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Practice Summary & Implementation
Guidance

KIDS Network Safe Sleep Instructor (SSI) Certification

The KIDS Network Safe Sleep Instructor (SSI) Certification trains health care professionals to deliver standardized safe infant sleep education and community outreach to parents/caregivers, childcare providers, health care providers, and the broader community.



Location

Kansas



Topic Area

Injury Prevention & Hospitalization



Setting

Workplace



Population Focus

Infant, Women & Maternal



Date Added

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Section 1: Practice Summary

PRACTICE DESCRIPTION

The Safe Sleep Instructor (SSI) Certification is an innovative program designed to address the persistent issue of sleep-related infant deaths, a leading cause of infant mortality in the United States. This critical need was identified through data from organizations like the American Academy of Pediatrics (AAP), the Kansas Department of Health and Environment, the Kansas Child Death Review Board, and feedback from communities experiencing the highest disparities in infant mortality rates. These sources highlighted unsafe sleep practices as a preventable factor in many cases of Sudden Unexpected Infant Death (SUID). Input from healthcare providers, community organizations like the Wichita Black Nurses Association, and families shaped the development of this practice, ensuring its relevance and inclusivity.

The SSI Certification aims to create a network of trained professionals who are equipped to educate parents, caregivers, childcare providers, and healthcare professionals about safe infant sleep practices. This certification is particularly focused on reaching populations disproportionately affected by sleep-related infant deaths, such as those in low-resource communities and historically underserved groups. By providing culturally relevant, evidence-based education, the program works to empower caregivers and communities to adopt safe sleep habits that protect infants.

The KIDS Network has a longstanding history of collaboration with experts in maternal and child health, perinatal mental health, breastfeeding support, and tobacco prevention. In partnership with the University of Kansas Department of Pediatrics, the SSI curriculum was developed, incorporating the latest AAP Safe Sleep Recommendations, implementation science, and includes practical tools such as the KIDS Network Safe Sleep Community Baby Shower, the Safe Sleep Star Outpatient Toolkit, and the Cribs for Kids Hospital Certification.

At its core, the SSI Certification is driven by the principles of accessibility and community empowerment. It strives not only to reduce infant mortality rates but also to build a sustainable culture of safe sleep practices that prioritizes the well-being of all families. By equipping professionals with the knowledge and tools to become Safe Sleep champions, the program addresses critical gaps in education and fosters a collective effort to protect infants and support their families.

Since the 1990s, the American Academy of Pediatrics (AAP) has recommended evidence-based interventions (EBIs) to reduce sudden unexpected infant deaths (SUID), including placing infants on their backs on a safety-approved sleep surface in a tobacco-free environment. Despite these recommendations, SUID remains the leading cause of mortality between 28 days and one year of age, with 3,400 infant deaths annually in the U.S. Most sleep-related infant deaths involve external risk factors, and while public awareness campaigns and community-based interventions aim to address these barriers, safe sleep guidance often falls to healthcare professionals. However, many factors, such as knowledge, convenience, cultural beliefs, and mistrust in healthcare, impact safe sleep behaviors, particularly among racial and ethnic minority groups.

In Kansas, the SUID rate exceeds the national average. To promote consistent safe sleep practices, the Kansas Infant Death and SIDS (KIDS) Network and the University of Kansas School of Medicine-Wichita (KUSM-W) Center for Research for Infant Birth and Survival (CRIBS) developed the Safe Sleep Instructor (SSI) certification program. This program aims to scale up safe sleep education by embedding local experts to educate professionals and families about the AAP's safe sleep recommendations.



To date, no studies have used an implementation science framework to assess the impact of safe sleep interventions. This project evaluates the effectiveness of the SSI certification program in disseminating AAP Safe Sleep recommendations, using theoretical frameworks like the Health Belief Model to guide its design. The model emphasizes understanding risks, benefits, and barriers to behavior change while building self-efficacy in participants.

The RE-AIM framework is applied to evaluate the program's Reach, Effectiveness, Adoption, Implementation, and Maintenance. Additionally, Strategic Frame Analysis® from the FrameWorks Institute helps ensure effective communication by framing the messaging in a way that shifts public understanding and influences behavior regarding infant sleep safety. This comprehensive approach aims to reduce sleep-related infant deaths by promoting safe sleep practices statewide.

CORE COMPONENTS & PRACTICE ACTIVITES

The goal of the Safe Sleep Instructor (SSI) Certification is to equip professionals with the tools and knowledge to deliver consistent and culturally relevant education on safe infant sleep practices in their communities. The KIDS Network conducts a two-day training that certifies SSIs to provide education based on the American Academy of Pediatrics (AAP) Safe Sleep Recommendations. SSIs are tasked with achieving two key deliverables within a year of certification: (a) training at least 10 professionals or parents/caregivers and (b) hosting either a Safe Sleep Community Baby Shower (group education) or 10 Safe Sleep Crib Clinics (individual education). SSIs may choose to implement advanced elements, such as the KIDS Network Safe Sleep Star Outpatient Toolkit and Cribs for Kids Hospital Certification, based on organization capacity. Follow-up and evaluation are conducted under the direction of the program director.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
SSI Certification	2-Day Training	The SSI training includes lectures, videos, group discussions, hands-on activities, workbook exercises, presentations by bereaved parents, and a Q&A session with an expert panel. Topics covered include: sudden unexpected infant death, sleep-related death data trends, AAP safe sleep recommendations, perinatal mental health, secondary trauma, messaging strategies, and managing push-back from caregivers and professionals. Participants also learn to conduct crib demonstrations, Safe Sleep Crib Clinics, and Safe Sleep Community Baby Showers.



Professional and Caregiver Training	Safe Sleep Education for professionals and caregivers	Professional and caregiver 1-hour trainings use a standardized safe sleep slide deck based on AAP recommendations.
Safe Sleep Community Baby Shower	Group Safe Sleep Education	An interactive event that invites new and expectant persons, their support people and community service providers to get together for an educational “baby shower” providing a safe sleep crib demonstration, tobacco avoidance, breastfeeding and access to care, and perinatal mental health resources.
Safe Sleep Crib Clinics	Individual Safe Sleep Education	A one-on-one interactive event for new and expectant people to provide a safe sleep crib demonstration, tobacco avoidance, breastfeeding, access to care, and perinatal mental health resources.
Safe Sleep Star Outpatient Clinic Toolkit	Pediatric, Family Medicine and Obstetric education	Clinic receives safe sleep training, creates a caregiver safe sleep policy, provides caregivers with safe sleep education and materials, and may choose to participate in QI initiatives and community events.
Cribs for KIDS Hospital Certification	Delivering hospital safe sleep education	Certified SSIs partner with Cribs for Kids® National Infant Safe Sleep Hospital Certification to implement C4K curriculum in hospitals committed to reducing infant Sleep-Related Deaths by promoting and educating on best safe sleep practices.

COMMUNITY WELLBEING

There is a stark and unfair distribution of resources, and women have suffered as a result. Limited access to essential health services and community-based programs restricts their choices and opportunities. A woman’s health and well-being are shaped not just by her own life experiences but by the generations before her. Access to quality education, safe housing, nutritious food, secure attachments, and supportive communities all



contribute to her ability to lead a healthy and meaningful life. When women thrive, they become strong parents, raising healthy children who grow into resilient adults.

Generational poverty and trauma have left many women with limited options, further compounded by social determinants such as food insecurity, inadequate education, lack of healthcare access, unsafe living conditions, toxic stress, and systemic discrimination. Some argue that eliminating health limitations for women requires addressing the deeper social inequities that drive them. The Wichita Black Nurses Association and the KIDS Network have prioritized serving women of color and their support systems in communities with low socioeconomic security. This project meets women where they are—offering radical hospitality, essential resources, and education to support healthy outcomes for both mother and child.

While women have the innate ability to educate themselves and make informed choices, systemic barriers often work against them, limiting their independence and power. Through radical hospitality, we listen to the women who attend our Safe Sleep trainings and Community Baby Showers, learning firsthand how systems impact their lives. The KIDS Network Safe Sleep Instructor Certification program doesn't just celebrate a woman's choice to carry a pregnancy—it honors her commitment to learning, practicing, and sharing safe sleep education within her community. These trained Safe Sleep Instructors become trusted leaders, creating lasting change and strengthening the communities that need them most.

Within racial and ethnic minority communities, trusted information is often shared through churches and family networks, with grandmothers playing a key role in childcare and parenting guidance. Because of this, we intentionally promote the project through Black churches and the Kansas chapter of the Black Nurses Association. Originally designed to educate pregnant women and families in racial and ethnic minority communities, the program has expanded to reach populations facing poverty, unemployment, language barriers, geographic isolation, and discrimination.

Most powerfully, communities are now leading the charge for themselves. Many of the very individuals we sought to support have become Safe Sleep Instructors, advocates, and champions for change. They are transforming their neighborhoods, building networks of trust, and ensuring that safe sleep education reaches those who need it most. By listening, educating, and providing essential resources, we are not just addressing infant mortality—we are investing in the long-term health and resilience of women, families, and entire communities.

Although causation cannot be assumed, the 2022 infant mortality rate in Kansas of 5.8 deaths per 1,000 live births was higher than the Healthy People 2030 objective of no more than 5.0 deaths per 1,000 live births. The rate in 2022 among non-Hispanic White births (4.7) was below the objective. The rate among Hispanic births (7.9) has increased compared to the rate last year (5.2). Non-Hispanic Black births (9.1) fell from the rate last year (13.6) but remained above the objective. Furthermore, the SSI faculty has seen positive outcomes for women who speak Spanish as described in the attached publication.

EVIDENCE OF EFFECTIVENESS

Overall Design

The evaluation follows the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework. This project involved secondary analysis of deidentified program data collected by KIDS Network staff for program reporting purposes; as such, the University of Kansas Medical Center Human Subjects Committee did not require ethics approval for the study.



SSI Training Program

The 2-day in-person conference to certify new SSIs consisted of didactics, hands-on demonstrations, video, small group activities, expert panel discussions and large group discussions provided by the SSI Faculty. On day one, the curriculum covered data trends regarding sleep-related infant deaths and the AAP Safe Sleep Recommendations. SSI trainees learned how to provide standardized education on the AAP Safe Sleep Recommendations to professionals (professional training) and caregivers (parent/caregiver training). The SSI training also included strategies on how to identify and engage community champions to build organizational partnerships to reach learners. SSI trainees were instructed on how to perform a Safe Sleep Crib Demonstration. This involved setting up a portable crib and using safe (e.g., wearable blanket) and unsafe (e.g., loose blanket, pillow) items with a doll to actively demonstrate how to create a safe sleep environment. This hands-on activity allowed SSI trainees to build skills and critically think about the application of the AAP Safe Sleep Recommendations, as well as learn a demonstration method to employ when educating about infant safe sleep. SSI trainees engaged in small group dialogue related to addressing social and cultural barriers to following the AAP Safe Sleep Recommendations.

On day two, SSI trainees learn how to educate people in the perinatal period through a Safe Sleep Community Baby Shower (CBS). Curriculum included how to identify and collaborate with key partners (e.g., hospitals, clinics, community programs, churches, local breastfeeding and tobacco cessation experts); identify priority populations (e.g., race/ethnicity, zip code); engage priority populations (e.g., partnering with organizations, community or religious leaders, existing events); identify and understand local infant mortality data; develop grant proposals for material supports (e.g., food/beverage, location rental fees, cribs for attendees); manage event logistics; engage vendors (e.g., hospital, insurance providers, oral health providers); collect data; and conduct evaluations. For SSIs from small, rural communities with fewer pregnant people, or those who need to connect with participants virtually, instructions were shared for hosting a smaller event, referred to as a Safe Sleep Crib Clinic (CC). A bereaved family was also invited to share their experience and to issue a call to action to disseminate safe sleep information.

To be certified, the SSI trainee was required to pass a knowledge assessment (score $\geq 90\%$) and successfully conduct a Crib Demonstration (score $\geq 90\%$). Those who did not meet the a priori level for certification were provided remediation by KIDS Network staff until they were successful. Once certified, SSIs were expected to complete the following within one year: (a) disseminate safe sleep education to at least ten professionals or parent/caregivers; (b) host a Safe Sleep Community Baby Shower or ten Safe Sleep Crib Clinics; and (c) submit pre/post-test data for these trainings. No compensation is provided to the SSIs by the KIDS Network for these dissemination efforts.

Each year certified SSIs attend a recertification webinar to learn new information (e.g., data, research, updated AAP recommendations) related to SUID and receive revised training materials to maintain their certification.

RE-AIM data sources

Reach and Effectiveness

No minimum educational or employment qualifications were required to become an SSI, however priority was given to those employed in a maternal/infant health-related field and who indicated supervisor approval to embed SSI activities into their job. SSI training participants were recruited across the state of Kansas through email invitations distributed by the KIDS Network, Kansas Department of Health and Environment (KDHE) and other maternal and infant health partners. Promotion and recruitment were also done at the KDHE Home Visiting Conference, Annual Governor's Conference for the Prevention of Child Abuse and Neglect, Kansas Perinatal Community Collaboratives, Safe Kids Kansas Coalitions, local Integrated Referral and Intake System (IRIS) quarterly meetings, Emergency Medical Services for Children (EMSC) Advisory Committee Meetings, Kansas State University Extension Services and Community Health Worker Program. Communities with high rates of infant mortality, based on vital statistics reports, were contacted directly (e.g., health department,



hospital, home visiting program, department of children and families) to recruit training participants. In addition, participants external to Kansas were invited through national conference presentations (e.g., National Parents as Teachers Conference; Cribs for Kids; Safe Kids Worldwide Childhood Injury Prevention Convention), the American Association of SIDS Prevention Physicians (AASPP) listserv and meetings with the Minnesota Public Health Department, Halo Innovations, and Mississippi SIDS and Infant Safety Alliance.

Reach and Effectiveness (R-E) were evaluated at the 2-day SSI conference using data collected by KIDS Network staff. Reach included the number of new SSIs certified and the number of professions represented in the training.

Effectiveness was measured using a 10-item SSI Training Test administered pre- and post-training. The test was developed by the SSI faculty to measure knowledge related to the AAP Safe Sleep Recommendations. All participants completed the pre-and post-tests at the beginning of the training and immediately following. The tests included the same ten multiple choice questions, in modified order, which addressed the definition of SUID and the specific AAP recommendations.

Effectiveness was also measured by SSI trainee ability to complete a Crib Demonstration with at least 90% fidelity. SSI Faculty used a 10-item checklist which included nine priority points to address during the demonstration (e.g., on back, why loose blankets are not safe, wearable blanket as alternative to loose blankets) and a list from which the SSI Faculty selected a supplemental questions to ask (e.g., where to get a crib, how to know if it was safe/had been recalled).

Adoption and Implementation

Following the SSI conference, certified SSIs recruited participants to attend professional training(s), parent/caregiver training(s), CBS(s) and/or CC(s) in their communities. Adoption included the percentage of certified SSIs who: 1) conducted one or more Professional Trainings; 2) conducted one or more Parent/Caregiver Trainings; 3a) facilitated one or more CBS; 3b) facilitated one or more CC; 4) facilitated post-conference trainings at requested levels; and 5) conducted no post-conference trainings.

Implementation was measured based on knowledge change between pre-and post-tests for Professional Trainings, Parent/Caregiver Trainings, CBSs, and CCs. All pre- and pos-tests were developed by SSI Faculty to measure knowledge related to the AAP Safe Sleep Recommendations.

- Professional Training Tests: 10-item matched pre- and post-tests, similar to the SSI Training Tests but with less complex questions.
- Parent/Caregiver Training Tests: 3-item unmatched pre- and post-test assessed knowledge related to (1) infant sleep position, (2) sleep location and (3) items in the sleep environment.
- CBS/CC Tests: a 3-item matched pre- and post-test of knowledge related to (1) infant sleep position, (2) sleep location and (3) items in the sleep environment were collected.

Maintenance

Finally, Maintenance was measured using data collected by KIDS Network staff regarding the proportion of SSIs certified in Fiscal Year 2022 who attend the recertification training the following year (Fiscal Year 2023).

Data Analysis

Data were collected, deidentified, and entered into a secure online database by certified SSIs following each training. Participants were encouraged to complete the pre-and post-tests in their entirety. However, due to the voluntary nature respondents had the right to skip questions. Missing data was removed from analysis. All reported data were collected for SSIs trained in Fiscal Year 2022 (Fall 2021 cohort: October 1, 2021-September 30, 2022; Spring 2022 cohort: June 1, 2022-May 31, 2023).



Descriptive statistics were summarized using frequencies (percentages). The 10-item SSI Training Tests and Professional Training Tests were coded as correct vs incorrect. Differences were evaluated by Wilcoxon Signed Rank Test. The 3-item Parent/Caregiver Training Tests were coded as safe vs unsafe and evaluated by the Mann-Whitney U-Test. The 3-item CBS and CC Test responses were coded as safe vs unsafe, and comparisons were made using McNemar for paired dichotomous variables with $\alpha=0.05$. Statistical analyses were performed using SPSS for Windows, Version 26.0 (IBM Corp).

Results

Reach

Sixty-four individuals registered for the Fall 2021 (n=28) and Spring 2022 (n=36) trainings, and 49 (77%) attended. Of these, 21 (43%) attended the Fall training and 28 (57%) attended the Spring training. SSI trainees represented nine professions as detailed in Table 1.

Effectiveness

Forty-four SSI trainees passed the SSI Training post-test with a score of 90% or greater. Five trainees (4 Fall; 1 Spring) scored less than 90% on the post-test and received remediation. All participants passed the crib demonstration with a score of 90% or greater. Ultimately, all 49 were certified as SSIs.

Adoption

Since certification, 24 (49%) SSIs conducted professional trainings, of those, 16 (67%) of these SSIs trained at least 10 professionals. Thirteen (27%) SSIs conducted parent/caregiver trainings and of these, 6 (46%) trained at least 10 parent/caregivers. Fifteen (31%) SSIs hosted at least one CBS. Fifteen (31%) SSIs facilitated CCs, with 4 (27%) facilitating at least 10. Eleven (22%) SSIs completed the post-conference trainings at levels requested.

Implementation

Statistically significant increases in trainee knowledge were observed between Professional Training (n=338), Parent/Caregiver Training (n=180), and CBS/CC (n=385) pre- and post-tests after being trained by certified SSI.

Maintenance

Forty-five (92%) SSIs recertified for Fiscal Year 2023. Of the 33 SSIs who provided at least one training, 31 (94%) recertified. Of the 16 who conducted no post-certification trainings, 14 (89%) recertified with commitment to provide training in Fiscal Year 2023.



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

The KIDS Network collaborates with a wide range of partners across maternal and child health, including experts in perinatal mental health, breastfeeding support, and tobacco prevention. Since 2011, the KIDS Network has partnered with the Wichita Black Nurses Association to develop and implement Safe Sleep Community Baby Showers, addressing education on infant safe sleep, tobacco avoidance, breastfeeding, and mental health. Additionally, in collaboration with the University of Kansas Department of Pediatrics, the Safe Sleep Instructor (SSI) curriculum was created to align with the latest AAP recommendations, incorporating implementation science and practical tools such as the Safe Sleep Community Baby Shower model, the Safe Sleep Star Outpatient Toolkit, and Cribs for Kids Hospital Certification.

Practice Collaborators and Partners

Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
KIDS Network Board of Directors	Board members review and provide their perspective and guidance to inform program design.	Board members are actively engaged in quarterly board meetings.	Yes, board members are comprised of bereaved parents, first responders and community organizations directly working with our priority population.
Wichita Black Nurses Association	Association members are seated on the KIDS Network Board of Directors and their perspectives are used to inform program design.	Association members are actively engaged in attending and presenting at national and international conferences.	Yes, association members have professional expertise and come from one of key communities being impacted.
University of Kansas Department of Pediatrics, Center for Research for	The faculty conduct the SSI external evaluation plan to inform program design and implementation.	The faculty develops and oversees the evaluation plan, manages database operations, analyzes outcomes, and ensures accurate reporting.	Yes, faculty have the professional expertise and are situated within the community with disparate outcomes.



<p>Infant Death and Survival</p>		<p>Provide quality improvement, process evaluation, and continuous refinement of the program. Faculty members monitor data accuracy and timeliness related to trainings and events, ensure accountability and compile annual reports, and dissemination through reports, presentations, and manuscripts.</p>	
<p>Associates in Women's Health</p>	<p>Faculty member who participates in the planning and implementation of the SSI training.</p>	<p>Faculty member provides presentations and facilitation of group discussions during the in-person training, and provides expertise on Safe Sleep Star implementation.</p>	<p>Yes, faculty have the professional expertise as an OB-GYN and is situated within a community clinic with disparate outcomes.</p>
<p>Kansas Department of Children and Families</p>	<p>DCF sets the goal to ensure all staff and providers are trained on safe sleep practices and recommends who and when staff will attend SSI training.</p>	<p>DCF implemented an in-house Safe Sleep team of experts, equipped to deliver standardized, evidence-based safe sleep training to a diverse audience, including DCF colleagues, contracted providers, professionals, and community partners.</p>	<p>Yes, DCF fosters a culture of prevention and safety, ultimately aiming to reduce infant sleep-related deaths in a key population impacted by (SUID).</p>
<p>Kansas Department of Health and Environment, Bureau of Family Health</p>	<p>The KDHE-BFH collaborates closely by providing oversight, guidance, and strategic input to ensure the program aligns with public health goals.</p>	<p>KDHE fosters collaboration among stakeholders, offering technical assistance and feedback to enhance program effectiveness, and supports data collection and analysis to inform evidence-based decisions.</p>	<p>Yes, this partnership ensures that the program meets the needs of communities while upholding state and federal standards.</p>



<p>Kansas Department of Health and Environment, Bureau of Health Promotion (Safe Kids)</p>	<p>The KDHE-BHP collaborates through Safe Kids by providing guidance, strategic input, and advocates for policies and legislation related to the program.</p>	<p>They partner with state agencies, hospitals, first responders, schools, and community organizations. They allocate resources, support training, empower professionals and community volunteers to educate families.</p>	<p>Yes, by focusing on prevention, education, and collaboration, Safe Kids plays a critical role in reducing preventable injuries and deaths among children in the community.</p>
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REPLICATION

In an effort to utilize only the highest quality, evidence-based practices, the KIDS Network has partnered with the KU School of Medicine-Wichita to evaluate these programs in order to develop efficient and effective practices. The KIDS Network is also working to disseminate the results of these programs through publications and presentations as listed below. As a result, programs developed in Kansas have been shared nationally and internationally with others requesting detailed information in order to replicate our work. In addition, our publication (Mason, 2013) was one of only three programs referenced in HRSA the request for proposals for a “Safe Infant Sleep Systems Integration Program” (HRSA-14-095).

The **KIDS Network Safe Sleep Instructor (SSI) Certification** began as a pilot in Wichita, KS to determine if certified Safe Sleep Instructors could efficiently and effectively educate providers, parents and caregivers on standardized safe sleep modules. Through presentations at national and international conferences, as well as participation in national webinars, the Safe Sleep Instructor Certification has been replicated in 40+ Kansas counties and the states of: Arizona, Alabama, Alaska, Colorado, Florida, Indiana, Maryland, Mississippi, Missouri, Nebraska, and Oklahoma.

In 2024, the KIDS Network trained Step Up Suncoast in Sarasota, Florida. Seventeen attended the Safe Sleep Instructor training and were certified with the ability to educate parents/caregivers, childcare providers, health care providers, and other members of their communities about safe sleep practices. Attendees identified as early childhood professional (1; 5%), parent educator (9; 53%), home visitor (7; 41%), and other (2; 12%).

New Trainee Pre- and Post-Test Knowledge Change

Seventeen participants were evaluated for knowledge change at the beginning of day two of the SSI Training. The pre-surveys were administered virtually via REDCap as a pre-training requirement. Prior to the training, SSI trainees correctly answered an average of 7.6 questions out of 10 (SD=1.9; range=3-10). The passing percentage has been set a priori at 100%, 1 out of 17 (6%) achieved a passing score prior to the training. Following the training, the average score on the post-test was 9.5 (SD=0.9; range=7-10), with 12 (71%) achieving a perfect score. Five trainees scored less than 100% on the post-test and received remediation through one-on-one discussion. When evaluated individually, knowledge was acceptable for certification. On the pre-test, trainees demonstrated *highest* proficiency (>95%) in identifying the AAP recommendation related to position; trainees demonstrated the *lowest* proficiency (<80%) in identifying the definition and the AAP recommendations related to location, surface risk, pacifier use, messaging, and bedding. Following the training, SSI trainees successfully demonstrated improved knowledge on topics of safe sleep (t=3.89, p=0.001); achieving high proficiency (>95%) on questions related to position, surface, and exceptions.



The table below demonstrates how the SSI Certification has been successful in other locations (Nebraska, Mississippi and Missouri).

 SSI Training Evaluation using RE-AIM Framework 		
	Evaluation Question	Indicator
Conference Outputs	R	Did # of certified SSIs increase? Did the conference expand to other states? Were participants from a variety of professions? <ul style="list-style-type: none"> • 25% Nurse • 20% Social Worker • 16% Other • 14% Early Childhood Professional • 8% Social Service Worker • 8% Other Healthcare Professional • 4% Emergency Medical Service Worker • 4% Home Visitor • 4% Parent
	E	Did knowledge of AAP safe sleep recommendations improve between pre- and post-test? Could trainees conduct a Safe Sleep Crib Demonstration? <ul style="list-style-type: none"> • Mean Knowledge: Pre=8.3 (SD=1.2) vs Post=9.4 (SD=0.8) • t=6.11, p<0.001 • 100% of SSI trainees passed the crib demonstration with score ≥ 90%
	A	Did certified SSIs train professionals? Did certified SSIs train parent and caregivers? Did certified SSIs hold Safe Sleep Community Baby Showers/Crib Clinics? <ul style="list-style-type: none"> • 24 (49%) conducted Professional Trainings • 16 (67%) trained >10 • 18 (37%) conducted Parent/Caregiver Trainings • 6 (33%) trained >10 • 15 (27%) conducted Safe Sleep Community Baby Showers • 15 (31%) conducted Crib Clinics; • 4 (27%) facilitated ≥10
Post-Conference Dissemination Outputs	I	Did trainee knowledge and intentions change after being trained by a certified SSI? <ul style="list-style-type: none"> • Professional Trainings (n=338): Mean Knowledge: Pre=7.2 (SD=1.2) vs Post=9.2 SD=1.1 t=20.2, p<0.001 • Parent and Caregiver Training (n=180): Back only: 76% vs 99%, p<0.001 Only safe location(s): 76% vs 95%, p<0.001 Only safe items: 50% vs 96%, p<0.001 • Safe Sleep Community Baby Shower and Crib Clinic (n=385): Back only: 81% vs 95%, p<0.001 Only safe location(s): 88% vs 97%, p<0.001 Only safe items: 73% vs 92%, p<0.001
	M	Do SSIs maintain certification? 92% of SSIs recertified for FY 2023

INTERNAL CAPACITY

The Safe Sleep Instructor (SSI) Certification is ideal for individuals working in maternal and child health, including public health professionals, home visitors, delivering nurses, clinic staff (OB, pediatrics, family medicine), social workers, community health workers, first responders, child care trainers, and early childhood professionals (e.g., Parents as Teachers, Early Head Start).

The program is most effective when two individuals from the same organization are certified, allowing them to collaborate on staff training and Safe Sleep Community Baby Showers. SSIs should have a foundational understanding of maternal/child or community health.

Organizational support is critical to success. Leadership is encouraged to incorporate “safe sleep” responsibilities into job descriptions to ensure time and resources are dedicated to implementation. Support may also include budgeting for training and event costs or seeking external funding, as well as assigning additional staff to assist with logistics during the week of the Safe Sleep Community Baby Shower.



PRACTICE TIMELINE

A certified Safe Sleep Instructor will need approximately 100 hours annually to implement the program effectively. For more details on the practice timeline and specific activities, please contact Maria Torres directly at ssidirector@kidsks.org.

Phase: Planning/Pre-Implementation

Activity Description	Time Needed	Responsible Party
SSI Application	1 hour	Prospective Safe Sleep Instructor
SSI Pre-training logistics	3 hours	Prospective Safe Sleep Instructor
SSI training	3 days (2 conference days + 1 travel day based on travel distance)	Prospective Safe Sleep Instructor

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Conduct Safe Sleep Training in local community	6 hours (4 hours prep time and 2 hours to present)	Certified Safe Sleep Instructor
Conduct Safe Sleep Community Baby Shower	36 hours (2-hour meetings 6 times a year and 24 hours the week of the event)	Certified Safe Sleep Instructor



Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Attend Quarterly SSI Webinars	8 hours (2 hours 4 times a year)	Certified Safe Sleep Instructor

PRACTICE COST

Below is a sample budget outlining the primary expenses associated with hosting a Safe Sleep Community Baby Shower. Safe Sleep Instructor training typically incurs minimal, if any, direct costs. Staff time is not included in this budget due to the variability in salaries across organizations.

Budget

Activity/Item	Brief Description	Quantity	Total
Baby Shower	Venue	1	\$350.00
Baby Shower	Printing Flyers		\$25.00
Baby Shower	Portable Cribs	50	\$5,000.00
Baby Shower	Wearable Blanket	50	\$800.00
Baby Shower	Rental Truck for Cribs	1	\$200.00
Baby Shower	Refreshments	50	\$100.00
Staff		100 hours	
Total Amount:			\$6,475.00



LESSONS LEARNED

A key lesson learned from the implementation of Safe Sleep Community Baby Showers is their effectiveness as a point of entry for providing maternal and infant health resources to new and expecting parents. This outcome, though unexpected, has proven to be invaluable, particularly in addressing the longstanding challenges communities face in reaching priority populations with essential services. Furthermore, the initiative has fostered enhanced interagency collaboration, resulting in expedited Medicaid applications, improved access to perinatal mental and physical health care, and more efficient referral processes. Notably, local and state Maternal and Child Health (MCH) and Injury and Violence Prevention Programs have contributed both staff and funding to support the work of Certified Safe Sleep Instructors, demonstrating a strategic reallocation of resources to address sleep-related fatalities.

One of the most significant challenges in implementing the program was adapting to the constraints of the COVID-19 pandemic. Services were restructured to ensure education and support could be delivered while maintaining social distancing guidelines. Although these restrictions have since eased, the program's adaptations have enhanced its accessibility, allowing it to better serve priority populations in different settings.

Another challenge was ensuring that Certified Safe Sleep Instructors had the capacity to effectively implement program deliverables, including training sessions and baby shower events. To address this, we introduced a statement of willingness prior to the application process and redesigned the application format to better assess readiness and commitment.

NEXT STEPS

The KIDS Network is expanding the project across multiple states to evaluate its reach and effectiveness. A Florida cohort is now active and Alaska IVP and CPS are working to establish a new cohort. We are also integrating the program into key sectors, such as child protective services (CPS), early childhood educators and first responders where preliminary data indicates a statistically significant improvement in outcomes.

To enhance the success of SSI Certification, we plan to implement the following improvements:

- **Reach:** Continue promoting the training at national conferences and meetings to expand participation across more states.
- **Effectiveness:** Explore opportunities to scale up the conference, including adapting activities for virtual platforms.
- **Implementation:** Develop strategic plans to streamline data collection and evaluation of SSI-led trainings, reducing the burden on SSIs.
- **Maintenance:** Secure funding to conduct interviews with SSIs to analyze factors influencing certification retention and dissemination of conference information.

RESOURCES PROVIDED

- [Safe Sleep Instructor Certification](#)
- [Safe Sleep Instructor Reports](#)
- [Associated Publications](#)



APPENDIX

- [KIDS Network Logic Model](#)
- [Bibliography](#)
- [Safe Sleep Instructor Overview](#)
- [Letter of Invitation](#)

