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Editorial

Nurses' Role in Parental Education on Sudden Infant Death Syndrome Risk Reducing Strategies

Polina Gelfer*

Department of Pediatrics, Division of Neonatal-Perinatal Medicine, University of Texas Medical School at Houston, USA

***Corresponding author**

Polina Gelfer, Department of Pediatrics, Division of Neonatal-Perinatal Medicine, University of Texas at Houston Medical School, 6431 Fanning St, Houston, TX 77030, USA, Tel: 713-500-5733; Fax: 713-500-5794; Email: polina.gelfer@uth.tmc.edu

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EDITORIAL

Sudden Infant Death Syndrome (SIDS) continues to be a phenomenon of unknown cause and despite a significant reduction in its rates, it remains the third leading cause of infant mortality in the United States [1]. Although it's not possible to predict which infant will die from SIDS, the risk of an occurrence is increased by certain factors, such as premature birth, low birth weight, male gender, infants of African American and American Indian descent, exposure to tobacco smoke, and prone sleeping [2]. Epidemiologic studies have demonstrated a strong association between infant sleeping position, sleeping environment, and SIDS [2].

Starting in 1994, the Back to Sleep campaign began spreading ideas of safe sleep practices within communities and educating caregivers and health care providers on SIDS reducing strategies. The campaign has been associated with a more than 50% decline in deaths from SIDS since its beginning up to the year 2000, but for the past decade, the SIDS rate has remained constant [3]. Despite the success of the Back to Sleep campaign, the SIDS rate remains rather high and the majority of these deaths still occurred when safe sleep recommendations were not followed [4-6]. In 2012, the expanded campaign called Safe to Sleep was launched by the National Institute of Child Health and Human Development to revamp safe sleep practices. Its goals are to incorporate new and evolved science based information on safe infant sleep and SIDS reducing strategies as well as to reach out to every community with ethnically sensitive messages [7].

The exact cause of SIDS is yet unknown, but the Triple-Risk Model represents the current trend of thought. Researches postulate that sudden death can happen if an infant with an underlying physiological vulnerability is challenged by an environmental stressor during a developmentally critical period. Environmental stressors (sleeping position and environment) are only modifiable factors and by removing them we can potentially decrease the incidence of SIDS and save lives. The American Academy of Pediatrics (AAP) guidelines stress the following preventive Safe Sleep Practices (SSP) as successful strategies to reduce SIDS risk: supine only sleeping, a firm sleeping surface, no soft objects in the crib, no bed sharing, and the avoidance of overheating and smoking (see Table 1 for the full list of recommendations) [2].

The acceptance of SSP by parents is key to decreasing the risk of unexpected deaths. Nurses and other medical personnel play critical roles in parental education. Furthermore, the way infants are positioned for sleep in the hospital has been shown to strongly influence parental practice at home [8-10]. SSP and SIDS reducing strategies are typically introduced to parents by bedside nurses as part of routine newborn care or by clinicians during well child visits. However, there is a disjunction between SIDS prevention measures and their implementation by nurses and physicians involved in the care of neonates. Hospital surveys showed that about 90% of nurseries consider the side sleeping position as an acceptable practice and only 42% to 64% of nurses

Table 1: The AAP recommendations on safe infant sleep and SIDS risk reducing strategies.

Sleeping practices
• Back to sleep for every sleep, no side sleeping
• Use a crib/bassinet that conforms to the safety standards
• Firm sleeping surface
• No loose soft objects in bed
• Room sharing without bed sharing
• Avoid overheating
• Offer a pacifier during sleep
• No sleeping in sitting devices (car seats, swings)
• No devices promoted to make bed sharing protected (wedges, positioners)
Feeding practices
• Promote breastfeeding
Health care maintenance
• Regular prenatal care
• Avoid smoke exposure, alcohol, illicit drug use during pregnancy and after birth
• Immunizations in accordance with the AAP recommendations
• Supervised, awake tummy time
Home monitoring
• Home cardiorespiratory monitors are not a strategy to reduce SIDS

(depending on the component of SSP) identified themselves as always following the correct sleep recommendations prior to discharge [11-13]. Another survey revealed that just half of neonatal nurses advised parents to place their infants exclusively supine for sleep after discharge [14].

To serve as role models and educators, nurses need to feel knowledgeable about the information they present to families. One of the common concerns voiced by nurses has been whether the supine position increases the risk of aspiration, especially among infants diagnosed with gastroesophageal reflux. Indeed, multiple studies from different countries have demonstrated no increased incidence of aspiration since the change to the supine position [2]. The only exception is infants with anatomic abnormalities of the upper airway with impaired airway protective mechanisms. Elevating the head of the infant's crib is not recommended. It is ineffective in reducing reflux symptoms; in addition, it might result in the infant sliding to the foot of the crib which may compromise respiration [2].

Another concern is related to an increase in positional plagiocephaly from prolonged supine sleeping. This condition is generally temporary because babies' skulls round out as they grow and become more active. Supervised, awake tummy time and avoidance spending too much time in seating devises such as bouncers or car seats will help to decrease pressure on the back of the head. An additional benefit of tummy time is the promotion of motor development, especially upper body muscle development.

Staff in hospital nurseries and all health care providers should be educated concerning safe infant sleep, practice it while caring for infants prior to discharge, and provide appropriate education for caregivers. Nonetheless, in its updated recommendations from 2011, the AAP stressed that hospitals should endorse and model the SIDS risk-reduction recommendations for all clinically stable infants significantly before the infant's anticipated discharge and in the case of premature infants, by 32 weeks corrected gestational age [2]. Nurses have a unique opportunity to achieve a valuable patient- provider relationship with new parents and thus educate and influence the family. By developing trusting ties with families, nurses can ease parents' fears and address any concerns that may serve as barriers to compliance.

After discharge, SIDS education should continue at all infant health care visits, including well child care or sick visits, until the infant turns one year of age. There is also improvement to be made in this area. During one cross-sectional survey, almost all clinicians agreed on importance of SIDS education, but 30 % admitted to not discussing it at all [15]. To continue to fight the SIDS rate, all health care providers must take responsibility for educating themselves and others about SSP and SIDS reducing strategies; this will ultimately affect the health and safety of infants and children. Through a joint cooperation, the goal can be fulfilled for all infants to sleep in a safe sleep position and environment.

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