

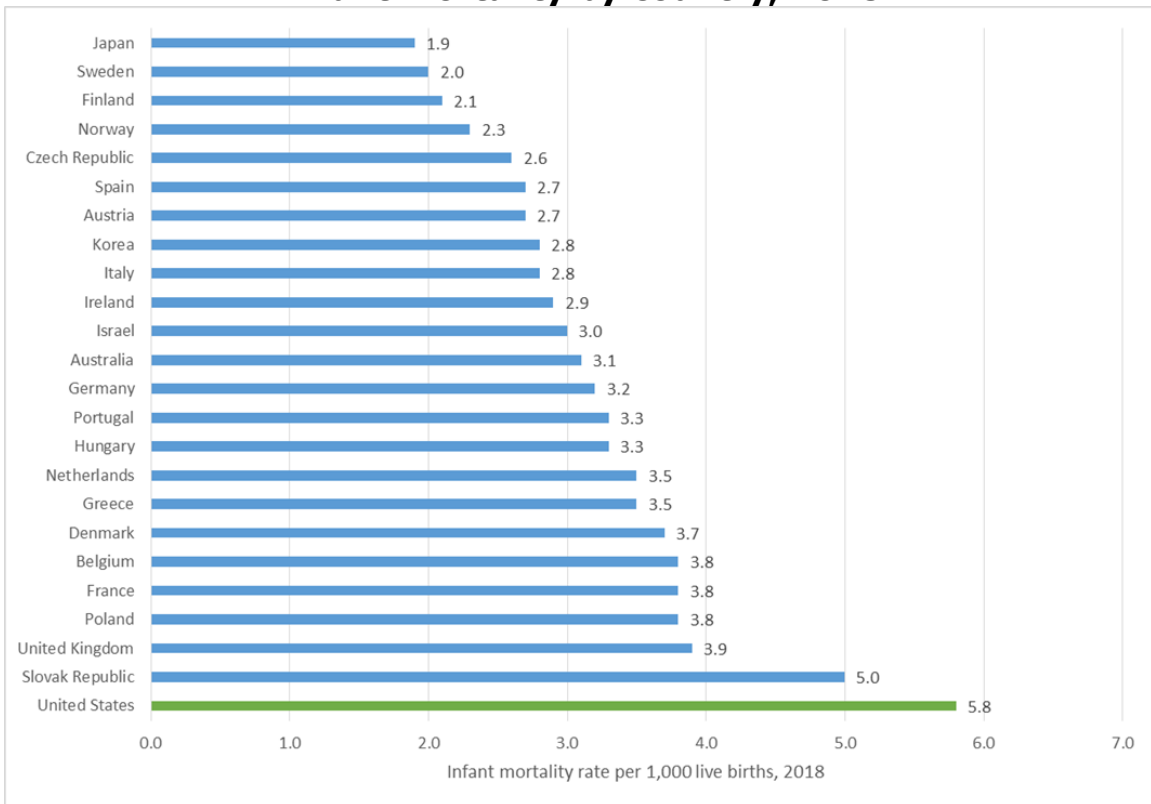


Sleep Baby Safe training for medical providers packet

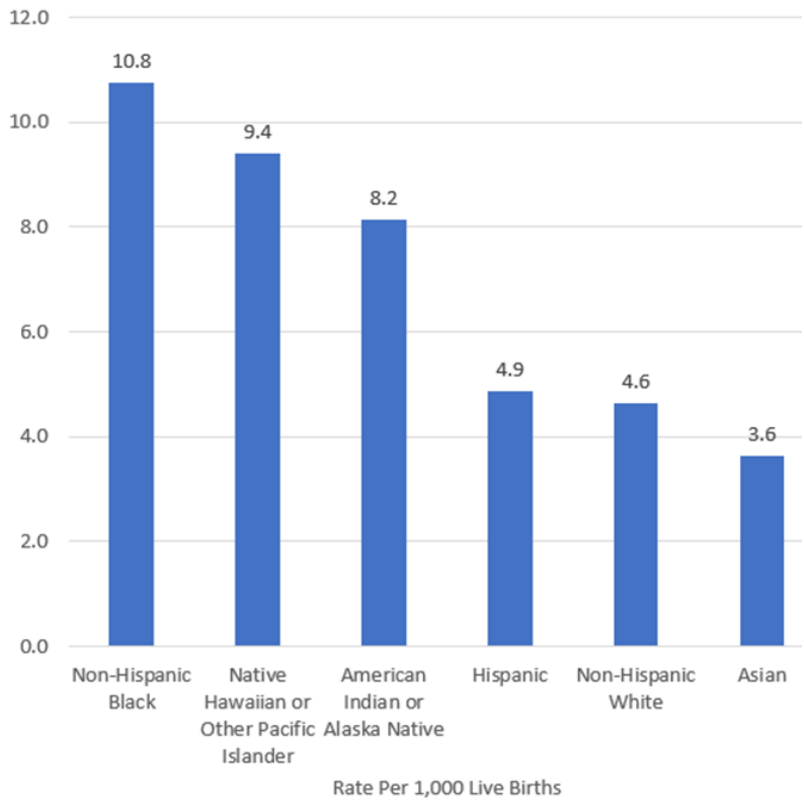
This packet contains the materials and resources for a Sleep Baby Safe training with medical providers. The following documents are included:

- Infant mortality graphs for printing
- Sleep Baby Safe pre-training survey for medical providers
- Sleep Baby Safe post-training survey for medical providers
- Sign in sheet
- Certificate of completion

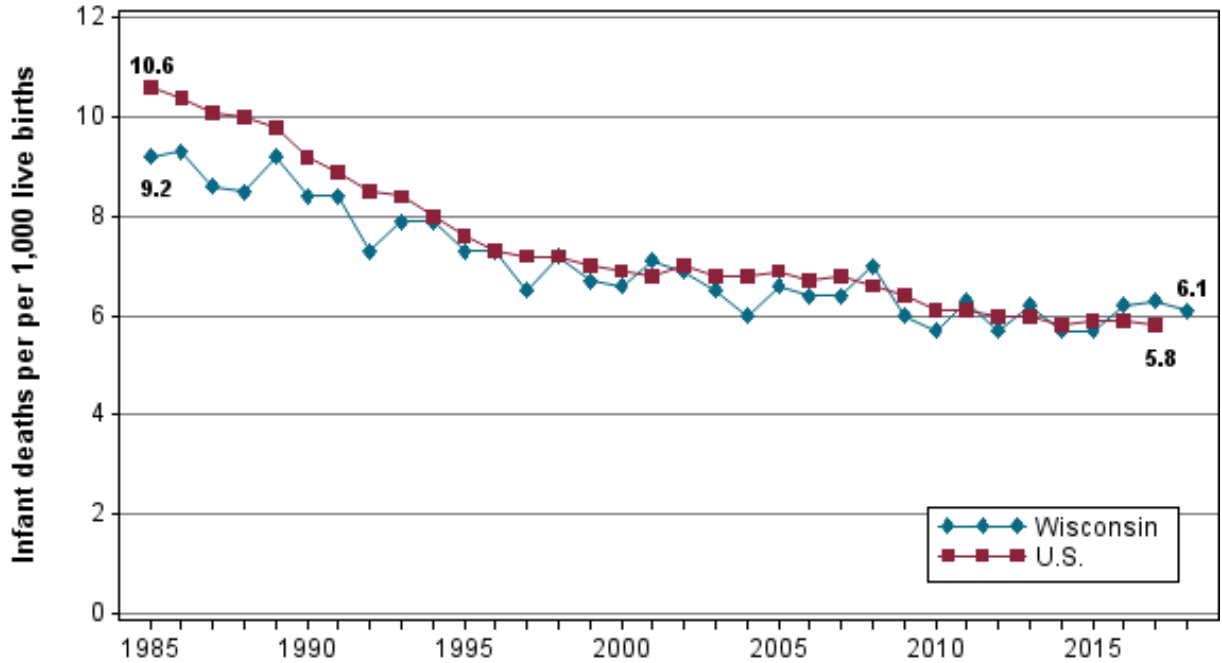
Infant mortality by country, 2018



U.S. infant mortality by race and ethnicity, 2018

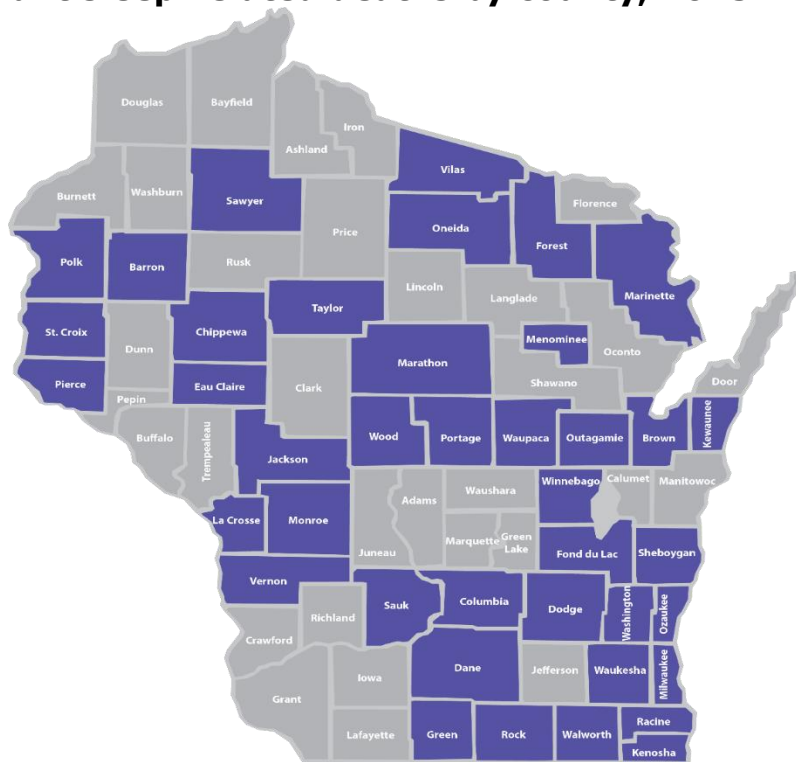


Infant mortality in Wisconsin Infant Mortality Rates, Wisconsin and U.S., 1985-2018



Note: Rates are the number of infant deaths per 1,000 live births. Infant deaths are those that occur before 365 days of age.

Infant sleep-related deaths by county, 2015-2017





Training date: _____

Location: _____

**Sleep Baby Safe for Medical Professionals
Pre-training survey**

| | 1 Never | 2 | 3 Sometimes | 4 | 5 Always |
|--|------------|---|----------------|---|-------------|
|--|------------|---|----------------|---|-------------|

1. The American Academy of Pediatrics recommends babies sleep alone, on their backs, in a safe crib and in smoke-free air. How often do you address these recommendations with your patients?

2. When a family identifies the need for a crib or other safe sleep environment, what resources do you offer?

- | | |
|--|-----------------------|
| A. I do not offer any resources. | <input type="radio"/> |
| B. I refer the family to another staff person. | <input type="radio"/> |
| C. I directly refer them to a community resource such as Cribs for Kids. | <input type="radio"/> |
| D. Other: | <input type="radio"/> |

3. What are some suggestions you currently offer to a parent who says that they plan to share a sleeping environment with an infant?

[OVER for POST-TRAINING SURVEY]



**Sleep Baby Safe for Medical Professionals
Post-training survey**

| | 1 Unlikely | 2 | 3 | 4 | 5 Likely |
|--|---------------|---|---|---|-------------|
|--|---------------|---|---|---|-------------|

1. Based on the information in the training, how likely are you to change your conversations with families on safe sleep recommendations?

2. Please share any comments or suggestions below:



sleep baby safe training



date and location of training

| Name (please print) | email | agency | phone |
|---------------------|-------|--------|-------|
| Name (please print) | email | agency | phone |
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This document certifies that:



has successfully completed the Sleep Baby Safe Training



Signature, Sleep Baby Safe Trainer



Date

This training was conducted by: