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### **Back to Sleep: An Educational Intervention With Women, Infants, and Children Program Clients**

*Moon RY et al. PEDIATRICS Vol. 113 No. 3 March 2004, pp. 542-547*

There are significant disparities in SIDS rates and to date, traditional interventions have not been successful in bringing about reductions in rates. The authors set out to determine whether a 15-minute educational intervention can be effective in changing sleep position practice among black parents. A trained health educator led 15-minute sessions about safe infant sleep practices for groups of 3 to 10 parents of young infants who attended a Women, Infants, and Children clinic in Washington, DC. Parents were interviewed 6 months after the intervention and compared with a group of parents at a different Women, Infants, and Children site who did not receive the intervention. The authors found that before the intervention:

- . More than half (57.7%) of infants reportedly slept on their back, with the remainder sleeping back/side or side (15%) and prone (17.3%).
- . Approximately 85% (266) of infants were sleeping in the same room as the parents.
- . Only 28.1% of parents initially believed that prone sleeping definitely increases the risk of SIDS.

Immediately after the intervention:

- . 85.3% planned to place infants on their back, and
- . 55.7% now believed that prone definitely increases the risk of SIDS.

When compared with a control group of parents 6 months after the intervention, parents who attended the educational intervention were more likely to:

- . Place their infants on the back (75% vs 45%),
- . Less likely to bed share (16% vs 44.2%),
- . Less likely to cite infant comfort as a reason for sleep position (14.5% vs 29.2%), and
- . More likely to be aware of BTS recommendations (72.4% vs 38.9%).

The authors conclude that a 15-minute educational session with small groups of black parents attending WIC is effective in informing parents about the importance of safe sleep position and in changing parent behavior. The effect of the intervention seems to be sustained throughout the first 6 months of life, when the infant is at the highest risk for SIDS. NB: FIMR programs tell us that to make a difference not only must a SIDS risk reduction message be locally developed and culturally appropriate, but the community must also have a significant amount of trust in the messenger. So another finding in this study might be that the parents must have really trusted the messenger, the health educator.