

Background

This report contains Vermont data on infant sleep practices as reported in PRAMS 2012-2015 and overall estimates for 34 PRAMS sites for 2015. Progress towards meeting the national infant sleep position goal as specified in Healthy People 2020 is presented.

Every year in the United States there are about 3,500 sleep-related infant deaths, including those from sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed, and unknown causes.¹ To reduce risk factors for sleep-related infant deaths, recommendations from the American Academy of Pediatrics (AAP) for safe sleep include:

- placing the infant on his or her back on a firm sleep surface such as a mattress in a safety-approved crib or bassinet,
- having the infant and caregivers share a room, but not the same sleeping surface, and
- avoiding the use of soft bedding (e.g., blankets, pillows, and soft objects) in the infant sleep environment.

Additional recommendations to reduce the risk for sleep-related infant deaths include breastfeeding, providing routinely recommended immunizations, and avoiding prenatal and postnatal exposure to tobacco smoke, alcohol, and illicit drugs.²

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Mothers are surveyed two to six months after delivery. Results presented in this report include both responses to “Core” questions (asked by all PRAMS sites) and to “Standard” questions (optional). The 34 PRAMS sites met or exceeded the response rate thresholds for 2015ⁱ are included in the overall estimates included in this report.

National Infant Sleep Position Goals

The Healthy People 2020 Objective and Title V National Performance Measure on infant sleep position are tracked using PRAMS data.^{3,4}

National Goals	Sleep Position
<p>Healthy People 2020 Objective³</p>	<p>MICH-20: Increase the proportion of infants who are put to sleep on their backs from 68.9% to 75.8%</p>
<p>Title V National Performance Measure⁴</p>	<p>NPM 5: To increase the number of infants placed to sleep on their backs</p>

Note: The data sources for infant sleep position differ between Healthy People 2010 and Healthy People 2020. The data source for the Healthy People 2010 infant sleep position objective (MICH-16-3) was the National Infant Sleep Study, NIH, NICHD, an annual telephone survey of approximately 1,000 parents of infants. Data for this objective (MICH-20) come from the Pregnancy Risk Assessment Monitoring System and the California Maternal and Infant Health Assessment (MIHA). The baseline estimate was produced from 2007 data from 29 PRAMS sites combined with data from MIHA.³

ⁱ Response rate threshold for PRAMS sites was 60% for 2012-2014 and 55% for 2015. Vermont PRAMS has always exceeded the response rate threshold.

Infant Sleep Position

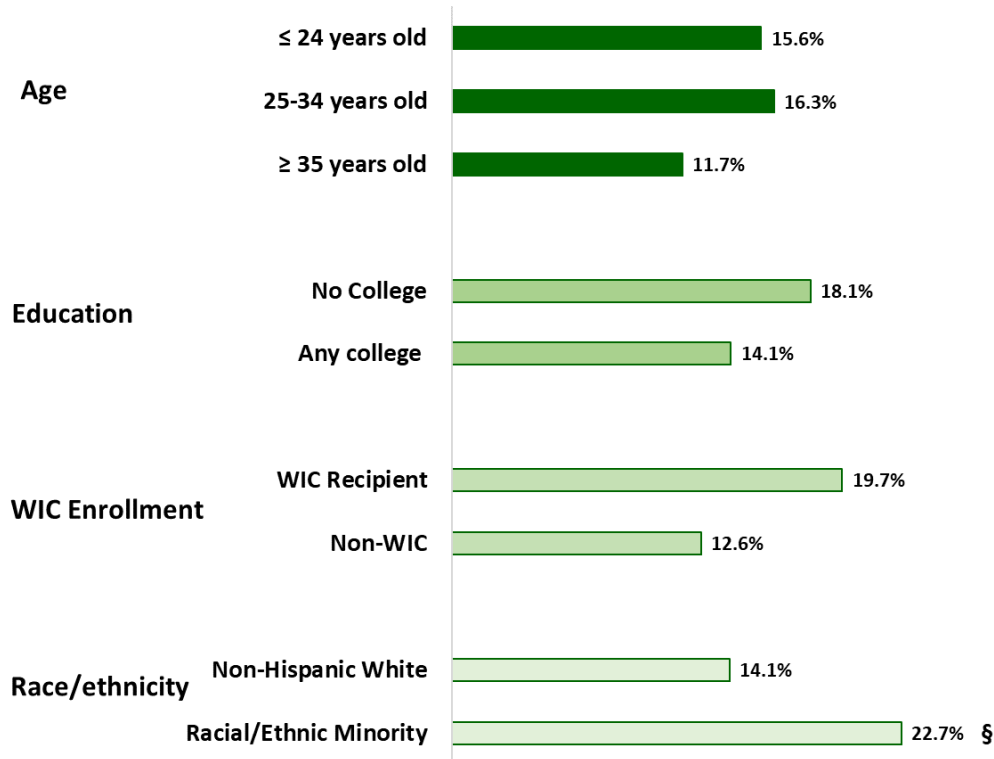
Vermont infants had a lower prevalence of being placed to sleep on their backs compared to those of all PRAMS sites. There was no significant change in this rate during the period discussed in this report. The Vermont and all-PRAMS averages both exceeded the Healthy People 2020 objective to put 75.8% of infants to sleep on their back.

Core PRAMS Indicator	Vermont % (95% CI)*				34 PRAMS Sites % (95% CI)*
	2012	2013	2014	2015	2015
Placed on his/her back	84.7 (82.2-86.8)	86.1 (83.6-88.3)	86.2 (83.9-88.3)	84.7 (82.0-87.0)	78.4 (77.7-79.1)

* Weighted Percent (95% Confidence Interval)

Question Wording: "In which one position do you most often lay your baby down to sleep now? (check one answer)." A small percentage of respondents (<4%) selected more than one sleep position and are included in "on his or her side or stomach" category.

**Mothers Who Placed Their Babies To Sleep on Side or Stomach Most of the Time
By Select Maternal Characteristics
Vermont PRAMS 2015**



§ < 60 respondents; may not be reliable.

Bed Sharing

Vermont’s rate of infant bed sharing did not significantly differ from other PRAMS sites and did not significantly change over the period discussed in this report.

Standard PRAMS Indicator	Vermont % (95% CI)*				Subset of PRAMS Sites % (95% CI)*
	2012	2013	2014	2015	2015
Any††	64.1 (61.1-67.1)	65.0 (61.8-68.1)	63.8 (60.7-66.7)	63.1 (59.8-66.3)	61.3 (59.9-62.7)
Rarely or sometimes	40.6 (37.5-43.7)	42.6 (39.4-46.0)	40.1 (37.0-43.2)	39.2 (35.9-42.5)	37.0 (35.6-38.4)
Often or always	23.6 (21.1-26.4)	22.4 (19.7-25.2)	23.6 (21.0-26.4)	23.9 (21.2-26.9)	24.3 (23.0-25.6)
Never	35.8 (32.9-38.9)	35.0 (31.9-38.2)	36.4 (33.4-39.4)	36.9 (33.7-40.2)	38.7 (37.3-40.1)

Question wording: “How often does your new baby sleep in the same bed with you or anyone else?”

*“Subset of PRAMS Sites” estimates include the 15 PRAMS sites that included the bed-sharing question (AK, CT, DE, LA, ME, NE, NJ, PA, TN, TX, VT, VA, WA, WV, and WI)

†† “Any” is the sum of “rarely or sometimes” and “often or always”

References:

1. Matthews TJ, MacDorman MF, Thoma ME. Infant mortality statistics from the 2013 period linked birth/infant death data set. Natl Vital Stat Rep 2015;64:1–30.
2. Moon RY; Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: evidence base for 2016 updated recommendations for a safe infant sleeping environment. Pediatrics 2016;138:e20162940.
3. Healthy People 2020 Objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
4. Title V National Performance Measures. Available at: <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution>

Vermont Strategies to Improve Infant Safe Sleep Practices:

The Vermont Department of Health's Division of Maternal and Child Health oversees infant safe sleep education and outreach activities for Vermont's medical care practitioners and for parents and families. The Division of Maternal and Child Health continually updates messaging for families and professionals according to the most recent Infant Safe Sleep recommendations from the American Academy of Pediatrics and to reflect the most recent peer-reviewed research.

Resources and Support:

Vermont Department of Health information on infant safe sleep:

<http://www.healthvermont.gov/children-youth-families/infants-young-children/safe-sleep>

AAP Statement on Infant Safe Sleep:

<http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

HealthyChildren.org: The official parenting website of the American Academy of Pediatrics

ZeroToThree.org: Tips on child development, how to get a baby to sleep, and more.

MarchOfDimes.org: Information on having a healthy pregnancy, baby care and safe sleep.

Safe to Sleep Campaign and Information <https://www1.nichd.nih.gov/sts/Pages/default.aspx>

Consumer Safety Products Commission: Information on safety approved cribs and infant products: <https://www.cpsc.gov/>

Help Me Grow: for parenting and child development information: helpmegrowvt.org

AAP Bright Futures: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

NAPPSS: the National Action Partnership to Promote Safe Sleep:

<https://www.nichq.org/project/national-action-partnership-promote-safe->

CDC Vital Signs: <https://www.cdc.gov/vitalsigns/safesleep/>

American Academy of Pediatrics:

<http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938/>

Safe to Sleep Campaign: <https://www1.nichd.nih.gov/sts/Pages/default.aspx>

To learn more about PRAMS methods and to see data availability by state and year visit: <https://www.cdc.gov/prams>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES