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SPECIAL ISSUE: CELEBRATING 20 YEARS OF GEOGRAPHY IN KADUNA STATE UNIVERSITY - ADVANCES AND FRONTIERS IN GEOGRAPHY

Nurses-Midwives Knowledge and Attitude towards Babies Sleeping Positions and Sudden Infant Death Syndrome (SIDS), in Kaduna, Nigeria

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ABSTRACT

This study's aim and objectives were to assess the knowledge, attitudes towards babies' back and crib/bassinette sleeping positions, and sudden infant death syndrome (SIDS) in Nigeria. A descriptive design was used to survey the sampled population among nurses and midwives at Shehu Kangiwa and Yusuf Dantsoho Memorial Hospital, Tudun-Wada, Kaduna, Nigeria. The study used a questionnaire as its data-collection instrument. The questionnaires were structured using the five Likert scale. SPSS version 15 was used to analyze the results. The research uses quantitative and qualitative methods, including the Nominal Group Technique (NGT), to obtain the desired results. A sample of 250 respondents was selected among the nurses and midwives in the study area. The results of the study show Back to sleep is represented with, P=000., ≤ .005, Crib or Bassinette to sleep is represented with, p= .000 ≤ .005., the best bedding environment or location to avoid or reduce SIDS is, p= .000 ≤ .005, habituated supine to sleep for babies will support risks including SIDS, with, p= .000 ≤ .005 and finally, the research p= .009 ≤ .005, also shows that habituated sleep to the side (right or left) does not promotes risks of SIDS. The NGT results also supported the quantitative outcome, with clear practice pointing to skin-skin, combined supine with skin-skin, side, and back-to-sleep. The study recommends more awareness of the importance of babies' sleeping positions at all times. Further studies on the influence of culture, environment, and religion on infant bedding safety. Conclusion: side-to-sleep, back-to-sleep, and supine/skin-to-skin are the dominant infant bedding approaches in Nigeria.

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1 Introduction

The concept of sudden infant death syndrome (SIDS) has occupied the centre stage of nursing and paramedical discussions all over the globe. This type of death is commonly linked to the sudden and unexpected infant death, without a warning of sickness or the appearance of any signs of risk of death. Sudden infant death (SIDS) is therefore defined as the sudden and unexpected death of a healthy baby aged 1 month to 1 year (Michalski, 2016). In a study conducted in the United States, the results show that nearly 3500 babies die each year due to sleep-related laxities by parents, including SIDS (CDC, 2017). In another study conducted in Turkey, despite limited data on the prevalence of SIDS, the research reported that the incidence rate of infant deaths in 2017 was 9.1%; out of this percentage, 1.5% is associated with SIDS (Yildiz, 2021; Hauk et al., 2023).

An effort to reduce SIDS, under the "Healthy People 2020" banner, has the objective of reducing the SIDS rate by 10% (Vincent, 2023). The guidelines prepared by the American Academy of Pediatrics (AAP, 2016) provide recommendations for infant sleep position and environment to reduce the risk of sudden death associated with infant sleep conditions, including SIDS. The AAP recommendations include the following: use the supine sleeping position, use a firm sleeping surface avoid placing soft objects in the crib, do not share a bed, use a pacifier, do not expose the baby to cigarette smoke, and continue breastfeeding (AAP, 2016).

The APP (2016) posits that all healthcare providers, neonatal nurses, and other caregivers should work towards implementing the recommendations to reduce the risk of SIDS and serve as role models in the profession (Moon et al., 2022; APP, 2016). In another study, it was established that the APP recommendations for sleeping positions and environment/sleep locations for babies to reduce the rate of sudden sleep-related infant deaths, including SIDS, are highly commendable (Moon et. al., 2022). Some of the recommendations include: use the supine sleeping position, use a firm sleeping surface, avoid placing soft objects in the crib, do not share a bed, use a pacifier, do not expose the baby to cigarette smoke, and continue breastfeeding (CDC, 2017; Moon et al., 2022).

In addition, it is recommended that healthcare providers, neonatal nurses, and other caregivers support SIDS risk-reduction recommendations by advocating for best practices in infant bedding and serving as role models (Dengler et al., 2023). Other studies indicate that mothers and parents listen to bedside nurses and midwives, as well as other professionals; therefore, adopting best practices

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in infant bedding requires advocacy from healthcare personnel (Abel & Sudi, 2013). However, most healthcare professionals lack sufficient or comprehensive knowledge of SIDS (Abel & Sudi, 2013; Blair et al., 2006; NICE, 2025). A study conducted in Turkey found that nurses and midwives lacked adequate knowledge of safe sleeping positions for babies, compared with other countries (Yildiz, 2021).

The lack of knowledge among midwives and nurses in Turkey about the best sleeping positions for babies is reflected in the real health matrix, which shows that pediatric clinics lack knowledge of SIDS as an important source of information on infant care for parents (Yildiz, 2021). Therefore, we believe that the results of this study will reveal the current knowledge level of our bedside professionals regarding a safe sleeping environment among midwives and nurses and will contribute to the implementation of necessary actions in this field (such as adding this subject to the scope of routine neonatal follow-up or discharge training). Literature on SIDS in Nigeria is limited; this study will therefore add to the literature, practice, and knowledge in nursing clinical practice and the advancement of knowledge among nursing tutors' students.

2 Methodology

2.1 Research Design

This examines the perceptions of nurses, midwives, and nursing tutor students regarding the best sleeping position or bedding for the newborn in the 5-10-minute labor rooms and afterward. The design there, therefore, is a questionnaire specifically designed for this study. The questionnaire was adapted from the work of Ramos et al. (2023), which was administered to the same category of respondents in a different location outside Nigeria; as such, the collected data were extensively used for this analysis.

2.2 Population of The Study

The total number of 400 respondents is in the area of study. We have over 200 students enrolled in more than 5 programs offered in the Nursing Tutors Programme at Kaduna Polytechnic, Kaduna, Nigeria. The remaining participants were recruited from the 50+ nurses/midwives among the 200+ clinical workers at the Kaduna Polytechnic Shehu Kangiwa Clinic and Yusuf Dantsoho Hospital, both in Tudun Wada, Kaduna. In all, we have 400 populations in our sampling frame.

2.3 Instrument for Data Collection

The main tool for data collection in this research is questionnaires, which were administered to the selected sample to collect information for analysis. The questionnaires were structured using the five Likert scale. SPSS version 15 was used to analyze the results.

2.4 Sample Size

The sample size is 250 respondents, selected from a 400-person sample frame. The sample is purposive, comprising 50 midwives and nurses in Shehu Kangiwa, 50 in Yusuf Dantsoho, and 150 nursing tutor students at Kaduna Polytechnic, Nigeria. Determining and selecting this sample size is an important step in this research study. Therefore, the sample size for this research was selected conveniently and purposively. It is purposeful because the respondents are known and consistent in their profession.

2.5 Reliability of Instrument

The reliability test was conducted for all variables. The reliability test results showed impressive figures that exceeded the minimum threshold for an instrument to be considered reliable. The accepted range is 5-10 for an instrument to be reliable. None of the variables were deleted, which was attributed to the internal consistency of the values. Tavakol and Dennick (2011) argued that an alpha value of 0.85 to 0.92 should be considered the range for an instrument to be declared reliable. This result is similar to what this research recorded. Results closer to 1.00 indicate a stronger relationship with the internal consistency of the instrument. This study, for example, uses 25 construct-related questionnaire items to evaluate nurses/midwives' knowledge and perceptions of the best bedding position for newborn babies across various labor rooms and clinics. The Cronbach alpha test value is .774, representing the reliability of items in section "A" of the questionnaire (i.e., H0: There is no significant difference between nurses/midwives' knowledge of the best sleeping position of babies after birth and their healthy condition). Section "B" shows similar results, recording an alpha value of .710 with 5 dimensions measuring the hypothesis that (there is no significant difference between newborn babies' back-to-sleep, crib/bassinette positions, and Sudden Infant Death Syndrome (SIDS) risk). The results of the reliability studies are presented in Table 4.1, Appendix 4.

3 Results

3.1 Demographic Characteristics of Respondents

Table 1 presents the results of the descriptive analysis of the study's demographic variables. There were 62 male and 245 female respondents in this research. Table 4.5, also in the appendix, reports that 122 participants were married, 62 were single, 67 were widows, and 56 were divorced. The results show that 245 respondents have worked as nurses/midwives for over 10 years, while 62 have less than 1 year of work experience. This indicates

that more than 80% of the respondents are highly experienced in hospitals as nurses/midwives. The results on the qualifications of the respondents show that 123 participants in this research have a BSc/HND in Nursing/Midwifery, 122 respondents have an equivalent of a National Diploma in Nursing/Midwifery, and 62 respondents have auxiliary and related qualifications.

Table 1: Sociodemographic characteristics of the respondents

Gender	Frequency	Percent
Male	62	20.2
Female	245	79.8
Total	**307**	**100.0**
Marital Status		
Married	122	39.7
Single	62	20.2
Widow	67	21.8
Divorces	56	18.2
Total	**307**	**100.0**
Work Experience		
less than 1 year	62	20.2
above 10	245	79.8
Total	**307**	**100.0**
Education		
HND in Nursing	123	40.1
ND in Nursing/Midwife	122	39.7
Auxialliary/Any Relevant Cert.	62	20.2
Total	**307**	**100.0**
Employer		
Government	123	40.1
Private	184	59.9
Total	**307**	**100**

3.2 Socio-economic Characteristics of the Respondents

The chi-square goodness-of-fit test showed that the frequency of responses indicated strong support for recommending back to sleep to mothers after the first 5-10 minutes of birth. The recommendation was that placement in supine was limited to the first 5-10 minutes to avoid infant suffocation. The results in Appendix III show $X^2(3)$, N = 79, = 73.625, P = 000., ≤ .005, representing a 74% level of knowledge and attitude toward recommending back to sleep to mothers as the best sleeping position after placing them in supine for the first 5-10 minutes after birth. The relationship was very strong, with results significant at less than .005, indicating a statistically significant difference or relationship between nurses, midwives, and nursing tutors' students' knowledge and attitudes regarding suggesting back-to-sleep after the first 5-10 minutes after birth to mothers to avoid the incidence of SIDS. To this end, the research results presented the level of knowledge and attitude of nurses, midwives, and tutors' practices as a remedy to avoid a high level of sudden infant death syndrome (SIDS) in the various clinics and hospitals in Nigeria.

Similar research conducted in the USA and Poland found that the supine sleeping position was supported (Moon, 2016; Michalski, 2025). The studies by Moon (2016) and Michalski (2025) contrast with the present findings, which indicate that mothers have only 5-10 minutes in the supine position after birth. There is also existing evidence and rationale for recommending skin-to-skin care for newborn infants. Bed sleepers, sleeping on couches or armchairs, sitting devices, and soft bedding were recommended only after 4 months of age (Moon, 2016; CDC, 2017). Another study strongly supported the sleeping environment, or sleep location, as a key measure for reducing the risk of SIDS in infants (Moon, 2011).

Nurses, midwives, and student tutors also show attitudes and knowledge toward recommending a crib or bassinette for babies to their mothers, with X^2 (3), N= 254.9, p= .000 ≤ .05, supporting the results, with 25.5% indicating a significant relationship between nurses' knowledge and attitude toward recommending a crib or bassinette to mothers/parents to avoid or reduce the occurrence of sudden infant death syndrome, with 25% suggesting that most nurses and midwives in Nigeria support this position. To assess the level of knowledge and attitudes of nurses and midwives toward recommending a crib or bassinette as the best and safest bedding environment and option for babies, X^2 results show X^2 (4), N= 109.889, p= .000 ≤ .05, indicating a statistically significant relationship between the level of knowledge and attitude of nurses, midwives, and nursing tutors toward supporting and recommending to mothers that a crib or bassinette is the best environment option for babies to sleep to reduce or avoid the occurrence of sudden infant death syndrome (SIDS), with 10.9% in agreement with the recommendation.

These results align with findings from a Polish study, which showed that nurses, midwives, and nursing mothers recognize that the crib environment is the best sleeping position for babies. However, 37.76% of female respondents still place their infants to sleep in their parents' beds (Michalski et al., 2025). Despite sleeping alongside the babies, 98.4% of mothers already know that no items should be placed in an infant's crib, though some still violate this rule, a practice that may expose babies to aspiration (Michalski et al., 2025). In another study conducted in the USA, mothers' skin-to-skin contact and bed sharing were also supported (Moon, 2016; CDC, 2017). Polish mothers' knowledge of not placing additional items in their baby's crib remains a norm, but is not well observed by most mothers (Michalski et al., 2025). Nurses, midwives, and student tutors also show attitudes and knowledge suggesting that prolonged or habitual supine sleep increases the risk of aspiration and possible SIDS. With results of X^2 (2), N = 28.775, p = .000 ≤ .05, it shows that nurses, midwives, and student tutors' knowledge and attitudes indicate a significant risk of aspiration and/or sudden infant death syndrome associated with babies' continuous sleeping in the supine position. The nurses, midwives, and student tutors also show attitudes and knowledge suggesting that babies' supine sleep increases the risk of aspiration and possible SIDS, with a 28.8% possibility of occurrence if it is consistently practiced by the mothers. The results of the chi-square test on nurses, midwives, and student tutors' knowledge and attitudes regarding the belief that there are no significant risks associated with side-to-sleep by babies after observing the supine position for the first 5-10 minutes after birth. With results of X^2 (3), N = 11.606, p = .009 ≤ .05, it shows that the result of .009 is greater than .05, signifying that the nurses, midwives, and student tutors' knowledge and attitudes on the belief that sudden infant death syndrome risks are not elevated with babies' continuous sleeping on the side (left and right) are not significant and do not support a risk of aspiration and/or sudden infant death syndrome associated with babies' continuous sleeping on the side position.

The results support babies sleeping on the side after the first 5-10 minutes in the supine position. The findings of this research corroborate those of Michalski et al. (2025), with survey responses indicating that most mothers in the sample (88.9%) were aware that the supine position is the safest in Poland. Research in the USA also supports supine (Moon, 2016; CDC, 2017). These results from Moon and the CDC are contrary to the side- and back-to-sleep recommendations for mothers in Nigeria. Taken together, these findings indicate that nurses' recommendations in Poland and the USA supporting supine sleep as the best sleeping position for babies contrast with the Nigerian back- and side-to-sleep recommendation to mothers after the first 5-10 minutes only after birth. This study shows that there are strong environmental and, probably, cultural or religious influences associated with the conclusions, beyond clinical suppositions. The study in Nigeria is consistent in supporting the best sleeping position for babies, namely side and back-to-sleep, as suggested by the results of this research and as most often recommended by nurses in Nigeria.

Table 2: There is no significant difference between newborn babies in back-to-sleep, crib/bassinette positions, and sudden infant death syndrome (SIDS) risk

S/No		Chi-Square	Df	Asymp. Sig.	Difference is
1	That you recommended the back sleep position to new parents	73.625[a]	3	.000	Significant
2	That you recommended the crib/bassinette sleep position to new parents	254.993[a]	3	.000	Significant
3	That you believe most crib/bassinette bedding is perfectly safe	109.889[b]	4	.000	Significant
4	That babies who sleep supine have an increased risk for aspiration	28.775[c]	2	.000	Significant
5	That you believe the SIDS risk is elevated when babies are placed on side position	11.606[a]	3	.009	Significant

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 76.8.
b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 61.4.
c. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 102.3.

3.3 Nominal Group Technique Result Analysis, Discussion, and Presentation

Nominal Group Technique (NGT) maintained a structurally sensitive approach throughout its conduct. The advantage of NGT is its ability to combine both quantitative and qualitative elements in its final analysis. The technique supported a critical brainstorming session that engaged participants' consciousness and brought out ideas that resolved a great deal of issues surrounding the subject under scrutiny. This characteristic facilitates the evolution of multifaceted ideas that have a direct link to an issue that poses serious research constraints when using other methods, such as interviews and quantitative-only analysis. The superiority of NGT over focus groups is its allowance and privilege for all participants in the group to air their opinions without domination by an outspoken member of the group. This technique supports equal opportunity for all group members to participate in the crafting and development of ideas that will address issues under investigation. An NGT technique or approach is an interview technique that recognizes the importance of all participants. In this case, all participants work in the presence of each other but with a high degree of independence and without interference from one another in what each is going to report as their true position on the issue under investigation (Yahya et al., 2016).

Steps in the Nominal Group Technique

The following are the six steps of NGT:
Step 1: Opening the session

Step 2: Silent generation of ideas in writing

Step 3: Round-robin recording of ideas

Step 4: Serial discussion on the ideas

Step 5: Voting to select the most important ideas (see Yahya et al., 2016; Abdullah & Islam, 2011)

Rules of conducting A Nominal Group Session

Rule 1: No criticism of anybody's idea

Rule 2: No evaluation of anybody's idea

Rule 3: Generate as many ideas as possible

Rule 4: Modifying and combining ideas

Rule 5: Anonymity of inputs

Instruction to Observe During NGT Sessions

Participants are expected to follow the instructions in Stages 1-5 to ensure the genuineness of the ideas that will support the research and its findings. These instructions are very important. Let us repeat them here for clarity. Participants are expected to rank their ideas, assigning the best idea a value of 5, then 4, 3, 2, and 1, with the least important idea receiving a weight of 1. Participants are expected to choose the five most important ideas from the list generated in this session. Each chosen idea should be assigned a serial number from the master list. Then please assign weights as follows:
(a) Most important idea = 5,

(b) Second most important idea = 4,

(c) Fifth most important idea = 1.

(d) The weights need not be in chronology like 5, 4, 3, 2, 1 or 1, 2, 3, 4, 5.

(e) It could be in any order, like 4, 2, 5, 1, 3, or 5, 3, 4, 2, 1, and so on

Discussion of the Findings of the Research using Nominal Group Technique (NGT)

The normal process of conducting NGT was strictly followed from stage 1-6, i.e., as described and suggested by Reference (Abdullah & Islam, 2011; Ibrahim et al., 2015; Yahya et al., 2016; Delbecq et al., 1975). The steps are presented here again to reflect while going through the

findings, thus:

> *Presentation and introduction of the technique, followed by questions to respondents to help develop an opinion. Period of silent observation to reflect on the question put forward and write an individual opinion on the subject under investigation. The facilitator will then request individual responses from each member in a round-robin manner and record them in an open area where each member can see and read them. The next is a time for recording only, no discussion yet. The respondents will then be allowed to discuss the ideas listed on the board or cardboard and ask for clarification of their meaning (this is not an avenue to change the idea or add any issues to it). The participant will then individually select three, five, or eight most important ideas from the lists generated by the general respondents.*
>
> *Finally, the selection by participants of 5 items each and ranking them accordingly is the individual participants' voting rank; the most important item, if selected, will be ranked 5, followed by 4, 3, 2, and 1. This ends the participant's session. If the researcher has enough time after the report is completed, using the developed ranking matrix (see Table 3, columns 1 and 2), the most important ideas with higher rankings become the factors the participant votes for analysis.*

As in this case, 5 factors were selected and are discussed as follows:

S/N	Ideation	Ranking Scores
1	The babies are usually put on their supine to sleep to avoid aspiration and risks of sudden death syndrome (SIDS)	1,4,1,4
2	The Babies are placed on skin-to-skin after being put in their supine position for the first 5-10 minutes after birth	5,3,5,4,1,5,5,1,1
3	Back position to sleep after putting them on supine for the first 5-10 minutes after birth	3,3,4
4	Side to sleep (left or right on the mother's side), we combine the side with skin-to-skin.	3,5,4,3,4
5	Crib or Bassinette	1,1,1

From Table 3, the nurses, Midwives and nursing tutors believe that supine sleep is only important during the first 5-10 minutes of birth as shown by the practices of most Nigerian nurses, midwives and tutors on training, while babies' skin to skin on either side to sleep or back to sleep is the major practices with kangaroo presupposes prior knowledge. While cribs and bassinets are used by both the elite and those of a medium economic status. This supported the results from the quantitative tool, which favored back to sleep, with an explanation that back to sleep, with a shared sleep environment and the mother on skin-to-skin, then supine, or back to sleep with the mother.

Tables 3 Selected Ideas with their Ranking Scores as Assigned by the Participants

Table 4: Variables by Variable Analysis and Interpretation after Ranking

S/N	Ideation	Ranking Scores	Grand Ranking Scores
1	I recommend that the babies be put in their supine position to sleep to avoid aspiration and the risks of sudden death syndrome (SIDS)	1,4,1,4	10
2	I recommend that the Babies be placed on skin to skin after putting them on supine for the first 5-10 minutes after birth, to avoid aspiration SIDS risks	5,3,5,4,1,5,5,1,1	30
3	I recommend the back position to sleep after putting them on their supine for the first 5-10 minutes after birth to avoid aspiration or SIDS risks	3,3,4	10
4	I recommend side sleeping (left or right on the side of the mother), we combine side with skin-skin, to avoid aspiration or SIDS risks	3,5,4,3,4	19
5	I recommend a crib or bassinet for the mothers to avoid aspiration or SIDS risks	1,1,1	3

The results in Table 4 show the grand total ranking for each item, with item number 2, "I recommend that the babies be placed skin-to-skin after putting them on supine for the first 5-10 minutes after birth, to avoid aspiration and SIDS risks," ranked with a "30" score, making it the top choice for the nurses based on their knowledge and attitudes practiced in the clinic, and recommendations to the mothers that to avoid aspiration and SIDS incidence, mothers should support babies sleeping skin-to-skin with the mother on supine for the first 4 days or less after birth. As discussed earlier, this result supports the research conducted by Moon (2016), CDC (2017), and Michalski et al. (2025). The second-highest-ranked item on the table shows "I recommend side-to-sleep (left or right on the side of the mother), we combine side with skin-to-skin, to avoid aspiration or SIDS risks." This item scored a "19" on the matrix as the second-most recommended bedding position for babies to

their mothers or parents in Nigeria.

This shows that side and back sleeping are the second most commonly recommended sleeping positions among Nigerian nurses, midwives, and nursing tutors in training. The 3rd-ranked recommendation to mothers is the best bedding and sleeping position for babies to avert or reduce infant sudden death syndrome (SIDS). "I recommend that the babies be put on supine to sleep to avoid aspiration and risks of sudden death syndrome (SIDS)," and "I recommend the back position to sleep after putting them on supine for the first 5-10 minutes after birth to avoid aspiration or SIDS risks." This is supine, but to the mother's belly, with the hope of skin-to-skin contact and maintaining a warm temperature for the baby, with a "10" score as well. Nurses, midwives, and nursing tutors also recommended that mothers sleep in the same bed as the baby to facilitate skin-to-skin contact and warm the baby's body.

Back-to-sleep practices and bed-sharing with babies align with the latest developments in Poland and the USA, among other places, where the bedding environment and location choices are shifting, due to a lack of space for a crib or bassinette or to meet demands for intimacy with the baby (Moon, 2016; Bullock et al., 2004; Michalski, 2025). The last option, with a score of "3," is a crib or bassinette for the baby to sleep in, yet nurses' knowledge and attitudes toward these two babies sleeping environments and locations are low. This is also true of the CDC study (2017), which found that a lack of sufficient space reduces the use of a crib or bassinette, especially a bassinette, due to its inconvenient height.

4 Conclusion

The study concluded that side-to-sleep, back-to-sleep, and supine/skin-skin are the dominant infant sleep practices in Nigeria. The results indicated that supine-to-sleep is a preventive measure to avoid newborn aspiration or sudden infant death syndrome. The research showed different professional approaches to SIDS within countries, within professions, and beyond the boundaries of nursing practice. It is well documented that nurses, midwives, and mothers recommend skin-to-skin, either on the side, on the back, or predominantly supine, to the mother's stomach for babies from birth to 4 or more months. Crib and bassinet sleep is well known but rare in practice in Nigeria. In areas where they are practiced, the rules for avoiding soft bedding, pillows, and other materials in the crib or bassinet are usually not observed. The study recommended that greater awareness and advocacy be promoted regarding the importance of the crib and bassinet environment for babies to avoid the risks of SIDS and aspiration. Verifiable evidence should be presented to mothers during antenatal interactions on the risks associated with skin-to-skin sleep. Simply warming the baby is not enough to keep the baby skin-to-skin all the time. This means that a mother's health issues may affect the baby unnoticed. Prolonged and habitual supine sleep on the mother's belly/stomach may lead to aspiration and possible risks of SIDS. A positive sleeping posture and improved nurses' and midwives' contact with mothers will reduce SIDS risk. Further studies should examine the influence of culture, environment, and religion on infant bedding safety.

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