

Maryland Action Coalition 2023

**Insights into Inconsistent Infant Safe Sleep  
Practices among African American Caregivers**

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# Research Collaborators

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- Fund from the Maryland Department of Health (MDOH)



# Content of this Presentation



INTRODUCTION



METHODOLOGY



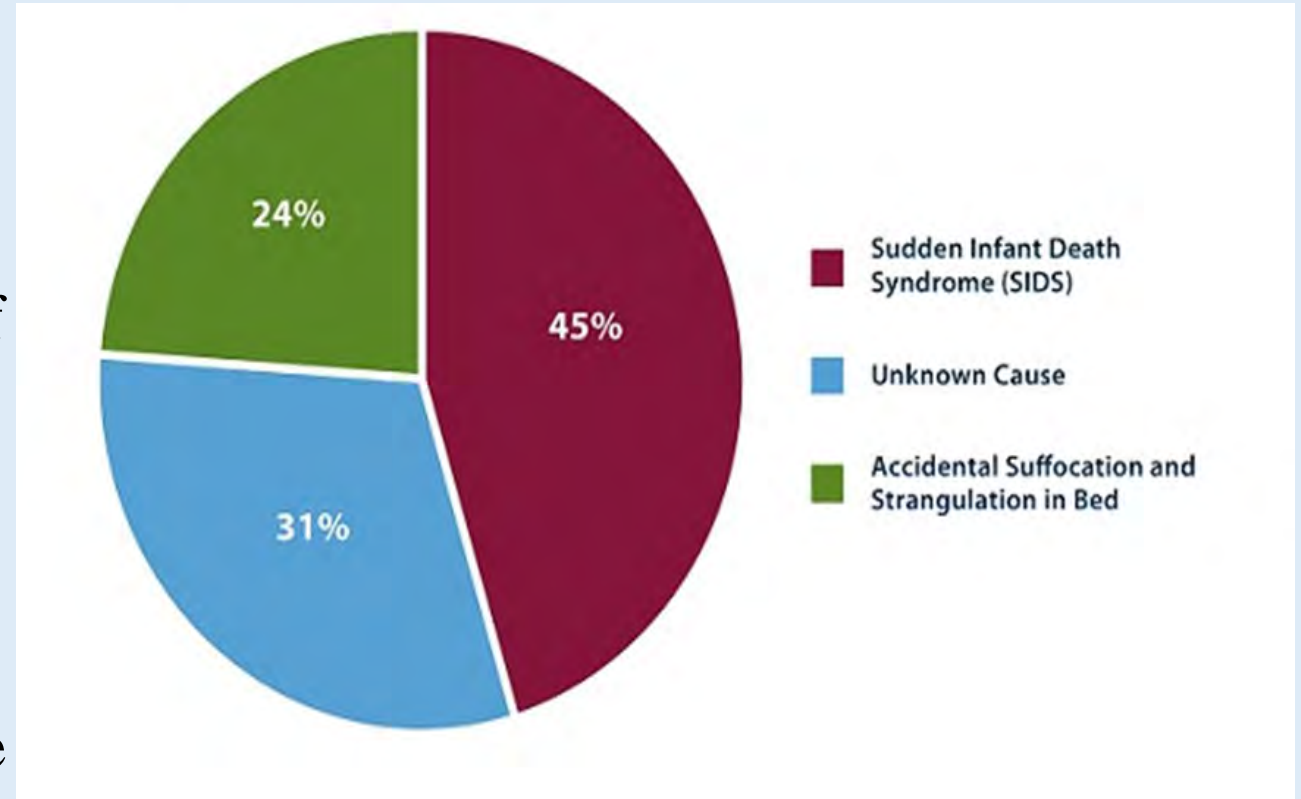
RESULTS AND  
DISCUSSION



CONCLUSION AND  
RECOMMENDATIONS

# Introduction

- Since 1994, approximately 3,400 infant deaths annually in the USA (Centers for Disease Control and Prevention (CDC), 2021)
- 60% of African American (AA) caregivers follow American Academy of Pediatrics' (AAP) Safe Sleep Practices
- In 2017, in MD, 61/208 AA infants died from SRID
- AA infants continue to die at a rate more than twice that of White infants [e.g., 186.5 (AA) versus 85.4 (WA) per 100,000 live births] (MDOH, 2021)



The elusive question is “why?”

# Introduction

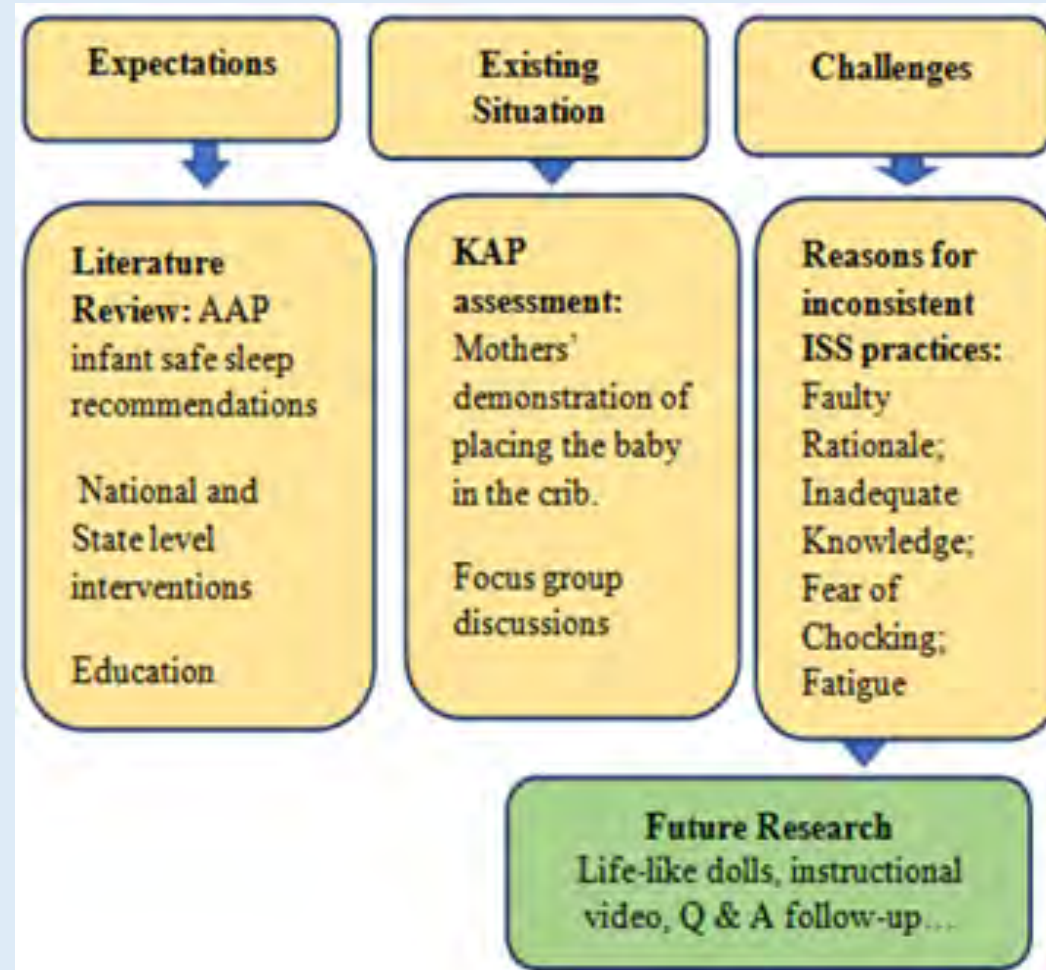
- Cultural differences play for noncompliance of adopting ABC of safe sleep practices
- To better understand the compliance gap between AA communities who live with poor Social determinants of health (SDOH), Culturally appropriate research is needed
- Hence, this qualitative study aims to explore the knowledge, attitudes, and safe sleep practices of AA caregivers

# Purpose of this study

- To assess the perceptions of AA caregivers regarding infant safe sleep practices
- To contribute to scholarly discussions about the types of interventions would be effective in fostering compliance of infant sleep recommendations set forth by the AAP.

# Conceptual Model

## Knowledge, Attitude, and Practice Assessment



# Methods

- **Design:** An exploratory qualitative research
- **Sampling:** Purposive sampling
- **Setting:** Sandtown-Winchester, Dru-Mondawmin, and Cherry Hill Healthy Family clinics in Baltimore area
- **Recruitment:** Fliers - daycare centers, libraries, clinics, & family health centers. 31 AA participants
- **Inclusion Criteria:** People who were over 18 years, English speaking/reading/writing, and residing in the communities
- **Instrument:** A semi-structured questionnaire



# Data Collection

- **Demonstration:** To evaluate participants' practice of placing an infant doll in a crib
- **Focus Group interviews**
  - Semi-structured interview questionnaire
  - Probing questions
  - Audio recorded and notes were taken
  - Lasted for approximately 60 minutes



# Data Analysis

## Multi-step process

- “Constant comparative method,” - emerged categories
- Audio recordings transcribed and coded using Atlas.ti
- Checked for the relationships within and across data sources.
- Themes were identified

# Ethical Statement

- Institutional Review Board (IRB) approval from the Morgan State University (MSU) & the Maryland Department of Health (MDOH)
- Written informed consent
- No personal identification

# Results & Discussion

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## ABCs of Safe Sleep Practice

- All mothers demonstrated correct placement practices of the infant doll in the crib



# Caregivers' Reasons for inconsistent safe sleep practices

## Concepts

## Themes

## Reasons

Causes

### 1. Faulty Rationales

- Babies sleep longer in prone
- Sleeping in bouncy chair helps the baby to sleep safely and comfortably

Prevention

*“I leave my baby in his bouncy chair, because doing so helps him to sleep safely and comfortably.” Two other mothers agreed.*

Barriers

### 2. Inadequate knowledge of airway anatomy

- 24 of 31 did not understand the reason for placing the infant in supine

*Five mothers and one father asked, “Why is tummy sleeping a risk for SIDS? My baby sleeps so well without having any startling reactions.”*

# Caregivers' Reasons for inconsistent safe sleep practices

## Concepts

## Themes

## Reasons

Causes

**3. Fear of Choking**

10 mothers – Sleeping on the back causes regurgitation (no burping)

Prevention

*“Many participants reported that placing their babies in supine seems to give rise to a choking hazard”*

Barriers

**4. Fatigue**

12 mothers – husbands put the baby tummy down on their chests

17 mothers – Baby sleeps close to me

*“Participants reported, “I co-sleep with my infant for at-least for a short period or the whole period of sleep time”. “I am perpetually tired; doing this helps the infant to sleep well, so then I do as well.”*

# Caregivers' Reasons and the Risk for SIDS

## Practice of Caregivers

Inconsistent practices

Skip Burping

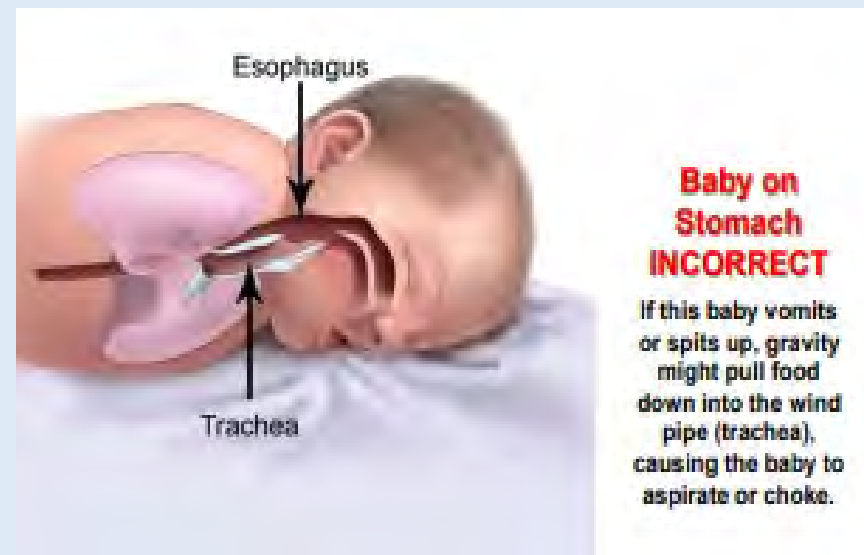
## Reasons

Inadequate Education or Understanding

Poor decision making

Risk for SIDS

## Description



Risk for SIDS

# For Reducing the Risk of SIDS...



- Education

- Back sleeping position

- No evidence of fatal choking (Hunt et al., 2005)
    - Better clearance of airway (NIH., 2003)

- Demonstration using life-size dolls

Instructional video



# Caregivers' Reasons and the Risk for SIDS

## Practice of Caregivers

Co-sleep with their babies  
– low SES



## Reasons

- Protects from pests
- positional convenience for breastfeeding
- better quality and more sleep for parent(s) and baby
- emotional comfort and warmth for the baby
- easy baby monitoring.

## Description

- Poor ambient air quality
- Adult rolling onto the baby
- Baby falling onto the floor



Risk for SIDS

# For Reducing the Risk of SIDS...

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share  
the room  
not the  
bed

keep our  
babies safe



## How can you make a **safe sleep environment**?



- ▶ Always place baby **on his or her back** to sleep for all sleep times, including naps.



- ▶ Have the baby **share your room, not your bed**. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else. Try room sharing—keeping baby's sleep area in the *same* room next to where you sleep.



- ▶ Use a **firm sleep surface**, such as a mattress in a safety-approved\* crib, covered by a fitted sheet.



- ▶ Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



- ▶ Dress your baby in **no more than one layer of clothing more than an adult would wear** to be comfortable, and leave the blanket out of the crib. A one-piece sleeper or wearable blanket can be used for sleep clothing. Keep the room at a temperature that is comfortable for an adult.



# Limitations

- African American caregivers
  - Only three neighborhoods in Baltimore City
  - Purposive sampling → High levels of subjectivity
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- Our study findings largely consistent with other qualitative studies of AA populations (Moon et al., 2010)

# Conclusion

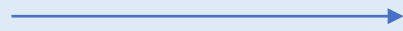
Although state and national level debates, still a high prevalence of SRID among some AA communities.



**Identified KAP of AA mothers surrounding infant safe sleep**

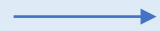
# Recommendations

**Education**



- On upper airway anatomy
- Importance of effective post-meal burping
- Supine sleep
- Alone sleep

**Using various  
teaching platforms**



e.g., Social media, doctor office propaganda, TV infomercials, community health services, & formal education

Culturally appropriate research is needed to better understand what specific intervention(s) would work best for adherence to the AAP safe sleep recommendations by AA caregivers

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## **Statement of Competing Interests**

- The authors have no competing interests.





# QUESTIONS

## **Insights into Inconsistent Infant Safe Sleep Practices among African American Caregivers**

Malliga Jambulingam, PhD, RN; Margaret Alston, PhD, PT; Ariel Hunt, DrPH;

David Thomas, DrPH; Yvonne Bronner, DSc

### **Abstract**

**Background:** After the 1994 national “Safe Sleep Campaign,” acceptance of infant sleep practices was followed by a significant reduction in the national SIDS death rate. Interestingly, SIDS deaths of African American (AA) infants has remained comparatively high --creating an incidence rate disparity. The elusive question is “why?” Understanding the basis of infant safe sleep practices by given AA caregivers is therefore important to effectively address inconsistency surrounding the “ABCs” of safe sleep practices. Objective: To understand the knowledge base, attitudes, circumstances, and current behavioral patterns surrounding infant safe sleep practices among given AA caregivers.

**Method:** A purposive sampling strategy, including 31 participants from three targeted Baltimore communities, was employed. Knowledge and attitudes of caregivers were assessed using a Focus Group questionnaire to draw participant responses about why ABC strategies for safe sleep were not consistently followed. Caregivers’ practices of infant placement for sleep were first assessed by having them demonstrate their routine using a life-size doll in a crib which purposefully contained other items. All group conversations were audio-recorded and transcribed. Collected data were analyzed using Atlasti and by two researchers.

**Results:** A substantial percentage of the AA caregivers of these communities did not fully understand safety-based and anatomical rationale for placing infants alone and on their backs for sleep. Many expressed fears that the baby might choke, the goal of getting maximum sleep for baby and caretaker, while some sought easy monitoring ability.

**Conclusion:** Understanding the misgivings, circumstances, and fears are instrumental for imagining and supplementing existing safe sleep practice recommendations. Continued Town Hall forums that include practical demonstrations, along with meaningful discussions with educational tools, inclusive of Q & A follow-up should be developed to reduce fears and misconceptions to best increase consistent practice of placing infants alone in supine reduce the risk of SRID.