

Many infants still not placed on their backs to sleep

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Since 1994, parents have been urged to put their babies to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS). It appears many caregivers have not gotten the message, and health care providers have not done enough to educate families.

Rates of supine sleeping (being placed on the back for sleep) are as low as 50 percent in some states, according to a study to be presented Saturday, May 3, at the Pediatric Academic Societies (PAS) annual meeting in Vancouver, British Columbia, Canada. In addition, only about two-thirds of term [infants](#) nationwide are placed on their backs to sleep, and the rate is even lower among [preterm infants](#).

"Given that supine sleep positioning significantly reduces an infant's risk for SIDS, it is worrisome that only two-thirds of full-term infants born in the U.S. are being placed back-to-sleep," said lead author Sunah S. Hwang, MD, MPH, FAAP, a neonatologist at Boston Children's Hospital and South Shore Hospital, and instructor in pediatrics at Harvard Medical School. "More concerning is that adherence to safe sleep positioning is even lower for preterm infants who are at even greater risk for SIDS compared to term infants."

SIDS is the leading cause of death among infants between 1 month and 1 year of age.

More than 2,000 babies died from SIDS in 2010, the most recent year statistics are available from the Centers for Disease Control and

Prevention (CDC).

"Although the precise cause of SIDS is still unknown, we do know that safe sleep practices, such as sleeping on the back, reduces the risk of infant death in the first year of life," Dr. Hwang said. "The Back-to-Sleep campaign reduced the rate of SIDS by 50 percent in the 1990s. Since 2001, this rate has remained stagnant."

Dr. Hwang and her colleagues analyzed data from the Pregnancy Risk Assessment Monitoring System (PRAMS) to compare the prevalence of supine sleep positioning after hospital discharge for preterm and term infants. PRAMS is a state-based surveillance system funded by the CDC to monitor behaviors and experiences among women who recently delivered a live-born infant in a hospital. Surveys are mailed to mothers, and those who do not respond are contacted by phone. Mothers were asked which position they usually put their infant to sleep (side, back, stomach). Responses were categorized as supine (back) and non-supine, which included a combination of sleep positions.

The study included 392,397 infants born in 36 states, which had response rates of 70 percent or more in 2000-2011. Researchers analyzed supine sleeping in the following gestational age categories: 27 weeks or less, 28-33 weeks, 34-36 weeks and 37-42 weeks.

Results showed both preterm and term infants had suboptimal rates of supine sleep positioning after hospital discharge. In addition, supine sleep positioning varied widely by state, with Alabama having the lowest rate at 50 percent and Wisconsin having the highest rate at 81 percent.

The most preterm group of infants (less than 28 weeks) had the lowest rate of supine sleep positioning at 60 percent. After adjusting for maternal age, education, race/Hispanic ethnicity, marital status, previous live birth, insurance status before pregnancy, method of delivery and

maternal length of hospital stay, late preterm infants (34-36 weeks) were significantly less likely to sleep on their backs compared to term infants.

"Given the concerning data about inadequate adherence to safe sleep practices for all infants and in particular for preterm infants, we need to better engage families about adhering to safe [sleep](#) practices at the individual, community, hospital and public health levels," Dr. Hwang concluded.

More information: Dr. Hwang will present "Supine Sleep Positioning in Preterm and Term Infants After Hospital Discharge in 36 States, 2000-2011" from 3:15-3:30 p.m. Saturday, May 3. To view the study abstract, go to www.abstracts2view.com/pas/view...hp?nu=PAS14L1_1690.3

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