

N.C. PRAMS FACT SHEET

October 2007

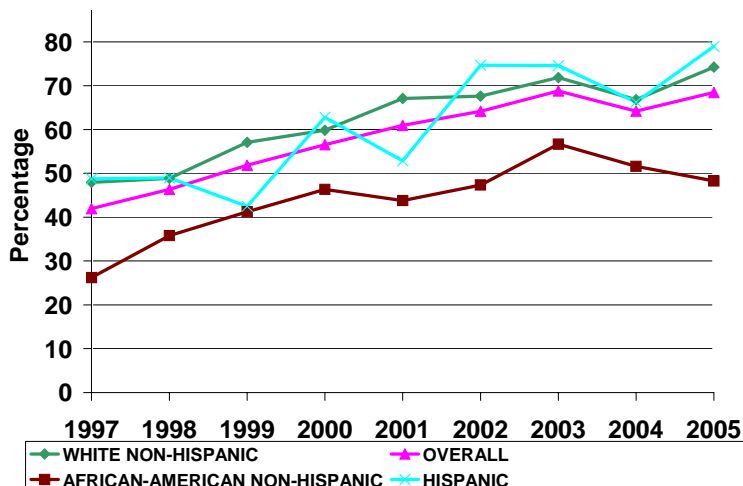


Infant Sleep Position

2005 N.C. Pregnancy Risk Assessment Monitoring System (PRAMS)

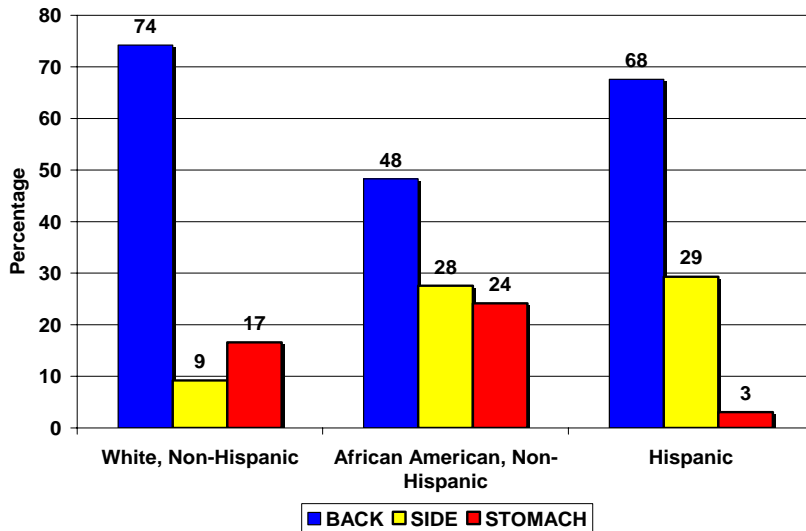
- ▶ Sudden Infant Death Syndrome (SIDS) refers to the sudden and unexplained death of an infant under one year of age for whom no other cause of death can be determined based on autopsy, a death scene investigation, and a review of the infant's medical history.¹
- ▶ SIDS is the third leading cause of infant death in North Carolina.
- ▶ In 2005, 105 infants died from SIDS in North Carolina, accounting for 9.8 percent of all infant deaths.
- ▶ The exact causes of SIDS are unknown but significant risk factors include: the infant sleeping on his/her stomach or side, maternal smoking or breathing secondhand smoke during pregnancy, and the infant's exposure to secondhand smoke.
- ▶ Since 1992, the American Academy of Pediatrics (AAP) began recommending the back sleeping position for infants as the standard to reduce the risk of SIDS. The side or stomach sleep position is not recommended unless medically indicated.
- ▶ The North Carolina Back to Sleep Campaign, a public awareness and educational multi-media program, is designed to decrease the risks of SIDS. The campaign has a goal of not more than 10 percent of healthy infants placed on their stomachs for sleep.
- ▶ In 2005, 68 percent of North Carolina mothers reported that they placed their infant on their back to sleep. The Healthy People 2010 goal of infants sleeping on their backs is 70 percent.
- ▶ In North Carolina, back sleep position placement for infants was more prevalent among whites, Hispanics, mothers of older age, and mothers of higher education in 2005, according to the PRAMS.
- ▶ North Carolina babies exposed to secondhand smoke were more likely to be placed on their stomach (24 percent) than babies who were not exposed to cigarette smoke (15 percent).

Back Infant Sleeping Position in North Carolina by Race
N.C. PRAMS: 1997-2005



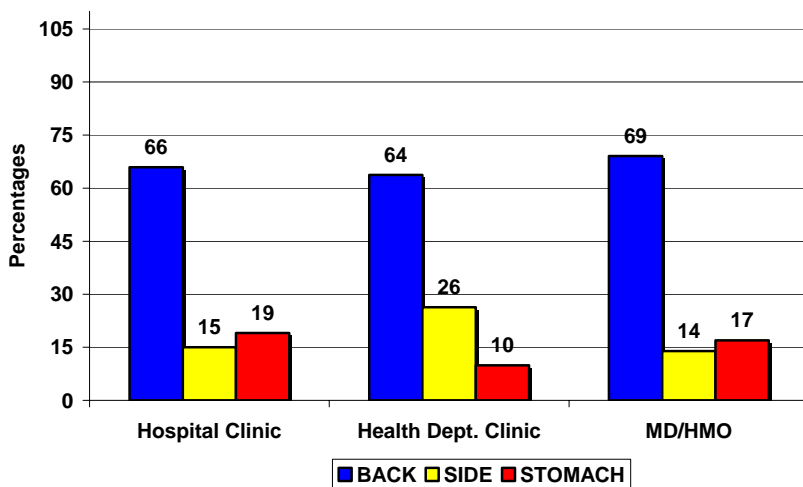
- The prevalence of mothers who placed their infant to sleep in the back position significantly increased, from 42 percent in 1997 to 68 percent in 2005.
- Both Hispanic and white non-Hispanic mothers' use of the back position follows the overall trend of increasing since 1997.
- The percentage of African American, non-Hispanic mothers who report putting their infant to sleep on its back has shown a downward trend since 2003.

**Infant Sleep Position by Race
N.C. PRAMS – 2005**



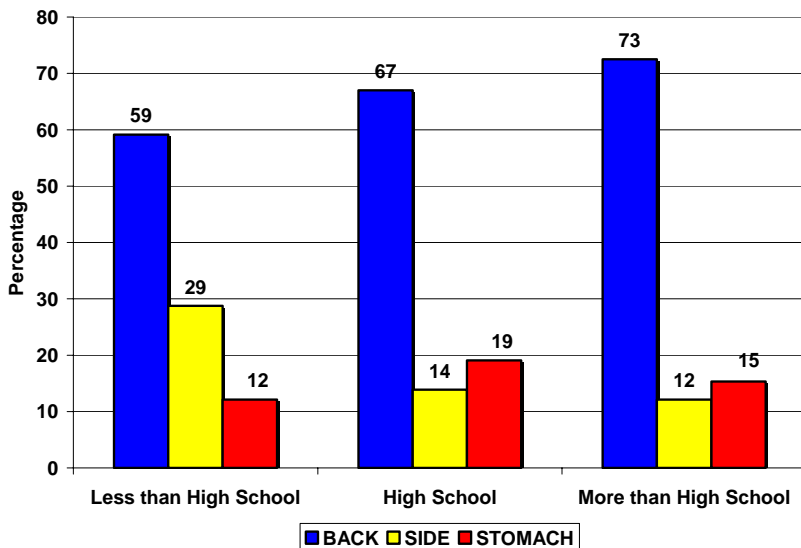
- Only 48 percent of African American, non-Hispanic mothers reported putting their babies to sleep on their backs compared to 74 percent of white, non-Hispanic and 68 percent of Hispanic mothers.
- African American mothers (24 percent) were far more likely to use the stomach position than were white, non-Hispanic (17 percent) or Hispanic mothers (3 percent).
- Hispanic (29 percent) and African American mothers (28 percent) used the side position far more often than white mothers (9 percent).

**Infant Sleep Position by Mother's Source of Prenatal Care
N.C. PRAMS – 2005**



- Women receiving prenatal care (PNC) from health departments were less likely to choose the back position (64 percent) than women receiving PNC from private physicians or health maintenance organizations (69 percent).
- Health department prenatal patients were less likely to place their infant on their stomach (10 percent) but more likely to use the side position.

**Infant Sleep Position by Maternal Education
N.C. PRAMS – 2005**



- Mothers in the highest education group were more likely to use the back sleep position for their infants (73 percent) than mothers with less than a high school education (59 percent).
- Twenty-nine percent of the mothers who had less than a high school education put their babies on their side to sleep.

- ▶ Although research has not been able to identify the specific causes of SIDS, an effective intervention that has considerably reduced the incidence of SIDS is the placement of healthy infants on their back to sleep for naps and at night.
- ▶ Exposure to cigarette smoke is highly correlated with SIDS. Research indicates that maternal smoking during pregnancy triples an infant's risk for SIDS. The U.S. Surgeon General reports that breathing secondhand smoke during pregnancy and an infant's exposure to secondhand cigarette smoke greatly increase the risk of SIDS.²
- ▶ Research suggests that breastfeeding prevents gastrointestinal and respiratory illnesses and infections that may predispose an infant to SIDS.³ Studies show that babies breastfed exclusively for the first four months are less likely to die from SIDS than babies who are breastfed for shorter time periods or not breastfed at all.

Recommendations for Risk Reduction*:

- Always place infants on their back for sleeping at night and at nap time.
- Inform all child care providers, including family members, about infant sleep safety and the *Back to Sleep* position.
- Do not smoke during pregnancy.
- Avoid secondhand smoke while pregnant.
- Do not let anyone smoke around babies – keep babies in a smoke-free environment.
- Keep babies from overheating by dressing them in layers that can be easily removed and maintain the room temperature where babies sleep in the 68-72 degrees Fahrenheit range.
- Breastfeed babies.

*Go to North Carolina Health Start Foundation's Web site at www.NCHealthyStart.org to read more about reducing the risks of SIDS at home and in child care settings.

What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS), funded by the Centers for Disease Control and Prevention, is an ongoing, state-specific, population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Developed in 1987, PRAMS was designed to supplement vital records by providing state-specific data on maternal behaviors and experiences to be used for planning and assessing perinatal health programs. Currently conducted in 37 states, New York City, and South Dakota (Yankton Sioux Tribe), PRAMS covers 75 percent of U.S. births.

NC PRAMS is a random, stratified, monthly mail/telephone survey of North Carolina women who recently delivered a live-born infant. Data collection began in North Carolina on July 1, 1997, providing us with six months of data for 1997. Since 1997, PRAMS data have been collected every year. Each month around 200 women are selected from the Provisional Live Birth File and are interviewed approximately 3-6 months after giving birth. All estimates are weighted to reflect the entire population of North Carolina women who gave birth in each year.

References:

1. *Task Force on Sudden Infant Death Syndrome. The changing concept of Sudden Infant Death Syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. Pediatrics. 2005;116:1245-1255.*
2. *U.S. Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion: www.surgeongeneral.gov/library/secondhandsmoke/*
3. *Villalpando S, Hamosh M. Early and late effects of breast-feeding: Does breast-feeding really matter? Biology of the Neonate. 1998;74:177-191.*

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