

# Factors That Influence Parents' Adherence to Safe Sleep Guidelines

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## ABSTRACT

**Objective:** To explore factors that influence parental behaviors related to newborn sleep positions and environments in the home after hospital discharge.

**Design:** A descriptive qualitative study conducted by telephone.

**Setting:** A 290-bed academic teaching hospital in an urban setting with a Level 3 perinatal center and approximately 4,500 births per year.

**Participants:** Participants ( $N = 60$ ) were recruited from the patient population of the mother–baby unit. All participants were scheduled to be discharged simultaneously with their newborns.

**Methods:** Qualitative interviews with grand tour–style questions were conducted by telephone. An inductive analysis process was used to identify themes and meaning.

**Results:** Participants described three consistent factors that influenced how the newborn slept at home. The most frequently mentioned influence was *Other People* followed by *Nobody/No One* and *Images* from sources such as books, pictures, television, and the Internet.

**Conclusion:** New parents need education about the rationale for the safe sleep guidelines from the American Academy of Pediatrics (AAP) as well as knowledge of the potential harm of behaviors such as bed sharing and prone or side-lying positions for sleeping. The images to which parents are exposed send mixed messages. Health care professionals should portray safe sleep for infants in media, marketing materials, and other graphic representations. Nurses should help parents understand the AAP's recommendations for safe sleep position and environment for infants so that they can become advocates for their newborns' well-being.

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E ducation for new parents includes information about safe sleep positions and environments for infants; yet, headlines such as “Mom Charged After Rolling Over on Her Baby While Asleep, Killing Him” (Brunner, 2016) and “Rash of Infant Deaths Spurs Warning: Babies Should Sleep Alone” (Michel, 2014) reveal the tragic consequences of noncompliance with guidelines for safe infant sleep. The original safe sleep guidelines from the American Academy of Pediatrics (AAP; 2011) were focused on reduction of the incidence of sudden infant death syndrome (SIDS) by placing newborns on their backs for sleep. The incidence of SIDS plateaued with the AAP's “Back-to-Sleep” initiative. However, as the incidence of SIDS plateaued, there was a noted increase in the incidence of sudden unexpected infant deaths (SUIDs) during sleep related to accidental suffocation and strangulation (Centers for Disease Control and Prevention

[CDC], 2017). Consequently, the AAP revised safe infant sleep guidelines to include the sleep environment; specifically, an infant should sleep alone in a crib with a firm surface that is cleared of toys, loose blankets, pillows, and other potential risks for suffocation or strangulation (AAP, 2016). Despite a substantial body of literature that describes how health care providers should teach new parents about safe infant sleep guidelines, many parents do not use safe sleep practices in the home. Therefore, the purpose of this study was to explore factors that influence parents' adherence to safe infant sleep guidelines in the home after hospital discharge.

## Review of Literature

In the United States, 3,700 infants were victims of SUID in 2015 (CDC, 2015b). The three reported causes of SUID are sudden infant death (43%), unknown causes (32%), and accidental

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## There is a gap between what new mothers know about safe sleep practices and how they put their newborns to sleep at home.

suffocation and strangulation in bed (25%; CDC, 2015a). Thus, death during sleep remains the leading cause of death for infants ages 1 month to 1 year (Chung-Park, 2012; Mathews & MacDorman, 2012). In fact, the rates of infant deaths caused by accidental suffocation and strangulation in bed began to increase in 1997 and reached the highest rate of 23.1 deaths per 100,000 live births in 2015 (CDC, 2015b; CDC, 2017). These data suggest that although more infants are currently placed supine to sleep, efforts to modify infant sleep environments have been less successful (Wright, Beard, Cox, Scott, & Miller, 2014).

Ways in which nurses can teach parents about safe sleep for infants are detailed in a number of published articles (Andreotta, Hill, Eley, Vincent, & Moore, 2015; Povenelli, Manquen, Wagner, & Raines, 2014; Zachritz, Fulmer, & Chaney, 2016). Nurses have included information about sleep position in postpartum education for years, but these guidelines are not consistently adopted in the home. In a review of 89 infant sleep-related deaths in the city of Philadelphia, the review team found that almost half of the infants were not placed on their backs to sleep, and at least 10 of the deaths were directly linked to bed sharing (Philadelphia Child Death Review Teams, 2013). Other researchers found that approximately one third of parents placed their infants in prone or lateral positions for sleep (Von Kohom et al., 2010; Zachry & Kitzmann, 2010). Raines, Barlow, Manquen, Pavinelli, and Wagner (2016) found that new mothers were knowledgeable about safe sleep guidelines at the time of hospital discharge. However, Chung-Park (2012); Moon, Calabrese, and Aird (2008); and Von Kohom et al. (2010) found that opinion, not knowledge, was associated with how parents placed infants for sleep after hospital discharge.

Q2 Moon et al. (2016) found that education improved parents' knowledge about safe sleep recommendations, but their practice of safe sleep recommendations was more difficult to change. Findings from a study in which infants ( $N = 637$ ) were videotaped during the night indicated that among 1-month-old infants, 14% were placed in nonsupine positions; 21% were initially placed to sleep on nonrecommended sleep surfaces; and

91% had loose/nonapproved items on their sleep surfaces, including bedding, bumper pads, pillows, stuffed animals, and sleep positioners (Batra et al., 2016). In addition, Batra et al. (2016) found that 28% of the infants changed sleep locations during the night, and there was an increased likelihood of bed sharing and non-supine positions at the second location. Wright et al. (2014) collected data on 678 infants with a mean age of 7 weeks and found the primary sleep positions were supine (50%), side lying (34%), prone (19%), and other (2%).

The gap between what mothers know about safe sleep positions and environments for newborns at the time of hospital discharge and actual sleep positions and sleep environments in the home is a concern. The presence of this gap raises questions about the effectiveness of the education provided to new parents and parents' understanding of the importance of these guidelines to the well-being of their newborns.

The influence of the demographic characteristics of the parents, such as ethnicity, education, income, or marital status, on their adherence to the guidelines has been inconclusive. Van Kohen et al. (2010) found no relationship between ethnicity or level of education and how parents position their infants for sleep; yet, Colson et al. (2009); McKinney, Holt, Cunningham, Leroux, and Starr (2008); and Zachry and Kitzmann (2010) found that young maternal age, low maternal education, low income, and single marital status were predictors that mothers would place their infants prone to sleep. Moon et al. (2016) found that African American infants were twice as likely to bed share and were more than twice as likely to die from SIDS or other sleep-related causes.

Parent education about the AAP's safe sleep guidelines is part of discharge teaching. Still, a gap between what parents are taught and their lack of adherence to that teaching is concerning. Exploring the factors that influence behavior related to infants' sleep positions and sleep environments at home is important in the development of strategies to bridge the gap between what new parents know about safe sleep and the practices used in the home environment.

## Methods

### Design

This was a descriptive qualitative study using a grand tour-style interview question, and data

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