



# Safe Sleep

## Nebraska PRAMS

Fall 2013

### What is SUID?

Sudden Unexpected Infant Death (SUID) is an overarching term used to define any death in infants:

- less than 1 year of age
- that occurs suddenly and unexpectedly
- whose cause of death are not immediately obvious before formal investigation.

After a thorough investigation, many SUID cases can be attributed to suffocation, infection, poisoning or overdose, metabolic diseases or trauma (accidental or non-accidental). Sudden Infant Death Syndrome (SIDS) is a subset of SUID, and should only be used to refer to the sudden death of an infant less than 1 year of age:

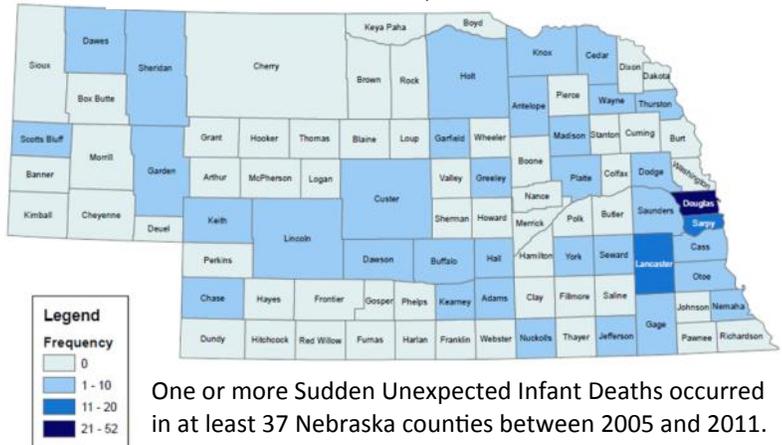
- in a safe sleep environment
- that cannot be explained after a thorough investigation including a complete autopsy, examination of the death scene, and review of clinical history.<sup>1</sup>

### Major Risk Factors for SUID<sup>4</sup>

- Side (2 times higher risk) or stomach (2.6 times higher risk) sleep positions
- Infants unaccustomed to stomach sleeping placed on stomach by other caregivers
- Infant bed sharing (sometimes referred to as co-sleeping; 2.9 times higher risk)
- Unsafe sleep surfaces (i.e., car seats, infant carriers, strollers, swings, and infant slings)
- Pillows, quilts, comforters, sheepskins, and other soft surfaces under infant or loose in sleep area (5 times higher risk)
- Bumper pads, wedges and other sleep positioning devices that increase the risk of suffocation
- Smoking during pregnancy and around infant after birth
- Caregivers' illicit drug use and/or alcohol use after infant's birth
- Overheating

### Sudden Unexpected Infant Death (SUID), Including Known Suffocations, by County

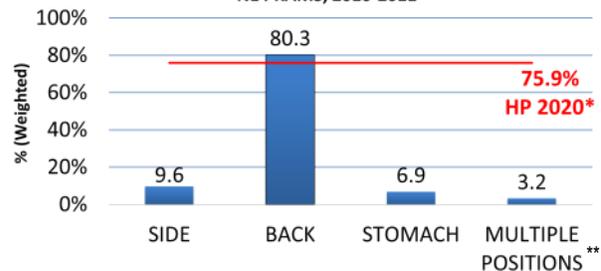
NE Vital Statistics, 2005-2011



One or more Sudden Unexpected Infant Deaths occurred in at least 37 Nebraska counties between 2005 and 2011.

### Infant Sleep Position

NE PRAMS, 2010-2011

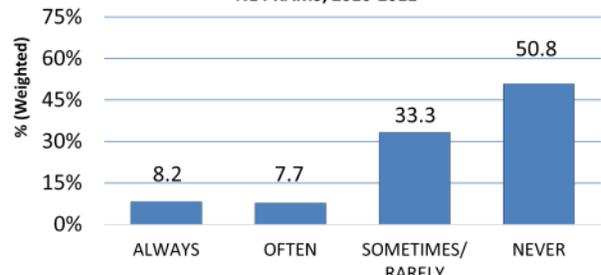


The overall Nebraska prevalence of babies laid to sleep on their backs is 80%, meeting the Healthy People 2020 target of 75.9%. Among infants laid to sleep in a non-back position, the side sleep position is the most common (9.6%).

\*\*"Multiple positions" is defined on page 2.

### Infant Bed Sharing

NE PRAMS, 2010-2011



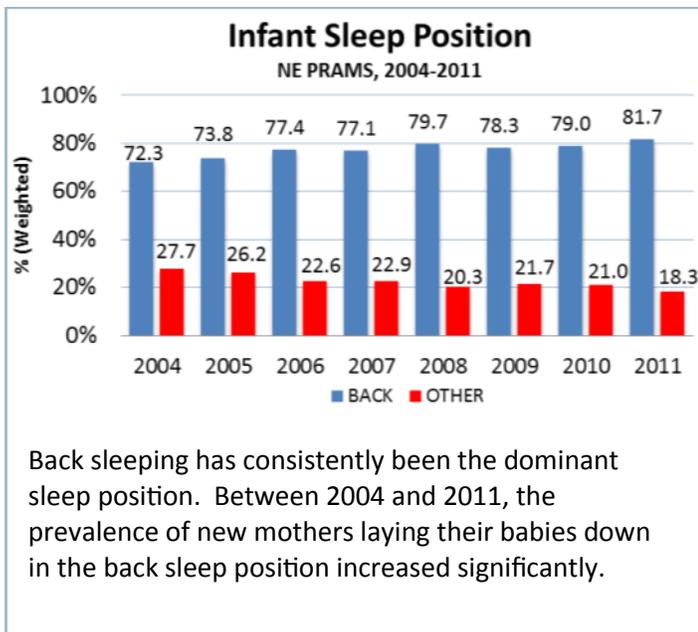
Almost half (49.2%) of babies in Nebraska ever share a bed while sleeping. This increases the risk of overheating, rebreathing or airway obstruction, head covering, and secondhand tobacco smoke exposure.<sup>4</sup>

\*Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.

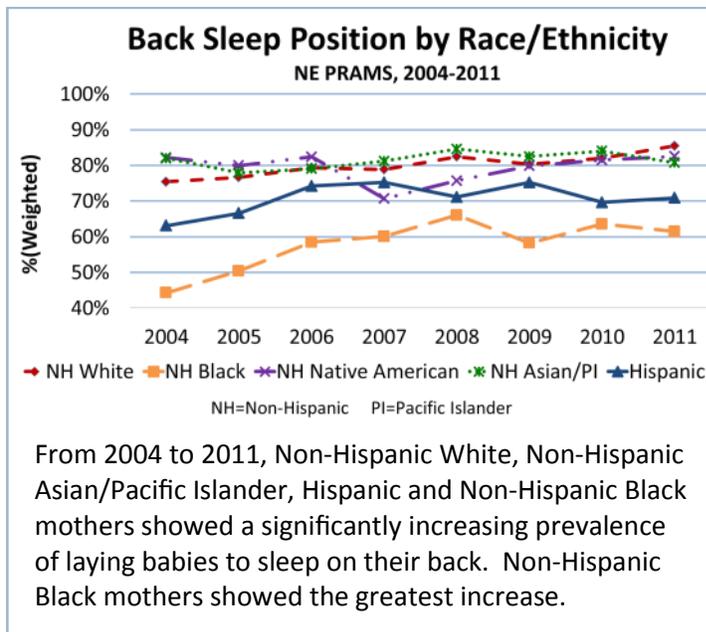
## Infant Sleep Position Varies within Nebraska

### How is sleep position measured in PRAMS?

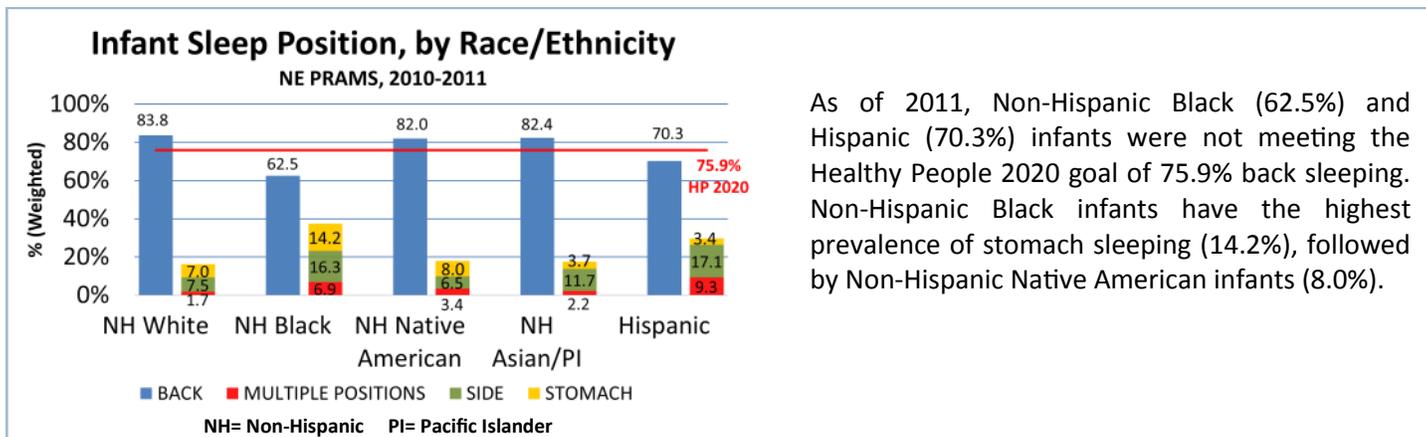
PRAMS asks: *In which one position do you most often lay your baby down to sleep now?* Mothers can answer: “on his or her side”, “on his or her back”, “on his or her stomach”. “**Multiple Positions**” refers to a small number of moms who select more than one answer indicating sleep position.



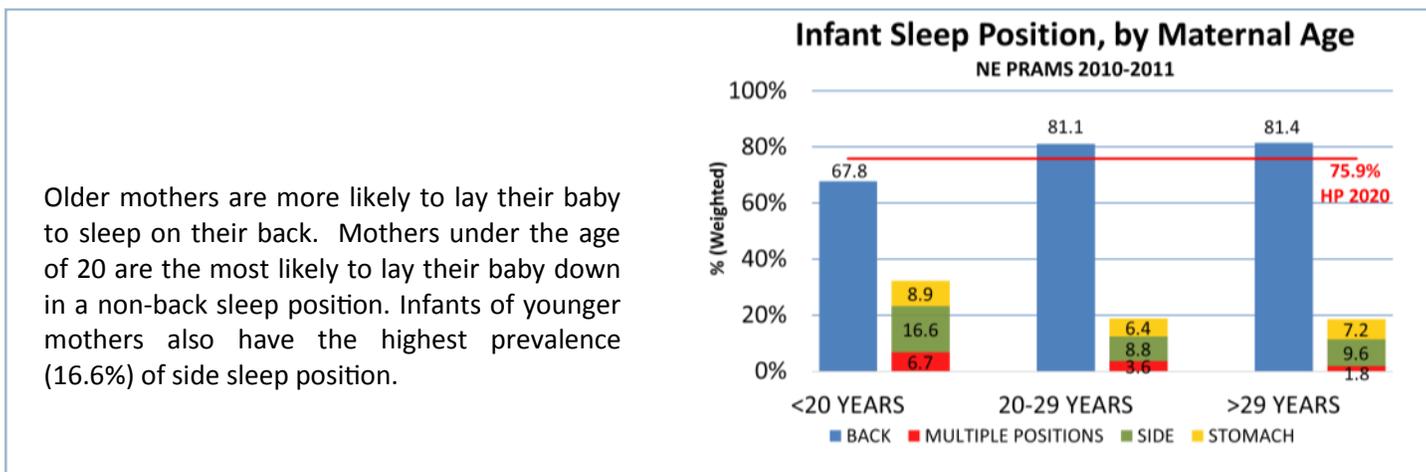
Back sleeping has consistently been the dominant sleep position. Between 2004 and 2011, the prevalence of new mothers laying their babies down in the back sleep position increased significantly.



From 2004 to 2011, Non-Hispanic White, Non-Hispanic Asian/Pacific Islander, Hispanic and Non-Hispanic Black mothers showed a significantly increasing prevalence of laying babies to sleep on their back. Non-Hispanic Black mothers showed the greatest increase.



As of 2011, Non-Hispanic Black (62.5%) and Hispanic (70.3%) infants were not meeting the Healthy People 2020 goal of 75.9% back sleeping. Non-Hispanic Black infants have the highest prevalence of stomach sleeping (14.2%), followed by Non-Hispanic Native American infants (8.0%).

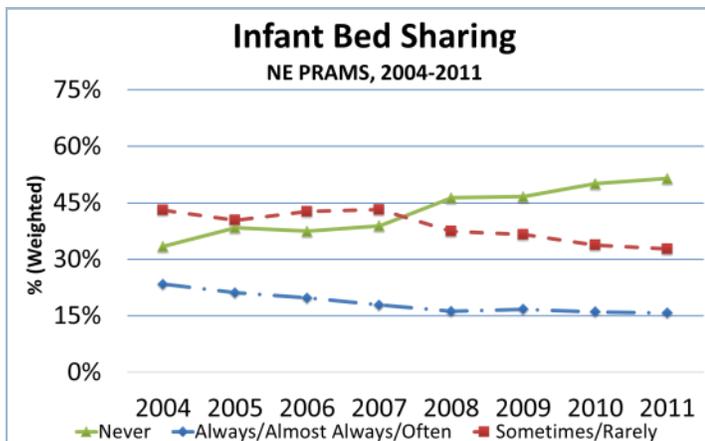


Older mothers are more likely to lay their baby to sleep on their back. Mothers under the age of 20 are the most likely to lay their baby down in a non-back sleep position. Infants of younger mothers also have the highest prevalence (16.6%) of side sleep position.

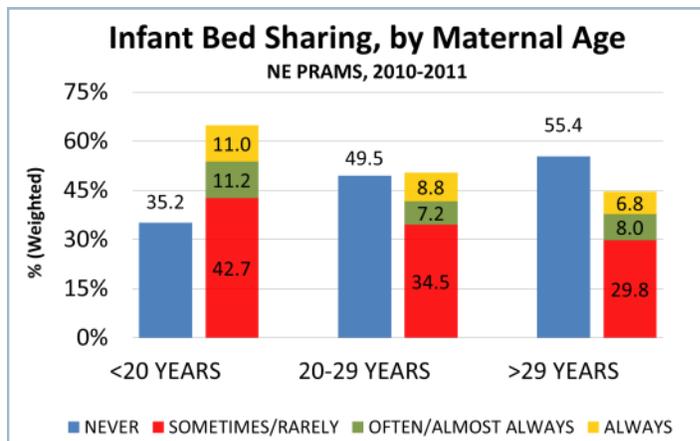
## Infant Bed Sharing Varies within Nebraska

### How is bed sharing measured in PRAMS?

PRAMS asks: *How often does your new baby sleep in the same bed with you or anyone else?* Mothers can answer: "Always", "Often", "Sometimes", "Rarely", "Never".

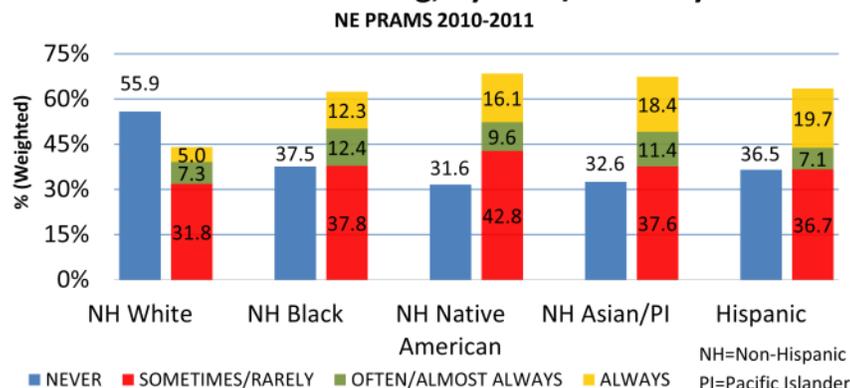


The prevalence of *never* bed sharing increased significantly between 2004 and 2011 (18.0% increase). The prevalences of sometimes or rarely having an infant share a bed, and always or often having an infant share a bed, decreased similarly between 2004-2011 (10.3% and 7.7% decreases, respectively).



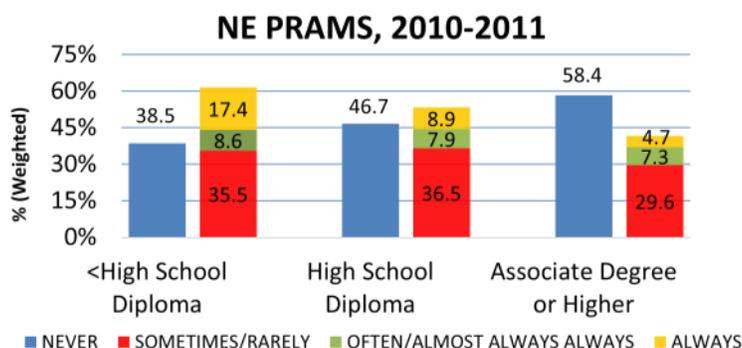
Older mothers are more likely to *never* have their infant share a bed. Mothers under the age of 20 are most likely to report that their infant ever shares a bed while sleeping. Among young mothers, 22.2% of infants bed share (always/often/almost always), compared to 16% of infants among mothers 20-29 years old and 14.8% of infants among mothers 29 years and older.

### Infant Bed Sharing, by Race/Ethnicity



Hispanic infants have the highest prevalence of always bed sharing (19.7%) followed by Non-Hispanic Asian/Pacific Islander (18.4%), Non-Hispanic Native American (16.1%), and Non-Hispanic Black (12.3%). Non-Hispanic Native American infants have the highest prevalence of ever sharing a bed while sleeping (68.4%), followed by Non-Hispanic Asian/Pacific Islander (67.4%).

### Bed Sharing, by Highest Maternal Education



Mothers with less than a high school diploma have the highest prevalence of having an infant always share a bed with them or someone else (17.4%). As maternal education level increased, the prevalence of an infant ever sharing a bed decreased.

### National Attention to SUID

The Back to Sleep Campaign was launched in 1994, to address the importance of back (or “supine”) sleeping to reduce the risk of SIDS. Recently, the shift in classifying fewer SUID cases as SIDS, and more as unintentional suffocations, has generated a focus on broader infant safe sleep practices.<sup>2</sup> The Back to Sleep Campaign has re-launched as the Safe to Sleep Campaign, expanding to reduce sleep-related deaths from causes such as suffocation.<sup>1,3</sup> The campaign website includes resources and brochures for reducing SUID. Visit the Safe to Sleep Website: <http://www.nichd.nih.gov/SIDS/Pages/sids.aspx>.

## Reducing SUID: Recommendations and Resources

### Comprehensive explanations of SUID

- <http://www.cdc.gov/sids/>
- [http://dhhs.ne.gov/publichealth/Pages/sids\\_suid.aspx](http://dhhs.ne.gov/publichealth/Pages/sids_suid.aspx)

### Recommendations for reducing the risk of SUID

- <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>

### Continuing education opportunities

- For Nurses: <http://www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx>
- For Pharmacists: <http://www.nichd.nih.gov/SIDS/pages/PharmacistCE.aspx>

### Sleep surface recommendations

- Crib Safety: <http://www.cdc.gov/sids/Parents-Caregivers.htm>
- Mattress Firmness Testing: <http://www.wikihow.com/Assess-the-Safe-Firmness-of-an-Infant-Mattress-to-Prevent-Asphyxiation>

### NE SIDS Foundation bereavement support

- <http://www.nebraskasidsfoundation.org/news/>

### Free printable handouts

- What a Safe Sleep Environment looks like: [http://www.nichd.nih.gov/publications/pubs/documents/bts\\_safe\\_environment.pdf](http://www.nichd.nih.gov/publications/pubs/documents/bts_safe_environment.pdf)
- [http://dhhs.ne.gov/publichealth/Pages/sids\\_resources.aspx](http://dhhs.ne.gov/publichealth/Pages/sids_resources.aspx)
- <http://babyblossomsomaha.org/resources/safe-sleep>

### Child care providers information

- <http://www.healthychildren.org/English/family-life/work-play/pages/A-Child-Care-Provider's-Guide-to-Safe-Sleep.aspx>
- [http://www.education.ne.gov/oec/train/safe\\_with\\_you.html](http://www.education.ne.gov/oec/train/safe_with_you.html)

## Safe Sleep Education for Parents & Caregivers

Talking with all parents can include: planning for safe sleep prior to the birth of a new infant; providing information, recommendations, and resources for safe sleep environments; and encouraging discussions with potential caregivers and family members about safe sleep.<sup>4</sup>

### What is Nebraska PRAMS?

The Nebraska Pregnancy Risk Assessment Monitoring System is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Nebraska PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the United States Centers for Disease Control and Prevention (CDC). The data presented in this publication are based on 3,543 completed surveys representing Nebraska mothers who gave birth to live infants during 2010 through 2011. Trend data presented in this publication are based on 13,878 completed surveys, representing Nebraska mothers who gave birth to live infants during 2004 through 2011.

[www.dhhs.ne.gov/prams](http://www.dhhs.ne.gov/prams)

### References:

1. Sudden Unexpected Infant Death (2013, March 7). *Centers for Disease Control and Prevention*. [www.cdc.gov/sids/](http://www.cdc.gov/sids/).
2. Brixey S, Kopp B, Schlotthauer A, Collier A, & Corden T. (2011) Use of child death review to inform sudden unexplained infant death occurring in a large urban setting. *Injury Prevention*, 17(1), 23-27.
3. U.S. Department of Health and Human Services. (2013) Safe to Sleep Public Education Campaign. In *NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development*. [www.nichd.nih.gov/SIDS/Pages/sids.aspx](http://www.nichd.nih.gov/SIDS/Pages/sids.aspx)
4. Task Force on Sudden Infant Death Syndrome. (2011) SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128(1341).

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