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Association Between Nurses' Knowledge of Sudden Infant Death Syndrome and Their Practices in Infant Sleep Positioning and Parental Education

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Abstract

Background: *Sudden infant death syndrome (SIDS) represents one of the leading causes of post-neonatal mortality worldwide, particularly during the first year of life. It is defined as the sudden and unexplained death of an apparently healthy infant, typically occurring during sleep, and remains unexplained even after a thorough autopsy, death scene investigation, and review of the clinical history. Despite decades of research and global awareness campaigns, the precise etiology of SIDS remains unclear. However, a wide range of modifiable risk factors–such as prone sleeping, soft bedding, overheating, bed-sharing, and exposure to tobacco smoke–have been consistently identified in the literature. Nurses, especially those working in neonatal intensive care units (NICUs) and pediatric wards, are at the frontline of infant care and play a critical role in implementing SIDS risk reduction strategies.*

Objectives *To investigate the association between nurses' knowledge of SIDS and their practical application in sleep positioning of infants and parental education within neonatal care settings.*

Methods and Results: *A descriptive correlational study was conducted among 230 nurses across neonatal and pediatric units in Najaf. A structured questionnaire assessed nurses' knowledge on SIDS, their sleep positioning practices, and parental education habits. Data were analyzed using SPSS, employing Chi-square and Spearman correlation tests to explore relationships between variables.*

Results: *The majority of nurses (37.8%) had fair knowledge of SIDS. While 58.3% identified the supine position as safest, 21.3% believed lateral positioning was acceptable. Regarding education, 69.6% delivered oral sessions to parents, and 81.3% inquired about the infant's sleep environment. Significant associations were found between knowledge levels and both sleep positioning practices ($p=0.027$) and parental education frequency($p=0.018$).*

Conclusion *Improved knowledge of SIDS among nurses is associated with safer sleep positioning practices and more consistent parental education. Enhancing training programs and reinforcing evidence-based guidelines can promote better adherence to SIDS risk reduction strategies.*

Keywords: *Sudden Infant Death Syndrome, Sleep Position, Parental Education, Neonatal Nursing, Knowledge-Practice Gap.*

INTRODUCTION

Sudden Infant Death Syndrome (SIDS) remains one of the leading causes of post-neonatal mortality in infants under one year of age worldwide. It is defined as the sudden, unexplained death of an apparently healthy infant, typically during sleep, with no identifiable cause even after thorough investigation, including autopsy, clinical history, and death scene examination [1]. According to the World Health Organization and the Centers for Disease Control and Prevention, thousands of infants die annually from SIDS despite ongoing prevention efforts, highlighting its persistent public health significance [2].Numerous modifiable risk factors are associated with SIDS, including prone and side sleep positioning, use of soft bedding, co-sleeping, and exposure to tobacco smoke. The "Back to Sleep" campaign, later rebranded as "Safe to Sleep," led to a substantial decline in SIDS incidence by promoting supine sleep positioning, yet recent studies indicate that adherence to safe sleep practices remains inconsistent, particularly among caregivers with limited education or cultural misconceptions [3,4].Nurses play a pivotal role in SIDS prevention through direct infant care and parental education. Their knowledge and practice regarding infant sleep positioning significantly influence the behaviors of new parents, especially during postpartum hospitalization and primary health visits [5]. Research has shown that nurses with inadequate understanding of SIDS risk factors may inadvertently disseminate inaccurate information or fail to model appropriate sleep practices [6]. Nurses play a critical role in preventing adverse outcomes associated with clinical deterioration in hospitalized children by promptly recognizing and responding to changes in vital signs [7]. As frontline healthcare providers, they are instrumental in

educating parents and caregivers about safe infant sleep practices and necessary environmental adjustments to reduce the risk of Sudden Infant Death Syndrome (SIDS) [8]. Serving as the primary point of contact for families, nurses are central to delivering early interventions and ongoing parental guidance [9]. The Pediatric Intensive Care Unit (PICU), in particular, is a specialized setting designed to deliver advanced medical care to infants, children, and adolescents experiencing life-threatening or critical health conditions [10].Effective parental education is critical in promoting safe sleep habits and reducing preventable deaths. As frontline healthcare professionals, nurses are expected to counsel parents on sleep positioning, the importance of firm mattresses, the avoidance of soft objects and loose bedding, and the need to keep infants in a smoke-free environment [10,11]. However, gaps remain in both knowledge and practice among nurses, especially in regions with limited access to updated training and standardized protocols [12]. Enhancing the quality of nursing education regarding SIDS not only improves patient safety but also empowers families to make informed decisions. Continuing professional development, evidence-based guidelines, and institutional support are essential to strengthen nursing competencies in this domain [13]. This study aims to examine the association between nurses' knowledge of SIDS and their practices related to infant sleep positioning and parental education, shedding light on critical areas for intervention and policy enhancement.

METHODS AND MATERIALS

A descriptive cross-sectional study was conducted at Al-Zahraa Teaching Pediatric Hospital. The researcher in the present study used informed consent to protect participant rights. Before beginning the study, the researcher obtains a formal agreement from Medical Research Ethics Committee (MREC) for ethical study approval in compliance with the requirements for conducting human. The study targeted all registered nurses across departments including neonatal intensive care unit, pediatric wards, emergency, and maternal units. Specialized Al-Zahraa Teaching Pediatric Hospital in Al Najaf was design site to obtain the necessary sample. A stratified random sampling technique was employed to select 230 participants from a total nurse population of 550 to ensure departmental and shift representation. Data collection was performed using a structured, self-administered questionnaire composed of five sections: first section socio- demographic data, participation in relevant training courses, and whether the nurse is a parent second section knowledge of SIDS definition and characteristics, this section assessed nurses' awareness of SIDS, its clinical definition, risk factors, age group vulnerability, common circumstances of occurrence, and diagnostic aspects. Responses were provided on a 3-point Likert scale: "I know," "I don't know," and "Not sure." Third section recognition of risk factors (behavioral, environmental, maternal), Assessed understanding of infant care practices that increase or reduce SIDS risk (e.g., sleep position, breastfeeding, use of pacifiers), Evaluated knowledge of exposure to smoking, overheating, bed-sharing, and unsafe bedding and Included factors such as maternal age, substance use, infection, and socioeconomic status. forth section knowledge of sleep safety practices, Focused on nurses' knowledge and personal attitudes toward safe infant sleep arrangements, recommended positions, and hospital policy influences. It included multiple- choice and opinion-based questions aligned with academic American pediatric guidelines. and fifth section educational methods and attitudes regarding parental counseling, this section explored the nurses' self-perceived competence (rated on a scale from 1 to 10), the frequency and method of parental education delivery, assessment of parents' knowledge, and whether they counsel parents on feeding practices and sleep environment safety. The tool was developed based on academic American pediatric recommendations and validated through expert panel review and a pilot study involving 20 nurses. Reliability testing yielded Cronbach's alpha values ranging between 0.72 and 0.81 across domains.

RESULTS

Table (1): Descriptive statistics and assessment of knowledge of nurses about sudden infant death syndrome

Items		I Don't Know	Not Sure	I know	MS	Asses.
1. What sudden infant death syndrome (SIDS) is?	**Freq.**	74	63	93	1.08	Fair
	%	32.2	27.4	**40.4**		
2. The age group most at risk for SIDS?	**Freq.**	88	35	107	1.082	Fair

	%	38.3	15.2	**46.5**		
3. Are you aware that SIDS usually occurs during an infant's sleep without warning?	**Freq.**	77	37	116	1.17	Fair
	%	33.5	16.1	**50.4**		
4. That the exact cause of SIDS is still unknown?	**Freq.**	98	36	96	0.99	Poor
	%	**42.6**	15.7	41.7		
5. Are you aware that SIDS is diagnosed only after ruling out other causes of death?	**Freq.**	80	46	104	1.10	Fair
	%	34.8	20.0	**45.2**		
6. That educating parents about safe sleep practices can help reduce the incidence of SIDS?	**Freq.**	49	26	155	1.46	Fair
	%	21.3	11.3	**67.4**		
7. That placing a baby to sleep on their back reduces the risk of SIDS?	**Freq.**	59	29	142	1.36	Fair
	%	25.7	12.6	**61.7**		
8. Are you aware that overheating during sleep may contribute to the risk of SIDS?	**Freq.**	67	35	128	1.27	Fair
	%	29.1	15.2	**55.7**		
9. That using a firm mattress without pillows or stuffed toys helps prevent SIDS?	**Freq.**	74	45	111	1.16	Fair
	%	32.2	19.6	**48.3**		
10. Are you aware that premature and low birth weight infants are at higher risk of SIDS?	**Freq.**	83	28	119	1.16	Fair
	%	36.1	12.2	**51.7**		

Table (1) displays the descriptive statistics and assessment of knowledge for the study subjects.

This table shows that assessment (mean of scores) of knowledge for the study subjects, it demonstrates that the assessment of the majority items is (fair)for all items numbered (1,2,3,5,6,7,8,9,10), while it is considered (poor) for the item numbered (4).This assessment is based on the statistical scoring system that indicated total mean of scores equal and more than (1) as (poor) ; and those between (1.1-1.50) as (fair) , those with scores more than (1.51) as (good) .

Table (2); overall assessment of knowledge of nurses about sudden infant death syndrome

	Severity	Frequency	Percent	MS	Assess.
Knowledge	Poor	78	33.9	**1.18**	**Fair**
	Fair	**87**	**37.8**		
	Good	65	28.3		
	Total	230	100.0		

MS: Mean of Scores; Poor: MS = <= 1.00; Fair: MS = 1.01 - 1.50; Good: MS =1.50+; Assess: assessment
Table (2) and Figure (1) provide the overall assessment of Knowledge for the study subjects. It show that the overall assessment of Knowledge is fair **(37.8%)**, while **(33.9%)** of them have poor levels of Knowledge toward SIDS.

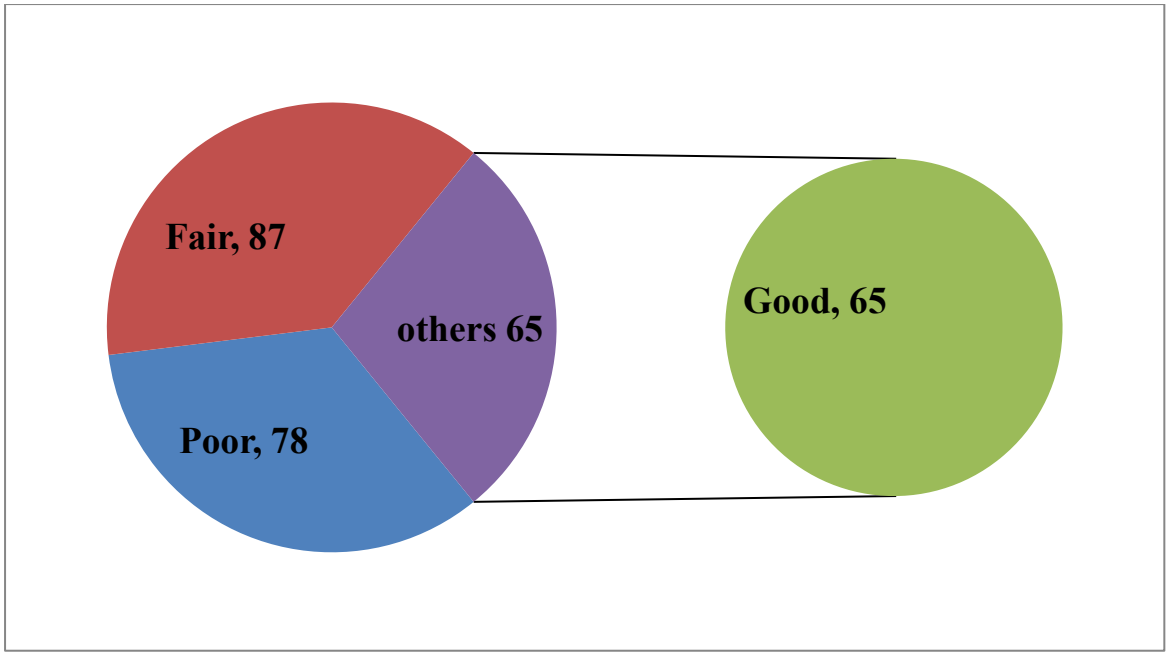

Figure (1) Overall assessment of knowledge of nurses about sudden infant death syndrome

Table (3): Descriptive statistics and assessment of nurse's knowledge about environmental factors associated with the risk of sudden infant death syndrome

Items		I Don't Know	Decrease the risk	Increase the risk	MS	Asses.
1- Avoid smoke exposure during pregnancy	Freq.	11	133	86	1.39	Fair
	%	4.8	**57.8**	37.4		
2- Smoke exposure after birth	Freq.	24	27	179	1.77	Good
	%	10.4	11.7	**77.8**		
3- Bed sharing with infants	Freq.	28	161	41	1.48	Fair
	%	12.2	**70.0**	17.8		
4- Avoid overheating infant./Over bundling	Freq.	25	33	172	1.65	Fair
	%	10.9	14.3	**74.8**		
5- Soft mattress	Freq.	32	131	67	1.15	Poor
	%	13.9	**57.0**	29.1		
6- Adding toys to the crib(baby's bed)	Freq.	54	138	38	1.37	Poor
	%	23.5	**60.0**	16.5		
7- Adding fluffy comforters to keep warm	Freq.	22	31	177	1.78	Good
	%	9.6	13.5	**77.0**		
8- Sleeping on the sofa/couch	Freq.	50	148	31	1.43	Fair
	%	21.7	**64.8**	13.5		

Table (3) displays the descriptive statistics and assessment of nurse's knowledge about environmental factors associated with the risk of sudden infant death syndrome. This table illustrates that assessment (mean of scores) of knowledge for the study subjects, it demonstrates that the assessment of the majority items is (fair)for all items numbered (1 ,3,4 ,8), while it is considered (poor) for the items numbered (5 and 6) and its considered good for the items numbers (2 and 7).This assessment is based on the statistical scoring system that indicated total mean of scores equal and less than (1.38) as (poor) ; and those between (1.39-1.75) as (fair) , those with scores more than (1.76) as (good) .

Table (4); overall mean of score of nurse's knowledge about environmental factors associated with the risk of sudden infant death syndrome

Nurse's knowledge about	Levels	Frequency	Percent	MS	Assess.
	Poor	79	34.3	**1.48**	**Fair**

environmental factors	**Fair**	**116**	**50.4**		
	Good	35	15.2		
	Total	**230**	**100.0**		

<= 1.38 =Poor, 1.39 - 1.75 =Fair, >= 1.76= Good

Table (4) sheds light on the overall assessment of nurse's knowledge about environmental factors associated with the risk of sudden infant death syndrome. It reveals that **(50.4%)** of them have fair levels of knowledge.

Table (5): Descriptive statistics and assessment of nurse's knowledge about maternal factors associated with the risk of sudden infant death syndrome

Items		I Don't Know	Decrease the risk	Increase the risk	MS	Asses.
1- Reproductive tract Infections	**Freq.**	52	15	163	1.48	Fair
	%	22.6	6.5	**70.9**		
2- Young age	**Freq.**	77	125	28	1.21	Poor
	%	33.5	**54.3**	12.2		
3- Low parity (inter-pregnancy intervals)	**Freq.**	45	66	119	1.32	Fair
	%	19.6	28.7	**51.7**		
4- Increase in age	**Freq.**	51	40	139	1.38	Fair
	%	22.2	17.4	**60.4**		
5- Poor prenatal care	**Freq.**	28	167	35	1.03	Poor
	%	12.2	**72.6**	15.2		
6- Low socioeconomic status	**Freq.**	64	106	60	1.18	Poor
	%	27.8	**46.1**	26.1		
7- Standard post-natal care	**Freq.**	43	65	122	1.10	Poor
	%	18.7	28.3	**53.0**		
8- Substance abuse (tobacco, alcohol, opiates)	**Freq.**	26	37	167	1.61	Good
	%	11.3	16.1	**72.6**		

Table (6) displays the descriptive statistics and assessment of nurse's knowledge about maternal factors associated with the risk of sudden infant death syndrome. This table shows that assessment (mean of scores) of knowledge for the study subjects, it demonstrates that the assessment of the majority items is (poor)for items numbered (2, 5,6 and 7), while it is considered (fair) for the items numbered (1,3 and 4) and (good) for the item numbered (8). This assessment is based on the statistical scoring system that indicated total mean of scores equal and less than (1.25) as (poor) ; and those between (1.26-1.50) as (fair) , those with scores more than (1.51) as (good) .

Table (6); overall mean of score of nurse's knowledge about maternal factors associated with the risk of sudden infant death syndrome

	Levels	Frequency	Percent	MS	Assess.
Nurse's knowledge about maternal factors	**Poor**	**95**	**41.3**	**1.22**	**Poor**
	Fair	64	27.8		
	Good	71	30.9		
	Total	**230**	**100.0**		

<= 1.25 =Poor, 1.26 - 1.50 =Fair, >= 1.51= Good

Table (7) elucidates the overall assessment and mean of score of nurse's knowledge about maternal factors associated with the risk of sudden infant death syndrome. It reveals that the overall assessment of knowledge is poor toward maternal factors **(41.3%)**.

Table (8): Distribution of the subject's responses regarding to sleep position.

Items	Intervals	Freq.	%
Where should an infant sleep?	In a separate room	34	14.8
	In the same room as siblings	27	11.7
	In the same bed as the parents	9	3.9
	In the same room as parents but on a separate bed	**160**	**69.6**
What is acceptable to add to the baby's bed to ensure good sleep, comfort and prevent SIDS?	**Soft pillow**	**119**	**51.7**
	Extra cover for extra warmth	33	14.3
	Few toys to play with	8	3.5
	None of the above	70	30.4
According to your Knowledge of SIDS-related safe sleep practices and AAP recommendation "Back to Sleep" which of the following do you consider safe sleep position:	**Supine/back**	**134**	**58.3**
	Prone/tummy	21	9.1
	Lateral/side	49	21.3
	Whichever position that seems comfortable for the infant	26	11.3
Which sleeping arrangement has a relationship with SIDS	**Co- sleeping**	**61**	**26.5**
	Soft bedding accessories	45	19.6
	Sleeping on couch and chair	32	13.9
	Sleeping in separate room from infant	31	13.5
	All the above	54	23.5
	Other	7	3.0
Placing a healthy infant on its "back for sleeping will	Increase risk of aspiration	49	21.3
	Decrease comfort of infant	46	20.0
	Decrease the risk of SIDS	**135**	**58.7**
What is your personal attitude on the set safe sleep recommendations	Supine sleep position over time leads to a flat head in infants	47	20.4
	I follow all the SIDS risk reduction policies regardless of my attitude.	**107**	**46.5**
	Supine position leads to developmental delay in infants	19	8.2
	Recommendation on risk reduction makes a positive difference in preventing SIDS	57	24.8
Which of the following factors influence your choice of positioning a healthy infant for sleep?	Policy	38	16.5
	Clinical experience	**116**	**50.4**
	Research	76	33.0

Table (9) elucidates the descriptive statistics and assessment of the subject's responses regarding to sleep position**.** It reveals that the infant sleep position was in the same room as parents but on a separate bed **(69.6%)** and Soft pillow was acceptable to add to the baby's bed to ensure good sleep, comfort and prevent SIDS **(51.7%),** and Supine/back was consider safe sleep position **(58.3%)**, and sleeping arrangement that has a relationship with SIDS was co-sleeping **(26.5%)**. Placing a healthy infant on its "back for sleeping will Decrease the risk of SIDS **(58.7%)**. And the personal attitude was "I follow all the SIDS risk reduction policies regardless of my attitude" **(46.5%)**. And the Clinical experience was the most factors influence the choice of positioning a healthy infant for sleep **(50.4%)**.

Table (10): Distribution of the subject's responses regarding education of parents on SIDS

Items	Intervals	Freq.(n=230)	%
When do you deliver education to parents on SIDS-related Safe Sleep Practices?	**On infant admission or post-natal care**	**115**	**50.0**
	Only when parents ask	21	9.1
	When I have a pregnant woman as my patient	71	30.9
	I do not routinely provide SIDS education	23	10.0
How do you deliver education to parents' management on SIDS?	**Orally, during routine check-ups (postnatal care)**	**160**	**69.6**
	Prints	20	8.7
	Videos	34	14.8
	None	16	7.0
When providing SIDS education sessions, do you ask mothers/ caregivers about the sleep environment of infants?	**Yes**	**187**	**81.3**
	No	43	18.7
Do you educate on the choice of infant feeding (breastfeeding or bottle feeding) during education sessions on SIDS?	**Yes**	**203**	**88.3**
	No	27	11.7
How often do you evaluate the parent's knowledge and practice about SIDS?	Once a month	23	10.0
	When they come for postnatal care at the health post	**94**	**40.9**
	Every time I encounter a mother during my service delivery	89	38.7
	Evaluation is not necessary,	18	7.8
	Other	6	2.6

Table (10) and figures (4.3, 4.4) elucidate the descriptive statistics and assessment of the subject's responses regarding to education procedures**.** It reveals that the majority of nurses were considering themselves as moderately competent **(37%)** person to advice about SIDS and (50%) of the were deliver education to parents on SIDS On infant admission or post-natal care. **(69.6%)** of them were using orally method to deliver education to parents on SIDS. **(81.3%)** of them were asking mothers/ caregivers about the sleep environment and **(88.3%)** asking about feeding during education sessions on SIDS. Finally, **40.9%** of them were evaluating the parent's knowledge and practice about SIDS when they come for postnatal care at the health post.

Ref Table (11) Association between nurse's knowledge, behavioral factors, Environmental factors and maternal factors among study subjects.

Correlations			
		Knowledge	behaviors
Knowledge/ Behaviors	Spearman's rho	1.000	.139*
	Sig. (2-tailed)		0.035*
	N	230	230
		Knowledge	Environmental factors
	Spearman's rho	1.000	.143*

Knowledge/ Environmental factors	**Sig. (2-tailed)**		**0.030***
	N	**230**	**230**
		Knowledge	**Maternal factors**
Knowledge/ Maternal factors	**Spearman's rho**	1.000	.173**
	Sig. (2-tailed)		**0.009***
	N	**230**	**230**
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 11: shows that there is a significant correlation among nurse's knowledge and behavioral factors (Sig. =0.035), Environmental factors (Sig. =0.030) and maternal factors (Sig. =0.009).

DISCUSSION

The findings of this study highlight critical gaps and patterns in nurses' knowledge and practices related to Sudden Infant Death Syndrome (SIDS), with a focus on sleep positioning and parental education. The analysis of knowledge-related data reveals that the majority of nurses demonstrated a fair level of understanding regarding general concepts of SIDS, with specific deficiencies noted in knowledge about the unknown etiology of the syndrome. Most items scored within the "fair" category, while only one item—regarding the cause of SIDS—was assessed as "poor," suggesting persistent uncertainty in foundational knowledge.

In terms of overall knowledge classification, 37.8% of the sample exhibited a fair understanding of SIDS, while a concerning 33.9% showed poor knowledge. This indicates a pressing need for structured training programs to address knowledge deficits, particularly given the preventable nature of SIDS through behavioral and environmental interventions.

Assessment of nurses' knowledge about environmental risk factors showed similar trends, with the majority scoring at a fair level (50.4%). Items such as "smoke exposure after birth" and "use of fluffy comforters" were correctly identified by most participants as increasing risk, reflecting some degree of practical awareness. However, misconceptions persisted in areas such as the role of soft mattresses and crib accessories, where knowledge was rated as poor. These misunderstandings have the potential to negatively influence both clinical practice and the quality of education provided to parents.

Maternal risk factor knowledge revealed a more concerning picture. Over 40% of nurses scored in the poor range, with specific weaknesses in understanding the implications of young maternal age, low socioeconomic status, and inadequate prenatal care. These factors are crucial for early identification of at-risk infants and for shaping targeted educational interventions. While knowledge regarding substance abuse as a risk factor was relatively high, other items were inconsistently understood, suggesting gaps in the broader contextual understanding of maternal influences.

When evaluating actual behaviors and attitudes related to infant sleep positioning, the data show some alignment with recommended practices. A majority of respondents (69.6%) correctly identified that infants should sleep in the same room as their parents but in a separate bed, and 58.3% recognized the supine position as the safest. However, a significant proportion (51.7%) believed that soft pillows were acceptable for infant sleep, which directly contradicts safe sleep guidelines and indicates potential risks arising from inconsistent application of knowledge.

Moreover, when asked about sleeping arrangements linked to SIDS, only 26.5% identified co-sleeping as a risk factor, while 23.5% chose "all of the above," suggesting variability in comprehension of multiple contributing factors. Importantly, over half of the participants acknowledged that placing a healthy infant on their back decreases the risk of SIDS, aligning with accepted safety practices.

Regarding parental education, the findings suggest moderate engagement by nurses in providing information on SIDS. Half of the participants (50%) reported offering education at the time of infant admission or during postnatal care. The primary method used was oral communication (69.6%), while multimedia and printed resources were less commonly utilized. A high percentage (81.3%) actively inquired about the infant's sleep environment, and 88.3% included information about feeding during sessions—both important components of a comprehensive educational approach. However, only 40.9%

reported evaluating parental understanding during postnatal visits, and 10% admitted not delivering SIDS education routinely.

Finally, the correlation analysis revealed statistically significant positive associations between nurses' knowledge and their behaviors ($p = 0.035$), environmental awareness ($p = 0.030$), and understanding of maternal risk factors ($p = 0.009$). These findings suggest that enhanced knowledge correlates with improved clinical and educational practices, reinforcing the importance of continuous professional development and evidence-based education.

In conclusion, this study demonstrates that while nurses possess a moderate understanding of SIDS and related risk factors, substantial gaps remain, particularly in the areas of maternal influence and practical application of safe sleep guidelines. These gaps may hinder effective parental education and safe sleep advocacy, highlighting the need for targeted educational interventions, clearer policy guidelines, and standardized assessment protocols within healthcare institutions.

CONCLUSION

This study assessed the association between nurses' knowledge of sudden infant death syndrome (SIDS) and their practices related to infant sleep positioning and parental education. The findings revealed that while most nurses demonstrated fair knowledge regarding SIDS and its associated risk factors, significant gaps persist particularly in understanding maternal risk contributors and in the application of safe sleep practices.

Although a reasonable proportion of nurses followed some recommended practices, misconceptions around sleep environment safety, such as the use of soft bedding and pillows, were notable. Furthermore, the frequency and method of parental education delivery varied, with some nurses not routinely providing SIDS-related information.

The statistically significant correlations found between nurses' knowledge and their behaviors, environmental awareness, and understanding of maternal risk factors indicate that improved knowledge may directly influence better practices and health outcomes. Therefore, enhancing nurses' education and training is essential to strengthen prevention strategies, reduce the risk of SIDS, and empower families to adopt safe sleep behaviors.

Recommendations

Based on the study findings, it is recommended that healthcare institutions prioritize the implementation of continuous, evidence-based training programs for nurses to enhance their knowledge and awareness of Sudden Infant Death Syndrome (SIDS) and its associated risk factors. Integrating SIDS education into routine nursing practice is essential, especially in maternity and pediatric care units, to ensure that nurses are consistently delivering accurate information. Standardized protocols should be developed to educate parents about safe sleep practices, including clear guidance on sleep positioning, sleep environment, and maternal health factors. These educational efforts should be supported with practical tools such as visual aids, printed materials, and audiovisual resources to facilitate better understanding. In addition, nurses should be encouraged to assess and engage parents regularly regarding their knowledge and practices, particularly during postnatal care and well-baby visits. Institutional support and policy-level commitment to SIDS awareness and prevention campaigns will further enhance the effectiveness of these strategies, ultimately contributing to safer sleep environments and a reduction in SIDS-related infant mortality.

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