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CPSC Staff’s¹ Statement on Fors Marsh Group’s “Refining Sleep Messaging for Seated/Non-Sleep Products Focus Group Study”

The attached report, titled, “Refining Sleep Messaging for Seated/Non-Sleep Products Focus Group Study,” presents the findings of research conducted by Fors Marsh Group (FMG), for CPSC, under Contract CPSC-D-16-0002, task order 61320621F1006.

CPSC staff contracted with FMG to conduct focus groups and contextual interviews to gather caregivers’ (parents of infants 0–11 months of age) perspectives regarding products in which infants may fall asleep, that the manufacturer asserts are not intended for infant sleep. Infant products that were included in this study were rockers, bouncers, swings, or stroller/carrier travel systems. This study sought to capture caregivers’ beliefs about the safety, utility, and risks of infants falling asleep in seated products, their reaction to labels designed to warn against unsupervised sleep, and their ability to discern how those labels influence caregiver behavior.

Overall, the results indicate that parents are aware of the risks of using seated infant products for sleep, although, in some situations, caregivers expressed that the benefits outweighed the risks because these risks (*i.e.*, suffocation, death, and injury from falls) rarely occur. Additionally, caregivers believe they can mitigate risks by staying nearby if their baby does fall asleep. This study indicates on-product warning labels play a small role in caregivers’ decisions to purchase or use a particular seated product with their infant.

Many caregivers in this study consider product safety as one factor in deciding to purchase or use seated products with their infant. Most are aware of and look for on-product warnings; however, this was not the sole source caregivers mentioned when looking for product information and use. Some caregivers do not look for warnings because they believe these labels are relatively the same for all infant products. Caregivers evaluated specific language on a recently revised warning label intended to deter caregivers from using seated products for infant sleep: “Stay near and watch child during use. This product is not safe for unsupervised use or unattended sleep.” Next, caregivers evaluated the phrase being considered for warning labels: “If baby falls asleep, move baby as soon as possible to a firm, flat sleep surface such as a crib or bassinet.” Overall, the latter phrase was well received and met their recommendation of wanting clear guidance of what to do if their child falls asleep in one of these products.

¹ This statement was prepared by the CPSC staff, and the attached report was prepared by Fors Marsh Group, for CPSC staff. The summary and report have not been reviewed or approved by, and do not necessarily represent the views of, the Commission. In no case does the identification of particular equipment or materials imply a recommendation or endorsement by CPSC staff, nor does it imply that the materials, instruments, or equipment are necessarily the best available for the purpose.

Refining Sleep Messaging for Seated/Non-Sleep Products Focus Group Study

Fors Marsh Group

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Executive Summary

Background and Method

In 2021, the U.S. Consumer Product Safety Commission (CPSC) promulgated a federal rule requiring products marketed or intended for infant sleep to comply with one of the five safe sleep regulations for cribs, bassinets, play yards, bedside sleepers, and non-full-size cribs and to have flat sleep surfaces of 10 degrees or lower.¹ In addition, the rule states that infant products, such as a rocker, bouncer, swing, or stroller/carrier travel system, may be intended for sleep if it is implied through name, design, or marketing that infants may sleep in the product.

One way of alerting consumers to the hazard associated with allowing infants to sleep in a non-sleep product, is a warning label. Within the hierarchy of safety, warnings are typically the last resort, and least effective means of preventing a hazard, but in some situations, warnings can be helpful for individuals looking for information. Therefore, it is critical that caregivers understand the warning message.

On behalf of the CPSC, Fors Marsh Group, LLC (FMG) conducted four virtual 90-minute focus groups with 24 caregivers, ages 18 and older, of infants ages 0 to 11 months, from January 31 to February 3, 2022. Eighty-three percent of the caregivers identified as female, 96% as non-Hispanic, 75% as White, and 79% said they held a bachelor's degree or higher.

The purpose of the focus groups was to better understand caregivers' decision-making processes for purchasing or allowing their children to sleep in a seated infant product and obtain their reactions to the current warning labels on these items. Caregivers discussed how they choose which products to let their infants sleep in; their beliefs about the safety, utility, and risks of letting infants sleep in seated products; their reactions to interacting with a bouncer, rocker, swing, and infant car seat and stroller travel system; and their reactions to reading sample warning label language.

Key Findings

Overall, many of the caregivers we spoke to said they care about the safety of their infants and frequently consider the benefits and the risks of using seated infant products for their babies.

Many caregivers saw several benefits to using seated infant products, including occupying their baby so they can work or do necessary errands and allowing their child to nap more easily. A few caregivers, especially those with infants who have colic or reflux, said these products, specifically their incline, are valuable to them because their infants need to sleep and so do they. Many caregivers listed the primary risks of using these products, including suffocation, death, and injury from falling out of the product or the product tipping over.

Even though many caregivers are aware of the risk of injury or suffocation and consider these scary, these caregivers consider these risks to be rare and the benefits to be frequent and tangible. Many caregivers named beliefs that may undermine the perceived gravity or likelihood of injury or suffocation. The most persistent of these beliefs is that caregivers can avoid the risks by using these

¹ <https://www.cpsc.gov/Newsroom/News-Releases/2021/CPSC-Approves-Major-New-Federal-Safety-Standard-for-Infant-Sleep-Products>

items properly and staying nearby if their infant does fall asleep. Although a few caregivers considered being in the room or a neighboring room sufficient to “supervise” the sleeping infant, others said they try to sit nearby and watch the infant. Other factors that undermine the perceived risk include beliefs that (1) these products would not be marketed toward infants if they were actually dangerous, (2) that if other caregivers they know (e.g., family or friends’ babies) used these products safely, then they are safe for their babies, (3) that warning labels exist more to cover companies from legal repercussions than to warn caregivers of risks that are actually likely to happen, and (4) that if used on a firm flat surface with extra padding removed, then the products are relatively safe.

Many caregivers said warning labels provide important information, but that warning labels may not be sufficient. Many caregivers look for safety information, but not always to the warning label and not always on products with which they are familiar or have been gifted. Other places where many caregivers look for safety information include product websites, YouTube, caregiver groups, and other caregivers. In addition to looking up safety information, many caregivers look up other information about the products such as how to assemble or disassemble it, how to use it properly, how to use all the features, and how to best use it to engage their infant.

In two focus groups, CPSC had moderators test the phrase “Stay near and watch baby during use. This product is not safe for sleep or unsupervised use. If baby falls asleep, move baby as soon as possible to a firm, flat sleep surface such as a crib or bassinet.” A modified version of this language was tested in a third focus group. Overall, this phrase was well received by participants, and met their recommendation of wanting clear guidance of what to do if their child falls asleep in one of these products.

Recommendations for Improving the Warning Label

- + Use the new proposed warning label language of *“Stay near and watch baby during use. This product is not safe for sleep or unsupervised use. If baby falls asleep, move baby as soon as possible to a firm, flat sleep surface such as a crib or bassinet”*.
 - o Bold this phrase.
 - o Move it to the top of the warning label so it stands out and is easy to find.
 - o Replace “unsupervised” and “unattended” with phrases clearly explaining what caregivers should do since many caregivers misinterpreted these words.
- + Use imagery or icons to grab attention and further emphasize suffocation or injury risk.
- + Use colors (red, orange, yellow, green) to help key words stand out and highlight what caregivers should (green) and should not do (red, orange, yellow).

Recommendations for Additional Ways to Communicate the Product Safety Information

- + Place safety information in additional areas where caregivers are already looking to learn about the product, such as assembly instructions.
- + Suggest manufacturers include a QR code that connects caregivers to a document or video that shows them how to assemble the product, how to use it safely, and shows uses that are not safe.

- + Provide information sheets, pages within the product manual, or YouTube videos showing caregivers what to do if their infants fall asleep in these products. Videos could be shared on CPSC's YouTube channel.

Recommendations for Future Research

- + Develop journey maps to identify all potential touchpoints where caregivers look up product or safety information. Each of these represents opportunities to communicate safety information and make the risks and recommended behaviors more salient.
- + Ensure that the opinions and experiences of male, non-White participants, and those with lower education are expressed in the research. This could be done by specifically targeting these audiences in focus groups or conducting in-depth interviews (IDI).

Background

In 2021, the U.S. Consumer Product Safety Commission (CPSC) promulgated a federal rule requiring products marketed or intended for infant sleep to comply with one of the five safe sleep regulations for cribs, bassinets, play yards, bedside sleepers, and non-full-size cribs and to have flat sleep surfaces of 10 degrees or lower.² In addition, the rule states that infant products, such as a rocker, bouncer, swing, or stroller/carrier travel system, may be intended for sleep if it is implied through name, design, or marketing that infants may sleep in the product.

One way of alerting consumers to the hazard associated with allowing infants to sleep in a non-sleep product, is a warning label. Within the hierarchy of safety, warnings are typically the last resort, and least effective means of preventing a hazard, but in some situations, warnings can be helpful for individuals looking for information. Therefore, it is critical that caregivers understand the warning message.

The purpose of the current focus group study is to better understand caregivers' decision-making processes for purchasing or allowing their infants to sleep in a seated infant product and obtain their reactions to the current warning labels on these items. By way of these discussions, CPSC hopes to answer the following research questions:

1. How do caregivers choose sleep products for young infants?
2. What do caregivers know about the safety of young infants who sleep in seated products based on their own experiences or what they have heard or observed from others?
3. What are caregivers' perceptions of the threat to young infants of sleeping in seated products?
4. What do caregivers perceive as the costs and benefits of not letting young infants sleep in seated products?
5. How clear, resonant, persuasive, believable, and motivating are the current messages that caregivers should "stay near and watch child during use" and that "this product is not safe for unsupervised use or unattended sleep"?

The findings will guide CPSC's work on promoting safe infant sleep.

² <https://www.cpsc.gov/Newsroom/News-Releases/2021/CPSC-Approves-Major-New-Federal-Safety-Standard-for-Infant-Sleep-Products>

Methodology

Fors Marsh Group, LLC (FMG), a contractor to CPSC, conducted four focus groups.

Participants

A market research facility, Good Run Research and Recreation, recruited 24 caregivers of young infants into the focus groups (six participants per group). All recruited participants met the following eligibility criteria (see Appendix A):

- Were at least 18 years old
- Were primary caregivers of young infants
- Currently cared for young infants ages 0 to 6 months, or currently cared for infants ages 6 to 12 months but also cared for the infants when they were younger
- Provided care for the infants no less than 3 days a week, during sleep and awake times
- Made purchasing decisions for the infants
- Did not work in a field related to health, communication, infant care, product manufacturing, or product safety
- Had not participated in a study within the past 3 months

This study tried to recruit a mix of participants in terms of educational attainment, income, age, race/ethnicity, and gender. The final sample was overrepresented by participants who identified as women, were non-Hispanic and White, and had higher education levels. Table 1 below profiles the sample:

Table 1: Sample Characteristics

Gender		Race*					Ethnicity	
Female	Male	White	Black	Asian	Multiple Races/ Other	American Indian or Alaska Native	Non-Hispanic	Hispanic
83%	17%	75%	29%	4%	4%	0%	96%	4%

*Note that participants could mark more than one race.

Education Level			Age of Caregiver			Age of Child	
Less Than a College Degree	Bachelor's Degree	Advanced Degree	25-34	35-44	45+	0-6 months	7-12 months
21%	42%	37%	54%	46%	0%	67%	33%

Procedure

From January 31 to February 3, 2022, FMG ran four virtual 90-minute focus groups with six caregivers each (24 total). Due to the COVID-19 pandemic, participation was split into two sections: (1) in-person individual interactions with each of four seated infant products at Good Run Research and Recreation and (2) the virtual focus groups on Zoom, which occurred no more than 24 hours later.

COVID-19 procedures were in place for the in-person product interactions at Good Run Research and Recreation (Appendix B). For the in-person individual interactions, caregivers used dolls to test out a bouncer, swing, rocker, and car seat carrier/stroller travel system (see Appendix C). While interacting

with these products, caregivers completed a worksheet with their thoughts and reactions (see Appendix D). Caregivers had these worksheets available digitally to reference during the groups.

During the virtual focus group, caregivers discussed infant sleep and safety considerations generally and seated infant products specifically as well as their experiences with the four seated infant products with which they interacted. Caregivers also reviewed a sample warning label (see Appendix E). During the focus groups, caregivers filled out a worksheet about their thoughts on the warning label (see Appendix F) and then answered questions posed by the facilitator (see the full moderator guide in Appendix G). Caregivers received a \$90 incentive and a boxed lunch/dinner for participating in both parts of the study.

Analysis

The FMG team conducted a high-level thematic analysis of the focus group discussions. For the purposes of this report, findings are reported as a proportion using the following terms:

-
- “Many” refers to when a topic or theme was commonly mentioned
- “A few” refers to when a topic or theme was brought up occasionally but was still relevant to the research questions

This study used qualitative methods to gain a detailed understanding of caregivers’ preferences and reactions to the safety risks of using seated infant products for sleep and feedback to a warning label for a rocker. Qualitative research, unlike quantitative research, which uses larger sample sizes to scientifically report differences between groups, is valuable for providing context to understand and inform recommendations. That said, the findings cannot be generalized to the population of caregivers.

Detailed Findings

Benefits and Uses of Seated Infant Products

In this section, we discuss perceived benefits of allowing infants to sleep in seated infant products and the key features caregivers look for in these products.

Most Frequently Used Products for Infant Sleep

Many caregivers said they most frequently put their babies to sleep in some form of a crib, bassinet, or “pack and play.” However, many caregivers were also quick to note that their babies also sometimes fell asleep in seated infant products. When probed, caregivers most frequently mentioned car seats and rockers as examples, but a few caregivers also mentioned infant swings and bouncers.

Beneficial Product Features for Infant Sleep

Many caregivers reported familiarity with or personally owning products similar to the seated infant products (e.g., swing, bouncer, rocker, stroller/carrier travel system) they interacted with at the facility. When asked to describe the features of the product that may lead a baby to sleep in one of these products, top features included the following:

- Rocking motion or vibration
- Soft, comfortable fabric and padding
- Sounds or musical component
- Incline of the product

Many caregivers indicated that these features often lull a baby to sleep naturally by bringing them a sense of comfort. Of these top features, many caregivers reported actively seeking out products with rocking motions or vibrations as this was used to soothe a baby, particularly during periods of sleep training. Many caregivers noted the comfortable padding and the rocking motions as reasons why they thought these products were so effective at helping their babies nap. A few noted taking babies on car rides in the car seat or on walks in the stroller/carrier system to induce sleep. Others expressed a belief that the similarity of the shape or the snug fit of the infant seated product provided by the padding features resembled that of a “mother’s womb” or cradling within a caregiver’s arms, which increased the tendency for a baby to fall asleep in them. When choosing products, many caregivers said they thought about which products would work best for soothing their baby. They also preferred products that could be adjusted or customized and allowed for easy storage when not in use.

- *“I'd say the angle, also. A lot of those products will keep the baby sitting a little more upright, which my first had colic and this one has a little reflux and I know that on your back is best, et cetera, et cetera, but you can't get a baby to sleep who has reflux if they're having a problem without that angle. Your arm can only do so much.”*

Common Uses of Infant Seated Products

Many caregivers said they purchased seated infant products to help their baby sleep or stay occupied so they could perform a daily task like some work, cooking, laundry or errands. These caregivers said

this was an important benefit and noted that they believed they were still able to watch the baby. Products most often used to occupy or calm the child were the rocker, swing, or bouncer.

Many caregivers also discussed how frequently their babies fell asleep in the infant car seats, either during a car ride or when clicked into the stroller. Conversations varied regarding whether caregivers moved babies once bringing the car seat or carrier into the house. A few caregivers tried to move their baby to a safe sleep product, but other caregivers said they did not want to wake their babies and moved the car seat to the floor to let the babies sleep.

Many caregivers said they considered seated infant products safer for nap sleep than night sleep, and that this attitude influenced their behaviors. Exclusively using products with firm flat surfaces like cribs or bassinets was much more common at bedtime, with many caregivers saying they were more likely to let their baby sleep in a seated infant product at naptime than bedtime. However, a few caregivers said if their baby had trouble sleeping, they sometimes lulled them to sleep in the rocker or swing, although this was not their first choice. Often, these caregivers also said if they did this, they were much more likely to vigilantly watch their babies while in these products because they were concerned for their safety. This is a clear contrast to what they said about naptime. For naptime sleep, many caregivers indicated that these products felt safer as they were nearby and could easily watch their baby during these short sleep durations.

- *“At bedtime, I only put my daughter in the crib. And so, if I'm going to go lay in bed, I only put her in her crib. If I'm up watching her, I'm a lot more flexible with where I'll put her, but it doesn't really matter. When she was younger, she slept in her swing, and loved it. She slept in the vibrating chair, bouncer, and loved it. But now, only the crib. That's really the only place she'll sleep. She won't sleep anywhere [else] other than my arms.”*

Caregiver Risk Assessment of Seated Infant Products

In this section, we review caregivers' perception of the safety of seated infant products for sleep and the importance that safety plays in their decision-making processes. We also review the perceived risks of letting their infants sleep in these seated products.

Decision-Making Process:

Many caregivers discussed the constant risk–benefit analyses that they consider when thinking about what products to let their infants use. Caregivers care about their infants' safety, their infants' sleep, and their own ability to manage all their necessary tasks. In this section, we review what caregivers said about their perceptions of the safety of these seated infant products generally, their perceptions about what behaviors are safe and unsafe for their infants, and how they think about these analyses.

Risks Associated with Letting Babies Sleep in These Products

Many caregivers aligned on the possible risks of letting their babies sleep in these seated infant products. The primary risks discussed were:

- Suffocation and death
- Injury from falling out of the product or the product tipping over

Factors That Undermine Risk Perceptions

Although many caregivers were aware of the stated risks of letting their babies sleep in these seated infant products, they also listed numerous beliefs that seemed to undermine their perceived risks of letting their babies sleep in these seated products:

- That sleep in these products was safe as long as caregivers were nearby, even if they were not watching the infant attentively.
- That products that lulled infants to sleep would not be marketed to parents if they were unsafe.
- That the primary purpose of warning labels is to cover the manufacturer legally from litigation rather than communicate a real risk of injury or suffocation.
- For caregivers who got the products as gifts or hand-me-downs from family or other caregivers, that these trusted individuals would not own or purchase these products if they were not safe.
- That proper use of the product on a flat surface reduced risk of injury or suffocation since most of the risk was due to improper use.
- That products that allowed caregivers to remove padding were safer for sleep.

The Importance of Safety

Many caregivers expressed the importance of safety features in their decision to purchase any product for their child. They discussed concerns about how the products were constructed (e.g., flimsy construction) or padded features that could pose a suffocation hazard. Many caregivers mentioned that they look for products that appear sturdy and secure. The caregivers most likely to mention sturdiness were ones with older children or pets who were concerned about the product tipping over or getting knocked over. A few caregivers also looked at the buckles or straps to determine how safe the product would be for their babies; this was especially important for car seats and swings.

A few caregivers said they saw or read the warning labels on the products with which they interacted, but more caregivers said they have looked for warning labels in the past or researched how to use the products safely, especially new products they purchased.

Perceived Responsible Product Use

Many caregivers reported familiarity with learning about “firm, flat surfaces” as the ideal environment for infant sleep. Caregivers were asked to further explain the impact that this safety adage had on their thinking about whether to let their child sleep in a seated infant product. A few caregivers were less concerned about letting their baby sleep in the product because they said their infant could only sleep on an incline because the baby was either colicky, experiencing reflux, or disliked sleeping in the crib, and these caregivers need sleep, too.

- *“The difference between what I’m doing, whether I’m awake or I’m asleep, is probably the biggest, at least subconsciously, deciding factor. And when I would let my daughter sleep in a rocker or not, because if I’m not going to be able to at least have partial view of my child while they’re sleeping, then they’re going to be strapped down to the SNOO [bassinet] or in the crib.”*

For a few caregivers, letting their baby stay asleep in a seated infant product caused them anxiety because they were concerned about risk of injury or suffocation. These caregivers said despite this

concern, they still consider the risk unlikely and believe that these risks are rare when the products are used correctly. Therefore, many of these caregivers said since the risk is low, they let their baby stay asleep because their child might wake up if he or she is moved, or because the baby might not sleep at all on a firm flat surface. Still, these caregivers say they watch them to make sure they are safe. Other caregivers said if they let their baby stay asleep, then it would only be on a stable surface, such as a floor, to increase stability and avoid falling hazards.

Conversely, a few caregivers indicated that they were scared enough for their infant's safety that they would not let their baby sleep in these seated infant products ever. The risks they feared the most were suffocation and injury. For these few caregivers, the perceived risks outweighed any perceived benefits of letting their baby fall or stay asleep in the seated infant products. They said if their baby did sleep, then they would try to move them to a safe sleep product immediately.

A few caregivers, especially those with newborns, also talked about watching their babies if they slept in these products and feeling anxious about their safety. Although this pattern emerged, caregivers of newborns did not speak specifically as to why they were more anxious about letting their child sleep in a seated infant product.

Personal Caregiver Preferences

Overall, many caregivers emphasized that benefit versus risk analysis happens on an individual level and varies based on the child, product, and circumstances. Product use and risk assessment varied based on a caregiver's perception of the risk of a product for their own child.

External Influence and Advice

Advice From Other Caregivers. Many caregivers said hearing or reading about other parents' experiences with seated infant products are critical when making a purchasing decision. This includes reading reviews on retailer websites or speaking to other caregivers. Either through in-person or "mommy Facebook groups," they specifically said they most trusted caregivers who recently had a baby, rather than those who only had older children. A few caregivers mentioned looking to their own caregivers for advice on product purchasing and decision-making, but also said some of this information may no longer apply as products and safety considerations have evolved over time.

Advice From Other External Sources. Many caregivers noted that in addition to advice from other caregivers, they used external sources to learn about product use and safety for their infant. Specifically, many mentioned the use of YouTube product review videos to learn about the product, instructions on how to put it together, and corresponding safety information. Additional sources included Instagram pages, TikTok, or influencers/bloggers. While appreciative of the advice from reviews or other trusted sources, many indicated that this is just one of the factors that plays into their decision-making process for purchasing or using a product.

- *"We do a lot of reviews on Amazon. We watch a lot of YouTube videos on how to operate the device or the product before we buy it. We are crazy about that. It's not only just the review that we want, we want to see it really in action, how does it feel? How are people talking and what do they like about the product itself?"*

Warning Label

At the end of the sessions, caregivers provided feedback on a warning label for a rocker. They filled out a worksheet online to (1) give their thoughts on the warning label, aspects that they liked and did not like, specific warning label phrases, as well as to (2) provide recommendations for improvements to the warning label. Afterward, caregivers in three of the groups also looked at a new proposed message. In this section, we review their reactions to the warning label and recommendations for improvement.



FIG. 14 Example of Warning for Product—Infant Rocker

Noticing and Reading the Warning Label

When asked how many people noticed the warning label on the products they interacted with, many caregivers noticed the warning labels. However, few of them took the time to read them.

Toward the end of the sessions, caregivers reviewed a sample warning label for a rocker. Many caregivers said it looked like a typical warning label and reported seeing similar ones on most infant products.

Understanding Warning Label Content

Understanding the Main Idea of the Warning Label

When asked the main idea of the warning label, many caregivers said that caregivers should watch their baby if they put them in this product, particularly if they fall asleep. Many did not mention that this product should not be used for sleep. They also did not indicate that firm, flat surfaces are safer for sleep than these seated infant products. Although both ideas are important aspects of the warning label (i.e., supervision, not using the product for unsupervised use or unattended sleep), it is notable that many caregivers emphasized the supervision component over the fact that this product is not safe for sleep at all, indicating that they should not let their infants sleep in the product at all. A few caregivers assumed that this warning label language suggested that as long as you are watching your infant while they sleep in a seated infant product, then it is safe.

Many caregivers correctly identified the two main potential hazards of using this product: falls and suffocation. Many noted that instead of being told what not to do, they wanted language to be added that told them what they should do to help babies sleep safely.

Understanding the Phrase “Stay Near and Watch Child During Use”

Many caregivers interpreted this phrase to mean that they should watch their baby when using this product. However, there were a few caregivers who assumed that this indicated that their child was safe if they were in the same room or a neighboring room as their child. Generally, many caregivers said this phrase was easy to understand and not confusing or unclear.

Understanding the Phrase “This Product is Not Safe for Unsupervised Use or Unattended Sleep”

Many caregivers indicated some confusion with words in this phrase and said some words were too subjective. For example, there was disagreement about what it meant to supervise sleep and whether simply being nearby was sufficient. A few caregivers incorrectly interpreted this phrase to mean that it was fine to let their infants sleep in these products if they were watching them.

Participants Thoughts About the Phrase “If Baby Falls Asleep, Move Baby as Soon as Possible to a Firm, Flat Sleep Surface Such as a Crib or Bassinet”

After discussing current label warning language around unsupervised use or unattended sleep, caregivers were asked their thoughts on the new phrase, ““Stay near and watch baby during use. This product is not safe for sleep or unsupervised use. If baby falls asleep, move baby as soon as possible to a firm, flat sleep surface such as a crib or bassinet.” This specific phrasing was tested with two groups, and a similar version with a third group. Overall, many caregivers liked this phrase and thought it was straightforward, easily understood, and gave clean instructions on what to do if their baby falls asleep in this type of product.

- *“It’s clear and straight to the point. It’s not sugaring anything or beating around the bush....” ... “If my kid fell asleep. I would move them...I don’t always intend for them to go to sleep, but sometimes they fall asleep and then it’s a matter of, okay, do I wake the sleeping baby, or do I let them sleep? But if the warning label clearly stated that, then I would move them. I might try to transition them as smoothly as possible so they stay asleep, but I would move them.”*

Design, Statistics, Spacing, and Language Placement

Many caregivers said they liked that the warning label was in bullet format versus paragraphs; was easy to read; and had large, clear, bolded font to emphasize important words and phrases. Many mentioned that to draw attention to these warnings, it might be useful to include statistics or note that infants have died using these products.

A few recommended increasing the spacing between the words on the warning label. A few also recommended putting the safety information in additional places beyond the warning label, such as on the product, in the manual, on the box, and in video format that caregivers could access via QR code.

A primary finding brought up by many caregivers was that the design and placement of the information influenced their perceptions of that content. Specifically, these caregivers said the fact that the sleeping hazard information was not bolded led them to assume that it was not critical. Many recommended moving this up to the top of the warning label and adding bolding to match the rest of the label.

Warning Label Recommendations

Below are recommendations from caregivers on potential ways to improve the warning label for the rocker based on caregiver feedback.

Recommendations for Adding Imagery and Colors

Many caregivers mentioned adding images to improve the warning label. Many caregivers wanted to see images related to the risks, specifically suffocation and falls. A few noted that this can serve to

reinforce the text and is a good way to reach those caregivers whose first language is not English or have a lower literacy. Suggestions for images included a baby falling out of seated infant product; an image with an “X” over a baby’s mouth; or an image with a baby’s head in an awkward position, such as being bent towards the chest, to show the baby can’t breathe.

Many caregivers suggested including more colors to help key words stand out. Color suggestions included orange, yellow, red, and green. One recommendation was highlighting words of actions that they should do in green and actions that they should not do in red, yellow, or orange. Caregivers were split on which of these colors would be most useful.

Recommendations for Videos Communicating Safety Information

Many caregivers said warning label information should be available on resources that they seek out and would be useful to them. For example, a few discussed including safety information in a quick how-to document or video about assembling the product or using it properly. Many caregivers said they specifically look up this information and watch YouTube videos on this. A video like this would also appeal to adults with lower literacy or those who do not look for warning labels at all. A few caregivers suggested having a QR so that consumers could easily find these videos or documents. This would not only serve the purpose of giving consumers important safety information but also serve their needs by bringing them to a credible source about how best to assemble and use the product and all of its features.

- *“I would suggest, maybe not even on the warning label, but on the instructions where you’re actually putting it together, if you had a QR code. I will say this, every time we put something together, we hop on YouTube and watch somebody put it together. Saves us like 30 minutes of trying to read through the instructions. So, if you had that and then on there in the video showing you how to put it together and also have ‘do not use it in these ways,’ like right before they show you how to put it together, that might be a great way for people to know.”*

Conclusions and Recommendations

Based on discussions and recommendations from caregivers during the focus groups, we have several recommendations for improvements to the warning labels and opportunities for future research.

Recommendations to Improve the Effectiveness of Warning Labels

We recommend clearly stating that this product is not safe for infant sleep but also continue including language about what caregivers should do if the baby falls asleep. This type of guidance that includes what to do versus only including what not to do has the potential to help caregivers satisfy their immediate needs (baby sleeping) while also keeping their babies safe. Testing showed that caregivers responded well to positive messaging, and it accurately addressed what caregivers were already doing (letting their infant sleep in the products while supervising them).

When giving advice about what caregivers should or should not do, it is critical to ensure that caregivers clearly understand what the warning label is trying to convey. A few caregivers mistakenly assumed that they were providing sufficient supervision as long as they were nearby. Other caregivers assumed that the warning label was essentially suggesting that supervising their sleeping infant in a seated product was as safe as moving their infant to a firm, flat surface. Using clearer language that defines what proper “supervision” entails and clarifies that letting an infant sleep supervised is a last resort, not a recommended practice, would improve warning label clarity.

Recommendations to Improve the Language Featured on the Warning Labels

Recommendations for the New Warning Label Language

We recommend using the new warning label language of *“Stay near and watch baby during use. This product is not safe for sleep or unsupervised use. If baby falls asleep, move baby as soon as possible to a firm, flat sleep surface such as a crib or bassinet”*. This phrase puts the focus on what caregivers should do, which caregivers said would be helpful to them when using these products. We also recommend using bolding, different colors (e.g., orange, yellow, red, green), and images that portray this warning to make this information stand out.

However, if the current warning label language is continued to be used, it would be useful to replace phrases like “unsupervised use or unattended sleep” with more descriptive, less ambiguous phrases since caregivers often misinterpreted this phrase, assuming that allowing their infant to sleep in the product is safe if they are in the room, even if they were doing something else.

Other Strategies to Communicate Safety Information

During these focus groups, caregivers provided their feedback to the warning labels, but also clearly communicated that warning labels were not the first place they looked for safety information or product information. Therefore, we recommend that safety information be put in places where caregivers are already looking and with content that they want. Clearly displaying the safety information with instructions for assembly may help ensure that caregivers see it.

Additionally, CPSC could encourage manufacturers to create videos or other media where caregivers can go for all the information they want. In addition to safety information, this could include guidance on assembly and how best to use the product and its features. Manufacturers could clearly display the web address or even a QR code so caregivers can easily access this media. This would be in addition to the warning label and complement its content. Creating images or videos to display product and safety information would likely reach more consumers. Manufacturers should not rely on caregivers reading or understanding complex language and could minimize confusion by demonstrating what caregivers should do, exactly how they should do it, and best practices for moving infants safely without waking them. These videos could also be featured on CPSC's YouTube channel.

Lastly, caregivers recommended including imagery or icons such as a child suffocating or falling to enhance the effectiveness of the warning information. This would increase the fear appeal of the warning label and better resonate with caregivers who have lower self-efficacy or for whom English is not their first language. Given that many caregivers assumed the risk information served more to cover the manufacturer from legal liability and that risk of injury or suffocation was low, a fear appeal could be particularly affective with this audience. According to the extended parallel process model,³ fear appeals are most effective when combined with clear guidance on what parents can do to avoid this outcome. This increases self-efficacy and minimizes message rejection. The language instructing parents to move their babies and, if they cannot, at least stay near and supervise would work well paired with these images or icons.

Recommendations for Future Research

Given the finding that caregivers care about safety information but do not always check product warning labels, we recommend identifying the touchpoints where caregivers are already looking for safety or product information in order to evaluate their values, needs, and emotions to connect with them in a way that is effective for them. From our findings, we would develop a consumer journey map that begins at the point of considering purchasing or keeping a product in their home to the point of removing the infant from the product. This journey map would identify each point where parents are looking up safety or product information (e.g., product assembly, optimal product use) and how they are searching for it. These data would build on our current efforts by identifying exactly when and how CPSC can aim to provide safety information to consumers in addition to the warning labels.

As CPSC conducts further research examining how best to reach caregivers, we recommend specifically targeting fathers, non-White participants, and those with lower education. Although all these demographics are represented in our sample, each group was majority female, non-Hispanic White, and had higher education. In a focus group format, these caregivers' opinions and experiences could potentially dominate the conversation. If we move forward with developing journey maps, we recommend using an in-depth interview (IDI) format and specifically targeting male, non-White, and

³ Witte, K (2009, June 2). Putting the fear back into fear appeals: The extended parallel process model. *Communication Monographs*, 59(4). <https://doi.org/10.1080/03637759209376276>

lower education caregivers in addition to non-Hispanic White female caregivers with at least some college education.

Appendix A: Screener

CPSC Refining Messaging for Seated-Infant Products Focus Group Study

SCREENER – Focus Groups

SECTION 1: INTRODUCTION

Hello, my name is _____, and I am calling on behalf of Fors Marsh Group, an independent research firm. We will be conducting focus groups about “Seated Infant products,” for a federal public health agency. Focus groups will last about 90 minutes. Participants will receive **\$90 via TangoCard, which can be redeemed for a gift card**, as a thank you for taking part in the study.

[REPEAT INTRO IF CALL WAS TRANSFERRED]

May I ask you a few questions to see if you are qualified to participate in the study?

Yes	[]	[CONTINUE]
No	[]	[THANK AND END]

Great! Before we begin, you should know that there are no wrong answers to the questions I’m going to ask you. You also don’t have to answer any questions if you don’t want to. If an answer leads to me ending the call, that is because we are looking for a diverse set of people and we may already have enough similar candidates for this study. Any questions before we begin?

SECTION 2: SCREENER AND DEMOGRAPHIC QUESTIONS

PLEASE USE THE TERMINATION LANGUAGE BELOW FOR ANY RESPONSE THAT LEADS TO THE ANSWER OPTION “[THANK AND END]”.

TERMINATION LANGUAGE: Thank you for taking the time to answer these questions. Unfortunately, based on the responses you provided, you do not meet the specifications we are looking for in this study. I appreciate your time and have a good morning/afternoon/evening.

1. In the past 5 years, have you or a member of your immediate family worked in any of the following fields, companies, or organizations?

A market research or marketing company	[]	[THANK AND END]
A health care company or organization	[]	[THANK AND END]
Childcare (e.g., daycare employee, babysitter/nanny)	[]	[THANK AND END]
Children’s product manufacturer	[]	[THANK AND END]
Refused	[]	[THANK AND END]

2. When, if ever, was the last time you participated in a marketing research or survey research study?

Within the past 3 months	[]	[THANK AND END]
More than 3 months ago	[]	[CONTINUE]
Never	[]	[CONTINUE]
Refused	[]	[THANK AND END]

3. Which of the following currently applies to you? You can select more than one answer.

I am married.	[]	ONLY CONTINUE TO Q4 IF YES TO CHILDREN OR GRANDCHILDREN. IF NO TO CHILDREN OR GRANDCHILDREN, THANK AND END.
I have children.	[]	
I have grandchildren.	[]	
I live alone.	[]	
I am single.	[]	
I live with roommates.	[]	
Refused	[]	[THANK AND END]

4. Are you a primary guardian of your child or children, or grandchild or grandchildren)?

Yes	[]	[CONTINUE] GO TO Q5
No	[]	[THANK AND END]
Refused	[]	[THANK AND END]

5. Do you provide care for your child/children/grandchild/grandchildren?

Yes, I provide care for my child/children/grandchild/grandchildren at least 3 days a week.	[]	[CONTINUE] GO TO Q6
No, I provide care for my child/children/grandchild/grandchildren less than 3 days a week.	[]	[THANK AND END]
Refused	[]	[THANK AND END]

6. How old will your youngest [child/children/grandchild/grandchildren] be in January 2022?

Child/Grandchild	[Open text box] months old
------------------	----------------------------

Age ranges for eligibility:

0 – 6 months; 6-12 months

IF CHILD OR GRANDCHILD IS BETWEEN 0 – 12 MONTHS, GO TO Q7. IF CHILD OR GRANDCHILD IS OLDER THAN 12 MONTHS, THANK AND END.

If >12 months, [THANK AND END]

IF ELIGIBLE, GO TO Q7

7. Do you have any other children that you are the primary caregiver for?

Yes	[]	[CONTINUE] GO TO Q8
No	[]	[CONTINUE] GO TO Q9
Refused	[]	[CONTINUE] GO TO Q9

8. How old are the other children that you are a primary caregiver for?

Child/Grandchild 1	[Open text box] years old
Child/Grandchild 2	[Open text box] years old
Child/Grandchild 3	[Open text box] years old
Child/ Grandchild 4	[Open text box] years old

GO TO Q9

READ: Great. I have a few more questions to ensure that we speak to a variety of people during our focus groups.

9. How would you describe your gender?

Male	[]	[CONTINUE]
Female	[]	
Other	[]	
Refused	[]	

10. What is your age?

	years old
--	-----------

//PROGRAMMING NOTE: This box should appear on screen with “years old” written after it

Note to recruiter: Please record age-range category.

18-24 years old	[]	[CONTINUE]
25-34 years old	[]	
35-44 years old	[]	
45-54 years old	[]	
55-64 years old	[]	
65-74 years old	[]	
75 years or older	[]	
Refused	[]	

11. Which of the following categories includes your race? You may select one or more races.

American Indian or Alaska Native	[]	[CONTINUE]
Asian	[]	
Black or African American	[]	
Native Hawaiian or other Pacific Islander	[]	
White	[]	
Some other race [Record]	[]	
Multiple races	[]	
Refused	[]	

12. Are you Hispanic or Latino?

Yes	[]	[CONTINUE]
No	[]	
Refused	[]	

13. In your household [when your child or grandchild is at your house], who typically puts your infant [child/grandchild] to bed? (Can choose more than one answer)

Myself	[]	[CONTINUE]
Spouse	[]	
Other	[]	
Refused	[]	

//PROGRAMMERS NOTE: Allow multi-punch//

14. In your household, are you the primary purchaser of your [children's/grandchildren's] nursery products?

Yes, I am the primary purchaser.	[]	[CONTINUE]
Yes, but I share being the primary purchaser with another primary caregiver.	[]	
No, I am not the primary purchaser.	[]	
Refused	[]	

Appendix B: COVID-19 Procedures and Protocol

I. Study Procedures

- a. The Good Run/Rec Room facility will advertise this study as a two-part study, requiring that participants attend both parts for payment.
- b. Only participants who attend part one of the study (in person, one-on-one product interaction) will be allowed to participate in part two (virtual focus groups).
- c. Good Run/Rec Room will schedule participants over two days to come in person for a one-on-one interaction with the products. Each person will come in and be encouraged to interact with all three products over 15 min and then complete a brief worksheet with their initial reactions.
- d. Good Run will scan the worksheets and e-mail them to participants and to FMG prior to the focus groups.
- e. FMG will still be moderating the virtual focus groups and the Good Run/Rec Room will be facilitating the one-on-one product interaction and worksheet with participants in person (with the guidance of FMG procedures).

II. COVID-19 Procedures

- a. Due to the constraints of COVID-19, focus groups will be conducted virtually.
- b. Participants will come in one at a time to the Rec Room/Good Run facility in Richmond to interact with the products and fill out a short questionnaire.
- c. Between respondents, The Rec Room/Good Run staff will wipe all test items and shared surfaces with antibacterial wipes. Participants will be required to wear a mask while in the facility.

III. The Rec Room/Good Run facility procedures

- a. The Rec Room/Good Run follows the regulations and guidance of the Commonwealth of Virginia and the CDC. Given the COVID-19 pandemic, there will be modifications and changes to how research is conducted. These include:
 - i. During confirmation, respondents will be asked not to attend if they have symptoms of illness or possible COVID exposure.
 - ii. Masks worn by all staff and respondents, regardless of vaccination status
 - iii. Social distancing
 - iv. Enhanced cleaning and hygiene practices

Appendix C: Seated Infant Products Used in the Focus Groups

Participants interacted with a bouncer, a rocker, a swing, and a stroller/carrier system.



Bouncy Seat



Rocker



**Stroller/Carrier
Travel System**



Swing

6

Appendix D: Infant Product Interaction Worksheet

GROUP ID: _____ PARTICIPANT ID: _____

OMB#: 3041-0136

Expiration: 01/31/2024

CPSC Seated Infant Product Interaction Worksheet

Bouncer
1. Do you have this product or a similar product at home? (Yes/No)
2. Interact with this product a bit. What are your initial thoughts when you test it out? What do you like/dislike? What surprised you?

Swing
1. Do you have this product or a similar product at home? (Yes/No)
2. Interact with this product a bit. What are your initial thoughts when you test it out? What do you like/dislike? What surprised you?

1. Do you have this product or a similar product at home? (Yes/No)
2. Interact with this product a bit. What are your initial thoughts when you test it out? What do you like/dislike? What surprised you?

1. Do you have this product or a similar product at home? (Yes/No)
2. Interact with this product a bit. What are your initial thoughts when you test it out? What do you like/dislike? What surprised you?

Appendix E: Warning Label Viewed



FIG. 14 Example of Warning for Product—Infant Rocker



Appendix G: Moderator Guide

OMB No. 3041-0136.

Exp. Date: 01/31/2024

U.S. Consumer Product Safety Commission (CPSC) Refining Messaging for Seated Infant Products Focus Group Discussion Guide

Objective: The objective of this focus group study is to develop warning labels for non-sleep products that are used by caregivers for their infants. The study will explore messaging for inclusion within existing warning labels on seated infant products that alert caregivers to the hazards of infants sleeping in seated products and that addresses moving the infant to a safe sleep environment. These findings will support the U.S. Consumer Product Safety Commission (CPSC) staff’s recommendations to voluntary standards organizations regarding sleep messaging.



This discussion guide is not a script and, therefore, will not be read verbatim. The moderator will use these questions as a road map and will probe as needed to maintain the natural flow of conversation. Question probes are <i>italicized</i> .
Moderator instructions are highlighted in yellow. Materials are highlighted in green.

Session Overview: Total time—90 minutes

SECTION I: Introduction and Icebreaker (10 min.) The moderator will explain the purpose of the focus group, present the ground rules, and allow participants to ask any questions.
SECTION II: Infant Sleep Safety: Baseline Knowledge and Awareness (20 min.) The moderator will ask participants questions to get a sense of their baseline awareness, knowledge, attitudes, and beliefs about infant sleep safety and associated warning labels.
SECTION III: Product Interaction (20 min.) The moderator will ask participants to interact with the seated infant products, including a bouncer, swing, rocker, and carrier. Participants will fill out a worksheet to record feedback.
SECTION IV: Seated Infant Product Warning Label Testing and General Safety (20 min.) The moderator will have participants review the current seated infant product warning labels, complete a worksheet, and answer questions about how clear, resonant, persuasive, believable, and motivating the statements are.
SECTION V: Warning Label Recommendations (15 min.) The moderator will ask participants to provide recommendations and feedback on the warning labels as well as ideas for how the labels could be improved. Questions will also be asked about the safety of seated infant products as well as their general knowledge about warning labels.

SECTION VI: Closing (5 min.)

The moderator will ensure that all questions are answered and that all comments have been heard.

Research Questions:

- 1) How do caregivers choose sleep products for young infants?
- 2) What do caregivers know about the safety of young infants who sleep in seated products based on their own experiences or what they have heard or observed from others?
- 3) What are caregivers' perceptions of the threat of sleeping in seated products to young infants?
- 4) What do caregivers perceive as the costs and benefits of not letting young infants sleep in seated products?
- 5) How clear, resonant, persuasive, believable, and motivating are the current messages recommended by the ASTM's F15 Ad Hoc Language task group that caregivers should "stay near and watch child during use" and that "this product is not safe for unsupervised use or unattended sleep"?

Section I: Introduction and Icebreaker (10 min.)

Thank you so much for coming today. I appreciate you taking the time to talk to me. My name is____, and I'll be moderating this group. I work for a company called Fors Marsh Group, which is a private research company based in Arlington, VA.

I am conducting this group on behalf of the U.S. Consumer Product Safety Commission (CPSC), but I do not work for them, so I have no stake in how you respond.

The purpose of this group is to get your feedback on some potential messaging strategies for seated infant products.

Before we get started, I would like to review a few ground rules:

1. There are no wrong answers. Our whole purpose for being here is to hear what you honestly think, so please speak up, especially if what you have to say is different than what someone else is saying. You may represent what a lot of other people who aren't here think.
2. We are not here to come to an agreement, and we recognize that you all may have different perspectives on the issues we discuss. And that's OK! Please keep an open mind as we talk today and respect each other's opinions.
3. We are audio and video recording this discussion so that I don't have to worry about writing everything down. These audio recordings will be used to create transcriptions of the focus group to be analyzed for our report; however, we will not be including any names or other identifying information in the transcripts, and the recordings will be deleted once the transcripts are created.
4. Everything we talk about here is confidential; your individual responses will not be linked back to you in any way, and your name will not be associated with anything you say in our reports. On that note, we ask that you (1) only use your first names during the group today and (2) not discuss anything we talk about today outside of this room.
5. Your participation is voluntary. This means that you do not have to answer a question if you do not wish to and that you may stop participating at any time. Also, you do not have to disclose any information that you are uncomfortable sharing. If someone shares something personal or an opinion that you disagree with, we ask that you please remain respectful of one another, even when voicing your own differing opinions. At the end of today's session, we will have some resources available for you for your own information. Does anyone have any questions before we begin?

Now, I'd like to kick us off with some introductions. Let's go around the room. Please share your name and your favorite thing to do with your [child/grandchild].

So, everyone has a child under one years old, how has your child been sleeping? (Nights? Naps?)

Section II: Infant Sleep Safety: Baseline Knowledge and Awareness (20 min.)

As I mentioned, today we are going to talk about infant sleep. To kick off our discussion, I'd like to do a couple of exercises with you all.

1. What are some products that you put your infants to sleep in? [Moderator writes down the products name]
 - Are there any other products that your children fall asleep in?
 - Are there differences between bedtime or at naptime?
2. [might answer this in probe 1] What are some other products that infants might fall asleep, specifically seated products? in that are not cribs, bassinets (or any other mentioned in (1) above)? [MODERATOR NOTE: You can give examples of swings, bouncers, and car seat carriers after asking participants what comes to mind/if they ask for an example.]
 - Tell me about a time when you have let or considered letting your child sleep in one of these products?
 - *[PROBE]: What were some of the benefits of letting your child sleep in that product?
 - *[PROBE]: Under what circumstances are you most likely to consider letting your child sleep in one of these products?
 - Some of the drawbacks of letting your child sleep in that product?
 - How would you weight the benefits vs the drawbacks of this product (for letting your child sleep in)?
3. So, imagine that you are considering purchasing some seated infant products for your new infant like a swing, bouncer, or stroller/carrier. What are some of the main criteria you would consider before making the purchase?
 - What do you think other parents do?
 - Where did you learn about what products to get? And how to use them?
 - Have you gotten advice from other parents?
 - Do you get information from other places? Blogs? Videos?
4. Have you had any experiences when your infant has fallen asleep in a seated infant product?
 - [PROBE]: If yes, what did you do?
 - [PROBE]: What are your thoughts about the safety of letting your child sleep in a seated infant products?

Section III: Product Interaction (20 min.)

Great, thanks for all your input. Before today, you came in one-on-one and interacted with infant products. You may own or have seen some of these items. As a reminder, you interacted with a bouncer, swing, rocker, and infant carrier placed on a floor (not in the stroller) using a doll.

I am going to ask you a few questions about your interaction with the products.

I am now going to pull up a PowerPoint with some images of the products you interacted with to jog your memories. [SHOW POWERPOINT]

Questions to ask after participants interact with the products: [MODERATOR: Make sure to ask about each of the four products: bouncer, swing, rocker, carrier/stroller.]

All Products:

5. Have you interacted with these products before today? Tell me about that.
 - [PROBE]: Tell me about what you're doing when your infant is in one of these seats.
 - [PROBE]: Do your responses differ based on the product?
6. What are some positive attributes of the products for infant sleep?
 - [PROBE]: Negative attributes?
 - [PROBE]: Probe on each product
7. What features of the product may lead an infant to sleep in it?
 - [PROBE]: Softness, curvature, incline?
 - *Other reasons (convenient)*
 - [PROBE]: Probe on each product
8. What features of the product may lead to a parent letting an infant sleep in it?

Thank you, it was great hearing about your thoughts and experiences interacting with each of these products. Now, I'm going to ask you some general questions about infant sleep.

9. If someone were to let their baby fall or stay asleep in one of these products, what do you think would happen?
 - [PROBE]: How likely do you think that outcome would be?
 - *What good things might happen?*
 - *What bad things might happen?*
 - *Have you heard of any injuries with one of these products?*

As you may or may not have seen, all these products have warning labels that tell people what to do and what not to do to avoid unsafe situations when using these products.

10. How many people noticed at least one of these warning labels? [Moderator counts hands]

- [PROBE]: How many people took time to read the warning labels? [Moderator counts hands]

Section IV: Seated Infant Product Warning Label Testing and General Safety (20 min.)

Thank you so much for your feedback so far and your insights into your decision making. We know that getting your infant to sleep well can be really difficult, especially in this first year. Now we are now going to look at an example product warning label for a rocker like the one you looked at. [Moderator shows warning label on screen.] So, for the purpose of today's discussion, when I say warning label, this is what I am generally referring to. I am going to put a link to a worksheet in the chat that I am going to ask that you fill out after reading the product warning label. Please take a minute to look at this label, read it, and fill out the worksheet questions. Let me know if you have any problems accessing the link. When you are finished with the questions, please do not hit submit because we will be discussing your answers.

[Moderator: Give participants a minute to look at the warning label and to fill out the worksheet.]

Here is the live link you can use:

<https://survey.forsmarshgroup.com/SE/?st=uZhp71plx79llxM4twllBmNg4tMnVL8z1pdZZi2dl3M%3D>



FIG. 14 Example of Warning for Product—Infant Rocker

Figure 1: Infant rocker warning label

Worksheet:

11. What are your initial reactions after reviewing this warning label?

- [PROBE]: What is the main idea of this warning label?

12. What are some things you like about this warning label?

- [PROBE]: What does this warning label want you to do?

13. What do you not like about this warning label?

14. How, if at all, does this warning label influence your intentions to let your child nap in this product?

15. What do you think of the phrase “stay near and watch child during use”?

- [PROBE]: What, if anything, was confusing or unclear about this phrase?
- [PROBE]: What do you think this phrase means?
- What action would you take, if any?

16. What about the phrase “This product is not safe for unsupervised use or unattended sleep”?

- [PROBE]: Is there anything confusing or unclear about this phrase?
- [PROBE]: What do you think this phrase means?
- What action would you take, if any?
- What does “unsupervised use” mean?
- What does “unattended sleep” mean?
- ***[PROBE] What is warning label were to say: If baby falls asleep, move baby as soon as possible to a firm, flat sleep surface such as a crib or bassinet.”

17. If someone were to ask you to show them a warning label for one of these seated infant products, where would you look? Where would you like to see it?

18. What colors, images, or other visuals would you expect to see on one of these warning labels for seated infant products?

Section V: Warning Label Recommendations (15 min.)

We are now going to talk through some recommendations that you all have for changes to the wording of this warning label, with the goal of encouraging parents not to let their infant sleep unattended in these products. I would like you to go back to the worksheet we completed earlier. I'd like you to imagine that we are going to be developing a new warning label to place on a product that is not meant for sleep but that your child might fall asleep in.

20. I'd like you to think about any words or phrases you think would fit well for this warning label. What words or phrases would be on it? What phrases or words would really grab your attention?

Now, we are going to talk about some of the things you wrote in the worksheet. Who is willing to share?

21. What edits or changes would you make to the wording of this warning label?

- What words or phrases would you add or remove?

22. What words or phrases would grab your attention?

23. What words or phrases would make you more willing to read this warning label?

24. What words or phrases would make parents less likely to let their infants sleep in these products?

- [PROBE] Any image, pictures, or symbols

If you have time at the end (and it's not already addressed): do they prefer visual images more than words for the warning labels?

- [PROBE] Do you all think that the warnings are there b/c someone had something bad happen in one of these products, or only meant to cover manufacturers/liability?

Wonderful. Thank you for your feedback! You can go ahead and submit your worksheets now.



Section VI: Closing (5 min.) :

[TIME PERMITTING: MODERATOR FALSE CLOSE] I appreciate your feedback. Before we wrap up, I am going to consult with my colleagues to see if there is anything I missed or if there are any follow-up questions. [ASK ANY ADDITIONAL PROBES]

[THANK AND CLOSE] Thank you for taking the time to speak with me today and for participating in this focus group.

Do you have any questions for me or is there anything that you would like to share that you didn't have the chance to share yet?

Before you go, I do want to let you know that the products you saw and interacted with today were not intended for infant sleep by the manufacturer because they are not firm flat surfaces. Infants should sleep in specifically designated sleep products such as cribs, bassinets, bedside sleepers, and play yards. We have a couple resources about infant sleep safety if you are interested in learning more. If you all want, I can put those in the chat.

Resources:

<https://www.cpsc.gov/Newsroom/Video/Learn-How-To-Put-Your-Baby-to-Sleep-Safely>

<https://www.cpsc.gov/SafeSleep>

<https://safetosleep.nichd.nih.gov/>

Thank you again for your participation. Enjoy the remainder of your day.