

Conference abstract

Improving Safe Sleep Compliance in a Level III Neonatal Intensive Care Unit: A Quality Improvement Project

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INTRODUCTION

In 1992, the American Academy of Pediatrics (AAP) introduced recommendations for Safe Sleep Practices (SSPs) to reduce infant mortality caused by Sudden Unexpected Infant Deaths (SUIDs), including Sudden Infant Death Syndrome (SIDS) and Accidental Suffocation and Strangulation in Bed (ASSB). Preterm and low birth weight infants are at the highest risk. The AAP recommends transitioning hospitalized NICU infants to safe sleep positioning as soon as medically possible. At Henry Ford St. John Children's Hospital Neonatal Intensive Care Unit (NICU), SSP adherence was variable despite existing guidelines.

OBJECTIVE

To improve the rate of safe sleep compliance from 50% to 100% in the level III NICU at Henry Ford St. John Children's Hospital between May 1, 2025, to March 30, 2026.

Methods: This was a QI project in the NICU at Henry Ford St. John Children's Hospital (Detroit, MI). A multidisciplinary team investigated the baseline state and performed PDSA cycles. Interventions included policy revision, education, clear criteria for safe sleep eligibility, bedside visual cue cards, audits of communication orders, real-time

feedback for non-compliance, and sharing results with staff. Data were collected via bedside audits and chart review. The outcome measure, percentage of safe sleep eligible infants compliant with safe sleep practices as defined by the AAP, was plotted on a statistical process control chart. Frequent feedback discussions with occupational therapists, developmental care team and the QI team occurred as an informal balancing measure.

RESULTS

Baseline data were collected on 291 infants and demonstrated variable SSP compliance with a mean of 50%. Targeted multidisciplinary interventions resulted in an improvement in safe sleep compliance to a mean of 91% (410/456 infants) in January 2026, which has been sustained through March 2026.

CONCLUSIONS

This project demonstrates that a structured, multidisciplinary, data-driven approach can enhance SSP compliance in a high-acuity NICU, aligning inpatient practices with AAP recommendations and supporting safer infant sleep environments post-discharge.



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