

**TITLE:** Applying a Harm Reduction Model to Safe Infant Sleep Practices

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**STUDENT SUBMISSION:** Yes

**TOPIC/TARGET AUDIENCE:** Maternal-Child Health, specifically infant sleep; program developers, evaluators, policy makers, and practicing healthcare professionals.

**ABSTRACT:** Infant-sleep-related deaths have plateaued since the late 1990s, despite recommendations and interventions aimed at prevention. Data from the 2017 Oregon PRAMS indicated that 55% of mothers slept with their infants. In a preliminary survey of the Jackson County parent population, 63% of respondents identified as choosing to bed share. Of those respondents, 41% felt uncomfortable disclosing where their infant slept, and 46% felt their provider was unsupportive of their sleep practices. Jackson County Maternal Child Health home visit nurses will begin to utilize a harm reduction discussion tool to facilitate the conversation on bed-sharing with clients. The tool aims to reduce the stigma associated with bed-sharing and visually illustrate the differences between a safe and hazardous bed-sharing space. The “just say no” approach applied to infant bed-sharing creates a culture of stigma and does not address the population of parents who choose to or accidentally bed share. Applying a harm reduction model to infant sleep is unprecedented in the U.S., yet, evidence supports harm reduction interventions, identifying them as practical, safe, and cost-effective. Implementing safe bed-sharing teaching in healthcare settings has the potential to produce a positive impact on individual and community health.

**OBJECTIVE(S):** Identify the benefits of addressing parent-infant bed-sharing from a harm reduction approach. List common reasons for bed-sharing. Discuss the potential benefits and harms of bed-sharing. Describe a safe bed-sharing space. Compare sleep-related infant death in the United States with countries who utilize a harm reduction model. Explain the origins of the current safe sleep practices recommendation, as it relates to bed-sharing. Discuss the implications of using an exclusionary approach with infant sleep practices.

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