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What Are the Factors that Influence Caregiver/Parent Co-sleeping Education? **Katherine J. Williams**<sup>1</sup>, Cassandra R. Vodde<sup>1</sup>, Taylor D. Hartman<sup>1</sup>, Deborah Stiffler<sup>1</sup>, and Deborah L. Cullen<sup>1</sup>

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Background: In the United States, 13% of infants routinely co-sleep with a caregiver, and 50% of infants share a bed with a caregiver for part of the night. Co-sleeping has been identified as a risk factor for infant death by Sudden Unexplained Infant Death Syndrome (SUIDS). The purpose of this research was to carry out a systematic review for determining best practices related to education to caregivers on the risks of co-sleeping. Method: After a rigorous multi-database search, we accessed 100 research articles related to SUIDS from years 2002-2015 for inclusion for this review. A total of 20 papers related to co-sleeping and SUIDS met the inclusion criteria and were assessed for validity by a primary and secondary reviewer via standardized critical appraisal instruments from the Joanna Briggs Institute. Due to the articles' descriptive methods, NOTARI (Narrative, Opinion, and Text Assessment and Review Instrument) was used to appraise, extract data, and thematically organize the findings resulting in meta-aggregation. Results: The data extracted included specific details for co-sleeping. We identified that a) educational, b) family dynamics, c) racial/cultural, and d) socioeconomic factors were the significant concepts that influenced the caregivers' attitude toward co-sleeping and their likelihood to co-sleep. Heterogeneity for the study's methods was represented in the results. Conclusions: Many caregivers and families that practice co-sleeping display resistance to education about the discontinuation of co-sleeping based on the belief that healthcare providers do not take into account the family's personal situation. The caregivers are more likely to be receptive to advice regarding safer co-sleeping practices as opposed to omitting the practice of co-sleeping. Family-centered interventions and tailored education delivered by nurses should be identified. Caregiver safe practices for sleep, taking into account situational factors such as socioeconomic level, race, culture, and core beliefs, should be encouraged.

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