

Division of Maternal & Child Health

BRIEF: Safe Sleep

The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont’s women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.

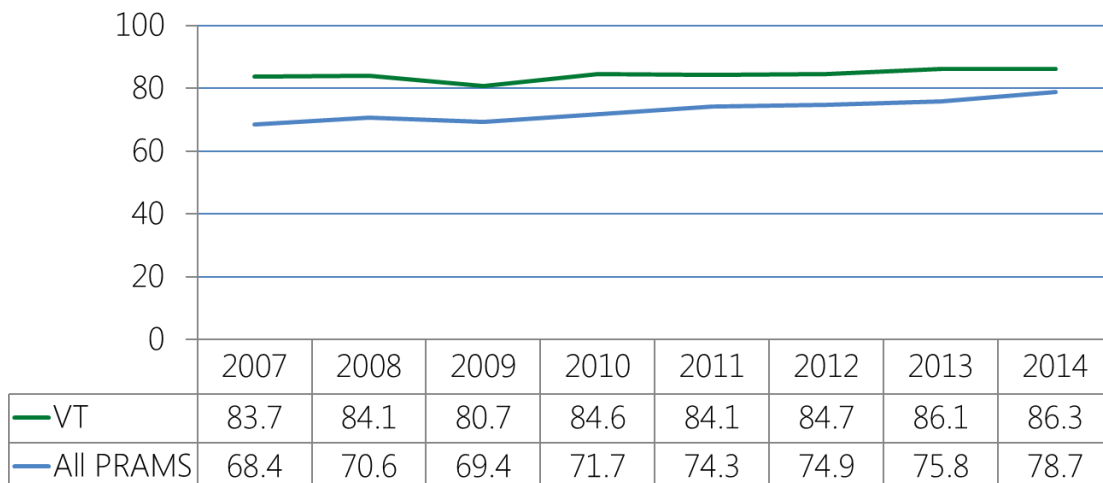
Priority Area Children live in safe and supported communities

Performance Measure % of infants placed to sleep on their backs

Introduction. Sudden unexplained infant deaths (SUID) is any infant death that is unexpected and initially unexplained. SUID deaths are the leading cause of infant death after the first month of life and the third leading cause of infant death overall. Frequently, the cause of the death is determined after a thorough investigation and autopsy by a medical examiner and coroner. The deaths that remain unexplained are defined as Sudden Infant Death Syndrome (SIDS.) The American Academy of Pediatrics recommends a safe sleep environment that can reduce the risk of all sleep-related infant deaths. Recommendations for a safe sleep environment include: supine positioning, use of a firm sleep surface, room-sharing without bed-sharing, and avoidance of soft bedding and overheating. Additional recommendations include avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunization; and encourages use of a pacifier. Breastfeeding has important health benefits for babies.

Results.

% of infants placed to sleep on their backs, Vermont and all-PRAMS states, 2007-2014

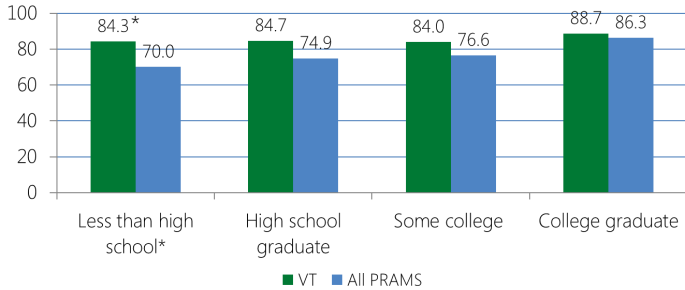


Source: Pregnancy Risk Assessment Monitoring System (PRAMS), 2007-2014**

■ The baseline measure, the percentage of infants placed to sleep on their backs, is drawn from the CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS). The Healthy People 2020 baseline rate is 69.0% and the HP2020 target rate for this measure is 75.9%. Vermont significantly exceeds the Healthy People 2020 target rate in all years 2007-2014. There is no statistically significant linear trend over time in this period. Within each year, the Vermont rate significantly exceeds the all-PRAMS rate in all years 2007-2014.

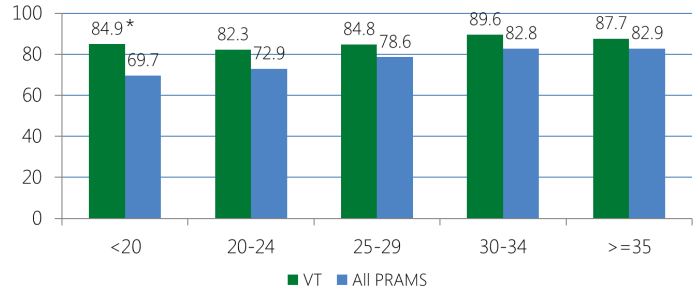
■ The back to sleep rate for 2014 Vermont births is also higher than the HP2020 target rate within most demographic stratification groups. The 2014 Vermont rate also generally exceeds the all-PRAMS rate.

% of infants placed to sleep on their backs, by educational attainment, 2014



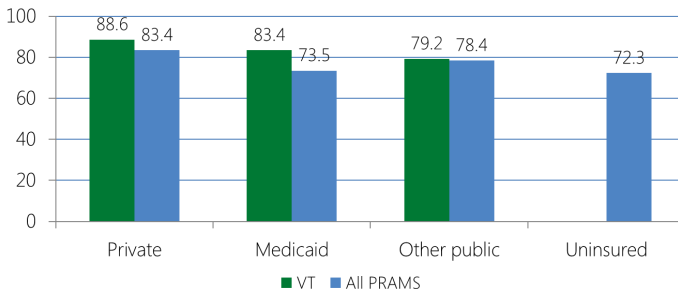
The back-to-sleep rate for Vermont infants born to mothers with 12 or more years of education significantly exceeds both the HP2020 and all-PRAMS rates, except for college graduates.

% of infants placed to sleep on their backs, by maternal age, 2014



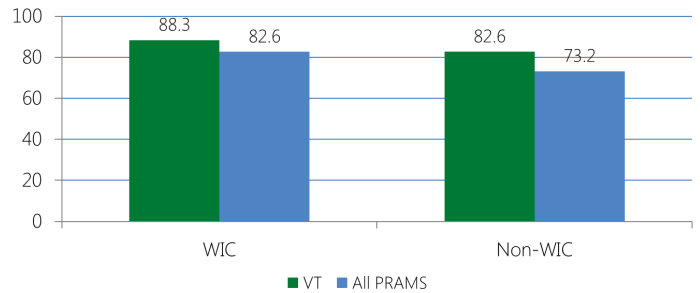
Vermont women over the age of 25 exceed the HP2020 target rate and ages 20-24 and 30-34 exceed the all-PRAMS rate.

% of infants placed to sleep on their backs, by insurance status, 2014



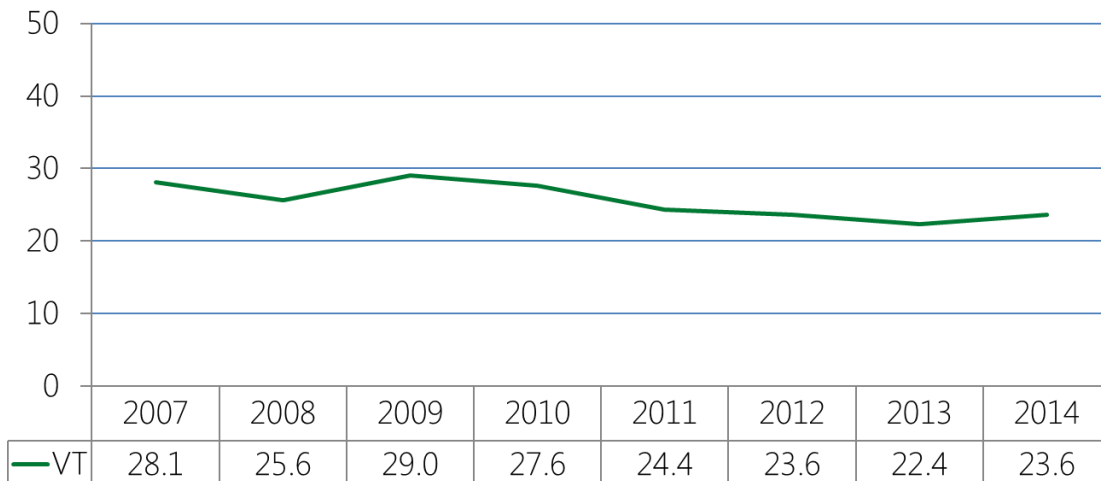
Those who have either private insurance or Medicaid have rates exceeding both the target rate and the all-PRAMS rate. There are no significant differences between the other public insurance programs and other types of insurance

% of infants placed to sleep on their backs, by WIC participation, 2014



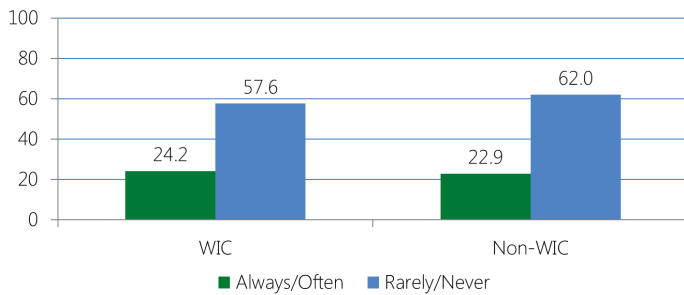
Infants whose families were WIC participants and non-WIC participants significantly exceed both the HP2020 target and all-PRAMS rates.

% of families who ALWAYS or OFTEN bedshare, Vermont, 2007-2014

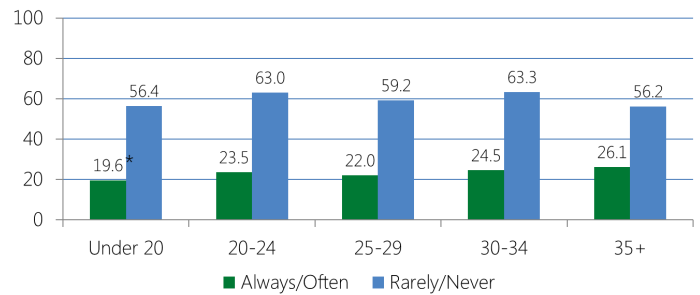


Source: Pregnancy Risk Assessment Monitoring System (PRAMS), 2007-2014**

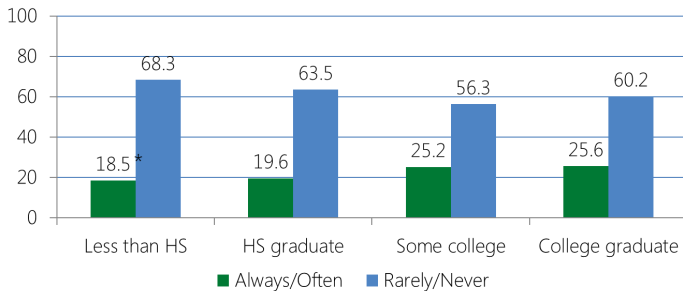
% of families who bedshare by frequency and WIC participation, Vermont 2014



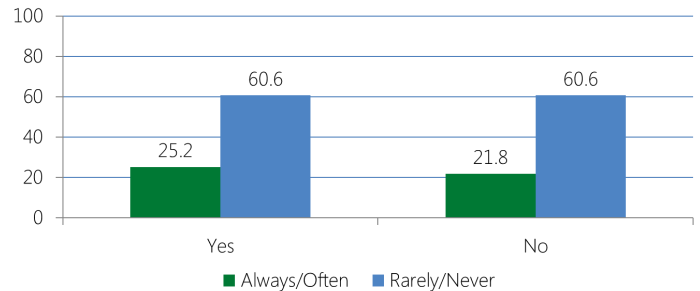
% of families who bedshare by frequency and maternal age, Vermont 2014



% of families who bedshare by frequency and maternal education, Vermont 2014



% of families who bedshare by frequency and previous live birth, Vermont 2014



Vermont Strategies.

For the events of SUID that are associated with unsafe infant sleep environment, our outreach and education strategies for parents and caregivers of newborns and infants offer information about the risks of unsafe sleep and how to safely sleep an infant. Outreach to those who work with families of infants/newborns such as physicians, nurses, child care providers, childbirth educators with the latest safe sleep information is also a key strategy in reaching parents with this information. Education should follow the AAP guidelines on safe sleep. **Program components:**

- Ongoing **surveillance** of sudden unexpected infant deaths and infant deaths associated with sleep environment.
- Support and expand statewide capacity to perform **death scene investigation** for all unexpected/unexplained infant deaths
- **Use of population data** for information on parents' safe sleep practices with newborns/infants
- Create and maintain a system of comprehensive outreach and education to parents of newborns and infants about safe sleep practices
- Maintain **parent education materials** on safe sleep that contain up-to-date information and use appropriate language to describe the risk of unsafe sleep environments for infants.
- **Outreach and education training sessions** for those who work with pregnant women and families of infants/newborns such as physicians, nurses, child care providers, childbirth educators, etc; education sessions offered to these groups statewide.
- Collaborate with **birth hospitals** statewide to create up-to-date **safe sleep hospital policies** for their inpatient units that service newborns and infants.

Data Issues.

2014 findings for the all-PRAMS data set are preliminary.

* Interpret with caution, small sample size.

** The PRAMS system receives data from different numbers of states in different years and thus are not strictly comparable across time.

Data Sources.

CDC Pregnancy Risk Assessment Modelling System (PRAMS),
2007-2013

Contact.

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