



Safe sleep practices and discharge planning



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Abstract The recommendation to place infants on their backs to sleep has been widely known since the mid-1990s. Upon implementation of this recommendation, sudden infant death syndrome (SIDS) and sudden unexplained infant death (SUID) were dramatically decreased. However since that time, further reduction in the death rates has not been evident. This literature review focused on implementation of safe sleep practices in the inpatient setting prior to discharge of the mother and infant. Evidence supports staff consistency as it relates to educational strategies and role modeling, as this is integral in parental compliance of the recommendations. Additionally, tailoring the educational components specific to parental ethnicity and socioeconomic status may influence their perceptions of safe sleep and its value in the safe care of their infant.

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Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID) are conditions responsible for nearly 4000 infant deaths

annually in the United States (US). SIDS and SUID are considered diagnoses of exclusion, and are confirmed on autopsy when an infant dies unexpectedly with no identifiable etiology (Centers for Disease Control and Prevention [CDC], 2011). Infants one month to one year of age are at greatest risk. A movement of awareness began in 1994 with

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the “Back to Sleep” campaign, which actively promoted placing infants on their backs to sleep. The US sustained declines in the number of sleep-related deaths by up to 50% ([National Institute of Child Health And Human Development \[NICHD\], 2013](#)). The success of this program has become stagnant, however, as these numbers have remained constant over the last 20 years.

Advances in technology, changes in the way infant deaths are investigated, and a more comprehensive understanding of this phenomenon have brought forth an evolution to revitalize and expand this philosophy. A shift in culture emerged, not only to place infants on their backs to sleep, but to create an overall safe sleep environment, with a campaign name change to “Safe to Sleep” ([NICHD, 2013](#)). It is well documented that parents model the advice and actions of the nursing staff that provide education ([Carrier, 2009](#)), so a definitive opportunity to educate families is throughout their stay in the inpatient setting. An investigation of the literature was conducted to determine if neonates discharged from a hospital setting whose parents receive hands-on training regarding safe sleep practices, versus those parents who do not, experience a lower mortality rate of SIDS; this is the critical clinical question.

Purpose

The purpose of this literature review is to examine the effect of hands-on safe sleep education with parents of infants discharged from an inpatient setting. [Mason et al. \(2013\)](#) highlighted in their literature, “although newborn sleep-related deaths are not expected in the hospital environment, the hospital setting provides an opportunity for health care workers to model risk-reduction behavior” (p. 973). The inpatient setting is the first place in which many new parents are exposed to and taught appropriate infant care. Additionally, new parents tend to have a greater trust in the healthcare providers who care for their infants ([Shaefer et al., 2010](#)). Both role modeling and demonstration have been significantly more impactful on parental safe sleep practices than discussion and/or reading alone ([Moon and Omron, 2002](#)). Furthermore, the authors reported that 70% of parents stated they had received information about safe sleep from nursing staff upon discharge; however, only 10% of those parents were able to accurately describe safe sleep practices, such as supine sleeping.

A review of literature regarding successful safe sleep teaching practices will add support to the

growing influence of nurse role-modeling and hands-on demonstration teaching. The goal of the review is to encourage institutions to not limit parental education to only spoken and written safe sleep educational materials, but also include role-modeling, demonstrations, and to ensure parental understanding by requiring return demonstrations of these practices. Better parental educational practices could possibly reduce infant mortality due to SIDS and SUID.

Methodology

The literature was searched with keywords of safe sleep, healthy infants, sleep practices, sudden infant death, sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), parent education, and newborn safety. The literature range of dates for the search included 2009 through 2014. Databases searched were CINAHL, PubMed, Medline, and Cochrane Library. Journals most frequently providing pertinent articles related to this topic included *Clinical Pediatrics*, the *Journal of Obstetric, Gynecologic and Neonatal Nursing*, and the *American Journal of Public Health*. The results were limited, and there has been minimal safe sleep quantitative research completed. Searches of the mentioned databases yielded only 10–20 applicable articles and several were limited by focus of the article, such the variety of practices of child safety and the extent of parental educational materials.

Literature summary

The literature review revealed eleven articles that investigated safe sleep practices. Six articles used descriptive methods, two studies were mixed methods, and one study was qualitative. The remaining two articles consisted of a policy statement and an expert opinion. Common themes supporting the clinical question were found throughout the literature.

These included the following: (a) assessment of parent perceptions of safe sleep practices; (b) testing of safe sleep promotion strategies in inpatient and outpatient settings; (c) analysis of relationships between parent demographics and safe sleep compliance; and (d) evaluating the impact of healthcare provider role-modeling behaviors on parent practices.

Evidence demonstrates that parental perceptions of safe sleep are influenced by education, socioeconomic status, age, and ethnicity. A

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