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| **ISA ISPID  Abstract Submission  Nº: 164**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Oral** | | **Knowledge and attitudes to SIDS risk reduction messages in the UK: results from a cross sectional survey** | | **Pease, Anna**1; **Blair, Peter**1; **Ingram, Jenny**1; **Fleming, Peter**1 *1 - University of Bristol.* | | **Introduction** Most SIDS risk reduction strategies involve attempts to influence maternal knowledge of safer sleep messages,1 with the assumption that knowledge, via education, leads to the desired behavior. While this may be true for some, little is known about current levels of mothers’ knowledge of safer sleep messages in the UK, and how this might vary between those with babies at lower and higher risk of SIDS.  **Material and Methods** A survey investigating mothers’ knowledge of SIDS risk factors was carried out in deprived areas of Bristol, UK, as part of a PhD program of work examining decision making for the infant sleep environment. Recruitment took place from January to November 2014 and 400 mothers completed the survey. The survey asked participants to recall 3 SIDS risk reduction strategies (unprompted), and scored responses to 14 SIDS risk-related infant sleep scenarios (thus prompted). This analysis compares participants with infants at higher risk of SIDS to the rest, and those with little or no health professional advice regarding SIDS prevention with the rest. The ‘high risk’ group was identified by the presence of three or more of the following factors; young maternal age, smoking, higher parity and low socioeconomic status.  **Results** In the current sample, 48/400 (12%) mothers were classified as higher risk and 27/400 (6.8%) received no SIDS advice when the baby was born. Mothers who had little or no SIDS advice were equally likely to have infants at high or normal risk for SIDS.  Mothers in the higher risk group were less likely to mention supine sleeping, 29% vs 48%, (OR= 2.27 [95% CI: 1.18-4.37] p=0.013) as a safe sleep strategy. Mentioning supine sleeping was also less common among mothers who had received no advice (30%) vs those who received advice lasting 2 minutes or more (47%) although this difference was not significant (p=0.08). A score of 13 or 14 correct answers was used as a cut off to represent adequate knowledge of safe infant sleep strategies. Mothers in the normal risk group and mothers who recalled a recent conversation about safer sleep with a health professional scored more highly on the sleep statement scale overall (p=0.004 and p=0.03, respectively). Notably, only 184/400 (46%) mothers overall in this survey, identified supine sleeping as a risk reduction strategy for SIDS.  **Conclusions** Mothers in the higher risk group were disadvantaged when it came to knowledge of SIDS risk reduction and attitudes to safer sleep. It is of concern that less than half of this sample mentioned supine sleeping as a SIDS risk reduction strategy despite public health campaigns over the last 20 years. Strategies that am to increase knowledge alone may not be as effective for this group and interventions should consider a broader range of strategies to influence behavior and support safer sleep practices. 1. Ward, T. C. S., & Balfour, G. M. (2016). Infant Safe Sleep Interventions, 1990–2015: A Review. *Journal of community health*, *41*(1), 180-196. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Anna** | | Lastname: | **Pease** | | E-mail: | **A.Pease@bristol.ac.uk** | | Country: | **UK - United Kingdom** | | Institution | **University of Bristol** | | Cellphone: | **0044 7414 664 623** | | City: | **Bristol** | |