

Mothers Knowledge Toward Correct Infant Sleep Practices and Sudden Infant Death Syndrome In Al-Najaf Provence

MIAAD JASIM MOHAMMED ALZUBAIDI¹, ABEER MIRI ABDULLAH², FARAH SADIQ ABD HASHEM³, ALAQ HAMEED ALI⁴

^{1,2,3,4}Faculty of Nursing, University of Kufa, Iraq

Correspondence to: Míaad Jasim Mohammed Alzubaidi, Email: miaadj.alzubaidi@uokufa.edu.iq

ABSTRACT

Objective: "The current study aims to assess the proportion of newborns that sleep well and investigates the awareness and comprehension of SIDS and its associated risk factors among mothers of infants in Al Najaf Provence".

Methodology: In order to accomplish the study's goals, a descriptive cross-sectional study was used throughout. The study took place between November 2021 and February 2022. a Non-Probability (Purposive Sample) of 100 moms who arrived with infants (under 1 year old) at the Hospital for Maternity and Children and the primary healthcare facilities in Al-Najaf Provence.

Results: The study's findings revealed that (49%) of newborns were found to be sleeping on their sides, (37%) were found to be dozing off, and (14%) were found to be sleeping on their prone backs. Participants as a whole (60%) stated that (40%) child doctors were the main information source they used to learn about SIDS.

Conclusion: In our study, women had limited understanding about sudden infant death syndrome, and a substantial percentage of them were unaware that smoking exposure during pregnancy and after delivery had been linked to an elevated risk of SIDS. In our study, a large percentage of moms were unaware that giving their babies pacifiers while they slept reduced the risk of SIDS.

Keywords: knowledge, mother, sudden infant death syndrome.

INTRODUCTION

The diagnosis of sudden infant death syndrome, which is defined as the unexplained abrupt death of a child less than one year, requires a thorough investigation, a detailed autopsy, a review of the patient's medical history, and an assessment of the death site. According to the Centers for Disease Control and Prevention, Sudden Baby Death Syndrome (SIDS) is the third leading cause of baby mortality in the US (CDC) ^(1,2,3). Suffocation, which is thought to be the largest cause of unintentional death in children under the age of one, is one important component that contributes to SIDS ⁽⁴⁾. When the child is positioned in a posture that precludes breathing, infant mortality from suffocation occurs. As a result, the sleep environment and positioning have a significant preventative impact on lowering the annual rate of SIDS, a type of sudden unexpected infant death (SUID). According to CDC diagnostic standards, the majority of SUIDs are classified as one of three forms of newborn demise: unexplained cause, unintentional asphyxiation in bed, and strangling. SIDS make up almost 50% of SUIDS ^(5,6). Guidelines for newborn safe sleep are not always followed by communities, and parents who worry about their child's comfort, choking risks, and conflicting medical advice frequently reject them. One of the main causes of postnatal mortality as well as newborn mortality in the United States is sudden infant death. Due to worries about infant comfort, suffocation, and inconsistent guidance from healthcare professionals, recommendations for safe newborn sleep have not been regularly accepted in the community and are frequently rejected by parents.

Additionally, the majority of baby deaths in Iraq are attributable to well-known factors like pneumonia, preterm, infections, and cardiovascular abnormalities; unknown factors have not yet been identified. SIDS are not well-known in Iraq, despite the syndrome being recognized on a global scale since 1960. This can be the result of insufficient SIDS research. Additionally, from generation to generation, guidelines for safe sleeping habits have drastically changed ⁽⁷⁾. Therefore, in Al-Najaf Provence, this study was carried out to evaluate mothers' knowledge of appropriate infant sleep practices and sudden infant death syndrome. This will reveal mother knowledge gaps and act as a model for local healthcare professionals to give health information regarding SIDS.

METHODOLOGY

In order to accomplish the study's goals, a descriptive cross-sectional study was used throughout. The study took place between November 2021 and February 2022. A Non-Probability (Purposive Sample) of 100 mothers presenting to Hospital for Maternity and Children and the primary health care centers with

infants (< 1 year of age). The self-administered questionnaire was created to evaluate the mothers' general knowledge about SIDS and the newborn sleep habits they had adopted. Three sections make up the questionnaire. The first part of the questionnaire asks about the parents' demographics, the second part asks about how the infant sleeps, The third portion also inquires about parents' understanding of SIDS, its risk factors, and their awareness of them. Additionally, revisions were made to the questionnaire's words based on the advice and observations of specialists. The final study tool is divided into three sections. a. Demographic Information A demographic data sheet has the following two sections: (A) Information about the parents includes the following: mother's age, place of residence, mother's occupation, monthly income, and whether any of the parents smoke. (B) Child information includes the following: age of the child, gender, whether this is your first child, whether the child was born preterm (less than 37 weeks) or with low birth weight (less than 2.5 kg), whether the child has a birth defect, and finally, the type of milk. Section 2: Sleep hygiene The second section of the questionnaire has 18 items and is titled "Part 3: SIDS Questions." The third section of the survey has three items, including After their infants had been attended to, each mother was interviewed by a researcher while seated comfortably in the consulting area of the hospital and the primary healthcare facilities. The researchers read the questions to them, and their answers were entered into the proforma. The period of data collecting was from November 2021 to February 2022. Each subject needs about 15 to 20 minutes to finish the interview. The statistical package (SPSS) ver. (22), as well as Microsoft Excel (2010), are used to analyze data: The study's findings are analyzed and evaluated using the statistical data analysis techniques listed below: Standard Deviations (SD), Means (x), Frequencies (F), Percentages (%), and Means of Score ⁽⁸⁻²¹⁾.

RESULTS

The sociodemographic profile of the Infants is displayed in Table (1). Infants ranged in age from 9.3 to 6.3 months on average. Regarding the gender of the newborns, (58%) boys and (42%) females were present. For (53%), the participating newborn was the participant's first kid, and for (47%) of the infants, it was not. Regarding preterm births, 78 percent of babies were not born preterm, 17 percent were, and 5 percent were uncertain. (42%) said exclusively nursing, (27%) exclusively formula feeding, and (31%) both two feeding methods.

Table 1: statistical distribution of socio-demographic profile of the Infants.

socio-demographic profile of the Infants		Freq.	%
Infant's Age (Months)	<= 3	14	14
	4 – 6	27	27
	7 – 9	24	24
	10 and More	35	35
	Mean±SD	9.3±6.3	
child's gender	Male	58	58
	Female	42	42
is this your first child	Yes	53	53
	No	47	47
was your child born preterm	Yes	17	17
	No	78	78
	I don't Know	5	5
Does the child take medicine for gastroesophageal reflux disease	Yes	12	12
	No	83	83
	I'm Not Sure	5	5
What kind of milk did you give your baby during the first two months of life or do you intend to?	just mother's breast milk	42	42
	just formula milk	27	27
	Both	31	31
	Total	100	100%

Table 2: statistical breakdown of the participating infants' sleep habits

Sleep practice		Freq	%
Q1	Prone	14	14
	Supine	37	37
	Side	49	49
Q2	Y	21	21
	N	79	79
Q3	Y	99	99
	N	1	1
Q4	Y	16	16
	N	84	84
Q5	Y	89	89
	N	11	11
Q6	Y	60	60
	N	40	40
Q7	Y	76	76
	N	24	24
Q8	Y	15	15
	N	85	85
Q9	Y	72	72
	N	28	28
Q10	Y	55	55
	N	45	45
Q11	Y	25	25
	N	75	75
Q12	Y	73	73
	N	27	27
Q13	Y	37	37
	N	63	63
Q14	Y	21	21
	N	79	79
Q15	Y	23	23
	N	77	77
Q16	Y	16	16
	N	84	84

Table 3: Assessment of knowledge toward risk factors of SIDS.

knowledge evaluation of SIDS risk factors		Freq	%	Mean±SD	Assess.
Alternative to supine sleeping	Y	53	53	4.29±2.01	Accepted awareness
	N	10	10		
	I'm Not Sure	37	37		
Soft furnishings and airy bedding	Y	64	64	4.59±2.07	Accepted awareness
	N	11	11		
	I'm Not Sure	25	25		
pacifier use during naps and at bedtime	Y	45	45	3.39±2.62	Not aware
	N	32	32		
	I'm Not Sure	23	23		
Head covering and overheating	Y	81	81	5.16±1.86	Accepted awareness
	N	9	9		
	I'm Not Sure	10	10		
Having the infant in bed with you	Y	81	81	4.98±2.18	Accepted awareness
	N	15	15		
	I'm Not Sure	4	4		
Smoking during pregnancy and after delivery	Y	46	46	3.81±2.29	Not aware
	N	19	19		
	I'm Not Sure	35	35		
Overall Knowledge Assess.	Not aware	28	28	4.37±1.3	Accepted awareness
	Accepted awareness	52	52		
	Fully aware	20	20		
Total		100	100%		

The infants who participated in the study's sleep practices are shown in Table (2). Infants slept in three different positions: supine (37%) and prone (14%) for 49 (side), 37 (supine), and 14 (prone), respectively.

The knowledge assessment of SIDS risk factors is shown in Table 3. The least knowledge score was 0, the maximum was 6, and the average was 4.371.3. Regarding the knowledge classification, (28%) were not aware since they received a score of three or less (half).

Table 4: the elements linked to prior knowledge of SIDS.

Socio demographic factors	Have you ever heard about (SIDS)		P-value	
	Yes	No		
Mother's Age (Years)	<= 25	26	24	0.015*
	26 – 30	27	7	
	31 and more	7	9	
Residence	Urban	39	29	0.431
	Rural	21	11	
highest degree of education for the mother of the child	Uneducated	4	7	0.359
	Elementary school	11	7	
	the middle school	10	10	
	Secondary school	9	3	
	College	25	12	
highest degree of education for the father of the child	Uneducated	1	4	0.23
	Elementary school	6	7	
	the middle school	8	7	
	Secondary school	11	4	
	College	32	16	
mums' line of work	Working	29	9	0.009*
	Not working (Housewife)	31	31	
Monthly income from the point of view sample	Sufficient	34	13	0.004*
	Sufficient to some extent	22	15	
	Insufficient	4	12	
Infant's Age (Months)	<= 3	5	9	0.194
	4 – 6	19	8	
	7 – 9	15	9	
	10 and More	21	14	
child's gender	Male	32	26	0.24
	Female	28	14	
is this your first child	Yes	30	23	0.462
	No	30	17	
was your child born preterm	Yes	9	8	0.48
	No	49	29	

DISCUSSION

Several programs, such as the "back to sleep" campaigns that advised parents to keep their children in upright postures and away from swaddling, smoking, and overheating, significantly decreased the risk of SIDS in all Western nations where these initiatives were put into place (22,23). A poll of 4,319 Japanese parents of a newborn child revealed that nearly all (96.7%) of them avoided putting their babies to sleep on their stomachs (22). Nearly all parents preferred the supine position exclusively, however only 81.4% were aware that the prone position was thought to be a risk factor for SIDS. In Turkey, 46.7% of households routinely put their kids to bed on their backs. (24). Data about SIDS in developing countries are limited (25). When putting their babies to sleep, moms in the United Arab Emirates (UAE) favored the supine position over other positions 72.2% of the time (26). It is yet unknown how often SIDS occurs among infants in Iraq. 37% of the mothers used the supine posture, which is the only proper sleeping position (27).

Previous research have indicated that side-lying newborns are more likely to die from SIDS than back-lying infants, contrary to what was once believed to be the safer practice of putting infants to sleep on their sides (28). The most common position for babies to sleep in is on their side, which puts them at a higher risk for SIDS. This is similar to the 51.8% in the Ibeziako study in Enugu regarding the actual choice of sleeping position made by mothers. In our study, 49% of infants to mothers occasionally slept on their side, which put them at a higher risk for SIDS (29). primarily because the infant was more at ease.

37% of babies were typically laid in the supine position. In the experiments of Okpere and Ibeziako, this was comparable to

18.1% and 21.5%.⁽³⁰⁾ . In this study, 14% of participants slept prone, which was substantially less than the 44.3% recorded in Okpere's study and the 26.7% reported in Ibeziako's study, both of which were conducted in the South-South and South-East regions of the country, which are home to the Igbo ethnic group primarily⁽²⁹⁾ .

In this study, newborn supine positioning was reported at a rate of 37%, which is lower than the 46% reported in America by Yikilkan⁽³²⁾ and the 61% recorded in Turkey by Van Kohorn⁽²²⁾ indicated that the prone sleeping posture was 17%, which is higher than the 14% found in this study. Age of the mother, the mother's educational level, her residence, her socioeconomic situation, and her knowledge of SIDS were not found to be significantly correlated.

In the past, it was discovered that babies who slept in beds with parents or other caregivers who smoked were more likely to experience SIDS^(34,35) . However, a number of research indicate that bedsharing is a risk factor in and of itself, even in the absence of paternal or mother smoking⁽³⁶⁾ . No epidemiological research indicates that sharing a bed has any protective benefits. As a result, bed-sharing should not be promoted as a strategy to lower the risk of SIDS. According to reports, 16% of parental girlfriends in Turkey share a bed^(37, 38). In a recent research, 76% of mothers reported that they never put their newborns to sleep in a room apart from their parents or other carers⁽³⁹⁾ . According to our survey, 28% of moms are unaware that smoking during pregnancy and after delivery increases the likelihood that their child may experience SIDS. Soft pillows, mattresses, and crib padding⁽⁴⁰⁾ . The risk is increased by the interaction of several risk factors. For instance, lying prone on soft bedding 20 times as likely to result in SIDS⁽⁴¹⁾ . Most of the time, 73% of mothers swaddle their newborns. An increased risk of SIDS is linked to hotter surroundings, higher body temperatures, sweating, and overheating from too-heavy clothing and bedding^(38,42) . In the United Arab Emirates, more than 80% of families used parenting techniques that could cause overheating, such as using duvets in the summer, keeping the house at a comfortable temperature, dressing too warmly, etc⁽²³⁾ . Even when the pacifier is taken out of the baby's mouth, pacifiers have been found to have a protective impact⁽⁴³⁾ . According to the current survey, 28% of moms were not aware that their children were sleeping with pacifiers in. Her SIDS has been demonstrated to be prevented by breastfeeding, and this impact is stronger when breastfeeding is used exclusively⁽¹⁾ . Only 42% of the participating women exclusively nursed, 27% exclusively used formula, and 31% used both continuous nursing and formula. Even still, the findings of the assessment of the degree of awareness of SIDS risk factors were dismal, with just 28% having no awareness, 52% having an inadequate level of awareness, and 20% having a perfect understanding. The importance of implementing educational interventions and campaigns to raise public awareness of safe sleeping patterns and lower other risk factors for SIDS is highlighted by this knowledge gap among mothers in the Al-Najaf Provence. 202 pregnant women in France took part in a study that found 94.6% of them had heard about SIDS before⁽²²⁾ . The percentage of mothers who are aware of SIDS is almost higher than the survey's 60% threshold. 40% of pediatricians were responsible for the majority of the knowledge concerning SIDS, while 14% came from media sources.

CONCLUSIONS

In conclusion, little is known about sudden infant death syndrome in mothers from our study. Most of the knowledge about SIDS came from pediatricians, but very little from media platforms. There were no significant associations with mother's age, child's mother's highest educational level, place of residence, or socioeconomic status with relation to SIDS knowledge. Our study demonstrates that a significant fraction of moms are ignorant of the link between smoking exposure during pregnancy and postpartum and an elevated risk of SIDS. In our study, a sizable portion of moms were

not aware that giving their baby a pacifier while they slept reduced the risk of SIDS. Non-supine sleeping postures and bed-sharing, both of which are connected with an increased risk of SIDS and An increased risk of SIDS is linked to higher frequencies of women utilizing soft mattresses, pillows, and cot buffers for baby cribs.

REFERENCES

- 1 Hauck, F. R., & Tanabe, K. O. (2017). Beyond "Back to Sleep": ways to further reduce the risk of sudden infant death syndrome. *Pediatric Annals*, 46(8), e284–e290.
- 2 Scragg, R., Mitchell, E. A., Taylor, B. J., Stewart, A. W., Ford, R. P., Thompson, J. M., Allen, E. M., & Becroft, D. M. (1993). Bed sharing, smoking, and alcohol in the sudden infant death syndrome. *New Zealand Cot Death Study Group. British Medical Journal*, 307(6915), 1312–1318.
- 3 Kinney, H. C., Hefli, M. M., Goldstein, R. D., & Haynes, R. L. (2018). Sudden infant death syndrome. *Developmental Neuropathology*, 269–280.
- 4 Mohamed, E., Abusaad, F., & El-agamy, O. (2021). ASSESSMENT OF MOTHERS' KNOWLEDGE AND PRACTICES ABOUT THE PREVENTION OF SUDDEN INFANT DEATH SYNDROME. *Mansoura Nursing Journal*, 8(1), 115–130.
- 5 Goldberg, N., Rodriguez-Prado, Y., Tillery, R., & Chua, C. (2018). Sudden infant death syndrome: a review. *Pediatric Annals*, 47(3), e118–e123.
- 6 Erck Lambert, A. B., Parks, S. E., & Shapiro-Mendoza, C. K. (2018). National and state trends in sudden unexpected infant death: 1990–2015. *Pediatrics*, 141(3).
- 7 Qasim, M. M., & Alrabaty, A. A. (2017). Infant sleep practice and sleep environment in Erbil City. *Iraqi Postgraduate Medical Journal*, 16(3), 298–303.
- 8 Mahmood Mohammed Ahmed, Nasir Muwfaq Younis, Nawaf Mohammed Dhahir, Kareem Nasir Hussain. Acceptance of Covid-19 vaccine among nursing students of Mosul University, Iraq. *Rawal Medical Journal: Apr-Jun 2022. Vol. 47, No. 2, pp:254_258*
- 9 Muwfaq Younis N , Efficacy of Health Beliefs Model-Based Intervention in Changing Substance Use Beliefs among Mosul University Students: A Randomized Controlled Trial. *Revis Bionatura 2022;7(2) 35. http://dx.doi.org/10.21931/RB/2022.07.02.35*
- 10 Al-Ghurairi SA, Younis NM, Ahmed MM. Prevalence of weight gain among students of Mosul University, Iraq during quarantine 2020. *Rawal Medical Journal. 2022 Jul;47(3).*
- 11 Ahmed Salem Abbas , Nasir Muwfaq Younis. Efficacy of Pender's Health Promotion-based Model on Intervention for Enhancing University of Mosul Hypertensive Employees' Eating Behaviors: A randomized Controlled Trial. *Revis Bionatura 2022;7(3) 35.*
- 12 Ahmed MM, Younis NM, Abdulsalam RR. Assessment of changes in sleep habits in elementary students during covid_19 lockdown. *International Journal of Medical Toxicology & Legal Medicine. 2022;25(1and2):76-80.*
- 13 Mukhlif HH, Younis NM. Evaluation of the association between internet addiction and fatigue among undergraduate students at universities in Mosul city, Iraq: A cross-sectional study. *Rawal Medical Journal. 2022 Dec 11;47(4):829-.*
- 14 Adea MK, Lefta RM, Younis NM. Impact of psychosocial aspect parameters on psoriasis patients' quality of life at outpatient clinic in Al-Dewania City, Iraq. *Rawal Medical Journal. 2022 Dec 11;47(4):892-.*
- 15 Nasir Muwfaq Younis ,Mahmoud Mohammed Ahmed, and Ahmed Ali Hussein. Nurses' knowledge, attitude and practice towards preparedness of disaster management in emergency of Mosul teaching hospitals. *Medico-Legal Update, 2020, 20(3), pp. 775–779.*
- 16 Younis NM, Mahmoud M, Ahmed A, et al. University Students' Attitude Towards E-Learning. *Bahrain Medical Bulletin 2021;43(2):460-2.*
- 17 Muwfaq YN, Ahmed MM, Abdulsalam RR. Assessing Quality of Life in Palliative Care. *Bahrain Medical Bulletin 2021;43(3):594-6.*
- 18 Najj AB, Ahmed MM, Younis NM. Adherence the Preventive Measure Against for COVID-19 among Teachers at University of Mosul. In *J Med Tox Leg Med 2021;24(3&4).pp:273_277.*
- 19 Mahmood Mohammed Ahmed, Nasir Muwfaq Younis and Ahmed Ali Hussein. Prevalence of Tobacco use among Health Care Workers at Primary Health care Centers in Mosul City. *Pakistan Journal of Medical and Health Sciences, 2021, 15(1), pp. 421–424*
- 20 Nasir Muwfaq Younis, Mahmoud Mohammed Ahmed and Nawaf Mohammed Dhahir. Prevalence of Covoravirus among Healthcare Workers. *International Journal of Medical Toxicology & Legal Medicine. Volume 24, Nos. 1-2, jan-jaune 2021. pp:267-269.*

- 21 Ahmed MM, Younis NM, Hussein AA. Violence towards nurses staff at teaching hospitals in Mosul City. *Indian J. Forensic Med. Toxicol* 2020;14(3):2598-603.
- 22 Gemble, A., Hubert, C., Borsa-Dorion, A., Dessaint, C., Albuissou, E., & Hascoet, J.-M. (2020). Knowledge assessment of sudden infant death syndrome risk factors in expectant mothers: A prospective monocentric descriptive study. *Archives de Pédiatrie*, 27(1), 33–38.
- 23 Abdulrazzaq, Y. M., Kendi, A. Al, & Nagelkerke, N. (2008). Child care practice in the United Arab Emirates: the ESACCIPS study. *Acta Paediatrica*, 97(5), 590–595.
- 24 Hirabayashi, M., Yoshinaga, M., Nomura, Y., Ushinohama, H., Sato, S., Tauchi, N., Horigome, H., Takahashi, H., Sumitomo, N., & Shiraiishi, H. (2016). Environmental risk factors for sudden infant death syndrome in Japan. *European Journal of Pediatrics*, 175(12), 1921–1926.
- 25 Byard, R. W., & Krous, H. F. (2003). Sudden infant death syndrome: overview and update. *Pediatric and Developmental Pathology*, 6(2), 112–127.
- 26 Filiano, J. J., & Kinney, H. C. (1994). A perspective on neuropathologic findings in victims of the sudden infant death syndrome: the triple-risk model. *Neonatology*, 65(3–4), 194–197.
- 27 Nelson, E. A. S., Taylor, B. J., & Group, I. S. (2001). International Child Care Practices Study: infant sleep position and parental smoking. *Early Human Development*, 64(1), 7–20.
- 28 Li, D.-K., Petitti, D. B., Willinger, M., McMahon, R., Odouli, R., Vu, H., & Hoffman, H. J. (2003). Infant sleeping position and the risk of sudden infant death syndrome in California, 1997–2000. *American Journal of Epidemiology*, 157(5), 446–455.
- 29 Algwaiz, A. F., Almutairi, A. M., Alnatheer, A. M., Alrubaysh, M. A., Alolaiwi, O., & Alqahtani, M. (2021). Knowledge Assessment of Correct Infant Sleep Practices and Sudden Infant Death Syndrome Among Mothers. *Cureus*, 13(12).
- 30 Alexander, G. R., Wingate, M. S., & Boulet, S. (2008). Pregnancy outcomes of American Indians: contrasts among regions and with other ethnic groups. *Maternal and Child Health Journal*, 12(1), 5–11.
- 31 Nasir Muwfaq Younis , Mahmoud Mohammed Ahmed, Nawaf Mohammed Dhahir. Knowledge and Attitude toward older adults among Nursing Students .2021.P J M H S Vol. 15, NO. 3,pp:683_685.
- 32 Carpenter, R., McGarvey, C., Mitchell, E. A., Tappin, D. M., Vennemann, M. M., Smuk, M., & Carpenter, J. R. (2013). Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case–control studies. *BMJ Open*, 3(5), e002299.
- 33 Ahmed Salem Abbas , Nasir Muwfaq Younis. Assessing the effect Pender's Model in changing employees' Eating Behaviors suffer hypertension at Mosul University Iraq. *PAKISTAN JOURNAL OF MEDICAL & HEALTH SCIENCES*. Vol.16, No. 6, 2022.
- 34 Blair, P. S., Mitchell, E., Fleming, P. J., Smith, I. J., Platt, M. W., Young, J., Nadin, P., Berry, P. J., & Golding, J. (1999). Babies sleeping with parents: case-control study of factors influencing the risk of the sudden infant death syndrome. *Commentary: Cot death—the story so far. Bmj*, 319(7223), 1457–1462.
- 35 Nasir Muwfaq Younis, Mahmoud M. Ahmed, Nawaf Mohammed dhahir. Knowledge and Attitude Toward older Adults among Nursing Students. *PAKISTAN JOURNAL OF MEDICAL & HEALTH SCIENCES*. Vol.15, No. 1, Jan-Mar 2021.
- 36 Nasir Muwfaq Younis, Arkan Bahlol. Naji .Assessing the effect of an educational intervention based on Health Belief Model on preventive behaviors of addiction. *PAKISTAN JOURNAL OF MEDICAL & HEALTH SCIENCES*. Vol.15, No. 1, Jan-Mar 2021.
- 37 Hauck, F. R., Thompson, J., Tanabe, K. O., Moon, R. Y., & Vennemann, M. M. (2011). Breastfeeding and reduced risk of sudden infant death syndrome: a meta-analysis. *Pediatrics*, 128(1), 103–110.
- 38 Moon, R. Y. (2016). Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: evidence base for 2016 updated recommendations for a safe infant sleeping environment. *Pediatrics*, 138(5), e20162940.
- 39 Lahr, M. B., Rosenberg, K. D., & Lapidus, J. A. (2005). Bedsharing and maternal smoking in a population-based survey of new mothers. *Pediatrics*, 116(4), e530–e542.
- 40 Brooke, H., Gibson, A., Tappin, D., & Brown, H. (1997). Case-control study of sudden infant death syndrome in Scotland, 1992-5. *Bmj*, 314(7093), 1516.
- 41 Hauck, F. R., Herman, S. M., Donovan, M., Iyasu, S., Merrick Moore, C., Donoghue, E., Kirschner, R. H., & Willinger, M. (2003). Sleep environment and the risk of sudden infant death syndrome in an urban population: the Chicago Infant Mortality Study. *Pediatrics*, 111(Supplement_1), 1207–1214.
- 42 Williams, S. M., Taylor, B. J., Mitchell, E. A., & Group, N. C. D. S. (1996). Sudden infant death syndrome: insulation from bedding and clothing and its effect modifiers. *International Journal of Epidemiology*, 25(2), 366–375.
- 43 Marter, A., & Agruss, J. C. (2007). Pacifiers: an update on use and misuse. *Journal for Specialists in Pediatric Nursing*, 12(4), 278–285.