, the American Academy of Pediatrics (AAP) recommends all infants be placed to sleep on their backs, alone, on a separate firm surface, and with no soft objects in the sleep area. During this timeframe, Maine began to implement strategies to reduce the number of SIDS/SUID deaths related to unsafe sleep.

The key populations impacted by this Policy are infants and their families. The intent of this Policy is to increase the ability for all families to provide their infant with a safe place to sleep.

In June of 2019 only five Maine birthing hospitals were certified by Cribs for Kids after years of trying to work with the 21 who were not certified. In August of 2019, the Maine DHHS Commissioner requested that all of Maine's 26 birthing hospitals become Cribs for Kids certified at the bronze level or higher. (Maine is now down to 25 birthing hospitals as one closed after the 2019 request). One of the requirements to being Safe Sleep Certified at the gold level is the hospital must use or distribute wearable blankets and provide a safety-approved sleep alternative to at risk parents. The birthing hospitals shared that this was a barrier due to cost.

KEY ELEMENTS & GOALS

The primary goal of this policy is to decrease the number of unsafe sleep-related infant injuries and deaths.

The expected outcome that we hope results from this Policy is more families will be educated on safe sleep and provided the opportunity to have a safe place for their baby to sleep.

A secondary outcome is providers continuously educate caregivers of the dangers of SIDS/SUIDS and discuss safe ways for babies to sleep.

EVIDENCE TO SUPPORT POLICY APPROACH

The evidence used to inform this policy were the requests from birthing hospitals for an easier way to access to safe sleep kits for families. In Maine there was already a Cribs for Kids Program, however, it was being implemented by community-based home visitors. It wasn't always possible to get the families the kits when they needed them. Due to liability issues and storage limitations, it wasn't feasible for the Maine CDC to provide each hospital with a set amount of safe sleep kits and that is how the idea for reimbursement for each kit provided to a family was adopted. This allows for hospitals to pre-purchase however many they could budget for and based on how much storage space was available. This Policy provided the flexibility the hospitals needed to successfully implement it.

HEALTH EQUITY

This policy provides free access to anyone, regardless of racial/ethnic background or financial capacity. Any family who indicates they do not have a safe place for their baby to sleep is given education and the safe sleep kit which consists of a cribette, a fitted sheet and a sleep sack. Historically disadvantaged groups include families of lower socio-economic status, families experiencing substance use disorder and families who have come to the US from other countries where the cultural beliefs maybe be different, the weather may not be as cold and who may not use English as their first language.

The hospitals are all safe sleep certified and should be asking every family where their baby will sleep. This eliminates the need for judgement by hospital staff to have to decide who to ask this question to based on appearances or insurance type. Families will not feel judged when asked because staff ask everyone.

In addition, the Maine CDC worked with the New Mainer community to translate materials so they can be understood. For example, the ABC's of Safe Sleep campaign does not resonate with them as the messaging does not translate well. Instead, the translated materials will refer to the 1,2,3's of Safe Sleep.

POLICY IMPLEMENTATION CONTEXT

The Department of Health and Human Services' Commissioner's Office became very concerned about the number of SIDS/SUIDS cases in Maine. A work plan was put into place to educate staff, the public and providers about safe sleep guidelines. In addition, many materials and a website (www.safesleepforme.org) were created. The Department then partnered with the Maine Hospital Association to encourage birthing hospitals to become safe sleep certified. As those activities were happening, it quickly became apparent that there needed to be easy and non-stigmatizing access to the safe sleep kits. MCH Program staff devised this Policy to meet the needs of families and the providers who would supply the kits.

Enactment Plan

The Maine CDC created a blanket contract which allows any hospital who was qualified (in this case it was that they had to be safe sleep certified through Cribs for Kids) to bill against it. Internally, the MCH staff would receive the monthly invoice paperwork from the hospital, record it into a simple database and submit to the accounting department for reimbursement.

The implementation is very simple and requires very little work on the part of the hospital and the Maine CDC. Implementing this Policy is very practical. Any liability around the crib distribution is limited because the hospital takes that on by being a Cribs for Kids affiliate. As previously mentioned, the staffing needs on both the hospital and Maine CDC side are very minimal. Maine's MCH program sets aside funds from the MOE dollars to pay for the reimbursement contract. In addition, there are free materials available for hospitals to order from www.mainepreventionstore.org on topics like safe sleep, pregnancy and substance use etc.

The monitoring plan for implementing this Policy is very simple. There is a spreadsheet to keep track of how many kits have been given out to which families and by which hospital. The birthing hospital submits the information about the families they provided the kits to and then the administrative staff of the MCH program keeps track and enters them into a spreadsheet.

Partner Engagement

Partner	Role in Implementation Process	Structure of Engagement
Nurse leaders from the birthing hospitals	Provided feedback on the Policy's design to ensure it could be implemented.	The nurse leadership group met monthly and this topic was presented a couple of times.
DHHS Leadership	Provided the authority to the Maine CDC to make this happen	Monthly meetings to discuss safe sleep and other children's related issues.
Birthing hospital leadership	Provided the information about the Policy during meetings throughout the summer of 2021.	One-time engagement.

IMPLEMENTATION ASSETS & CHALLANGES

Assets

The organization who championed the safe sleep certification (Maine Hospital Association) and the DHHS Commissioner were the two keys to getting buy-in and participation from the birthing hospitals. There were multiple meetings to keep them informed about what was happening at the State level and asking for their support in becoming safe sleep certified. In addition, the Maine CDC contracts for a Perinatal Outreach Coordinator who works with the birthing hospitals to ensure they have training and resources related to pregnancy and post-partum. The Perinatal Outreach Coordinator was tasked with providing technical assistance and support for the birthing hospitals.

Challenges

There were two challenges faced when implementing this Policy. The first was the reality that some of the smaller birthing hospitals may not have the budget to purchase the first set of kits. The Maine CDC has been clear that if this is an issue for them to contact the Maine CDC directly to work out a plan. The second challenge was that many of the birthing hospitals did not have the space to store numerous kits. Since the hospitals are responsible for purchasing their own safe sleep kits, they can order based on the space they have available for storage.

SECTION 2: CONSIDERATIONS FOR FUTURE POLICY IMPLEMENTATION

LESSONS LEARNED

One lesson learned was to keep things simple. Do not ask for too much reporting or paperwork. Develop a system where minimum information is required and design a simple way for the birthing hospital to submit it.

A second lesson learned was regarding publicity of the Policy. It is important to publicize the availibity of the resources and emphasize the importance of them as well as the ease of use. This lesson included recruiting champions from hospitals who had participated in the Policy.

FUTURE CHANGES

General

Those interested in replicating this policy effort should consider including families who receive the safe sleep kits to gather feedback on their experiences and satisfaction with both the process of receiving the kits and the kits themselves. Some questions to ask families include "Did families understand why the safe sleep kits were needed?", "Was adequate information about the kits provided?", "Did the families use the kits?", and "Did families feel like they were being judged by the staff for accepting or denying the kits?".

Consider looking at death review data to better understand how many deaths were specifically related to safe sleep concerns.

The reimbursement plan, and their discussions and collaborations with DHHS and Maine CDC, were an essential component to implementation of this project. However, these soft skills components are difficult to replicate. One should consider documenting these types of connections for ease of replicability.

Health Equity

Consider stratifying data by racial and other demographic groups to get a better sense of who is actually accepting the safe sleep kits. This could help

highlight potential biases that are preventing certain demographic groups from feeling comfortable accepting the safe sleep kits.

Consider providing implicit bias trainings to staff who offer the kits to families to help them recognize their own biases towards certain cultures and demographic groups and how that may impact how they present the kits to different families. Also consider being intentional about how to share this information in culturally appropriate ways.

Partnership/Advocacy Efforts

Consider partnering with community-based organizations (CBOs) engaged with the populations most commonly either needing safe sleep spaces or experiencing SUID. Also consider working with child protection.

This policy, and subsequently replicated policies, should involve families that have received the Safe Sleep Kits. Integrating their experiences implementing these kits at home is an essential component to ensuring their continued use after initial distribution.

CONTACT INFORMATION

Maryann Harakall

Maternal and Child Health Program Director
Maryann.harakall@maine.gov
Maine CDC, Department of Health and Human Services