

Data Brief: Safe Sleep Behaviors and Advice as reported by NH PRAMS 2016-2020 and in the Title V MCH Block Grant

BACKGROUND

The New Hampshire Pregnancy Risk Assessment Monitoring System (NH PRAMS) collects data on maternal behaviors and experiences just before, during and just after pregnancy.

This report contains data on infant sleep practices as reported by NH PRAMS in 2016-2020. Progress towards the Title V MCH performance measures for Safe Sleep is presented.

The goal of the Title V MCH Safe Sleep national performance measures (NPM #5) is to increase the percent of infants placed to sleep on their backs, on a separate approved sleep surface, without soft objects or loose bedding.¹

These Safe Sleep measures are based on the recommendations of the America Academy of Pediatrics (AAP), which 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;
- * Avoiding the use of soft bedding (e.g. blankets, pillows, and soft objects) in the infant's sleep environment

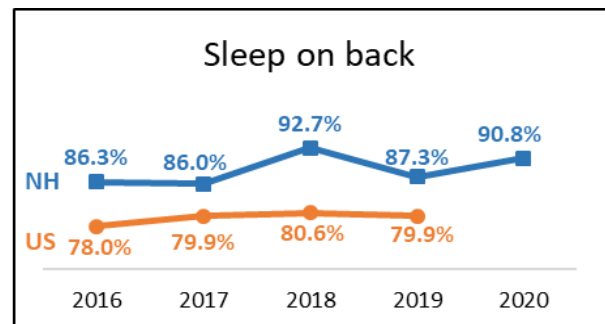
Additional recommendations to reduce the risk for sleep-related infant deaths include breastfeeding, providing routinely recommended immunizations, and avoiding prenatal and postnatal exposure to tobacco smoke, alcohol, and illicit drugs.²

¹ <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution> (accessed February 8, 2022)

² <https://publications.aap.org/pediatrics/article/138/5/e20162938/60309/SIDS-and-Other-Sleep-Related-Infant-Deaths-Updated> (accessed February 4, 2022)

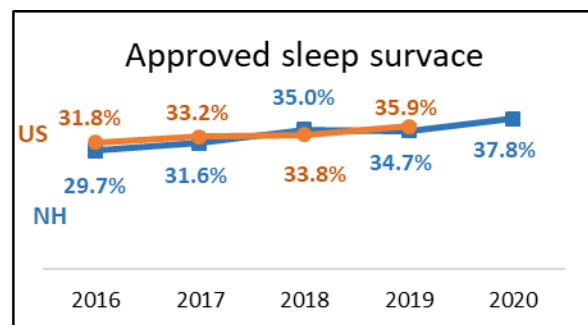
The PRAMS data comes from NH PRAMS 2016-2020 data sets. The US data on Safe Sleep is from the Maternal and Child Health Bureau, Federally Available Data (FAD) Resource Document. April 13, 2021; Available at <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures>

NPM 5a: Percent of infants placed to sleep on their backs
Title V target for 2025: 89.5%



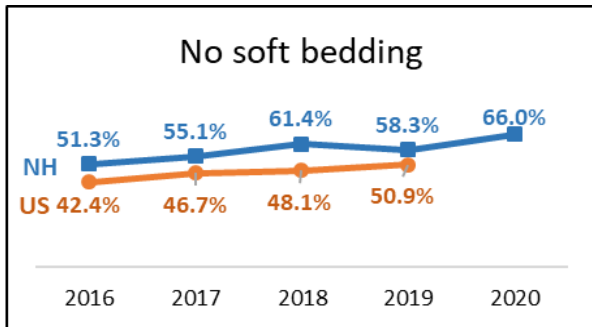
NH has performed consistently better than the US as a whole on compliance with the AAP recommendation to place infants to sleep on their backs.

NPM 5b: Percent of infants placed to sleep on a separate approved sleep surface
Title V target for 2025: 39.0%

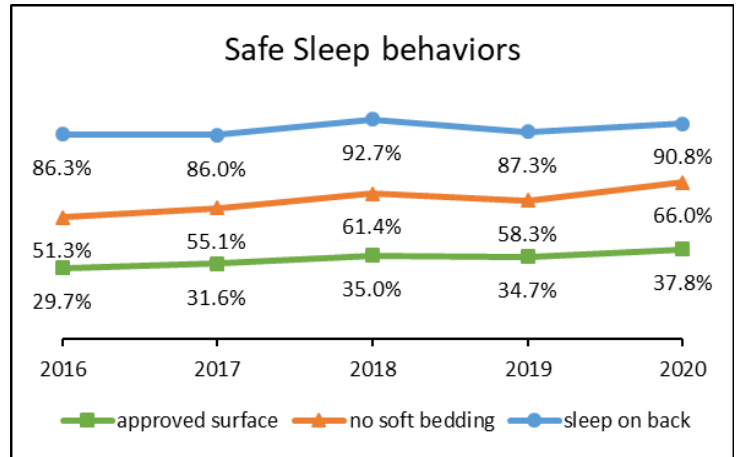


NH's performance on this measure has mirrored the national figures, and it shows a gradual improvement over time, from nearly 30% in 2016 to nearly 38% in 2020.

NPM 5c: Percent of infants placed to sleep without soft objects or loose bedding
 Title V target for 2025: 62.0%

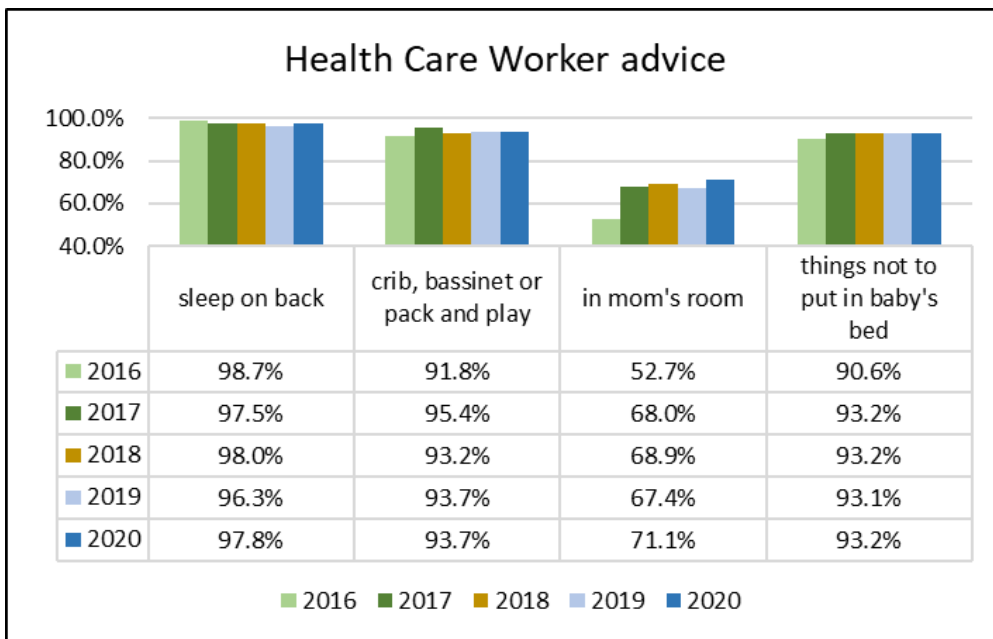


NH is experiencing a gradual improvement in this measure, from 51% in 2016 to 66% in 2020, which is consistently higher than the national figures.



When considered together, it can be seen that the three performance measures are at very different stages of compliance. Sleep on back, which has been promoted longer than the other two (the Back to Sleep campaign began in 1994), is more widely practiced, ranging from 86-91% in the five years 2016-2020.

Approved sleep surface (30-38%) and no soft bedding (51-66%) have considerable room for improvement.



Health care workers can be instrumental in promoting safe sleep practices for infant care givers, and improving performance measures. From prenatal care visits through well-baby check-ups there are opportunities to counsel and advise on behaviors that promote infant safe sleep.

The PRAMS survey asks if health care workers offered any of the following advice:

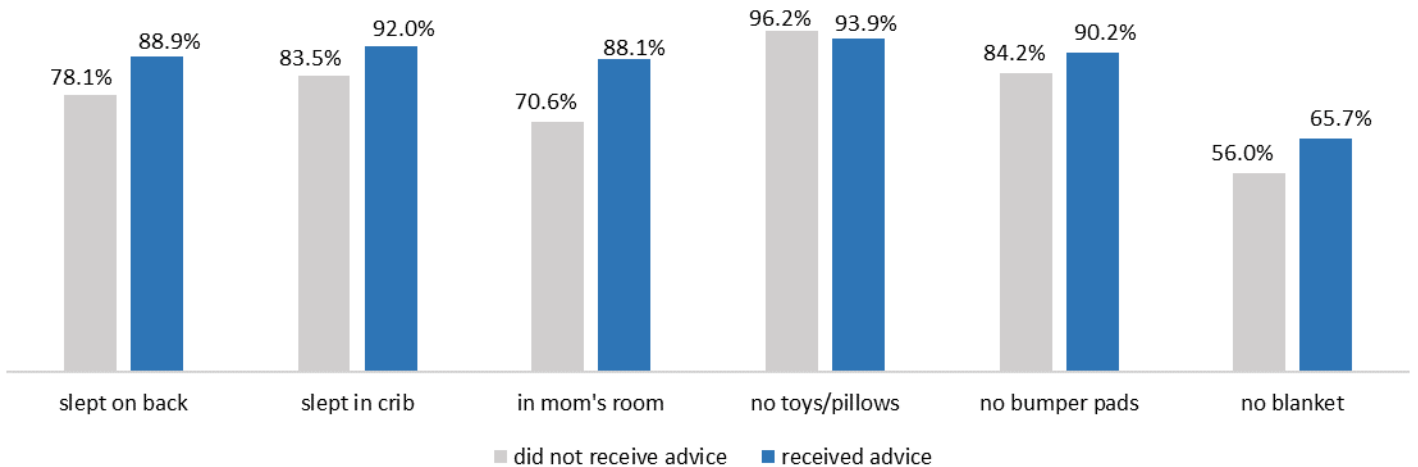
- Place baby on back to sleep.
- Place baby to sleep in a crib, bassinet, or pack and play.
- Place baby's crib or bed in the mother's or primary caregiver's bedroom.
- What things should and should not go in bed with baby.

Advice to place baby to sleep on his or her back was the most frequently offered advice, reported by approximately 98% of women.

Well over 90% reported getting advice on approved sleep surface, and things not to put in baby's bed.

Advice to have the baby sleep in the mother's room is reported less frequently, but it has increased from nearly 53% in 2016 to over 71% in 2020.

Health Care Worker advice and resulting behaviors



Advice from health care workers (HCW) can have a powerful effect on the behavior of mothers or other infant caregivers, leading to safer sleep behaviors and safer sleep environments, as shown on the graphic above.

When HCWs advised placing the baby to **sleep on his or her back**, this was done by nearly 89% of caregivers, compared to 78% among those who did not receive this advice. This practice has been promoted since 1994 with the launch of the Back to Sleep Campaign. This national effort was a partnership of the American Academy of Pediatrics (AAP), the MCH Bureau of the Health Resources and Service Administration (HRSA), the SIDS Alliance, and the Association of SIDS and Infant Mortality Programs, to educate parents and caregivers about ways to reduce the risk of SIDS (Sudden Infant Death Syndrome). The AAP updated its recommendations in 2016, as shown on the first page of this report. Additional elements include the following.

The AAP recommends placing the infant to sleep on a firm sleep surface such as a mattress in a safety-approved crib or bassinet. When a HCW advised placing the baby to **sleep in a crib**, bassinet or pack and play, 92% of caregivers did so, compared to 83% of those who did not receive this advice.

Another element of the safe sleep recommendations is to place the baby's **crib or bed in the mother's or primary caregiver's bedroom**. 88% of those who received this advice implemented this behavior, compared to fewer than 71% of those who did not receive this advice.

A further element of the safe sleep recommendations is advice on items that should not be placed in the baby's crib.

When HCWs advised to **not place a blanket** in the baby's crib, nearly 66% of caregivers refrained from this; but only 56% of caregivers did not place a blanket in the crib when they did not receive this advice.

Similarly with bumper pads, when HCWs advised to **not place bumper pads** in the crib, 90% of caregivers omitted bumper pads; among those who did not receive this advice, only 84% omitted bumper pads.

Toys cushions, or pillows likewise should not go in a baby's crib. When a HCW advised **against placing toys or pillows** in the crib, 94% of caregivers did not do so. But when a HCW did not give this advice, 96% did not do so. Statistically, there is no significant difference in the prevalence of this behavior by those who did and those who did not receive this advice.

All other reported differences are statistically significant, but not in the case of toys or pillows.



The performance measures (sleep on back; approved sleep surface; no soft bedding) are analyzed according to maternal demographic characteristics.

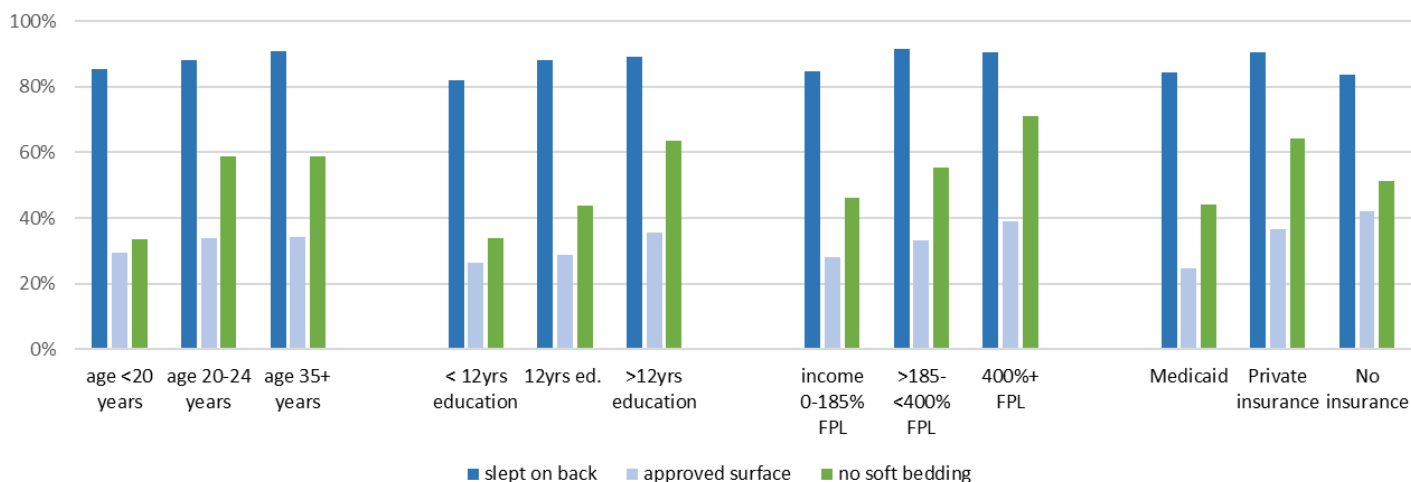
As **Age** increases, performance on all three measures was improved — the difference was slight in the first two measures, but a significant difference is seen between teen mothers, and mothers aged 20 and above, in their use of soft bedding (green bars), with the teen mothers performing more poorly.

Education and **Income** have a similar effect, with

higher educational attainment and higher income showing slight differences in the first two measures, but a marked improvement in not using soft bedding (green bars).

Insurance status presents a more mixed picture, although it is noteworthy that the Medicaid enrollees performed the least well on all three measures. The privately insured performed best on back to sleep (dark blue bars) and no soft bedding (green bars), but the uninsured performed best on approved sleep surface (light blue bars).

Recommended sleep behaviors by age, education, income, insurance



Summary and Workplan strategies

Safe sleep practices can contribute to the prevention of one of the worst tragedies that can be experienced by families and caregivers — the death of a child.

Three individual performance measures (sleep on back; approved sleep surface; no soft bedding) are being promoted and tracked in NH, including by the NH DHHS Maternal and Child Health section’s NH Safe Sleep Workgroup. These measures are also part of the NH Title V MCH five-year workplan.

Efforts are ongoing to promote the behaviors that comprise these measures; some of the strategies are:

- Collaborate with the home visiting program on materials development and education for families on safe sleep practices.
- Develop a training tool for home visitors, DCYF personnel, law enforcement (or anyone who goes into the family’s home) on safe sleep practices.
- Utilize home visiting and PRAMS data to inform key stakeholders about safe sleep and education needs.
- Collaborate with the AAP Champion for dissemination of educational materials for providers.
- Utilize Sudden Unexpected Infant Death (SUID) committee recommendations on risk factors to identify possible points of intervention.

New Hampshire PRAMS
 Maternal and Child Health Section/ Division of Public Health Services
 Department of Health and Human Services
 29 Hazen Drive, Concord, NH 03301-6504
<http://dhhs.nh.gov/> PRAMS@dhhs.nh.gov 1-800-852-3345 x2081

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