2017 Infant Safe Sleep Focus Groups with Parents and Caregivers

Summary Report of Findings and Recommendations

Submitted to:
Michigan Department of Health and Human Services

Submitted by:
Michigan Public Health Institute
Center for Child and Family Health

Table of Contents

Background and Purpose

Michigan's infant mortality rate remains persistently high at 6.8 deaths per 1,000 live births in 2015 (MDHHS, Division for Vital Records and Health Statistics, 2017). This rate is higher than the national rate of 5.9 and ranks Michigan in the lowest quarter of all states (Centers for Disease Control and Prevention (CDC), 2013). A major contributor to the infant mortality rate in Michigan is sleep-related infant deaths. From 2010-2015, there were 871 sleep-related infant deaths, which is a rate of 1.3 deaths per 1,000 live births for the state (CDC Sudden Unexpected Infant Death (SUID) Case Registry Project, Michigan Public Health Institute (MPHI), 2017). As with infant mortality, significant racial disparities exist among sleep-related infant deaths in Michigan. Statewide, the rate of sleep-related infant deaths for African American infants is more than 3 times the rate for White infants (2.8 compared to .8) and the rate for American Indian infants is more than twice the rate for White infants (2.0). The rate for Hispanic infants is also elevated (1.2) (CDC SUID Case Registry Project, MPHI, 2017).

Reduction of sleep-related infant deaths and disparities in these deaths is one of the nine key goals of Michigan's Infant Mortality Reduction Plan. The potential to impact the infant mortality rate by reducing the number of sleep-related deaths is significant. Based on the average infant mortality rate of 7.0 for the years 2010-2014, if all sleep-related deaths were eliminated, the infant mortality rate would reduce by almost 19%, to 5.7 deaths per 1,000 live births (MDHHS, Division for Vital Records and Health Statistics, 2016).

In 2016, the Michigan Department of Health and Human Services (MDHHS) received funding from the Michigan Health Endowment Fund to further their work toward reducing sleep-related infant deaths and disparities in these deaths in Michigan. The overall project led by MDHHS is multi-pronged and focuses on the following four objectives:

1. Develop and implement more effective messages and methodologies that are best-practice driven, reflect the needs and choices of families, align safe sleep implementation within a real-life context, and provide messaging that is appropriate and relevant to diverse target population groups;
2. Increase the number of trained partners who provide safe sleep education;
3. Develop and implement a continuous quality improvement process as part of the ongoing system infrastructure which evaluates impact and drives ongoing improvement; and
4. Impact existing infrastructure resources to address infant sleep safe within the developing statewide community integrated health care system.

To meet the goals of objective 1, MDHHS initiated the process of leveraging current healthcare and community resources to improve the effectiveness of infant safe sleep messaging for diverse populations and to expand the touch points across professional and community partners where those messages are shared and supported, particularly with high risk families. As a first step, MDHHS partnered with staff from the Center for Child & Family Health (CCFH) at the Michigan Public Health Institute (MPHI) to assess parents' and caregivers' current beliefs and practices related to infant sleep as well as their future informational needs.

Methodology

Target Population & Participant Recruitment

To obtain feedback on a variety of topics related to keeping infants safe while they sleep, MPHI conducted focus group conversations with a diverse group of parents and caregivers in the cities of Detroit and Grand Rapids. These geographic regions were chosen due to the higher number or rate of sleep-related infant deaths in these areas as compared to other locations in Michigan. In total, seven focus groups were held with mothers, fathers, and supportive others in the two cities (three in Grand Rapids and four in Detroit). Supportive others included grandparents, aunts/uncles, and other adults who helped a parent care for an infant under the age of one. Altogether, 74 parents and caregivers participated in these focus groups (Table 1).

Table 1. Participant Recruitment

County	Participant Group	Date	Number of Participants
Wayne	Mothers	6/21/2017	5
Wayne	Mothers	8/29/2017	13
Wayne	Fathers	9/12/2017	10
Wayne	Supportive Others	8/29/2017	13
Kent	Mothers	6/6/2017	6
Kent	Fathers	7/25/2017	13
Kent	Supportive Others	8/30/2017	14

A variety of organizations volunteered to help recruit eligible participants for these focus groups, including: the Detroit Health Department, the Kent County Health Department, the Strong Fathers initiative in Grand Rapids, local WIC offices, Blue Cross Complete of Michigan, and many other community-based organizations who distributed information about the upcoming focus groups to clients and through social media. MPHI provided each of these organizations with a focus group-specific flyer to share with potentially eligible individuals. These flyers provided general information about the focus group and asked participants to contact MPHI staff to sign up to take part in the session.

In order to be eligible to participate, the individual must have been at least 18 years old and currently caring for an infant under the age of one. Once MPHI staff determined the eligibility of the person calling, the individual was given additional information and provided the opportunity to ask any questions she or he may have had about participating. Childcare was available for those participants who needed to bring their children with them and a meal or light refreshments was provided, depending on the time of day. Participants in the focus groups held on June 6 and June 21 were given a $25 gift card to thank them for their time. Due to the lower than anticipated number of participants in these focus groups, the incentive was increased to a $50 gift card for all subsequent focus groups to encourage more interest in participating.

MPHI worked with several state and local partners to identify appropriate and easily accessible venues in which to hold the focus groups. The focus groups in Grand Rapids were held at the Kent County Health Department and a meeting space for the Strong Fathers program. In Detroit, the focus groups were held at the Detroit Health Department and a local church, Word of Light Christian Center.

Data Collection

As participants arrived at each of the focus group sessions, MPHI provided them with a copy of the consent form, answered any questions they may have had about what their participation entailed or how the data gathered would be utilized, and asked them to complete a brief demographic/background questionnaire (Table 2). A total of 72 participants chose to complete the background questionnaire; however, a few people did skip some of the questions that they did not feel comfortable answering.

Table 2. Participant Demographics

Caregiver Type	Mother (n=24)	Father (n=21)	Grandparent (n=14)	Other Relative: Aunt/Uncle/Cousin (n=13)
Average Age	28.8 years (Range: 19-42)	30.7 years (Range: 22-45)	57.6 years (Range: 41-65)	33.6 years (Range: 25-52)
Number of Children Cared for	One: 10 Two: 7 Three: 1 Four or more: 6	One: 10 Two: 4 Three: 2 Four or more: 5	One: 6 Two: 3 Three: 2 Four or more: 3	One: 5 Two: 4 Three: 2 Four or more: 2
Number of Children <1 Cared for	One: 22 Two: 0 Three: 0 Four or more: 0	One: 18 Two: 1 Three: 0 Four or more: 0	One: 10 Two: 2 Three: 2 Four or more: 0	One: 12 Two: 1 Three: 0 Four or more: 0
Average Hours of Sleep per Night	0-3 hours: 7 4-6 hours: 11 7-8 hours: 6 9+ hours: 0	0-3 hours: 3 4-6 hours: 10 7-8 hours: 6 9+ hours: 1	0-3 hours: 1 4-6 hours: 8 7-8 hours: 5 9+ hours: 0	0-3 hours: 1 4-6 hours: 12 7-8 hours: 0 9+ hours: 0
Race/ Ethnicity	Black/African American: 13 White: 8 Multi-Racial: 1	Black/African American: 16 Hispanic: 1 White: 2 Multi-Racial: 2	Black/African American: 7 White: 5	Black/African American: 10 White: 2 Multi-Racial: 1
*County of Residence**	Kent: 7 Wayne: 15 Other: 2	Kent: 12 Wayne: 7 Other: 2	Kent: 7 Wayne: 4 Other: 3	Kent: 6 Wayne: 5 Other: 2

**Other counties included Macomb, Newaygo, Oakland, and Warren.*

Participants were also asked to indicate which of the following services they had received (Table 3). Over 60% of participants (n=45) stated that they had received WIC services.

Table 3. Services Received by Participants

Service	Number Who Have Received Service
Nurse Family Partnership (NFP)	3
Maternal Infant Health Program	7
WIC	45
Healthy Start	7
Healthy Families America	1
Parents as Teachers	2
Early On	6
None of these	15
Other*	10

**Other includes Black Mothers' Breastfeeding Association, Life Span Clinic, Catholic Charities, Home Nursing, Home OT and PT, Foster Parent Visits, Baby Scholars, Strong Beginnings, and Focus Hope Doula Program.*

Once participants finished completing the background questionnaire, MPHI staff provided an overview of what a focus group conversation entails and listed some general guidelines for participants (i.e. one person speaks at a time, all thoughts and opinions are welcome). Each focus group was facilitated by two MPHI staff members, while another staff member took detailed notes and a fourth person provided childcare. The two focus groups conducted with fathers were co-facilitated by a male staff member to develop a stronger relationship with participants and encourage open discussion.

During each focus group, the conversation was structured around a discussion guide developed by MPHI project staff in partnership with MDHHS staff (see Appendix A for a copy of the focus group discussion guide). Throughout the conversation, participants were encouraged to respond to topics brought up by other group members and were prompted to provide additional information by the focus group facilitators. Each focus group session lasted approximately two hours. All seven focus groups were audio recorded and professionally transcribed to supplement the detailed notes taken during each session.

CODING & ANALYSIS

Demographic data collected from the background questionnaires was entered into SurveyMonkey by MPHI project staff for data management and analysis. The data was then exported and compiled using Microsoft Excel. After the focus group recordings were transcribed, MPHI staff imported the text files into NVivo 10, a qualitative data analysis program, for thematic coding. The following discussion of the findings summarizes identified themes. Quotes are used throughout to ensure that the information presented is described in the participants' own words. In order to protect participant privacy, names and other identifying pieces of information are not included in this report.

Findings

Parents and caregivers were asked for their input on a variety of topics, including attitudes about safe sleep, current practices utilized by caregivers, barriers to implementing safe sleep recommendations, and the extent to which caregivers felt as if they had the needed supports and the ability to implement these recommendations. Parents and caregivers were also asked to what extent they were aware of the current messaging and about their preferred source and channel for receiving further safe sleep-related information. Findings are first grouped by general topic area (current infant sleep practices, reactions to the existing messaging materials, and recommendations for new messaging) and then by theme within that topic area.

Current Infant Sleep Practices

All participating parents and caregivers expressed a strong desire to do everything they could to keep their babies safe and healthy during their first year of life. Mothers and fathers spoke in great detail about the various strategies they utilized to ensure their children thrived, received appropriate nutrition, and were kept safe while they slept. The vast majority of parents and caregivers had previously received information about infant safe sleep from a variety of sources, including seeing the existing messaging materials at their local health department and speaking with healthcare providers before and after delivery. Unfortunately, many participants personally knew someone, such as a family member or friend, who had experienced the death of their baby due to sleep-related causes.

> *"My young cousin, he loved his little baby girl and so he had went to sleep. And he was holding her in the bed. And he had—he fell asleep and but what happened is when he fell asleep, you don't know where you're asleep. His arm fell on her and suffocated her so and that's just basically it. And it was devastating. He tried to kill himself after that. It was just—it was—he finally kind of got over it, but it still took time though and everything. Because it was a healthy baby. There was nothing wrong with the baby. A healthy baby. He loved his baby and that was his first little baby, a little girl. So yeah, he just said he was just tired and he was trying to give mom a rest. And it was just so innocent, you know?"* – Supportive Other in Detroit

Knowledge and Implementation of Infant Safe Sleep Guidelines

While participants were very familiar with the term "SIDS," and many acknowledged the dangers of accidentally suffocating or rolling over an infant in bed, knowledge of the current infant safe sleep guidelines and the extent to which they were fully implemented varied greatly.

> *"That's why they said they don't want babies to sleep with you or sleep together because I mean it has been deaths caused from that. But I mean it's more so you just you as a person. Because I mean it may not be your fault, but you know you put this baby in your bed and you have to understand it and acknowledge that this baby is in your bed. Even though it may not be your fault, but it's just like if you put this baby in your bed, it's consequences that you will have to face. If you want to wake up with your baby in the morning or are you going to wake up and you're calling 911 because your baby can't breathe? It's just the things that you have to do as a mother and then to—I just feel like if I don't have to, he's not going in my bed. Point blank period. You're not sleeping with me at night because of this. You're still 11 months. You still can't—you know? Because I've got big covers on my bed. So he could just get up under them covers and suffocate himself."* – Mother in Grand Rapids

All parents indicated they had previously received some degree of information about infant safe sleep, even if they reported varying levels of satisfaction with the amount of information that was provided to them. Several participants reported being dissatisfied with the level of information provided by their healthcare providers or staff at the hospital where they gave birth.

> *"Well, if you're not going to that doctor [pediatrician] for 2 months, it could have happened by then."* – Supportive Other in Grand Rapids

Others were concerned about when the information was provided to parents, and many commented that the conversation about the baby's sleeping environment should not be initiated in the moments after a mother gives birth or delayed until after the baby is born.

> *"Like I feel like you're bombarded with information when you leave the hospital. And then it's kind of like, 'Okay.' You're like, 'Whoa! I have never done this before.' So I don't know. Some following up after, whether it's in the formal brochures or with her, we had a nurse visiting for the first few weeks."* – Mother in Grand Rapids

Despite these challenges, most parents were able to easily describe the various aspects of a safe sleeping environment and reported knowing the "right" answer to give if someone, such as a pediatrician or home visitor, asked where their baby was sleeping.

> *"Safe sleep is not car seats, it's not rockers. It's supposed to be the crib, bassinet, baby bed, pack n' play. And it's supposed to be a nice, firm mattress, tight-fitting sheets. And nothing else."* – Father in Detroit

> *"So I think education on to go all around so it's a little bit more realistic so you're not sitting in your pediatrician's office and you could actually have a frank conversation with, 'Hey, my baby will not sleep on their back. What other safe alternatives are there?' So you can get those suggestions and not feel like you just have to give this script [with the "correct" answers], otherwise CPS is going to come knocking on your door (some laughing) because your baby is not sleeping on their back. So and I mean I don't—that's obviously maybe a larger issue because it's just education and whatnot, but that'd be great."* – Mother in Grand Rapids

Other caregivers, even those who did not have children of their own, were concerned about keeping infants safe while they slept and described a variety of things they did while the infant was in their care to prevent deaths due to an unsafe sleeping environment, such as a car seat.

> *"I never understood why moms do that. Because of course, I don't have no kids. But the kid in a car seat, they're asleep, I don't care. I'm waking 'em up. I'm taking 'em out and you can put 'em to sleep when y'all leave. But it's just like listening to it and just seeing a lot of things you can do to prevent it [sleep-related infant deaths], it just kind of like make it sad that they had to endure something like that."* – Supportive Other in Detroit

On the other hand, multiple participants indicated that other caregivers, particularly older family members, were not aware of or educated on current infant safe sleep practices. Parents indicated that these caregivers were much more likely to base their decisions about infant sleep on their personal past experiences, outdated information, and the belief that it was better to do things "the way they have always been done." In some cases, participants felt as if they could not or should not correct the practices of a caregiver who was part of an older generation and had already successfully raised his or her own children.

> *"I think it's also access to the information. So I think that some people where they are taken care of their babies and stuff, they just don't know. But then also you have their—some of them don't really have a support group, like grandparents, and aunts, and uncles. Whereas when they were growing up or when they were coming up babies, the rules were different. A lot different. Like we said, now sleeping on your back and before it was literally sleeping on your stomach, the exact opposite of what they're saying. So it's a matter of getting that information to those people. Because a lot of like again your grandparents are now the main caregiver for kids and if they don't know and don't have access to the information, it's very hard."* – Mother in Detroit

In general, these other caregivers reported being very receptive to additional information about current guidelines and practices once they had the opportunity to learn more about infant safe sleep.

"Like when I get cold, I instantly think the baby should have on some—oh, put some socks on, put some pants, or put a little onesie or something on 'em or whatever. And, 'there ain't nothing wrong with them.' And, 'they okay.' 'No, they're cold.' But come to find out that it's not that. This is more safe not having as many clothes on. That idea I learned. Because me, I want you bundled up, yeah. I want you warm!" – Supportive Other in Detroit

Despite receiving information about current best practices related to infant safe sleep, the majority of parents indicated that they often chose to share a sleep surface with their babies. Reasons for doing so varied and included the comfort of the infant, doing what is "natural," preventing the infant from becoming lonely, facilitating the breastfeeding relationship, and a belief that it was unlikely to happen to their own infant.

"I normally do baby showers like community baby showers and they always have 'em out there by my house. And one of the classes is about how you sleep with the baby, what you do, and they've got the three—or I think it's four alphabets, A, B, and C. It might be D, but I can't remember 'em now. But I have it written down at home on paper and they always used to tell us every time we think about laying our baby on their stomachs—because my son won't sleep on his stomach. He sleeps on his side. I don't have to put him on there. I lay him on his back and he roll on his side so he don't like laying on his stomach. But they have it's an ABC thing it's supposed to be About Baby and something else and then C. You can't lay with the baby. They was just basically saying like, 'Do not have the baby in the bed with you at all.' But my baby sleeps in the bed with me because that's where he's comfortable and then I'll put him in his pack n' play and put him to sleep for the rest of the time." – Mother in Detroit

Parents reported utilizing a variety of strategies to decrease the risk factors that they believed were associated with bed-sharing, including limiting who shared an adult bed with the infant.

"But co-sleeping with her, I felt comfortable with it. I always just made sure there was no blankets around her. I'm a light sleeper, so any sound or movement she made, I would wake up, so I felt comfortable with that. And I would always make sure I had space between herself and myself, and I would sleep in a position where I wasn't going to be able to easily roll over. And her dad is a really, really heavy sleeper, so I didn't feel comfortable with him sleeping with her whatsoever (laughs), which he thought was unfair. So because he's like, 'Well, you get to sleep with her and I want to be able to bond with her like that.' So we had to put an end to that (laughs). I was like, 'Fine, if you can't sleep with her, I guess I won't either.'" – Mother in Grand Rapids

While some mothers and fathers spoke about removing items such as pillows and blankets from the sleep surface, other caregivers spoke about placing objects in an adult bed to separate the infant from the sleeping parent(s).

"Safe sleep boxes or something like that? They sell 'em! You've seen 'em! … Yeah, it's small but you can put it up in the bed. It's almost like a little basket almost. But yeah, they sit on for I guess for the parents who want to put the baby to the bed and it sits right in the bed. It's like the size of a—like maybe the size of a pillow or something. Yeah, but it's made especially to be in the bed." – Supportive Other in Detroit

Further adding to the confusion around the current infant safe sleep guidelines is the fact that many parents and caregivers reported receiving conflicting information from healthcare providers, trusted family members, and peers. This led some parents to question who to trust and where to look for accurate guidance regarding how they should sleep their baby.

"My son went to emergency because he had—he was congested in his nose. It was that respiratory virus he had. And the doctor, I laid him on his back, and the doctor like, 'No, he can lay on his stomach.' And I was looking at her like, 'You a doctor. You should know what's best for the kid.' So okay, she lays him on his stomach. I flips him back over on his back when she left.

She comes back in, she flips him right back on his stomach. So I'm like, I'm not understanding where it's safe for the babies to sleep on the stomach. Because my baby don't sleep on his stomach at all. He will roll directly on his side and stays right there. As long as he can smell me and feel me, he all right. But I didn't—it says it's not safe. But the doctor said it was, so…" – Mother in Detroit

Incomplete or conflicting information about infant safe sleep directly impacted the choices that parents and caregivers reported making. Without access to accurate and consistent safe sleep messaging, many misconceptions were perpetuated and these individuals were not aware that the choices they were making could ultimately put their infant at risk.

Common Misconceptions about Infant Safe Sleep Recommendations

Participants discussed many misconceptions surrounding the current infant safe sleep guidelines that acted as a major barrier to fully and accurately implementing these recommendations. These misconceptions frequently stemmed from receiving conflicting information from various sources, prior personal experiences, and inaccurate advice offered by friends and family members. Many felt as if it was confusing and frustrating to try to sort through the information they were provided with in order to make decisions about infant care practices for their own families. Changing childcare guidelines also made it difficult for parents and caregivers to keep up with the latest recommendations.

"I think it has changed over the years. At one time, they said to put the babies on their backs, and then they said put the baby on the stomach, and then they said breastfeeding was good, and then they said breastfeeding is not good because the nutrition is not there. So it's flipped over the years as to what's good and what's not good. And sometimes I just do what I think is necessary." – Supportive Other in Detroit

When faced with conflicting information, parents and caregivers often reported choosing what to do based on what they felt worked best for their family to increase the amount and quality of the infant's sleep. Some parents indicated that they believed that infants should be provided with comfort items, such as a pillow or blanket.

"And so her dad puts her to sleep. And she really loves this one particular blanket that she sleeps with. It's a fuzzy blanket. I was worried about it at first because it's bigger. It's like an adult-sized blanket. So I was worried at first about it being too big in her crib, but she does fine with it. She's never had a problem with the blanket." – Mother in Grand Rapids

Others reported believing that objects, such as crib bumpers, should be placed in the sleep environment to keep the infant safe. When caregivers acknowledged that crib bumpers could be risky, some suggested placing them on the outside of the crib railing as an alternative to placing them inside the crib.

"Yeah, they said no bumpers and that was confusing. They say no bumpers, but the baby legs is hanging out the crib. I want to get some because she woke up screaming because her whole leg was stuck." – Mother in Detroit

Another common misconception among both parents and other caregivers was that babies were more likely to choke if they were placed on their backs to sleep.

"It's just the obstacles. I wouldn't trust a baby sleeping on his back because my grandmother, she almost swallowed her tongue before, so that's something. I'm looking at this [existing brochure], 'Well, how do I know my baby's not going to swallow her tongue?'" – Father in Detroit

"But it kind of like make me nervous like they—I know they can choke! It's no way you can tell me that they can't choke if I can choke drinking something laying on my back. So that makes me nervous." – Supportive Other in Detroit

This belief was particularly prevalent when parents and caregivers were concerned about their infants spitting up during the night, when someone may not be readily available to help care for the child.

> *"If you don't watch something, and observe and pay attention to what's going on, you don't know what's happening. Like my son, he's six months. And sometimes at night, he'll cough up or spit up. And sometimes I do sleep him on his back but sometimes I sleep him on his stomach because when he spit up, it goes on the bed and the bed will absorb it as opposed to him throwing up and then it's sitting in his mouth or he's coughing and choking. I don't put him in his crib because of that. I have been—he has been sleeping in the crib on his back and I heard him choking and I wake up and it's like a—the worst thing to wake up to is your kid choking."* – Father in Detroit

One of the most frequently mentioned misconceptions was that breastfed babies were different than formula fed babies, and needed to co-sleep to facilitate bonding and the breastfeeding relationship.

> *"I got to echo what he said as far as like the information is good. You got it in your head and all that but like I said my baby's nursing, so the connection that they have with their mom and just skin in general, you know what I mean, being up close to somebody like that it don't really, a lot of the material really apply, in my opinion to that. Like I said, for like the first year you really can't put a breastfed baby down. They not buying it. They don't really want to be by themselves they want to be against somebody or something. It's good to have, like you said but you have to just, you know, it depends on your situation."* – Father in Grand Rapids

A smaller group of parents noted other concerns that led them to the decision to bed-share with their infants.

> *"That's one of the other reasons that we sleep with my daughter. Because I like to be able to check and I'm not going to keep getting up and out of the bed and looking into that crib, even though I do it for the four year old, I'm right here and I can look over and I can see, 'You're all right.' That's something else that needs to be brought to the man's attention as well as the lady's, is the seizures and stuff that kids can have. You don't want to have no baby in the crib. I mean they [febrile seizures] can pop up like…"* – Father in Detroit

Many participants noted that they felt that their child was safe in an adult bed as long as they followed some of the infant safe sleep guidelines, such as removing heavy blankets, and if they, as a parent, slept in a different or more vigilant manner when bed-sharing.

> *"I felt relatively comfortable with co-sleeping, too. And I took all of the warnings into consideration and I did a lot of like debating in my own head. And I just felt like I didn't have a comforter on. I had one flat sheet. If we were both in the bed, he would be in between us or I had like a guardrail sort of on the side and it was all before he could get up and crawl himself or crawl on his own. I was just—like I said, I didn't get very much sleep when we all slept together because I was always half-asleep. I was always very aware of what was going on in the bed."* – Mother in Detroit

> *"She said she felt bad for co-sleeping. Well, I don't feel bad. I co-slept with her, I co-slept with him. It's so much easier for me and I don't even think I sleep the same with him in the bed than I would sleep."* – Mother in Detroit

Despite these precautions, many parents still expressed fears about suffocating their children while sharing a sleep surface with them. However, parents often continued to bed-share with their infants in spite of these concerns.

> *"I know I've got my biggest fear because she is strictly breast fed, I don't have a problem with like I know I'm not going to roll over on my baby, but the thing is when I am breast feeding at night, and you're like really, really tired, and you've got them in the bed, you tend to—you want to be*

comfortable and breast feed them so they'll go to sleep and you'll be able to sleep, too. So I think that's like my biggest fear is like smothering her while she is feeding." – Mother in Detroit

A number of participants also indicated that they did not believe that losing a child to unsafe sleep practices would happen to them, even when they personally knew someone whose baby had died due to sleep-related causes.

"I had a friend who baby died and I think that's my biggest fear with younger babies. Because even though I know you don't supposed to let them lay on the couch and in your bed. You might roll over and everything like that, but it's just like you want to keep them around you 24/7, so it's kind of hard to like isolate them. Yeah, because it's like when they're in the basinet or the crib, it's like it's too far away or the bed might be too high, or it's too low, the bed too up, so it's like you want them in your eye sight and you want to be able to see every move they make. So yeah, but I actually had a friend who baby died from SIDS from laying her baby on the couch. And she end up exhausted, tired, and rolled over on her baby." – Mother in Detroit

A smaller number of participants decided to no longer share a sleep surface with their infants after a potentially harmful situation or learning more about the risks of bed-sharing.

"Well, I had a really scary experience. And that's why I really don't even sleep anymore, like I said, because I'm really just worried or whatever. He was sleeping or whatever and in my bed, and like I said, he roll a lot. And then I had went to go—I went downstairs to go put the clothes in the washing machine and when I came back up, he wasn't there. And I'm like, 'Where is he at?' I'm like, 'Hold on. Wait a minute.' Because I knew I put him in the middle of the bed. So then when I had got in the bed, he was all the way—he was rolled in between you know how you don't have no—your bed is close to the wall. But it wasn't close enough and he was actually in between the bed and the wall. And I hurried up and picked him up and he was still sleeping, so he didn't even know that he was—and I was like, that just really just—that really did something to me, because it's like, what if I went to go take out the garbage and did more things and he could—something could have happened to him. So that's why I'm just like I don't care how tired I am no more. I'm like, I just can't— now that permanently is in my mind because it's like, he could have died. And it was just something so simple. And so I'm like I could never be ever that tired anymore. So I've just got to do what I have to do." – Mother in Detroit

Quality and Quantity of Parent/Caregiver Sleep

Lack of sleep was an extremely common barrier faced by the focus group participants, particularly among mothers and fathers. Many parents indicated that it was not uncommon to end up bed-sharing due to their own need to sleep.

"My biggest fear is like lately—I am going to be honest. I've been co-sleeping with her because she won't sleep. And I feel bad for co-sleeping with her, but at the same time, like if that's the only way she's going to go to sleep, then I'm going to have to do it." – Mother in Detroit

Some parents discussed feeling as though they were drunk and not being able to function due to this lack of sleep.

"Because you get desperate when your kid does not sleep and you're like the first two weeks my son was awake, I remember taking him to the doctor and I was like, "I feel right now like I have had five or six shots. I am that out of it." I was like, "I should not be driving right now." And I have not had alcohol in like ten months. I am that tired and it's like, "Okay, well, if my baby will fall asleep like this," you get to the point where it's like, "Well, at least they're sleeping" and it's hard not to get to that point, I think, especially when they're really tiny." – Mother in Grand Rapids

Many mothers, particularly those who were breastfeeding, found that bed-sharing was more convenient and provided an opportunity for both the parent and child to get more sleep throughout the night.

> *"...but the thing is when I am breastfeeding at night, and you're like really, really tired, and you've got them in the bed, you tend to—you want to be comfortable and breast feed them so they'll go to sleep and you'll be able to sleep, too."* – Mother in Detroit

> *"She has a bassinet at home. She hates it. So trying to put her down, I have to wait till she's like dead dead sleep in order to put her down into her bed. Other than that, she will not sleep in her own bed. So that's a problem. Seeing that she is strictly breastfed, she doesn't wake up every two hours. She wakes up like every 30 minutes at night. So I am half the time me and her father probably don't even go to sleep. Like we just watch her sleep. And sometimes because we don't sleep, we'll keep her in the bed with us. And when she does finally go to sleep, which is probably like 4:00 in the morning, then we'll finally put her in her bed. Other than that, it's just it's really, really hard."* – Mother in Detroit

Balancing additional responsibilities, such as work, with caring for an infant became understandably difficult for some parents and caregivers when they were also faced with the reality of getting very little sleep. Some parents discussed how this could lead parents to feel frustrated and decrease their ability to handle stress.

> *"Like that's maybe like how many parents just lose it 'cause they can't take care of that baby or they can't handle that baby crying all the time. One thing I know that can be difficult is sleep deprivation, just you not being able to sleep. I think she was saying it earlier, you got a long day at work and long day at whatever, and then you trying to get home, but the baby's up too so it's like you're still up and never resting from whatever else you have to do."* – Father in Grand Rapids

Life Stressors and Other Barriers to Infant Safe Sleep Practices

A number of focus group participants discussed the many stressors and challenges they encountered in their day to day lives that impacted the decisions they made. While many participants indicated that they wanted to learn more about safe sleep and other infant care recommendations, they also spoke about the reality that it was not always feasible to follow these practices when they had so many other things going on in their lives that needed more immediate attention.

Many parents discussed concerns related to finding employment or balancing both their work and family responsibilities. Some participants, particularly mothers, discussed how their job was impacted by the simultaneous need to care for their child.

> *"So I just found it safer if my kids was with me at all times. If I've got to work, guess what? You're going to work with me. I have to have a job that's like the medical assistants where you go to people's house. Yeah, I'm taking mines with me, so come on. That's the only way I'll—I can't let nobody watch my kids."* – Mother in Detroit

Others discussed significant financial concerns that often necessitated choosing between two essential things, such as items for the baby and paying for housing/rent.

> *"…And the reason I fell behind in my rent, it was either I pay this rent or my baby not have nothing. I've got to make sure my child has anything. So yeah, I fell behind on this rent. But some people are not understanding of that and they don't care. I even tried to come to an agreement to be on the budget plan with her to catch up on it, but how can I catch up on something when you have a late fee every day that's steadily adding up? I'm going to fall shorter and shorter behind and behind."* – Mother in Detroit

In some instances, mothers feared losing their jobs when they gave birth or becoming homeless due to an inability to pay rent.

> *"And I'm like so it's like a lose-lose situation like either my baby go with him because that's my only source of baby-sitter, or either I quit my job and just stay at home with my baby until he get old enough and go find me another job… And that is just like now like I done fell behind on my rent, and it's like I'm going through the civil rights courts of being on the verge of being homeless, me and my baby. So it's like, "Do me and my child go to the shelter for 60 days to help us or do I just sit up here and move in with my family, continue to go to work, and have them watch my baby so I can save up enough money to move?"* – Mother in Detroit

Many families indicated that they, and others they knew, did not have the financial resources to afford safe sleeping environments, such as cribs or pack 'n plays.

> *"A lot of times they may not have the appropriate sleeping baby bed or pack n' plays."* – Father in Detroit

This led some parents to have to make difficult decisions regarding which necessities to provide for their children. When a crib or bassinet was not available in the home, parents reported that they chose to bed-share as an alternative option.

> *"But like I said, if they made—like the Halo bassinet, that's $200. Like I'm going to, 'bassinet or diapers?' So if I can't get this bassinet and I can't get a regular crib, then he has to sleep with me because I've still got to get these diapers. I can't pay $200 for a bassinet that they're not even going to sleep in because those, the co-sleepers, they're not even that big to grow with you. At least with the cribs, you can turn those into a full-size bed, a twin bed at a point. But the co-sleeper is at six months, they won't even fit in those anymore so that's just my thought."* – Mother in Detroit

While a few participants discussed receiving items such as pack 'n plays or infant sleep sacks from community-based organizations or hospitals, many other participants indicated that they did not know who to contact when they needed essential items or had questions about infant safe sleep.

> *"Well, how can a young mother find out prior or what are all the amenities that you can help me with so that I can be a better parent? I want to be a better person, I want to be better at this child."* – Supportive Other in Grand Rapids

Reactions to Existing Messaging

During each focus group conversation, participants were asked to watch two short television PSAs, listen to one radio PSA, and read one brochure related to infant safe sleep (see Appendix B for a list of materials). The majority of parents and caregivers reported being familiar with the brochure and stated that they had previously received a copy from a healthcare provider or birthing hospital. Many others had previously seen at least one of the television PSAs. All participants were asked to provide their thoughts and opinions on the existing messaging so that their input could be utilized to develop new materials that better meet the needs of parents and caregivers.

Parents and Caregivers Learned New Information about Safe Infant Sleep Practices

While reviewing the existing materials, many participants noted that they learned new information related to infant safe sleep. In particular, the statistic stating that "every three days a Michigan baby dies when sleeping in an unsafe place" was surprising to many as they did not realize how prevalent sleep-related infant deaths were in the state.

> *"That's crazy that you said that because down here, it say every three days in Michigan a baby dies when sleeping in an unsafe place. Every three days? Man, that ratio is kind of large, ain't it? One, two, three, baby dead. One, two, three, baby dead. One, two—you know what I'm saying? Like yeah, it's kind of— … And that's just in Michigan."* – Father in Detroit

Parents and caregivers consistently stated that they appreciated when the reasoning behind one of the recommendations was provided in the educational materials. This additional information helped the participants

to understand why they should do something in a particular way, which, in turn, will make them more likely to follow the recommendation in the future.

> *"Because you're actually seeing it and you're actually being able to actually see the picture. It can kind of strike down a common misconception without using words or be degrading or that."* – Mother in Grand Rapids

Some mothers and fathers stated that they used this additional information to educate other adult who cared for their children and further break down common misconceptions about infant safe sleep practices.

> *"My brother, when he watches them though, we got these gowns from the hospital and I think it was the Sleep Safe program or Safe Sleep program and they say 'This side up', 'This side down'. They're nightgowns, so I always have one of those in his diaper bag just because you never know what people know. Because my mom would say, 'Well, back in the day, we didn't have this.' And it's like, 'Yeah, but research has come out that this is the way.' And since he's been born, he automatically turns on his side like automatically, so it's just make sure no blankets, stuffed animals, nothing like that. But you do just give a disclaimer because you want them to be safe while they're with somebody else."* – Mother in Detroit

On the other hand, some participants stated that they were overwhelmed by the amount of information presented or believed that the images were confusing at first glance. For example, some participants originally thought the image on the back of the brochure was about infant CPR or smoking before reading the accompanying text that clarified that the image was actually about sleep position and choking.

> *"Yeah, I thought this was CPR and then how to stop the baby from choking with turning the baby over. That's what I thought it was."* – Mother in Detroit

> *"I'm going to be honest with you. When I looked at the back of this without even reading it, I thought it was something about smoking. I mean because the first thing I looked at is these blue lungs."* – Mother in Detroit

Inability to Relate to Current Messaging

In general, participants seemed to be more receptive to the information presented in the brochure than to some of the other educational materials. Several parents noted that they felt like one of the TV ads did not portray a realistic situation.

> *"As he was talking I was thinking to myself like we still see that video, but we still gonna let them sleep with us if they sleep with you right now. That doesn't matter 'cause we gonna say we don't toss and turn like that or we gonna make up excuses. It's like the best thing I always say, learn from other people mistakes but this is keep on going in my life like that's never gonna happen."* – Father in Grand Rapids

As a result, they thought the information did not apply to them or they otherwise ignored the message.

> *"But usually if I'm like watching the commercials, I'd just be like, 'This? Here we go again. Here goes this lady.' Like and I turn it but if it's different from when it's in a group or I'm going to a class, because you're like actually going over it and then it's people also sharing their experiences or different ways that they put their kids to sleep, it's different then because it's like you could use those techniques. From this, I can't really use this."* – Mother in Detroit

Others found the underlying message offensive as they believed it implied that they would choose to purposefully put their infant in harm's way.

"My bed is very firm. It's more firm than his pack n' play so like that first commercial, for example, when I see that woman sleeping and like her covers all—I don't relate to that and it's almost sort of frustrating to see that because it's like, 'That's not how I am.' That—I don't know a lot of mothers who would sleep with their baby if that's how they were going to sleep. And I think that also if the message is that, 'This can happen to anybody,' I don't—then I don't, that's not a way to portray a commercial when it's something I can't relate to." – Mother in Grand Rapids

Overall, parents and caregivers were not receptive to "scare tactics" or other language that made them feel unable to speak about challenges they were facing related to infant sleep. Several spoke about a culture of "mommy shaming," in which parents were made to feel inferior and isolated from their peers.

"And I think that would help rather than telling moms not to co-sleep because you're literally scared into not co-sleeping. So instead of doing that, you have safer ways to co-sleep or even offering services where you could receive the—not exactly the Halo bassinet, but the one that connects to the bed, or something like that because you're scared and you're like, "Oh, no, I can't co-sleep." But then your baby's not sleeping so it's like, "What do I do (some laughing)?" So yeah, that needs to—it needs to be tweaked, the wording." – Mother in Detroit

Don't Discredit Fathers and Other Caregivers

All caregivers wanted to feel supported and be given the opportunity to take part in making decisions related to keeping their babies safe and healthy. Several participants stressed that fathers needed to be included in these discussions and that there should be resources and other educational opportunities targeted at that particular population. Some mothers noted that most of the existing education is specific to female caregivers, including classes in the local community, and that healthcare providers may inadvertently exclude fathers and other male caregivers from the conversation. Participants were very appreciative of existing fatherhood initiatives, and were eager to have additional opportunities provided so that more people could take part.

"Yeah, that's why sometimes when you said that you all were having one because dads are often left out. And it sucks for dads who want to be a part because my husband be like, 'They don't have nothing for me to go to!' Like the Babies 'R Us classes, he was all into it like shopping carts and he's like a professional now. But having dads be more—and especially in our community, it's kind of like the thing for us not to have fathers around (some in agreement), but they do exist. But they have to be given the opportunity to participate and to be a part of it because they aren't the ones who carry the babies and so they don't really have that—they don't really get that. But changing diapers, putting 'em in the car seat, they can have that. They can have it." – Mother in Detroit

A few people stated that some of the language in the existing messaging blatantly discredited fathers and was offensive to those male caregivers who were actively trying to be involved in the infant's care.

"Or the radio commercial, I know if my husband heard that on the radio, he would immediately stop listening to it because it sounded to me very condescending to the man. 'Okay, Sweetie. Don't do any of this. You're stupid. You don't know how to put the baby down. But hopefully you can figure it out if I give you step-by-step directions.' And he would immediately be like, 'Okay, yeah, just give me the onesie that has the arrows.' So I don't know. As far as advertising goes." – Mother in Grand Rapids

Strengths of the Existing Messaging

While some participants felt that the existing messaging could be improved, other parents and caregivers noted that they liked several aspects of these materials. In particular, many people stated that the current messaging is very consistent and effectively reaching people throughout Michigan.

"But videos like that, I feel like it's consistent and it's very good awareness. It can make you aware like look, you say you can't do this but this is a possibility of what can happen if you don't. And I

take heed to your actions and what you're doing right now, you know what I mean you might have that one night where you just, you just slumped." – Father in Grand Rapids

"Exactly right. I think the positive thing about the videos and brochures and pamphlets and everything is that he's only six months old and I've seen that video probably three, four, five times. So the great thing about it is that it's a consistent message no matter if you hear in this setting, whether you at the hospital taking a class or wherever it is. It's a consistent message at least for when you are. Now next year, it might be something different but at least you're kind of getting inundated with all of that message." – Father in Grand Rapids

Parents and caregivers liked when the message was presented in an easily accessible way, and found the information to be particularly helpful when presented in a visual format.

"I'd say the magnet is the one I look at the most. It's on my fridge. I see it all the time, it's what would click in my head whenever I would second guess how I was letting him sleep." – Grand Rapids Mother

"But having pictures for sure. So this on the back [of the brochure] is very effective. Yeah." – Supportive Other in Detroit

"To add comment to those videos I believe that last video was a great demonstration of reality. I mean most of us are from the, you don't believe it till you see it. We've all heard what the pros and cons and mainly a lot of the cons about SIDS infant safe sleeping but until we actually see a demonstration of something like that I believe it pretty much captures our mind and have us look at the situation a whole totally different perspective… But as far as the videos, I believe that last one, especially that one because it hits home. We always hear about don't sleep with your kids, don't sleep with our kids. We never visualize why. And so I think that was a great illustration." – Father in Grand Rapids

Other participants found statistics to be impactful and educational as they concretely described the prevalence of sleep-related infant deaths in Michigan.

"And some of it may be education because they may not know the data on the SIDS, for example. And I think this [the data] is very helpful." – Supportive Other in Grand Rapids

Recommendations for New Messaging

Following the discussion about the existing messaging, parents and caregivers were asked to provide their suggestions regarding how to develop and disseminate new educational materials about infant safe sleep. Many of the recommendations echoed the feedback that participants provided on the current materials.

Information to Include in Messaging

In general, parents and caregivers were looking for information that was easy to understand and provided them with the knowledge needed to keep their babies safe while they slept. Many noted that they would not be receptive to a lengthy list of things that they should not do, and reiterated the desire to have information presented visually.

"Because it's easy to say 'safe' with a picture of a clear bed with a picture of a junky bed. And that I'll be more receptive of that than telling me, 'Don't having stuff on the bed' or, 'Don't have pillows or anything on the bed.' You know?" – Mother in Grand Rapids

Focus group participants were looking for concrete steps and easily digestible pieces of information that they could integrate into their everyday infant care practices and share with others who cared for their infant.

"I think the—it could protect me while I sleep, it could ask you a question to like 'Ten things you didn't know could harm me when I sleep.' I think that would draw your attention like if you had the question, 'Did you know that these things could harm me?' – Father in Detroit

Others stated that it was important to use language that would encourage caregivers to pay attention to the messaging as many may skip over the educational materials thinking they already know how to keep infants safe while they sleep. This belief was particularly prevalent among older generations who had already raised children of their own prior to the "Back to Sleep" campaign.

"So even as the seasoned group here, some of us, it's good for us to know this information had I not, I would automatically assume that sleeping on the stomach was okay. I really did think—and the blankets like the young lady said there, the blankets in there, and the bumper pad, all of that, that's the first thing that come to my mind. 'Where is the child blanket? The child is cold.' Yeah!"- Supportive Other in Grand Rapids

Any suggestions for caregivers should focus on ensuring that the whole family is receiving an adequate amount of quality sleep each night, while also taking into consideration the need to ensure the infant is placed in a safe sleeping environment.

"I think also maybe if they put other tips because a lot of the co-sleeping does happen from people being too exhausted. So if they had other tips on like, 'Okay, how to keep yourself awake' or just other things that might pertain to them a little bit more." – Mother in Grand Rapids

While several participants noted that they thought the data presented in the current materials was educational, other participants were hoping for more specific statistics related to the region of Michigan in which they lived.

"And in Michigan, in Wayne County, I think it would touch people more because a lot of times, we hear it, but you wouldn't believe the number of things that are not even—people really don't know it happens daily. And I think that would kind of—but I know it's obstacles and barriers that prevent that because you've got people grieving and you have families that are grieving when this happens and I don't think that would never happen—occur to that magnitude, but I think for people to really know that it's happening, people really don't know about it until it touches close to home." – Father in Detroit

"The example somebody gave as far somebody relatable to whatever target group or whatever they're doing now is helpful and more like, I don't know, I mean the statistics helped for me but area specific statistics, you know what I mean. Data like in the west Michigan area this, no, I mean if that is applicable to this situation that can show that it's not healthy or it's not safe and that would probably help." – Father in Grand Rapids

Ensure Caregivers Can Relate to the Message

Most importantly, parents and caregivers wanted to feel as if the messages represented them and their lived experiences. All agreed that they would be more likely to pay attention to the information if someone they could relate to was presenting it, or if they felt like the situation depicted in the message was something that could potentially happen to their family.

"Why does the state make the most lame commercials? No, seriously. Going back to the thing. I mean seriously. It's good information. We get that. But it's like, you're ***so*** *going over people's heads. Just have it like between like girlfriends, or mom and daughter, or actually in the hospital and the nurse is talking to you about something. Like more realistic like what actually would happen."* – Mother in Detroit

"Like something that we do all the time, that might be their last time with their kid. So you've got somebody that's like, 'Yeah, man, I had done this a million times before just like this. And then

this one time, it didn't go right.' And maybe it's—it's more real when you see it coming out. When somebody—as opposed to those on TV and a commercial and you've got an actor or it's a re-enacted thing. But when you've got somebody that's telling you like, 'I loved my kids and I would never do anything to hurt my kids and this is what happened. I don't know how I let this happen.'" – Father in Detroit

Participants reiterated that it was not helpful to present this message in a forceful way, and parents indicated that a conversational approach would increase the likelihood of a particular person adopting infant safe sleep practices.

"So if it could be something more relatable like just showing maybe that a mom's really tired in the bed feeding her baby and then like, 'One more thing.' It doesn't have to be so—I don't want to say forceful or forcing it on us." – Mother in Grand Rapids

How to Disseminate the Message

Parents and caregivers who participated in the focus groups had many ideas regarding how best to disseminate additional information about infant safe sleep. Overall, these recommendations varied widely based on personal preferences, and included:

- In-person methods at local WIC offices, childcare classes, community baby showers, community organizations, local health departments, Strong Beginnings, fatherhood groups, churches, daycares, hospitals, schools, and healthcare providers' offices during prenatal and newborn care appointments:

  "Exactly. Social media is not that. You're not getting a lot of grandparents in the liquor store. You're going to get 'em in church. Maybe bingo, something like that. However, you still I feel like it's still up to us as younger people that are getting this information to find a way to communicate with our grandparents just to let them know, 'I trust you. I take everything you say with heed, but at the same time, let's just try something different. Let's just read the safety of it and just see how that will make you feel." – Supportive Other in Detroit

- Social media outlets, including Facebook, YouTube, and Google:

  "I say Facebook because everyone wake up to Facebook before they even brush their teeth. They don't even brush their teeth, they on Facebook and they see that." – Father in Grand Rapids

  "I would think besides the mail like be on social media like when you watching let's say you're watching something on YouTube you watch this bad, cool music video of your favorite hip hop singer during the little break, during that commercial, maybe a celebrity can send it to you. Like different music groups who are parents." – Father in Grand Rapids

  "It's social media, I think that the reason people say social media is because that's so popular now." – Father in Detroit

- Printed materials posted in stores selling baby items (such as Babies "R" Us and Toys "R" Us), attached to items marketed for infants (i.e. cribs, pack 'n plays, rockers, swings, carseats), on packages of formula, and printed on everyday items, such as magnets, water bottles, or cell phone cases:

  "I think a water bottle. I had it when I had my son when I first—with the first one, they gave me a water bottle and it had like listed how much you should drink per day and it was the amount, but it also said all the things to look for, for like pre-term labor and everything, so I wonder if you had a water bottle and you were using it when you were nursing, if it had just, 'This is safe sleep.' Because I remember all the things on it because I saw it every single day so it was such a simple plastic thing that you could send new moms home with." – Mother in Grand Rapids

"And we have—like when we left the NICU, they gave us a tag for our car seat that said, 'She was a NICU baby' so people don't get all handsy with her. Like even something like that could attach to the crib or the bassinet." – Mother in Grand Rapids

"Yeah, I just feel like you have to go with what's in right now and what they younger people are where you're really catching 'em at. And I just hate to say, but you're catching 'em at the liquor store, you're catching 'em at a gas station, you're catching 'em in places that you wouldn't expect, so that's what you're going to do at Facebook, Instagram, social media, and stuff like that. I definitely agree with that. Like I copy and share some of the posts that my aunt put up and stuff like that, or whatever, but I think that's where you have to reach them where you know they're going to be. Like if you can go into a liquor store and buy a fifth of this and yet I can still buy a pack of diapers, I should be able to pick this brochure up as well and get some type of information." – Supportive Other in Detroit

- Traditional media outlets, including television (particularly during sporting events), billboards, radio ads, bus ads, and on pre-recorded informational messaging while waiting on hold with a doctor's office or to pay a bill:

  "Or when we driving down the freeway just have the ABC thing right up there in an advertisement right on the billboard on the freeway." – Father in Grand Rapids

  "*Yeah, everyone reads billboards. Like I even circle around to like, 'What'd that billboard say*?' – Mother in Detroit

Timing of when the message is delivered was also very important to parents and caregivers. Many noted that the message needs to be received well before the baby is born so that parents can adequately plan for and prepare to place the baby in a safe sleeping environment starting with the very first night at home. Several other caregivers stated that the conversation should continue throughout the first year of the infant's life.

"I really think they need that still in schools, but also with new parents that ain't never had a baby." – Supportive Other in Grand Rapids

"It should be mandatory. An ob/gyn office, it should be mandatory." – Supportive Other in Grand Rapids

"So right, so that's when I start like I should have been getting like things like this and my doctor should have been telling me, 'Make sure your baby sleeps on its back, and make sure it's in a bassinet or a crib,' and should have been worried about where my baby was sleeping." – Mother in Detroit

Those delivering the message should also be mindful of the target audience. Just as participants had preferences regarding the method through which the message was delivered, parents and caregivers thought it was important to take into account the language used to deliver the message to ensure that the recipient was not offended or unwilling to listen.

"And that's good because you don't have a lot of people that's accepting to the information and by you being a first-time grandma and you want to learn. Like I don't have conversations with the older generation and they're just older, so they're stuck in their ways. It's you've got to find a way to reach out to the grandparents because it's like that's like my grandma. My grandma is my grandma. Well, rest her soul now, but you can't tell her how to raise no baby. She done raised them and she done raised us, so it's kind of hard to get that information. It's just like we have to find a way to educate the grandparents on it that's willing to accept it." – Supportive Other in Detroit

Recommendations

MPHI proposes the following recommendations to take into consideration when developing new messaging and educational materials for parents and caregivers. These recommendations are centered around three main topic areas: 1) how to provide infant safe sleep information to families; 2) when to provide this information to families; and 3) how to address the other resource needs of parents and caregivers.

How to Provide Infant Safe Sleep Information to Families

- **Explain the "why" behind the infant safe sleep guidelines.** When speaking with parents and caregivers, it is clear that they want to do what is best for their children. Unfortunately, there are several common and persistent misconceptions about infant safe sleep that need to be addressed. Caregivers want to understand why something is being recommended so that they feel confident in implementing those practices and changing their existing behaviors.
- **Create materials targeted toward all potential caregivers.** Many participants noted that the current materials do not take into account that many family members may be taking part in caring for an infant. With many materials focused on educating mothers in particular, fathers and supportive others (such as grandparents) are often left out of conversations around how to keep babies safe and healthy. Future educational sessions and messaging materials should acknowledge and provide information that is useful and relevant to the entire support system.
- **Avoid "scare tactics."** Information that is presented in a forceful manner, or intended to frighten families into following safe sleep recommendations, can be isolating and cause parents and caregivers to feel shame. As a result, caregivers are less likely to seek out additional information and tend to "tune out" messaging that they find offensive. Instead, messaging should encourage parents and caregivers to openly and honestly discuss their concerns and questions about infant sleep.
- **Create materials and messaging that families can relate to.** Many participants noted that they are unlikely to pay attention to a message if they do not think it is representative of themselves or their families. Parents and caregivers would like to see messaging presented in a relatable manner, such as depicting a conversation between two friends about strategies for getting infants to sleep soundly and safely.
- **Provide consistent messaging**. Information about infant safe sleep recommendations should be provided in a consistent manner, regardless of who or which organization is presenting the information. Inconsistent messaging leads to confusion and frustration as parents and caregivers have a difficult time determining which information is accurate and should be followed.
- **Include data about sleep-related infant deaths in Michigan**. Many participants stated that they were unaware of how often infants die in Michigan due to unsafe sleep environments. Parents and caregivers would like additional data that is specific to the location, such as the city or county, in which they live.

When and Where to Provide Infant Safe Sleep Information to Families

- **Provide safe sleep information before the infant's birth and throughout the first year of life.** Parents and caregivers agreed that information about safe sleep practices should be provided early and often so that there is adequate time to prepare and plan for a safe sleeping environment. All agreed that this conversation should not be initiated in the moments after a mother gives birth as it is difficult to retain information during this time. Caregivers should continue to receive consistent information from a variety of sources throughout the infant's first year of life to reinforce positive behaviors and provide an opportunity to troubleshoot sleep concerns as they arise.
- **Expand where the safe sleep message is disseminated**. While some participants were already familiar with several of the existing materials, others felt as if they had received incomplete or limited information about infant safe sleep. Parents and caregivers had many ideas regarding where this message should be disseminated, including in-person, via social media, through traditional media outlets, and on printed materials that are readily available at locations that they are already visiting.

How to Address Parents' and Caregivers' Needs for Other Resources

- **Address other resource needs so caregivers can focus on safe sleep recommendations.** Many families indicated that they were facing significant challenges on a day-to-day basis that made it difficult

to focus on or fully implement the current infant safe sleep guidelines. Common barriers included the ability to pay rent, find employment, access transportation, and afford essential items, such as diapers. Providing caregivers with information about available resources to meet their basic needs, including guidance on how to access those resources, would help alleviate some of these other stressors and allow them to integrate additional safe sleep guidelines into their infant care practices. Adequate funding should be provided to organizations providing resources to families so that their needs can be met when a caregiver reaches out for assistance.

- **Ensure families have access to a safe sleep environment for infants**. Limited resources forced some focus group participants to choose between essentials, such as providing formula or a crib, for their children. For the safe sleep messaging to be successful, it is essential that parents and caregivers have access to cribs, bassinets, or pack 'n plays. If a caregiver doesn't have access to a safe sleep environment for his/her infant, it is not feasible for the family to implement critical components of the current infant safe sleep guidelines no matter how frequently or consistently the message is delivered.
- **Provide strategies that promote quality sleep for caregivers and ensure safe sleep for infants.** One of the main reasons participants reported choosing to share a sleep surface with their infants was due to the caregivers' own inability to sleep for any length of time. Caregivers believed that bed-sharing allowed them to sleep for longer periods of time and wake less frequently to feed or comfort a crying infant. Caregivers should be provided with tips to promote safe infant sleeping and feeding practices, while also allowing the caregiver to get much-needed sleep.

Conclusion

Parents and caregivers participating in these focus groups overwhelmingly expressed wanting to do what was best for their children and to keep them safe and healthy as they grow. Additional resources in local communities will be integral to helping all those who care for an infant under the age of one achieve these goals. In particular, new educational materials should be tailored to meet the informational needs of parents/caregivers while addressing common misconceptions in an approachable manner. Parents and caregivers should be at the forefront of conversations as new programs and initiatives are developed to ensure that they are appropriate and easily accessible.

Acknowledgements

First and foremost, we would like to thank all of the parents and caregivers who took the time to participate in these important focus group discussions. Their passion and dedication to caring for their infants was immediately apparent, and their insights will be invaluable as new messaging and materials for families are developed.

We are extremely grateful to the various organizations and individuals who assisted us in sharing information about these focus groups with local parents and caregivers, including: the Detroit Health Department, the Kent County Health Department, the Strong Fathers initiative in Grand Rapids, local WIC offices, Blue Cross Complete of Michigan, and many other community-based organizations who distributed information about the upcoming focus groups to clients and through social media.

We would also like to thank the Michigan Department of Health and Human Services for funding for this work and all members of the Michigan Health Endowment Fund Core Team for providing their thoughtful feedback throughout this process.

This report was prepared by the Center for Child and Family Health at the Michigan Public Health Institute. Staff involved in conducting the focus groups with parents and caregivers include Katie Parker, Morgan Richardson, Bianca Smith, Karylle Hillard, and James Bell. Authors and reviewers of this report include Katie Parker, Tasha Kelley-Stiles, Karylle Hillard, and Morgan Richardson.

For questions pertaining to this report or the project, please contact Katie Parker, Project Coordinator, at kparker@mphi.org.

Appendix A: Focus Group Discussion Guide

Introduction
Let's start by going around the room and introducing ourselves. As you do, please tell us how many children you care for and their ages.

Current Attitudes/Practices
Thank you for sharing that! We know that every family is unique and may take care of their children in different ways. Today, we would like to learn more about how you care for your children under the age of one. Specifically, we are interested in learning more about how you get your baby to fall asleep.

- To start, could you please tell us what happens when baby gets sleepy?
  - Where does baby sleep?
  - Who puts baby down to sleep?
  - Does any of this depend on who is caring for baby, or where baby is (at home vs. another setting)?
- What do you do when it is difficult to get baby to fall asleep?
  - What works well?
  - What hasn't worked so well?
- How do you (Do you) talk to other people (grandparents, daycare providers, etc.) who care for your baby about how your baby should be placed to sleep?
- Have you ever heard about babies dying while they are asleep?
  - What have you heard about this?
  - What words do you and the people you know use to talk about these kinds of deaths? What do you and the people you know call these deaths?
    - What do you think causes these deaths?
    - What, if anything, do you think could be done to prevent this type of death?
- When you think about keeping your baby safe while he or she sleeps, what images come to mind?
  - How do you keep your baby safe while he or she sleeps?

Barriers to Safe Sleep
Next, we are going to ask you to watch two short videos, listen to one radio PSA, and read a brochure with information about keeping babies safe while they sleep. We would like your feedback on these materials so that new materials can be developed that better meet the needs of parents and caregivers.

- We understand that caring for a new baby is a lot of work and that it is exhausting. I can image that it would be difficult to follow all of these safe sleep recommendations all of the time. What makes it the most difficult for your family or other parents you know to do the things you saw in the videos, heard about in the radio PSA, or read about in the brochure?
  - Why is that challenging for you or other parents you know?
  - What makes it difficult to get baby to sleep in a crib, bassinet or pack and play?
- How well do these materials address your concerns as a parent or caregiver?
  - What other concerns do you have about keeping your baby safe while he or she sleeps?
- What do you think you would need to make it easier to follow these messages?
  - Are there resources that you have tried to access, but were not able to? (If so, which ones?)

Trusted Sources/Preferred Channels

- In the future, how would you like to learn more about keeping your baby safe while he/she sleeps?
  - Who would you like to hear this information from (other new parents, healthcare provider, family members, home visiting staff, etc.)?
- When it comes to learning about safe sleep, who are you most likely to trust or listen to advice from?
  - Why are you most likely to trust or listen to advice from those sources?
  - Why are you least likely to trust or listen to advice from other sources?
- Who would you listen to if you received conflicting information?
  - Where would you go to look for more information if you received conflicting information?

- Where would you like to see these messages or hear more about safe sleep (facebook, email, text, TV, printed materials, from a healthcare provider or home visitor, etc.)?
    - If you were going to keep information about infant safe sleep in your home (or near where baby sleeps) as a reminder, what method would you like for information to be shared in (door hanger, magnet, flyer, poster, etc.)?
- When you receive informational materials, what aspects of those materials are most important to you?
    - …the images being used?
    - …the families and babies shown? *(specifically ask about race, age, and gender of caregivers shown)*
    - …the words that are used?
    - …the method used to convey the message (facebook vs. text vs. email vs. video vs. brochure vs. other)?

Conclusion

- What else would you like to tell us about keeping your baby safe while he or she sleeps?

Appendix B: Existing Infant Safe Sleep Messaging

The following materials were shared with focus group participants.

- "Rethink Your Position" Television PSA: https://www.youtube.com/watch?v=9s6l9hnVEo0&feature=youtu.be&list=PL7n_k_3drTUt5pIcSbUU0bnDFc3ivCfWZ
- "Safe Sleep 'Fight'" Television PSA: https://www.youtube.com/watch?v=3tpSw8nxK9I
- "4 a.m. Routine" Radio PSA: https://www.youtube.com/watch?v=YUkgtnZ7qO4
- "Protect Me While I Sleep" Brochure: http://www.michigan.gov/documents/dhs/DHS_Infant_Safe_Sleep_Brochure_221150_7.pdf