

**A Qualitative Study of Safe Sleep Knowledge, Attitudes, and Practices
A CFHS Safe Sleep Initiative in Meigs County, Ohio
Overview**

Purpose

The purpose of this study is to deepen the Meigs County Health Department's understanding of mothers' and grandmothers' knowledge, attitudes, and practices regarding infant safe sleep. Infant safe sleep is of particular importance in Ohio because of the state's rate of infant sleep related mortality, which accounts for the largest portion of infant deaths after the first month of life (ODH, 2014).

Methods

In order to understand the knowledge, attitudes, and practices of families with regards to infant sleep in Appalachian Ohio, group listening sessions were held, with four local mothers participating in one and four grandmothers participating in the other.

The research team utilized a standard, open-ended interview protocol to facilitate each listening session. Facilitation guides were developed for both the mother and grandmother sessions. Qualitative data analysis techniques were used to analyze the data. The audio recordings were reviewed for themes, ideas, and answers to the overarching questions that guided the study.

Study Results by Guiding Question

Guiding Question 1: What are mothers' and grandmothers' knowledge, attitudes and practices with regards to safe sleep practices and safe sleep environments?

Guiding Question 2: How do grandmothers perceive that their knowledge, attitudes, and practices with regards to safe sleep differ from that of their adult children?

- Mothers and grandmothers reported a wide variety of practices for infant sleep, despite their awareness of safe sleep guidelines. Many of the practices were most often described in terms of the baby's comfort and safety, as well as what works best for their particular family situation.
- Grandmothers perceived their children as more educated on the topic of safe sleep than they had been when they were raising their own children, and that practices have changed because of this new information.
- Notably, education on safe sleep guidelines alone does not ensure that they will be adhered to, and attitudes and assumptions about the guidelines proved to influence adherence or deviation.

Guiding Question 3: How do friends' and family members' attitudes and suggestions influence parents' infant sleep practices?

- Mothers perceived grandparents as a huge source of influence on the infant sleep practices of their own generation, especially noting grandparents' use of the "I-did-it-and-you're-fine" narrative.
- In addition, they regularly talked to female friends who were also parents for advice on helping babies fall asleep and stay asleep.

Guiding Question 4: Under what conditions do grandmothers share their knowledge, attitudes and practices with regards to infant sleep practices with their adult children?

- The grandmothers expressed hopes that they were influential in the choices and lives of their children and grandchildren, and each of them described occasions when they shared advice or information about infant sleep.
- They expressed their worries regarding placing infants on their backs to sleep or co-sleeping to their children, but ultimately decided to stop giving advice on the matter in favor of respecting their children's choices.

Guiding Question 5: Where do mothers and grandmothers get their information about current best practices with regards to safe infant sleep?

- Some participants reported seeking the information out, some were exposed through personal association with the healthcare field, and all of the mothers received some sort of information from various health care providers.
- Grandmothers reported that they had been seeing information about safe sleep, including Ohio's specific Back-to-Sleep and ABC's of Sleep. They reported being aware of this information circulating for a long time and believed that in general, many people were aware of at least these basics.

Guiding Question 6: What kind of information were mothers given by healthcare providers, parenting groups, health department, etc. regarding safe infant sleep?

- Healthcare providers were reported as a primary source of information on safe sleep guidelines, but mothers recalled that the information often came in the form of pamphlets which were perceived to not be helpful.
- Mothers reported that they would have valued the information more if it had been shared by their physicians (i.e., pediatricians, obstetricians), rather than other healthcare or hospital staff.

Guiding Question 7: How do mothers perceive present-day best practices regarding infant safe sleep when compared to their current knowledge, attitudes and practices?

- Safe sleep guidelines are perceived primarily as a starting point for new parents. After initial attempts to follow the guidelines, mothers saw deviation as acceptable based on the notion that every baby is different and that the guidelines do not work for all.
- Mothers also perceived SIDS as not well understood by the medical world, as unpreventable, and as not related to safety in the way that suffocation or smothering are.
- The broader community, the women perceived, may not be able to implement guidelines because of the struggles associated with rural poverty, including access to materials and education about safe sleep guidelines.

Guiding Question 8: What do mothers/grandmothers perceive as the typical community norms regarding knowledge, attitudes and practices for safe infant sleep?

- All of the women agreed that their community in rural, Appalachian Ohio differed in their knowledge, attitudes and practices regarding to safe sleep for a multitude of reasons, related to poverty, resources, Appalachian norms, and cultural practices.
- The mothers also agreed that the community sees infant sleep choices, like other parenting choices, are the right of the parent and should not be infringed upon.
- Most of the women mentioned multiple times that parents could be fully aware of the guidelines and recommended practices but lack the resources to adhere to them.

Participants' Suggestions for Future Efforts

- Mothers suggested that pamphlets alone are not sufficient to educate parents, especially after the first child.
- Mothers also recommended that doctors share information on safe sleep, as they valued doctors' recommendations more than other medical professionals.
- Grandparents were suggested to also be important targets for this information because of their influential role in new parents' choices.
- A variety of methods was recommended, including newsletters through organizations that attract senior citizens, ads in the local newspaper, and billboards.
- They also saw a need to educate young people who may be caregivers for infants, and suggested that both groups could be reached through informational programs held through churches and church nurseries, and high school educational programs.
- Grandmothers reported that no method would be without its merits, and suggested that a saturation of the information would best get the message across to their generation.

Report Recommendations

- It may be advisable that healthcare professionals, especially pediatricians and obstetricians, be the targets for education campaigns. The grounds for this recommendation include mothers' reported value of information from physicians, as well as the observation that safe sleep knowledge alone does not result in adherence to guidelines.
- A second recommendation based on mothers' understanding of safe sleep guidelines is to distinguish between the risk factors for SIDS and for other sleep-related infant deaths. Mothers perceived SIDS as not preventable because it is not well understood. This may imply a need for educational efforts to make clear the distinction between visible and less apparent risk factors, and to attend to these doubts about SIDS deaths and their prevention.

Reference

Ohio Department of Health (2014). *Sleep related infant deaths*. Retrieved from: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/data%20statistics/maternal%20and%20child%20health/ec_Sleeprelatedinfant.ashx

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