

Documenting Safe Sleep for NFP

Safe Sleep:

What are we measuring?



MIECHV Measure: Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding.

Instructions:

Home visitors should collect data responses from the caregiver for Safe Sleep survey to all of the following questions. How often do you place your infant to sleep on their back? How often do you bed-share with your infant? How often does your infant sleep with soft bedding?

Data Requirements: Child DOB, Safe sleep survey question responses, date of safe sleep survey reported.

Which form should I use to document safe sleep during early infancy?

Step 1: Use the Infant Birth Form.

- When to ask: At least once per reporting year while the infant is under 1 year of age.

Infant Birth



Infant ID		Client ID		
Client Name			DOB	
Date	Nurse Home Visitor ID		Nurse Home Visitor Name	

Step 2: On the Infant Birth Form, record the client's responses to Questions 8, 9, and 10.

- To meet this measure, the response to Question 8 needs to be "Always", and the responses to Question 9 and 10 need to be "Never".

Safe Sleep: For questions 8, 9, and 10, select 'N/A' if the infant is in the hospital when the form is completed

8. ♦ How often do you place your infant to sleep on their back?

- Always
 Sometimes
 Never
 N/A

9.. ♦ How often do you bed-share with your infant?

- Always
 Sometimes
 Never
 N/A

10. ♦ How often does your infant sleep with soft bedding?

- Always
 Sometimes
 Never
 N/A


Step 3: Enter the information on the Form into FLO.

Which form should I use to document safe sleep for infants at 6 months or 12 months?

Step 1: Use the Infant Health Care Form.

- When to ask: At least once per reporting year while the infant is under 1 year of age.

Infant Health Care



Infant ID Infant Name Infant DOB
Infant SSN
Client ID Client Name DOB
Date Nurse Home Visitor ID Nurse Home Visitor Name
Check one: Infancy 6 Months Infancy 12 Months Toddler 18 Months Toddler 24 Months

Step 2: On the Infant Health Care Form, record the client’s responses to Questions 12, 13, and 14.

- This should be: To meet this measure, the response to Question 12 needs to be “Always”, and the responses to Question 13 and 14 need to be “Never”.

Safe Sleep: Questions 12, 13, and 14 should only be completed at Infancy 6 and 12 months

12. ♦ How often do you place your infant to sleep on their back?
 Always
 Sometimes
 Never

13. ♦ How often do you bed-share with your infant?
 Always
 Sometimes
 Never

14. ♦ How often does your infant sleep with soft bedding?
 Always
 Sometimes
 Never

Step 3: Enter the information on the Form into FLO.