Barriers to and Interventions that Increase Nurses' and Parents' Compliance With Safe Sleep Recommendations for Preterm Infants



Abstract: The purpose of this integrative review was to identify interventions that increase compliance of nurses and of parents with safe sleep recommendations for premature infants. Ten studies were included in the final sample, including three studies with a prospective descriptive design, five quality improvement initiatives with an interventional research design, one secondary analysis, and one retrospective medical chart review. Study samples included neonatal nurses and parents of premature infants in NICUs and transitional care nurseries in Massachusetts, Missouri, New York, North Carolina, Ohio, Pennsylvania, and Texas. Sample sizes ranged from 5 to 259 NICU parents and 86 to 658 neonatal nurses. The categories of interventions we identified include identifying barriers to compliance, changing hospital policy, and providing safe sleep education for nurses and parents. We conclude that hospitals should have current, evidence-based safe sleep policies with clear transition guidelines for premature infants and that consistent and comprehensive nursing and parental education related to safe sleep should include current American Academy of Pediatrics recommendations and should address potential barriers to compliance. https://doi.org/10.1016/j.nwh.2017.12.009

Keywords: preterm infant | safe sleep | SIDS | sudden unexpected infant death | SUID

Maintaining patient safety is a critical component of nursing practice. Maternal—child health nurses have the opportunity to focus on two populations—women and newborns. Sudden infant death syndrome (SIDS) is the leading cause of death among infants between 1 month and 1 year of age in the United States (Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD], National Institutes of Health [NIH], & U.S. Department of Health and Human Services [USDHHS], n.d.). SIDS is defined as "the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation" (NICHD et al., n.d., para. 1).



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