Effectiveness of Teaching by Health Care Professionals Dealing With Supine Infant Sleep Positioning to Reduce the Risk of Sudden Infant Death Syndrome
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This paper was written for Dr. Sauter’s Nursing Research course.

Abstract
Sudden Infant Death Syndrome, or SIDS, remains one of the leading causes of death in infants one month to one year of age in the United States. This study was conducted to evaluate the effectiveness of discharge teaching and education on infant sleep position and the further prevention of SIDS. This study was conducted at the local pediatric clinic in West Georgia. A convenience sample of 42 mothers of children ranging in age from seven weeks to one year of age participated in this study.

Problem
The problem under study is that new mothers’ placement of their infants for sleeping has a direct relationship to the occurrence of SIDS. This choice can be related to the discharge teaching given by nurses to mothers of newborns in the hospital setting. If nurses do not provide adequate discharge teaching, new mothers may not know important information about the care of their infants which can lead to serious problems and even death. The effectiveness of this teaching must be carefully evaluated.

Purpose
The purpose of this research was to evaluate the effectiveness of discharge teaching supplied by nurses to mothers of newborns regarding infant positioning. This research was directed at what mothers are being taught about positions they are placing their infants in which are supine, side-lying, and prone.

Literature Review
Few studies have been performed to measure the correlation between teaching by healthcare providers that the supine position is the most recommended sleep position for healthy term infants and what the parents and caregivers actually do once they are home from the hospital. Unfortunately, literature on the influence of healthcare providers on parental infant placement choice is very limited (Stastny et al, 2004).

A study by Moon, Odem, and Grady (2004) was conducted in order to determine whether a 15-minute educational intervention was effective in changing sleep position practices among African American parents. The researchers concluded that a 15-minute educational intervention with small groups of African American parents and caregivers is effective in informing parents about the importance of safe sleep positioning and changing parent behavior.

Another study conducted by Moon and Odem (2003) was designed to determine whether an educational program for childcare providers regarding SIDS and safe sleeping environments is effective in providing basic information and understanding regarding SIDS risk reduction practices, changing childcare provider’s behaviors, and promoting development of written sleep position policies. The researchers found that a 60-minute
in-service had the immediate positive effects of changing providers’ behavior with regard to sleep position and increasing knowledge of the American Academy of Pediatrics (AAP) recommendations. These changes were sustained for six months after the session as well (Moon and Odem, 2003).

Lastly, a study conducted by Stastny, Ichinose, Thayer, Olsen, and Keens (2004) set out to assess newborn placement practices of the mother and nursery staff and their interrelationship in the hospital setting. The study found that mothers who received both exclusive supine positioning recommendations and observed the nursery staff placing infants exclusively on their backs reported primarily using the supine position in their own infant sleep positioning to a greater degree than those who received one but not the other (Stastny, et al, 2004). However because of low AAP compliance and apparent misconceptions regarding infant placement positions among nursery staff, evidence-based educational interventions using specific scientific data to promote supine positioning to reduce the risk of SIDS should be implemented.

Although the Back to Sleep campaign and the supine sleep positioning recommendations from the AAP have been tremendously successful in changing parent and childcare provider behavior with regard to safe infant sleep environment, more education directed towards parents and childcare providers by healthcare providers is needed and more compliance by nursery staff of supine infant sleep positioning needs to be implemented.

**Theoretical Framework**

The theoretical framework for the research was guided by Jean Watson’s theory of human caring. The emphasis Watson places on supportive relationships and transpersonal teaching-learning between nurse and patient provided a framework for examining the efficacy of discharge teaching regarding sleep position of infants and parental decision making.

**Research Question**

Is discharge teaching provided by nurses effective in promoting supine sleep position of infants thus reducing the incidence of SIDS?

**Study Setting and Design**

The study took place at a local pediatric clinic in West Georgia. The study was conducted in the waiting room of this multi-physician office and did not interfere with patient-doctor interaction. A descriptive design was used to evaluate the effectiveness of nursing education on parental decisions about sleep positions for their infants.

**Sampling Procedure**

The subjects in this study were obtained by means of convenience sampling. Surveys were distributed to mothers in the pediatrician’s waiting room during normal business hours of 9:00am to 5:00pm. They were asked to complete a four-question survey. The sample included 42 participants.

**Instrument**

The instrument used was a four-question survey developed by the researchers to gather relevant information on nurse education and efficacy, patient education and patient
compliance with sleep position of their infant. The instrument was designed to protect subject identity and did not contain any personal information.

**Retrieving, Storing, and Analyzing Data**

Surveys were provided to subjects by the researchers after child registration with the office receptionist. The surveys were distributed and collected within the same day. Subjects were not asked name, address, or date of birth. The information was then held in a secure location during each visit. The researchers analyzed the ordinal information by using percentages of answers to each of the four questions and then ranking in order of highest value. All surveys were then destroyed.

**Ethical Considerations**

The researchers obtained approval from LaGrange College IRB and from the Physician’s office where data collection occurred. The nature of the study is purely descriptive by means of surveys. No experimentation or interventions took place. By completing the four question survey, the subjects implied consent to participate in the study.

**Timetable for the Study**

Planning for this study commenced in January, 2006. The proposal was submitted to the LaGrange College Institutional Review Board in December, 2006. Data collection occurred between February 2007 and April 2007. The final results will be presented on April 27, 2007.

**Study Findings**

The findings of the research showed that 95% of parents surveyed received information regarding infant sleep position while they were hospitalized for the birth of their baby. Of that 95%, 65% reported being instructed to place their infant on their back to sleep, 17.5% reported being instructed to place their infant on their front, 10% reported other (side), and 7.5% reported back/other. When asked what position the infant was placed to sleep in at six weeks of age, 43% reported placing the infant on his/her back, 26% on their front, 21% reported other (side, being held), 5% reported back/other, and 5% reported front/back. When asked what influenced their decision about sleep position, 29% reported the physician, 23% reported family members, 21% reported nurses’ instructions, 17% reported other (pamphlets, magazines, baby preference), 5% reported nurse and physician, and 5% reported physician and family members.

**Conclusions and Nursing Implications**

The research findings indicate that the majority of parents (95%) are receiving information regarding recommended sleep positioning for infants. Sixty-five percent of the respondents reported being instructed to place their baby in the supine position, with the remaining 35% reporting other positions being taught. At six weeks of age, less than half (43%) of these parents placed their infant on their back to sleep. These results imply that although discharge teaching is occurring, it is not necessarily effective. It is also of interest that only 21% of parents reported being influenced by nurses’ instructions.
Considering these results, nurses should reevaluate the effectiveness of discharge teaching in regards to this important subject matter. Many reasons could affect the quality of teaching such as lack of time, patient’s educational level, and an overload of information at the time of discharge. In summation, the recommended sleep position for infants is valuable information that nurses need to effectively communicate to parents.

References

