

# Infant Sleep Position



## Introduction

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing surveillance system of maternal behavior and experiences before, during, and shortly after pregnancy.<sup>1</sup> This population-based survey is designed to collect data on maternal health and behavior, prenatal and postpartum care, and infant health. The 2009 Florida PRAMS survey had a total of 2,465 respondents. The data presented in this fact sheet are weighted to be representative of new mothers and newborns in Florida.

## Background

Sudden Infant Death Syndrome (SIDS), the sudden, unexplained death of an infant under one year of age, is the leading cause of post-neonatal mortality (death between one month and one year of age)<sup>2</sup>. 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 PRAMS sleeping position question is: "How do you most often lay your baby down to sleep?"

- On his or her side
- On his or her back
- On his or her stomach

About 5.2% of mothers selected multiple responses. For this analysis, mothers who selected only back were considered to practice back sleep positions.

## Results

- The proportion of mothers who place their infant on their back to sleep increased from 24% in 1996 to 61% in 2009 (Figure 1).
- The Healthy People 2010 goal of infants sleeping on their backs is 70%. Florida did not reach this goal.

Figure 1. Trend Of Infants Back Sleep Position, Florida, 1996-2009 (2006 data was not available)

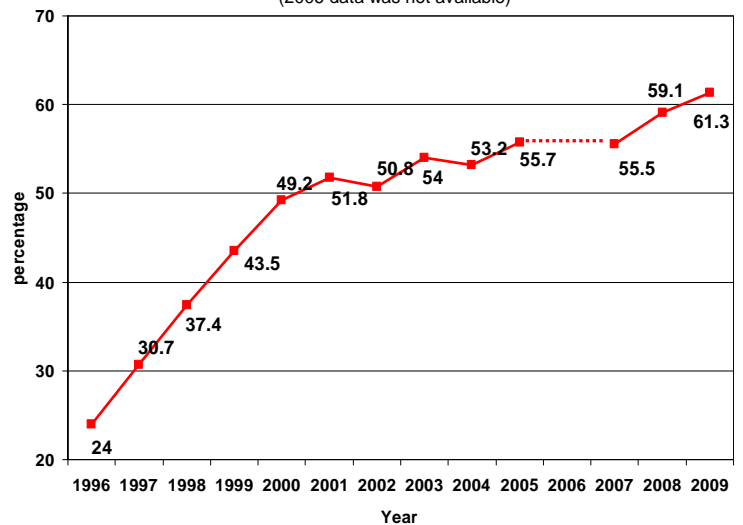
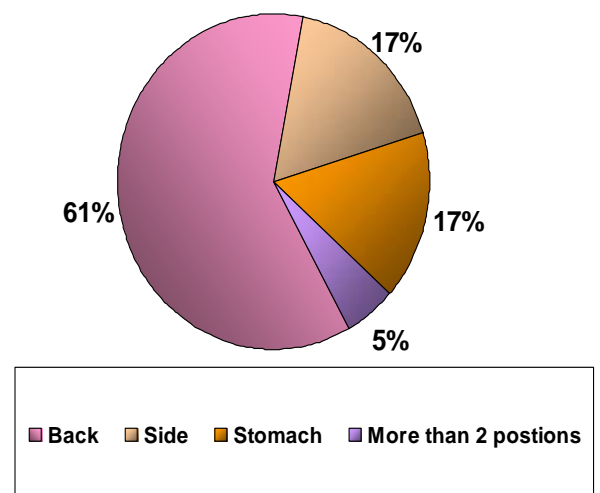


Figure 2. Percentage of Infant Sleep Positions, Florida, 2009



- In 2009, 61% of mothers in Florida placed their infant on their back to sleep; 17% placed their infant on their side to sleep; 17% placed their infant on their stomach to sleep, and 5% placed their infant in more than two positions to sleep (Figure 2).

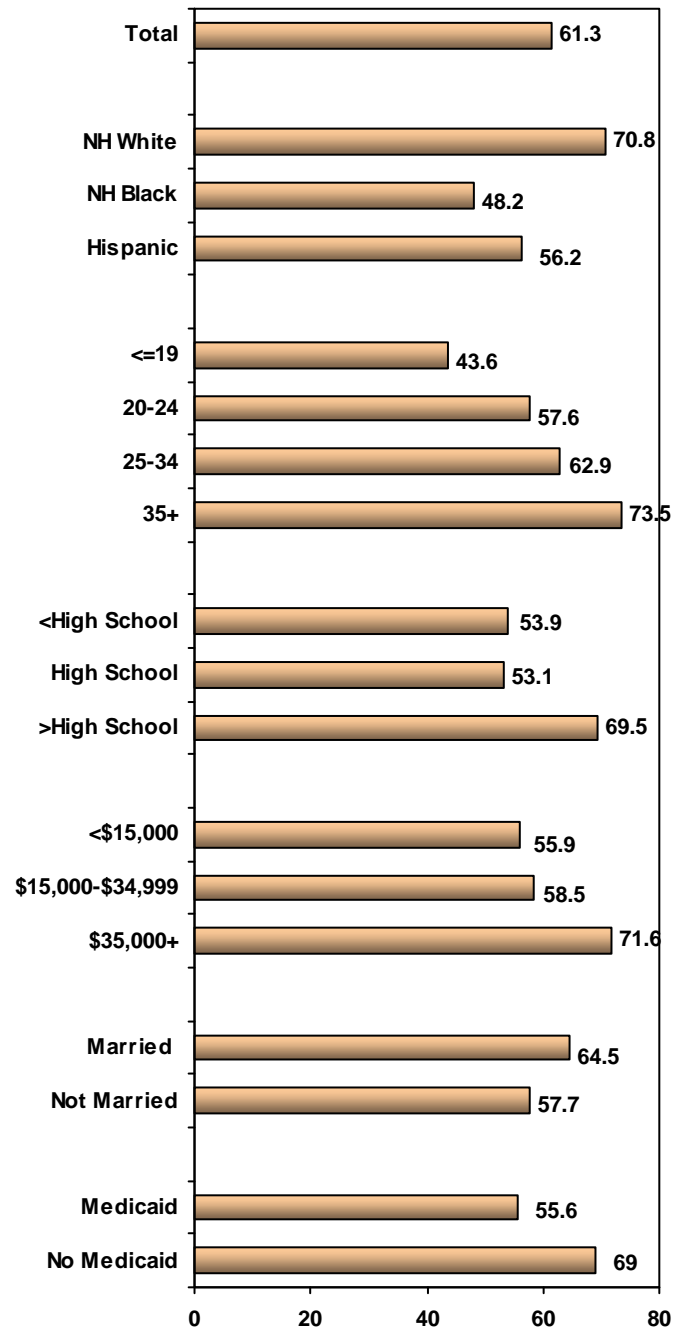
The proportion of back sleeping position use among infants who lived with their mothers was:

- Significantly higher among non-Hispanic (NH) whites compared to Hispanics and non-Hispanic blacks.
- Significantly higher among mothers 35 years of age and older compared to mothers younger than 35 years of age.
- Significantly higher among mothers with more than a high school education compared to mothers with less than a high school education.
- Significantly higher among mothers with an annual family income of \$35,000 or more per year compared to mothers with a family income less than \$35,000.
- Significantly higher among married mothers compared to their unmarried counterparts.
- Significantly higher among mothers without Medicaid compared to mothers with Medicaid (Figure 3).

### Summary

- The proportion of mothers using the infant back sleep position increased from 1996 to 2009. In 2009, 61% of Florida mothers reported that they placed their infant on their back to sleep, but it was still lower than the Healthy People 2010 goal of 70%.
- The proportion of back sleep position use among infants was significantly lower among non-Hispanic blacks, mothers 19 years of age and younger, mothers with a high school education or less, mothers with an annual family income less than \$35,000, unmarried mothers, and mothers with Medicaid.

**Figure 3. Proportion of Back Sleeping Position Among Infants Who Are Living With Their Mothers By Demographic Characteristics, Florida, 2009**



For more information, please contact:  
 Division of Disease Control  
 Bureau of Epidemiology  
 4052 Bald Cypress Way Bin A-12  
 Tallahassee, FL 32399-1720  
 850-245-4401

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### Selected Citations

- Centers for Disease Control and Prevention (CDC). *Pregnancy Risk Assessment Monitor System Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.
- AAP Policy Statement. The changing concept of sudden infant death syndrome: *Pediatrics* 2005;116:1245-55.