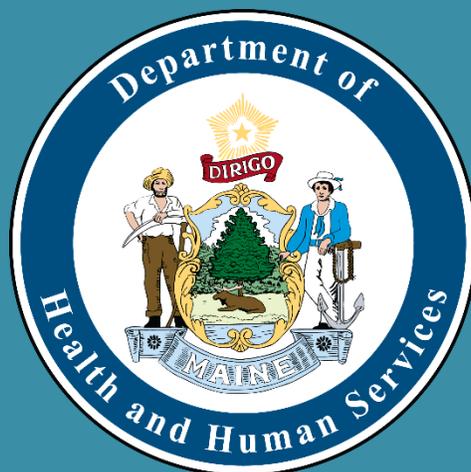


SAFESLEEP

- M A I N E -

Safe Sleep Initiative

EVALUATION REPORT





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Background

Sleep-related mortality in Maine

INFANT MORTALITY AND SAFE SLEEP PRACTICES

An infant death is defined as any death to a live born infant prior to their first birthday. In 2018, there were 67 deaths among Maine resident infants, and the State's infant mortality rate was 540 deaths per 100,000 live births (ME DRVS, 2018). For much of the past decade, Sudden Infant Death Syndrome (SIDS) and Sudden and Unexplained Infant Death (SUID) have been the third most frequent cause of deaths among Maine infants. In 2018, there were 11 deaths due to SIDS/SUID among Maine infants (ME DRVS, 2018), a rate of 89.4 deaths per 100,000 live births. Maine's rate of SIDS/SUID was lower than the US rate in 2018 (90.94 per 100,000 live births), but was the highest in New England during 2014 – 2018 (US CDC).

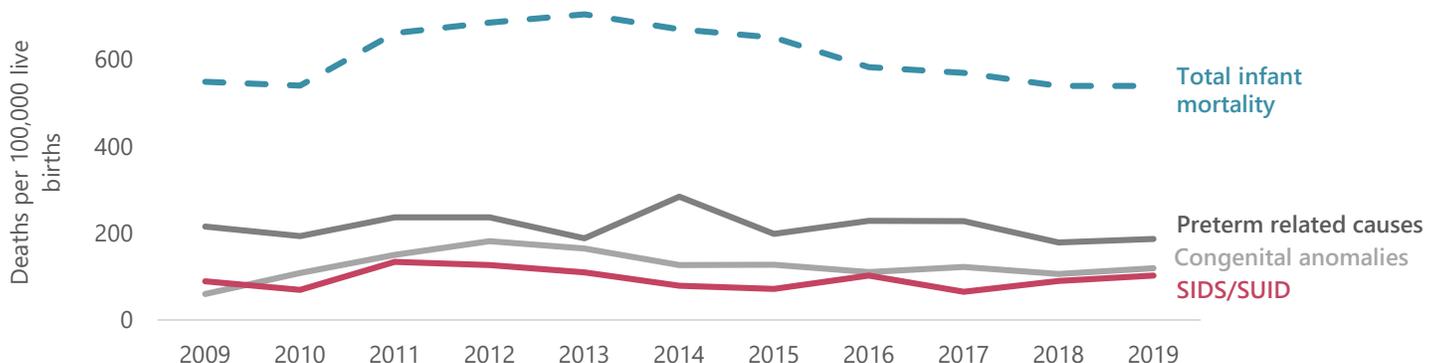
Between 2014 – 2018,
an average of
10 Maine infants
per year died due to
SIDS/SUID

Infant sleep position, sleep surface, and sleep location are associated with the risk of SIDS/SUID and other sleep-related infant deaths. To reduce sleep-related infant deaths, the American Academy of Pediatrics (AAP) recommends all infants be placed to sleep on their backs, alone, on a separate firm surface, and with no soft objects in the sleep area (AAP, 2016).

Select AAP A-level recommendations for reducing risk of sleep-related deaths (2016)

- ✓ Back to sleep for every sleep.
- ✓ Use a firm sleep surface.
- ✓ Breastfeeding is recommended.
- ✓ Room-sharing with the infant on a separate sleep surface is recommended.
- ✓ Keep soft objects and loose bedding away from the infant's sleep area.
- ✓ Consider offering a pacifier at naptime and bedtime.
- ✓ Avoid smoke exposure during pregnancy and after birth.
- ✓ Avoid alcohol and illicit drug use during pregnancy and after birth.
- ✓ Avoid overheating.
- ✓ Pregnant women should seek and obtain regular prenatal care.
- ✓ Infants should be immunized in accordance with AAP and CDC recommendations.
- ✓ Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
- ✓ Health care providers, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth.
- ✓ Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.

For most of the past decade, **SIDS/SUID** has been among the top causes of infant death in Maine.



Safe Sleep Initiative Overview

In response to the number of sleep-related deaths among Maine infants, the Maine Department of Health and Human Services (DHHS) launched a multi-component statewide Safe Sleep Initiative in mid-2019. The primary goal of the Initiative was to raise awareness and increase uptake of safe sleep practices among infant caregivers and healthcare and social service providers, resulting in reduced sleep-related mortality among Maine infants.

A core message of the Initiative was the “ABCs” of safe sleep:

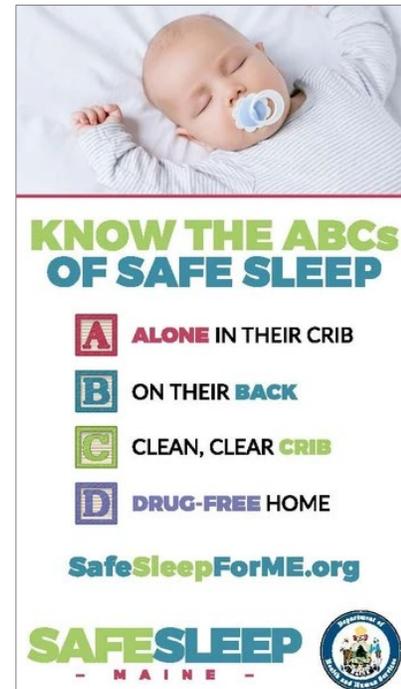
- ✓ **Alone** in the crib: The safest place for an infant to sleep is in a crib in their parents/caregivers’ room.
- ✓ **Back** to sleep: An infant should always be placed to sleep on their backs, both at night and for naps.
- ✓ **Clean, Clear Crib**: An infant crib should contain only a fitted sheet; no blankets, toys, pillows, bumpers, or other items should be placed in the crib.
- ✓ **Drug-free**: Substance use by caregivers can endanger infants in a number of ways, including increasing the risks associated with bed-sharing.

The Initiative’s public education and outreach activities included:

- ✓ Promotion the ABCs of safe sleep through a social marketing campaign
- ✓ Launch of [SafeSleepforME.org](https://www.safesleepforme.org) website
- ✓ Distribution of safe sleep educational materials to families and infant caregivers
- ✓ Use of safe sleep screenings and assessments across DHHS supported programs

The social marketing campaign activities were modeled after the Kentucky Department of Health’s successful safe sleep promotion campaign, and were led by the Maine CDC Title V program.

Figure 1. *Safe Sleep for ME magnet designed for the campaign*



DHHS and the [Maine Perinatal Quality Improvement Collaborative \(PQC4ME\)](#) partnered to support safe sleep practices within Maine birthing facilities and provide safe sleep professional education for providers who serve infants and their caregivers, including pediatricians, Public Health Nurses, Maine Families home visitors, and child welfare staff.

Activities focused on care providers and clinical quality improvement included:

- ✓ Support for all Maine birthing hospitals to achieve [Cribs for Kids®](#) bronze-level or higher certification
- ✓ Safe sleep professional development webinars for providers
- ✓ Safe sleep audit project in Maine hospital neonatal nurseries

Evaluation Overview



EVALUATION QUESTIONS & MEASURES

The purpose of the Safe Sleep Initiative evaluation was to assess the implementation, reach, and impact of the Initiative during its initial 17 months (July, 2019 – December, 2020).

This report addresses the following evaluation questions:

1. Was Maine's Safe Sleep Initiative **implemented effectively**?
2. Did implementation of the Initiative **increase the use of safe sleep practices** in hospitals and homes?
3. Did the Initiative **decrease the rate of infant deaths caused by unsafe sleep**?

The evaluation outcomes addressed in this report are detailed in the inset at left.

EVALUATION DATA

The evaluation used a mixed-methods design, relying on data from existing sources as well as several sources developed specifically for the Initiative. Evaluation data sources included DHHS program administrative data, marketing metrics, hospital quality improvement data, professional development evaluation data, Maine's Pregnancy Risk Assessment and Monitoring Survey (PRAMS) survey, and the WIC Safe Sleep Survey.



SAFE SLEEP EVALUATION OUTCOMES

Implementation outcome

- ✓ All aspects of Maine's Safe Sleep Initiative are implemented and reach the targeted populations

Short-term outcomes

- ✓ Increased awareness and understanding of safe sleep social Initiative among parents/caregivers
- ✓ Increased requests for free cribs from families in need
- ✓ Increased number of parents /caregivers are screened for safe sleep practices
- ✓ Increased knowledge of safe sleep practices and enhanced ability to provide safe sleep education and counseling among providers
- ✓ Increased use and modeling of safe sleep practices within Maine birthing hospitals
- ✓ Parents/caregivers changed their knowledge and beliefs about safe sleep practices

Intermediate outcomes

- ✓ Increased percent of Maine infants are placed safely to sleep

Long-term outcome

- ✓ Reduced number of infant deaths caused by unsafe sleep conditions

Figure 1. Maine Safe Sleep Initiative Logic Model

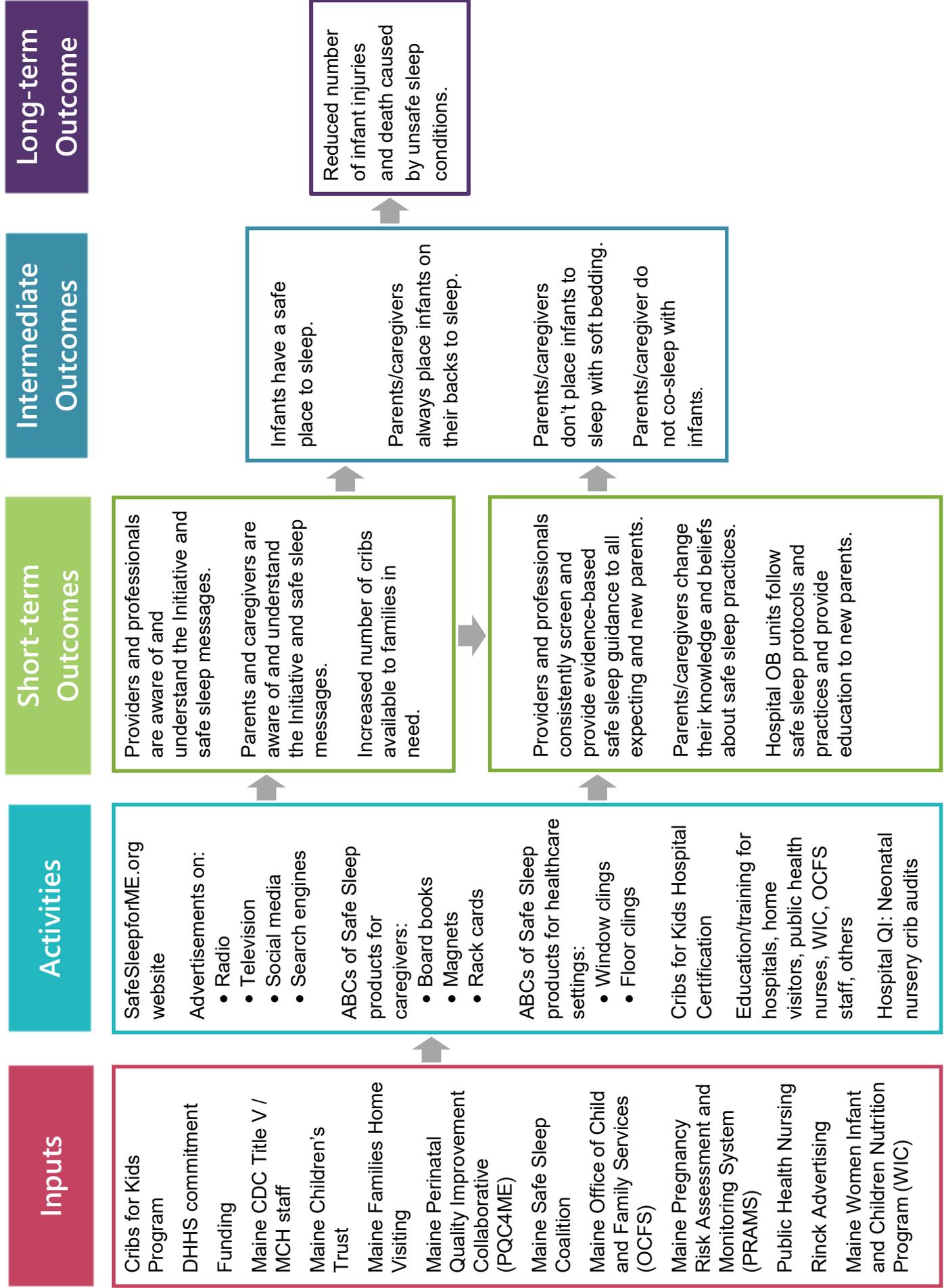


Table 1. Evaluation outcomes, measures, data sources, and lead organizations

	Outcomes	Measure	Data source
Process/Implementation	Effective implementation of all aspects of Maine’s Safe Sleep Initiative	Number of safe sleep books distributed	Maine Prevention Store
		Number of magnets distributed	Maine Prevention Store
		Number of Maine birthing hospitals that achieve at least bronze level of Crib for Kids certification	Cribs for Kids
		Number of trainings held for providers/professionals	Perinatal outreach records
		Number of providers trained on safe sleep topics	Perinatal outreach records
Short-Term Outcomes	Awareness and understanding of Safe Sleep Initiative	Number of clicks on online ads	Rinck marketing metrics
		Number of hits to SafeSleepForME.org	Rinck marketing metrics
		Number of expecting/new parents who report having seen media related to safe sleep Initiative	WIC client safe sleep survey
	Increased requests for free cribs	Number of cribs requested from Maine Children’s Trust	Maine Children's Trust administrative data
		Number of cribs distributed to families	Maine Children's Trust administrative data
	Families/caregivers receive safe sleep screening	Number of families/caregivers screened for safe sleep	DHHS program administrative data
	Providers have increased knowledge of safe sleep practices and can provide effective patient education on safe sleep	Percent of providers who report change in knowledge of safe sleep practices	Professional training participant evaluation
		Percent of providers who feel more comfortable addressing parental concerns or barriers to safe sleep	Professional training participant evaluation
		Percent of parents who report that their health care provider discussed safe sleep practices with them	Maine PRAMS survey
	Hospitals provide education on safe sleep, model safe sleep practices	Number/percentage of Maine birthing hospitals that achieve at least bronze level of Crib for Kids certification	Cribs for Kids
		Percentage of infants born in hospitals with safe sleep practices/policies	Cribs for Kids, hospital QI data
	Parents/caregivers change their knowledge and beliefs about safe sleep practices	Percent of parents who are aware of safe sleep practices	WIC client safe sleep survey
		Percent of parents who report that their knowledge or beliefs changed as the result of safe sleep messaging	WIC client safe sleep survey

Table 1. Evaluation outcomes, measures, data sources, and lead organizations (continued)

	Outcomes	Measure	Data source
Intermediate Outcomes	Infants are placed to sleep safely	Percent of infants who sleep in a crib, bassinet or pack and play	WIC client safe sleep survey, PRAMS survey
		Percent of infants that sleep alone in their own bed	WIC client safe sleep survey, PRAMS survey
		Percent of infants placed to sleep on their backs	WIC client safe sleep survey, PRAMS survey
		Percent of infants placed to sleep without any soft or loose bedding	WIC client safe sleep survey, PRAMS survey
Long-Term Outcomes	Reduce number of infant injuries and deaths caused by unsafe sleep conditions	Rate of SUID deaths	Death certificates
		Percentage of deaths investigated by the medical examiner with unsafe sleep conditions documented *	Medical Examiner Record Review

* Proposed measure; data not available at time of report

DATA SOURCES

WIC Safe Sleep Survey

The WIC Safe Sleep survey was developed by Maine CDC's Title V Maternal and Child Health program to support the evaluation of the Safe Sleep Initiative. The survey was distributed to the primary contacts for all WIC receiving households (representing approximately 12,000 adults) via text message in March, 2020. Nine hundred sixty-two (962) individuals responded to the survey, 47.7% of whom were expecting parents or parents/caregivers of an infant under one year. Survey questions assessed exposure to the Initiative's safe sleep messages through its social marketing campaign and educational products, as well as respondents' current and anticipated behaviors and beliefs regarding safe sleep. The full survey instrument is included in Appendix A.

Hospital QI/Crib audits data

Hospital crib audit data were collected using the Cribs for Kids Safe Sleep Audit Tool, which contains nine yes/no items addressing safe sleep recommendations such as supine positioning and absence of soft items in the nursery crib. Data were collected by participating hospitals on monthly audit forms, and maintained in a purpose-designed REDCap database housed by the Northern New England Perinatal Quality Improvement Network (NNEPQIN). During the QI project period, hospitalized infants were eligible for safe sleep audits if they were under one year of age and did not require therapeutic positioning. The crib audit instrument is included in Appendix B.

Professional training participant evaluation

To evaluate the effectiveness of the safe sleep professional trainings, a 13 item post-training survey was designed by PQC4ME and Maine CDC's Perinatal Outreach Coordinator. The survey was administered to all safe sleep webinar attendees wishing to receive Continuing Medical Education (CME) credits. Questions focused on participant satisfaction and knowledge change.

Social marketing metrics

Social marketing metric data included within this report were provided by Rinck Advertising. As part of the contact with Maine CDC's Title V program, Rinck collected data on core digital advertising metrics and used platform-specific analytic tools to measure the success of the social marketing campaign. Rinck Advertising's full metrics reports are included in Appendix C.

DHHS administrative data

Data from administrative/programmatic records from several DHHS/Maine CDC programs, including perinatal outreach, the Maine Prevention Store, WIC, Public Health Nursing, Maine Families Home Visiting, and the Office of Child and Family Services, were used to assess the outcomes of several Initiative activities, including educational product distribution and administration of safe sleep screenings and assessments.

Maine Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is a population based surveillance system collaboratively managed by the US CDC and participating state health departments. It is designed to monitor maternal experiences, feelings, and behaviors before, during and after pregnancy using a standardized data collection methodology. Maine's PRAMS survey is administered monthly to a systematic sample of women with a recent birth, and addresses a variety of topics including healthcare experiences, mental health, breastfeeding, substance use, and safe sleep.

Maine vital records (birth and death certificates)

Maine CDC Data, Research and Vital Statistics program (DRVS) is responsible for the collection and maintenance of records of all Maine vital events, including births and deaths. Birth and infant death figures included within this report are calculated from Maine birth and death certificate data.

Activities, Implementation and Short-Term Outcomes



Social Marketing Campaign

How was the social marketing campaign implemented?

Maine CDC Title V program partnered with Lewiston, ME-based Rinck Advertising to design and deploy advertisements promoting safe sleep on radio, television, select high traffic websites, search engines, YouTube, and social media platforms including Facebook, Instagram, and Pinterest. Maine CDC also launched a new SafeSleepforME.org website with design support from Rinck. Expecting parents and parents/caregivers of infants under one year were the target audience of the social marketing campaign. Safe sleep advertisements ran on the above listed platforms from August - December, 2019 and June - October, 2020.

Did parents/caregivers receive and understand the messages?

According to data collected and provided by Rinck, the safe sleep social marketing campaign generated a cumulative:

20.7 million impressions
2.7 million video views
431,015 Facebook + Instagram users engaged
117,956 ad clicks
43,207 website visits

Data collected by Rinck suggest that while overall SafeSleepforME.org website traffic was strong, less traffic originated from the northern and western areas of the State. Additionally, very short videos (15 seconds or less) accounted for the vast majority of video views.

Figure 2. YouTube advertisement "Alone"



Data from the WIC Safe Sleep survey indicated that **two-thirds (66%)** of respondents with an infant **had seen a safe sleep message** from the social marketing campaign. Among these respondents, **close to 50% agreed or strongly agreed** that after seeing the safe sleep media messages they "**know more** about how to keep my baby safe than I did before"; **1 in 3** reported they **changed** where they put their **baby to sleep**.

Maine WIC clients with infants agreed that that after seeing safe sleep media messages they...

Spoke with others about safe sleep for babies.



Know more about how to keep my baby safe while sleeping.



Looked for additional information about safe sleep.



Changed how and/or where I place my baby to sleep.





Safe Sleep Educational Products

3,261 ABCs of Safe Sleep magnets



What educational products were developed?

Development and distribution of safe sleep educational products were key activity of the Initiative. Magnets, rack cards, and window clings featuring the ABCs of Safe Sleep were made available for free to providers and the general public through Maine DHHS's online Maine Prevention Store. These materials were intended to support the safe sleep education provided to infant caregivers by health and social service professionals.

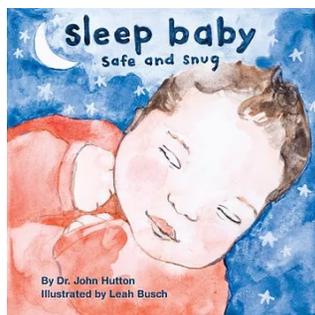
The read-a-loud board book *Sleep Baby Safe and Snug*, authored by Dr. John Hutton of Cincinnati Children's Hospital and published by the Charlies' Kids Foundation, was also made available for free through the Maine Prevention Store. Evidence suggests that educational books can improve parents' safe sleep knowledge and behaviors (Reich, Penner, Duncan, 2011; Hutton, Gupta, Gruber et al, 2017).

How were the products distributed and who did they reach?

Between July 31, 2019 – October 31, 2020

10,755

Sleep Baby Safe and Snug books

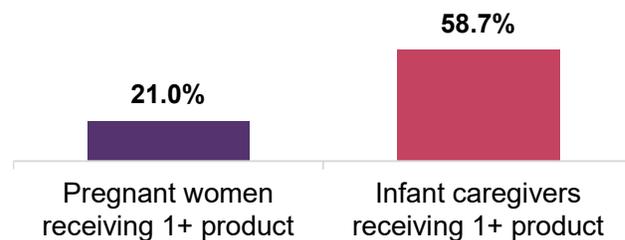


were ordered from the Maine Prevention Store. These books were distributed by WIC, Maine Families Home Visiting, hospitals, and other providers.

Between July 31, 2019 – October 31, 2020 **2,115 safe sleep rack cards, 92 window clings,** and

were ordered from the Maine Prevention Store. Safe sleep magnets were also directly mailed to Mainecare members.

Results from the WIC Safe Sleep survey indicated that **over half of respondents** who were pregnant or caring for an infant at the time of the survey had **received at least one safe sleep product** in the mail or from a health or social service provider. **Infant caregiver** respondents were more likely to have received at least one product (**58.7%**) compared to **pregnant** respondents (**21%**).



Did parents/caregivers change their practices?

Between **9.5% - 16.3%** of respondents caring for infants were **at least "somewhat" influenced** to use safe sleep practices after exposure to safe sleep messages via media and/or educational products.

Used sleep sacks instead of blankets to keep baby warm.



Removed stuffed animals, toys and pillows from sleep area.



Placed baby to sleep alone in his/her own crib.



Placed baby to sleep on his/her back.



■ I was already doing this ■ Very little/not at all influenced
■ A lot/somewhat influenced



Safe Sleep Screening & Assessment

Is safe sleep screening occurring across DHHS supported programs?

Maine DHHS administers several programs, including Public Health Nursing, WIC, Office of Child and Family Services, and Maine Families Home Visiting, that provide safe sleep screening and assessment to new and expecting parents/caregivers.

Each program uses safe sleep screening and assessment tools developed for the program's unique needs and the needs of their particular client population. All screening and assessment tools address key AAP safe sleep recommendations, including supine positioning, separate firm sleep surface, and removal of soft items from the sleep area. The safe sleep screening questions used by the Maine Families Home Visiting program are included below.

Maine Families Safe Sleep Screening Questions

1. Child always placed to sleep **on back** (does not include car seats, swings, infant carriers, infant slings)?
 Yes
 No
2. Child always sleeps **alone**?
 Yes
 No
3. Child always placed with **no soft or loose bedding** in sleep area?
 Yes
 No



How many families have received safe sleep screenings?

In accordance with federal requirements, the Maine Families Home Visiting program reports annually (by federal fiscal year) on the number and percent of the families they serve that have received a safe sleep screening. In FFY20 (10/1/19-9/30/20), 94% of Maine Families Home Visiting clients with an infant under one year received a safe sleep screening (n=1,215).

The Maine CDC Public Health Nursing (PHN) program also provides safe sleep assessments to new families. PHN completed 954 safe sleep assessments in CY2019, and 891 in CY2020.

Maine's Office of Child and Family Services (OCFS) child protective case workers are required to complete a Safe Sleep Assessment Checklist and provide safe sleep education to client families, as well as adoptive and foster families, who have a child under one year. OCFS case workers completed 1,423 assessments in CY2019 and 1,569 assessments in CY2020.

WIC counselors facilitate open-ended solution-focused conversations about safe sleep during appointments. The WIC program documented 186 safe sleep nutrition education contacts between December 1, 2019 – December 1, 2020.



Cribs for Kids® Certification

How was the certification process implemented?

Cribs for Kids is a national non-profit dedicated to providing educational and material support for safe sleep, including birth hospital certification. In June 2019, only five Maine birth hospitals were certified by Cribs for Kids. In August 2019, Maine DHHS requested that all of Maine’s 26 birthing hospitals become Cribs for Kids certified at the bronze level or higher.

Research suggests that while most health professionals providing neonatal care in the hospital setting are aware of and in agreement with the AAP safe sleep guidelines, there is often a gap between this knowledge and on-the-ground hospital practice (McMullen SL, Fioravanti ID, Brown K, Carey MG, 2016). Cribs for Kids’ hospital certification program is designed to ensure that, at a minimum, hospital providers are well trained on safe sleep and able to provide education to parents, and that hospitals have safe sleep policies in place.

Cribs for Kids certification involves an extensive application process; Maine CDC’s Perinatal Outreach Coordinator provided technical assistance to support Maine hospitals in this endeavor.

How many hospitals achieved certification?

By December 31, 2020, **23 of 26 hospitals (88.5%)**, had achieved **at least Bronze level certification** and three had certification applications pending with Cribs for Kids. As of April 2021, **all 26 birth hospitals** in Maine achieved Safe Sleep certification. Maine is the second state nationally to achieve this milestone

-  **8** hospitals achieved **Gold Safe Sleep Champion**
-  **12** hospitals achieved **Silver Safe Sleep Leader**
-  **6** hospitals achieved **Bronze**

In February 2020, Northern Light Health became the first healthcare system in the United States to achieve Cribs for Kids Gold Level certification. A map of hospital locations and certification status is included on the following page.

An analysis of provisional Maine birth data indicates that **97.1% of infants** born in Maine hospitals during the 4th quarter of 2020 (October 1 – December 31, 2020) were delivered in a Cribs for Kids certified facility (ME DRVS, 2020).

Cribs for Kids Hospital Certification Requirements

 BRONZE	 SILVER	 GOLD
<ul style="list-style-type: none"> ✓ Develop a safe sleep policy statement incorporating the AAP’s Infant Safe Sleep guidelines. ✓ Train staff on safe sleep guidelines, your hospital’s safe sleep policy, and the importance of modeling safe sleep for parents. ✓ Educate parents on the importance of safe sleep practices, and implement these practices in the hospital setting. 	<ul style="list-style-type: none"> ✓ Develop a safe sleep policy statement ✓ Train staff ✓ Educate parents ✓ Use or distribute wearable blankets to model or educate no loose bedding in the crib. ✓ Program Evaluation via unit based Safe Sleep compliance audits. 	<ul style="list-style-type: none"> ✓ Develop a safe sleep policy statement ✓ Train staff ✓ Educate parents ✓ Use or distribute wearable blankets ✓ Program Evaluation ✓ Provide community and media outreach on safe sleep in your community. ✓ Affiliate with or become a Cribs for Kids® partner to provide a safety-approved sleep alternative to at risk parents in your hospital.

Source: Cribs for Kids
(www.cribsforkids.org/hospitalcertification/)

Did more families request and receive free cribs?

The AAP recommends infants sleep on a firm, flat surface, separate from the parents'/caregivers' bed, but within the parents'/caregivers' room. Recognizing that obtaining a safe separate sleep surface can be a financial challenge for many families, hospitals certified at the Cribs for Kids gold level (Safe Sleep Champions) are required to provide safe sleep surfaces to families in need.

The Maine Children's Trust, with funding from private donors, is the primary provider of free high quality compact cribs—CribettesSM—to Maine families in need. These cribs are distributed to families by hospitals as well as community-based programs such as Maine Families Home Visiting. Data detailed below reflects cribs provided under the auspices of Maine Children's Trust.



Photo credit: Cribs for Kids

It was anticipated that more cribs would be distributed to families in the second half of 2019 and throughout 2020 as more Maine birthing facilities achieved Cribs for Kids gold certification and more families and caregivers were exposed to safe sleep media messages via the Initiative's social marketing campaign. The average monthly number of cribs distributed by Maine Children's Trust to families in need increased following the start of the Initiative in mid-2019. From July 1, 2018 to May 31, 2019, an average of 18.5 cribs were distributed per month. By comparison, between June 1, 2019 – March 31, 2020, an average of 31.3 cribs were distributed per month.

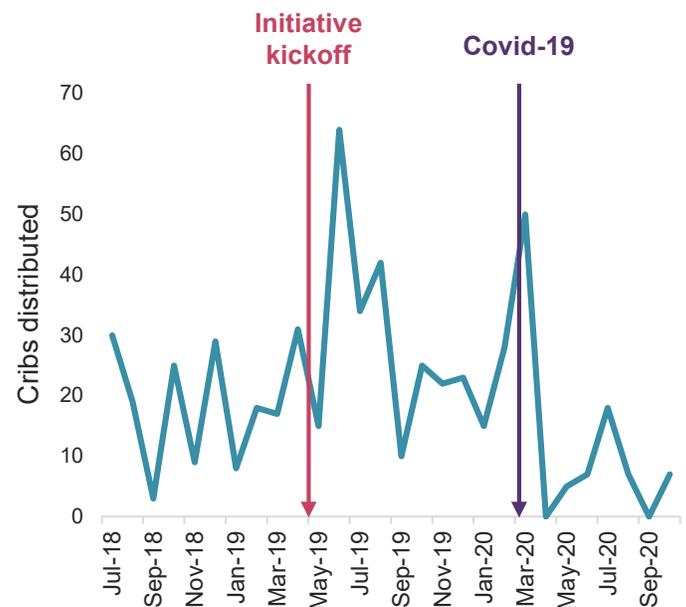
Average monthly crib distributions increased

↑ 69%

following the start of the Safe Sleep Initiative

Beginning in January 2020, Maine CDC Public Health Nursing (PHN) also started providing free cribs to new parents/caregivers in need. The number of distributions to families in each of the subsequent two months (February and March 2020) were higher than in each of the immediately preceding five months.

The arrival of Covid-19 in Maine in mid-March 2020 coincided with a significant drop off in crib requests. An average of only 6.3 cribs were distributed monthly between April 1, 2020 – October 31, 2020. While many health and social services activities were disrupted throughout the State during the initial months of the pandemic, it is unclear why crib requests remained low into the fall of 2020.



In fall 2020, the Maine CDC began financially reimbursing hospitals for the cost of cribs provided to birthing families.



Healthcare Quality Improvement Project

How was provider training and hospital QI implemented?

In October 2019, the PQC4ME initiated a safe sleep quality improvement project aimed at increasing compliance with APP guidelines within Maine hospitals. The project was designed and funded independently of the Maine DHHS Safe Sleep Initiative, but implemented in collaboration with the Cribs for Kids certification efforts described in the previous section, and with the support of Maine CDC's Perinatal Outreach Coordinator. The QI project involved two major activities:

- ✓ Safe sleep **professional development webinars** for both hospital staff and community-based maternal and infant healthcare providers
- ✓ Monthly **audits of neonatal nursery cribs** to assess compliance with AAP recommendations.

Four safe-sleep focused webinars, with a cumulative total of 164 attendees, took place in CY2020. Topics and attendee counts are listed below:

Webinar Topic	Count
Use of the crib audit tool	38
Unsafe sleep deaths and injuries	56
Safe sleep for the breastfeeding family	39
Understanding cultural diversity in sleep practice	31

Crib audits were completed using the Cribs for Kids Safe Sleep Audit Tool and submitted monthly to QI project lead Dr. Alan Picarillo MD, neonatologist at Maine Medical Center Barbara Bush Children's Hospital. At least 50% of birthing hospitals completed audits from February – September, 2020. A total of **596 audits** were completed during that time.

Did providers increase their safe sleep knowledge?

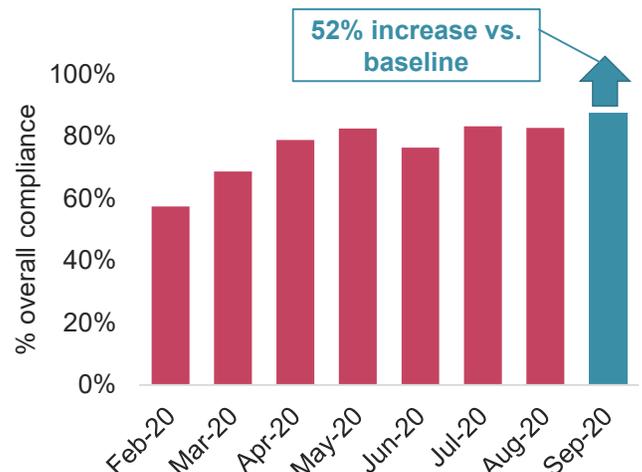
Post-training evaluations were required from attendees seeking CMEs (offered for 3 of the 4 webinars). Collectively, between **86% – 100%** of responding participants reported the sessions **"enhanced their competence"** on the session topic and **80% - 95%** reported their **learning will impact their clinical practice**. Additionally, many expressed interest in further safe sleep professional development, particularly regarding cultural diversity in sleep practice.

"It is helpful to understand the [safe sleep] challenges exclusive breastfeeders face and to learn how to better support them while also encouraging/teaching safe sleep"

– webinar participant

Did safe sleep practices increase in Maine's birthing hospitals?

According to audit data collected through September 2020, **compliance with safe sleep guidelines increased over 52% among participating facilities**. Facilities complied most consistently with the recommendation for supine positioning, and least consistently with the recommendation for only a single blanket to be present in the neonatal nursery crib. Compliance on this measure increased significantly during the project period; 94.4% of audits submitted in September 2020 were in compliance.



The table below summarizes the **process/implementation** and **short-term** outcome measure data presented in the previous section.

Table 2. Process/implementation and short-term outcome data

Outcome Measure	Result
Effective implementation of all aspects of Maine's Safe Sleep Initiative	10,755 books ordered
	3,261 magnets ordered
	23 Maine birthing hospitals certified; 3 pending certification
	4 safe sleep professional development webinars held
	164 safe sleep professional development webinar attendees
	596 hospital nursery crib audits completed
Increased awareness and understanding of the Safe Sleep Initiative among parents/caregivers	117,956 clicks on online ads
	43,207 hits to SafeSleepForME.org website
	55.7% of expecting/new parent WIC Safe Sleep Survey respondents reported having seen media and/or received a product related to safe sleep Initiative
Increased requests for free cribs	357 cribs distributed from Maine Children's Trust since June 1, 2019
	69% increase in average monthly crib distributions from June 1, 2019 – March 31, 2020 compared to baseline period of July 1, 2018 - May 31, 2019
Parents/caregivers receive safe sleep screening	1,251 families assessed by Maine Families Home Visiting (FFY2020) 1,845 families assessed by OCFS (CY2019 and CY2020) 2,992 families assessed by PHN (CY2019 and CY2020) 186 families received WIC safe sleep nutrition education contacts (12/1/19-12/1/2020)
Providers have increased knowledge of safe sleep practices and how to talk to parents to reduce safe sleep	86% - 100% of training webinar attendees who completed evaluations reported improvement in their safe sleep knowledge
	80% - 95% training webinar attendees who completed evaluations reported their learning will impact their clinical practice
Hospitals provide education on safe sleep, model safe sleep practices	23 (88.5%) of Maine birthing hospitals achieved at least bronze level Crib for Kids certification
	97.1% of Maine hospital births in Q4 2020 occurred in a Cribs for Kids certified hospital (provisional finding)
	52% increase in overall safe sleep compliance among participating hospital nurseries compared to baseline
Parents/caregivers change their knowledge and beliefs about safe sleep practices	Close to half (48.5%) of WIC Safe Sleep Survey respondents reported knowing more about safe sleep after viewing, hearing or otherwise being exposed to the Initiative's social marketing messages
	Between 9.5% - 16.3% of respondents with infants were at least "somewhat" influenced to use safe sleep practices after exposure to safe sleep messages

Intermediate and long-term outcomes



The ultimate purpose of the Safe Sleep Initiative was to increase safe sleep among Maine infants and thereby reduce sleep-related infant mortality. This section will address the following evaluation questions, focusing on intermediate and long-term outcomes

Did the Initiative increase the use of safe sleep practices?

Did the Initiative decrease the rate of infant deaths caused by unsafe sleep?

PRAMS is the primary source of statewide data on safe sleep practices among mothers with a new infant. At the time of writing, PRAMS data were only available through 2018; no data were available from the time period coinciding with the Safe Sleep Initiative. Data from the 2017 and 2018 PRAMS survey are presented here as baseline for future evaluation activities. Data from PRAMS will continue to be monitored annually for changes in safe sleep practices among new Maine mothers.

Data from the WIC Safe Sleep survey provides recent data on safe sleep behaviors and attitudes among infant caregivers receiving WIC. While not generalizable to all WIC clients, nor the entire population of Maine, these data provide insight into the current beliefs and behaviors of an

important sub-group of caregivers.

The impact of the Initiative on sleep-related infant mortality is also difficult to fully assess at this time, as finalized 2020 Maine death certificate data is not yet available. An initial analysis of Maine provisional infant death data is provided, however.

Are Maine infants placed to sleep safely?

Safe sleep practices: PRAMS baseline data

In 2018, 88.5% of Maine infants were placed on their backs to sleep; however, many slept in locations not recommended by the AAP. In 2018, only 1 in 3 mothers with a recent birth reported their baby always or often slept alone, usually in a crib, bassinet, or pack and play, and *not* usually in a standard bed, couch, sofa, armchair, car seat, or swing. Findings from the 2018 PRAMS survey indicate that many Maine infants slept in locations that are not firm surfaces



54.1% usually slept in **car seat or swing**



22.7% usually slept in an **adult bed**



7.6% usually slept in **couch or chair**

In 2018, 63% of Maine infants always slept alone, and 49.4% did *not* usually go to sleep with blankets, crib bumpers, toys, pillows or other soft items in their sleep area.

In 2018, the vast majority of Maine mothers with a recent birth received safe sleep patient education from a provider in line with APP recommendations:

- ✓ 97% were advised to place baby to **sleep on back**
- ✓ 90.4% were advised to place baby to sleep in **own crib**
- ✓ 90.1% were advised **what items** should and should not be placed in **baby's sleeping area**

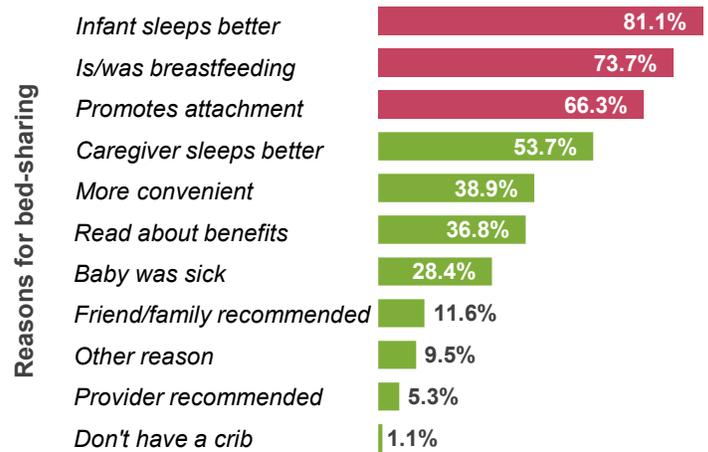
Future analyses of 2019 and 2020 PRAMS data will provide greater insight into the impact of the Initiative on safe sleep behaviors among Maine parents/caregivers.

Safe sleep practices: WIC Safe Sleep Survey

Similar to the findings from the 2018 PRAMS survey, close to **88.6%** of WIC Safe Sleep Survey respondents with an infant under one year reported they always/often **placed their baby to sleep on their backs**. Compliance with other safe sleep recommendations was lower; **16%** reported always/often **bed-sharing with their infants**.

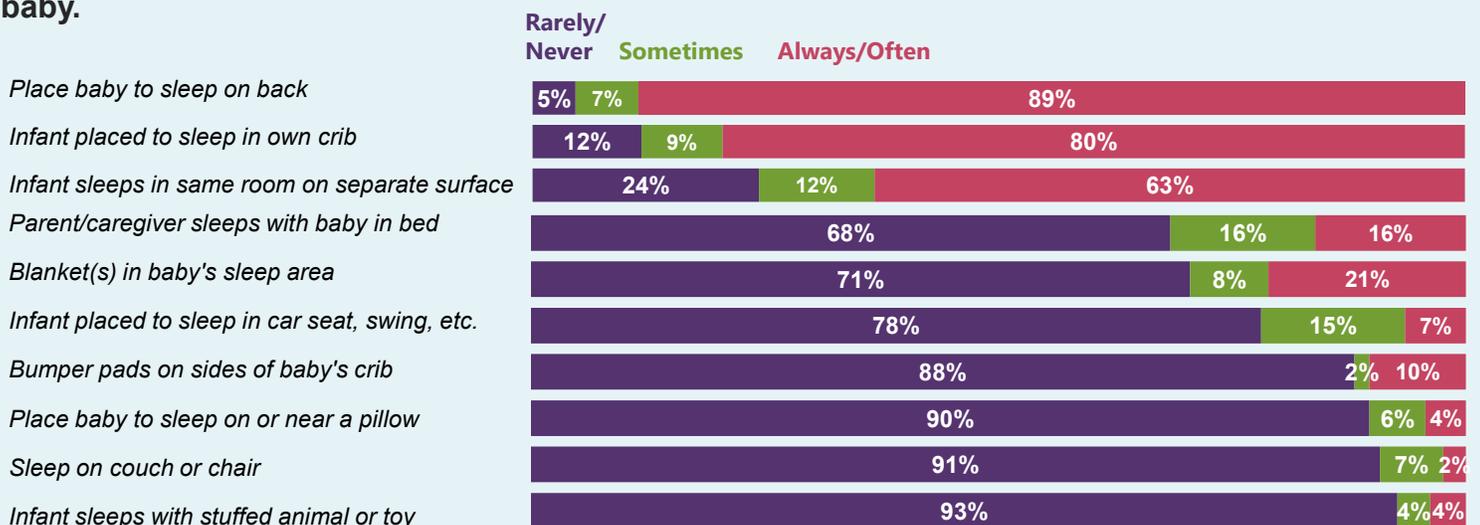
Bed-sharing was more common among survey respondents who at least sometimes breastfed their infant, and **breastfeeding** was among the most frequently cited reasons for bed-sharing

among respondents (**73.7%**). **Improved infant sleep (81.1%)** and the belief that **bed-sharing promotes attachment (66.3%)** were also among the top reasons specified for bed-sharing. Just over **5%** of respondents reported bed-sharing was **recommended to them by a healthcare provider**; only **1.1%** of respondents reported bed-sharing due to **the lack of a crib** or other approved surface.



The WIC Safe Sleep Survey did not address the prevalence of safe sleep screening or patient education, however survey respondents were asked about the influence of various sources of information on their safe sleep decisions. Healthcare providers were the most frequently cited as an influential source. More than **2 in 3** respondents reported their **healthcare provider had at least some influence** on their infant sleep decisions.

89% of WIC Safe Sleep Survey respondents with an infant under 1 year reported **always/often** placing their **baby back-to-sleep**; close to **1 in 6** reported **always or often bed-sharing with their baby**.





(rate: 102 deaths per 100,000 live births) (Maine DRVS, 2018-2019). Provisional 2020 death certificate data indicates that between January 1, 2020 – December 31, 2020 there were only 6 SIDS/SUID deaths among Maine infants (rate: 52.1 per 100,000). This provisional 2020 SUIDS/SUID rate is 51% lower than 2019, despite an overall increase in the total infant mortality rate in 2020 (Maine DRVS, 2020).

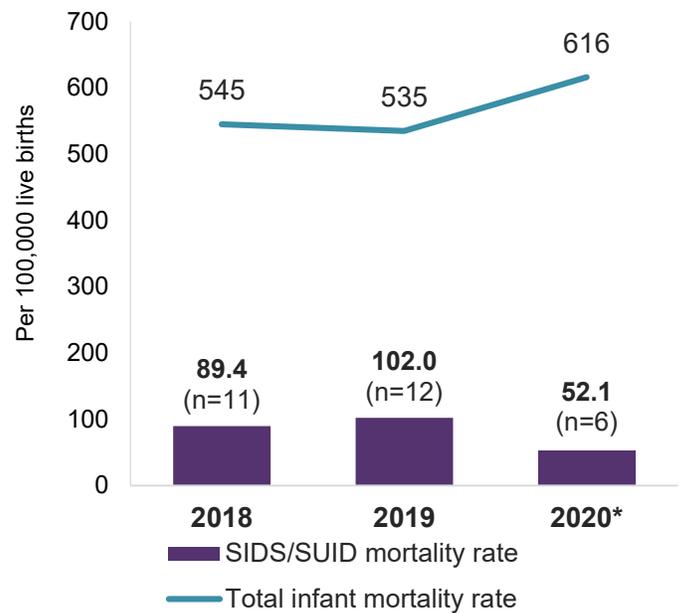
The provisional 2020 SIDS/SUID rate is lower than the previous two years, despite an increase in overall infant mortality in 2020.

Have the number of infant sleep-related deaths decreased?

Multicomponent health promotion campaigns can have a significant impact on health outcomes. During 1994-1999, the first five years of the national Safe to Sleep initiative, the US saw a 50% reduction in SIDS mortality (National Institute of Child Health and Human Development, 2021). The ultimate aim of Maine’s Safe Sleep Initiative is to contribute to a meaningful reduction in sleep-related injury and mortality in the coming years.

SIDS/SUID has been among Maine’s most frequent causes of infant mortality for much of the last decade; however, the annual absolute number of SIDS/SUIDS deaths in Maine is low. Between 2010 – 2019, there were an average of 11.9 SIDS/SUID deaths per year. These low numbers make changes in the SIDS/SUID death rate difficult to detect, particularly within limited timeframes. In addition, it can take time for extended multi-pronged health promotion campaigns, such as Maine’s Safe Sleep Initiative, to show impact at a population level.

Available baseline and provisional death data suggest some improvement in sleep-related mortality among Maine infants. In 2018, there were 11 deaths to Maine infants due to SIDS or SUID (rate: 89.4 per 100,000 live births); in 2019 there were 12 infant deaths due to SIDS or SUID



*2020 data is provisional.

These provisional figures may indicate the Safe Sleep Initiative helped reduce sleep-related deaths among babies in Maine, however it is too soon draw this conclusion. Maine CDC’s Title V staff will continue to monitor SIDS/SUID deaths to identify changes in trends.

Key Evaluation Findings

SOCIAL MARKETING CAMPAIGN & EDUCATIONAL PRODUCTS

- ✓ Maine CDC Title V program facilitated distribution of **3,261 safe sleep magnets**, **10,755 board books** and **2,115 rack cards**.
- ✓ The Safe Sleep for ME social marketing campaign netted **117,956 clicks** on online ads and **43,207 hits** to SafeSleepForME.org website.
- ✓ **2 in 3** WIC Safe Sleep Survey respondents caring for an infant **saw or heard safe sleep messages** from the social marketing campaign.
- ✓ More than **58%** of WIC Safe Sleep Survey respondents caring for an infant reported **receiving at least one safe sleep product**.
- ✓ **Close to half** (48.5%) of WIC Safe Sleep Survey respondents reported **knowing more about safe sleep** after viewing, hearing or otherwise being exposed to the initiative's social marketing messages.

HEALTHCARE QUALITY IMPROVEMENT

- ✓ **4** safe sleep **professional development webinars** were held in 2020 serving **164 attendees**.
- ✓ **596** hospital nurse **crib audits** were completed from February through October 2020.
- ✓ **86% - 100%** of training webinar attendees who completed evaluations reported **improvement in their safe sleep knowledge**.
- ✓ **80% - 95%** training webinar attendees who completed evaluations reported their **learning will impact their clinical practice**.
- ✓ The hospital QI project resulted in a **52% increase in safe sleep** compliance within participating hospitals.

CRIBS FOR KIDS CERTIFICATION

- ✓ By October 2020, **23 out of 26 Maine birthing hospitals were Cribs for Kids Safe Sleep certified**. The remaining **3** hospitals were **certified as of April 2021**.
- ✓ In Q4 of 2020, **97.1%** of Maine hospital births occurred in a safe sleep certified hospital.
- ✓ **357 cribs** have been distributed through Maine Children's Trust since June 1, 2019.
- ✓ Average monthly **crib distributions increased 69%** in June 1, 2019 – March 31, 2020 compared to baseline period of July 1, 2018 - May 31, 2019.

SAFE SLEEP ASSESSMENTS AND CAREGIVER SAFE SLEEP PRACTICES

- ✓ Thousands of Maine families with infants received a **safe sleep screening** from a DHHS supported program during the Safe Sleep Initiative's first 17 months.
- ✓ **89%** of WIC Safe Sleep Survey respondents with an infant under 1 year reported **always/often placing their baby back-to-sleep**; close to **1 in 6** reported always or often **bed-sharing** with their infant.
- ✓ Reasons for bed-sharing included **improved infant sleep (81.1%)**, **breastfeeding (73.7%)**, and the belief that bed-sharing promotes **attachment (66.3%)**.

SLEEP-RELATED MORTALITY

- ✓ Maine's provisional **2020 SIDS/SUID mortality rate of is 51% lower than the 2019 rate**, despite an increase in overall infant mortality in 2020.

Recommendations

Evaluation findings suggest the Safe Sleep Initiative was implemented successfully overall. The Initiative positively impacted the safe sleep knowledge and behaviors of targeted providers and WIC survey respondents, and led to improved safe sleep compliance at Maine birthing hospitals. Findings also suggest several areas for continued or expanded work.

Recommendations included here focus on:

- ✓ Outreach and education for parents/caregivers
- ✓ Training/professional development for healthcare and social service providers
- ✓ Assessment and data collection activities



EDUCATION & OUTREACH FOR PARENTS/CAREGIVERS

Based on the outcome data included in this report, and additional social media marketing metrics data collected and analyzed by Rinck Advertising, it is recommended that Maine DHHS consider:

- Continuing to promote the [SafeSleepforME.org](https://www.SafeSleepforME.org) website particularly in northern and western areas of state where website metrics indicated website access was lower (Rinck, Oct 2020)
- Continuing to run shorter Safe Sleep for ME educational videos on relevant platforms. Metrics collected by Rinck Advertising suggest shorter videos received the most views and interactions during the evaluation period (Rinck Oct, 2020)
- Continuing to promote availability of safe sleep educational materials, particularly to expecting parents. Findings from the WIC Safe Sleep survey suggest that pregnant respondents were less likely to have received educational products than caregiver respondents.

Additionally, data from the WIC Safe Sleep survey and baseline data from the Maine PRAMS survey suggest that **targeted education and outreach** focused on particular unsafe sleep behaviors may be beneficial.

- **Soft items in sleeping area:** In 2018 only 49.4% of Maine mothers with a recent live birth reported that their infants did *not* usually go to sleep with blankets, crib bumpers, toys, pillows or other soft items in their sleep area (ME PRAMS, 2018), and 21.1% of WIC Safe Sleep survey respondents caring for an infant under one year reported their babies often/always sleep with blankets. These findings suggest that in addition to the current social marketing and outreach efforts, targeted efforts focused specifically on **soft items in the crib** and/or the **promotion of “sleep sack” use** could be valuable.
- **Bed-sharing:** Nearly 1 in 3 (32%) of WIC Safe Sleep Survey respondents with an infant reported sometimes, often, or always sleeping with their baby in bed. Targeted education and outreach focused on the most frequently cited reasons—sleep quality, bonding/attachment concerns, and breastfeeding—may be beneficial. Additionally, culturally specific and harm-reduction oriented messaging could reach bed-sharing families that standard safe sleep messaging may miss.



TRAINING FOR HEALTHCARE PROVIDERS

Attendee responses from the post-training evaluations indicate strong satisfaction with the safe sleep webinars provided as part of the healthcare quality improvement project. Open-ended comments included in the participant evaluations also suggest interest in further safe sleep education.

To build off the success of these trainings, it is recommended that DHHS and/or partner organizations consider:

- Developing additional safe sleep trainings and/or in-depth training sessions for providers. Comments from the post-training evaluations suggest that working with **culturally and linguistically diverse populations** may be a particularly welcome topic area.
- Develop trainings **targeted for providers employed in a wider array of settings**, including outpatient practice (e.g. independent prenatal care providers, pediatricians, family medicine providers and/or homebirth midwives). Data from the WIC Safe Sleep Survey suggest that healthcare providers in general are an influential source of safe sleep information for parents. Ensuring all healthcare providers who work with infants and their caregivers are prepared to provide appropriate safe sleep education, counseling and assessment will be essential to supporting the long-term outcomes of the Initiative.

SAFE SLEEP DATA COLLECTION AND REPORTING

Findings from the Initiative evaluation suggest opportunities for continued and enhanced safe sleep data collection and reporting, building off of the success of the Initiative's efforts:

- **Safe Sleep Survey:** Although initially conceived as a one-time survey, the WIC Safe Sleep Survey could be deployed annually with some adjustments to enhance its utility, including:
 - ✓ Expanding outreach to survey recipients to improve overall response rate.
 - ✓ Expanding survey population to include more expecting and parenting families served by DHHS programs.



- ✓ Adding demographic questions to the survey. This could allow analysis of safe sleep disparities, which may assist with targeting future outreach, education, and policy change efforts

Continuing and expanding the Safe Sleep survey could provide an on-going source of valuable data to assess the effectiveness and impact of future Initiative activities.

- **Reporting on screening and assessment data:** DHHS administered programs, including Public Health Nursing, Maine Families Home Visiting, WIC, and child welfare, serve thousands of families each year, and conduct thousands of safe sleep screenings and/or assessments. At the time of writing, however, there has not been an agency-wide coordinated effort to regularly compile and report out on the results of these screening and assessments. Compiling and reporting out on safe sleep screening and assessment data, including the number of assessments conducted, the frequency of specific safe sleep challenges, and common barriers and facilitators to safe sleep faced by client families, could provide a more complete picture of safe sleep among Maine families and enable development of data-driven solutions across DHHS programs.

- **Regular hospital crib audits and data reporting:** The hospital crib audit QI project resulted in significantly improved safe sleep compliance among participating facilities. Continuing monthly safe sleep auditing of cribs in maternal and neonatal care units could ensure that improvements in compliance are maintained going forward, and support training new neonatal and maternity staff in safe sleep best practices. Additionally, regularly scheduled reporting out of audit data could promote transparency and accountability among hospitals.



UNSAFE SLEEP DEATH INVESTIGATION AND REVIEW

While not formally involved with the Safe Sleep initiative's activities, Maine's Maternal, Fetal and Infant Mortality Review (MFIMR) panel is an integral part of any effort to reduce sleep-related mortality in the State. MFIMR regularly reviews sleep-related deaths among infants. Data from infant death certificates, medical records, Medical Examiner records and other sources help draw a comprehensive picture of the circumstances surrounding a sleep-related infant death. As Maine seeks to continue to reduce the number of sleep-related infant deaths, the MFIMR panel's reviews of these deaths can play a critical role in clarifying risk factors associated with unsafe sleep, creating safe sleep policy recommendations, and informing on-going safe sleep education, outreach and quality improvement work. Disseminating the findings of unsafe sleep death reviews, to the extent possible within existing privacy regulations, will enable both health professionals and the public to benefit from the MFIMR's work.

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APPENDICES

APPENDIX A

WIC Safe Sleep Survey

Dear Parent/Caregiver,

We need your feedback! The Maine Center for Disease Control and Prevention is working to better understand how and where infants are placed to sleep in Maine. You can help us improve the services offered to families by completing the following survey. Please answer honestly -- there are no “right” or “wrong” answers. The survey should take you 5-10 minutes to complete. **Your participation in this survey is voluntary and anonymous.** No one will be able to identify you or your responses.

Thank you for your time! Your input is very valuable to us.
Please click on the Next button below to begin the survey.

Q1 Which of these best describes you?

- I am pregnant
- I currently have a baby less than one year of age or I care for one
- I am not pregnant, nor do I have a baby less than one year of age

Q2 After your baby is born, how likely are you to:

	Very Unlikely	Unlikely	Likely	Very Likely	Don't know
Place your baby to sleep on his/her back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeed your baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco (smoke or vape) around your baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep with your baby in your bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use an infant sleep positioner such as a DockATot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep with your baby in my room, but on a separate flat surface.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep in his/her own crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep in a carseat, swing, stroller or bouncy seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep with your baby on a couch or chair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a blanket in your baby's crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use bumper pads on the sides of your baby's crib.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep with a stuffed animal or other toy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep on or near a pillow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 During the past month or two did you see or hear any media messages about safe sleep for your baby?

- Yes
- No

Q4 Where did you see or hear the message? (Please check all that apply)

- Television
- Radio
- Social Media
- Other

Q5 Please specify:

Q6 Did you recently receive any of the following safe sleep products through the mail or from a provider?

	Yes	No
Safe sleep magnet	<input type="radio"/>	<input type="radio"/>
“Sleep Baby Safe and Snug” board book	<input type="radio"/>	<input type="radio"/>
Safe sleep pamphlet/rack card	<input type="radio"/>	<input type="radio"/>

Q7 After seeing, hearing or receiving the Safe Sleep messages:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I changed how and/or where I place my baby to sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know more about how to keep my infant safe while sleeping than I did before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spoke with others about safe sleep for babies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I looked for additional information about safe sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 If 'Yes' How much did seeing/hearing Safe Sleep messages or receiving Safe Sleep materials change your plans to:

	Not at all	Very little	Somewhat	A lot
Place your baby to sleep on his/her back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep alone in his/her own crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remove stuffed animals and toys from your baby's sleeping environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use sleep sacks instead of blankets to keep my baby warm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 How much has each of the following influenced how and where you plan to place your baby to sleep?

	Not at all	Very little	Somewhat	A lot	Not applicable
Television and/or Radio Ads on safe sleep.	<input type="radio"/>				
Online and Social Media ads (e.g., facebook or Instagram ads, google ads).	<input type="radio"/>				
Webpages you visited.	<input type="radio"/>				
A healthcare provider or information he/she gave me.	<input type="radio"/>				
A home visitor, public health nurse, or WIC staff or information from one of these individuals .	<input type="radio"/>				
A friend.	<input type="radio"/>				
A parent, grandparent or other family member.	<input type="radio"/>				
Books, newspapers, or magazines.	<input type="radio"/>				
Other:	<input type="radio"/>				

Q10 **If 'Other:'Please specify:**

Q11 **How often do you:**

	Never	Rarely	Sometimes	Often	Always
Place your baby to sleep on his/her back.	<input type="radio"/>				
Breastfeed your baby.	<input type="radio"/>				
Use tobacco (smoke or vape) around your baby.	<input type="radio"/>				
Sleep with your baby in your bed.	<input type="radio"/>				
Use an infant sleep positioner such as a DockATot.	<input type="radio"/>				
Sleep with your baby in your room, but baby is on a separate flat surface.	<input type="radio"/>				
Place your baby to sleep in his/her own crib, bassinet or Pack 'N Play.	<input type="radio"/>				
Place your baby to sleep in a carseat, swing, stroller or bouncy seat.	<input type="radio"/>				
Sleep with your baby on a couch or chair.	<input type="radio"/>				
Use a blanket in your baby's crib, bassinet or Pack 'N Play.	<input type="radio"/>				
Use bumper pads on the sides of your baby's crib.	<input type="radio"/>				
Place your baby to sleep with a stuffed animal or other toy.	<input type="radio"/>				
Place your baby to sleep on or near a pillow.	<input type="radio"/>				

Q12 **During the past month or two did you see or hear any media messages about safe sleep for your baby?**

- Yes
- No

Q13 **If yes, where did you see or hear the message? (Please check all that apply)**

- Television
- Radio
- Social Media
- Other

Q14 **Please Specify:**

Q15 **Did you recently receive any of the following safe sleep products through the mail or from a provider?**

	Yes	No
Safe sleep magnet	<input type="radio"/>	<input type="radio"/>
“Sleep Baby Safe and Snug” board book	<input type="radio"/>	<input type="radio"/>
Safe sleep pamphlet/rack card	<input type="radio"/>	<input type="radio"/>

Q16 **After seeing, hearing or receiving the Safe Sleep messages:**

	Strongly Disagree	Disagree	Agree	Strongly Agree
I changed how and/or where I place my baby to sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know more about how to keep my baby safe while sleeping than I did before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spoke with others about safe sleep for babies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I looked for additional information about safe sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 **After seeing, hearing or receiving the Safe Sleep messages, how much did it change whether you:**

	Not at all, I was already always doing this	Not at all	Very little	Somewhat	A lot
Place your baby to sleep on his/her back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep alone in his/her own crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remove stuffed animals, toys and pillows from the crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use sleep sacks instead of blankets to keep my baby warm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 **Describe any changes you made to your baby's sleep habits after hearing, seeing, or receiving safe sleep messages compared to before receiving these messages.**

	Started doing this	Increased doing this	Stopped doing this	No change	Always did this
Place your baby to sleep on his/her back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place your baby to sleep alone in his/her own crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remove stuffed animals, toys and pillows from the crib, bassinet or Pack 'N Play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use sleep sacks instead of blankets to keep my baby warm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 **How much do you think each of the following influenced how and where you place your baby to sleep?**

	Not at all	Very little	Somewhat	A lot
Television and/or Radio Ads on safe sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Online and Social Media ads
(including Facebook, Instagram,
Google). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Webpages you visited. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A healthcare provider or
information provided by your
healthcare provider. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A home visitor, public health
nurse, or WIC staff or information
from one of these professionals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A friend. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A parent or grandparent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Books or magazines. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q20 **If 'Other' Please Specify:**

Q21 **What are some reasons why you don't always place your baby to sleep on his/her back?
(Please check all that apply)**

- My baby doesn't like sleeping on his/her back
- A friend or family member recommended another position
- A nurse or doctor recommended another position
- Other

Q22 **Please Specify:**

Q23 **Why do you share (or have shared) a bed with your baby? (Please check all that apply)**

- I am breastfeeding or breastfed my baby
- It promotes bonding/attachment
- I sleep better
- My baby sleeps better
- I do not have a bassinet/crib/Pack 'N Play
- My baby was sick
- It is more convenient
- It was recommended by a nurse, doctor or other provider.
- It was recommended by a friend or family member
- I read about the benefits of co-sleeping online or in a book.
- Other

Q24 **Please specify:**

Q25 **Have you ever shared a bed with your baby while using alcohol, marijuana, opioids or other substances?**

- Yes
- No

Q26 **What is your sex?**

- Male
- Female
- Other

Q27 **Please specify:**

Q28 **What is your age group?**

- Under 20
- 20-29
- 30-39
- 40-49
- Over 50

Q29 **What county do you live in?**

- Androscoggin
- Aroostook
- Cumberland
- Franklin
- Hancock
- Kennebec
- Knox
- Lincoln
- Oxford
- Penobscot
- Piscataquis
- Sagadahoc
- Somerset
- Waldo
- Washington
- York

APPENDIX B

Cribs for Kids crib audit tool

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Safe Sleep Audit Tool

Auditor: _____

Date: _____

Time of Audit: _____

<i>Patient #</i>	<i>Head of bed Flat? Y or Degree of elevation</i>	<i>Patient Asleep Supine? Y or N</i>	<i>Multiple Blankets to Crib? Y or N</i>	<i>Stuffed Animals in Crib? Y or N</i>	<i>Large or Fluffy Blankets Around Pt.? Y or N</i>	<i>Patient in Nest Y or N</i>	<i>Patient Swaddled? Y or N</i>	<i>Caregiver asleep with baby? Y or N</i>	<i>Positioning Device used? Y or N</i>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Y – Yes N- No

APPENDIX C

Rinck Advertising media reports



SAFE SLEEP FOR ME

MEDIA REPORT

8/27/19 - 12/20/19

10.9 MILLION
IMPRESSIONS

1.4 MILLION
VIDEO VIEWS

36,990
AD CLICKS

18,036
WEBSITE SESSIONS

6
CLICKS
TO CALL

7
RESOURCE
LINK CLICKS

PLATFORMS



Paid Search

9/17 - 12/17

Performance:

- Campaign drove over 193k impressions and 1,133 ad clicks.
- CTR performance at 0.58% was below benchmark performance (1%).
- The SIDS ad group had a very strong CTR performance (7.35%), while Co-sleeping (0.37%) brought the campaign average down. This is an indication that the majority of users searching for keywords related to co-sleeping were searching benefits rather than implications.
- The Co-sleeping ad group drove the highest volume of impressions (97%) and ad clicks (61%).
- User's did not respond to ad copy that included the term 'SIDS' or 'Sudden Infant Death Syndrome', only representing 17% of total campaign ad clicks. While ads that featured safe terms (like 'Safe Sleep') represented almost half of all campaign clicks.
- The term facts was present in ads that represented 51% of campaign clicks.

Recommendations:

- Continue to use paid search to capture an active searching audiences.
- Because the campaign is awareness and education among target audience, recommend continuing to utilize co-sleeping keyword terms. This may continue to negatively impact CTR, but for the objectives of the campaign we still strongly recommend this targeting tactic.
- Focus messaging on safety or facts, rather than implications (like SIDS).

Top Performing Ads

[SIDS Prevention | Sudden Infant Death Syndrome | Know the ABCs](#) +8 more
safesleepforme.org/Sudden_Infant/Death_Syndrome
Babies Sleep Safest Alone In Their Crib On Their Back In a Clean, Clear Crib. Create a Safe Sleep Space by Following the ABCDs. Learn More Now! +2 more
[View assets details](#)

Impressions: 3,988
Clicks: 335
CTR: 8.40%
Ad Group: SIDS

[Co-Sleeping Facts | Learn the ABCs of | Infant Safe Sleep](#)
safesleepforme.org/Co-Sleeping/Facts
Learn the Four Main Areas That Have Been Proven to be Effective in Preventing. Harm to Your Infant. Safe Sleep Saves Lives. Learn More Today.

Impressions: 103,202
Clicks: 251
CTR: 0.24%
Ad Group: Co-sleeping

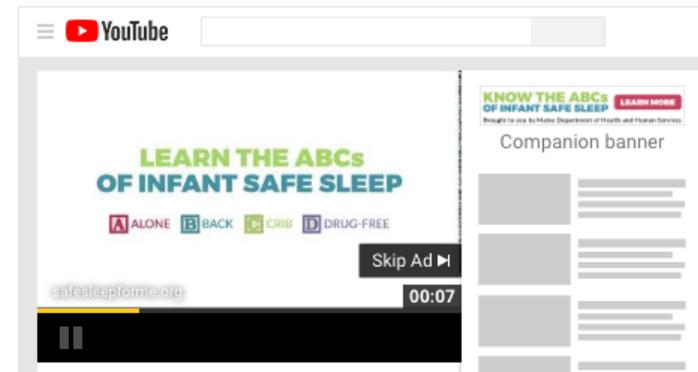
Performance:

- Campaign delivered 1.9 million impressions on YouTube. Slightly more than half of these impressions were served via in-stream ads, while the other 46% were delivered via bumper ads.
- There were over 900k video views, resulting in a view rate of 85.95% which is 330% above benchmark.
- 87.10% of users who starting watching a video, watch to completion. This high performance is being driven by short-form video units, including bumper ads (:06).
- There was over 6.4 million seconds of video watch time during the campaign period, which is roughly 72 full days of video.
- The ABCs of Infant Sleep bumper ad (*top screenshot shown to the right*) delivered the highest volume of video views (33%) and clicks (41%); while C - Clean, Clear Crib bumper ad had the highest view rate at 91.85%.
- Campaign cost per view (CPV) is highly effective at just \$0.02 per view!

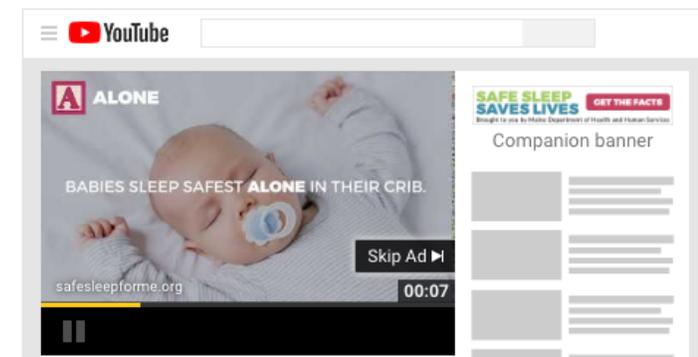
Recommendations:

- Continue to utilize YouTube to drive high volume of impressions and video views at a highly cost effective CPV.
- Deploy a mix of short-form (:06) video to drive high completion rates, while also utilizing :15-:30 length videos to accomplish messaging and education objectives.

Top Performing Ads



Impressions: 445,122
Views: 294,192
View Rate: 83.92%
Clicks: 1,044



Impressions: 448,042
Views: 212,026
View Rate: 88.73%
Clicks: 553

Facebook & Instagram



9/25 - 12/20

Performance:

- This campaign drove over 2.9 million impressions and over 25,000 clicks. This resulted in a CTR just under benchmark (.90%) at 0.89%.
- The campaign also drove over 500,000 video views. The video campaign specifically had a very strong view rate of 95%.
- The majority of engagement came from women 25-34, driving 26% of clicks to the website, while more video views came from women slightly older, 35-44.
- Parents were the most engaged audience, followed by Caregivers. The retargeting audience focused on users who had seen a video, which surprisingly was not successful in driving clicks and engagements. This is unusual as we typically see retargeting outperform other targeting strategies.
- The campaign reached 187,295 unique social users.

Recommendations:

- 6 and 15 second spots were top performers throughout the campaign, driving a majority of views and clicks. In future flights, recommend dropping the 30 second spots and prioritizing short form videos.
- Discontinue retargeting users who have seen a video as this didn't result in additional clicks and engagement.

Top Performing Ads

Safe Sleep for ME
Sponsored · 🌐

Prevent SIDS by following the ABCs of safe sleep. Alone, on their backs, in a cleared crib.

MAKE SURE YOUR BABY HAS A SAFE SLEEP SPACE

ALONE BACK CRIB DRUG-FREE

SAFESLEEPFORME.ORG
Safe Sleep Saves Lives
Get More Tips on Safe Sleep

👍❤️👍 58 22 Comments 16 Shares

👍 Like 💬 Comment ➦ Share

Impressions: 234,815
Clicks: 2,206
CTR: 0.94%
Reactions: 61
Comments: 10
Shares: 18

Safe Sleep for ME
Sponsored · 🌐

Learn the ABCs of safe sleep to prevent SIDS and keep your baby safe all night.

SAFESLEEP - MAINE -

GET THE FACTS

SAFESLEEPFORME.ORG
Safe Sleep Saves Lives
Get the facts on safe sleep

LEARN MORE

👍 Like 💬 Comment ➦ Share

Impressions: 262,282
Clicks: 337
CTR: 0.12%

Safe Sleep for ME
Sponsored · 🌐

It's hard to wake your baby when they FINALLY fall asleep, but if your baby is sleeping in a car seat and you're not driving, you ...See More

Can my baby sleep in their car seat?

SAFESLEEP

👍❤️👍 38 51 Comments 46 Shares

👍 Like 💬 Comment ➦ Share

Impressions: 67,502
Clicks 4,322
CTR: 6.4%
Reactions: 40
Comments: 12
Shares: 36

Programmatic Native & Display



9/18 - 12/17

Performance:

- The campaign delivered nearly 6 million impressions, reached over a half of million unique users, and drove 882 site activities.
- CTR was above benchmark at .12%
- Cross-device retargeting was the best performer for activity rate and CTR, followed by Mom and Caregiver audiences.
- Native launched to run evenly on desktop and mobile devices. However, when it became clear that mobile native was underperforming, we shifted all native ads to be served via desktop only.
- Display ran two sets of creative – ads focusing on ABC's of Safe Sleep vs. Safe Sleep Saves Lives. Both sets of creative performed similarly resulting in a CTR of 0.13% each. Above the industry benchmark of 0.11%.

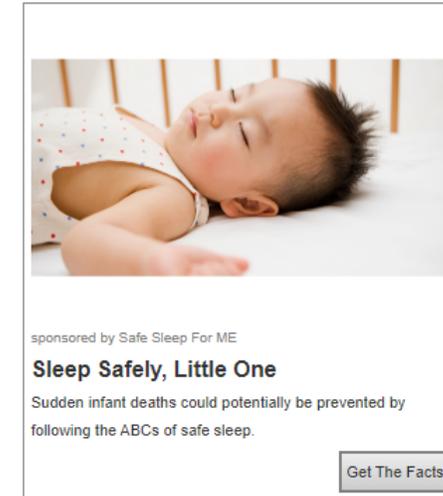
Recommendations:

- Two private marketplace placements were made for Web MD and Parenting & Pregnancy along with Contextual and targeted audiences for Moms and Caretakers in order to increase the unique number of users reached throughout the duration of the campaign. In the future we recommend implementing these placement strategies.
- In the future, we recommend prioritizing programmatic display over programmatic native. Display outperformed Native, resulting in a higher CTR and more website engagement.

Top Sites and Apps:

- centralmaine.com
- Calorie Counter - MyFitnessPal
- pressherald.com
- cbssports.com
- Words With Friends – Word Game
- Jigsaw Puzzle
- bangordailynews.com
- Weather - The Weather Channel
- parents.com
- worldlifestyle.com

Top Performing Ads



Placement: Native
Impressions: 282,684
Clicks: 247
Overall CTR: 0.09%
CTR on Mobile: 0.21%



Placement: Display
Size: 728x90
Overall CTR: 0.21%

Appendix

Acquisition Metrics

8/27 – 12/20

Vendor	Impressions	Ad Clicks	CTR	Benchmark	Video Views	View Rate
Paid Search	193,983	1,133	0.58%	1.00% CTR	-	-
YouTube	1,923,791	2,529	0.13%	20.00% VR	900,904	85.95%
Facebook/Instagram	2,927,028	26,152	0.89%	0.90% CTR	539,233	-
Programmatic Display	4,734,976	6,168	0.13%	0.11% CTR	-	-
Programmatic Native	1,136,836	1,008	0.09%	0.16% CTR	-	-
Total	10,916,614	36,990	0.34%	-	1,440,137	-

Website Behavior Metrics

8/27 - 12/20

Vendor	Sessions	Bounce Rate	Bounce Rate Benchmark	Average Duration	Resource Links	Click-to-Call
Paid Search	1,209	78.08%	65%	0:00:46	4	3
YouTube	1,804	85.98%	85%	0:00:13	0	1
Facebook/Instagram	6,767	88.50%	85%	0:00:17	1	1
Programmatic Display	7,372	86.79%	85%	0:00:16	2	0
Programmatic Native	884	88.46%	85%	0:00:20	0	1
Total	18,036	87.61%	-	0:00:17	7	6

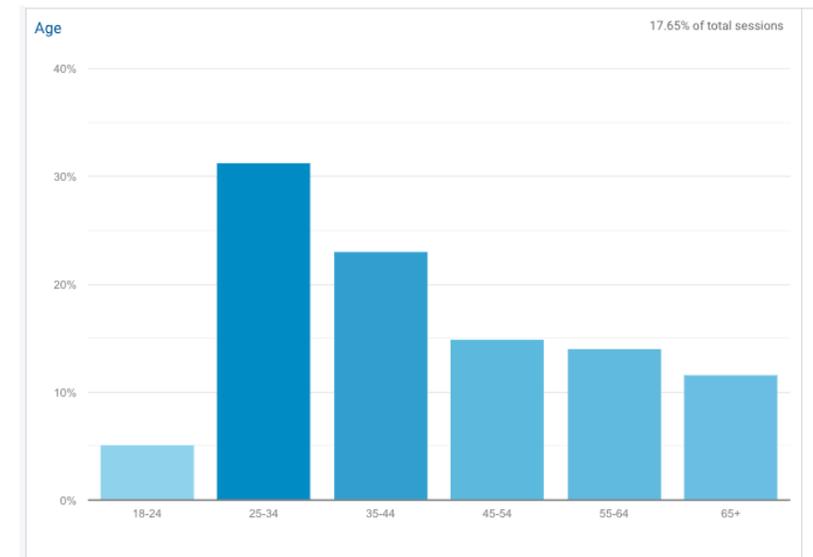
Website Performance

8/27 - 12/20



Performance

- There were 19,632 website visits during the reporting period. Post-click paid media represents 92% of all visits.
- There were 43 total resource clicks (both links and clicks-to-call); post-click media represents 30% of these.
- The majority (67%) of website sessions we can analyze are female within the ages of 25-34, which aligns with paid media targeting.
- The website had visits from 275 Maine towns (out of Maine 432 total towns). Some of the top engaged towns include: Auburn, Eastport, Rangeley, Gorham, Madison.
- 70% of web visits were mobile, 19% desktop, and 11% tablet. Any content added in the future should be mobile-friendly.
- What You Need to Know>Unsafe Sleep in Maine was the most viewed page on site after the home page. Visitors spent an average duration of 01:36 on this page.





Digital Media Report

Campaign Run Dates: 6/19/2020 - 10/10/2020

October 2020

Presented by Rinck Advertising

SAFE SLEEP FOR ME

MEDIA REPORT

6/20/20 - 10/10/20

9.8 MILLION
IMPRESSIONS

1.3 MILLION
VIDEO VIEWS

80,966
AD CLICKS

25,171

WEBSITE SESSIONS

10

CLICKS
TO CALL

148

RESOURCE
LINK CLICKS

PLATFORMS



Paid Search

7/8/2020 – 10/10/2020



Performance:

- Campaign drove over 806k impressions and 3k ad clicks.
- CTR performance at 0.39% was below benchmark performance (1%) and previous year's campaign (0.58%).
- Search volume has increased over the course of the pandemic, resulting in a significant impression (318%) increase from the previous year's campaign. And while clicks also increased (+175%) with no additional spend, this gap in impressions to clicks ratio resulted in an overall CTR decrease.
- The campaign drove 35 conversions including 2 phone calls on-platform.
- The Safe ad group drove the highest volume of impressions (73%) and ad clicks (75%).
- Co-sleeping searches have decreased 63% from the previous year. These are the only terms to have decreased in search volume YOY.
- Campaign CPC is efficient at just \$1.59 per click.
- Females 25-34 represent the highest volume of campaign searches.
- Standard expanded text ads represented 66% of all ad clicks.
- Keywords relevant to users searching how to sleep safely with their infant or how to make sure their infant is sleeping safely drove the highest volume of campaign impressions.

Optimizations:

- While low CTR performances would typically indicate we should shift away from search campaigns, recommend continuing paid search for the benefit of driving campaign awareness among users searching "infant" + "sleeping" keywords.

Top Performing Ads:

[Baby Needs Safe Sleep Space | Co-Sleeping Facts | Reduce SIDS Risk](#)
safesleepforme.org/Co-Sleeping/Facts
Making Sure Your Baby is Sleeping in a Safe Environment is the First Step in Ensuring a Happy and Healthy First Year for Your Little One. Find Out More Today!

Impressions: 232,145
Clicks: 692
CTR: 0.30%
Ad Group: Safe
Ad Type: Expanded

[Co-Sleeping Facts | Know the ABCs | Co-Sleeping Risks](#) +7 more
safesleepforme.org/Co-Sleeping/Facts
Baby Should Never Sleep With Others. Babies Sleep Safes Alone In Their Crib. Make Sure Your...

Impressions: 6,932
Clicks: 126
CTR: 1.82%
Ad Group: Co-sleeping
Ad Type: Responsive

6/19/2020 – 10/10/2020

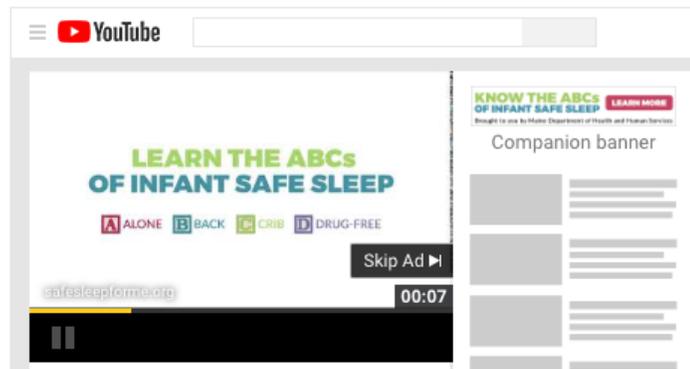
Performance:

- Campaign delivered 831k impressions on YouTube which were evenly served between in-stream and bumper ads.
- There were over 375k video views, resulting in a view rate of 90.08% which is 350% above benchmark and 5% above last year's performance.
- While video views and view rate are the primary goal of YouTube ads, there were 490 clicks.
- Campaign drove 9 conversions total conversions.
- There was over 2.5 million seconds of video watch time during the campaign period, which is roughly 29 full days of video.
- The ABCs of Infant Sleep bumper ad delivered the highest volume of video views (36%), while A-Along bumper ad had the highest view rate at 93.73%.
- Long-form (:30) videos represented less than 1% of campaign views.
- Campaign cost per view is highly effective at just \$0.02 each!

Optimizations:

- Continue to utilize YouTube to drive campaign awareness at low CPVs.
- Recommend only utilizing shorter video ad units (:06 or :15) in future campaigns.

Top Performing Ad:



Impressions: 147,230
Views: 136,645
View Rate: 92.81%
Clicks: 83

Pinterest

6/20/2020 – 9/22/2020



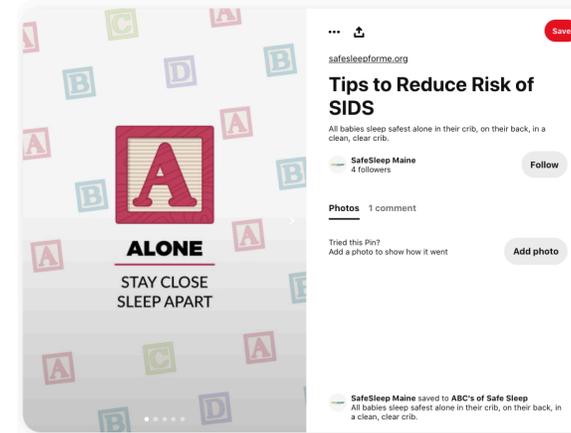
Performance:

- Campaign drove over 614k impressions, 46k pin engagements and 89k video views.
- Engagement rate at 7.55% is 586% above benchmark!
- This strong performance is being driven by a cost per engagement of just \$0.09!
- CPM is also highly effective at just \$6.52.
- Interest targeting is driving a slightly higher volume of engagement (51%).
- While Keyword targeting has a slightly higher performing engagement rate at 7.56%.
- Carousel ads drove the highest volume of engagements (52%) and highest performing engagement rate of 17.27%.
- While static image pins had the most website clicks (60%) and pin saves (74%).
- 87% of all users reached were female.
- Users 25-34 represent the highest reached audience at 50%, followed by 18-24 at 32% of campaign volume.

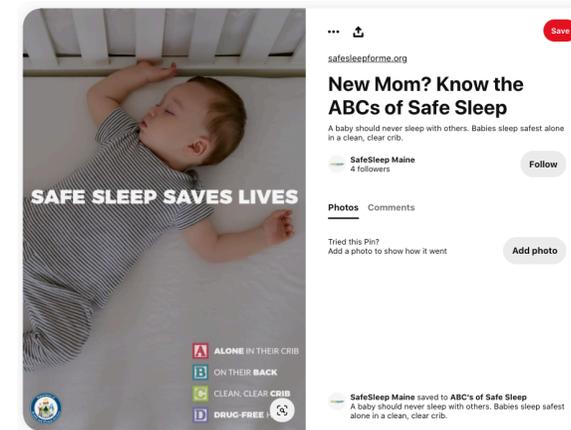
Optimizations:

- This was a new platform this year and recommend future flights include Pinterest.
- Expanded target keyword and interest lists to increase campaign reach and lower frequency.
- Recommend not using video pins for future campaigns, focusing creative on higher performing units (carousel & static image).

Top Performing Pins



Impressions: 41,590
Engagements: 6,914
Engagement Rate: 16.62%
Link Clicks: 167



Impressions: 43,552
Engagements: 2,546
Engagement Rate: 5.85%
Link Clicks: 207

Facebook/Instagram

6/24/2020 – 9/24/2020



Performance:

- The campaign drove over 4 million impressions and 27,000 ad clicks. 81% of these clicks were link clicks to the website.
- The campaign also drove over 800,000 video views. 72% of these video views were video views to completion.
- The campaign reached 243,720 unique individuals on Facebook and Instagram.
- The paid social campaign also drove a large volume of visits to the site, resulting in 67% of all resource link clicks for the campaign.
- The parent's audience was the most engaged overall, driving 93% of link clicks for the campaign.
- Women were more engaged overall, driving 68% of clicks during the campaign. However, video views were more split among the genders, leaning slightly more female (58%).
- Engagement on both metrics (clicks & video views) skews slightly older in the target demo, with the most engaged audience being women 35-44.

Optimizations:

- The retargeting audience based on video views did not perform as well as anticipated, so we recommend testing other retargeting audiences based on other behaviors such as web visits.
- Static images drove the most clicks overall, along with images featuring the call out 'Make Sure Your Baby Has A Safe Sleep Space'.
- 6 second video ads were the top performers during this campaign flight, so we would recommend continuing to run this length of video in future campaigns.

Top Performing Ads

Safe Sleep for ME
Sponsored · 🌐

Create a safe sleep space by clearing the crib.
No toys. No blankets. No bumpers.



SAFESLEEPFORME.ORG
Babies Need Safe Cribs
Safe Sleep Saves Lives

👍❤️😄 Reese Bay... 7 Comments 6 Shares

👍 Like 💬 Comment ➦ Share

Impressions:
Clicks: 3,801
CTR: 0.89%
Reactions: 42
Comments: 7
Shares: 6

Safe Sleep for ME
Sponsored · 🌐

Prevent SIDS by following the ABCs of safe sleep. Alone, on their backs, in a cleared crib.



SAFESLEEPFORME.ORG
Safe Sleep Saves Lives
Get More Tips on Safe Sleep

👍❤️😄 Morgan ... 23 Comments 20 Shares

👍 Like 💬 Comment ➦ Share

Impressions:
Clicks: 5,804
CTR: 0.61%
Reactions: 42
Comments: 23
Shares: 20

Programmatic Display

6/19/2020 – 9/18/2020



Performance:

- The programmatic campaign served to build awareness of Safe Sleep practices among at-risk-moms and caregivers in Maine.
- The campaign delivered over 3.2 million impressions and drove 3,731 clicks with the CTR coming in at programmatic display's 0.11% benchmark.
- Campaign inventory was optimized to improve scale, reaching more users at an efficient CPM, coming in under plan at \$6.07 vs. \$6.97.
- Campaign drove 518 site activities across interactions within the site and links to resources off-site.
- Top Performing Sites and Apps included: Zillow, Allrecipes, People, WebMD, healthline and msn.
- African American moms delivered the best click through rate at .20%, while Health Care Professionals drove the highest activity rate likely getting assistance and resources for patients.

Creative:

- We ran 2 creative versions: Safe Sleep Saves Lives & ABCs of Safe Sleep.
 - The messages yielded the same CTR. Safe Sleep Saves Lives had a slightly higher Activity Rate of .016% vs .015%.
 - The single highest Activity Rate was on 300x50 Saves Lives (seen to the right).
 - The single highest CTR was on the 300x600 Saves Lives (seen to the right) which was potentially driven more by size rather than message.

Optimizations:

- With a younger demo, lower net worth and sites like Zillow bubbling up we could test new audiences around major life events such as recent college grads, marriage and intended movers as they may be in the family planning stages.
- With the increase activity from Health Care Professionals, we could utilize any OBGYN lists (if available) to expand the focus on the caregivers.



Size: 300x600
Best CTR 0.18%

**EVERY BABY
NEEDS THEIR OWN
SAFE SLEEP SPACE**

- A** ALONE IN THEIR CRIB
- B** ON THEIR BACK
- C** CLEAN, CLEAR CRIB
- D** DRUG-FREE HOME

LEARN MORE

SAFESLEEP - MAINE -

**SAFE SLEEP
SAVES LIVES**

Brought to you by Maine Department of Health and Human Services

GET THE FACTS

Size: 300x50
Highest Activity Rate

Appendix

Acquisition Metrics

6/19/2020 – 10/10/2020

Vendor	Impressions	Ad Clicks	CTR	Benchmark	Video Views	View Rate (VR)
Paid Search	806,502	3,111	0.39%	1.00% CTR	-	-
YouTube	831,156	490	0.05%	20.00% VR	375,239	90.08%
Pinterest	614,658	46,402	7.55%	1.10% CTR	89,721	64.34%
Facebook/Instagram	4,281,386	27,234	0.64%	0.90% CTR 71% VR	888,214	98%
Programmatic Display	3,296,293	3,731	0.11%	0.11% CTR	-	-
Total	9,829,756	80,966	0.82%	-	1,353,174	

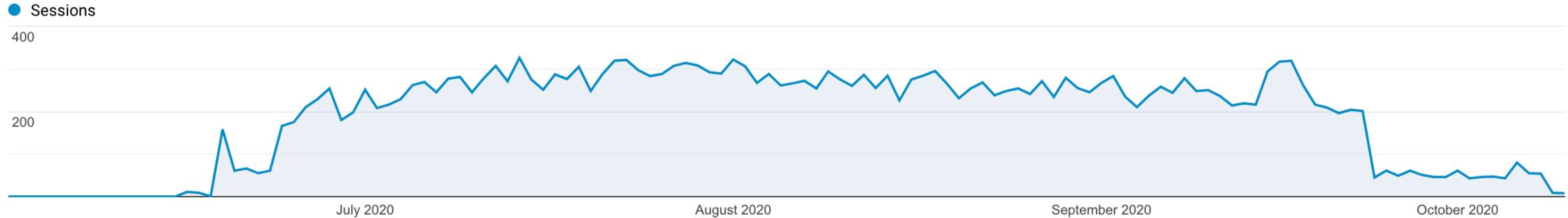
Website Behavior Metrics

6/19/2020 – 10/10/2020

Vendor	Sessions	Average Duration	Resource Links	Clicks-to-Call
Paid Search	3,150	0:00:22	34	6
YouTube	382	0:00:09	3	0
Pinterest	1,096	0:00:09	0	0
Facebook/Instagram	15,050	0:00:11	99	2
Programmatic Display	5,493	0:00:14	15	2
Total	25,171	0:00:13	148	10

Website Performance

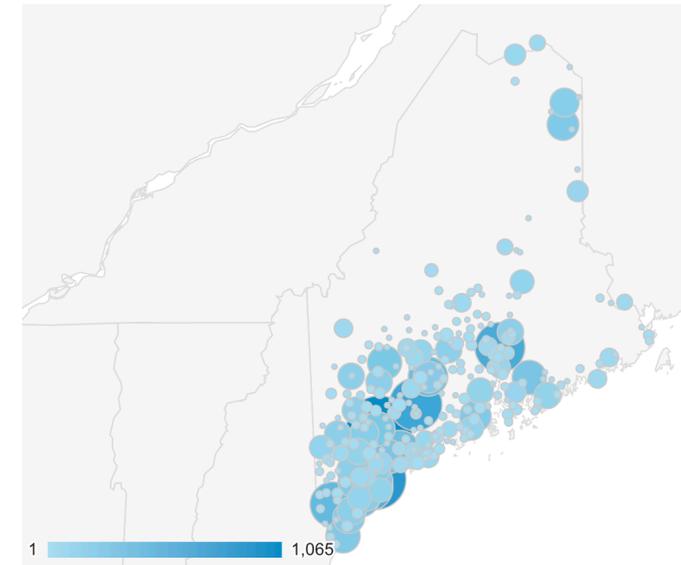
6/19/2020 – 10/10/2020



Sessions	Bounce Rate	Average Duration	Resource Clicks	Clicks-to-Call
25,736	87%	0:00:13	171	8

Performance

- Post-click activity accounted for 98% of sessions and 86% of outbound clicks.
- Users 25-34 accounted for the most sessions at 28%, followed by users 35-44.
- Resource and clicks to call were highest in Augusta and Lewiston, accounting for 9% and 8% of clicks respectively.
- Once on the home page, the majority of users navigated to the /what-you-need-to-know section of the website. With the /abcs-of-safe-sleep, /unsafe-sleep-in-maine and /parents being the most popular pages within that section.
- Over 82% of all site visitors accessed the site via mobile device – this is typical behavior when utilizing paid media, most especially social sources.
- Top referral traffic during this time period came from maine.gov (148 site visits).



Year-Over-Year Media Results



2019 vs. 2020

Year	Impressions	Video Views	Ad Clicks	Website Visits	Resource Clicks	Clicks-to-Call
2019 8/27/2019 – 12/20/2019	10,916,614	1,440,137	36,990	18,036	7	6
2020 6/19/2020 – 10/10/2020	9,829,756	1,353,174	80,966	25,171	148	10
% Change	-9.9%	-6.0%	+118.9%	+39.6%	+2,014.3%	+66%

Insights

- In 2019, digital media platforms included FB/Instagram, Programmatic Display & Native, Paid Search and YouTube. In 2020, the digital media buy was optimized based on the initial 2019 campaign flight, removing Programmatic Native and adding Pinterest as a new platform.
- Impressions and video views were down, however action-oriented results were all up – Ad Clicks, Site Visits, and website clicks for resources and calls.
- Resources clicks were up dramatically, this was likely a result of adding in several new PDF download resources on several pages of the site.
- Ad clicks are also up significantly, Pinterest (new platform this year) contributed to 57% of all ad clicks in 2020.