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| **Safe Sleep in an Obstetrical Office: Maternal Knowledge versus Intentions** |
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| **Introduction** The American Academy of Pediatrics (AAP) offers infant sleep recommendations to reduce the risk of sleep-related death, often summarized as “alone, on the back, and in a crib”. While efforts have been made to disseminate this information, the concordance between maternal knowledge regarding the recommendations and intention for their own infant are not well understood. The purpose of this study was to examine whether differences existed between maternal knowledge and intentions regarding infant safe sleep.  **Material and Methods** This is a secondary study of data collected for a cohort study. In the original study, obstetrical providers received training on the Safe Sleep Toolkit, including a four-item parent-report Prenatal Safe Sleep Quiz and brief provider script to address unsafe choices. Surveys were conducted with unmatched mothers following their 28- or 36-week gestation appointments. Surveys assessed whether safe sleep was discussed at the appointment, maternal safe sleep knowledge and intention to follow safe sleep guidelines. Safe sleep intentions were summarized as either aligned or misaligned with the AAP recommendations. For mothers who had been told about safe sleep during that day’s appointment, agreement between maternal knowledge and intentions was evaluated using Cohen’s Kappa.  **Results** In total, 61 mothers reported discussing safe sleep with their provider prior to filling out the survey. Low to moderate concordance between knowledge and intentions was observed when mothers were asked about keeping soft objects, like blankets and stuffed animals, out of the crib (K=0.374, p=0.002). While 40 mothers (65%) reported that putting these items in cribs was still safe, only 25 of those mothers reported that they intended to have such items in their infant’s crib. For back positioning, almost all (95%) of the 41 mothers who identified supine as the only safe position had concordant intentions; conversely, 78% of mothers identifying other positions as safe only intended to place their own infant on the back to sleep (K=0.213, p=0.042).   Placing infants to sleep in only safe locations (e.g. crib) was intended by 95% of participants; however, 54% identified at least one unsafe location as safe (K=0.069, p=0.139). Specifically, expectant mothers identified car seats or infant swings as safe locations for infants to sleep, but did not endorse placing their own infant in either of these places to sleep.  **Conclusions** Expectant mothers’ knowledge and intentions were weakly concordant, only meeting the “fair” range of agreement according to Landis and Koch and to Fleiss. Though our findings suggest mothers have mostly positive intentions regarding safe sleep, without adequate knowledge, mothers may resort to unsafe sleep environments under the strain of new parenting. Importantly, mothers who believe a sleep location or items in the crib to be safe, may begin to use these items despite not initially intending to use them. |
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