

Safe Sleep Community Baby Shower and Crib Clinic Report

Fiscal Year 2022

Prepared for
Kansas Infant Death and SIDS Network

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Executive Summary

The Kansas Infant Death and SIDS (KIDS) Network in collaboration with their certified Safe Sleep Instructors hosted 120 Safe Sleep events (Safe Sleep Community Baby Shower, n=23; Safe Sleep Crib Clinics, n=97 in 27 Kansas counties, Mississippi, and Nebraska. A total of 968 individuals attended these events. Of those, 675 women participated in the pre- and post-surveys. Due to missing data and incorrect forms, 559 participants were included in the report.

Most participants identified themselves as non-Hispanic White (67%), in addition, the highest proportions reported being married (47%), having a high school diploma or GED (43%), being insured by KanCare/Medicaid (50%) and receiving prenatal services at a private provider's office (38%) or hospital clinic (38%).

Following the Safe Sleep events, most participants reported being more confident regarding safe sleep practices, avoiding secondhand smoke, breastfeeding, their ability to follow safe sleep recommendations even when receiving conflicting advice, and recognizing the signs and symptoms of perinatal depression or anxiety. If participants had not received a portable crib from this event, 30% (n=151) would not have had access to a clean, smoke-free, damage-free crib, bassinet or portable crib (10%; n=50) or were not sure whether they would have a safe sleep option. Most participants (82%) were very satisfied with the Safe Sleep events held in Fiscal Year 2022.

Safe Sleep

Following the events, participants demonstrated a statistically significant increase in intention to follow safe sleep practices related to placing baby only on the back to sleep (85% vs 97%; $p<0.001$), in only a safe sleep location (88% vs 97%, crib, portable crib or bassinet; $p<0.001$) and only including safe items (73% vs 95%, firm mattress, fitted sheet or wearable blanket; $p<0.001$). Most participants planned to discuss safe sleep with others after attending the Safe Sleep Community Baby Shower (69% vs 99%; $p<0.001$). After the events, most participants (99%) indicated knowing at least one person who will support safe sleep for their baby.

Tobacco

When asked about current tobacco use (including e-cigarettes), most participants (87%) reported not using tobacco in the previous six months. Following the event, there was a statistically significant increase in participants who would never allow tobacco use inside home or car (89% vs 94%; $p<0.001$), knowledge of three ways to avoid secondhand smoke exposure (74% vs 97%, $p<0.001$) and knowledge of at least three local resources for tobacco cessation (16% vs 37%; $p<0.001$).

Breastfeeding

The majority (90%) of participants planned to breastfeed their baby prior to the events. Following the event, there was a statistically significant increase in participants' confidence in their ability to breastfeed for longer than 6 months (45% vs 48%; $p=0.021$) and knowledge of three local resources to support breastfeeding (14% vs 43%; $p<0.001$). There was not a statistically significant change observed in intention to breastfeed for longer than six months.

Perinatal Mental Health

Following the events, there was no change in participants knowledge of ways to reduce the risk of depression, anxiety, and other mood disorders (93% vs 93%; $p=0.839$). From pre- to post-survey there was an increase in knowledge of three perinatal mental health resources (35% vs 53%; $p<0.001$). Most participants (99%; n=455) reported knowing at least one person who they can call to talk about their feelings or any concerns about their mental health.

Safe Sleep Community Baby Shower

Attendance

During Fiscal Year 2022, 120 Safe Sleep events (Safe Sleep Community Baby Showers, n=23; Safe Sleep Crib Clinics, n=97) were conducted in 27 Kansas counties, Mississippi, and Nebraska. A total of 968 individuals attended these events. Of those, 675 women participated in the pre- and post-surveys. Event attendance ranged in size from individual crib clinics to Safe Sleep Community Baby Showers with 208 attendees (median attendance = 2).

Table 1. Safe Sleep Event Attendance

	Total		Community Baby Shower		Crib Clinic	
	Events	Attendees	Events	Attendance	Events	Attendance
Sedgwick	16	30	0	0	16	30
Sedgwick - Virtual	29	54	0	0	29	54
Atchison	1	2	0	0	1	2
Barton	11	71	1	57	10	14
Barton - Virtual	8	36	1	27	7	9
Bourbon	1	3	0	0	1	3
Butler	2	29	1	19	1	10
Butler - Virtual	1	1	0	0	1	1
Cloud	2	11	2	11	0	0
Coffey	1	10	1	10	0	0
Crawford	1	1	0	0	1	1
Douglas - Virtual	1	1	0	0	1	1
Geary	1	23	1	23	0	0
Geary - Virtual	1	15	1	15	0	0
Gray	1	0	1	0	0	0
Harvey	1	19	1	19	0	0
Harvey - Virtual	2	2	0	0	2	2
Hodgeman	1	7	1	7	0	0
Johnson	1	1	0	0	1	1
Kearny	1	2	1	2	0	0
Leavenworth	4	6	0	0	4	6
Leavenworth - Virtual	1	1	0	0	1	1
Linn	3	260	2	258	1	2
Lyon	1	75	1	75	0	0
Montgomery	1	9	1	9	0	0
Nemaha	1	2	0	0	1	2
Neosho	1	18	1	18	0	0
Pottawatomie	1	30	1	30	0	0
Reno	7	36	1	30	6	6
Riley	2	165	2	165	0	0
Shawnee	2	17	1	16	1	1
Wilson	1	4	1	4	0	0
Wyandotte - Virtual	1	2	0	0	1	2
Virtual - Statewide KS	8	10	0	0	8	10
Panola, Mississippi	1	5	0	0	1	5
Tate, Mississippi	1	8	0	0	1	8
Richardson, Nebraska	1	2	0	0	1	2
TOTAL	120	968	23	795	97	173
TOTAL IN-PERSON	68	846	21	753	47	93
TOTAL VIRTUAL	52	122	2	42	50	80

Demographics

During Fiscal Year 2022, 675 women attended a Safe Sleep education event and completed pre- and post-surveys. Of those, 513 (76%) attended a Safe Sleep Community Baby Shower and 162 (24%) a Safe Sleep Crib Clinic. Thirty-four pre- and post-surveys were removed due to incorrect data form used at the event. An additional 78 pre-surveys and 4 post-surveys were also removed due to missing data. Therefore, 559 (82%) participants were included in this report. Of those included, 39 (7%) participants attended a Spanish-language event, see Appendix A for data.

Most participants identified themselves as non-Hispanic White (67%; Table 2). Participants most frequently reported being married (47%), having a high school diploma or GED (43%), being insured by KanCare/Medicaid (50%), and receiving prenatal services at a private provider's office (38%) or hospital clinic (38%).

Table 2. Participant Characteristics (n=559)

	n (%)		n (%)
Number of Support People Attending		Mother's Education	
0-18 years (median, range)	0 (0-7)	Some High School	80 (14)
18+ years (median, range)	1 (0-9)	High School Graduate or GED	245 (43)
Age (mean, SD)	27 (6)	2-Year Community College Graduate	72 (13)
Primary Language		4-year College Graduate	72 (13)
English	520 (93)	Graduate School	62 (11)
Spanish	39 (7)	Other	33 (6)
Race/Ethnicity		Insurance Status	
Non-Hispanic White	368 (67)	KanCare/Medicaid	276 (50)
Hispanic	109 (20)	Private Insurance	159 (29)
Non-Hispanic Black	43 (8)	Self-Pay	44 (8)
Multiracial	19 (3)	Military	34 (6)
Other	14 (3)	Managed Care Organization/Marketplace	12 (2)
Marital Status		Other	28 (5)
Single	174 (32)	Prenatal Care Provider	
Married	261 (47)	Private Provider's Office	209 (38)
Partnered	98 (18)	Hospital Clinic	209 (38)
Separated	11 (2)	Community Health Clinic	50 (9)
Other*	9 (1)	County Health Department	38 (7)
Partner Race/Ethnicity		Other**	20 (4)
Non-Hispanic White	308 (56)	Clinic at Work or School	6 (1)
Hispanic	111 (20)	No Prenatal Care Provider	16 (3)
Non-Hispanic Black	49 (9)		
Multiracial	15 (3)		
Other	8 (1)		
Not Applicable/Choose not to answer	68 (12)		

Note. Missing data due to non-response: race/ethnicity (n=6); marital status (n=6); education level (n=5); insurance status (n=6) and prenatal care provider (n=11).

*Other – Marital Status: divorced, widowed.

**Other-Prenatal Care Provider: emergency room/urgent care, other.

Safe Sleep

Prior to the Safe Sleep Community Baby Showers, 454 (85%) participants reported they would place their baby only on the back to sleep (Table 3). Of the participants who indicated other responses, side (n=35; 43%), unsure (n=35; 43%), and tummy (n=20; 24%) were reported. When asked about anticipated sleep locations, 487 (88%) reported they would place their infant only in a safe location (i.e., crib, portable crib, or bassinet). Other responses reported included my bed (n=23; 35%), swing (n=22; 34%), car seat (n=12; 18%), couch/sofa/armchair (n=4; 6%), other (n=4; 6%), twin or larger bed (n=4; 6%), toddler bed (n=3; 5%), and don't know/unsure (n=18; 28%). When asked about items already in or planned for their infant's sleep areas, 372 (73%) reported only safe items (i.e., firm mattress, fitted sheet or wearable blanket). The remaining participants reported unsafe items such as loose blankets (n=87; 63%), bumper pads (n=46; 33%), pillow (n=35; 25%), sleep positioner (n=27; 20%), stuffed toy (n=39; 28%) and other (n=19; 14%).

Following the events, participants demonstrated a positive increase in intention to follow safe sleep practices related to only placing their baby on the back to sleep (n=521, 97%; $p<0.001$), anticipated sleep locations (n=535, 97%; $p<0.001$) and anticipated crib items (n=487, 95%; $p<0.001$). Of those who indicated unsafe sleep position, side (n=7; 50%), tummy (n=5; 36%) and don't know/unsure (n=3; 21%) were reported. Of those who indicated unsafe sleep locations, my bed (n=6; 35%), toddler bed (n=5; 29%), swing (n=4; 24%), don't know/not sure (n=2; 12%), and twin or larger bed (n=1; 6%), were reported. Unsafe items in the sleep environment reported included bumper pad (n=9; 39%), stuffed toy (n=9; 39%), loose blankets (n=8; 35%), a sleep positioner (n=7; 30%), pillow (n=6; 23%), and other (n=4; 17%). Most participants (n=544; 99%) planned to discuss safe sleep with others after attending the Safe Sleep Community Baby Shower ($p<0.001$). After attending the events, most participants (n=548, 99%) indicated they know at least one person who will support safe sleep for their baby. If participants had not received a portable crib from this event, 151 (30%) may not have had a safe sleep surface available for their infant. Specifically, 50 (10%) would not have had access to a clean, smoke-free, damage-free crib, bassinet, or portable crib and 101 (20%) were not sure.

Table 3. Changes in Intended Safe Sleep Practices (n=559)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Anticipated sleep position			
Back only	454 (85)	521 (97)	<0.001*
At least one unsafe position	81 (15)	14 (3)	
Anticipated sleep locations			<0.001*
Only safe locations (crib or bassinet only)	487 (88)	535 (97)	
At least one unsafe location	65 (12)	17 (3)	
Anticipated crib items			<0.001*
Only safe items (firm mattress, fitted sheet, or wearable blanket only)	372 (73)	487 (95)	
At least one unsafe item	138 (27)	23 (5)	
Have or plan to discuss safe sleep with others			<0.001*
Yes	378 (69)	544 (99)	
No	167 (31)	1 (1)	
Know at least one person who will support Safe Sleep			N/A
Yes	--	548 (99)	
No	--	5 (1)	

Note. Missing data: anticipated sleep position (n=24); anticipated sleep location (n=7); anticipated crib items (n=49); talk to others (n=14); support safe sleep (n=6).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

Tobacco

When asked about tobacco use (including e-cigarettes) on the pre-survey, most participants (n=480; 87%) reported not using in the six months prior to the Safe Sleep Community Baby Shower or Safe Sleep Crib Clinic. Of those of who responded they had used tobacco in the previous six months, 14 (20%) reported not using currently, 50 (70%) reported daily use, 5 (7%) reported weekly use and 2 (3%) reported monthly use.

Prior to the Safe Sleep Community Baby Showers, 782 (89%) participants reported they would never allow tobacco use (including e-cigarettes) inside their home or car (Table 4). In addition, 394 (74%) reported knowing three ways to avoid secondhand smoke exposure for their baby. When asked about local resources to support efforts to quit tobacco use, 75 (16%) reported knowing three or more resources.

Following the Safe Sleep Community Baby Showers, 508 (94%) participants would not allow tobacco use inside their home or car ($p<0.001$). In addition, 511 (97%) participants reported knowing at least three ways to avoid secondhand smoke exposure for their baby ($p<0.001$). When asked about local resources, 175 (37%) participants reported knowing at least three to support efforts to quit tobacco ($p<0.001$).

Table 4. Smoking Exposure, Cessation Resources, and Intent to Quit (n=559)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Secondhand exposure in home or car			<0.001*
Never	482 (89)	508 (94)	
Daily	49 (9)	28 (5)	
Weekly	6 (1)	3 (1)	
Monthly	2 (1)	0 (0)	
Know at least 3 ways to avoid secondhand exposure			<0.001*
Yes	394 (74)	511 (97)	
No	135 (26)	18 (3)	
Know at least 3 <u>local resources</u> for tobacco cessation			<0.001*
Less than 3	402 (84)	302 (63)	
3 or more	75 (16)	175 (37)	
Interested in quitting tobacco use[‡]			N/A
Yes, in the next 30 days	18 (32)	25 (42)	
Yes, but not now	20 (36)	22 (37)	
I'm not ready to quit	18 (32)	13 (22)	

Note. Missing data: secondhand exposure (n=20); three ways to avoid secondhand exposure (n=30); three local resources for tobacco cessation (n=82); interest in quitting tobacco use (pre-survey, n=15; post-survey, n=11).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

[‡]Based on current smokers only.

Breastfeeding

Prior to the Safe Sleep Community Baby Showers, most participants (n=494; 90%) planned to breastfeed their baby (Table 5). Of those who planned to breastfeed, 310 (65%) intended to breastfeed for longer than six months and 215 (45%) reported being confident they will breastfeed longer than six months. When asked about local breastfeeding resources, 132 (26%) knew three or more.

After the events, 499 (91%) participants planned to breastfeed their baby ($p<0.001$). Of those who indicated intention to breastfeed, 320 (67%) planned to for longer than six months ($p=0.078$) and 231 (48%) were confident in their ability to breastfeed for longer than six months ($p=0.021$). Participants reported an increase in knowledge of local breastfeeding resources, with 253 (50%) knowing at least three or more ($p<0.001$).

Table 5. Breastfeeding Intent, Confidence, and Knowledge of Resources (n=559)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Likelihood of breastfeeding			<0.001*
Don't plan to breastfeed	54 (10)	49 (9)	
Not Likely	10 (2)	8 (1)	
Somewhat Likely	73 (13)	62 (11)	
Very Likely	411 (75)	429 (78)	
Intended length of time breastfeeding			0.078
6 months or less	168 (35)	158 (33)	
Longer than 6 months	310 (65)	320 (67)	
Confidence in ability to breastfeeding for length of time			0.021*
6 months or less	264 (55)	248 (52)	
Longer than 6 months	215 (45)	231 (48)	
Knowledge of at least 3 local breastfeeding resources			<0.001*
Less than 3	378 (74)	257 (50)	
3 or more	132 (26)	253 (50)	

Note. Missing data: breastfeeding likelihood (n=11); breastfeeding duration (n=16); breastfeeding confidence (n=15); three local breastfeeding resources (n=49).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

Perinatal Mental Health

Prior to the Safe Sleep Community Baby Showers, most participants (n=422, 93%) reported only safe risk reduction strategies for depression, anxiety, and other mood disorders (Table 6). Of those who reported unsafe risk reduction strategies, withdraw from daily activities (n=30; 100%) and use alcohol, caffeine, or other substances to cope (n=3; 10%) were reported. When asked about perinatal mental health resources, 155 (35%) knew three or more.

After the event, most participants (n=420, 93%) reported safe risk reduction strategies (p=0.839). Of the participants who indicated non-safe responses, withdraw from daily activities (n=32; 100%) was reported. Participants reported an increase in knowledge of three or more perinatal mental health resources (n=224, 51%; p<0.001). In addition, the majority of participants (n=455, 99%) reported knowing at least one person with whom they can talk about their feelings or any concerns about their mental health.

Table 6. Knowledge of Perinatal Mental Health (n=559)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Ways to reduce risk of depression, anxiety, and other mood disorders			0.839
Only safe reduction strategies	422 (93)	420 (93)	
At least one unsafe strategy	30 (7)	32 (7)	
Knowledge of at least 3 perinatal mental health resources			<0.001*
Less than 3	287 (65)	218 (49)	
3 or more	155 (35)	224 (51)	
Know at least one person to who will support mental health concerns			N/A
Yes	--	455 (99)	
No	--	1 (0.5)	
Not Sure	--	2 (0.5)	

Note. Missing data: ways to reduce risk (n=107); perinatal mental health resources (n=117); support person (n=101).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

Confidence (post-survey only)

Following the Safe Sleep Community Baby Showers, most participants reported being more confident in safe sleep practices, avoiding secondhand smoke, breastfeeding, ability to follow safe sleep recommendations even when receiving conflicting advice, and recognizing the signs and symptoms of perinatal depression or anxiety (Table 7).

Table 7. Confidence (post-survey only) (n=559)

	Less Confident n (%)	No Change n (%)	More Confident n (%)
Get baby to sleep on his/her back	3 (1)	66 (12)	481 (87)
Have baby sleep in my room, but separate crib, portable crib, or bassinet	2 (1)	75 (13)	477 (86)
Keep loose blankets out of crib	10 (2)	71 (13)	473 (85)
Avoid secondhand smoke	5 (1)	78 (14)	470 (85)
Breastfeed only	4 (1)	110 (20)	439 (79)
Follow safe sleep recommendations even when people give different advice	2 (1)	40 (7)	507 (92)
Recognize signs and symptoms of perinatal depression or anxiety	3 (1)	68 (15)	382 (84)
Access screening or support for symptoms of perinatal depression or anxiety	3 (1)	67 (15)	378 (84)

Note. Missing data due to non-response: sleep on back (n=9); baby sleep in room (n=5); loose blankets (n=5); secondhand smoke exposure (n=6); breastfeeding (n=6); following safe sleep recommendations (n=10); recognize signs and symptoms (n=106), access screening (n=111).

Event Satisfaction (post-survey only)

Overall, participants reported being very satisfied (82%) or satisfied (15%) with the Safe Sleep Community Baby Showers and Safe Sleep Crib Clinics held in Fiscal Year 2022.

Table 8. Overall Event Satisfaction (post-survey only) (n=559)

	n (%)
Very Satisfied	452 (82)
Satisfied	84 (15)
Neutral	4 (1)
Dissatisfied	0 (0.0)
Very Dissatisfied	12 (2)

Note. Missing data due to non-response (n=10).

Participant Comments and Suggestions

- 3rd time mom but love the refresher
 - A lot of helpful info, very nice people putting this together to help the community.
 - A phenomenal community resource, I didn't even know we had some of these resources!
 - a weekend option
 - After Birth prepare, info on it, what to expect! I had no idea what to expect after giving birth and think other women would benefit from that information!
 - Amazing and knowledgeable vendors
 - AMAZING INFO GIVEN! I might suggest an inside event next time. Use the finished passport at the end for a raffle item.
 - Appreciate all the resources and helpful information. Great service for parents. Thank you!
 - Awesome program & good information
 - babies have 3 methods to calm during swaddle
 - Being a 1st time mom Ms Cathy helped me with alot that I didn't know nor realize.
 - Could use more space for people to go through booths.
 - E aprendido mucho sobre los diferentes recursos y consejos que ay para la salud y el bien estar de mío y de mi bebé.
 - Es bueno tener estas clases .por que asi nos educamos y sabemos como debes actuar con nuestros bebes. Gracias por todo.
 - Estas platucas ayudan mucho a xono cyudar a tu bebe
 - Estubo Muy Bien Gracia. Atoda
 - Estuvo muy bien la clase
 - Excelente platica.
 - Excelente programa muchas gracias
 - Exelent info
 - Exelente clace sobre el sueño seguro
 - fabulous event for everyone. try not to hold during weekday
 - Fue muy exhaustiva en os temas y los explico muy bien
 - Go slower. I know there is a lot of information to get across but it's a lot to process when you're a first mom and some people need it slower. Just a suggestion. Also have precise answers because whatever you want is not a good answer to a question. I might want something totally different than what's good for baby so I need to learn what the baby is going to want. Also talking about postpartum depression and issues with mental health would be beneficial to new moms. It's a concern for me. Hospital stay run-down might be something to add too because there are a lot of uncertainties. But overall, very beneficial program and slideshow and teachers!! Everyone was professional and awesome. I truly think this should be a requirement for everyone to take because a lot of people don't know about safe- sleep especially young moms! They co-sleep and that is so dangerous! Great info about SIDS. And thank you so much for helping me and for this program.
 - Good information
 - Good Job!
 - Great event with lots of helpful resources and would definitely recommend to others
 - Great friendly teacher and wonderful video! Thank you!
 - Great information!
 - Great Instructor and INFO.
 - Great program!
 - Great Resources
 - great resources, kind people
 - Have a volunteer couple put baby to bed.
 - I appreciated how you stated the baby should only be in one extra layer than what you are wearing. Sometimes i am in shorts and a t-shirt and my baby is in a sleeper and swaddle
 - I enjoyed myself
 - I feel so much better now after all the lesson
 - I found this meeting g to be very helpful! Thank you for everything you guys do for us
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- I loved learning about this, I'm a first time mom and there's not really that many babies in my family so I don't have a lot of experience taking care of babies. With this training I feel more confident around my own baby and others. :)
 - I really enjoyed learning the new info!
 - I Thought it was very beneficial!
 - I thought the class was very helpful.
 - I thought they were very clear on what to do and not. I believe this is a very good video to help new moms
 - I would mention that cribs and pack n plays should be left away from all furniture and 3 ft from window
 - Id reccomend the becoming a mom class during the lecture
 - Ill the information was very helpful and informational to the things we were used to from previous children.
 - Im having twins i dont know if i needed to say that or not, genders arent known yet.
 - It was a good class
 - It was amazing info to learn thank you so much!!!
 - It was great, learned some stuff I didn't know.
 - It was very helpful.
 - It was very reassuring for what I already knew so I appreciate the information provided.
 - Kindness
 - La clase esta perfecta
 - learned a lot more than i knew
 - Learned a lot that I didn't know - Safe Sleep
 - Learned about the ABCs
 - Learning new ways everyday. Even if you are a smoker wash your hands before touching your baby.
 - lots of resources about birth to mom's aftercare
 - love the resources for books
 - love this program and all the info and support it brings to mothers
 - Loved the class. Keep it up!
 - Many resources in the community that I was not aware of.
 - Me ayudo mucho esta clase me informee de varias cosas que reamente no tenia idea.
 - Me gusto mucho la clase y aprendi mucho.
 - Muchas gracias por toda la información brindada. Es muy útil
 - Muy buenas enseñansas
 - Por el apoyo que nos brindan
 - Spread the tables out a little more so we can hear the speakers a little better.
 - Taught me a lot more new information
 - Thank you for everything! You guys are doing great things!
 - thank you for providing this community event
 - Thank you for the free resources and training!
 - Thank you for the information! It was all very helpful.
 - Thank you for the resources!
 - Thank you for the swaddling information and the wearable blanket.
 - Thank you so much great info
 - Thank you!!!
 - thanks for the great info
 - The instruct was able to explain things in detail so that I could fully understand what was being taught. I was allowed to ask questions when I needed to and to speak freely about things I've witnessed in the past about baby care.
 - THERE IS NEW RESEARCH ABOUT A GENE BEING LINKED TO SIDS
 - This class was very helpful for me and I definitely learned a lot of information
 - This event was very helpful and educational. I'm very appreciative you guys have put it all on!
 - This is a great event! Thank you so much to everyone involved!!
 - This is an amazing program and I appreciate this very much. Thank you so much!!
 - This was a very helpful event. Thank you!
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- To do perfecto. Gracias por la ayuda.
 - Truly loved being informed on Safe Sleeping.
 - Una clase muy centrada en lo que tiene que hablarse, van directo al grano y eso nos ahorra tiempo al no desviarnos de los temas
 - Very educational.
 - very helpful
 - Very informative session, I feel more confident on how to manage my sleep and my child's sleep. And how to ensure people around my child know how to keep my child safe
 - Very interesting and helpful to learn new topics about my first baby
 - Very nice workers, helpful and resourceful.
 - Very supportive and understanding of people different situations.
 - Very useful information
 - You guys are wonderful and kind people. I highly recommend this to any parent or parent to be!
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*The comments and suggestions are direct quotes taken from the comments/suggestions section of the post-survey.

Conclusion and Recommendations

Overall, the Safe Sleep events held in Fiscal Year 2022 were successful. There were some individuals not confident in their ability to keep loose blankets out of the crib, even though 97% intended to only use safe crib items in the sleep environment. Make sure instructors focus on why the current recommendations only support the use of a firm mattress, fitted sheet and wearable blanket in a safe sleep environment and work with event participants to identify and address potential barriers during the crib demonstration.

For the tobacco cessation component, focus on tobacco cessation resources as only 37% of participants reported knowledge of at least three local resources following the event. This is especially critical as 10% of participants are currently using tobacco while pregnant, which is a known risk factor for sleep-related death.

For the breastfeeding promotion component, focus on breastfeeding support resources as only 50% could identify at least three local resources following the events.

When discussing perinatal mental health, focus on answering participants questions and concerns around safe risk reduction strategies. In addition, focus on identifying perinatal mental health resources as only 51% could identify at least three following the events.

To address the last three recommendations, consider providing a handout with tobacco cessation resources, a handout with breastfeeding support resources, and a handout with perinatal mental health resources that are available locally, and statewide, at each training to reinforce verbal messages regarding resources. If holding the event virtually, consider sending resources to participants via email or at the time of crib pick-up, if applicable.

Evaluation Recommendations

- Make sure the correct data collection forms are used; 34 pre- and post-surveys were removed from analysis due to wrong form being used.
- Make sure participants complete pre-and post-surveys; 78 pre-surveys and 4 post-surveys were removed due to missing data. Consider making virtual assessment responses required as the majority of missing data was due to participants not completing surveys.

Technical Notes

Data collection forms were updated in Fall 2021. Specific changes to note include the addition of perinatal mental health questions and mother's age on the pre- and post-surveys. Note, these variables are incomplete for FY22, as not all data was collected using the updated form.

Participants were encouraged to complete the pre- and post-surveys in their entirety. However, due to the voluntary nature of participants, respondents had the right to skip questions. With online direct entry data collection participants may only complete pre- or post-surveys. Also, participant data may be excluded due to non-matching Participant ID. Any missing responses were excluded from statistical analysis. Of note, one Safe Sleep Community Baby Shower was scheduled, but did not have any participants attend. An additional Safe Sleep Community Baby Shower, which indicated multiple attendees only had one survey entered into REDCap.

Pre- and post-test data were collected, deidentified and entered into a secure REDCap database by Safe Sleep Instructors or direct data entry by participants. Descriptive statistics were summarized using frequencies (percentages). Comparisons between pre- and post-surveys were made using McNemar's test for paired dichotomous variables. Statistical analyses for this report were performed using SPSS for Windows, Version 26.0. All reported data is based on collected data as of July 6, 2022.

Appendix A. Spanish-Speaking Participants

Table 1. Spanish-Speaking Participant Characteristics (n=39)

	n (%)
Number of Support People Attending	
0-18 years (median, range)	0 (0-7)
18+ years (median, range)	0 (0-3)
Age (mean, SD)	28 (6.0)
Race/Ethnicity	
Non-Hispanic White	2 (5)
Hispanic	31 (85)
Multiracial	2 (5)
Other	2 (5)
Marital Status	
Single	14 (39)
Married	15 (42)
Partnered	5 (14)
Separated	2 (5)
Partner Race/Ethnicity	
Non-Hispanic White	3 (8)
Hispanic	31 (79)
Other	5 (13)
Mother's Education	
Some High School	14 (40)
High School Graduate or GED	13 (37)
4-year College Graduate	3 (9)
Other	5 (14)
Insurance Status	
Self-Pay	27 (77)
KanCare/Medicaid	6 (17)
Private Insurance	2 (6)
Prenatal Care Provider	
Community Health Clinic	13 (36)
County Health Department	10 (28)
Hospital Clinic	7 (19)
Private Provider's Office	4 (11)
None	1 (3)
Other	1 (3)

Note. Missing data due to non-response: race/ethnicity (n=2); marital status (n=3); education level (n=4); insurance status (n=4); prenatal care (n=3).

Table 2. Spanish-Speaking Participants - Changes in Intended Safe Sleep Practices (n=39)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Anticipated sleep position			0.375
Back only	25 (76)	30 (91)	
At least one unsafe position	8 (24)	3 (9)	
Anticipated sleep locations			0.125
Only safe locations (crib or bassinet only)	25 (68)	32 (86)	
At least one unsafe location	12 (32)	5 (14)	
Anticipated crib items			0.063
Only safe items (firm mattress, fitted sheet, or wearable blanket only)	20 (63)	29 (91)	
At least one unsafe item	12 (38)	3 (9)	
Have or plan to discuss safe sleep with others			0.016*
Yes	18 (51)	35 (100)	
No	17 (49)	0 (0)	
Know at least one person who will support Safe Sleep			N/A
Yes	--	35 (92)	
Not Sure	--	3 (8)	

Note. Missing data: position (n=6); location (n=2); items (n=7); discuss safe sleep (n=4); support safe sleep (n=1).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

Table 3. Spanish-Speaking Participants - Smoking Exposure, Cessation Resources, and Intent to Quit (n=39)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Secondhand exposure in home or car			N/A
Never	35 (97)	35 (97)	
Weekly	1 (3)	1 (3)	
Know at least 3 ways to avoid secondhand exposure			0.031*
Yes	16 (43)	33 (89)	
No	21 (57)	4 (11)	
Know at least 3 <u>local resources</u> for tobacco cessation			0.016*
Less than 3	29 (100)	16 (55)	
3 or more	0 (0)	13 (45)	
Interested in quitting tobacco use[‡]			N/A

Note. Missing data: secondhand exposure (n=3); three ways to avoid (n=2); local resources (n=10).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

[‡]No participants indicated current or previous tobacco use.

Table 4. Spanish-Speaking Participants - Breastfeeding Intent, Confidence, and Knowledge of Resources (n=39)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Likelihood of breastfeeding			0.180
Don't plan to breastfeed	0 (0)	1 (3)	
Somewhat Likely	7 (18)	3 (7)	
Very Likely	32 (82)	35 (90)	
Intended length of time breastfeeding			1.000
6 months or less	15 (42)	16 (44)	
Longer than 6 months	21 (58)	20 (56)	
Confidence in ability to breastfeeding for length of time			1.000
6 months or less	20 (57)	19 (54)	
Longer than 6 months	15 (43)	16 (46)	
Knowledge of at least 3 local breastfeeding resources			0.500
Less than 3	26 (79)	21 (64)	
3 or more	7 (21)	12 (36)	

Note. Missing data: breastfeeding duration (n=3); breastfeeding confidence (n=4); three local breastfeeding resources (n=6).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

Table 5. Knowledge of Perinatal Mental Health (n=39)

	Pre-Survey n (%)	Post-Survey n (%)	Total Change <i>p</i>
Ways to reduce risk of depression, anxiety, and other mood disorders			0.250
Only safe reduction strategies	12 (40)	5 (17)	
At least one unsafe strategy	18 (60)	25 (83)	
Knowledge of at least 3 perinatal mental health resources			0.250
Less than 3	23 (88)	16 (62)	
3 or more	3 (12)	10 (38)	
Know at least one person to who will support mental health concerns			N/A
Yes	--	28 (97)	
No	--	0 (0)	
Not Sure	--	1 (3)	

Note. Missing data: ways to reduce risk (n=9); perinatal mental health resources (n=13); support person (n=10).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.

Table 6. Spanish-Speaking Participants - Confidence (post-survey only) (n=39)

	Less Confident n (%)	No Change n (%)	More Confident n (%)
Get baby to sleep on his/her back	2 (5)	1 (3)	33 (92)
Have baby sleep in my room, but separate crib, portable crib, or bassinet	2 (5)	1 (3)	34 (92)
Keep loose blankets out of crib	4 (11)	2 (6)	30 (83)
Avoid secondhand smoke	3 (8)	1 (3)	32 (89)
Breastfeed only	2 (6)	1 (3)	33 (91)
Follow safe sleep recommendations even when people give different advice	2 (6)	1 (3)	32 (91)
Recognize signs and symptoms of perinatal depression or anxiety	1 (4)	1 (4)	25 (92)
Access screening or support for symptoms of perinatal depression or anxiety	1 (4)	0 (0)	27 (96)

Note. Missing data due to non-response: back to sleep (n=3); same room, separate bed (n=2); loose blankets (n=3); secondhand smoke (n=3); breastfeeding (n=3); recommendations (n=4); recognize signs and symptoms (n=12); access screening (n=11).

Table 7. Spanish-Speaking Participants - Overall Event Satisfaction (post-survey only) (n=39)

	n (%)
Very Satisfied	27 (73)
Satisfied	4 (11)
Very Dissatisfied	6 (16)

Spanish-Speaking Participant Comments and Suggestions

- En muy buena clase tengo mas ideas de como cuidar a mi bebe.
- Informacion muy beneficiaria para el cuidado de mi bebe.
- Me gustó mucho xq aprendi
- Muy agradecida con la clase. "So grateful for the class"
- Muy buena clase.
- Muy buena informacion para mantener a mi bebe seguro.
- Muy buena informacion para prevenir algo fatal.

*The comments and suggestions are direct quotes taken from the comments/suggestions section of the post-survey.

Appendix B. Education Format (Virtual vs In-person Participants)

Table 1. Participant Characteristics (n=559)

	In-person (n=448)	Virtual (n=111)	p
	n (%)	n (%)	
Number of Support People Attending			
0-18 years (median, range)	0 (0-7)	0 (0-3)	0.260
18+ years (median, range)	1 (0-9)	0 (0-3)	0.014*
Age (mean, SD)	27 (6)	26 (6)	0.807
Language			<0.001
English	432 (96)	88 (79)	
Spanish	16 (4)	23 (21)	
Race/Ethnicity			<0.001*
Non-Hispanic White	313 (70)	55 (51)	
Hispanic	76 (17)	33 (31)	
Non-Hispanic Black	30 (7)	13 (12)	
Multiracial	12 (3)	7 (6)	
Other	14 (3)	0 (0)	
Marital Status			0.037*
Single	124 (28)	50 (46)	
Married	227 (51)	34 (31)	
Partnered	76 (17)	22 (20)	
Other	16 (4)	4 (3)	
Partner Race/Ethnicity			<0.001*
Non-Hispanic White	276 (62)	32 (29)	
Hispanic	74 (17)	37 (33)	
Non-Hispanic Black	37 (8)	12 (11)	
Multiracial	11 (2)	4 (4)	
Other	7 (1)	1 (1)	
Not Applicable/Choose not to answer	43 (10)	25 (22)	
Mother's Education			<0.001*
Some High School	56 (13)	24 (22)	
High School Graduate or GED	183 (41)	62 (56)	
2-Year Community College Graduate	64 (14)	8 (7)	
4-year College Graduate	66 (15)	6 (6)	
Graduate School	50 (11)	2 (2)	
Other	25 (6)	8 (7)	
Insurance Status			<0.001*
KanCare/Medicaid	204 (46)	72 (65)	
Private Insurance	149 (34)	10 (9)	
Military	28 (6)	6 (5)	
Self-Pay	24 (5)	20 (18)	
Managed Care Organization/Marketplace	12 (3)	0 (0)	
Other	25 (6)	3 (3)	
Prenatal Care Provider			0.041*
Private Provider's Office	173 (39)	36 (33)	
Hospital Clinic	166 (38)	43 (39)	
Community Health Clinic	31 (7)	19 (17)	
County Health Department	35 (8)	3 (3)	
Other	17 (4)	3 (3)	
Clinic at Work or School	4 (1)	2 (2)	
No Prenatal Care Provider	13 (3)	3 (3)	

Note. Missing data due to non-response: In-person-race/ethnicity (n=3); marital status (n=5); education level (n=4); insurance status (n=6) and prenatal care provider (n=9). Virtual- race/ethnicity (n=3); marital status (n=1); education level (n=1); and prenatal care provider (n=2).

*Other – Marital Status: separated, divorced, widowed.

Table 2. Changes in Intended Safe Sleep Practices (n=559)

	In-person (n=448)		Virtual (n=111)		p
	Pre-Survey n (%)	Post-Survey n (%)	Pre-Survey n (%)	Post-Survey n (%)	
Anticipated sleep position					0.906
Back only	366 (86)	416 (97)	88 (81)	105 (97)	
At least one unsafe position	61 (14)	11 (3)	20 (19)	3 (3)	
Anticipated sleep locations					0.825
Only safe locations (crib or bassinet only)	393 (89)	429 (97)	94 (86)	106 (97)	
At least one unsafe location	50 (11)	14 (3)	15 (14)	3 (3)	
Anticipated crib items					0.238
Only safe items (firm mattress, fitted sheet, or wearable blanket only)	307 (75)	393 (96)	65 (64)	94 (93)	
At least one unsafe item	102 (25)	16 (4)	36 (36)	7 (7)	
Have or plan to discuss safe sleep with others					0.024*
Yes	305 (70)	435 (100)	73 (66)	109 (99)	
No	130 (30)	0 (0)	37 (34)	1 (1)	
Know at least one person who will support Safe Sleep					0.047*
Yes	--	441 (99)	--	107 (97)	
No	--	2 (1)	--	3 (3)	
Not Sure	--	0 (0)	--	0 (0)	

Note. Missing data: In-person-anticipated sleep position (n=21); anticipated sleep location (n=5); anticipated crib items (n=39); talk to others (n=13); support safe sleep (n=5). Virtual- anticipated sleep position (n=3); anticipated sleep location (n=2); anticipated crib items (n=10); talk to others (n=1); support safe sleep (n=1).

**p-value* <.05 indicates statistically significant difference between in-person and virtual post-surveys. .

Table 3. Smoking Exposure, Cessation Resources, and Intent to Quit (n=559)

	In-person (n=448)		Virtual (n=111)		p
	Pre-Survey n (%)	Post-Survey n (%)	Pre-Survey n (%)	Post-Survey n (%)	
Secondhand exposure in home or car					0.529
Never	387 (90)	408 (94)	95 (88)	100 (56)	
Daily	39 (9)	21 (5)	10 (9)	7 (39)	
Weekly	5 (1)	2 (1)	1 (1)	1 (5)	
Monthly	0 (0)	0 (0)	2 (2)	0 (0)	
Know at least 3 ways to avoid secondhand exposure					0.477
Yes	324 (77)	406 (96)	70 (65)	105 (97)	
No	97 (23)	15 (4)	38 (35)	3 (3)	
Know at least 3 local resources for tobacco cessation					0.717
Less than 3	307 (83)	232 (62)	95 (90)	70 (67)	
3 or more	65 (17)	140 (38)	10 (10)	35 (33)	
Interested in quitting tobacco use[‡]					0.602
Yes, in the next 30 days	13 (30)	17 (38)	4 (36)	7 (64)	
Yes, but not now	18 (42)	17 (38)	2 (18)	2 (18)	
I'm not ready to quit	12 (28)	11 (24)	5 (46)	2 (18)	

Note. Missing data: In-person-secondhand exposure (n=17); three ways to avoid secondhand exposure (n=27); local resources (n=76). Virtual- secondhand exposure (n=3); three ways to avoid secondhand exposure (n=3); local resources (n=6).

**p-value* <.05 indicates statistically significant difference between in-person and virtual post-surveys.

[‡]Based on current smokers only.

Table 4. Breastfeeding Intent, Confidence, and Knowledge of Resources (n=559)

	In-person (n=448)		Virtual (n=111)		p
	Pre-Survey n (%)	Post-Survey n (%)	Pre-Survey n (%)	Post-Survey n (%)	
Likelihood of breastfeeding					0.200
Don't plan to breastfeed	44 (10)	42 (10)	10 (9)	7 (6)	
Not Likely	9 (2)	5 (1)	1 (1)	3 (3)	
Somewhat Likely	48 (11)	42 (10)	25 (22)	20 (18)	
Very Likely	336 (77)	348 (79)	75 (68)	81 (73)	
Intended length of time breastfeeding					0.371
6 months or less	130 (34)	122 (32)	38 (38)	36 (36)	
Longer than 6 months	249 (66)	257 (68)	61 (62)	63 (64)	
Confidence in ability to breastfeeding for length of time					0.025
6 months or less	203 (53)	188 (49)	61 (62)	60 (61)	
Longer than 6 months	177 (47)	192 (51)	38 (38)	39 (39)	
Knowledge of at least 3 local breastfeeding resources					0.450
Less than 3	293 (293)	202 (50)	85 (82)	55 (53)	
3 or more	113 (113)	204 (50)	19 (18)	49 (47)	

Note. Missing data: In-person-breastfeeding likelihood (n=11); breastfeeding duration (n=25); breastfeeding confidence (n=24); three local breastfeeding resources (n=42). Virtual-breastfeeding duration (n=2); breastfeeding confidence (n=); three local breastfeeding resources (n=7).

**p-value* <.05 indicates statistically significant difference between in-person and virtual post-surveys.

Table 5. Knowledge of Perinatal Mental Health (n=559)

	In-person (n=448)		Virtual (n=111)		p
	Pre-Survey n (%)	Post-Survey n (%)	Pre-Survey n (%)	Post-Survey n (%)	
Ways to reduce risk of depression, anxiety, and other mood disorders					<0.001*
Only safe reduction strategies	370 (95)	372 (95)	52 (84)	48 (77)	
At least one unsafe strategy	20 (5)	18 (5)	10 (16)	14 (23)	
Knowledge of at least 3 perinatal mental health resources					0.657
Less than 3	237 (63)	188 (50)	50 (78)	30 (47)	
3 or more	141 (37)	190 (50)	14 (220)	34 (53)	
Know at least one person to who will support mental health concerns					0.331
Yes	--	392 (99)	--	63 (98)	
No	--	1 (0.5)	--	0 (0)	
Not Sure	--	1 (0.5)	--	1 (2)	

Note. Missing data: In-person-ways to reduce risk (n=58); perinatal mental health resources (n=70); support person (n=54). Virtual-ways to reduce risk (n=49); perinatal mental health resources (n=47); support person (n=47).

**p-value* <.05 indicates statistically significant difference between in-person and virtual post-surveys.

Table 6. Confidence (post-survey only; n=559)

	In-person (n=448) n (%)	Virtual (n=111) n (%)	p
Get baby to sleep on his/her back			0.389
Less Confident	2 (1)	1 (1)	
No Change	52 (12)	14 (13)	
More Confident	386 (87)	95 (86)	
Have baby sleep in my room, but separate crib, portable crib, or bassinet			0.612
Less Confident	2 (1)	0 (0)	
No Change	58 (13)	17 (15)	
More Confident	384 (86)	93 (85)	
Keep loose blankets out of crib			0.787
Less Confident	7 (2)	3 (3)	
No Change	57 (13)	14 (12)	
More Confident	379 (85)	94 (85)	
Avoid secondhand smoke			0.885
Less Confident	3 (1)	2 (2)	
No Change	63 (14)	15 (13)	
More Confident	376 (85)	94 (85)	
Breastfeed only			0.019
Less Confident	4 (1)	0 (0)	
No Change	96 (22)	14 (13)	
More Confident	342 (77)	97 (87)	
Follow safe sleep recommendations even when people give different advice			0.565
Less Confident	1 (1)	1 (1)	
No Change	34 (7)	6 (5)	
More Confident	403 (92)	104 (94)	
Recognize signs and symptoms of perinatal depression or anxiety			0.324
Less Confident	3 (1)	0 (0)	
No Change	61 (16)	7 (10)	
More Confident	328 (83)	64 (90)	
Access screening or support for symptoms of perinatal depression or anxiety			0.176
Less Confident	3 (1)	0 (0)	
No Change	61 (16)	6 (10)	
More Confident	323 (83)	55 (90)	

Note. Missing data: In-person-sleep on back (n=8); sleep in room (n=4); loose blankets (n=5); secondhand exposure (n=6); breastfeeding (n=6); follow recommendations (n=10); signs and symptoms (n=56); access screening (n=61). Virtual- sleep on back (n=1); sleep in room (n=1); signs and symptoms (n=40); access screening (n=50).

**p-value* <.05 indicates statistically significant difference between in-person and virtual post-surveys.

Table 7. Overall Event Satisfaction (post-survey only; n=559)

	In-person (n=448) n (%)	Virtual (n=111) n (%)	p
			0.082
Very Satisfied	366 (83)	86 (78)	
Satisfied	65 (15)	16 (14)	
Neutral	2 (1)	2 (2)	
Dissatisfied	0 (0)	0 (0)	
Very Dissatisfied	5 (1)	7 (6)	

Note. Missing data: In-person (n=10).

**p-value* <.05 indicates statistically significant difference between pre- and post-survey responses.