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| **ISA ISPID  Abstract Submission  Nº: 165**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Oral** | | **Just This Once: The role of disrupted routines on decision-making for infant care among mothers with babies at higher risk of SIDS** | | **Pease, Anna**1; **Ingram, Jenny**1; **Blair, Peter**1; **Fleming, Peter**1 *1 - University of Bristol.* | | **Introduction** There has been an 80% fall in Sudden Infant Death Syndrome (SIDS) rates in the UK in the last two decades1 but these deaths persist at higher rates in more deprived groups. Previous studies have demonstrated several risk factors within the infant sleep environment and little is known about how decisions for infant care are made and what factors influence those decisions, especially when routines are disrupted. Evidence has shown that babies in an unaccustomed sleeping environment are more at risk of SIDS but not a lot is known about the contexts surrounding those environments. To understand the views of mothers with babies at higher risk of SIDS on the infant sleep environment, 20 home interviews were carried out.  **Material and Methods** Qualitative home interviews were conducted between February and November 2014 as part of a PhD program of work. Participants were chosen based on a risk factor score for SIDS including young maternal age, smoking, low socioeconomic status and high parity. Mothers were asked about their decision-making for the infant sleep environment including infant sleep position, co-sleeping, smoking, dummy use, feeding and disrupted routines. The interviews were transcribed, coded and a thematic analysis was carried out.  **Results** Four major themes were identified: (1) friends, family and external sources, (2) maternal self-efficacy, (3) barriers to following SIDS advice and (4) beliefs about infant safety and care. Overall mothers showed limited understanding as to why safer sleep messages were important or how they reduced the risk of SIDS and held beliefs about infant safety and comfort that, under certain circumstances, supported unsafe sleeping environments. Multiple sub-themes were developed to explain how mothers engaged with decision-making. Disrupted routines were a common sub-theme across all major themes. Disrupted routines fell into two broad categories: unexpected situations that were not planned in advance (e.g. accidentally falling asleep with a baby on a sofa) and disruptions that were known about in advance (e.g. changes to routines during weekends, holidays, and redecorating a house). Decisions made during unexpected situations tended to be influenced by lack of sleep (“I was so tired, and when you’re tired you can’t help it”) whereas decisions made during planned disruptions tended to be rationalized by the belief that infrequent risky behavior was acceptable under certain circumstances (“It’s only like the odd time”).  **Conclusions** Interventions that target this higher risk group need to consider planning for decision making during disrupted routines. A risk minimization approach or providing realistic strategies to avoid risky sleep environments might support mothers to plan ahead for those times.   1. Blair, P. S., Sidebotham, P., Berry, P. J., Evans, M., & Fleming, P. J. (2006). Major epidemiological changes in sudden infant death syndrome: a 20-year population-based study in the UK. *The Lancet*, *367*(9507), 314-319. | |  |  |  |  | | --- | --- | | **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** | |