



October 2017

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a population-based risk factor surveillance system jointly sponsored by the Wyoming Department of Health and the Centers for Disease Control and Prevention (CDC). The purpose of PRAMS is to find out why some babies are both healthy and others are not. To do this, PRAMS asks a sample of Wyoming women who had a live birth infant in the past two to six months, questions about their experience and behaviors before, during, and shortly after pregnancy.

PRAMS Mission: To promote the collection, analysis, and dissemination of population-based data of high scientific quality and to support the use of data to develop policies and programs in order to decrease maternal and infant morbidity and mortality.

For more information about the WY PRAMS visit our [website](#).

For more information about PRAMS including questionnaires, methodology, participating states, data to action and publications, visit the [CDC website](#).

Infant Sleep Environment

Infant sleep position and environment have been identified as modifiable behaviors to decrease the risk of Sudden Infant Death Syndrome (SIDS), the unexplained death of an infant less than 1 year of age. SIDS is the 3rd leading cause of infant mortality in the United States following birth defects and preterm birth (1).

According to the CDC, SIDS is one of three categories of sudden unexpected infant deaths (SUID) with the other two being unknown cause and accidental suffocation and strangulation in bed (2). In 2015, about 1,600 infants in the United States died from SIDS. Additionally, 1,200 deaths occurred due to unknown causes, and about 900 deaths were due to accidental suffocation and strangulation in bed (1).

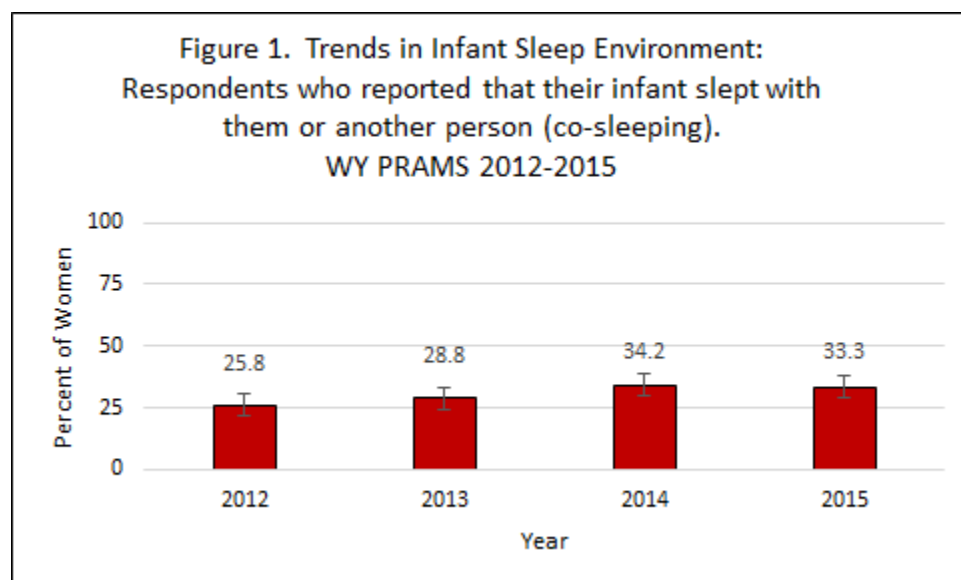
The American Academy of Pediatrics (AAP) recommends that infants be placed to sleep on their back, on a firm sleep space, in the same room as the parents but not in the same bed. No pillows, blankets, toys, or crib bumpers should be in the bed with the infant (3).

Wyoming PRAMS Data: Infant Sleep Environment

Trend analysis using linear regression for the period of 2012-2015 revealed that significant changes have occurred in two aspects of infant sleep environment: *co-sleeping and the use of bumper pads in the crib environment*. No significant changes were observed in the proportion of women who reported that their new infant slept in a crib, on a mattress, with an infant sleep positioner, with pillows, with blankets, or with toys.

Trends in Co-Sleeping

The proportion of Wyoming women who report co-sleeping with their infant *increased* from just over one-quarter (25.8%) in 2012 to one-third (33.3%) in 2015 (Figure 1). This difference indicates a significant change across the four-year period (4).



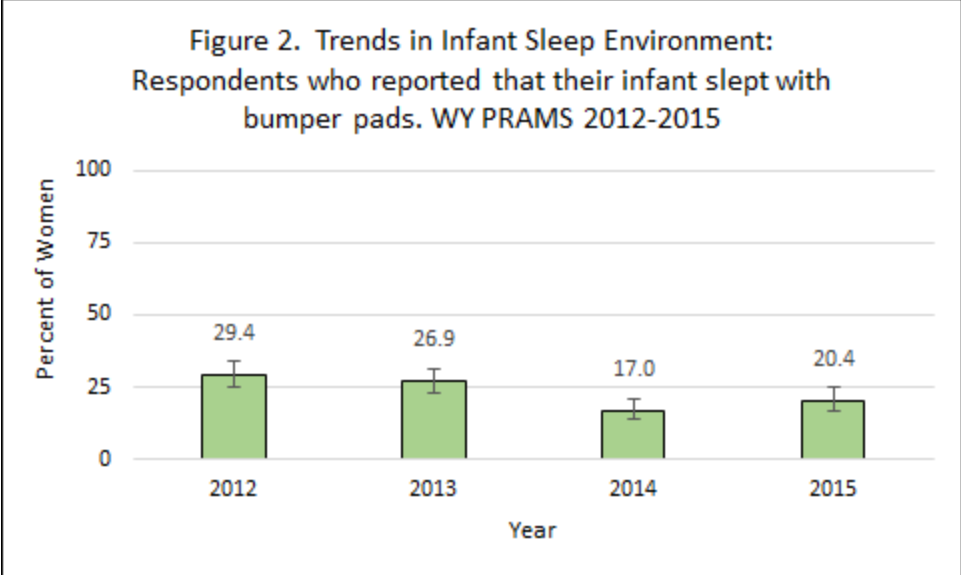
While there was no change from 2012-2015 in the percent of women who reported that their new baby slept with a infant positioner, PRAMS staff wished to explore how many women who reported co-sleeping *also reported the use of an infant positioner*.

According to the U.S. Food and Drug Administration (FDA), infant sleep positioners (also called “nests” or “anti-roll” products) can increase the risk of suffocation (5). An analysis of PRAMS data showed that approximately 9% of those women who reported co-sleeping also reported using an infant sleep positioner. The proportion for women reporting both co-sleeping and the use of an infant positioner ranged fluctuated from a high of 13.7% (2012) to a low of 4.2% (2014).

Trends in Bumper Pad Use in Cribs

According to the AAP, bumper pads “*were originally intended to prevent injury or death attributable to head entrapment*” (3). But today’s standards for crib design mandate smaller distances between crib slats; a requirement that prevents head entrapment. In fact, the AAP reports that the risk of suffocation, entrapment, and strangulation *increases* with the use of bumper pads and therefore does not recommend them for infants (3).

While the proportion of Wyoming women who reported co-sleeping increased, the use of bumper pads in cribs significantly *decreased* between 2012 and 2015 (Figure 2). In 2012, 29.4% of women reported using bumper pads and in 2015, this number decreased to 20.4%. This difference indicates a significant change across the four-year period (6).



Sleep Environment: Resources for Providers

The Eunice Kennedy Shriver National Institute of Health and Human Development provides an array of resource materials for providers and families. Their program *Back to Sleep* (now called *Safe to Sleep*) began in 1994 to provide information for health providers, public health professionals, and the public at large on how to reduce the risk of Sudden Infant Death Syndrome and other sleep-related causes of infant death. Today, *Safe to Sleep* provides materials (print, video, and more) for parents, caregivers, providers, and health workers; most at no charge. To learn more about available resources, visit the Safe to Sleep website at <https://www.nichd.nih.gov/sts/>.

In 2016, the AAP Task Force on Sudden Infant Death Syndrome updated its safe infant sleeping environment recommendations in a policy statement that is available on-line. This document is available at: <http://pediatrics.aappublications.org/content/138/5/e20162938>

- (1). CDC. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome, Data and Statistics. Accessed 10/18/2017 at <https://www.cdc.gov/sids/data.htm>.
- (2). CDC. About SUID and SIDS. Accessed 11/1/2017 at <https://www.cdc.gov/sids/AboutSUIDandSIDS.htm>
- (3). American Academy of Pediatrics Policy Statement (2016). SIDS and Other Sleep Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 138(5). Accessed 10/24/2017 at <http://pediatrics.aappublications.org/content/138/5/e20162938>
- (4). Linear Regression, p-value 0.0069.
- (5). U.S. Food & Drug Administration. For Consumers: Do Not Use Infant Sleep Positioners Due to the Risk of Suffocation. Accessed 10/24/2017 at <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm227575.htm>
- (6). Linear Regression, p-value 0.0002.

Our goal with WY PRAMS continues to be to:

1. To work with YOU to disseminate data from WY PRAMS
2. To inform WY stakeholders, programs, and policies.
3. To conduct and present analyses of WY PRAMS data pertaining to priorities of stakeholders and programs across the state.

If you would like more information please contact the WY PRAMS Project (wdh-wyprams@wyo.gov)

To Subscribe to the WY PRAMS Listserv: Please encourage anyone you feel would be interested in participating in PRAMS activities to subscribe to the Wyoming PRAMS Listserv. To subscribe, send an email to sympa@lists.health.wyo.gov. In the subject line of the email please type "subscribe wyoprams", and in the body of the email, please provide your first and last name.

To unsubscribe send an email to sympa@lists.health.wyo.gov. In the subject line of the email please type "unsubscribe wyoprams", and in the body of the email please provide your first name and last name.