



Racial Equity Considerations In Safe To Sleep Messaging: Learning From The Community

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INTRODUCTION

Black infants are dying at a rate of over twice that of White infants. We know that infants in unsafe sleep positions are more likely to die from Sudden Unexpected Infant Death (SUID). Safe to Sleep® education has led to a dramatic decrease in mortality among white infants, but over 60% of Black families do not follow the Safe to Sleep® parameters. Safe to Sleep® education is given to pregnant women during the prenatal period and prior to hospital discharge, but what is the best way to share this message with Black families?

PURPOSE

1. Identify why Black mothers are less likely than White mothers to follow the Safe to Sleep® parameters
2. Identify a way to frame the Safe to Sleep® message so that Black mothers would be more likely to follow the parameters

SAFE SLEEP

What does safe sleep look like?



Firm mattress with a fitted sheet	Baby sleeps alone on their back	Baby sleeps in a one-piece sleeper	Bare sleep area: NO pillows, blankets, bumper pads, or toys
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METHODS

Data Collection:

We used focus groups for data collection for this study:

- Black mothers with infants older than 6 months
- We had two focus groups for a total of 15 mothers
- Mothers were given a gift card as a thank you for participating

Analysis of Data:

- Preliminary descriptive qualitative methods were used to explore the mothers feelings about Safe Sleep parameters.
- Grounded Theory will be used to develop a theory regarding how to reach Black mothers with the safe sleep message

MOTHERS' SUGGESTIONS

- There should not be just one message for every race and every culture
- There should be options that we can follow instead of "it has to be this way"
- Have African American moms who have lost a baby tell us (on a video) about losing their baby. It would be more effective if we saw someone like us telling us what we should do
- We need to keep getting the message throughout the baby's first year—not just in the hospital.
- I think the message is fine, but they need to give examples of what happens. Give real life examples. Still people will not follow it. Young parents won't care
- The videos were so scary. I lost sleep after watching those videos

THEMES

"Learning about Safe to Sleep ®"

- They drill it in the third day before we go home. There is safe sleep info on the pack and play mattress box.

"Sleeping Safely"

- Right after I got home from the hospital, I fell asleep with the baby on my chest, and I woke up with the baby on the floor
- Everyone at least tries to do safe sleep, but if it doesn't work, you have to do something
- Most women know about safe sleep, but they don't listen. What keeps them from following? This is MY baby, I can do what I want. It's about "beliefs." I've been doing this for a long time. I know what's best for my baby.

"Responding with Expected answers"

- When the doctor asks about Safe Sleep, you say what he or she wants to hear
- You don't want them to call CPS

"Baby Prison"

- The message makes sense, but the baby doesn't want to be in her own bed
- Putting the baby in that naked crib—it's like a little baby prison

DISCUSSION

The women did not want to take responsibility for not following the Safe to Sleep® parameters. In many of their comments, they talked about the "baby *not wanting* to be in her crib" or the "baby *doesn't like* to sleep on its back." "If the baby doesn't like it, you have to change what you are doing." "She always wants to be by my side, so she stays in my bed." This takes the responsibility off the mother and puts it on the baby. The women, also, could not put up with the stress of the babies crying all night when placed on their back, saying the doctors would not be able to handle the crying, either. Hospitals could do more to teach mothers about sleep training, and learning how to support self soothing in their babies.

POTENTIAL INTERVENTION

One suggestion that the mothers had was having a video showing a woman "like them" who had had a baby die of SUID/SIDS. They thought that they would be more likely to listen to a Black woman who told them to follow the Safe to Sleep® parameters. Knowing that it would be cost prohibitive to develop a video for every race and culture, we suggest developing a video of several women of different races and/or cultures, each who have experienced a loss, having a round table discussion about what had happened, and if they were using Safe to Sleep® parameters at the time, and how SUID/SIDS can happen to any of race or culture.

Maybe by seeing that SUID/SIDS can happen to all races, including Blacks, they will see the importance of following the Safe to Sleep® parameters.

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