

32 percent decline in New Jersey rate of infant-parent bed sharing in black families

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A pamphlet distributed by the National Institute of Child Health and Human Development outlines practices encouraging safe sleep for infants. Credit: The National Institutes of Health

While a large national study in the *Journal of the American Medical Association (JAMA)* has shown that bed-sharing with a parent is

increasing for African-American infants, putting them at higher risk for Sudden Infant Death Syndrome (SIDS), New Jersey's black residents appear to be bucking the trend.

Barbara Ostfeld, a developmental psychologist and professor of pediatrics at Rutgers Robert Wood Johnson Medical School, is program director of the school's SIDS Center of New Jersey. She credits the center's research on New Jersey's risk patterns and its robust outreach—especially to minority communities, where the practice is more common—for a 32 percent decrease in infant-parent bed sharing among the state's black families.

The SIDS Center has an additional site at Hackensack University Medical Center.

Ostfeld has met with nurses from every one of the state's 52 birthing hospitals, touting the benefits of the safe [infant sleep](#) practices endorsed by the American Academy of Pediatrics (AAP). She also provides educational materials in English, Spanish and other languages.

Trenton, Newark and Camden are among the cities her program targets in its efforts to change potentially deadly behavior.

"If you can think of an entity that serves children, we've been there: Head Start programs, [child care centers](#), social welfare agencies, hospitals, community clinics, faith-based communities – any place where we can reach providers, parents, grandparents and all others who take care of infants" says Ostfeld.

She also meets with parent groups to learn more about concerns that may serve as barriers to using safe sleep practices.

SIDS is defined as the unexpected death of a child under the age of 1 in

which an autopsy and death scene investigation fail to determine a cause of death. According to the Centers for Disease Control and Prevention, about 4,000 babies die of no obvious cause every year; public health experts attribute half of those deaths to the syndrome.

Since the AAP began issuing guidelines to reduce the risk factors associated with these deaths, the rate has been cut in half. Even so, SIDS continues to be the leading cause of infant mortality from one month to one year of age.

Under a newly launched initiative called Nurses LEAD the Way, Ostfeld has been visiting birthing hospitals to give 90-minute presentations to nurses in newborn and neonatal intensive care units and to equip hospitals to spread the newest safe sleep guidelines. The program is a collaboration of the New Jersey Department of Health and the Maternal and Child Health Consortia.

Premature babies are at increased risk for SIDS, Ostfeld says. While a preterm birth is generally beyond a parents' control, how and where they choose to place their infant to sleep can compensate for a large portion of this increased risk.

In addition to placing babies on their backs in their own cribs to sleep, the AAP urges caregivers to keep cribs free of soft, puffy bedding and stuffed animals; to refrain from exposing infants to cigarette smoke; and to keep the crib in the parent's bedroom. Experts also urge parents to discuss these recommendations with their infant's health care provider.

The recent national infant sleep study in JAMA says the percentage of infants sharing beds with adults rose more in minority populations, and is highest among black families. Ostfeld notes that disparities in the use of safe sleep practices across racial and ethnic groups is based on many factors, including cultural preferences, disparities in income and the lack

of access to the recommended equipment and conditions.

Relying on many generations of caretakers also plays a role. Osterfelt says a grandmother or other older relative enlisted to provide child care may not be familiar – or comfortable – with current safe-sleep approaches.

"If you raised children before 1992, the year the AAP started issuing safe sleep guidelines, the well-known source of knowledge on baby's health was Dr. Spock. He told us to put baby on his belly or he would choke, and there was no medical basis for that," Ostfeld says.

"If you've raised all of your children that way and nothing untoward happened, the tendency is to panic if you come home to see your grandchild on his back. Grandparents are important caregivers and need to have access to current information. We explain that we all have the same goal – raising a healthy baby."

Overcoming cultural and generational practices is one challenge SIDS researchers and clinicians face. Another is refuting the conventional wisdom that babies should be surrounded by mounds of cushiony bedding, as often depicted in advertisements.

"Many families believe that babies are not comfortable unless they are on their tummies and have pillows and quilts to rest on," says Ostfeld, who received her doctorate from Rutgers in 1969. "It turns out, babies are comfortable with what they get used to."

Provided by Rutgers University

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