Infant Sleep Position and Co-Sleeping in Alaska

Placing infants to sleep on their backs is a modifiable behavior that has been shown to reduce the risk of Sudden Infant Death Syndrome (SIDS) – one of the leading causes of death to infants.

Co-sleeping refers to the practice of infants sharing the same bed with parents or other children. Some studies suggest that the risk for SIDS increases when an infant co-sleeps, especially when the other party is an impaired individual. Population-based data on the co-sleeping habits of parents or other persons with infants are lacking nationwide. In Alaska, the Pregnancy Risk Assessment Monitoring System (PRAMS) has collected co-sleeping data since 1991.

**Seriousness**

*Healthy People 2010 Targets and National Data*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska 2002</th>
<th>Nation 2002</th>
<th>Healthy People 2010 Goal*</th>
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</thead>
<tbody>
<tr>
<td>Proportion of infants put to sleep on their backs</td>
<td>69.3%</td>
<td>71.1%</td>
<td>70%</td>
</tr>
<tr>
<td>Proportion of infants that co-sleep</td>
<td>39.5%</td>
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---There is no comparable data for co-sleeping nationally and co-sleeping has not been identified as a Healthy People objective.

- Nearly 7 in 10 Alaskan mothers reported that they regularly put their infant to sleep on their back – Alaska has made significant progress in achieving the Healthy People 2010 target.
- Compared to the Nation, the proportion of caregivers placing infants on their backs to sleep is not significantly different in Alaska.
- More than 1 in 3 Alaskan mothers reported that they always or almost always co-sleep with their infant.

**Severity**

Placing infants in a prone position (i.e. on their stomach) to sleep and co-sleeping with an impaired individual increase the risk of SIDS. Research suggests that bed-sharing with other children also increases the risk of SIDS.2

**Urgency**

*Infant Sleep Position*

- Although Alaskan mothers were more likely to put their infants to sleep on their backs than any other position (Figure 1), approximately 1 in 8 Alaskan infants were at increased risk of SIDS by being put to sleep on their stomachs.†
- From 1996-2002, the prevalence of putting infants to sleep on their backs significantly increased among Alaskan mothers – nearly 70% for Alaskan mothers overall and nearly 90% for Alaska Native mothers. (Figure 2)

**Co-Sleeping**

- The prevalence of Alaskan mothers always or almost always co-sleeping with their infants has been steadily increasing over the years, though it shows a plateau effect for the 2000s. In 2002 the prevalence was nearly 2.5 times greater than what it was in 1991. (Figure 3)
- The percent of women who “sometimes” co-sleep with their infant has remained fairly consistent, around 40%, so it appears that the trend is moving from “Never” to “Ever” co-sleeping. (Figure 3)
Disparities

Infant Sleep Position
Analysis of Alaska PRAMS data indicated that regardless of race, maternal age, education, or prenatal Medicaid status Alaskan mothers did not differ significantly in the manner they placed their infant down to sleep. They did, however, differ by region.

- During 1999-2001, Alaskan women living in the Southwest region were less likely than women from the Southeast and Anchorage/Mat-Su regions to routinely put their babies to sleep on their backs (57.2%-70.2%, range for all regions).‡

Co-Sleeping
Analysis of Alaska PRAMS data indicated that race, maternal age, education, region, and Medicaid status were associated with co-sleeping behavior.

- Non-white women are more likely than whites to co-sleep with their infants. Since 1991, Alaska Native co-sleeping prevalence has always been higher than the overall population of mothers of newborns, though the gap has narrowed over the years. In 2001, over 50% of Alaska Native mothers indicated they co-sleep with their newborn.†

- Alaska Native and Asian/Pacific Islander mothers were significantly more likely to indicate that they or someone else always or almost always co-sleeps with their infant compared with white or black mothers.‡

- Co-sleeping was more common among teenage mothers than older mothers. Half of all teen mothers indicated their infant shares a bed. The prevalence of infant co-sleeping is similar for mothers age 20 or older (a little over one-third) regardless of age category.†

- Nearly 60% of mothers with less than a high school education indicated their infant co-sleeps, compared with less than 40% of mothers with at least a high school education.†

- Mothers who used Medicaid for prenatal care expenses reported a significantly higher prevalence of co-sleeping with their infant than non-Medicaid recipients.‡

- During 1999-2001, the Northern and Southwest regions of Alaska showed significantly higher co-sleeping prevalence than all other regions – 64.7% and 58.9%, respectively. The Interior region had the lowest co-sleeping prevalence than any other region (28.6%).§

Economic Loss
Economic loss was not evaluated.

Interventions & Recommendations

Infant Sleep Position
The American Academy of Pediatrics (AAP) recommends that healthy infants younger than 6 months of age should be placed to sleep on their back. Caretakers of preterm and low birth weight infants and infants with other substantial health problems are recommended to consult their doctor for advice.⁴

Co-Sleeping
Studies in Alaska have found an association between co-sleeping and infant death only in cases where the infant was sleeping with an alcohol or drug-impaired adult.⁵

Since bed sharing or co-sleeping may be hazardous under certain conditions, the AAP recommends that adults (other than the parents), children, or other siblings should avoid bed sharing with an infant. Parents who choose to bed share with their infant should not smoke or use substances that may impair arousal from sleep, such as alcohol or drugs.⁴

As an alternative to bed sharing for mothers that choose to co-sleep for convenience in breastfeeding, the AAP recommends that parents might consider placing the infant's crib near their bed to allow for more convenient breastfeeding and parent contact. If a mother chooses to have her infant sleep in her bed to breastfeed, the AAP recommends that parents place infants in the non-prone sleep position, avoid soft surfaces or loose covers, and avoid entrapment by moving the bed away from the wall and other furniture and avoid beds that present entrapment possibilities.⁴

Intervention Effectiveness
In 1996, the “Back to Sleep” awareness campaign was initiated in Alaska to educate parents about reducing the risk of Sudden Infant Death Syndrome (SIDS) by placing their infants to sleep on their backs.³ Concurrent with the Alaska “Back to Sleep” campaign, rates of SIDS or asphyxia of unknown etiology declined 45% between 1992-1996 and 1997.⁶
Capacity

Propriety

Supporting initiatives to reduce risk factors associated with infant mortality falls within the overall mission of the Women’s, Children’s, and Family Health Section. National initiatives have been set forth to address infant sleep position (HP2010).

Economic Feasibility

Economic feasibility has not been evaluated for this issue.

Acceptability

Increasing trends in placing infants to sleep on their backs is evidence that this issue and the associated interventions are acceptable in the community. Promoting behaviors that decrease mortality among Alaskan infants is acceptable.

Resources

Alaska Maternal-Infant Mortality Review (MIMR) Program; Alaska PRAMS; Alaska Bureau of Vital Statistics

“Back to Sleep” Campaign

Legality

Not an issue.

References


Data Sources

† Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), 2002 Data: State of Alaska, DHSS, DPH.


Notes

Prevalence estimates for PRAMS data are among women that delivered a live-born infant.

Region groupings are based on the six Alaska Department of Labor regions as shown in the map below.