Parental Advice: Given Perhaps, but Not Received

Scott D. Krugman, MD, MS, Carolyn J. Cumpsty-Fowler, PhD, MPH

We all think we give good advice, and we think we do it well. We’ve mastered the anticipatory guidance section of the well-child or nursery visit. We have our formula: we cover the salient topics, throw in some personal experience, and assume our parental advice on child rearing has been received and understood. Unfortunately, as shown by Eisenberg et al in this issue of Pediatrics, we appear to be failing miserably. Mothers received correct advice from doctors about sleep position only 54% of the time and about sleep location only 19% of the time. Even if doctors gave correct advice more frequently than reported, information cannot protect infants if mothers do not hear, believe, and act on it.

Why does this matter? Is our advice really that important? In the case of sleep position and location, it can be a matter of life or death. Every day in the United States, healthy infants are dying in unsafe sleep environments. According to the Centers for Disease Control and Prevention, 3434 infants died suddenly and unexpectedly in 2013. Child death review has revealed that the vast majority of these infants died in an unsafe sleep environment: prone, in an adult bed, with soft bedding or mattresses, or co-bedding.

Efforts to change the infant sleep environment culture began in the early 1990s with the “Back to Sleep” campaign. Initially promising reductions in the rate of sudden infant death syndrome (SIDS) plateaued as enhanced death scene investigations and child fatality review better elucidated the risk of an unsafe sleep environment. SIDS diagnoses decreased but “accidental strangulation and suffocation in bed” and “unknown” causes (a common determination when the cause of death could have been SIDS or accidental strangulation and suffocation in bed) have increased.

Enhanced understanding of the circumstances surrounding infant sleep environment-related deaths showed that the common “back to sleep” message is about as effective as “buckle up,” which we know is not nearly specific enough to prevent motor vehicle crash injuries to infants.

Advice needs to be clear and actionable. The correct message: “Place the infant alone, on their back, and in a crib or bassinette to sleep” is actionable and necessary, but is it sufficient? Previous research suggests that, although parents may be informed and satisfied by pediatricians’ advice, changing safety-related behaviors requires attention to socioecological factors.

Even if parents understand and believe this message, they may be exposed to peers, family members, and other providers who do not. In addition, contradictory and unsafe messages abound in social media and infant product marketing. Until a unified public health message about safe sleep (such as the National Institute of Child Health and Human Development’s “Safe to Sleep” campaign) becomes engrained in societal norms via culture change (as has the use of car seats) individual-level messaging by pediatricians will not be sufficient to prevent healthy infants’ deaths. As Eisenberg et al note, a multimodal approach involving the medical community, public health, policy

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makers, and media will be more effective.¹

A promising approach to help the medical community galvanize a consistent message is to create an interprofessional culture of sleep safety in the newborn nursery. Nurses in newborn nursery settings who integrate safe-sleep behaviors in their practice can be powerful change agents.⁸ If everyone who interacts with the family of a newborn consciously focuses on safe-sleep education, models safe-sleep practices, and encourages mental rehearsal of safe-sleep negotiation, the message is more likely to sink in. A recent study of comprehensive safe-sleep education presented via videos, brochures, and formal and informal teaching by nurses and doctors in 2 nurseries increased retention of safe-sleep knowledge at 4 months compared with the National Infant Sleep Prevention baseline.⁹ Ensuring that intensive efforts like this become the norm at hospitals, prenatal visits, and well-child visits would go a long way toward changing sleep-safety culture.

The study by Eisenberg et al¹ is a wake-up call for all pediatricians. We can and must do a better job of engaging fully in evidence-informed, culturally appropriate public discourse that transforms social norms about the necessity of providing a safe sleep environment for infants.

ABBREVIATION

SIDS: sudden infant death syndrome

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