



# Knowledge, Attitudes, and Risk for Sudden Unexpected Infant Death in Children of Adolescent Mothers: A Qualitative Study

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**Objective** To investigate practices, knowledge, attitudes, and beliefs regarding infant sleep among adolescent mothers, a demographic at high risk for sudden unexpected infant death, and to identify novel public health interventions targeting the particular reasons of this population.

**Study design** Seven targeted focus groups including 43 adolescent mothers were conducted at high school day-care centers throughout Colorado. Focus groups were recorded, transcribed, validated, and then analyzed in NVivo 10. Validation included coding consistency statistics and expert review.

**Results** Most mothers knew many of the American Academy of Pediatrics recommendations for infant sleep. However, almost all teens reported bedsharing regularly and used loose blankets or soft bedding despite being informed of risks. Reasons for nonadherence to recommendations included beliefs that babies are safest and sleep more/better in bed with them, that bedsharing is a bonding opportunity, and that bedsharing is easier than using a separate sleep space. The most common justifications for blankets were infant comfort and concern that babies were cold. Participants' decision making was often influenced by their own mothers, with whom they often resided. Participants felt that their instincts trumped professional advice, even when in direct contradiction to safe sleep recommendations.

**Conclusions** Among focus group participants, adherence with safe sleep practices was poor despite awareness of the American Academy of Pediatrics recommendations. Many mothers expressed beliefs and instincts that infants were safe in various unsafe sleep environments. Future study should investigate the efficacy of alternative educational strategies, including education of grandmothers, who have significant influence over adolescent mothers. (*J Pediatr* 2016;174:78-83).

Sudden unexpected infant death (SUID), which includes deaths classified as sudden infant death syndrome (SIDS) and deaths from known causes such as accidental suffocation and strangulation in bed, remains the leading cause of death in infants 1 month to 1 year of age in the US. The "Back to Sleep" campaign reduced the rate of SIDS from approximately 2 per 1000 live births to the current rate of 0.5 per 1000 live births.<sup>1</sup> Despite extensive research into the risk factors for and possible causes of sleep-related infant death, long-standing guidelines from the American Academy of Pediatrics (AAP), and significant public educational efforts, the incidence of SIDS has leveled off since 1999, and the incidence of accidental suffocation and strangulation in bed is increasing.<sup>2,3</sup> Between 2009 and 2013, 263 sleep-related infant deaths occurred in Colorado, none of which occurred in a safe sleep environment according to the AAP recommendations.<sup>4</sup>

Maternal age <20 years has been consistently associated with increased risk of SIDS.<sup>5,6</sup> Extensive prior research has elucidated maternal decision making and barriers to adherence with infant safe sleep recommendations,<sup>7,8</sup> but this question has not been specifically investigated among the high-risk demographic of teenage mothers. We conducted 7 focus groups at high school daycare centers across Colorado that explored knowledge, attitudes, beliefs, and current practices among adolescent mothers, in order to better understand their information sources and factors motivating decision making for the development of future intervention strategies.

## Methods

This study was approved by the Colorado Multiple Institutional Review Board. Subjects gave verbal consent to participate. The study was exempt from written documentation of consent based on minimal risk. Under Colorado law, this study was waived from parental (grandparent) consent for the study of minor parents.

AAP	American Academy of Pediatrics
SIDS	Sudden infant death syndrome
SUID	Sudden unexpected infant death

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Adolescent mothers were recruited from high school daycare centers identified through Healthy Child Care Colorado. Of 12 daycare centers contacted, 7 completed the study, 4 did not respond, and 1 had timing conflicts. Daycare providers independently distributed recruitment letters to student mothers. Mothers of children younger than 1 year were invited to participate. Mothers self-selected to participate and were compensated with a \$25 gift card and refreshments. Research team members had no known prior interactions with the participants, including any physician-patient relationship.

Focus groups were used to stimulate discussion and explore opinions as participants interacted with each other. Semistructured focus groups were conducted from November 2012 through April 2013 at high school daycare centers throughout Colorado until theoretical saturation was reached.

One moderator conducted the focus groups while 1-2 team members observed. Sessions were digitally recorded for subsequent transcription. Participants' anonymity and confidentiality were assured. Open-ended questions using a predeveloped focus group guide explored participants' knowledge, attitudes, and beliefs about infant safe sleep, as well as current practices. We sought to understand participants' information sources and factors motivating decision making about their infant's sleep practices. In addition, we solicited opinions on the most effective mode of delivery of educational messaging to the targeted demographic of young mothers, to be published separately.

Recordings were transcribed, validated, and deidentified prior to analysis. Transcripts were analyzed using NVivo 10 (QSR International, Victoria, Australia) by 2 study team members to minimize individual coding bias. Three focus groups were double-coded. A codebook was developed through an iterative process including an initial line-by-line coding comparison and development of node definitions. Formal inter-coder reliability was assessed using percent agreement and kappa statistics. Once coding consistency was achieved, the remaining focus groups were divided among the 2 study team members. Themes were identified through an iterative grounded theory approach, where the data informed the development of the codebook and the codebook was reexamined and modified, as needed, with each new focus group. Memos were then written to capture key findings. Validation steps included independent memo writing by 2 research team members and memo review by 4 team members, including 2 subject matter experts.

## Results

Seven focus groups were conducted including 43 total participants, with 5-9 participants per group. All focus groups were located in urban counties. Twenty-one participants (49%) self-identified as Hispanic or Latino, 16 (37%) as white, 2 (5%) as African American or black, and 4 (9%) as another race or mixed race. All participants were teenage mothers

with babies ranging in age from 2-21 months. Specific maternal age was not collected in order to avoid highlighting differences among participants. As some daycare providers invited mothers with children over 1 year of age, 6 mothers (14%) had babies aged 12 months or older, and 1 nulliparous participant (2%) was 7 months pregnant. All participants spoke English fluently.

Participants from all groups shared that their sources of parenting information consistently included their mothers, teachers, and medical professionals. They tended to rely on clinical providers for medical concerns and more often sought advice from family members or friends for general parenting questions. One mother explained, "I only go [to the doctor] when [my baby] needs shots or something, or unless he's sick. But other than that, I talk to my mom about it" (additional examples in [Table I](#); available at [www.jpeds.com](http://www.jpeds.com)). The majority of participants across all focus groups resided with their mothers, while a few resided with other family members or their boyfriend's family, and a few lived independently with their significant other. A few mothers described obtaining information from the internet, books, and programs such as Women, Infants, and Children. Many mothers described a motherly "instinct" that allowed them to "just know" what to do, especially when trying to reconcile conflicting advice from different sources.

Almost all participants stated that they had learned about SIDS, most commonly from a medical provider or teacher. Several mothers recalled medical providers advising them against bedsharing and recommending that babies sleep in a crib. A few mothers were advised against bedsharing by their own parents in order to prevent establishing habits that would be difficult to break.

Almost all mothers reported receiving conflicting information related to parenting. Discrepancies occurred most frequently between medical providers and participants' own mothers. Numerous mothers shared they had received advice that conflicted with their intuition, especially with regards to bedsharing.

When faced with conflicting information, many participants stated they were most likely to listen to their own mothers, while a few stated they would consider their pediatrician's advice first. A number of mothers reported they were more likely to trust people with children of their own, whether medical provider, friend, or family member. A few mothers explicitly stated that they were less likely to trust their child's pediatrician if the doctor did not have children.

Above all, mothers across all sites consistently felt that their instinct trumped advice from any source. One mother shared, "I'll get different information from my mom and doctor, and then... whatever I feel is right, I'll go on." Regarding physician advice, one mother stated, "Sometimes you just don't listen to their stuff. You—obviously you know what's right and what's not right." This was particularly true with bedsharing; several mothers acknowledged being informed about the risks but still described an instinct that it is better to have the baby in their bed for close observation.

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