

Safe Infant Sleep Fact Sheet

Missouri PRAMS Update, 2014

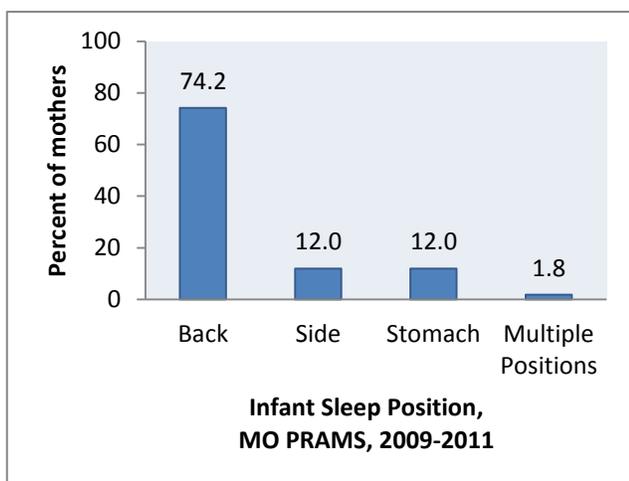
Importance of Safe Infant Sleep

Safe Infant Sleep is an effort to reduce the occurrence of Sudden Unexpected Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS)¹ by increasing awareness of safe sleep practices. SUID is the death of an infant less than 1 year old that occurs suddenly and unexpectedly, and includes unexplainable infant deaths from SIDS, as well as explained deaths from crib accidents such as suffocation, strangulation or other causes. One category of SUID, SIDS is the sudden death of an infant that cannot be explained, even after a thorough investigation of the scene, medical history and an autopsy are completed. It is not caused by vaccinations, vomiting or choking.² About 4,000 infants die suddenly and unexpectedly (SUID) each year in the U.S.,¹ and about half are due to sudden infant death syndrome (SIDS).¹ Placing infants on their backs to sleep lowers the risk of SUID and SIDS significantly.³ The national Healthy People 2020 (HP 2020)⁴ objective is to increase the proportion of infants placed on their backs to sleep to 75.9%.⁵

Missouri PRAMS data, 2009-2011

For 2009-2011, 74.2% of Missouri mothers reported placing their babies on their backs to sleep,⁶ which is near the HP 2020 target of 75.9% (Figure 1).

Figure 1. Percent of infant sleep positions reported, Missouri PRAMS, 2009-2011.

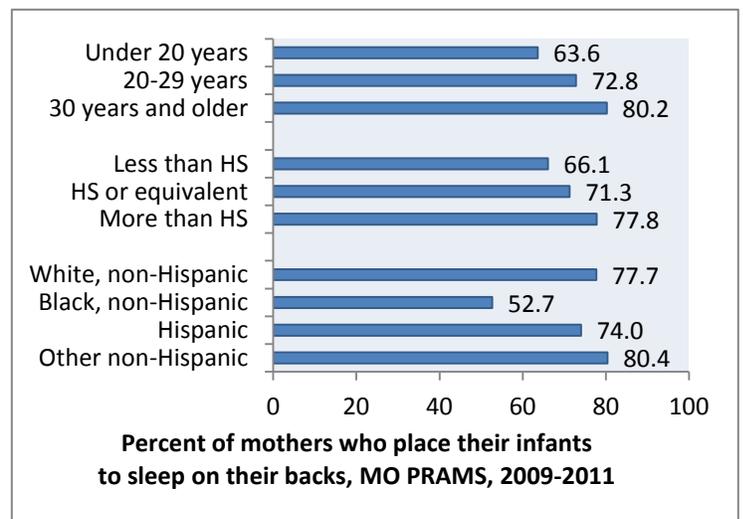


Data Highlights:

74.2% of Missouri infants were placed on their backs to sleep, for 2009-2011.

The practice of placing infants to sleep on their backs increases with mom's level of education, age and income, indicating that wider education about safe sleep practices can improve outcomes.

Figure 2. Percent of mothers who place their infants on their backs to sleep, by selected demographics, Missouri PRAMS, 2009-2011.

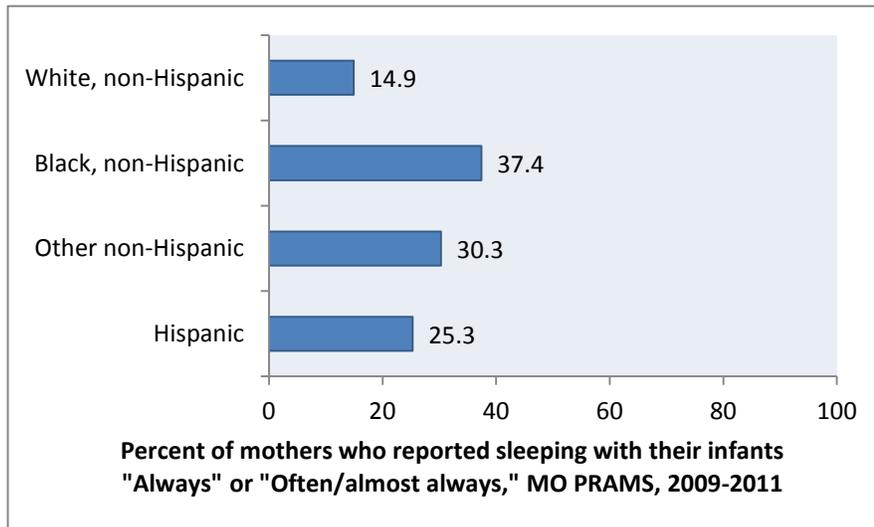


Safe sleep practices vary by race, ethnicity, income, education and mother's age, but education and factors associated with it, such as mother's age and income level, show the highest percentages of safe sleep practices (Figures 2, 3, 4, 5).

Room-sharing, not bed-sharing, is also recommended as a safe sleep practice, with evidence that room-sharing without bed-sharing may reduce the risk of SIDS by 50%.⁷ However, there are many personal and cultural reasons mothers may choose to sleep with their babies. There is evidence it enhances bonding between mother and infant and makes breastfeeding easier,⁸ which may help extend the period mothers continue breastfeeding. The practice varies considerably by race and ethnicity, with 14.9% of White mothers reporting they co-sleep with their infants either "Always" or "Often/almost always." In contrast, 37.4% of Black/ non-Hispanic mothers, 25.3% of Hispanic mothers and 30.3% of Other/ non-Hispanic mothers (Figure 3) responded with "Always" or "Often/almost always."

Responding to the PRAMS question about co-sleeping, 55% of young mothers under 20 years old checked "Rarely" or "Never", and approximately 66% of mothers age 20 and older⁶ did so (Figure 4).

Figure 3. Percent of mothers who reported co-sleeping with infant "Often" or "Often/almost always," by race and ethnicity, Missouri PRAMS, 2009-2011.



Recommendations:

Always place an infant on his or her back to sleep, even for naps.

Use a firm sleep surface, in a safety approved crib.

Always room-share, never bed-share.

Keep toys, stuffed animals, crib bumpers, loose bedding and similar things out of the baby's sleep area.

Don't let your baby sleep in an adult bed, couch, or with you or anyone else.

Dress your baby appropriately for the environment, to avoid overheating.

If you're pregnant, get regular prenatal care check-ups.

Avoid second-hand smoke exposure and do not smoke while pregnant.

Figure 4. Percent of mothers who reported co-sleeping with infant “Rarely” or “Never,” by Maternal Age, Missouri PRAMS, 2009-2011.

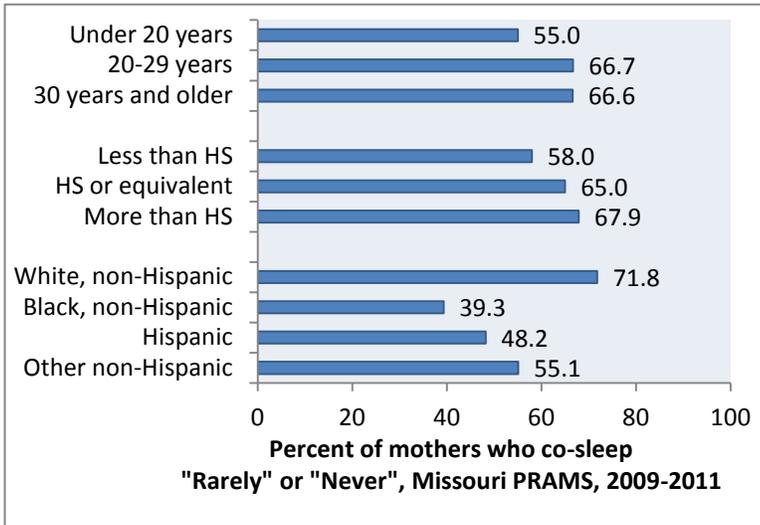
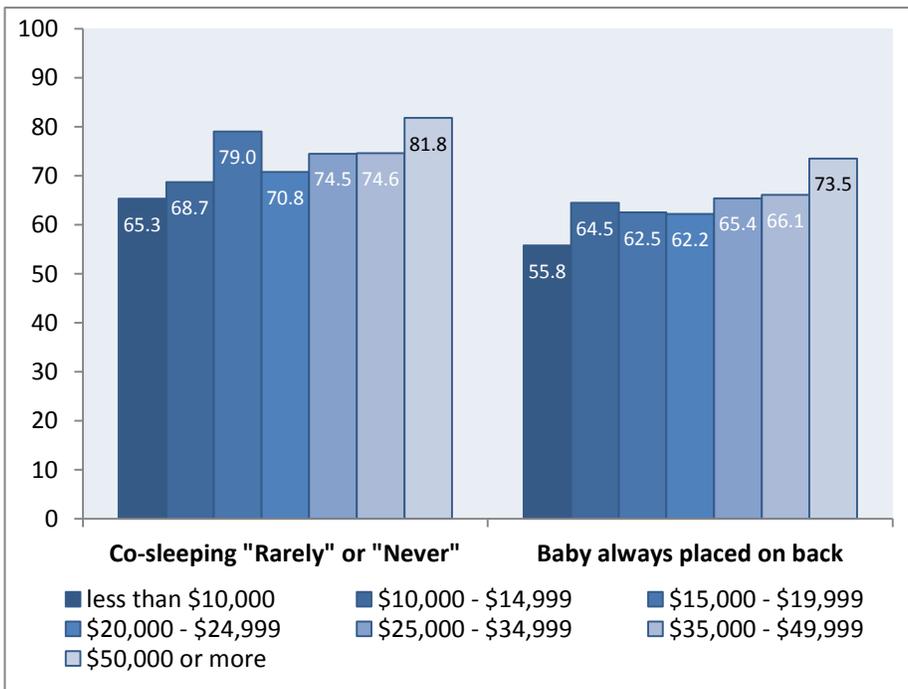


Figure 5. Percent of mothers reporting safe sleep practices, by income level, Missouri PRAMS, 2009-2011.



Summary:

In 1992, the American Academy of Pediatrics (AAP) recommended that infants be placed on their backs to sleep, to reduce the occurrence of SIDS. At first, there was a clear decline, but the trend has been relatively flat since 2001, bringing new attention and efforts from public health agencies and medical providers,^{5,7} and the AAP has expanded upon its original recommendation, to include all causes of sleep-related infant deaths, not only SIDS. Looking forward, Missouri is near the Healthy People 2020 objective of 75.9% of infants placed on their backs to sleep, but more education and outreach is needed to reach those less likely to place their infant to sleep on their back or practice co-sleeping behaviors. Co-sleeping is not recommended but is somewhat controversial because the practice is common in many cultures and individual families. There is evidence it enhances bonding between mother and infant and makes breastfeeding easier, which may help extend the period mothers continue breastfeeding. However, the recommendation is based on greater evidence that bed-sharing increases the risk of SIDS, which is highest when the mother smokes, has recently consumed alcohol, or is overly tired. Risks are increased further if more than one adult shares the bed with the infant, or if other children share the bed.

References:

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7. Moon, R. Y. (2011). SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128(5), e1341-e1367.
8. *Infant Sleep Position and SIDS*. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Accessed September 29, 2014, from <http://www.nichd.nih.gov/Pages/index.aspx>