Nurses' s behaviors and attitudes about infant's safe sleep.

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BACKGROUND

1969 – SIDS term first coined by Dr Dapnea

1974 – National SIDS Act orders the funding of SIDS programs in all states

1990 – AAP identifies prone sleep as a risk for SIDS and recommends infants sleep on their back or side

1992 – NICHHD launches "Back to Sleep" campaign

1996 – AAP revises it's recommendations to state that supine is the preferred sleeping position

Between 1992 and 1998, the proportion of infants placed to sleep on their stomachs declined from 70% to 14%. With this, the SIDS rate declined about 40%.

Purpose

Teaching parents to practice back to sleep involves modeling behavior in the hospital prior to discharge. Parents learn best within the first 24 to 48 hours after birth, and learn best by observation. Practicing "Back to Sleep," in Normal Newborn Nursery is a much easier undertaking, as these infants present with less risk. Translating the "Back to Sleep," message in the Neonatal Intensive Care Unit has many obstacles, although these are the infants at most risk for SIDS resulting from unsafe sleep practices.

The purpose of this process improvement project was two-fold:

1) Educate the NICU staff in appropriate Safe Sleep Practices
2) Have NICU staff model Safe Sleep Practices for parents

MATERIALS AND METHODS

A Safe Sleep Task Force was created to include Staff Nurses, Rehab Medicine, the Continuity of Care Coordinator, the Administrative Director, and the Educator. Safe Sleep information was gathered from various sources, including the National Institute of Child Health and Human Development, First Candle.org, and the American Academy of Pediatrics. The Task Force created guidelines based on evidence from studies and other unit's practices which included information such as appropriate gestational age and respiratory status to determine when infant's position was to be changed to exclusively supine.

An inservice was constructed from this information. Prior to the inservice, 2 surveys were conducted: one was a written Q&A given to staff to assess their understanding of SIDS and Safe Sleep practices; the second was an observation tool used by the Safe Sleep Task Force to observe staff practices in regards to infant positioning. After this pre-implementation information was collected, mandatory staff inservices were given over the period of two weeks. Staff then were instructed to being implementing the information they learned from the inservices. After approximately one month, the same 2 surveys were used to gather post-implementation data.

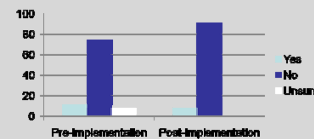
The survey given to staff was composed of 5questions asking information such as infants' position and risk of aspiration, whether side sleep was acceptable, and nurses modeling safe sleep behavior for parents.

The observation tool included selections for type of infant bed, infants' position in that bed, nurses' swaddling practices for infants, and whether extra bedding or blankets were used for infant positioning.

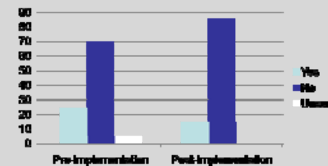
RESULTS

Preliminary analysis of data collected included the following results:

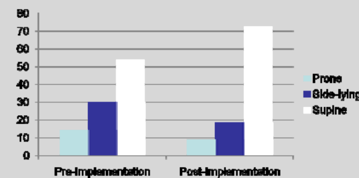
Prior to implementation, only 75% understood that there was no correlation between supine sleep and aspiration. After the inservices and implementation, almost 92% of staff understood there was no relation between supine sleep and aspiration.



Prior to implementation, 24% of staff believed side sleep is acceptable. After the inservices and implementation, that number changed, with 85% understanding side sleep is not acceptable.



Observed infant positioning changed. Prior to the inservices, only 54% of infants were placed supine. After the inservices and implementation, almost 73% of infants were now noted to be placed supine.



Other results showed a need for re-education, especially in the area of understanding infant's position and comfort during sleep, and appropriate swaddling practices.

CONCLUSIONS

Cards are being placed on the bedside of infants deemed ready for supine sleep, based on guidelines created by the Safe Sleep task force.

These cards remind staff that the infant is ready for safe sleep practices, and initiates safe sleep discussions with parents and care givers.

The NICU staff has begun to implement Safe Sleep Practices, although reinforcement and re-education is continuing, and will be on-going.