Mothers' Perceptions of the Cardboard Box as a Potential Sleep Space

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ABSTRACT

OBJECTIVE: Due to increasing popularity, our hospital began considering distributing cardboard boxes combined with safe sleep education to new mothers. As a first step in studying the impact of this intervention on bedsharing in our community, we sought to understand mothers' perceptions of the cardboard box.

METHODS: We recruited primarily low-income, English- or Spanish-speaking mothers of infants aged 2 to 16 weeks during routine primary care visits. Participants responding to a cross-sectional survey about infant sleep practices were invited to participate in in-depth interviews about the cardboard box. We used a grounded theory approach and the constant comparative method until saturation was reached.

RESULTS: Of 120 participants in the survey, 50 (42%) participated in the qualitative study. Participants were mothers of infants aged ≤4 weeks (46%), 4 to 8 weeks (32%), and 16 weeks (22%). Of 50 participants, 52% said they would use the cardboard box for their infant to sleep in, if provided, compared with 42% who said they would not and 6% were unsure. Three themes emerged from the data: (1) safety of the cardboard box; (2) appearance, and (3) variation in planned use. Some participants planned to place the cardboard box in their bed.

CONCLUSIONS: Participants in our study were divided about whether they would use the cardboard box for their infant to sleep in. If distributed, hospital staff should advise families to not place the cardboard box in their bed. Next steps include determining bedsharing frequency among parents who choose to use the cardboard box for their infant.

KEYWORDS: cardboard box; infant sleep; SUID

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WHAT'S NEW

When asked about the cardboard box for use as an infant sleep space, mothers reported their ideas, which were grouped into the following themes: perceptions of safety, appearance, and variation in planned use.

DESPITE RECOMMENDATIONS FROM the American Academy of Pediatrics (AAP) to reduce the risk of sudden unexpected infant death, adherence to safe sleep practices remains problematic.[1-5] Some hospitals in the United States give a cardboard box to parents of newborns in combination with safe sleep education in an effort to promote safe sleep practices.[6-8] The intended use of the cardboard box is for infants to sleep in at night or for daytime naps and later as storage once the infant outgrows the space.[9] The decision to distribute the cardboard boxes by US hospitals is controversial in the absence of observational data on the safety and efficacy of this intervention on unsafe sleep practices.[10] The bundling of safe sleep education and the cardboard box together makes it difficult to determine whether the cardboard box or the education is expected to affect behavior change.

Although the impact of the cardboard box on specific unsafe infant sleep practices is unknown, one hypothesis is that having a cardboard box may lower the frequency of bedsharing in high-risk families. The company that provides cardboard boxes in the United States offers the following suggestion to parents: "Instead of co-sleeping, try using a Baby Box or bedside bassinet to make life easier when your baby wakes frequently in the night."[9] In comparison with the cardboard box, interventions such as the wahakura (flax bassinet) in New Zealand and the Pepi-Pod (plastic box) are specifically designed to be placed in the adult bed. Although uptake of the Pepi-Pod and the wahakura by high-risk families (eg, mothers who smoked during pregnancy) was about 45% at 1 month and about 25% at 3 months, both products were shown to be safe alternatives to bedsharing.[11,12] It is unclear how

distributing cardboard boxes will affect the use of cribs or bassinets by parents of newborns, but the findings from the wahakura and Pepi-Pod studies suggest that uptake might not be that robust.[11,12]

Our hospital began considering distributing cardboard boxes to new mothers, given the increasing popularity of the product and distribution by other maternity units.[6-8] As a first step in considering distributing the cardboard box to mothers on our maternity unit, we sought to establish baseline adherence to safe infant sleep practices before giving the cardboard box and safe sleep education to every mother delivering in the hospital to see if there was an impact of the intervention. At the same time, we wanted to know how mothers felt about the idea of using the cardboard, so we sought to collect qualitative data to inform our decision about the distribution of the cardboard box. We were interested in all safe sleep behaviors for the baseline data and especially bedsharing, because it is common in our clinic and because other studies have used similar approaches in an attempt to decrease bedsharing (the Pepi-Pod and wahakura).[11,12]

We conducted our study in our pediatric primary clinic, which serves a low-income and culturally diverse community including a large proportion of African-American and Hispanic families. Studies have shown that maternal risk factors for nonadherence to safe infant sleep practices include lower socioeconomic status, African-American or Hispanic race/ethnicity, and younger age at delivery.[13-16] Mothers in our clinic are at increased risk for not adhering to safe sleep practices. In our baseline survey on safe infant sleep practices, of 120 mothers of infants ≤4 months old who established primary care in our clinic, 40% reported bedsharing with their infants at least some of the time.[17] Of respondents, maternal demographic factors that were significantly associated with bedsharing were age <30 years, primarily speaking Spanish, and having less than high school education ($P < .05$).[17]

Of 4500 annual deliveries in our tertiary academic hospital, a large proportion of mothers bring their newborn to our pediatric primary care clinic. Our overarching goal was to collect data on safety and change, if any, in bedsharing frequency in our community once the cardboard box and safe sleep education bundle is delivered. For the larger study, we hypothesize that the combination of the cardboard box and safe sleep education will not affect bedsharing frequency among parents of newborns but there might be an effect among parents at high risk for bedsharing, such as in parents of infants who establish pediatric primary care in our clinic. For the current study, we chose qualitative methodology to understand mothers' perceptions of the cardboard box as an alternative sleep location (compared with a crib, bassinet, adult bed, or other sleep space) for their infant.

METHODS

SETTING AND SAMPLE

The study was conducted at 2 pediatric primary care clinics in New Haven in Connecticut. Our sample included English- and Spanish-speaking mothers of infants aged 2 to 16 weeks who presented for well-child visits at our pediatric primary care clinics from June to August 2017. We attempted to approach every family with an infant aged 2 to 16 weeks on any given day in clinic. These inclusion criteria were part of "purposeful sampling" in qualitative research where the researchers intentionally select participants who have experienced a key concept being explored in the study and/or have membership in a subgroup with distinct characteristics.[18] The subgroup in this study was mothers who have a young infant, so the use of the cardboard box will be relevant to them and they can make salient comments. We chose the pediatric primary care clinics because we had access to families at greater risk of not following recommendations and were likely to use our hospital maternity services. Criteria to define high risk for nonadherence to safe sleep recommendations from the literature included low-income families and African-American and Hispanic mothers.[13-16]

DATA COLLECTION

We conducted open-ended, semistructured interviews using a grounded theory approach where each new interview was discussed and informed the next interview. An initial interview guide was created based on current literature and expert opinion. The interview guide (Table 1) was revised in an iterative process as new information emerged from the data. Verbal consent was obtained from each participant and interviews were conducted in a private room. Demographic data collected included age, race/ethnicity, years of education, and health insurance. Enrollment continued until saturation, when no new concepts emerged.

Participants were interviewed during wait times between or at the end of the clinic visit by 1 interviewer (N.D.). Participants were shown a picture of the cardboard box or the physical box itself during the interview (Figure). At the

Table 1. Interview Guide

Interview question
1. Have you heard of the cardboard box for babies to sleep in? If no, research associate shows picture or actual box.
2. What do you think of the cardboard box?
3. What are some things you like about the cardboard box? What are some things you dislike about the cardboard box?
4. What do you think you would use it for? (Probing question: Would you use it for your baby to sleep in?)
5. (If participant stated he/she would not use it for their infant to sleep in). The hospital is planning to give the cardboard box to parents at no cost, what do you think about that? How would this affect your decision to use the cardboard box?
6. Where would you put the cardboard box in your home?
7. Do you have anything else to share?

Figure. *Picture of the cardboard box shown to some participants.*

time of this study, the cardboard box was being distributed with a lid. All interviews were audiotaped and transcribed verbatim using an independent transcription service (ASP.MD Inc, Cambridge Mass). Approval from the Yale University Human Investigation Committee was obtained before beginning the project.

DATA ANALYSIS

Data from the transcripts were analyzed using coding techniques common to qualitative research using grounded theory methodology.[19-21] For Spanish-speaking participants, interviews were conducted in Spanish by the bilingual research associate (N.D.), who translated them into English. Data analysis was conducted in an iterative process, with data collection and analysis continuing concurrently until no new themes emerged ("thematic saturation"). In the first part of the analysis, an initial code list was created based on the first read-through of transcripts. Codes (participant's words, phrases, or authors' concept words) served as labels for important participant data. Transcripts were coded by 4 independent investigators. Transcripts were then compared and discussed as a group, to share reflections and to abstract commonalities in the codes each author had assigned. From these codes, the initial code list was created. The initial code list was iteratively revised using the constant comparative method as new data were collected. In the second part of the analysis, codes were clustered into cohesive categories. To reduce redundancy among the categories and to ensure the category linkages were firmly established, all researchers came to agreement in the coding schema, which was then reviewed for data that expressed the main ideas or themes. In the third part of the analysis, data were reviewed for evidence of relationships among themes.

Trustworthiness in the data was established through (1) ongoing debriefing sessions by the authors to discuss reflections, insights, and incoming data; (2) coding development over 3 months, enabling prolonged engagement with the data to recognize biases or distortions; and (3) member checking during interviews to ensure correct interpretation of what was being shared, and by discussing tentative themes and interpretations with a subset of research participants. Data were organized in Microsoft Excel 2016 (Redmond, Wash).

RESULTS

OVERALL

Of 120 mothers approached who participated in a quantitative survey about infant care practices, 50 (42%) agreed to stay on for qualitative in-depth interviews to specifically discuss the cardboard box. Most of the mothers who declined to participate in the qualitative interview portion of the study cited time as their principal reason for not participating. Participants included mothers (92%) and other primary caregivers (8%), specifically 2 grandparents, an aunt, and a father. Characteristics of participants overall and by intended use are shown in Table 2. Of 50 participants, 52% said they would use the cardboard box for their infant to sleep in, 42% said they would not use it for their infant to sleep in, and 6% were unsure. We performed Chi-square analyses of the intended use of the cardboard box across the collected demographics in Table 2. There were no statistically significant differences between the groups who intended to use the cardboard box compared with those who would not or weren't sure across all demographics ($P > .5$).

THEMES

We identified 3 major themes: (1) safety, (2) appearance, and (3) planned use. Themes, subthemes, and exemplar quotes are compiled in Table 3 with additional quotes in the text below.

SAFETY

Participants expressed concern with the safety of the cardboard box material as not being sturdy enough and that the lid had the potential for suffocation if the cardboard box was left covered while the baby was inside.

Table 2. Demographics of Participants and Intended Use of Cardboard Box, N = 50

Demographic	Total (%)	Would Use (%)	Would Not Use/Unsure (%)
Infant sex			
Male	26 (52%)	13 (50%)	13 (50%)
Female	24 (48%)	13 (54%)	11 (46%)
Infant's age, wk			
<8	24 (48%)	14 (58%)	10 (42%)
8–12	15 (30%)	8 (53%)	7 (47%)
16	11 (22%)	4 (36%)	7 (64%)
Age of parent,* y			
≤20	2 (4%)	1 (50%)	1 (50%)
21–30	25 (50%)	13 (52%)	12 (48%)
30+	23 (44%)	12 (52%)	11 (48%)
Number of children in household			
Two or more	32 (64%)	16 (50%)	16 (50%)
One	18 (36%)	10 (56%)	8 (44%)
Parent's country of birth			
United States and Puerto Rico	37 (74%)	18 (49%)	19 (51%)
Other†	13 (26%)	8 (62%)	5 (38%)
Race/ethnicity of parent			
Asian/other‡	4 (8%)	3 (75%)	1 (25%)
Black	24 (48%)	11 (46%)	13 (54%)
Hispanic	14 (28%)	7 (50%)	7 (50%)
White	8 (16%)	7 (88%)	1 (12%)
Preferred language of parent			
English	38 (76%)	21 (55%)	17 (45%)
Spanish	12 (24%)	5 (42%)	7 (58%)
Highest education level of parent			
Less than high school	7 (14%)	3 (43%)	4 (57%)
Graduated high school	22 (44%)	9 (41%)	13 (59%)
Some college	15 (30%)	9 (60%)	6 (40%)
College graduate	6 (12%)	5 (83%)	1 (17%)
Infant feeding			
Mostly or only formula	25 (50%)	10 (40%)	15 (60%)
Mostly or only breastmilk	15 (30%)	9 (60%)	6 (40%)
Equal breastmilk and formula	10 (20%)	7 (70%)	3 (30%)

*Parent was defined as the infant's primary caregiver: 92% mothers, 8% other, including grandparent (2), aunt (1), father (1).
†Includes Mexico (4), Honduras (2), Jamaica (1), Guatemala (1), Spain (1), Albania (1), Grenada (1), Ecuador (1), and Togo (1).
‡Includes Native Hawaiian (1) and American Indian/Alaskan Native (1).

Table 3. Parent Perspectives of Cardboard Boxes for Infants to Sleep in: Themes and Subthemes

Theme	Subtheme	Examples
Safety	Lid	"It has a cover over it and it should never have a cover over it."
		"[I wouldn't use that...] Because you're going to kill the baby, he might suffocate in there."
	Size	"And it looks like it's roomy for the baby, it doesn't look like it's too small, like a little coffin."
		"He rolls around his crib all the time so I feel like he would just fall out of that."
	Material	"...I don't know if it's made out of cardboard, that's not safe either, it could always split."
Appearance	Design	"I would not buy that product out of a store, it looks just like a cardboard box."
	Status	It would be like the baby is, I don't want to say, homeless or something? Like something out of the shelter?
	Comparison with existing product	"It's cute, it looks like the bassinet without the legs."
	Size	"That's a big box. It looks uncomfortable to carry."
	Simplicity	"So yeah it's a good idea, it's convenient."
	Mattress	"The mattress is so thin too"
Planned use	When traveling	"You can move it wherever you want."
		"Say if we're at someone's house and I don't want to put her in someone else's bed, I would use that."
	Breastfeeding	"It's much better for breastfeeding at night when the baby is sleeping next to you."
	In bed	"It's perfectly sized for the bed, which is great, because sometimes we want to lay on the bed with him, but we're scared we're going to turn over or something. So it would be nice to have in the middle with us."
	Storage	"I guess it might be good for storage but I would never let my baby sleep in that."
	During playtime	"I think it is also nice to use during the day when he's playing."
	Cost	"I think it's helpful for the people that can't afford the cribs and stuff like that."
	Necessity	"Well we had already bought her crib so if it was given to me now I wouldn't use it."

Another concern was the possibility of the infant rolling out of the cardboard box in their sleep.

In contrast, others felt that the cardboard box would be safe for the baby. For example, one participant discussed her friends' usage of a similar product, which influenced her perspective. She stated, "In my group there are moms who have baskets for the baby in their beds. So, this is like that. . .so I will use it." Another participant valued a physician's recommendation, "Well if the doctors give it to you, you're supposed to use it right? Like if this is safer than a crib or whatever then I would prefer to use that."

Appearance

For some participants, the simplicity of the design was appealing. One participant stated, "It's cute, I like it." For another participant, the cardboard was unattractive. She stated, "It's not appealing at all, it literally looks like a box that you would. . .use to mail something." When the physical box was brought to clinic, participants commented on its apparent bulkiness. The bulkiness aspect of the cardboard box was not brought up when just the picture was shown to participants.

Some participants compared the cardboard box with existing products like cribs or bassinets, which were perceived as being more socially acceptable than the cardboard box. Some participants associated use of the cardboard box with a negative social status: "You look like you're giving away your baby. . .it looks like a dog box."

Variation in Planned Use

When participants were asked how they would use the box, some planned to use it in their bed. One participant stated, "We could have it in the bed, it could go in the middle." Another participant said she would only use the box for storage, and one participant thought of using it during the day, stating "I think it is also nice to use during the day when he's playing, and I'm trying to keep watch on him."

Participants commented on the ease of travel with the cardboard box and the convenience of having the cardboard box close by when breastfeeding. Regarding placement of the cardboard box, some participants said they would place it on the bed, and others stated they would place the cardboard box on the floor for daytime naps or use it only for storage. Some participants were excited at the prospect of receiving the cardboard box and contents at no cost. For some participants who initially stated they wouldn't use the cardboard box, the no-cost provision changed their attitude and many stated they would use the product if given at no cost. Other participants stated that they had already purchased cribs and therefore had no use for the cardboard box.

Discussion

In this study, we provide perspectives from a diverse population of low-income, predominantly African-American and Hispanic mothers on a cardboard box for use as an infant sleep space. We found that about one half of our participants would use the cardboard box for their infant to sleep in and major perspectives of the cardboard box centered around the perceived safety of the cardboard box, appearance and social acceptance and variation in placement of the cardboard box in the home.

Regarding safety, participants were concerned with the lid and suffocation potential. Since our study was conducted, the company that makes the cardboard boxes in the United States no longer provides a lid with the box. For some participants, distribution of the cardboard box by hospitals implied that it was safe to use. According to the AAP, there is no information on whether the cardboard boxes prevent infant deaths.[22] The Consumer Product Safety Commission (CPSC) has no mandatory safety standards for cardboard boxes for babies.[23] No adverse outcomes from use of the cardboard boxes have been reported, but the absence of safety standards per the CPSC is important for hospitals to consider and consumers to be aware of.

Although the cardboard box is gaining recognition in the United States, the product is less commonly used than more traditional products for infant sleep such as cribs or bassinets. For some participants in our study, the idea of placing their newborn in a cardboard box was perceived as socially undesirable. In the AAP's policy statement on safe sleep, authors recommend use of "a crib, bassinet, portable crib, or play yard that conforms to the safety standards of the CPSC."[24] As more US parents are exposed to the cardboard box product through direct marketing or through distributions by maternity hospitals, social desirability and acceptance may change.

Placement of the cardboard box in the home when used as a sleeping space for an infant was another major theme in our study. The AAP currently has no recommendations on how to safely use cardboard boxes, but the company that provides the cardboard boxes in the United States recommends to "always keep the [product] on the floor or on a sturdy, wide surface such as a coffee table."[9] However, 52% of respondents who said they would use the cardboard box stated they would place the cardboard box in the adult bed and 2 respondents specifically compared the cardboard box to existing products that are meant to be used for bed-sharing, such as a wahakura.[11] It is unclear why the company that provides cardboard boxes in the United States does not recommend placing the box on an adult bed, but the emphasis on placing the cardboard box on a wide and sturdy surface suggests that any other surface poses a safety risk. The wahakura and Pepi-Pod were designed to have low sides to enable easy mother baby contact, to potentially facilitate breastfeeding, and for the mother to easily see the infant in the sleeping space.[11,12] The sides of the cardboard box are not as low as those of a wahakura or Pepi-Pod.

Some study participants stated that they would consider the cardboard box as safe because it was being recommended by the hospital or a doctor. In one case, the parent perceived that the cardboard box may be safer than a crib or bassinet. There is no evidence to suggest that a cardboard box is safer than a crib or bassinet. In the absence of data on the safety of the cardboard box and effectiveness in maintaining safe sleep practices, clinicians and hospital administrators should carefully consider the

evidence and their position as trusted resources for parents of newborns.

Our study has several limitations. Our interview guide did not include specific questions about mothers' attitudes and behaviors toward safe sleep recommendations, making it difficult to link opinions on cardboard box usage to future bedsharing practices. Our study location limits generalizability of our findings. We conducted interviews until saturation was achieved, but it is possible that some themes were not identified. We showed one half of the parents a picture of the cardboard box and for one half of the parents we showed them the actual cardboard box. This could have affected perceptions of the cardboard box shared in the interviews. We did not ask participants whether access to a crib or bassinet would affect their perception of the cardboard box or not. However, each participant stated their infant currently slept in a crib or bassinet, indicating that these participants' views reflected those who have access. We also did not ask the parents if they would use the cardboard box instead of a crib or bassinet. We performed Chi-square analyses to look for differences between mothers who intended to use the cardboard box compared with mothers who would not or were unsure and found no statistically significant differences across demographics. Our findings are limited by the small sample size in this part of the analysis.

In summary, our study provides information about the perspectives of mothers at increased risk for nonadherence to safe sleep practices on the cardboard box for their infant to sleep in. This is as a first step in our hospital's process in considering distribution of the cardboard box during the birth hospitalization. Participants in our study were divided about whether they would use the cardboard box for their infant to sleep in. Hospitals choosing to give out the box should be prepared to educate mothers about what is known and not known regarding the safety of the cardboard box and placement of the cardboard box when used for infant sleep before distribution. Understanding mothers' perspectives has implications for usage of the cardboard box for its intended purpose and as part of an intervention to change behavior. Future steps for this project include understanding mothers' usage of the cardboard box (vs a crib or bassinet) and the frequency of bedsharing, once they have an opportunity to use a cardboard box.

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