



# Infant Safe Sleep Practices

## New Jersey — PRAMS, 2012-2015



### Background

This report contains New Jersey-specific data on infant sleep practices as reported in PRAMS 2012-2015. The national and state infant sleep position goals as specified in Healthy People 2020, Title V National Performance Measures and Healthy New Jersey 2020 are also 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.<sup>1</sup> To reduce risk factors for sleep-related infant deaths, recommendations from the American Academy of Pediatrics (AAP) for safe sleep include:

1. placing the infant on his or her back on a firm sleep surface such as a mattress in a safety-approved crib or bassinet,
2. having the infant and caregivers share a room, but not the same sleeping surface, and
3. 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.<sup>2</sup>

### Pregnancy Risk Assessment Monitoring System (PRAMS)

NJ Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint project of the NJ Department of Health and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for NJ mothers and infants. One out of every 50 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after pregnancy. The PRAMS sample design oversamples smokers and minorities. Data are weighted to give representative estimates of proportions in specific categories and of actual persons. Almost 24,000 NJ mothers were included between 2002-2017, with an average response rate of 70%.

### National and State Infant Sleep Position Goals

The Healthy People 2020 Objective, Title V National Performance Measure and Healthy New Jersey 2020 Objective on infant sleep position are tracked using PRAMS data.<sup>3,4,5</sup>

National and State Goals	Sleep Position
Healthy People 2020 Objective <sup>3</sup>	<b>MICH-20:</b> Increase the proportion of infants who are put to sleep on their backs from 68.9% to 75.8%
Title V National Performance Measure <sup>4</sup>	<b>NPM 5:</b> To increase the number of infants placed to sleep on their backs
Healthy New Jersey 2020 Objective <sup>5</sup>	<b>MCH-6:</b> Increase the proportion of infants who are put to sleep on their backs to 80%

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.<sup>3</sup>

# New Jersey PRAMS: Infant Safe Sleep Practices

## Infant Sleep Position

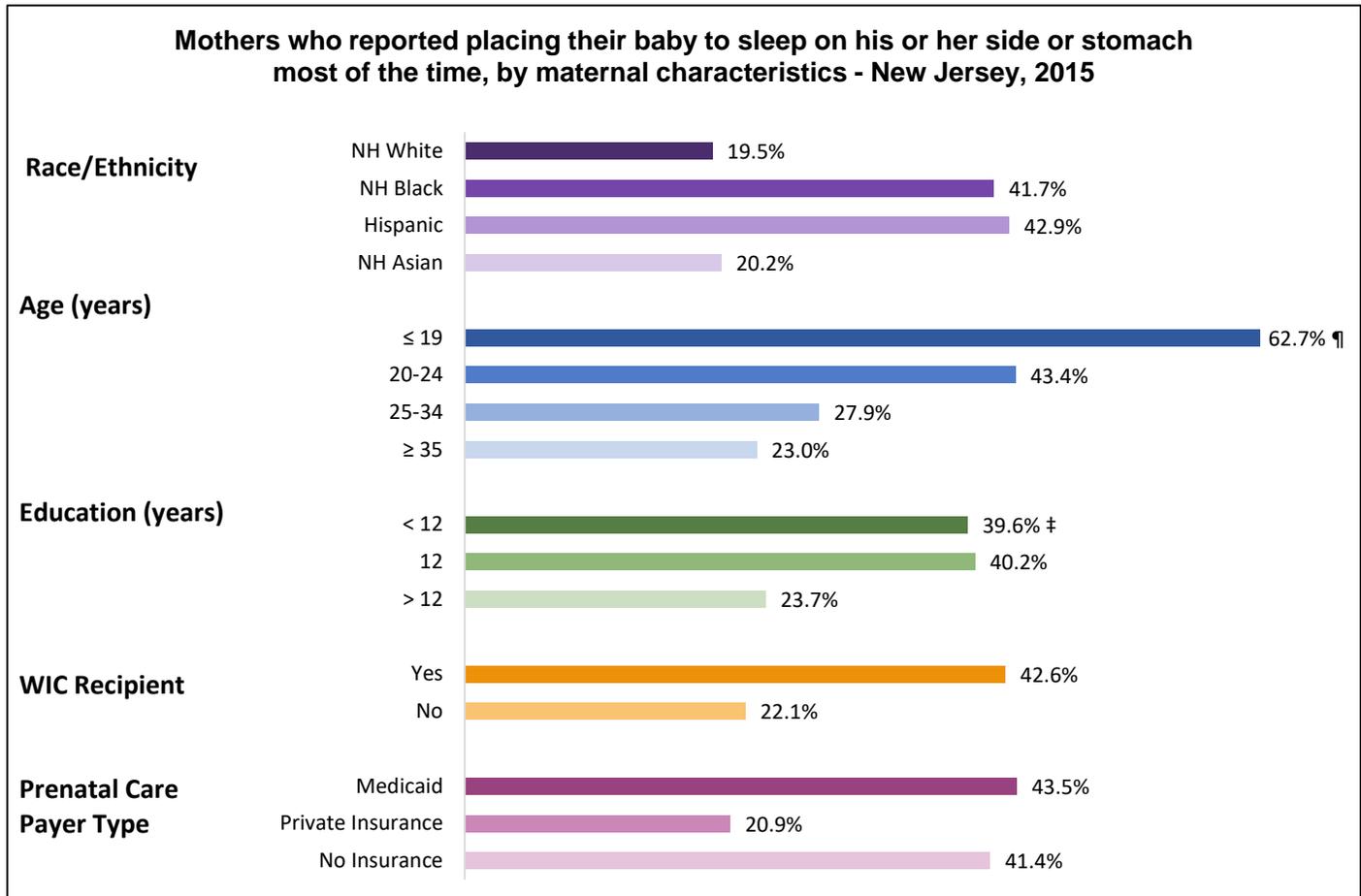
Core PRAMS Indicator	New Jersey %				Multiple PRAMS Sites (n=34)* %
	2012	2013	2014	2015	2015
On his or her side or stomach	29.9	30.5	29.2	29.5	21.6

Question Wording: "In which one position do you most often lay your baby down to sleep now? (check one answer)"

\*\*"Multiple PRAMS Sites" estimates include AL, AK, AR, CO, CT, DE, HI, IL, IA, LA, ME, MD, MA, MI, MO, NE, NH, NJ, NM, NY (excluding NYC), OH, OK, OR, PA, TN, TX, UT, VT, VA, WA, WV, WI, and WY

Note: A small percentage of respondents selected more than one sleep position and are included in "on his or her side or stomach" category.

## Which mothers placed their baby on their side or stomach to sleep?



Abbreviation: NH = Non-Hispanic; WIC = The Special Supplemental Nutrition Program for Women, Infants, and Children

¶ < 20 respondents; not statistically stable.

‡ < 60 respondents; may not be reliable.

# New Jersey PRAMS: Infant Safe Sleep Practices

## Bed Sharing

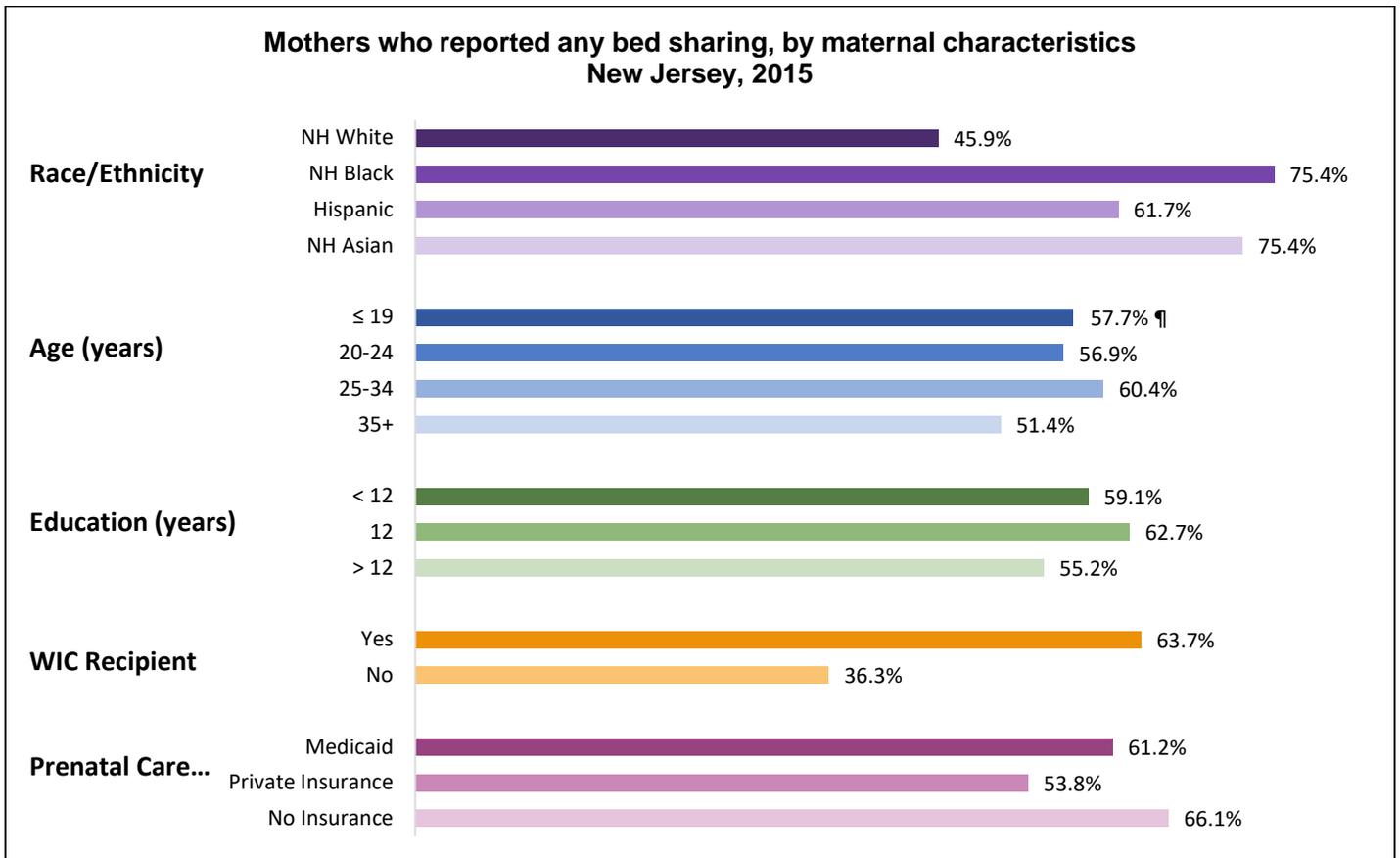
Standard PRAMS Indicator	New Jersey %				Multiple PRAMS Sites (n=15)* 2015
	2012	2013	2014	2015	
Any††	57.4	59.8	56.5	57.7	61.3
Rarely or sometimes	34.7	41.7	38.4	37.9	37.0
Often or always	22.7	18.1	18.1	19.8	24.3
Never	42.6	40.2	43.5	42.3	38.7

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

\*"Multiple PRAMS Sites" estimates include 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"

## Which mothers reported any bed sharing?



¶ < 20 respondents; not statistically stable.

# New Jersey PRAMS: Infant Safe Sleep Practices

## Soft Bedding

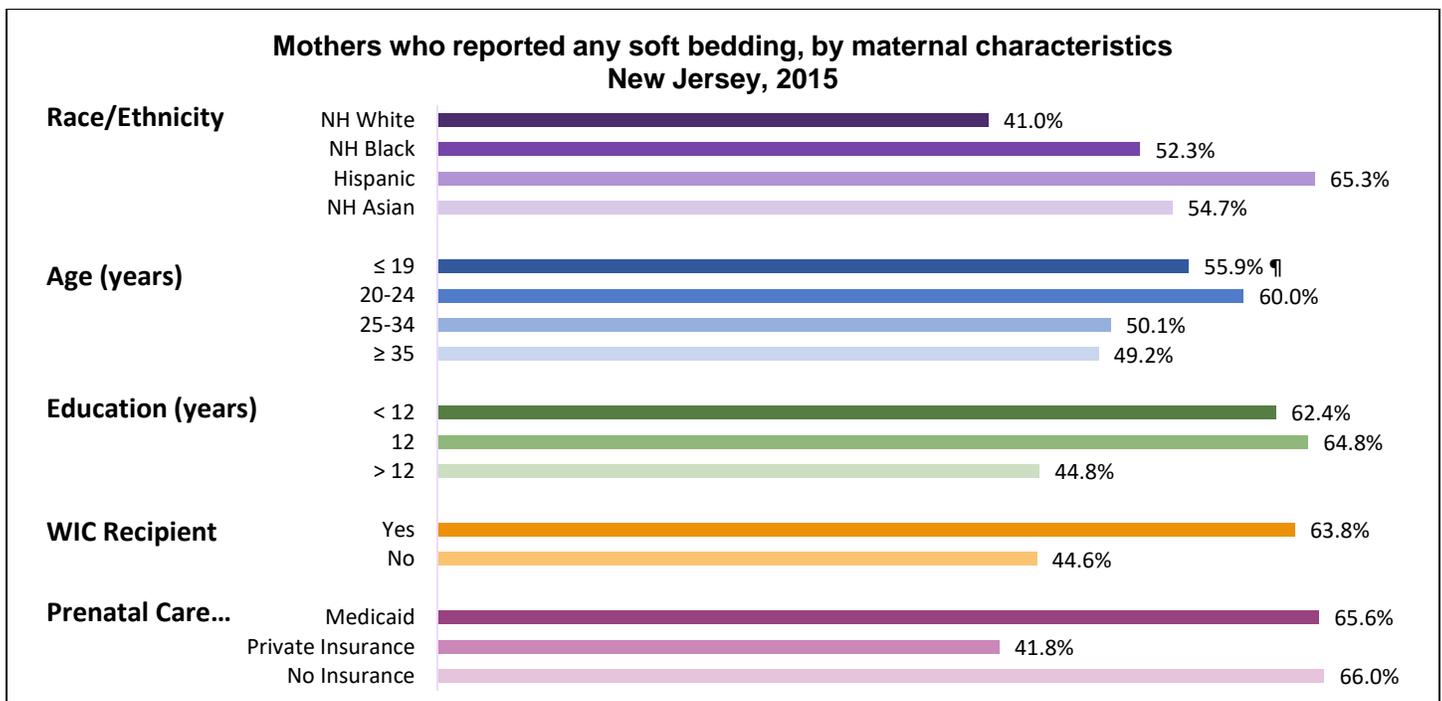
Standard PRAMS Indicator	New Jersey %				Multiple PRAMS Sites (n=14)* %
	2012	2013	2014	2015	2015
Any soft bedding**	56.0	52.8	47.0	51.8	38.5
Pillows	10.9	8.6	8.7	9.0	7.1
Plush or thick blankets	26.4	23.2	20.9	25.2	17.5
Bumper pads	34.1	30.7	25.8	28.2	19.1
Stuffed toys	6.7	4.0	4.5	4.8	3.1
Infant positioner	8.7	7.7	6.5	6.0	6.2

Question wording: "Listed below are some things that describe how your new baby usually sleeps." Respondents were asked to select "yes" or "no" for the following items: "pillows," "thick or plush blankets," "bumper pads," "stuffed toys" and "infant positioner."

\*\*"Multiple PRAMS Sites" estimates include AK, IL, IA, LA, MD, MI, MO, NJ, NY [excluding NYC], NYC, PA, TN, WV, and WY; Sites asking some, but not all soft bedding items are excluded from overall estimates (i.e., NM and OK).

\*\* "Any soft bedding" defined as infant being placed to sleep with any of the following: pillows, thick or plush blankets, bumper pads, stuffed toys, or an infant positioner

## Which mothers reported any soft bedding?



¶ < 20 respondents; not statistically stable.

# New Jersey PRAMS: Infant Safe Sleep Practices

## Summary

1. From 2012-2015, the prevalence of NJ mothers that reported placing their baby on his or her side or stomach most of the time to sleep remained stable at approximately 30%.
2. In 2015, the prevalence of NJ mothers that reported placing their baby on their side or stomach to sleep was highest for Hispanics, mothers less than 20 years of age, mothers with a high school education or less, WIC recipients and mothers who utilized Medicaid for prenatal care.
3. The rate of NJ mothers who reported any bed sharing did not change significantly from 2012-2015 with an average rate of approximately 58%.
4. The prevalence of NJ mothers that reported any bed sharing in 2015 was highest for Black, non-Hispanics, mothers 25-34 years of age, mothers with a high school education or less, WIC recipients and mothers with no insurance for prenatal care.
5. In 2015, over half (51.8%) of NJ mothers reported using soft bedding when placing their baby to sleep with the highest prevalence for Hispanics, mothers 20-24 years of age, mothers with a high school education or less, WIC recipients and mothers with no insurance or Medicaid for prenatal care.

## Public Health Action

Unsafe sleep practices with babies are common. To increase awareness and uptake of AAP safe sleep recommendations public health efforts can:

- Improve safe sleep practices in child-care and hospital settings by training providers.
- Use programs such as WIC, Home Visiting, and the Healthy Women, Healthy Families Initiative that serve mothers and babies to deliver culturally appropriate messaging about safe sleep for babies.
- Monitor and evaluate safe sleep campaigns and programs.
- Address social determinants of health by working across departments such as the NJ Department of Labor and the NJ Department of Community Affairs to address the impact of housing, employment and paid family leave on infant sleep practices.

## Resources

**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>

**The SIDS Center of New Jersey:** <http://www.rwjms.rutgers.edu/sids/>

### 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>
5. Healthy NJ 2020 Objectives. Available at: <https://www26.state.nj.us/doh-shad/indicator/view/SafeSleep.Trend.html>

**To learn more about PRAMS methods and to see data availability by state and year visit:** <https://www.cdc.gov/prams>  
**For more information on NJ PRAMS:** <http://www.nj.gov/health/fhs/maternalchild/outcomes/prams/>

