

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) Frequently Asked Questions

Please see below for responses to frequently asked questions (FAQ). We will keep this FAQ updated on a regular basis.

What is the history and background of NAPPSS-IIN?

You may find it helpful to start with [this link](#) to the National Action Plan developed by Georgetown University during their leadership of first phase of NAPPSS. Building on this work, NAPPSS-IIN will focus efforts to increase the adoption of evidence-based safe infant sleep behaviors and explore its critical link to the promotion of safe breastfeeding practices and behaviors, among infant caregivers.

What is the purpose of the NAPPSS-IIN?

The purpose of NAPPSS-IIN is to make safe infant sleep and breastfeeding a national norm. Specifically, the project aims to increase infant caregiver adoption of safe infant sleep practices as recommended by the American Academy of Pediatrics (AAP), as well as breastfeeding, by empowering champions for these protective behaviors within systems that serve families at risk. At the cornerstone of this project is the goal of changing individual behavior on a national scale through a multifaceted approach that promotes common messaging in collaboration with multiple organizations and stakeholders that intersect with infant caregivers.

What is NICHQ's Role in NAPPSS-IIN?

The National Institute for Children's Health Quality (NICHQ) is honored to carry this important work forward while working with our partners at the Maternal and Child Health Bureau. NICHQ is a mission-driven, nonprofit organization dedicated to making dramatic and sustainable improvements in the multifaceted issues that impact children's health. Using our unique change management approach to lead the innovation network, NICHQ's role includes: providing technical assistance to states on integrating safe sleep and breastfeeding promotion efforts; providing training and resources to systems and community groups on using a conversations approach to engage families to help identify and overcome barriers in integrating safe sleep and breastfeeding; and implementing a safe infant sleep and breastfeeding safety bundle—a structured way of improving the processes of care and patient outcomes—in hospitals and other child care and social services settings.

What are the intended outcomes of the NAPPSS-IIN?

NAPPSS-IIN is designed to positively influence the proportion of infants who: (1) are placed to sleep on their backs in a safe sleep environment that follows the AAP recommendations, (2) are ever breastfed, and (3) continue to breastfeed at six months. Ultimately, this program seeks to

reduce the rate of infants who tragically die due to sudden and unexplained infant deaths (SUID).

How will the NAPPSS-IIN make progress towards reducing the rate of SUID?

There are three key components to the project:

1. Activate champions of safe infant sleep and breastfeeding behaviors within systems that intersect with infant caregivers and families at risk through engagement of a National Coalition.
2. Enable National Action Teams to drive measurable change in increasing the adoption of safe infant sleep behavior and breastfeeding on priority components of the National Action Plan to Increase Safe Infant Sleep. The National Action Plan contains three interactive goals: 1) Infant caregivers will understand the advantages of safe sleep and breastfeeding; develop positive perceptions of these practices; and adopt such practices; 2) Individuals and groups who are trusted by infant caregivers and who influence infant caregivers' child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits and 3) Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep and breastfeeding within the practices realities of their lives.
3. Translate evidence-based into "safety bundles"—a small set of three to five evidence-based practices performed collectively and reliably in hospital settings, as well as social services and child care settings—to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding. The care bundle implementation will be phased.

The work will begin in clinical settings in five states (FL, MA, MS, NY and OK) who were identified based on a set criteria (see below). These pilot hospitals will test and refine the bundle for clinical settings in year one. In the subsequent phases, the bundle will be refined and implemented in an additional nine states, with an average of two hospitals within each state; adapted for use in social service settings, specifically WIC and home visiting programs for underserved populations; and finally, adapted for use in child care settings.

What is the Safety Bundle?

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices—generally three to five—that, when performed collectively and reliably, have been proven to improve patient outcomes.ⁱ The NAPPSS-IIN Safety Care Bundle will be derived from the recent available evidence base for safe sleep practices and breastfeeding. The bundle will be tested, implemented and spread to multiple stakeholders including clinical sites, WIC programs, social service settings, specifically WIC and home visiting programs for underserved populations and childcare settings. The Safe Care Bundle for the clinical setting is currently being developed by a multidisciplinary Expert

Advisory Committee with input from the NAPPSS-IIN Wisdom Council, who is providing an equity lens to the initiative.

How were the pilot states selected?

Florida, Massachusetts, Mississippi, New York and Oklahoma have been selected as pilot states for testing of the hospital bundle in one hospital site per state. These states were selected based on their participation in a national project aimed at reducing infant mortality (HRSA's IM COIIN see [here](#) for more information). Additionally, these states represent geographic diversity and have hospitals serving high percentages of African American and American Indian/Alaska Native populations. These states will each select one pilot hospital, based on guidance from NICHQ, HRSA MCHB and the NAPPSS-IIN Expert Advisory Committee.

Will additional sites be able to participate in the project?

Starting with five pilot hospitals in five states, the initiative will expand to include additional hospitals, social service agencies and childcare touch points across the country. There will be an expansion of sites in the subsequent years of the project. We expect that lessons learned from the pilot sites' implementation will inform the criteria for the spread to additional sites. Planning for the expansion will begin at the end of 2018.

How can I stay up to date on the progress of the project?

[The NAPPSS-IIN webpage](#) will be updated as the project progresses, so be sure to check back in. You may decide to become a "Friend of NAPPSS-IIN." Inclusion in this group will ensure your continued connection to the work, via general communications and targeted email updates, throughout the project period. If you are interested in becoming a friend of the project, please [sign up here](#).

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ⁱ Resar R, Pronovost P, Haraden C, Simmonds T, et al. [Using a bundle approach to improve ventilator care processes and reduce ventilator-associated pneumonia](#). Joint Commission Journal on Quality and Patient Safety. 2005;31(5):243-248.