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| **Does providing infant caregivers with a wearable blanket increase safe sleep practices? A randomized controlled trial** |
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| **Introduction** In Sedgwick County, Kansas, the infant mortality rate (7.2/1,000) has been consistently higher than that of Kansas or the United States as a whole. Nearly 20% of these deaths were sleep-related. In 2011, the American Academy of Pediatrics (AAP) released revised recommendations to reduce the risk of sleep-related deaths that focused on a safe sleep environment in addition to supine position. Despite local initiatives to improve safe infant sleep, more than 60% of caregivers continued to report unsafe items in the crib, the most frequent of which were loose blankets. The purpose of this study was to test the effectiveness of a wearable blanket to increase safe sleep practices among caregivers.  **Material and Methods** A randomized controlled trial was conducted with caregivers of 1-month olds receiving healthcare at a pediatric resident clinic. Standard care included a 4-item safe sleep checklist completed by parents and discussion of safe sleep with the healthcare provider. The intervention group (IG) received a wearable blanket with a safe sleep message from a research assistant following appointment. Control group (CG) members received a reusable water drinking bottle without a safe sleep message. Follow-up surveys regarding infant sleep location, position and environment, and parent attitudes were conducted at 2-month appointments.  **Results** Of the 152 consented, 115 completed follow-up (76%). The majority were white (65%) female (92%), with <4-year degree (82%) and 1-2 children (75%). Average age was 26 years (SD=6). Participants were randomized to receive a wearable blanket (49.6%) or a water bottle (50.4%). Demographics did not differ by group (p>0.05). IG members were more likely to report continued use of the item, with only 12% reporting they never used the wearable blanket compared to 35% of the CG. In spite of reported use, only 35% of IG members could accurately recall the safe sleep message embroidered on the wearable blanket. However, IG members were more likely to report the item was helpful in reminding them to use safe sleep practices (alone, back, crib) than CG members (χ2(3)=16.00, p=0.001). In addition, IG members reported the wearable blanket was more likely to help them talk with family, friends or others about using safe sleep practices with their baby (65%) than CG members (47%) (χ2(1)=4.09, p=0.04). However, no increases in adherence to safe sleep position (χ2(1)=0.07, p=0.79), location (χ2(1)=1.57, p=0.21), or environment were observed (χ2(1)=0.08, p=0.77).  **Conclusions** Providing caregivers with wearable blankets did not significantly improve adherence to the AAP safe sleep guidelines when compared to caregivers in the control group. However, the wearable blankets were reported to act as reminders and to stimulate conversations regarding safe sleep. A stronger dose of safe sleep education, in addition to having a physician or nurse provide the wearable blanket, should be evaluated. |
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