

Infant Safe Sleep: Literature Review

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Infant Safe Sleep

The leading cause of death in infants under the age of one is sudden unexpected infant death (SUID), including sudden infant death syndrome (SIDS) which occurs when an infant passes away in their sleep (American Academy of Pediatrics, 2024). Research amongst healthcare professionals has caused a significant decrease in SIDS since 1990 because of the increase of knowledge in safe sleep behaviors (American Academy of Pediatrics, 2024). SIDS typically occurs in infants aged 6 months or less. Native American and African Americans are at a higher risk of becoming a victim of SIDS (American Academy of Pediatrics, 2024). Quantitative studies are routinely performed to assess infant safe sleep. A literature review is a method used to collect and synthesize previous research (Snyder, 2019). Literature reviews have the ability to address research to an extent that is more thorough by examining other perspectives (Snyder, 2019). Literature reviews are able to find the flaws within research which can ultimately improve studies and outcomes (Snyder, 2019). The intent of this literature review is to identify factors that are beneficial to infant safe sleep, issues still occurring within infant safe sleep, and the provider to parent relationship regarding the teaching and instruction of infant safe sleep and some identifiable barriers. “Prevalence and Factors Associated with Safe Infant Sleep Practices” is a quantitative study used to evaluate four different infant safe sleep methods. “Safe Sleep Behaviors and Factors Associated with Infant Second Sleep Practices” determines the safety of infant sleep once the newborn wakes up in the night and is put back to sleep. “Infant Care Practices, Caregiver Awareness of Safe Sleep Advice and Barriers to Implementation: A Scoping Review” studies the caregiver’s engagement with safe sleep information and potential barriers that occur. Each of these studies will be further discussed and evaluated to determine the advances in research about infant safe sleep measures.

Prevalence and Factors Associated with Safe Infant Sleep Practices

Maternal reports from 29 different states were examined and found four different safe sleep methods including the back to sleep method, room sharing but not bed sharing, separated sleep surface, and the removal of loose blankets and soft objects (Hirai et al., 2019). The article looks at the variations amongst the states with the different sleep methods and how the recommendations from the provider influence safe sleep practices (Hirai et al., 2019). Older age, marital status, education, and non-Hispanic white are factors that were prevalent in reported use of safe sleep practices (Hirai et al., 2019). With the number of mothers that reported the use of blankets it is evident that education is further required on that subject. Socioeconomic factors influence the likelihood of following safe sleep factors as well as cultural differences (Hirai et al., 2019). The rate of SIDS is found to be higher in families of Hispanic, African American, Alaska Native, and non-Hispanic American Indian (Hirai et al., 2019). Improvement opportunities were found within this study to show areas that require more education on safe sleep methods and increase education efforts amongst different populations (Hirai et al., 2019).

Key Points

Four methods including back to sleep, no soft bedding, separate sleeping surface from caregivers, and sharing a room with caregivers are the suboptimal infant safe sleep practices to decrease the risk of SIDS (Hirai et al., 2019). Mothers from 29 different states were included in this research by filling out a survey. The survey asked mothers what method they used and how often they used it by answering “always,” “often,” “sometimes,” “rarely,” or “never,” and included a *P* value of <0.05 (Hirai et al., 2019). The research found that 78% reported used the back to sleep method, 50% reported room sharing but not bed sharing, 41% stated they always

use a separate sleep surface, 88% reported using a crib, pack and play, or bassinet, 42% reported no soft bedding, and 50% reported the use of blankets (Hirai et al., 2019). The study found 92% of mothers used the back to sleep method from the advice of a provider, 83% received advice on using a crib, pack and play, or a bassinet, and 49% reported provider advice on sharing a room without sharing a bed (Hirai et al., 2019). Provider advice is significantly important to increase the likelihood of safe sleep practices (Hirai et al., 2019). Those that reported SIDS risks such as soft bedding, co-sleeping, and smoking need additional efforts to educate and remove these risks (Hirai et al., 2019).

Assumptions

The numbers of SUID (or SIDS) have significantly declined since the 1990s with the rate declining in the years by 45% (Hirai et al., 2019). Despite these significant numbers, there are still areas that need improvement. The rate of co-sleeping doubled from 6.5% to 13.5% which is a risk factor for SIDS (Hirai et al., 2019). The assumption within the article includes areas that lack resources or have cultural differences are opportunities for further improvement in reducing the risk of SIDS (Hirai et al., 2019).

Deficit/Conclusion

Identifying the risk factors for SIDS and practicing infant safe sleep methods are significant in reducing the chance of SIDS. Having the proper education and guidance from the provider can increase awareness in the reduction of SIDS and ultimately improve safety while sleeping (Hirai et al., 2019). An implication found in this research is that caregivers who lack support, education, and are financially unstable are at a higher risk of practicing unsafe sleep methods (Hirai et al.,

2019). For these populations, efforts should be expanded. Providers are one of the members of the healthcare team that can educate the client about infant sleep safety, nurses can play an important role in this intervention as well. Adequate and thorough advice from the healthcare team members give caregivers a better understanding of what the sleep routine should entail. The lack of this intervention could lead to assumptions of the caregivers that could be potentially unsafe even if their intent does not lie there.

Safe Sleep Behaviors and Factors Associated with Infant Second Sleep Practices

As discussed in the previous article, implementing safe sleep practices such as back to sleep, no items in the crib, and a separated sleep surface is shown to decrease the risk of SIDS (Hirai et al., 2019). With infants, they typically wake several times throughout the night. These 2am wake-up calls can result in caretaker fatigue with a decrease in quality and quantity of sleep. This article studies if safe sleep interventions are implemented after nighttime waking. An online survey was sent out to parents with children of 12 months of age or less to determine if all three safe sleep interventions were implemented after newborn waking (Bryan et al., 2022). The three interventions include back to sleep position, separate sleep surface, and placing the infant in a crib, bassinet, or pack-and-play device (Bryan et al., 2022). The importance of safe sleep practices applies to every occurrence of putting the infant to sleep, not just for the first time of the night. Experiencing fatigue is a barrier to safe sleep practices, especially during the middle of the night feedings. Factors that were analyzed in this second sleep study included parental age of 25 or less, smoke exposure, premature infants aged 37 weeks or less, first-time parents, and the ethnicity of the participants (Bryan et al., 2022).

Key Points

Research was collected by using an online survey via Qualtrics sent to 1500 parents who have children aged 12 months or less (Bryan et al., 2022). The survey was taken by participants in the northwest, south, west, and midwest regions of the United States to include several ethnicities and races (Bryan et al., 2022). The first question was if the infant was placed in supine position, participants can answer back or not back. The second question asked if the infant was placed on a separate sleep surface with the possible answers of separate to separate and separate to shared sleep space. The third question determined location with answers being crib to not crib, crib to crib, not crib to crib, or not crib to not crib (Bryan et al., 2022). The *P* value of this quantitative study was $<.001$ (Bryan et al., 2022). The first question revealed that 51% of parents did not have the child on their back at the end of the second sleep (Bryan et al., 2022). The second question revealed that 46% ended up with their infants on a shared sleep surface (Bryan et al., 2022). The third question showed that 58% of infants ended in a different location that did not include a crib, bassinet, or pack-and-play (Bryan et al., 2022). A total of 39% of the participants were first time parents, the majority age group being 25-34 years, 65% of participants were white, and 32% had some college experience (Bryan et al., 2022). The conclusion of this study reveals that it was common for parents to practice unsafe sleep in the second waking (Bryan et al., 2022). African American and Hispanic parents had a higher chance of keeping safe sleep practices throughout the night (Bryan et al., 2022).

Assumptions

The main assumption of this study is that over half of the participants did not implement safe sleep practices during the second sleep (Bryan et al., 2022). These results are significant because

it shows that even though the parents may start the night practicing safe sleep, it does not remain through the night and will increase the risk of SIDS (Bryan et al., 2022). Unsafe sleep practices contribute to SIDS which is an important cause of death in infants (Bryan et al., 2022).

Deficit/Conclusion

The implications include furthering education about safe sleeping practices during the newborn/infant second waking (Bryan et al., 2022).. Safe-sleep interventions are important for every occurrence of lying the infant down to sleep. Performing these interventions at only the first time of sleep is not beneficial if the infant ultimately ends up in an unsafe position or surface. Nurses are important in providing education to these clients. Nurses should recognize the importance of implementing safe sleep practices throughout the entire night despite the fatigue the caretakers may experience. Recognizing the caretaker's feelings of stress and fatigue can improve the outcome of maintaining safe sleep by encouraging the parents to care for themselves when they can and sleep when the infant does.

Infant Care Practices, Caregiver Awareness of Safe Sleep Advice and Barriers to Implementation: A Scoping Review

With SIDS prevention, safe sleep interventions are crucial. The previous studies demonstrated a lack of performing safe sleep interventions. This study dives into the reasoning as to why some of these caregivers do not participate in performing safe sleep interventions (Cole et al., 2022). Influencers such as the media, access to information, parental advice, and culture can lead to the noncompliance of following safe sleep practices (Cole et al., 2022). This literature review looks at quantitative studies regarding family engagement with the prevention

of SIDS by practicing safe sleep interventions including position (back to sleep), sleep surfaces, and giving the infant their own sleep surface rather than bed-sharing (Cole et al., 2022).

Key Points

A total of 50 quantitative research articles were reviewed with a *P* value of <0.001 (Cole et al., 2022). Within these articles, data was examined regarding where the parents received education about safe sleep measures. In a hospital in Georgia, 95% of the (420) participants stated they were educated on safe sleep interventions in preventing SIDS (Cole et al., 2022). On the other hand, 53.7% of the (204) participants in Portugal said they utilize the internet for information regarding SIDS and safe sleep practices and 64% of the caregivers in Saudi Arabia reported they have not heard of any SIDS prevention campaigns (Cole et al., 2022). The data showed that Pakistani mother's tend to dismiss official advice and prefer their traditional practices instead (Cole et al., 2022). A few factors were identified in why caretakers tend to co-sleep (shared sleep surface) with their infants. Easier feeding, improved quality of sleep, protection of the infant, convenience, and the promotion of comfort and bonding with the infant were a few reasons why caretakers stated they co-sleep with their babies (Cole et al., 2022). The authors of this review prioritize families as individuals who perceive information differently (Cole et al., 2022). Identifying the populations that commonly report unsafe sleep habits is beneficial for educators to target these groups in providing further education (Cole et al., 2022).

Assumptions

Participants from countries other than the United States have the highest reports of unsafe sleep practices. The reasoning behind this is due to cultural differences and how caretakers are

educated on SIDS prevention (Cole et al., 2022). The advice of a medical professional is ignored in this subject due to familial traditions and caretaker preference. The assumption within this article is that careful consideration should be given to those in different cultures regarding infant sleep (Cole et al., 2022).

Deficit/Conclusion

An implication of this article is that research identified groups of participants that are in need of further support practicing safe sleep due to their culture, how they were educated, and how it was perceived (Cole et al., 2022). This is a beneficial standpoint in reducing the risk of SIDS by identifying the barriers. Nurses working in hospitals, clinics, or other direct care facilities will have patients of different cultural backgrounds. Because of the diversity, it is important to ask patients their cultural practices, as it could interfere with the education given. Recognizing that one culture may want to sleep with their child in bed because of security and bond can improve patient outcomes. Instead of this, nurses can suggest other ways that are important to give the infant a feeling of security and how to grow the bond between caregiver and infant. Without taking these factors into consideration, noncompliance may be at risk leading to unsafe sleep practices.

Conclusion

SIDS is the greatest threat to infants under the age of 12, particular within the age of 6 months or less (American Academy of Pediatrics, 2024). While there has been outstanding improvements to reducing infant mortality and proper education, research indicates that there are areas of improvement. Even with the advice of a provider, 50% of caregivers reported they keep loose bedding in the infants sleep space (Hirai et al., 2019). Fatigue leads to searching for

convenience, making it difficult to maintain safe sleep interventions during the second (or third, perhaps more) waking (Bryan et al., 2022). Gathering information from social media or preferring traditional practices over medical advice are causing delays in the improvement of infant safe sleep (Cole et al., 2022). There is no argument that caregivers want to keep their infants safe, however, education should be consistent and personalized for each family.

Evidence-based practice is a way for healthcare workers to decrease the rate of SIDS by gathering positive outcomes and implementing those interventions into practice. Nurses can identify the barriers while caring for infants and their caregivers. Recognize if the parent is experiencing fatigue and how to improve this situation. By doing this, safe sleep practices will be maintained throughout the night. Recognize when education was given to the parents. Was it done at admission? Right after birth? Interviewing the family properly will give an idea of if teaching was effective and if there are areas of improvement. First time parents may be aware of SIDS in the sense that it scares them. Evidence-based practice can guide nurses with the right information to give parents security and comfort that they know what to do to keep their infant safe. Respect for cultural differences can improve safe sleep practices by recognizing patients may be unsure of caring for their child differently from what their culture typically has.

Providing concrete evidence with supported research can guide these caregivers. SIDS rates have the potential for further improvement by educating parents about the interventions and to ask questions.

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