



**Philadelphia Safe Sleep Awareness For Every Well Newborn (S.A.F.E.) Program
SAFE SLEEP PRACTICE ANALYSIS SURVEY TEMPLATE - ONLINE USE**

Dear Clinical Nurses:

Your hospital is participating in the *Philadelphia Safe Sleep Awareness For Every Well Newborn (S.A.F.E.) Program* grant from the Pennsylvania Department of Health. As part of our baseline assessment, we are conducting a safe sleep practice analysis with all clinical nurses practicing at our Mother/Baby, Pediatric, and Neonatal Intensive Care Units. We would appreciate your full participation in completing this brief survey that will likely only take 10 to 15 minutes of your time. Please answer each question as honestly and accurately as possible. All responses are anonymous, and we do not require that you provide your name or any identifiable information.

Thank you for your time and information about you and your practice.

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Please answer the following questions about yourself and your practice site.

1. Age

Code 1 variable 1 though 7

- 1 20 to 25 Years of age
- 2 26 to 30 Years of age
- 3 31 to 35 Years of age
- 4 36 to 40 Years of age
- 5 41 to 45 Years of age
- 6 46 to 50 Years of age
- 7 51 Years of age or older

2. Gender

Code 1 Male, 2 Female

- 1 Male

2 Female

3. Unit

Code 1 variable 1 through 4

1 Mother/Baby 2 Intensive Care Nursery

3 Pediatrics

4. other

Highest nursing degree

Code 1 variable 1 though 6

1 Diploma

2 Associates Degree

3 Bachelor's Degree

4 Master's Degree

5 Doctorate of Nursing Practice

6 Doctorate PhD or DNSc

5. Years of experience in Mother/Baby, Neonatal or Women's Health nursing practice:

Code 1 variable 1 though 6

1 < 1 Year

2 1 to 3 Years

3 > 3 to 5 Years

4 > 5 to 10 Years

5 > 10 to 20 Years

6 > 20 Years

6. Years of experience in nursing

Single field code 1 though 6

1 < 1 Year

2 1 to 3 Years

3 > 3 to 5 Years

4 > 5 to 10 Years

5 > `10 to 20 Years

6 > 20 Years

7. Are you practicing as a lactation consultant? Yes No

Please respond to the following questions about positioning of infants for sleep.

8. When **YOU** position infants for sleep, how often do you place infants in the following positions?

Position	Never Code 0	Rarely Code 1	Sometimes Code 2	Often Code 3	Always Code 4
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side-lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. When might prone or side-lying positioning be appropriate? Check all that apply.

Place each in a separate field if checked code is 1

- Fear of aspiration/spitting up
- Comfort/fussy infant
- Infant safety
- Medical indications
- Family preference
- Crying
- Coughing/choking
- None of the above

10. In the past two weeks, how often have you observed your **nursing (RN) colleagues** placing their infants in these positions for sleep?

Position	Never Code 0	Rarely Code 1	Sometimes Code 2	Often Code 3	Always Code 4
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side-lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past two weeks, how often have you observed **Mothers** placing their infants in these positions for sleep?

Position	Never Code 0	Rarely Code 1	Sometimes Code 2	Often Code 3	Always Code 4
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side-lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following questions about recommendations to and teaching Mothers/Parents

12. How often do you?:

	Never Code 0	Rarely Code 1	Sometimes Code 2	Often Code 3	Always Code 4
Provide supervised “tummy time” to facilitate development and to minimize development of positional plagiocephaly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend swaddling as a strategy to reduce the risk of SIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended that infants sleep in the parents’ room, close to the parents’ bed, but on a separate surface designed for infants, ideally for at least the first 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Mothers/Parents to avoid second hand smoke exposure in an infant’s environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach Mothers/Parents that overheating can contribute to sleep-related deaths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach Mothers/Parents to place infants on a firm surface for sleep at naptime and bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach Mothers/Parents to consider offering a pacifier at naptime and bedtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend exclusive breastfeeding as a strategy to reduce the risk of SIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do you place hats on infants?

Never Code 0	Rarely Code 1	Sometimes Code 2	Often Code 3	Always Code 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which statement best describes your practice when swaddling infants?

- 1 I swaddle infants using a blanket with face/head and neck exposed.
- 2 I swaddle infants using a blanket with face/head and/or neck covered.
- 3 I swaddle infants tightly so they feel secure and snug.

Please respond to the following questions about safe sleep environments for infants.

14. For Safe Sleep Environments for infants, please check which items are **SAFE OR UNSAFE** to remain in the crib when infant are sleeping.

ITEM	SAFE Code 2	UNSAFE Code 1
Diapers	<input type="checkbox"/>	<input type="checkbox"/>
Diaper wipes container	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Pillow	<input type="checkbox"/>	<input type="checkbox"/>
Stuffed animals or other toys	<input type="checkbox"/>	<input type="checkbox"/>
Burp clothes	<input type="checkbox"/>	<input type="checkbox"/>
Extra loose blankets	<input type="checkbox"/>	<input type="checkbox"/>
Medical items such as suction bulb not in use	<input type="checkbox"/>	<input type="checkbox"/>
Positioning devices	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you read the American Academy of Pediatrics 2016 publication: “SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment?” No Code 0 Yes Code 1

15a. If yes, indicate the following:

- 1 I have only read the abstract
- 2 I have only read the Tables with recommendations
- 3 I have only read parts of the publication
- 4 I have read the entire publication