New SIDS Report Gives Old News

By Julianna LeMieux — September 4, 2017

It seems like old news - that babies up until around one year old should be put to sleep on their backs - to decrease the risk of Sudden Infant Death Syndrome (SIDS). It seems that way because it is. The "Safe to Sleep" campaign that populated the phrase "Back to Sleep" was started in 1994 - the same time that the number of SIDS deaths dropped precipitously.

That said, it doesn't really matter for how many years this message has been out there if not everyone is hearing it. What matters is how many people are following it - an issue at the heart of a new study published in Pediatrics.

A new report entitled "Factors Associated With Choice of Infant Sleep Position" took a deep dive into two questions. The first is do mothers intend to put their babies to sleep on their backs? The second is, are they actually doing it and what factors influence why or why not?

Up until recently, a large amount of the information regarding this issue came from the National Infant Sleep Position (NISP) study, a telephone survey from 2007. One of the results from this study was that the percentage of mothers placing their babies face up (in the supine position) varied when broken down by race and college education.

In order to learn more about this, the researchers from Yale and Boston University recruited thousands of mothers (3297 mothers) directly from 32 hospital postpartum units.

From these mothers, they assessed usual sleep position, but extended it to include other positions the infants were placed in with questions like, “Over the last 2 weeks, in what position have you USUALLY placed your baby to sleep?” Choices included: side, stomach, or back. On top of that, mothers were asked to choose all ways the infants were placed to sleep with the following statement: “Please CHECK ALL the ways that you have placed your baby to sleep over the last 2 weeks.” Choices included: side, stomach, back, or other (which then required an explanation).
They also assessed intention by asking mothers to answer, "I plan to place my baby on the: side, stomach or back to sleep."

Attitudes were also included, but asking mothers to rate whether placing their infant on the back, side, or stomach would: "be healthy for my baby, be pleasant for my baby, be good for my baby, make my baby safer, make my baby more comfortable, keep my baby from choking." Also included were subjective social norms by asking, "the people who are most important to me think that I should place my baby to sleep on the (Side, Back, Stomach)."

The results were a bit grim, with only 77% of mothers reporting that they usually placed their infants in the supine position for sleep. Less than half reported that they exclusively did. Only 43.7% of mothers reported that they both intended to and then actually placed their infants exclusively supine.

What this study does is to uncover some of the places where the message is not getting through. Putting safe sleep messaging on NYC bus stops [4] is great, but, if it’s not targeting the people who need to hear the message - it’s not good enough. Also, it is hard to counteract the constant barrage of unsafe messages being sent at parents [5]. It is easy to understand how the message is getting muddled.

Hopefully, the nuances gained through this study can be translated into better messaging. Because, more messaging may not be the answer. Telling people who already put their babies to sleep safely is not useful. Instead, getting that message to the people who are being missed is where we should focus our attention. This study gives some insight into potential changes that can be made to keep sleeping babies a bit safer. For that, we can all sleep a little better.

References:

Colson ER et al., Factors Associated With Choice of Infant Sleep Position August 21, 2017
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