

OUR Journal: ODU Undergraduate Research Journal

Volume 4 Special Issue: Nursing Research
Project Posters

Article 3

2017

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Recommended Citation

Beilsmith, Delani; Garzon, Emily; Jones, Maurice; Jurist, Erika; Knapp, Catherine; Page, Nicole; Smith, Ashley; and Wagner, Courtney (2017) "Examining the Attitudes and Knowledge of Pregnant Teens on the Topic of SIDS," *OUR Journal: ODU Undergraduate Research Journal*: Vol. 4 , Article 3.

DOI: 10.25778/p3vk-4791

Available at: <https://digitalcommons.odu.edu/ourj/vol4/iss1/3>

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Examining the Attitudes and Knowledge of Pregnant Teens on the Topic of SIDS

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ABSTRACT

Background: Norfolk has the second highest teen pregnancy rate and third highest infant mortality rate in Southeastern Virginia. SIDS is the third leading cause of infant death in Virginia. Providing a group education intervention modeled after centering pregnancy gives teen mothers the opportunity to learn and receive support in a safe space in hopes of making a positive impact on their attitudes and knowledge regarding SIDS.

Hypothesis: Do the attitudes and knowledge of pregnant teens and recent teen mothers change positively after a group education intervention on sudden infant death syndrome (SIDS).

Method: Quasi-experimental non-randomized group trial. This includes pregnant females ages fifteen to nineteen in Norfolk, Virginia at a city general hospital. The data will be collected from a pretest before and posttest after a group education intervention on SIDS.

Data Collection: Hypothesis testing will be conducted using a t-test to determine group differences in attitudes and knowledge after the intervention. Participants will also be completing a PRAMS demographics survey.

Goal: To see if the SIDS education intervention has an impact on the knowledge of teen mothers in efforts to reduce the current SIDS rate contributing to Norfolk's high infant mortality rate.

BACKGROUND AND SIGNIFICANCE

- **Norfolk has the 2nd highest rate of teen pregnancy in southeastern Virginia (27.4 out of 1000).**
- **Norfolk also has a high infant mortality rate (14 deaths per 1000 live births)**
- Areas of high rates lack resources
 - Recent cut of local resources for teen mothers
 - The Coronado School shut down in 2015
 - Sentara has a similar resource but only available in Harrisonburg, VA and meets once time a month (Hand in Hand Program).
- **A new intervention is needed to accommodate individualized teen learning styles.**
- Educational class/group support based on the model and success of centering pregnancy.
- Centering pregnancy model focuses on health assessment education and group support.
- The intervention focuses on the education of SIDS in hopes of making a positive impact on the attitudes and knowledge of teen mothers.
- **Standard prenatal care (individual) regarding SIDS...**
- Consists of routine checkups with a health care provider throughout the pregnancy.
- The rationale for this is early detection and prevention of health problems or complications with the pregnancy.
- There is no focused education for teen mothers on SIDS.
- **By educating these mothers in a group setting we will see a positive change in their attitude and knowledge.**
- **This is essential in mothers applying knowledge in everyday practice.**
- Education promotes less anticipatory stress on the woman.
- Group-styled education gives teens opportunity to learn while seeing others in their same situation.
- Many teen mothers have a baseline of knowledge of SIDs but chose not to take safety precautions because they utilize knowledge provided by their own mother or other role models.

METHODS AND MATERIALS

DESIGN: Quasi-experimental non-randomized trial.

SAMPLE: Convenience sampling, n=60 voluntary pregnant teens ages fifteen to nineteen in Norfolk, Virginia.

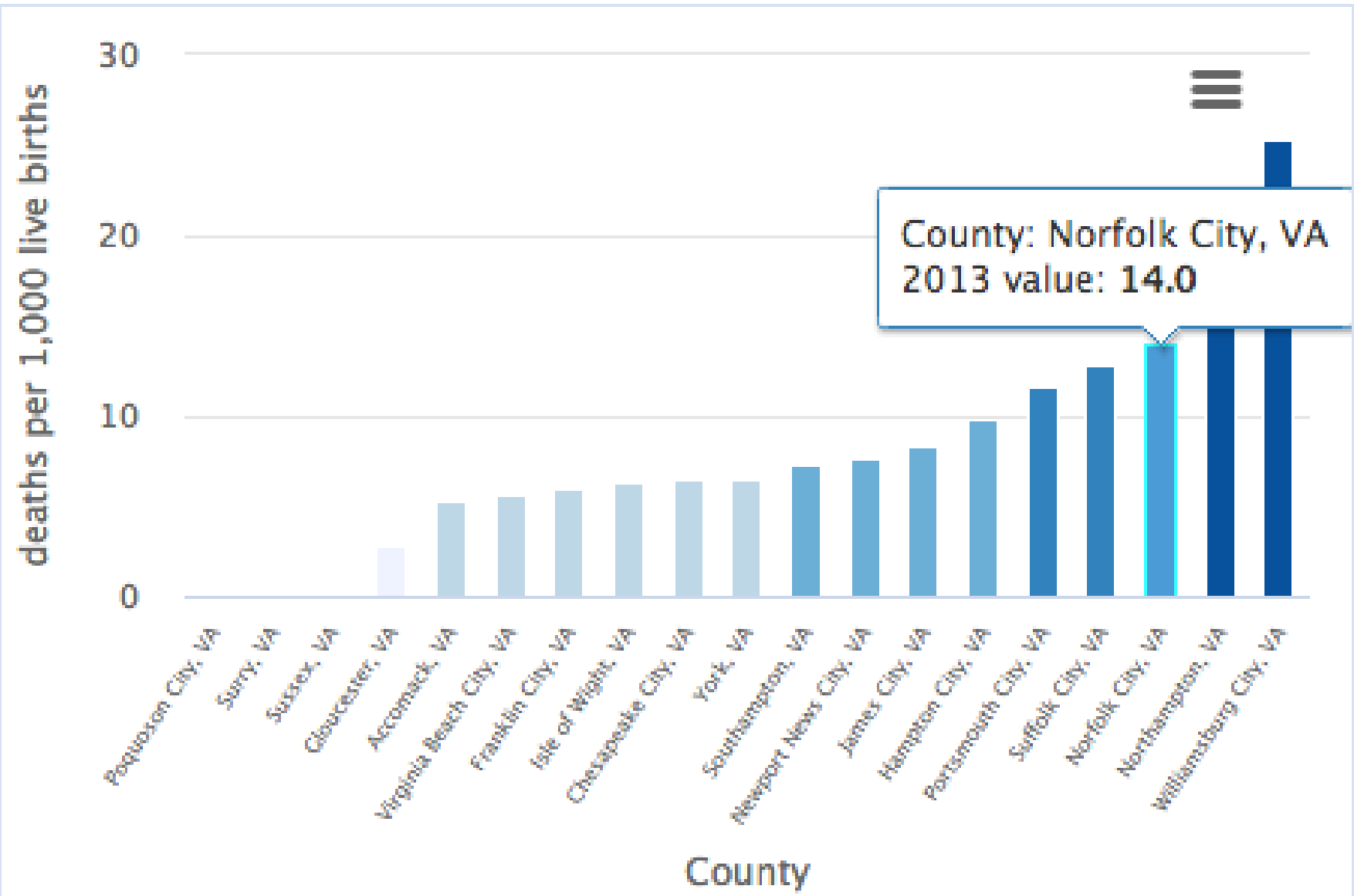
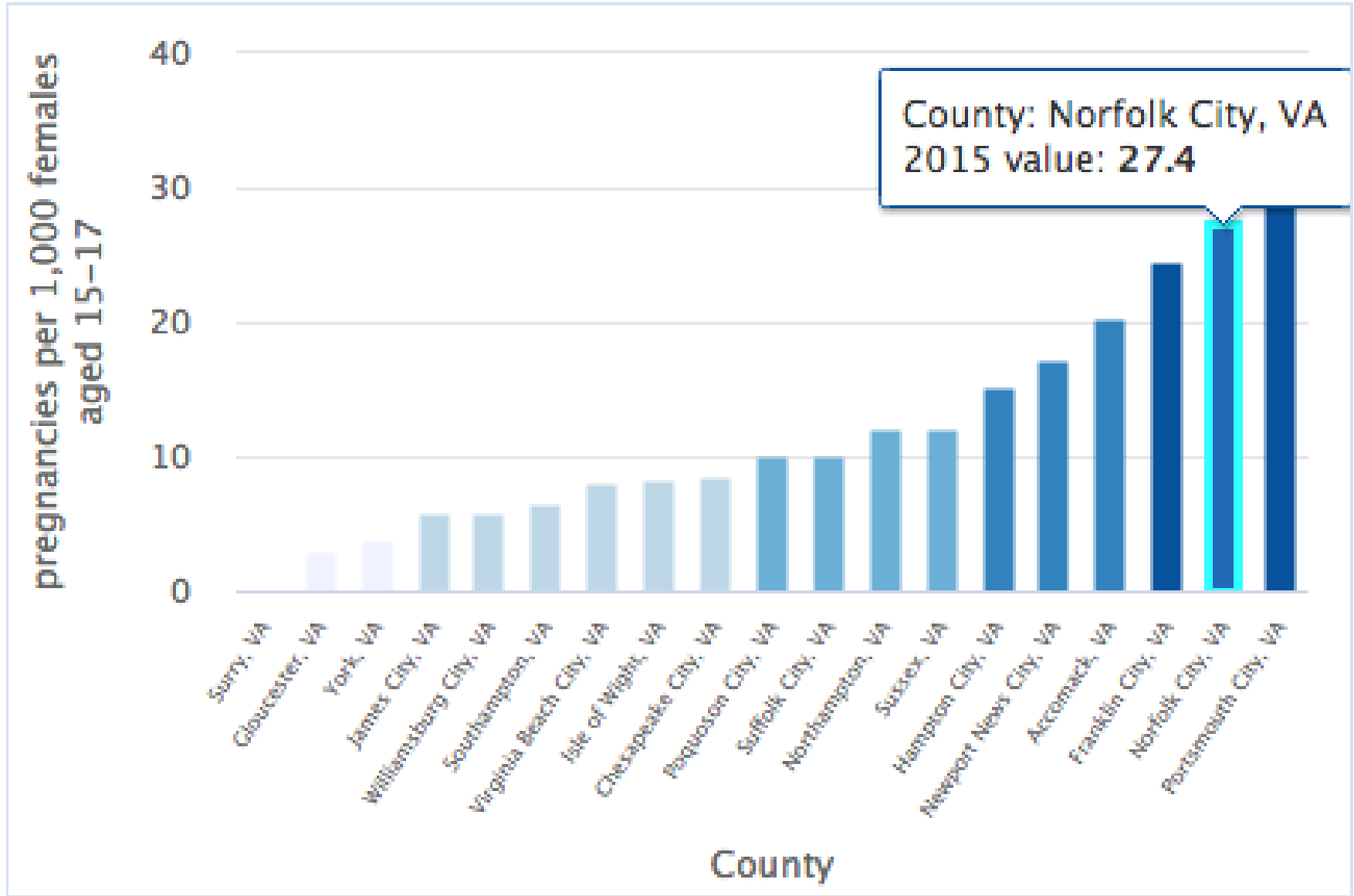
RECRUITMENT: Advertisement via social media and flyers and word of mouth at city general hospital.

INTERVENTION: A one time in-person interactive educational intervention held weekly for 6 months called “Success against SIDS.”

- Researchers will provide education but discussion will be teen-led.

INSTRUMENT: Demographic survey from Virginia PRAMS and 14 question survey to test actual knowledge on SIDS.

- Pretest - posttest design



DATA ANALYSIS

- Quasi-experimental quantitative analysis
- PRAMS questionnaire is 84 questions (mixed methodology).
- SIDS knowledge test is 14 questions nominal data (agree/disagree).
- Pretest on SIDS and PRAMS survey given before educational intervention, SIDS posttest immediately after intervention.
- T-test to determine the shift in attitudes and knowledge regarding SIDS prior to a group education intervention.
- ANOVA to determine if the post test shows increased knowledge after the intervention.

EXPECTED FINDINGS

- Increased knowledge on SIDS through educational class/group support intervention.
- New knowledge will empower teen mothers to make changes in everyday practice.
- Decreasing the rate of infant death caused by SIDS.

INTERPROFESSIONAL ROLES AND RESPONSIBILITIES

- The Council for Accreditation of Counseling Related Educational Programs (CACREP) standards highlight the significance of the counselor’s understanding of the purpose and function of other clinical mental health and human services professionals.
- Counselors should be aware of the importance of interdisciplinary relationships with medical professionals.
- Counselors bring an understanding of systems theory, different models of consultation, emotional intelligence as well as awareness of their own beliefs and values to interprofessional groups.
- Education about SIDS could invoke feelings of anxiety, fear, and stress.
- Stress could be harmful to the mother and her newborn baby.
- Trained counseling professionals could help teach stress management techniques.
- Relaxation techniques such as deep breathing and guided meditations.
- Group counseling could also help pregnant teens process their experiences of being pregnant, their future, and relate to one another.
- The support teens could receive from one another would be critical in helping manage their stress while pregnant or beginning motherhood.
- Counselors would be able to help link this population to further mental health services.

CONCLUSIONS

- Norfolk has the second highest teen pregnancy rate in Southeastern Virginia.
- Accommodates teens learning needs geared towards SIDS.
- Group education intervention provides a safe space for teens to give and receive support while also being proactive about their health and the health and wellbeing of their babies.
- This positive change in attitude and knowledge can in turn lead to a willingness to implement learned knowledge and lower the incidents of SIDS.



ACKNOWLEDGEMENTS

- Dr. Jamela Martin, PhD, RN, CPNP
- Dr. Linda Bennington, PhD, RN
- Dr. Kaprea Johnson Hoquee, Clinical Counseling Faculty
- Epsilon Chi Chapter of Sigma Theta Tau International