

Safe Sleep Survey

REDCap Record ID: _____
((auto-assigned by REDCap))

REDCap ID #: [baseline_jan__may_arm_1][record_id]

Hospital ID: [baseline_jan__may_arm_1][hospital_id]

Instructions: Please complete this form in full and, when finished, click the 'Save Record' button and select 'Complete' from the drop-down list at the bottom of the form.

February 2017

1. How many births were there at your facility in 2016? _____
((_____))

2. Does your hospital have an Infant Safe Sleep policy?

- Yes
- No

3. Does your hospital have Infant Safe Sleep education/training requirements for hospital personnel in contact with newborns?

- Yes
- No

4. Which hospital personnel, who have contact with newborns, are required to complete Safe Sleep education? (Select all that apply)

- RNs
- LPNs
- Scrub techs
- Health Unit Secretaries
- Health Care Providers
- Other

Please specify: _____

5. What areas of the hospital are required to have Safe Sleep education? (Select all that apply)

- Labor and Delivery
- Postpartum/Mother and Baby
- Pediatrics
- Emergency Room
- Other

Please specify: _____

6. How often do the hospital personnel receive required Safe Sleep education/training? (Select all that apply)

- On hire/orientation
- Yearly
- Learning about Safe Sleep while reviewing the educational materials with the patient
- Other

Please specify: _____

7. What Safe Sleep education/training is require for recently hired hospital personnel? (Select all that apply)

- Online education
- Video
- Face to face instruction in a classroom setting
- Written materials
- Policy
- Post-test after learning
- Other

Please specify:

8. What Safe Sleep education/training is required for established hospital personnel? (Select all that apply)

- Online education
- Video
- Face to face instruction in a classroom setting
- Written materials
- Policy
- Post-test after learning
- Other

Please specify:

9. Please explain the rationale:

10. Which of the following Safe Sleep behaviors do hospital personnel model in front of parents? (Select all that apply)

- Place baby in crib/bassinet
- Nothing in the crib but the baby: no stuffed animals, blankets, burp cloths, etc.
- Use of a sleep sack that allows the baby to move freely
- Keeping the head of the crib/bassinet flat
- Baby sleeping in his or her own crib/bassinet, not in bed or chair with drowsy or sleeping adult
- Hat or cap off after temperature stabilized after birth or first bath
- Other

Please specify:

11. Does your hospital encounter any barriers to modeling Safe Sleep behavior for parents?

- Yes
- No

12. Please list any barriers:

13. List any formal exceptions/medical reasons on why hospital personnel may not model safe sleep behaviors for parents:

14. Does your hospital give parents of newborns printed Safe Sleep educational materials?

- Yes
- No

15. What printed Safe Sleep educational materials do you give to parents?

- Safe Sleep for Your Baby (Nebraska Department of Health and Human Services, 2012)
- Other

Please list the title and source for the materials used:

16. When teaching parents of newborns about Safe Sleep, the printed materials are: (Select all that apply)

- Verbally reviewed with parent
- Visually reviewed with the parent
- Visually and verbally reviewed with parent
- Included in printed materials but without specific review
- Other

Please specify: _____

17. When teaching Safe Sleep to parents of a newborn, does your hospital specifically discuss sleeping with the baby or co-sleeping?

- Yes
- No

18. Does your hospital show a Safe Sleep Video to parents of a newborn?

- Yes
- No

19. What video do you show?

- Safe Sleep for Your Baby (Nebraska Department of Health and Human Services)
- Other

Please specify video title and who developed it: _____

20. How is the Safe Sleep video presented to parents of newborns? (Select all that apply)

- We tell new parents to watch it
- We tell new parents to watch it verify that it has been done
- We start the video for them
- We start the video for them and stay while they watch it
- We have them watch the video and then review the information with the parents
- We have them watch the video and complete a post-test after viewing
- We have parents sign a form stating that they watched the video
- Other

Please specify: _____