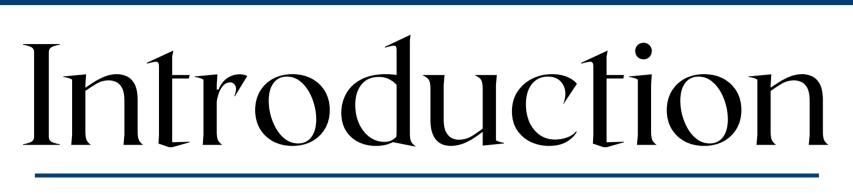
Sudden Infant Death Syndrome & Safe Sleeping Amani Bass¹, Terri Walters²



Methodist

LEADING MEDICINE

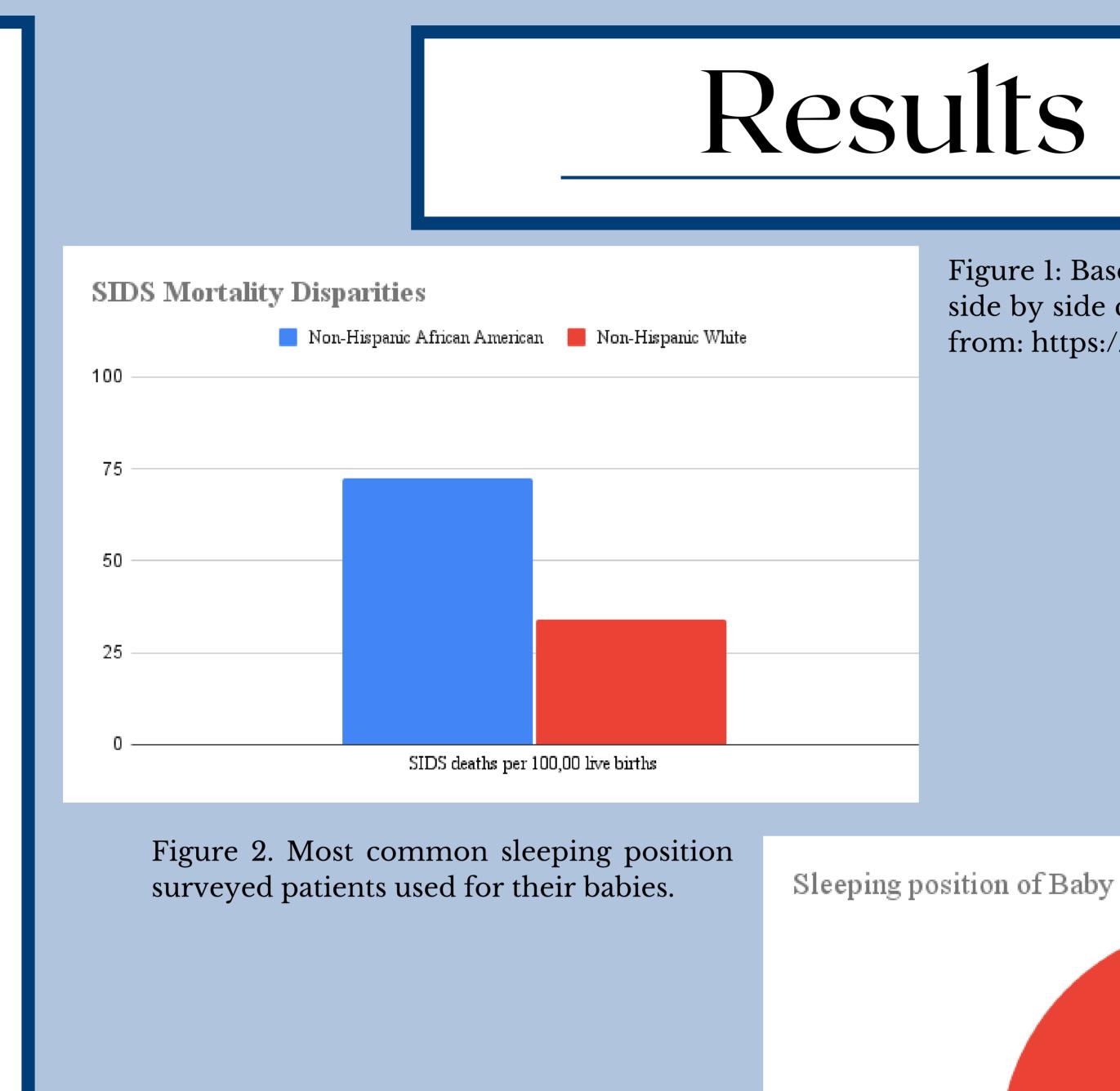
HOUSTON 🚤

Infant mortality is a major global health concern that is very prominent in the United States. The current infant mortality rate has decreased 1.18% in the past three years. However, SIDS has remained the leading cause for infant mortality. Sudden infant death syndrome (SIDS) can be defined as the inexplicable and sudden death of a baby under the age of one-year-old. Despite the overall decline in SIDS related death, the risk for African American infants are twice the risk of non-Hispanic White infants (Zoucha, Rick, et. al, 2015). Previous studies suggest that the reasoning behind these disparities are not clear, but there are many cultural, biological, and psychological risk factors for SIDS, that are associated with racial influences. This research analysis aims to understand what racial excluding socioeconomic status, components, influence these disparities. Upon gathering this information, this study will provide a better view of the main influence of these components, and how to properly address this issue within our own community.

Methodology

This study includes both qualitative and quantitative data that follows both the responses of an anonymous survey and a secondary data analysis to draw conclusions about SIDS education from the professional standpoint, alongside a holistic community view of Houston and its surrounding areas. The survey includes several questions that were sent out via SMS and email, pertaining to patient education before, during, and after childbirth. This information will serve to provide the researcher an understanding of the basis and requirements for safe sleeping education. The CDC's 2016-2020 Sudden Unexpected Infant Death data by Race/ supplemented this survey data which offered additional insight into how community education can be translated back to these mortality percentages.

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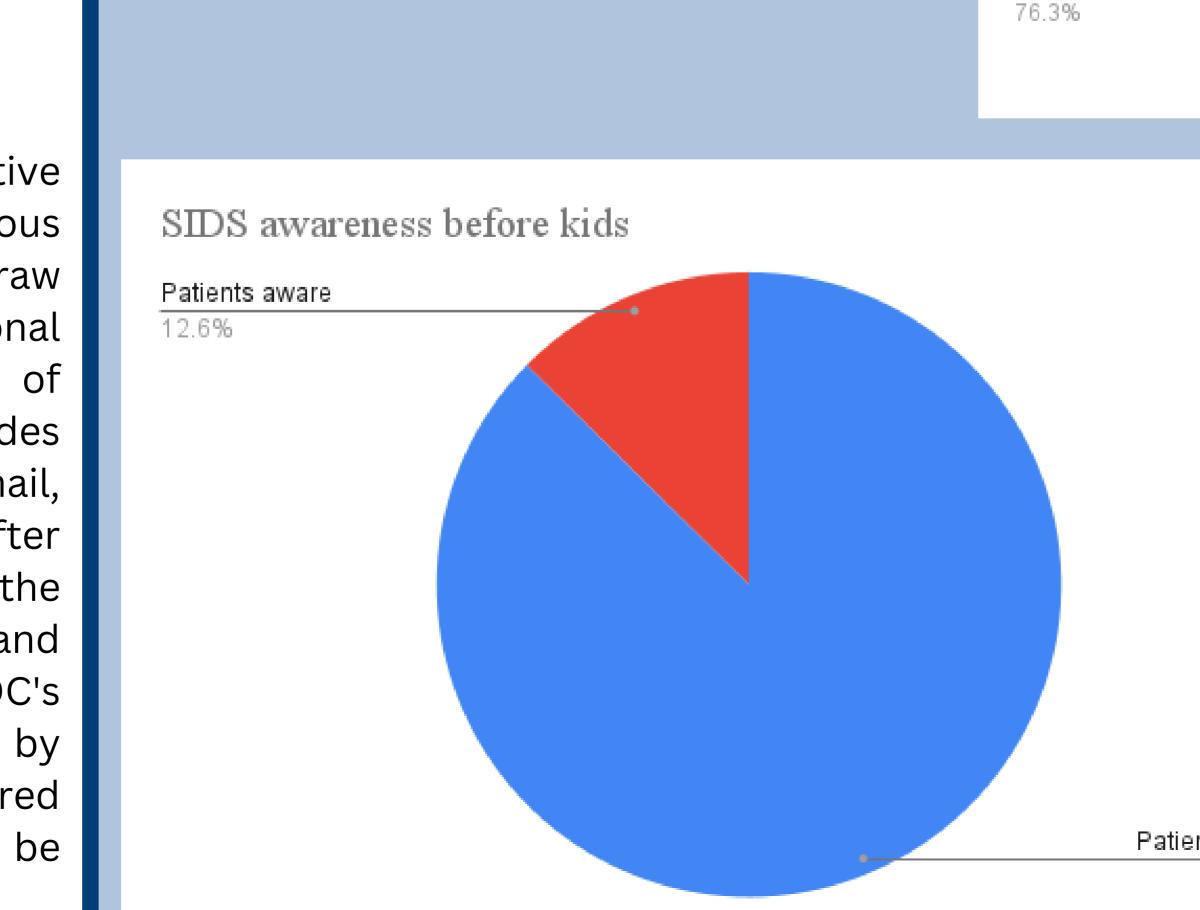
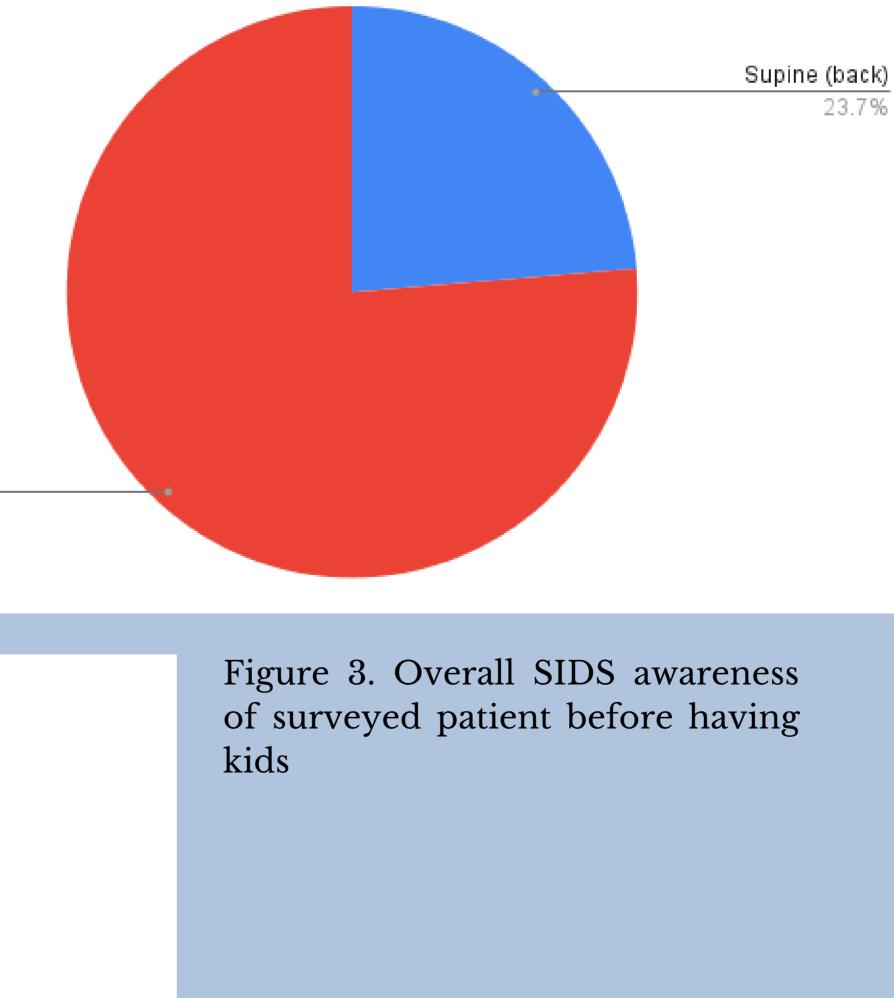


Figure 1: Base comparative SIDS mortality rate with side by side comparison according to race. Adapted from: https://www.cdc.gov/sids/data.htm



Patients unaware 87.4%

Prone (stomach)

Overall, the data presented in this study shows that the risk factors and disparities presented can be translated back to patient awareness. Upon surveying the community, Figure 3 indicates that only 12.6% of patients indicated that they had any awareness of SIDS before they had kids. The survey also supported that majority of these african american families, whether recieving information or not, were placing their children on their bellies to offer 'better sleep'. (Figure 2) The responses within the anonymous servey indicated that their is some sort of disconnect once these patients are leaving the hospital. Despite the growth in patient education from the hospital, these high SIDS numbers for african american babies indicated that the general community awareness is not sufficient enough to close this mortality gap.

23.7%

Because of the nature of this survey, we cannot generalize the results to fit the overall African American community in the US. However, these results can serve as a way to better understand the needs of our community to help close this gap. All in all, this study showed that despite any other potential risk factors, patient education served to be the most influenzal. With this understanding it is clear that to better serve our community, there needs to be an increase in the prescence of SIDS education for everyone. Although patient education can arguably be considered the most important, these same patients are returning home to family and friends who believe they know the best way to position and care for the baby while sleeping. This information can and has been tainted by unsupported knowledge on how to achieve better sleep. The only way to combat this is to make sure they are recieving proper and up to date knowledge about SIDS and how to prevent it in their home.



Take-aways

Continuing Efforts