

SC PRAMS Fact Sheet

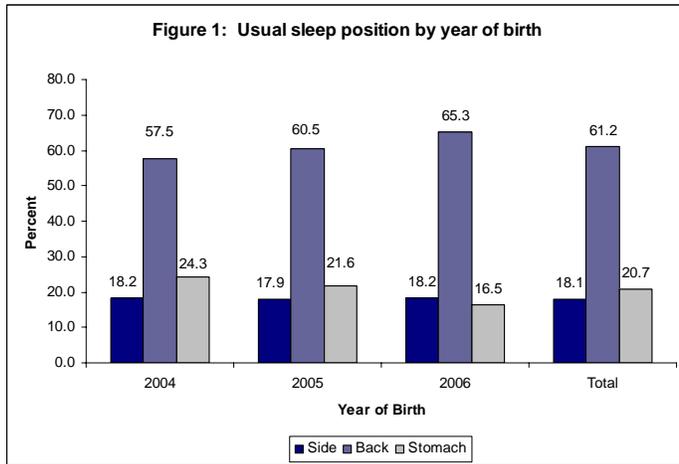


Infant Sleep Position in South Carolina, 2004-2006

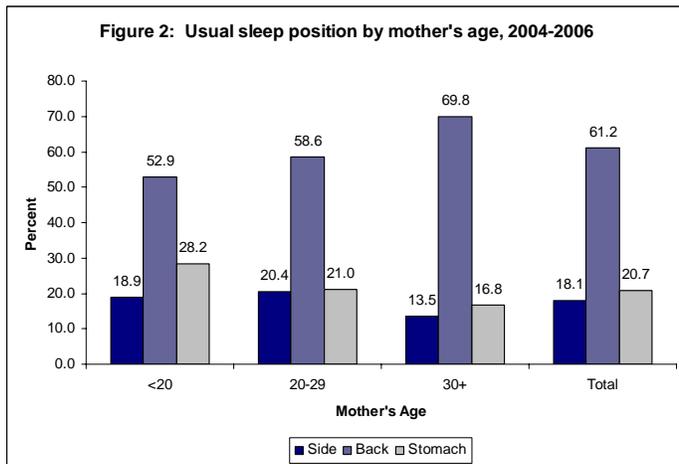


- The 2005 South Carolina Infant Mortality Report indicated a slight increase in the South Carolina infant mortality rate from 2004 to 2005¹. In 2004, 9.3 infant deaths occurred for every 1,000 live births. In 2005, 9.5 infant deaths occurred for every 1,000 live births.
- This increase is due, in part, to a 65.5 percent increase in infant deaths from SIDS and unsafe sleep environments from 2004 to 2005. In 2004 29 SIDS cases were observed, whereas 48 SIDS cases were observed in 2005.
- Studies have shown that placing an infant to sleep on their stomachs increases the risk for SIDS²⁻⁴.
- The American Academy of Pediatrics recommends placing infants on their backs (rather than their sides or stomachs) to sleep⁵.
- Further, the Healthy People 2010 objective for infant sleep position is that 70 percent of all healthy full-term infants are placed to sleep on their backs.
- The PRAMS questionnaire asks new mothers how their infant is placed to sleep most of the time. For this fact sheet, usual infant sleep position is examined by a variety of maternal characteristics. Observations with missing information on mother's age, mother's race, mother's ethnicity, gestational age, mother smoking during pregnancy, or infant bedsharing were removed.
- PRAMS data indicate that out of all mothers giving birth in 2004-2006, 61.2 percent usually placed their infants to sleep on their backs, 18.1 percent usually placed their infants to sleep on their sides, and 20.7 percent usually placed their infants to sleep on their stomachs.

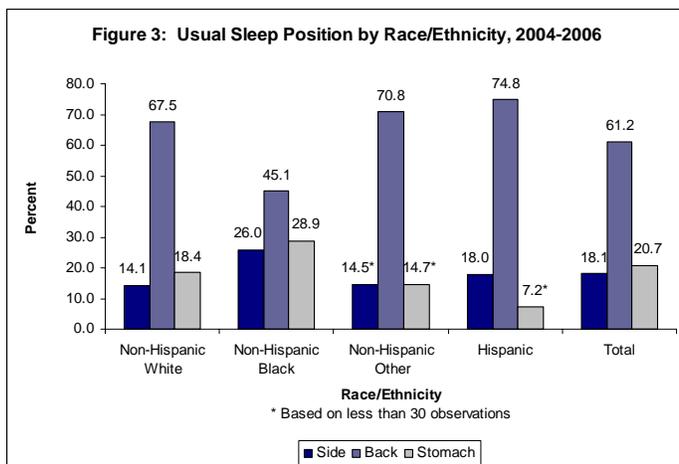




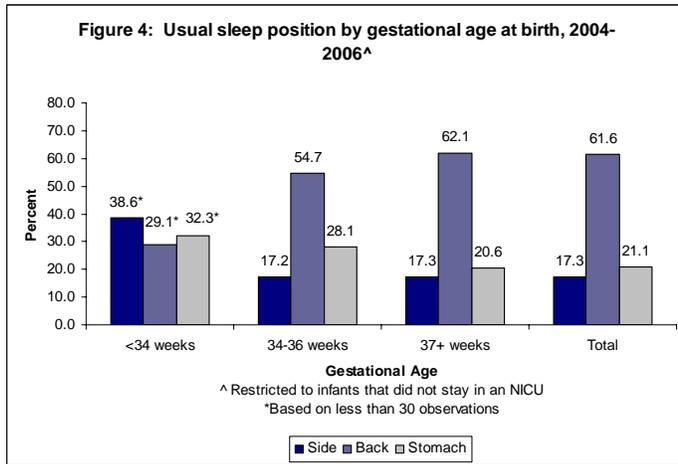
- The percentage of infants being laid down to sleep on their backs has increased each year from 2004 to 2006.
- The percentage of infants being laid down to sleep on their stomachs has decreased each year from 2004-2006.
- These changes are large enough to conclude that the percentage of infants that are laid down to sleep on their backs has meaningfully increased from 2004-2006.



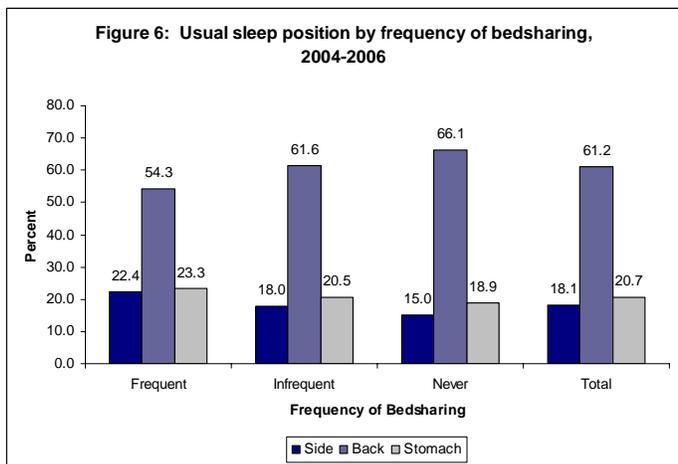
- The percentage of infants being laid down to sleep on their backs increases as the mother's age increases.
- The percentage of infants being laid down to sleep on their stomachs decreases as mother's age increases.
- These differences are large enough to conclude that the percentage of infants that are laid down to sleep on their backs is meaningfully higher for older mothers.



- A lower percentage of Black mothers laid their infants down to sleep on their backs than any other race/ethnicity group.
- A higher percentage of Black mothers laid their infants down to sleep on their stomachs than any other race/ethnicity group.
- These differences are large enough to conclude that the percentage of infants that are laid down to sleep on their backs is meaningfully different across racial/ethnic groups.



- The percentage of infants being laid down to sleep on their backs increases slightly as gestational age at birth increases.
- The percentage of infants being laid down to sleep on their stomachs decreases slightly as gestational age increases.
- These differences are NOT large enough to conclude that the percentage of infants that are laid down to sleep on their backs is meaningfully different for different gestational ages at birth.



- The percentage of infants that are laid down to sleep on their backs increases as bedsharing becomes less frequent.
- The percentage of infants that are laid down to sleep on their stomachs decreases as bedsharing becomes less frequent.
- These differences are large enough to conclude that the percentage of infants that are laid down to sleep on their backs increases meaningfully as bedsharing frequency decreases.

- Meaningful differences in sleep position habits across infant's year of birth, mother's age, race/ethnicity categories, and frequency of bedsharing were observed from 2004 - 2006.
- Although some trends in sleep position habits were observed across gestational age, it cannot be concluded that mothers' habits for laying their infants down to sleep differ meaningfully by this factor.
- It is important to conduct further analyses to determine which factors are most associated with sleep position habits in the presence of other factors.

What is SC PRAMS?

The South Carolina Pregnancy Risk Assessment Monitoring System (SC PRAMS) is an ongoing population-based surveillance system of maternal behaviors and experiences before, during and after pregnancy. About 2,300 mothers are randomly sampled from the state's live birth registry each year.

The data presented in this fact sheet reflect live births to South Carolina mothers that occurred in South Carolina during the years of 2004, 2005, and 2006. The overall response rate for these three years was 70.0 percent.

References:

1. Infant Mortality and Selected Birth Characteristics: 2005 South Carolina Residence Data. Columbia, SC: South Carolina Department of Health and Environmental Control, Office of Public Health Statistics and Information Services; 2007.
2. Dwyer et al. Prospective cohort study of prone sleep position and sudden infant death syndrome. *Lancet*. 1991; 337: 1244 – 1247.
3. Taylor et al. Prone sleep position and sudden infant death syndrome in King County, Washington: a case-control study. *J Pediatr*. 1996; 128: 626 – 630.
4. Fleming et al. Interaction between bedding and sleep position in the sudden infant death syndrome: a population based case-control study. *BMJ*. 1990; 301: 85 – 89.
5. American Academy of Pediatrics. Changing concepts of sudden infant death syndrome: implications for infant sleeping environment and sleep position. *Pediatrics*. 2000; 105: 650 – 656.

Safe Sleeping Tips

- **Back to sleep for infants:** Always place your baby on his/her back to sleep for naps and at night.
- **Use a firm sleep surface:** Use a safety approved crib mattress covered by a fitted sheet.
- **Keep soft objects, toys and loose bedding out of baby's sleep area:** No blankets or bumper pads.
- **Do NOT allow smoking around your baby:** Do not smoke during your pregnancy and never allow smoking around your baby.
- **Think about using a clean, dry pacifier when placing baby down to sleep:** Introduce pacifier at sleep after one month of age and/or after breastfeeding has been established.
- **Avoid overheating your baby:** Keep room at a comfortable temperature.
- **Share your room with your baby, not your bed:** Babies should not sleep in a bed, on a couch, on a chair, or with other children. Your baby may get caught under the pillows or blankets and not be able to breathe. Also, your baby may be trapped in the space between the mattress and wall, headboard, footboard, or bed railings.