



**Safe to Sleep® Continuing Education (CE) Activity on Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses Survey 2020**

Public reporting burden for this collection of information is estimated to average 15 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

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**\* 1. What is your highest level of education?**

- High school/GED  Master's degree
- Associate degree  Doctorate
- Bachelor's degree
- Other (please specify)

**\* 2. What type(s) of nursing license do you hold? (Check all that apply.)**

- Certified nursing assistant (C.N.A.)
- Licensed practical nurse (L.P.N.)/ licensed vocational nurse (L.V.N.)
- Registered nurse (R.N.)
- Not a nurse/other
- Other nursing license (please specify)

\*If "Not a nurse/other" is selected the participant skips to Question 5.



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\* 3. How many years have you been a practicing nurse?

0 to 2

3 to 5

6 to 10

11 to 15

More than 15

Not applicable

\* 4. Do you work in a baby-friendly certified hospital?

Yes

No

\* If “Not a nurse/other” was selected in Question 2, Questions 3 and 4 are skipped



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5. Please specify your profession.

\*This question only appears if “Not a nurse/other” is selected in Question 2.

**\* 6. In what type(s) of setting(s) do you currently work? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Labor and delivery unit             | <input type="checkbox"/> Childbirth/childhood education          |
| <input type="checkbox"/> Neonatal intensive care unit (NICU) | <input type="checkbox"/> Public health department                |
| <input type="checkbox"/> Well baby nursery                   | <input type="checkbox"/> Community clinic                        |
| <input type="checkbox"/> Mother/baby unit                    | <input type="checkbox"/> Child care setting                      |
| <input type="checkbox"/> Antepartum/postpartum unit          | <input type="checkbox"/> Social work/social service organization |
| <input type="checkbox"/> Medical/surgical unit               | <input type="checkbox"/> School                                  |
| <input type="checkbox"/> Pediatric unit/office               | <input type="checkbox"/> Home care/home visiting                 |
| <input type="checkbox"/> Birth center                        | <input type="checkbox"/> Telehealth                              |
| <input type="checkbox"/> Lactation clinic                    |  |
| <input type="checkbox"/> Other (please specify)              |  |

**\* 7. Why did you complete the CE activity on safe infant sleep? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> This course was required by my organization or degree/education program | <input type="checkbox"/> Creating a safe sleep program |
| <input type="checkbox"/> Continuing education credits or contact hours                           | <input type="checkbox"/> Interested in the topic       |
| <input type="checkbox"/> Staff education/training  |  |
| <input type="checkbox"/> Other (please specify)  |  |

\*

\* 8. How would you rate your level of SIDS risk reduction/safe infant sleep knowledge *before* the CE activity? (Check only one.)

- |                                 |                            |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Good      | <input type="radio"/> Poor |
| <input type="radio"/> Average   |                            |

\* 9. How would you rate your level of SIDS risk reduction/safe infant sleep knowledge *after* this CE activity? (Check only one.)

- |                                 |                            |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Good      | <input type="radio"/> Poor |
| <input type="radio"/> Average   |                            |

\* 10. Which of the following statements describes how you felt about having a conversation with your clients or patients about safe infant sleep, as guided by the AAP guidelines, *before* this CE activity? (Check only one.)

- I was very comfortable when discussing safe infant sleep with my clients/patients.
- I was mostly comfortable when discussing safe infant sleep with my clients/patients.
- I was somewhat comfortable when discussing safe infant sleep with my clients/patients.
- I was somewhat uncomfortable when discussing safe infant sleep with my clients/patients.
- I was very uncomfortable when discussing safe infant sleep with my clients/patients.

\* 11. Which of the following statements describes how you feel about having a conversation with your clients or patients about safe infant sleep, as guided by the AAP guidelines, *after* this CE activity? (Check only one.)

- I am very comfortable when discussing safe infant sleep with my clients/patients.
- I am mostly comfortable when discussing safe infant sleep with my clients/patients.
- I am somewhat comfortable when discussing safe infant sleep with my clients/patients.
- I am somewhat uncomfortable when discussing safe infant sleep with my clients/patients.
- I am very uncomfortable when discussing safe infant sleep with my clients/patients.

\* 12. Do you routinely talk with parents about any of the following? (Check all that apply.)

- Placing baby on his or her back to sleep
- Placing baby to sleep in a crib, bassinet, or pack and play
- Placing baby's crib or bed in their room
- What things should and should not go in bed with baby
- None of the above

\* If any answer other than "None of the above" is selected, the participant skips to Question 14.

**13. Why do you not talk with parents about these topics? (check all that apply.)**

- I do not have time.
- I do not interact with new parents as part of my role/job.
- I interact with new parents, but talking about safe infant sleep is not part of my role/job.
- I disagree with the safe infant sleep recommendations.
- I am uncomfortable with these topics.
- I don't know enough about these topics.
- Other (please specify)

\*This question is only displayed if the participant selects "None of the above" in question 12.

**\* 14. Do you routinely model safe infant sleep practices for the parents, either in an inpatient setting or as a demonstration in an outpatient setting? →**

- Yes
- No

\*If "Yes" is selected, the participant skips to Question 16.

**15. Why do you not model safe infant sleep practices? (Check all that apply.)**

- I do not have time.
- I do not interact with new parents as part of my role/job.
- I interact with new parents, but modeling safe infant sleep is not part of my role/job.
- I disagree with the safe infant sleep recommendations.
- I am uncomfortable with these topics.
- I don't know enough about these topics.
- Other (please specify)

\*This question is only displayed if the participant selects "No" in Question 14.

**\* 16. How have you used the knowledge that you gained from the CE activity on safe infant sleep? (Check all that apply.)**

- I educated parents, patients, and others about safe infant sleep.
- I shared information about or the link to the activity with colleagues.
- I held or am planning to hold a training session for faculty/colleagues.
- I requested additional materials.
- I reviewed my organization's existing policy addressing SIDS risk reduction/safe infant sleep practices.
- I revised my organization's existing policy addressing SIDS risk reduction/safe infant sleep practices.
- I created a policy for my organization addressing SIDS risk reduction/safe infant sleep practices. [Skip to Question 17]
- I have not used this information.
- Other (please specify)

\*If any answer other than "I have not used this information" is selected, the participant skips to Question 18.

**17. Why have you not used the knowledge that you gained from the CE activity on safe infant sleep? (Check all that apply.)**

- I do not have time.
- I do not interact with new parents as part of my role/job.
- I interact with new parents, but safe infant sleep is not part of my role/job.
- I disagree with the safe infant sleep recommendations.
- I am uncomfortable with these topics.
- I don't know enough about these topics.
- Other (please specify)

\*This question is only displayed if "I have not used this information" is selected in Question 16.

**\* 18. Does your organization have policies/competencies regarding SIDS risk reduction/safe infant sleep?**

- Yes
- No
- Unsure

\*If "No" is selected, the participant skips to Question 21.

**19. What is your organization's recommended sleep position for infants while they are in its (your) care? (Check only one. If more than one position is recommended, please select Other and specify.)**

- Supine (back)
- Side
- Prone (stomach)
- No recommendation
- Unsure
- Other (please specify)

**20. What is your organization's recommended sleep position for infants when they are at home with their caregivers? (Check only one. If more than one position is recommended, please select Other and specify.)**

- Supine (back)
- Side
- Prone (stomach)
- No recommendation
- Unsure
- Other (please specify)

\*Questions 19 and 20 are only displayed if the participant selects "Yes" or "Unsure" in Question 18.

**\* 21. Did the CE activity provide you with enough information to enhance your or your organization's practice and patient education related to safe infant sleep?**

- Yes
- No (please explain)

**\* 22. Since completing the activity, have you held or are you planning to hold any educational sessions for staff or clients related to SIDS risk reduction/safe infant sleep?**

- No
- Yes (please specify)

\*If "Yes" is selected, the participant skips to Question 24.

23. Why have you not held or planned to hold any educational sessions for your staff or clients related to SIDS risk reduction and/or safe infant sleep?

\*This question is only displayed if the participant selects “No” in Question 22.

\* 24. What resources do you use most often for safe infant sleep information?

- [American Academy of Pediatrics \(AAP\) safe infant sleep guidelines](#)
- [Consumer Product Safety Commission \(CPSC\) Safe Sleep – Cribs and Infant Products Information Center](#)
- [First Candle](#)
- [National Action Partnership to Promote Safe Sleep Improvement and Innovation Network \(NAPPSS-IIN\)](#)
- [National Center for Education in Maternal and Child Health \(NCEMCH\) Building on Campaigns with Conversations learning modules](#)
- [Safe to Sleep® campaign website](#)
- I have not used any of the resources
- Other (please specify)

\* 25. Are there additional safe sleep educational materials you would like to receive from the Safe to Sleep® campaign? (Check all that apply.)

- Brochures or handouts
- Educational flipbooks
- Posters
- Presentation slides
- Public service announcements
- Resources in other languages
- Social media posts
- Videos
- Nothing at this time
- Other (please specify)

\* 26. Was there a topic (or topics) not covered in the CE activity on safe infant sleep that you think should be included? ➔

- Yes
- No

\*If “No” is selected, the participant skips to Question 28.



**27. Please identify any topic(s) that you think should be added to the CE activity on safe infant sleep. (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Baby sleep products, devices, and safety concerns | <input type="checkbox"/> Patient/client resources                   |
| <input type="checkbox"/> Breastfeeding                                     | <input type="checkbox"/> Room sharing and bed sharing               |
| <input type="checkbox"/> Cultural differences                              | <input type="checkbox"/> Safe sleep facts/statistics                |
| <input type="checkbox"/> Culturally sensitive conversations                | <input type="checkbox"/> Safe sleep practices for premature infants |
| <input type="checkbox"/> NICU safe sleep practices                         | <input type="checkbox"/> Swaddling/blankets/wearable blankets       |
| <input type="checkbox"/> Other (please specify)                            |   |

\*This question is only displayed if the participant selects "Yes" in Question 26.

**28. Would you recommend this CE activity to other health care providers?**

- Yes  
 No (please specify)

**29. Do you have any final suggestions for improving this CE Activity on Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses?**

- No  
 Yes (please specify)

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Done