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Original Article

The uptake of safe infant sleep practices by Brazilian pediatricians: a nationwide cross-sectional survey

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ABSTRACT

Objective: Sudden infant death syndrome (SIDS) is a major cause of death among children aged <1 year. Campaigns to educate physicians have been effective to reduce its incidence. We assessed the knowledge of Brazilian pediatricians' regarding risk factors for SIDS, their familiarity with the first Brazilian SIDS campaign launched in 2009, and self-reported changes in practices following this campaign.
Methods: Active members of the Brazilian Society for Pediatrics who had been in practice for at least two years at the time of the campaign were invited. Pediatricians answered an online survey including eight multiple-choice questions and one open-ended question. Invitees were chosen by chance draw to reflect the geographic distribution of pediatricians in the five regions of the country.
Results: The survey was answered by 1654 pediatricians (mean [SD] age: 46 [11.5] years; mean [SD] professional practice time: 20.2 [11.52] years). Bedding items (77.7%), prone sleeping position (72.9%), bed sharing (66.3%), and smoking (59.2%) were recognized as risk factors for SIDS. Most pediatricians (88.2%) were familiar with the campaign, and 84.7% were aware of the current recommendation of supine sleeping position to prevent SIDS. The effectiveness of the first Brazilian SIDS campaign could be measured by a change in practice; before the campaign, 67.5% recommended lateral position and 23.1% the supine, and after the campaign, 76.2% recommended supine and 10.4% lateral. However, 12.8% still recommend prone position.
Conclusions: The majority of pediatricians changed their advice to parents after the educational campaign and became familiar with risk factors for SIDS. Continuous educational campaigns focusing on physicians resistant to changing practices should be provided.

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1. Introduction

Sudden death in infancy remains as one of the leading causes of death in the postneonatal period [1]. Nevertheless, because a definitive pathophysiologic pathway of the syndrome is still under investigation, management of preventable risk factors and education regarding these aspects remain the main strategies for prevention [2].

There is evidence that prone sleeping position is among the main risk factors for sudden infant death syndrome (SIDS) [3,4]. In developed countries, efforts to educate the general public as well as physicians about infant sleeping position, such as the "Back to Sleep Campaign" led by the American Academy of Pediatrics (AAP), have been effective to reduce the incidence of SIDS [5–8]. The National Infant Sleep Study [9] has shown that health care professionals, and especially pediatricians, are crucial to educating parents regarding infant sleep position [10]. However, studies have also shown that not all pediatricians are aware of the impact of sleeping position or the effectiveness of providing guidance about it to families [2,10].

In Brazil, a developing country, no official data are available about the incidence of SIDS. Studies conducted in southern Brazil have produced conflicting results, with incidence ranging from 0.55 to 1.75 per 1000 live births [11–13]. It was not until 2009 that a nationwide campaign recommending safe sleeping practices for infants, focusing on pediatricians, was carried out. The Brazilian SIDS campaign was launched in 2009 and is an initiative of the Brazilian Society for Pediatrics (SBP) with the support of a philanthropic nongovernmental organization [14,15]. The campaign consisted of insertions /advertisements in the main newspapers around the country, radio, and TV programs and received intense media coverage (http://www.pastoraldacrianca.org.br/dormirdebarrigaparacimaemaisseguro). Further, during 2009 and 2010, the Brazilian Pediatric Society promoted SIDS conferences at the main meetings. However, the impact of this campaign has not been evaluated, and the current practices adopted by Brazilian pediatricians for SIDS prevention are still unknown. Therefore, the present study was designed to evaluate

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the knowledge of Brazilian pediatricians regarding risk factors for SIDS and safe infant sleep recommendations. In addition, we assessed their knowledge about the 2009 campaign, the educational activities provided by the SBP during 2010, and their self-reported perception of changes in practice following this campaign.

2. Methods

We carried out a cross-sectional study with active members of the SBP who had been in practice for at least two years at the time of the campaign. Data were collected using an instrument developed by the authors. In addition to inquiring about age, sex, and year of graduation, the questionnaire included four topics and eight multiple-choice questions, as well as an open-ended question in which physicians were invited to express their opinion about the 2009 campaign and other SBP initiatives regarding SIDS (Appendix A). The consistency of questions and answers was evaluated in a pilot study with 50 SBP members. This group was selected taking into consideration the proportional distribution of members in the five regions of the country (5.18% in the North, 15.55% in the Northeast, 7.36% in the Midwest, 56.27% in the Southeast, and 15.64% in the South). The pilot study served to assess semantics, comprehension, and clarity of the instructions provided to participants. Based on the responses and comments made by this initial group, the questionnaire was adapted and submitted for evaluation and validation by specialists in education and research.

The study protocol was approved by the Research Ethics Committee at the Catholic University of Rio Grande do Sul (PUCRS protocol CEP 12/05748).

2.1. Data collection

The SBP was contacted in February 2013 and agreed to the project, granting us permission to search their database. On that occasion, the SBP had 21,613 active members across the country. The sample size for the study was determined using Winpepi software (Brixton Health). In addition to the target population of 21,613 SBP members, the calculation took into consideration a probability that each question would be correctly answered by 50% of the respondents, a 3% margin of error, and 95% confidence interval. This resulted in a sample size of 1100 pediatricians, with the following geographic distribution: 57 from the North region (5.28%), 171 from the Northeast (15.50%), 81 from the Midwest (7.46%), 619 from the Southeast (56.30%), and 172 from the South (15.70%). Pediatricians were invited to participate via e-mail (91% of the associates had an active email address registered). The questionnaire was applied using an online survey manager (https://www.surveymonkey.com/s/pesquisa_PUCRS).

To preserve confidentiality, invitation e-mails were sent through the SBP (state of Rio Grande do Sul chapter). The investigators did not have direct access to the mailing list. Except for the state of origin, sex, and age, no personal identification was recorded in the completed questionnaires, which were stored online for analysis.

The full questionnaire is available as Appendix A. The questions focused on the knowledge of pediatricians regarding the 2009 "tummies up" campaign, their routine for providing advice about infant sleeping position to families before and after the campaign, whether they changed the information conveyed before and after the campaign, and what, in their opinion, prompted them to change the advice provided to parents.

Following the pilot study and elaboration of the final questionnaire, 5000 associates were drawn by chance from the SBP database using a specific Excel function. Of the initial group who received e-mail invitations from the SBP to take part in the survey, 878 pediatricians responded. Two more sample drawing rounds were carried out with respectively 433 and 344 complete answers, to reach the minimal sample for each region, taking care to exclude the pediatricians who had already been contacted and did not respond, for a final sample of 1654 pediatricians.

2.2. Data analysis

Quantitative variables were expressed as means and standard deviation. Categorical variables were expressed as absolute numbers and relative frequency. The McNemar test was used to evaluate the change in content and frequency of advice about infant sleeping position. To evaluate the association between categorical variables, the Pearson chi-square test was used. If statistical significance was achieved, adjusted residuals were calculated. Significance was considered at 5%, which means that a statistically significant result would be $p < 0.05$. Analyses were carried out using SPSS 21.0.

To evaluate the open-ended question, we used thematic content analysis as proposed by Minayo [16]. Theme analysis involves three steps: pre-analysis (examination of answers in light of the study objectives, with formulation of indicators for interpretation), detailed review (classification of answers into categories), and analysis and interpretation.

3. Results

Of 1654 participating pediatricians, 3.45% were from the North, 13.72% from the Northeast, 16.38% from the Midwest, 49.03% from the Southeast, and 17.41% from the South. This distribution reflected the proportion of SBP members in the country. The sociodemographic profile of the sample is provided in Table 1.

Table 1
Sociodemographic profile of Brazilian pediatricians.

Variable	Overall sample	Region					*p*
		North	Northeast	Southeast	South	Midwest	
		n = 57 (3.4%)	*n* = 227 (13.7%)	*n* = 811 (49.3%)	*n* = 288 (17.4%)	*n* = 271 (16.4%)	
Age (y)	46.4 ± 11.5	46.2 ± 10.7	48.1 ± 10.4	46.3 ± 11.6	46.1 ± 12.3	44.3 ± 10.7	
<40	529 (35.1)	21 (36.8)	59 (26.0)	283 (34.9)	115 (40.1)*	51 (40.5)	
40–49	327 (21.7)	11 (19.3)	46 (20.3)	183 (22.6)	53 (18.5)	34 (27.0)	0.008
50–59	441 (29.3)	17 (29.8)	90 (39.6)*	235 (29.0)	72 (25.1)	27 (21.4)	
≥60	210 (13.9)	8 (14.0)	32 (14.1)	109 (13.5)	47 (16.4)	14 (11.1)	
Years in practice	20.2 ± 11.5	19.0 ± 10.5	21.5 ± 11.0	20.3 ± 11.4	19.8 ± 12.6	18.8 ± 10.8	
≤10	430 (28.6)	20 (35.1)	53 (23.3)	220 (27.2)	98 (34.3)*	39 (30.7)	0.045
>10	1075 (71.4)	37 (64.9)	174 (76.7)*	588 (72.8)	188 (65.7)	88 (69.3)	
Sex							
Male	392 (26.0)	14 (24.6)	47 (20.7)	202 (24.9)	99 (34.4)*	30 (23.6)	0.005
Female	1118 (74.0)	43 (75.4)	180 (79.3)*	609 (75.1)	189 (65.6)	97 (76.4)	

* Mean ± standard deviation or *n* (%).

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