Reducing Risk Through Connection: Community-Led Safe Sleep Education in the Neonatal Intensive Care Unit (NICU)

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The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

Members of the NPA write a regular peer-reviewed column in Neonatology Today.

Introduction:

Since 2020, the rate of Sudden Unexpected Infant Death (SUID) in the United States (US) has been increasing, reaching approximately 3,700 deaths (100.9 per 100,000 live births) in 2022. (1) SUID includes sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), and other deaths from unknown causes. Although SUID rates decreased by 44% from 1990 to 1998, progress has since slowed, with only a 7% decline from 1999 to 2015. (2) Pronounced racial inequities also persist. In 2022, the US SUID rate among non-Hispanic Black infants was 244.0 per 100,000 live births, nearly three times higher than the rate of 83.2 per 100,000 among non-Hispanic White infants. Preterm infants are also at increased risk. Research shows that SUID rates are highest among infants born extremely prematurely, with 268.0 deaths per 100,000 live births for those born at 24 to 27 weeks' gestation compared to 51.0 per 100,000 for full-term infants born at 39 to 42 weeks. (3) These trends underscore the heightened vulnerability of preterm infants and the critical need for targeted safe sleep education and support.

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Many SUID cases are preventable through safe sleep practices, appropriate infant product use, and breastfeeding. (4) However, significant barriers exist, including misinformation, limited access to culturally appropriate resources, and the delivery of safe sleep messages that do not resonate with the lived experiences of families. These barriers remain especially prevalent in communities most affected by SUID, and traditional health education models often fall short in reaching families facing structural or informational barriers. (5, 6) The *Let's Talk Community Chats* program was developed to address these barriers by providing culturally responsive, community-based education on safe sleep and infant care, leveraging trusted community members to deliver accessible, nonjudgmental guidance. The *Let's Talk* initiative integrates infant care education into familiar community settings, offering a care model that reaches families where they naturally convene. The key components of the program include:

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- Community-Integrated Events: Monthly gatherings held in retail stores and community centers where families already congregate, facilitating easy and accessible participation.
- Culturally Responsive Facilitation: Trusted community members, including doulas, lactation consultants, grandparents, and fathers, lead conversations and share practical guidance, drawing on personal and professional experiences to make information accessible, respectful, and grounded in families' real-life needs.
- Practical Support: Free resources, including swaddles, diapers, infant feeding pillows, and access to local social services, are provided to reduce barriers to safe infant care.
- Evidence-Based Training: Facilitators receive training from First Candle on the American Academy of Pediatrics (AAP) safe sleep guidelines (4) and breastfeeding support, ensuring that participants receive accurate,

research-backed advice. Those recommendations include:

- Back to sleep for every sleep
- A firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment
- Feeding of human milk, which is associated with a reduced risk of SIDS, exclusively for the first six months
- Having infants sleep in the parents' room and close to their bed, but on a separate surface designed for infants, for at least the first six months.

A pilot program conducted in Atlanta from April to August 2024 demonstrated high community engagement and positive behavior changes, particularly among non-Hispanic Black participants. For example, adherence to placing infants on their backs for sleep increased from 40% to 60%, and the percentage of families keeping soft objects out of the sleep area rose from 40% to 70%, based on follow-up surveys measuring changes from one week to one month.

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Several key insights emerged from the pilot phase of *Let's Talk Community Chats*:

- Community Trust Drives Engagement: 98% of participants reported feeling comfortable engaging with facilitators, underscoring the importance of culturally relevant educators in fostering trust and participation.
- Accessibility Matters: 96% of participants found the events easy to attend, suggesting that hosting discussions in everyday community locations encourages participation and accessibility.

NICU Expansion :

Because preterm infants are at increased risk for SUID, the American Academy of Pediatrics recommends that families receive infant safe sleep education during the hospital course to help prepare them for the transition to a safe home sleep environment. (7) Recognizing this increased vulnerability and need, the *Let's Talk* program was expanded to focus on families in the NICU following the initial pilot.

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NICU families are encouraged to attend monthly gatherings held in a dedicated space within the NICU. These sessions are facilitated by three First Candle-trained facilitators: a doula or lactation consultant, a grandparent, and a father. While essential resources, such as bassinets, swaddles, diapers, and informational handouts, are provided, conversations often extend beyond infant safe sleep to include topics like housing, mental health, and breastfeeding. Initial results have been quite promising.

Between January and April 2025, 23 mothers/birth givers and four fathers/support persons participated in a *Let's Talk* event and completed a post-event survey. The majority of respondents identified as non-Hispanic Black (89%) and were between the ages of 26 and 35 (44%).

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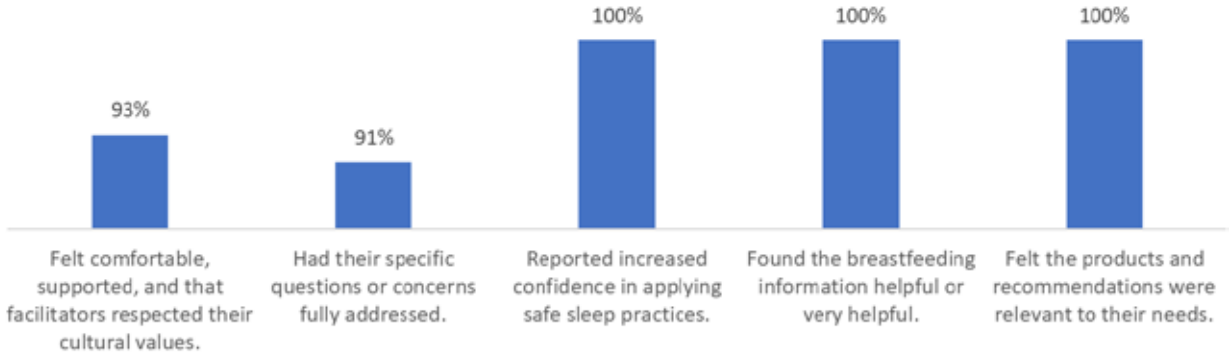
Participant responses to the event were highly favorable. Notably, 90% indicated they would attend future *Let's Talk* events. As shown in Figure 1, 93% reported feeling comfortable and supported and stated that facilitators respected their cultural values. Among participants who had specific questions, 91% felt their concerns were fully addressed. All participants (100%) reported increased confidence in applying safe sleep practices and found the breastfeeding information provided to be helpful or very helpful. Additionally, all respondents (100%) believed that the products and recommendations shared were relevant to their needs.

Participant qualitative feedback further underscored the program's value. One attendee commented, *"Love this! Wish every parent could attend!"* When asked how the event influenced their plans for infant sleep, participants shared:

Figure 1: Participants' Feedback on Let's Talk Events



- *"Helped put my mind at ease and confirmed the answer to some questions I had in mind."*
- *"I learned a lot today. I am grateful for the knowledge for safe sleep with my baby."*
- *"Just confirms that I need to put my baby to sleep in a safe area and gave me more facts I didn't know."*

As shown in Figure 2, 89% of respondents reported having a plan for where their baby would sleep upon discharge. Of those with a plan, 83% stated that the event influenced their planning. All reported that their intended sleep space would be a crib, bassinet, or pack 'n' play, and all shared that they would keep the sleep area free of pillows, toys, and bumpers. Additionally, 96% of participants planned to place their baby on their back for sleep. However, 8% of participants indicated they would still include blankets, highlighting an opportunity for additional education.

As shown in Figure 3, when asked, "What new information about safe sleep did you learn at the *Let's Talk* event?", 73% of participants reported learning that babies should always be placed on their backs to sleep. Other key learnings included the importance of keeping soft objects out of the sleep area (46%) and that infants should sleep in a separate area from adults (41%). Fewer participants reported learning that pacifier use may reduce the risk of SIDS (35%) or that infants should sleep

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Figure 2: Participants' Safe Sleep Plans

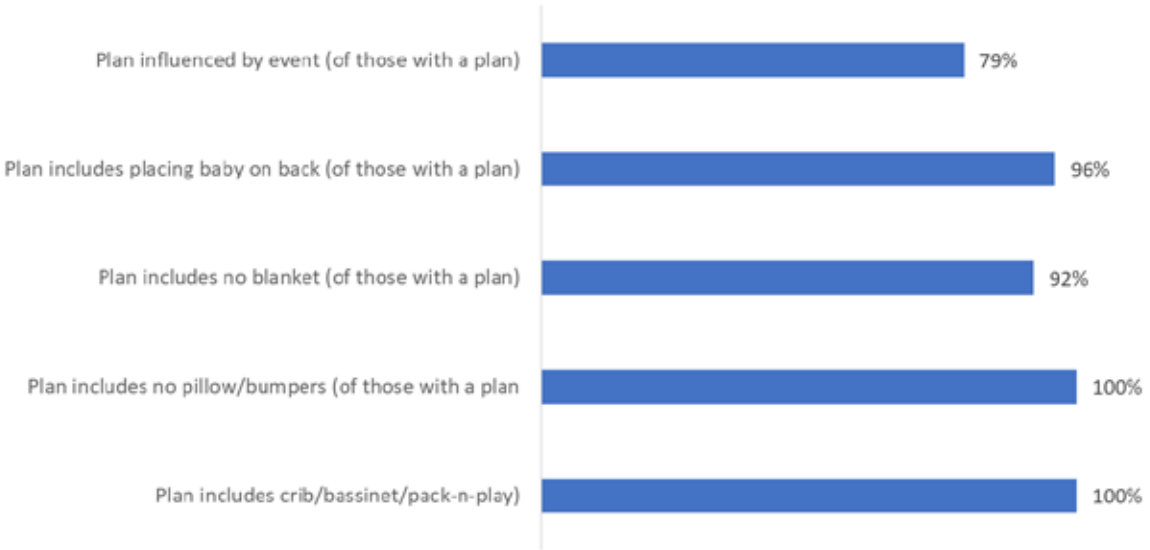
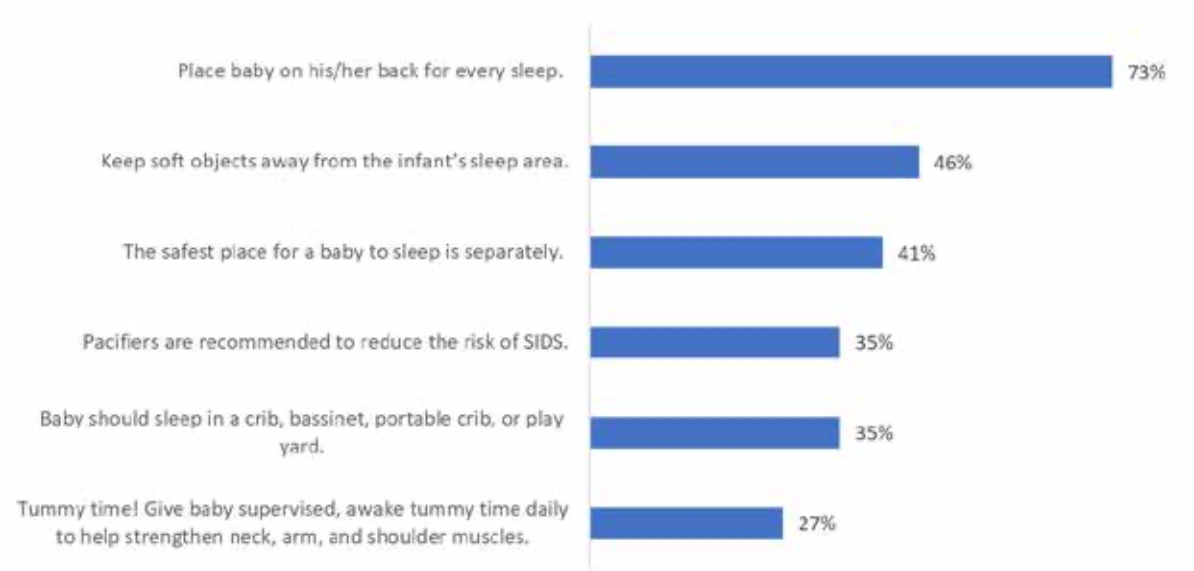


Figure 3: New Information about Safe Sleep



in a crib, bassinet, or other designated safe space (35%). Some participants also learned about the benefits of tummy time (27%) and the importance of regular prenatal care (12%), indicating opportunities for continued education and reinforcement.

"Participants found several aspects of the event especially valuable. The most frequently cited was education on safe sleep practices, specifically the ABCs of safe sleep, proper sleep positioning, and appropriate items for a baby's sleep space. Many participants also appreciated the breastfeeding guidance, while others highlighted information on infant brain development."

Participants found several aspects of the event especially valuable. The most frequently cited was education on safe sleep practices, specifically the ABCs of safe sleep, proper sleep positioning, and appropriate items for a baby's sleep space. Many participants also appreciated the breastfeeding guidance, while others highlighted information on infant brain development. Reflecting on what they found most valuable, participants shared:

- *"Openness about any questions and very positive."*
- *"Fantastic presentation with good anecdotal evidence!"*

Several responses expressed gratitude for the open and supportive environment, as well as the general advice shared by the facilitators. Finally, participants valued the practical resources and actionable tips they could apply at home.

Implications for Practice:

The findings from the *Let's Talk* NICU program underscore an important consideration for perinatal and neonatal health education: the need to meet families where they are, physically, culturally, and emotionally. This approach is particularly relevant for NICU families, who often experience significant stress due to their circumstances. (8) Bringing education to them helps reduce barriers to learning and engagement.

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Embedding education into trusted community spaces and clinical settings where families are already present, such as the NICU, can help bridge gaps and build confidence in safe sleep practices. Programs like *Let's Talk* demonstrate that accessible, respectful, and community-informed approaches can enhance family engagement and promote safer infant care practices. When families feel seen, heard, and supported, they are more likely to act on critical health guidance that protects the health and well-being of infants.

The success of *Let's Talk Community Chats* offers potential guidance for adapting and scaling similar initiatives aimed at reducing infant mortality and improving safe sleep practices. Healthcare systems and community-based organizations may consider prioritizing culturally responsive, place-based education models that engage families early, particularly those in historically marginalized or high-risk populations. Integrating safe sleep and infant care education into routine points of contact, including NICUs and community settings, could increase the reach and relevance of these efforts. Improved infant health outcomes may depend on a shift from passive education models to proactive, community-rooted efforts.

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