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| **ISA ISPID  Abstract Submission  Nº: 259**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Oral** | | **Can increased educational messaging about sleep safety increase the rate of African-American infants sleeping supine? A randomized controlled trial of African-American women in the Washington, D.C. area** | | **Carlin, Rebecca**1; **Mathews, Anita**1; **Oden, Rosalind**1; **Joyner, Brandi**1; **Moon, Rachel**2 *1 - Children's National Medical Center. 2 - University of Virginia.* | | **Introduction** Sudden infant unexplained death (SUID) rates in African-Americans are more than twice national rates.   Even when African-American parents are aware of supine recommendations, they are more likely than other groups to place their infants prone. This is believed to be driven by the misconception that infants are at increased risk for aspiration and the belief that infants sleep “better” prone. African-Americans have low self-efficacy against SIDS but high self-efficacy against suffocation.   We aimed to determine the impact of a specific health message about suffocation prevention on parental decisions regarding infant sleep position.  **Material and Methods** We conducted a randomized controlled trial of 1194 English-speaking, African-American mothers.  Participants were randomized in the birth hospital to receive standard messages about safe sleep practices to reduce the risk of SIDS, or enhanced messages about safe sleep practices to prevent SIDS and suffocation.  Mothers were interviewed about knowledge and attitude, self-efficacy, and current infant care practices when their infants were 2-3 weeks, 2-3 months, and 5-6 months of age. Baseline characteristics were tabulated.  Analyses of covariance were conducted to estimate the change in knowledge, attitudes and practice in the two groups.  Chi square tests were used to compare sleep position with each variable.  **Results** The proportion of infants placed supine declined, from 96% at 2-3 weeks to 80% at 5-6 months. Mothers in both the standard and enhanced message groups were more likely at all time points to place infants supine if they did so to prevent SIDS or knew that supine was recommended (all p<0.05).  At no time point were mothers who positioned to prevent aspiration/choking or for infant comfort more likely to place infants prone.  Receipt of enhanced messaging did not increase supine placement at any time point. Mothers with high self-efficacy against SIDS and suffocation had increased rates of positioning infants supine at 2-3 weeks (all p<0.0001).  At 2-3 months, mothers in the standard message group with a high self-efficacy against SIDS but not suffocation were more likely to place infants supine (p=0.015). By 5-6 months, self-efficacy against SIDS or suffocation did not correspond to any specific sleep position in either group.  **Conclusions** In the first 6 months, there is a gradual decrease in the proportion of African-American infants placed supine, which was unchanged by enhanced education about SIDS, suffocation risk and sleep safety.  Even those with high self-efficacy seem to become increasingly comfortable with placing their infant prone as they get older. Knowledge of and self-efficacy against SIDS rather than suffocation consistently resulted in more infants being placed supine. Different messages may be helpful in further reducing the African-American SIDS rate. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Rachel** | | Lastname: | **Moon** | | E-mail: | **rym4z@virginia.edu** | | Country: | **USA - United States of America** | | Institution | **University of Virginia** | | Cellphone: | **301-325-5445** | | City: | **Charlottesville** | |