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Creating a Safe Newborn Environment Education Program for Postpartum Registered Nurses

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Abstract

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MSN, Azusa Pacific University, 2010

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

In the United States, sudden infant death syndrome (SIDS) is the 3rd leading cause of death for infants; other unintentional sleep injuries are the 5th. In addition, the estimated newborn fall rate in the United States is 1.6 to 6.6 falls/10,000 live births. At the project facility, postpartum registered nurses observed parents engaging in behavior that did not contribute to a safe newborn environment such as placing the infant at risk for injury from a fall or from a sleep injury. This observation led to this current project, which examined the development of an educational program for post-partum nurses to educate families in the creation of safe newborn environments. The educational project was guided by the concepts of adult learning and social learning theories, and on the recommendations resulting from the review of the literature and of the American Academy of Pediatrics' for creating a safe sleep environment. The education program included a safe sleep environment education handout for nurses to give parents, a safe newborn environment policy, and a PowerPoint presentation describing the contents of the new policy and the handouts. The PowerPoint will be retained by the facility to present at the biannual skills days to approximately 120 registered nurses working on the postpartum unit. Evaluation measures included an assessment of nurses' comfort and confidence to teach families how to create a safe newborn environment. Process evaluation included a team member questionnaire assessing leadership, analysis of evidence, and meeting facilitation. An increase in comfort and confidence and a consistent method of teaching parents would represent positive social change. Far reaching effects of creating a safe newborn environment could include improving the health of infants and preventing future health problems.

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Table of Contents

Section 1: Overview of the Education Program Project

Introduction

In order to create a safe newborn environment, one must aim to prevent injury from infant falls as well as prevent deaths, including those resulting from suffocation, asphyxia, and entrapment. The American Academy of Pediatrics (AAP) is the authority for clinical recommendations for newborns. Using the 2011 AAP recommendations for safe sleep and infant falls prevention research, a comprehensive, evidence based education program was created to give registered nurses working on a postpartum unit knowledge and tools to teach and role model the principles of a safe environment for newborns to parents.

Reducing the rate of infant deaths from sudden infant death syndrome (SIDS), accidental suffocation, and other causes is one of the Maternal, Infant, and Child Health goals of Healthy People 2020 (MCH-1). These goals aim to improve the health of this population to prevent future health problems and facilitate children's attainment of their full potential (HealthyPeople.gov, 2015). When an infant is dropped, the result may be devastating to the family and hospital staff (Matterson, Henderson-Williams, & Nealson, 2013). Education is needed for nurses and families to take recommended actions to prevent infant deaths and falls.

SIDS is the third leading cause of death for infants in the United States, accounting for 53.9 deaths/100,000 live births. Accidental suffocation, asphyxia, and other unintentional sleep injuries are the fifth leading cause of death for infants in the United States, accounting for 27.5 deaths/100,000 live births (Colvin, Collie-Akers,

Schumm, & Moon, 2014). The estimated newborn fall rate in the United States is 1.6 to 6.6 falls/10,000 live births (Gaffey, 2015). Creating a safe newborn environment can decrease the risk of an infant dying from SIDS or other unintentional sleep injuries as well as decrease newborn falls. The implementation of safe newborn environment practices is inconsistent in hospitals and in the home environment (Colvin et al., 2014).

Problem Statement

In 1992, the AAP first issued recommendations on safe infant sleep environments. These recommendations, which included placing infants in a non prone position for sleep, decreased the incidence of SIDS significantly (AAP, 2011). Based on new evidence, in 2000, the AAP advised that placing infants on their backs imparts the lowest risk of SIDS and is the preferred position for safe infant sleep. In that same report, the risk of side position was reported as being associated with less risk of SIDS than prone position, and the contribution of side sleep position to SIDS risk increased (AAP, 2005). The latest policy statement from AAP on safe sleep environments was issued in 2011. This policy statement expands not only on recommendations for avoiding SIDS, but also on creating a safe sleep environment to avoid sleep related deaths including those resulting from suffocation, asphyxia, and entrapment (AAP, 2011).

Despite a reduction in deaths after the AAP's Back to Sleep Campaign, deaths, injuries, and newborn falls continue to occur while mothers and newborns are still on the postpartum unit and after returning home. At the project facility, registered nurses working in the postpartum unit have observed parents engaging in behavior that either creates an unsafe newborn environment or does not contribute to a safe newborn

environment. Implementation of an education program to equip the registered nurses to teach the families on the postpartum unit was needed to address this problem (Gaffey, 2015).

Purpose

The purpose of this project was to create an evidence based education program to give registered nurses working on the postpartum unit skills and tools to teach families about creating a safe newborn environment. This included teaching the AAP's 2011 recommendations to create a safe newborn environment to prevent deaths, injuries, and newborn falls.

Goals and Objectives

The goals of the education program included providing the procedure and educational materials for registered nurses working on the postpartum unit to teach parents about creating a safe newborn environment. Increasing the registered nurses' comfort level and confidence in teaching how to create a safe newborn environment was an additional goal. The project objectives were to create the materials and content required to implement and evaluate the education program.

Nature of the Project

The purpose of this project was to create an evidence based education program to give registered nurses working on the postpartum unit skills and tools to teach families about creating a safe newborn environment. A gap in practice exists in that parents are engaging in behaviors that either create an unsafe newborn environment or do not contribute to a safe newborn environment. Registered nurses working on the postpartum

unit may not have the skills, knowledge, and tools to consistently teach parents about how to create a safe newborn environment.

An electronic literature search was conducted using the following databases: CINHAL, Medline, PubMed, EBSCO, and the Cochrane Library. Articles older than 10 years were discarded. The terms for the literature search were *sudden infant death syndrome*, *infant falls*, *accidental suffocation*, *infant asphyxia*, *unintentional sleep injuries*, *infant strangulation*, *infant entrapment*, and *safe newborn environment*.

Based on the evidence from the literature search, content for the safe newborn environment education program for registered nurses working on the postpartum unit was developed with the input of the project team. Educational handouts that the nurses working on the postpartum unit currently use when teaching parents were examined, and new evidence based educational handouts were designed. A policy for how nurses will teach parents about creating a safe newborn environment was created. The policy includes procedures for the registered nurses working on the postpartum unit to teach parents consistently about creating a safe newborn environment. The policy also includes the evidence based educational handouts that were created.

A PowerPoint presentation was developed as a part of the education program for the registered nurses working on the postpartum unit. The PowerPoint includes the contents of the new policy and educational handouts. This education program will provide the registered nurses working on the postpartum unit with tools and skills they need in order to teach families about creating a safe newborn environment, provide role modeling of a safe newborn environment for parents, and deliver this information

consistently. The education program will be provided at the biannual skills days to the registered nurses working on the postpartum unit. This DNP project involved the planning of the content of the education program for later implementation at skills days.

A program evaluation form was developed for the DNP project as a part of the evaluation plan to assess the quality of the education program, relevance of the information, and likelihood of applying the knowledge to practice. The program evaluation form will be given to the registered nurses working in the postpartum unit after completion of the education program at the skills day. The results of the program evaluation will be shared with the department manager, who will be responsible for implementing the education program on a long term basis. Implementation and evaluation will be done by the postpartum unit based council (UBC) under the direction of the department manager after the completion of this project. The postpartum UBC is composed of registered nurses who work on the unit. They are the informal leaders of the postpartum unit. They plan and implement the biannual skills day sessions under the direction of the department manager.

Significance

Stakeholders

There are three groups of stakeholders this project may impact. The first consists of the registered nurses working on the postpartum unit. Creating a safe newborn environment can decrease the risk of an infant dying from SIDS or other unintentional sleep injuries. This education program is needed for registered nurses working on the postpartum unit to provide consistent education and materials for parents on providing a

safe environment for infants to prevent falls and sleep related deaths. Upon reviewing the current education in place for the registered nurses working on the postpartum unit and conducting a review of the literature, I concluded that there was a need for a safe newborn environment education program. The education program created for this DNP project has resulted in consistent methods and tools for the registered nurses to use in teaching families about creating a safe newborn environment. This is a change in practice for the registered nurses working on the postpartum unit.

The parents and families who will be the eventual recipients of education and education materials from the registered nurses working on the postpartum unit are also stakeholders. Prior to this DNP project, most of the education on the care of the newborn that parents received in hospital was conducted by the registered nurse working on the postpartum unit. Avoiding infant injury and death by creating a safe newborn environment prevents the psychosocial and emotional toll these events create for parents and families.

The medical care team, including physicians, nurse administrators, and other ancillary staff on the unit, are also stakeholders. Support for the education program from these team members was needed. Their support would increase acceptance and buy in from staff and families. Endorsement from nurse administrators provides financial and practical backing for a program to make it successful. All of the stakeholders will benefit from keeping infants safe.

Transferability and Social Change

Similar practice areas in which this safe newborn environment education program can be used include the neonatal intensive care unit (NICU), pediatric intensive care unit (PICU), pediatric unit, and perinatal education center at the hospital. The NICU, PICU, and pediatric units all take care of the infant population. Nurses in these areas can incorporate the information learned in the education program and the educational handouts in teaching parents of infants. Consistency in conveying the topics and modeling the behaviors from the education program will reinforce evidence based strategies to keep infants' environments safe.

This education program may foster positive social change by leading to consistent methods and tools for the registered nurses to use in teaching families how to create a safe newborn environment. These tools can increase registered nurses' comfort level and confidence in teaching how to create a safe newborn environment. Improving the health of infants, preventing future health problems, and facilitating children to reach their full potential can be the far reaching effects of creating a safe newborn environment.

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Summary

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The purpose of this project was to plan an evidence based education program on creating a safe newborn environment for registered nurses working on the postpartum unit. The goal of the education program is to increase the knowledge of registered nurses working on the postpartum unit, encourage role modeling of a safe newborn environment for parents, and provide consistent methods for registered nurses working on the postpartum unit to teach parents about a safe newborn environment. The program is

grounded in evidence based practice discovered through a literature review and includes

revision of education handouts, the creation of a safe newborn environment, and a

PowerPoint presentation for registered nurses working on the postpartum unit.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

The purpose of this project was to plan an evidence based education program on creating a safe newborn environment for registered nurses working on the postpartum unit. Education is needed for registered nurses working on the postpartum unit to provide education for parents on providing a safe environment for infants to prevent falls and sleep related deaths. Based on concepts from adult learning theory and social learning theory, an education program was created for the registered nurses working on the postpartum unit. My role as a DNP student and the role of the implementation team will be discussed.

Models, Theories, and Concepts

Knowles's adult learning theory is influenced by the person centered, humanistic philosophies of Maslow and Rodgers. The foundation of adult learning theory is the belief that adults are independent, self-directed learners. There are six principles within the theory that describe the ideal learning situation for adults. These essential components of adult learning are as follows:

1. A need to know

2. A responsibility for self-learning

3. Using experience for learning

4. The ability to apply new material to personal life

5. Motivation to learn

6. Learning is based on real life problem solving

Instructors should gain an understanding of these principles and incorporate them into teaching strategies (Mitchell & Courtney, 2005).

Adult learning theory can was used to guide the creation of the education program for the registered nurses working on the postpartum unit. Professional growth and enhancement through the application of the learning material are needed for adult learners. Encouragement from peers and feedback from instructors in a nonjudgmental environment facilitate adult learning. For adult learners to continue absorbing knowledge by applying concepts to real life experiences, follow up and sustained support are needed (Das, Maick, & Khan, 2008).

Social learning theory was first introduced in 1969 by Bandura, who stated that cognitive processes are based on previous experiences and determine how events are perceived, if events will be remembered, and how events will affect future actions. *Therapeutic modeling* is a concept of the theory in which learners imitate modeled behavior to become more comfortable with performing new skills. This practice has proven to be more effective than just observing a behavior. Self-efficacy must be achieved for a learner to be confident in performing a new skill even in stressful situations (Prince & Archbold, 1995).

Concepts related to common practices of mothers and newborns in the postpartum unit include bed sharing, room sharing, and rooming in. *Bed sharing* involves parents and newborns sleeping in the same bed, the same chair, or any shared surface (Matlock-Carr & Ward, 2015). Bed sharing is associated with increased risk for SIDS and injuries but is sometimes chosen by parents for convenience for breastfeeding and comforting the

infant. *Room sharing* is recommend by the AAP and includes placing the infant's crib or bassinet in the parent's bedroom for sleeping. This allows for the infant to be close to the parent for breastfeeding, monitoring, and comforting of the infant but eliminates the increased risks associated with bed sharing (AAP, 2011). The practice in which newborns are kept with their mothers in the same room throughout out the hospital stay rather than being separated and placed in an observational or newborn nursery is defined as *rooming in*. Rooming in can increase the frequency of infants attempting breastfeeding and promotes bonding (Jaafar, Lee, & Ho, 2012).

Relevance to Nursing Practice

Fatigue in the postpartum period is one of the top risk factors associated with newborn falls. Other risk factors include maternal lack of sleep, hormone fluctuations, analgesia, anesthesia, and breastfeeding, which contributes to fatigue in the postpartum period (Slogar, Gargiulo, & Bodrock, 2013). According to Matterson, Henderson-Williams, and Nealson (2013), most newborn falls documented in the literature occur when the mother has fallen asleep holding the baby in bed. This is usually after feeding, breastfeeding, or doing skin to skin holding. With the practice of newborns rooming in with mothers becoming increasingly the standard, safety protocols and education are needed to balance the benefits of rooming in with potential risks. Benefits of rooming in include increased breastfeeding success and bonding. Potential risks of rooming in include increased maternal fatigue and increased risk of newborn falls (Matterson et al., 2013).

The dangers of bed sharing constitute another common theme in newborn fall prevention literature. There is an increased likelihood of falling asleep while holding the newborn when bed sharing for sleep (Matterson et al., 2013). The physical design of hospital beds also increases the risk for newborn falls. The space between the mattress and the side rails is large enough for a newborn to slip through to the floor (Gaffey, 2015; Helsley, McDonald, & Stewart, 2010). The AAP policy statement on safe newborn sleep environments recommends room sharing without bed sharing (AAP, 2011).

Although no national standards or evidence based practice guidelines exist for newborn fall prevention programs, published accounts of individual unit quality improvement strategies reveal common themes. Successful interventions for preventing newborn falls in these accounts include nurses giving written newborn fall prevention education to parents, staff education on infant fall prevention (Helsley et al., 2010), increased nurse rounding, promoting parent rest, and using a fall risk assessment tool (Galuska, 2011). Staff, parents, and immediate family members should be educated on newborn fall risk factors (Helsley et al., 2010). Risk factors for newborn falls include breastfeeding, recent maternal medication administration for pain, being greater than 2 days postpartum, presence of other family members who are fatigued (Galuska, 2011), increased maternal fatigue, night to early morning hours (Slogar et al., 2013), history of falling asleep while holding the newborn, bed sharing, and hospital bed design. Having parents and nurses sign a safety contract and patient rounding, usually hourly, are other common approaches (Galuska, 2011).

Instituting a newborn safety contract and providing education to staff and parents are the first steps in creating a newborn fall prevention program. Education for staff and nurses should include the risk factors for infant falls and prevention measures. Instituting a form of rounding and investigating solutions for changing the physical design of postpartum hospital beds should also be included (Helsley et al., 2010).

In 1992, the AAP first issued recommendations on safe infant sleep environments. These recommendations included placing infants in a non prone position for sleep and decreased the incidence of SIDS significantly (AAP, 2011). Based on new evidence in 2000, the AAP advised that placing infants on their backs imparts the lowest risk of SIDS and is the preferred position for safe infant sleep. This led to the slogan "back to sleep" for infants. In the same report, side positioning was reported to present less risk of SIDS than prone positioning, and the contribution of side sleep position to SIDS risk increased (AAP, 2005). The latest policy statement from AAP on safe sleep environments was issued in 2011. This policy statement expands on not only recommendations for avoiding SIDS, but also on creating a safe sleep environment to avoid sleep related deaths including those related to suffocation, asphyxia, and entrapment. Level A recommendations are based on consistent scientific evidence from at least two well designed, well conducted case control studies, a systematic review, or a meta analysis. There is high certainty that the benefit of these recommendations is substantial. Level B recommendations are based on limited or inconsistent scientific evidence. The available evidence is sufficient to determine the effects of the recommendations on health outcomes, but the strength of the evidence is limited by factors such as the number, size,

or quality of individual studies or inconsistent findings across individual studies. Level C recommendations are based primarily on consensus and expert opinion. Level A recommendations for the 2011 policy statement were the following:

1. Back to sleep for every sleep.

2. Use a firm sleep surface.

3. Room sharing without bed sharing is recommended.

4. Keep soft objects and loose bedding out of the crib.

5. Pregnant women should receive regular prenatal care.

6. Avoid smoke exposure during pregnancy and after birth.

7. Avoid alcohol and illicit drug use during pregnancy and after birth.

8. Breastfeeding is recommended.

9. Consider offering a pacifier at nap time and bedtime.

10. Avoid overheating.

11. Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS.

12. Expand the national campaign to reduce the risks of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep related infant deaths, including those resulting from SIDS, those resulting from suffocation, and other accidental deaths. Pediatricians, family physicians, and other primary care providers should actively participate in this campaign.

Level B recommendations for the 2011 policy statement were as follows:

1. Infants should be immunized in accordance with recommendations of the AAP and Centers for Disease Control and Prevention.

2. Avoid commercial devices marketed to reduce the risk of SIDS.

3. Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.

Level C recommendations for the 2011 policy statement were the following:

1. Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse the SIDS risk reduction recommendations from birth.

2. Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.

3. Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of SIDS and other infant deaths, with the ultimate goal of eliminating these deaths entirely (AAP, 2011).

Local Background and Context

According to falls data at the organization in which I work, in the postpartum unit there were seven newborn falls in 2013. In 2014, there were eight infant falls. In each case, these falls included the mother falling asleep with the infant in her arms, resulting in the infant falling between the mattress and bed rail. Other circumstances included the parents sleeping with the infant in a bed, in a chair, or on a sofa. In each case, the infant fell to the floor.

Definition of Terms

Sudden infant death syndrome: Sudden infant death syndrome (SIDS) is the cause of death for an infant when no other cause can be assigned after an autopsy, review of clinical history, and investigation of the death scene (AAP, 2011; Matthews & Moore, 2013).

Sudden unexpected death in infancy: Sudden unexpected death in infancy (SUDI) is any sudden death of an infant, whether explained or unexplained. SIDS, suffocation, asphyxia, entrapment, infection, ingestion, metabolic diseases, arrhythmia associated cardiac channelopathies, and accidental or non accidental trauma are considered causes of SUDI (AAP, 2011).

Infant falls: An *in hospital newborn fall* is defined as an event in which a newborn falls onto the hospital floor accidentally (Matterson et al., ~~Henderson Williams, & Nealson,~~ 2013). Newborn falls are also referred to as *drops* and may occur more frequently than reported (Gaffey, 2015).

Safe newborn environment: A safe newborn environment is one that reduces the risk not only for SIDS, but also for all causes of SUID. Recommendations for creating a safe newborn environment include a supine position for sleep, room sharing without bed sharing, and using a firm sleep surface. Other recommendations include breastfeeding, obtaining routine immunizations, consideration of using a pacifier after the first month of breastfeeding, and avoiding overheating, exposure to tobacco smoke, alcohol, and illicit drugs (AAP, 2011). Factors influencing an unsafe sleep environment include sleeping in anything other than a crib, including a sofa or chair, bed sharing, soft bedding, use of

bumper pads or other items in the crib, and sleeping in a prone position (Colvin et al. , 2014).

Role of the DNP Student

I am a clinical nurse specialist (CNS) in the neonatal intensive care unit (NICU), pediatric intensive care unit (PICU), and pediatric unit at a community hospital in Southern California. This education program on creating a safe newborn environment was planned for the registered nurses working on the postpartum unit at the community hospital. A request for an education program on this topic was made to me by the chair of the postpartum UBC. The UBC members are the informal leaders of the postpartum unit. They plan and implement the biannual skills day sessions. The UBC members desired to maintain evidence based content in teaching parents about creating a safe newborn environment. Their desire for this education program and the desire to keep newborns safe motivated me for this doctoral project. Potential bias arose from the fact that when there is a fall, infants go to the NICU for a 12 hour observation period. Infants who come to the organization as a result of SIDS, infant falls, or other injuries are admitted to the PICU or pediatric unit. I am involved in the review of these cases.

My role in this doctoral project involved creating an education program for the registered nurses working on the postpartum unit so that they can create a safe newborn sleep environment and teach this practice to families. My role in the DNP project involved planning the content of the education program for subsequent implementation at skills days. This task included updating the educational handouts the registered nurses working on the postpartum unit give to parents, creating a policy on creating a safe sleep

environment, and developing a PowerPoint presentation for implementation at skills day. The evaluation plan includes distribution of a program evaluation form to the registered nurses working on the postpartum unit by the implementation team.

Role of the Implementation Team

The implementation team consists of the registered nurses working on the postpartum unit who comprise the UBC. These nurses plan and implement the biannual skills days for the postpartum unit under the direction of the department manager. The implementation team participated in the planning of this education program by giving feedback during the creation of the educational material to be given to the parents, the PowerPoint presentation for the registered nurses working on the postpartum unit, and the policy. On completion of this DNP project, the implementation team will have the educational materials necessary to implement the safe newborn environment education program for the registered nurses working on the postpartum unit. They will implement the education program, administer the program evaluation form, and implement the use of the educational handouts for parents among the registered nurses working on the postpartum unit.

The implementation team will be trained by the department manager within 6 months of the completion of this DNP project. The education program for the registered nurses who work on the postpartum unit will be presented at the first skills day that occurs following the implementation team training. The skills days for the registered nurses working on the postpartum unit occur in the April and October each year.

Summary

The purpose of this project was to create an evidence based education program for registered nurses working on the postpartum unit. The subject of the education program is creating a safe newborn environment for the education of parents. Based on concepts of adult learning theory and social learning theory, the education program was created. I created the content for this education program based on evidence from a literature review. Educational handouts and a policy on how nurses will teach parents about creating a safe newborn environment policy were also created. A PowerPoint presentation will be used to provide registered nurses with the tools and skills they need to teach families about creating a safe newborn environment. This education program will provide consistent methods for the registered nurses working on the postpartum unit to teach parents. The education program for the registered nurses will be provided at the biannual skills days. The evaluation plan includes distribution of a program evaluation form to the registered nurses working on the postpartum unit at the skills day after the education program. The results of the program evaluation forms will be shared with the department manager, who will be responsible for implementing the education program on a long term basis.

Section 3: Methodology

Introduction

Despite a reduction in deaths after the AAP's Back to Sleep Campaign, deaths, injuries, and newborn falls continue to occur while mothers and newborns are still on the postpartum unit and after they return home. At the hospital in which the author works, registered nurses working in the postpartum unit have observed parents engaging in behavior that either creates an unsafe newborn environment or does not contribute to a safe newborn environment. The 2011 recommendations by the AAP on creating safe newborn sleep environments advise nurses to reinforce and model their recommendations during the initial hospital stay, yet some nurses do not do this. Studies have shown that when health care professionals promote and role model the AAP recommendations, parents are more likely to adhere to them (Mason, Ahlers-Schmidt, & Schunn, 2013). Nurses play an important role in educating parents on how to create a safe newborn environment. The purpose of this project was to create an evidence based education program to give registered nurses working on the postpartum unit the skills and tools needed to teach families about creating a safe newborn environment.

Practice-Focused Question

Sudden infant death syndrome (SIDS) is the third leading cause of death for infants in the United States, accounting for 53.9 deaths/100,000 live births. Accidental suffocation, asphyxia, and other unintentional sleep injuries are the fifth leading cause of death for infants in the United States, accounting for 27.5 deaths/100,000 live births (Colvin et al., 2014). The estimated newborn fall rate in the United States is 1.6 to 6.6

falls/10,000 live births (Gaffey, 2015). Emphasis has been placed on creating a safe newborn environment to prevent these incidents from occurring. Registered nurses working on a postpartum unit should role model and educate parents on creating a safe newborn environment (Mason et al., 2013). Can an evidence based education program be created to give registered nurses working on the postpartum unit the skills and tools required to teach families about creating a safe newborn environment?

Sources of Evidence

Existing educational handouts the nurses working on the postpartum unit use when teaching parents were examined, and new evidence based educational handouts were designed based on evidence from a review of current literature. A policy indicating how nurses will teach parents about creating a safe newborn environment was created based on current literature. This policy will be included in the education program for the registered nurses working in the postpartum unit. A PowerPoint presentation was developed as a part of the education program and includes the contents of the new policy and educational handouts. The education program will be provided at the biannual skills days to the registered nurses working on the postpartum unit.

The education program for the registered nurses working on the postpartum unit was created based on adult learning theory concepts. In keeping with this theory, the education program has clear objectives that will resonate with the nurses. The tone of the class will need to stay positive and encourage sharing experiences and exploration of application strategies. For the nurses to incorporate the concepts into practice, continued

support and encouragement will be needed after class during nurses' shifts on the postpartum unit (Das, Maick & Khan, 2008).

Social learning theory supports the use of an education program on creating a safe newborn environment for the registered nurses working on the postpartum unit so that they can role model behaviors and teach the parents how to create a safe environment. The central principle of social learning theory is that modeling behavior produces positive or negative feedback for learners. Based on this idea, if the postpartum nurses model positive behaviors, those behaviors in parents will be positively reinforced. Positive behaviors include paying attention to risk factors and not sleeping with the baby in bed with them. If the nurses ignore these behaviors by parents, they may be reinforcing bad behavior (Bellamy, 2004). Registered nurses working on the postpartum unit should role model and educate parents on creating a safe newborn environment (Mason et al., 2013).

Program Development

After receiving Institutional Review Board (IRB) approval, approval number 04-26-16-0522625, the current education given to the registered nurses working on the postpartum unit on creating a safe sleep environment was reviewed. An electronic literature search on creating a safe newborn environment was conducted using the following databases: CINHAL, Medline, PubMed, EBSCO, and the Cochrane Library. Articles older than 10 years were discarded. The terms for the literature search were *sudden infant death syndrome*, *infant falls*, *accidental suffocation*, *infant asphyxia*, *unintentional sleep injuries*, *infant strangulation*, *infant entrapment*, and *safe newborn*

environment. To produce a larger volume of articles, Boolean *and* and *or* were used between the terms.

Analysis and Synthesis

Content for the safe newborn environment education program for registered nurses working on the postpartum unit was developed based on the results of the literature search. This content includes a PowerPoint presentation to be given at the biannual skills day and a program evaluation form for the registered nurses working on the postpartum unit. Existing educational handouts the registered nurses working on the postpartum unit use when teaching parents were examined, and new evidence based educational handouts were designed based on the results of the literature search. Monthly meetings with the UBC were planned to provide updates on the development of the education program. During these meetings, feedback was given by the UBC on the proposed educational materials to be given to the parents, the PowerPoint presentation for skills day, and the safe newborn environment policy. The DNP project involved the planning of the content of the education program for later implementation at skills days.

The evaluation plan includes distribution of program evaluation forms to the registered nurses working on the postpartum unit. The program evaluation form was developed as part of the DNP project evaluation plan to assess the quality of the education program, relevance of the information, and likelihood of applying the knowledge to practice. The program evaluation form will be given to the registered nurses working in the postpartum unit after completion of the education program at skills

day. The results of the program evaluation will be shared with the department manager, who will be responsible for implementing the education program on a long term basis.

Summary

The purpose of this project was to plan an evidence based education program for registered nurses working on the postpartum unit on creating a safe newborn environment. After a literature search for current, evidence based practice, an education program was developed for the registered nurses working on the postpartum unit. This program includes a PowerPoint presentation and updated educational handouts used for parental teaching. This program will be implemented by the postpartum UBC at a later date. The program evaluation form to be used for subsequent evaluation of the program was developed as part of the education program.

Section 4: Findings, Discussion, and Implications

Introduction

Between 2013 and 2014, falls data at the organization in which I works revealed 15 newborn falls in the postpartum unit. These falls included the mother falling asleep with the infant in her arms, causing the infant to fall between the mattress and bed rail, as well as parents sleeping with the infant in a bed, in a chair, or on a sofa. In each case, the infant fell to the floor. A gap in practice exists in that parents are engaging in behaviors that either create an unsafe newborn environment or do not contribute to a safe newborn environment.

The following practice focused question was asked to address the gap in practice: Can an evidence based education program be created to give registered nurses working on the postpartum unit the skills and tools they need to teach families about creating a safe newborn environment? The purpose of this project was to create an evidence based education program to give registered nurses working on the postpartum unit the skills and tools required to teach families about creating a safe newborn environment. This includes teaching the AAP's 2011 recommendations to create a safe newborn environment to prevent deaths, injuries, and newborn falls.

Sources of evidence include educational handouts for the nurses to give parents and a policy indicating how nurses will teach parents about creating a safe newborn environment. These were created based on the best evidence obtained from the literature review. A PowerPoint presentation was developed as part of the education program and includes the contents of the new policy and educational handouts. The education program

for the registered nurses working on the postpartum unit was created based on adult learning theory and social learning theory concepts.

Content for the safe newborn environment education program for registered nurses working on the postpartum unit was developed based on the results of the literature search. This content includes a PowerPoint presentation to be given at the biannual skills day and a program evaluation form for the registered nurses working on the postpartum unit. Existing educational handouts the registered nurses working on the postpartum unit use when teaching parents were examined, and new evidence based educational handouts were designed based on the results of the literature search. There were meetings with the UBC to give updates on the development of the education program. During these meetings, feedback was given by the UBC on the proposed educational materials to be given to the parents, the PowerPoint for skills day, and the safe newborn environment policy.

Findings and Implications

Findings from the literature review include the need for education to prevent falls and sleep-related deaths. Other findings from the literature review include recommendations to avoid bed sharing. To prevent deaths, injuries, and newborn falls from occurring, creating a safe newborn environment is emphasized. Registered nurses working on the postpartum unit should role model positive behaviors and educate parents on creating a safe newborn environment (Mason et al., 2013). Implementation of an education program to equip the registered nurses to teach the families on the postpartum unit is needed to address this problem (Gaffey, 2015). Although no national standards or

evidence based practice guidelines exist for newborn fall prevention programs, published accounts of individual unit quality improvement strategies reveal common themes. Successful interventions for preventing newborn falls in these accounts include nurses giving written newborn fall prevention education to parents as well as staff education on infant fall prevention (Helsley et al., 2010).

Creating a safe newborn environment can decrease the risk of an infant dying from SIDS or other unintentional sleep injuries as well as decrease the risk of newborn falls. The implementation of safe newborn environment practices is inconsistent in many facilities (Colvin et al., 2014). Education for nurses should include the risk factors for infant falls and prevention measures (Helsley et al., 2010). The dangers of bed sharing are a common topic in newborn fall prevention literature. There is an increased likelihood of falling asleep while holding the newborn when bed sharing occurs for sleep (Matterson et al., 2013). Staff, parents, and immediate family members should be educated on newborn fall risk factors (Helsley et al., 2010).

Findings from the literature search also included the policy statement from AAP on safe sleep environments. This policy statement was issued in 2011. This policy statement expands on previous recommendations for avoiding SIDS and creating a safe sleep environment to avoid sleep related deaths including those resulting from suffocation, asphyxia, and entrapment. Level A recommendations are based on consistent scientific evidence from at least two well designed, well conducted case control studies, a systematic review, or a meta analysis. There is high certainty that the benefit of these recommendations is substantial. Level B recommendations are based on limited or

inconsistent scientific evidence. The available evidence is sufficient to determine the

effects of the recommendations on health outcomes, but the strength of the evidence is

limited by factors such as the number, size, or quality of individual studies or inconsistent

findings across individual studies. Level C recommendations are based primarily on

consensus and expert opinion. Level A recommendations for the 2011 policy statement

are as follows:

1. Back to sleep for every sleep.

2. Use a firm sleep surface.

3. Room sharing without bed sharing is recommended.

4. Keep soft objects and loose bedding out of the crib.

5. Pregnant women should receive regular prenatal care.

6. Avoid smoke exposure during pregnancy and after birth.

7. Avoid alcohol and illicit drug use during pregnancy and after birth.

8. Breastfeeding is recommended.

9. Consider offering a pacifier at nap time and bedtime.

10. Avoid overheating.

11. Do not use home cardiorespiratory monitors as a strategy for reducing the risk
    of SIDS.

12. Expand the national campaign to reduce the risks of SIDS to include a major
    focus on the safe sleep environment and ways to reduce the risks of all sleep
    related infant deaths including those resulting from SIDS, those resulting from

suffocation, and other accidental deaths. Pediatricians, family physicians, and other primary care providers should actively participate in this campaign.

Level B recommendations for the 2011 policy statement are as follows:

1. Infants should be immunized in accordance with recommendations of the AAP and Centers for Disease Control and Prevention.

2. Avoid commercial devices marketed to reduce the risk of SIDS.

3. Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.

Level C recommendations for the 2011 policy statement are as follows:

1. Health care professionals, staff in newborn nurseries, NICUs, and child care providers should endorse the SIDS risk reduction recommendations from birth.

2. Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.

3. Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of SIDS and other infant deaths, with the ultimate goal of eliminating these deaths entirely (AAP, 2011).

This education program may promote positive social change by contributing to the prevention of infant sleep related deaths and injuries. Improving the health of infants, preventing future health problems, and facilitating children's attainment of their full potential are possible far reaching effects of creating a safe newborn environment. The nurses may incorporate the information learned in the education program and the

educational handouts in teaching parents of infants. Nurses' consistency in modeling behaviors from the education program would reinforce the use of evidence based strategies to keep infants' environments safe. In these ways, individuals, communities, institutions, and systems can be impacted. There were no unanticipated events during this project.

Recommendations and Implementation

A gap in practice exists in that parents are engaging in behaviors that either create unsafe newborn environments or do not contribute to safe newborn environments. According to the findings in the literature search, education is needed for nurses and parents to create a safe newborn environment to prevent falls, SIDS, and other sleep related deaths. The education program created by the DNP project addresses this gap in practice by providing knowledge, additional skills and tools, and consistent methods for nurses to teach families about creating a safe newborn environment.

Products of this education program include an evidence based educational handout that nurses can use to teach parents, a policy indicating how nurses should teach parents about creating a safe newborn environment, and a PowerPoint presentation that includes the contents of the new policy and educational handouts to be presented to registered nurses working in the postpartum unit. The educational handout for the nurses to give parents on creating a safe newborn environment is in Appendix A. This handout was based on a no cost, evidence based resource from the National Association of Neonatal Nurses (NANN). This resource from NANN is called Baby Steps to Home and includes multiple parent teaching handouts that can be modified and branded by hospitals

for nurses to give to parents during teaching (NANN, 2014). The policy on creating a safe newborn environment defines important terms such as *safe newborn environment*, *SIDS*, *SUID*, *bed sharing*, and *room sharing*. The policy also describes recommendations for creating a safe newborn environment and indicates that nurses should teach parents about these recommendations. This policy is in Appendix B. An outline for the PowerPoint presentation that covers the content of the handout and the new policy is in Appendix C.

The project team included the registered nurses working on the postpartum unit that comprise the UBC. These individuals will also comprise the implementation team. These nurses plan and implement the biannual skills days for the postpartum unit under the direction of the department manager. The implementation team participated in the planning of this education program by giving feedback during monthly meetings on the creation of the educational material to be given to parents, the PowerPoint presentation for the registered nurses working on the postpartum unit, and the policy. The DNP project involved planning the content of the education program for later implementation at skills days. A program evaluation form was also created to be given to the nurses after the education program. The program evaluation form to be given at the conclusion of the education program is in Appendix D.

Upon the completion of this DNP project, the implementation team will have the educational materials needed to implement a safe newborn environment education program for the registered nurses working on the postpartum unit. They will implement the education program, administer the program evaluation form, and implement the use

of the educational handouts the registered nurses working on the postpartum unit use to teach parents.

Contributions of the Doctoral Project Team

At a monthly UBC meeting, the results of the review of literature were presented. The proposed educational materials to be given to the parents, the PowerPoint presentation for skills day, and the safe newborn environment policy were presented for feedback. The UBC members discussed the extent to which the policy, handout, and PowerPoint fit the teaching style of the skills day. They also gave feedback on whether the materials were in a format that fit the learning style and culture of the nurses working on the postpartum unit.

At the conclusion of the project, the UBC completed project evaluation forms. The project evaluation form is located in Appendix E. Questions on the project evaluation tool addressed whether the team members felt that the goals, objectives, and process were appropriate and effective. My leadership was also appraised. All of the UBC members strongly agreed that the problem was made clear in the beginning, that I analyzed and synthesized the evidence based literature for the team, that the agendas and minutes were sent out in a timely manner, and that they had input in the process. Three UBC members strongly agreed and two UBC members agreed that the program goal was appropriate and the project objective was met. Four UBC members strongly agreed and one UBC member agreed that the meetings were held to the allotted time frame, that the meetings were productive, and that I demonstrated leadership throughout the process. No additional free text comments were given.

Similar practice areas in which this safe newborn environment education program may be used include the NICU, PICU, pediatric unit, and perinatal education center at the hospital. The personnel within the NICU, PICU, and pediatric units all take care of the infant population. The education program can also be tailored for other groups whose members care for infants, such as daycare workers. Portions of the education program such as the educational handout may also be used in various outpatient locations such as pediatric offices, obstetrician offices, and prenatal clinics.

Strengths and Limitations of the Project

A strength of this project is that the content is evidence based. Another strength of this project is the involvement of the UBS nurses. Including target populations and stakeholders in the planning and development of programs to improve health outcomes helps to provide essential information about learning preferences and level of understanding of the content being provided. Including the target population in the design process for a program reveals which strategies work for the target population and which do not. Including these stakeholders in the planning of goals and objectives ensures that the resulting program meets their unique needs (Wyatt, Krauskopf, & Daividson, 2008).

A limitation of this education program is that it will need to be updated as evidence based practice changes. The handout, policy, and PowerPoint presentation currently included in this education program are based on the best current evidence. As research on creating a safe newborn environment continues and changes, the content of the education program will need to be reviewed and updated. One recommendation for future education program projects is to specify a plan for updating. Just as there is a

planned implementation team, it would be beneficial to have a content review and updating team planned to appraise the education program on a specified schedule.

Summary

A gap in practice exists in that parents are engaging in behaviors that either create an unsafe newborn environment or do not contribute to a safe newborn environment. To address this gap, I conducted this project to create an evidence based education program that would give registered nurses working on the postpartum unit the skills and tools needed to teach families about creating a safe newborn environment. After completing a literature search, I created an education program based on adult learning theory and social learning theory concepts. The education program includes a new parent teaching handout and a nursing policy on creating a safe newborn environment. A PowerPoint presentation was also created to teach the nurses about the content of the handout and policy.

The project team included the registered nurses working on the postpartum unit who comprise the UBC. They will also be the implementation team. This team gave feedback on the planning of this education program during monthly meetings. Strengths of this project include participation by the UBC and the use of evidence based content. A limitation of this education program is that it will need to be updated as evidence based practice changes.

Section 5: Scholarly Product

Dissemination Plan

The purpose of this project was to create an evidence based education program to give registered nurses working on the postpartum unit the skills and tools they need to teach families about creating a safe newborn environment. To disseminate the findings and content of the education program at the institution level, an implementation team was planned. The implementation team consists of the registered nurses working on the postpartum unit who comprise the UBC. These nurses plan and implement the biannual skills days for the postpartum unit under the direction of the department manager. Upon completion of this DNP project, the implementation team will have the educational materials necessary to implement the safe newborn environment education program for the registered nurses working on the postpartum unit. They will implement the education program, administer the program evaluation form, and implement the use of educational handouts that the registered nurses working on the postpartum unit will use to teach parents. The implementation team will be trained by the department manager within 6 months of the completion of this DNP project. The education program for the registered nurses who work on the postpartum unit will be presented at the first skills day that occurs following the implementation team training. The skills days for the registered nurses working on the postpartum unit occur in April and October each year.

Other appropriate means of dissemination of this project to the broader nursing profession include a poster or podium presentation at a nursing conference and publication of a journal article. Organizations that could be venues for this dissemination

include the Association of Women's Health, Obstetric, and Neonatal Nurses

(AWHONN); Perinatal Advisory Council: Leadership, Advocacy, Consultation

(PAC/LAC); National Association of Neonatal Nurses (NANN); and Academy of

Neonatal Nurses (ANN). All of these professional nursing organizations have yearly

conferences for which individuals may submit abstracts for poster or podium

presentations. They also have academic journals associated with them to which I could

submit findings for publication.

Analysis of Self

Scholar practitioners strive to improve patient care through evidence based

practice and research. Nurse scholars seek to improve nursing through knowledge.

Through problem solving and intellect, scholar practitioners pursue nursing excellence.

Scholar practitioners affect nursing education, nursing practice, nursing research, and

nursing education through evidence based practice and research. A scholar practitioner in

nursing must communicate and disseminate this knowledge to improve practice and

inspire others (Conard & Pape, 2014).

A nurse leader supports nursing practice through effective communication,

inspiration, and vision. Transformational leaders cultivate staff by creating a vision that

inspires meaning and motivation. Successfully disseminating this vision requires passion

and confidence. The effect is a workforce that is driven to operate above expectations

(Hutchinson & Jackson, 2013). Other ways in which transformational leaders influence

the workforce involve captivating others' moral values. Staff typically feel that rather

than their own personal needs, the greater good of the community, patients, and other

interests are important. Transformational leaders make team members feel confident enough to develop their thinking, producing an environment for ambition, imagination, and inventiveness. Transformational leadership is regarded as the most successful model of leadership because it reflects an understanding of the importance of incentive and leverages staff's emotional and intellectual necessities (Doody & Doody, 2012).

Other important skills of a nursing leader include conflict resolution. Strategies nurse leaders can use to resolve conflict include quiet listening, asking open ended questions, finding worth in what people are saying, and being able to express that worth. Building a collaborative, interdisciplinary environment is important for a nurse leader. Showing respect for team members' ideas creates a positive interdisciplinary environment. Acknowledging feelings and opinions creates a secure environment for collaboration, new concepts, and new accountability. When team members are included in decision making, they are more likely to want to make sacrifices to help the environment flourish (Beunza, 2013).

Through the completion of this DNP project, I have grown as a scholar practitioner and nurse leader. Working with the implementation team, listening to their feedback, and incorporating their ideas into the implementation plan required the development of transformational leadership strategies. Long term professional goals include supporting implementation of this education program in the postpartum area, as well as in the NICU, PICU, pediatric unit, and perinatal health education areas.

A project evaluation tool was used for my analysis of self. The project evaluation form is located in Appendix E. The project evaluation form was given to the UBC

members after I met with them. Questions on the project evaluation tool addressed whether the team members felt that the goals, objectives, and process were appropriate and effective. My leadership was also appraised. All of the UBC members strongly agreed that the problem was made clear in the beginning, that I analyzed and synthesized the evidence based literature for the team, that the agendas and minutes were sent out in a timely manner, and that they had input in the process. Three UBC members strongly agreed and two UBC members agreed that the program goal was appropriate and that the project objective was met. Four UBC members strongly agreed and one UBC member agreed that the meetings were held to the allotted time frame, that the meetings were productive, and that I demonstrated leadership throughout the process. No additional free text comments were given.

Summary

The purpose of this project was to create an evidence based education program to give registered nurses working on the postpartum unit the skills and tools needed to teach families about creating a safe newborn environment. Based on a literature search and the AAP recommendations for safe newborn environment, an evidence based handout, policy, and PowerPoint presentation were created. Implementation of this education program may prevent infant sleep related deaths and injuries. Improving the health of infants, preventing future health problems, and facilitating children's attainment of their full potential may be among the far reaching effects of creating a safe newborn environment.

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Creating a Safe Newborn Environment

SIDS

The term *SIDS*, or sudden infant death syndrome, is used to describe when babies die in their sleep without any warning before their first birthday. In the early 1990s, parents were told to stop putting babies on their tummies to sleep. They were told to put them on their backs or sides only. Later, experts said the side position wasn't safe either, so parents were told to put their babies only on their backs.

Today, we know that just putting babies on their backs to sleep is not enough to keep some of them from dying in their sleep. There are many other easy things parents can do to keep their babies safe when they sleep.

Safe Sleep

"ABC" is an easy way to remember how to make babies safe when they sleep. ABC stands for "alone, back, crib."

Alone

Babies should always sleep alone. That means they should never sleep in the same bed as an adult, another child, or a pet. They should not sleep with anything in their cribs like stuffed toys, pillows, bumper pads, loose blankets, quilts, hats, headbands, bibs, or pacifier holders. The only thing that should be in the bed is the baby.

However, experts say sleeping in the same room with a parent, as long as the parent and baby are in their own separate beds, is safer than the baby sleeping in a room alone. Parents can bring their babies into their beds to feed or comfort, but when parents feel themselves getting sleepy, they need to put their babies back in their own beds.

Back

Babies should sleep on their backs for every sleep, for all naps, and at nighttime. They should be put on their backs to sleep at home, at day care, at church, or in any friend or family member's home.

Crib

A *crib* can be a crib, bassinet, Pack-N-Play, play-yard, or playpen, but it should have a firm mattress and be covered with a well fitted sheet only. It is very dangerous for babies to sleep on a sofa or armchair, because they can wiggle as they sleep and get trapped and be smothered. It is also not safe for them to sleep in a car seat, bouncy seat, swing, baby carrier, or sling, because their neck can bend in ways that makes it hard for them to breathe.

There are some other very important things that can help babies sleep safely:

- **Smoking**—Keep babies away from people who smoke. We know that babies who are around people who smoke or babies born to mothers who smoke have a higher risk of SIDS.

- **Breastfeeding**—Babies who are breastfed are less likely to have SIDS.

- I**mmunizations**—Making sure babies get their shots may cut their chances of SIDS by almost half.

- **Pacifiers**— Giving your baby a pacifier when he or she is put to sleep helps, too. You shouldn't force your baby to use a pacifier, and if it falls out after your baby is asleep, it's OK. It doesn't have to be put back in. It's important to not start using a pacifier until your baby has learned to breastfeed well.

- **Temperature**— Keeping your baby from getting too hot can help. Dress your baby in no more than one extra layer than you would be comfortable wearing. Using warm sleepers, known as blanket sleepers, instead of a blanket is a good idea. Blankets can get loose, cover a baby's head, and make it hard to breathe. If you do use a blanket, use it "feet to foot": First, put the baby in the bed with his or her feet at the bottom of the bed. Then, with the top of the blanket no higher than the baby's chest, tuck it in at the sides and at the bottom of the mattress. This way, when the baby moves around during sleep, the blanket will stay below the baby's face.

Parents sometimes worry that babies will choke if sleeping on their backs. Research shows that they are more likely to choke sleeping on their stomachs. Parents also worry their babies won't sleep as well on their backs, and this is probably true. Babies do seem to sleep more deeply on their stomachs, but experts think that because some babies sleep too deeply, they are more likely to die from SIDS. These babies don't wake up in time when they can't breathe. Another thing many parents worry about is the flat or bald spots some babies get on their heads from sleeping on their backs. These almost always go away after babies learn to roll over and sit up by themselves.

Foot-to-foot technique. Courtesy of the Safe to Sleep™ campaign, for educational purposes only; www.nichd.nih.gov/SIDS.

Things you can do to keep your baby safe while sleeping:

- ABC (alone, back, crib)
- No smoking
- Breastfeeding
- Keeping immunizations up to date
- Using a pacifier
- Not letting a baby get too hot

Appendix B: Policy for Creating a Safe Newborn Environment

Department: Postpartum		
Title: Creating A Safe Newborn Environment	Policy No.: XXX	
Approved:	Effective Date: XXX	Previous Version: New

Purpose:
1. Provide guidelines on how to create a safe newborn environment to prevent deaths, injuries, and newborn falls.
2. Provide consistent methods for how nurses will teach parents about creating a safe newborn environment

Definitions:

Sudden infant death syndrome (SIDS): the cause of death for an infant when no other cause can be assigned after an autopsy, review of clinical history, and investigation of the death scene (AAP, 2011; Matthews & Moore, 2013).

Sudden unexpected death in infancy (SUDI): any sudden death of an infant either explained or unexplained. SIDS, suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, arrhythmia associated cardiac channelopathies, and accidental or non accidental trauma are considered causes of SUDI. (AAP, 2011).

Infant falls: when a newborn falls onto the hospital floor accidentally (Matterson, Henderson-Williams, & Nealson, 2013). Newborn falls are also referred to as drops, and may occur more frequently as reported (Gaffey, 2015).

Bed sharing: when parents and newborns sleep in the same bed, chair or any same surface (Matlock-Carr & Ward, 2015). Bed sharing is associated with increased risk for SIDS and injuries but is sometimes chosen by parents for convenience for breastfeeding and comforting the infant.

Room sharing: includes placing the infant's crib or bassinet in the parent's bedroom for sleeping and is recommend by the American Academy of Pediatrics. This allows for the infant to be close to the parent for breastfeeding, monitoring, and comforting of the infant, but eliminates the increased risks associated with bed sharing (AAP, 2011).

Safe newborn environment: A safe newborn environment involves creating an environment that not only reduces the risk for SIDS but all SUID. Recommendations for creating a safe newborn environment includes a supine position for sleep, room sharing without bed sharing, and using a firm sleep surface. Other recommendations include breastfeeding, obtaining routine immunizations, consideration of using a pacifier after the first month of breastfeeding, and avoiding overheating, exposure to tobacco smoke, alcohol, and illicit drugs (AAP, 2011). Factors influencing an unsafe newborn environment include sleeping in anything other than a crib, including a sofa or chair, bed-sharing, soft bedding, use of bumper pads or other items in the crib, and sleeping in a prone position (Colvin, Collie-Akers, Schunn, & Moon, 2014).

Policy:

1. Place all infants on their backs to sleep.

2. A firm sleep surface should be used. In the hospital this is the bassinette.

3. Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.

4. Room sharing without bed sharing is recommended.

5. Avoid smoke exposure during pregnancy and after birth.

6. Avoid alcohol and illicit drug use during pregnancy and after birth.

7. Breastfeeding is recommended.

8. Consider offering a pacifier at nap time and bedtime.

9. Avoid overheating.

10. Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS.

Procedure:

1. Educate parents and family members on the policy subjects above.

2. Role model for parents and family members the policy subjects above.

3. Provide and explain the *Creating a Safe Newborn Environment* handout found in the Appendix

Documentation:

1. Document all parent education in the medical record.

2. Document when the *Safe Newborn Environment* handout was given.

References:

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Source: Postpartum UBC

Approvals:
Pediatrics Committee:
Board:

Appendix: *Safe Newborn Environment* handout

Appendix C: PowerPoint Outline for Creating a Safe Newborn Environment

1. Objectives

2. Definitions

    a. SIDS

    b. SUDI

    c. Infant Falls

    d. Bed Sharing

    e. Room Sharing

    f. Safe Newborn Environment

3. Statistics

    a. SIDS

    b. SUDI

    c. Newborn Falls

4. Risk Factors

    a. SIDS and SUDI

    b. Newborn Falls

5. AAP Safe Newborn Environment Recommendations

6. New Parent Handout

7. New Safe Newborn Environment Policy

Appendix D: Program Evaluation Form

Program Evaluation Form
Creating a Safe Newborn Environment Education Program

1. How likely are you to apply the information from this education program to your practice?

   Very likely   Likely   Not very likely   Not at all likely

2. How relevant is the information from this education program to you nursing practice on the postpartum unit?

   Very relevant   Relevant   Not very relevant   Not at all relevant

3. As a result of this education program I am more comfortable teaching parents how to create a safe newborn environment.

   Strongly Agree   Agree   Disagree   Strongly Disagree

4. As a result of this education program I am more confident teaching parents how to create a safe newborn environment.

   Strongly Agree   Agree   Disagree   Strongly Disagree

5. On a scale from 1 to 5 with 5 being high and 1 being low, how would you rate the quality of the overall program?   1   2   3   4   5

6. Did this program meet your expectations?   Yes   No

   Why or why not? _____

   _____

7. What was the most important thing you learned from the program today?

   _____

   _____

8. Was there anything about the presentation that you would change? (content, length, format, audio, visual, etc.) If so, please describe. _____

   _____

Thank you!

Appendix E: Project Evaluation Form

Stakeholder/Team Member Evaluation of DNP Project

Problem:

Purpose:

Goal:

Objective:

Scale: SD=Strongly Disagree; D=Disagree; U=Uncertain; A=Agree; SA=Strongly Agree

1. Was the problem made clear to you in the beginning?   SD   D   U   A   SA

2. Did the DNP student analyze and synthesize the evidence based literature for the team?

   SD   D   U   A   SA

3. The stated program goal appropriate   SD   D   U   A   SA

4. The stated project objective met   SD   D   U   A   SA

5. Meeting agendas sent out in a timely manner   SD   D   U   A   SA

6. Meeting minutes submitted in a timely manner   SD   D   U   A   SA

7. Meetings were held to the allotted time frame   SD   D   U   A   SA

8. The meetings were productive   SD   D   U   A   SA

9. I had input into the process   SD   D   U   A   SA

10. The DNP student demonstrated leadership throughout the process?

    SD   D   U   A   SA

11. Please comment on areas where you feel the DNP student excelled or might learn

    from your advice/suggestions: