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Improving Adherence to Infant Sleep Safety Among Mother-Baby Nurses

Abstract

Background/Significance: Sudden unexpected infant deaths (SUIDs) account for more than 4,000 deaths per year in the United States and are among the leading causes of infant death in the state of South Carolina. Research studies reveal that nursing adherence to evidence based, infant sleep guidelines is lacking in inpatient settings. Nursing safe sleep practice (SSP) deficiencies are a barrier to patient safety and may increase risk for sleep-related sentinel events.

Purpose: The purpose of this evidence based practice (EBP) observational study was to improve nursing adherence to the American Academy of Pediatrics (AAP) safe sleep guidelines and to examine how standardized sleep assessments influence infant safety on a Mother-Baby unit in South Carolina.

Methods: This evidence-based nursing practice change project followed the Plan, Do, Study, Act (PDSA) framework. Literature review, observation of the infant sleeping environment, nursing surveys evaluating adherence to SSP, and assessment of parent knowledge influenced the development of the intervention. The following PICOT question was developed: Among registered nurses on the Mother-Baby unit (P), what is the effect of AAP-compliant safe sleep assessments performed every eight hours (I) as compared to current practice (C) on crib audit scoring and parent reporting of safe sleep principles (O) during a two week intervention period (T)?

Results: Preliminary planning demonstrated that 13% of crib audits were American Academy of Pediatrics (AAP) compliant and that three infant falls occurred on the unit in a two-month period. Surveys indicated that Mother Baby nurses were largely unable to identify the updated AAP guidelines. Data collected from sleep safety rounds suggested that parents were largely unable to describe SSP other than supine positioning. Following two weeks of standardized nursing assessments, crib audits improved from compliance with 79% to 91% of AAP guidelines following the intervention (p < .001). Nursing surveys saw a 56% increase in those who felt they always complied with AAP guidelines (p < .001). Parent reporting of SSP improved from identifying 39% of AAP guidelines to 60% following the intervention (p < .001).
Conclusions/Implications: This practice change saw significant improvement in nursing adherence to safe sleep guidelines. Further potential benefit may include the improvement of safety for the infant and the reduction of risk for sleep-related sentinel events on the Mother-Baby unit. As nursing modeling of SSP influences the infant sleep environment after discharge, improved nursing adherence may continue to benefit the infant following the inpatient period.