

“Back to Sleep” saves babies from SIDS in Wisconsin... There’s still more to do

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In 1992 the American Academy of Pediatrics issued a policy statement that has resulted in a 50% drop in the annual rate of Sudden Infant Death Syndrome (SIDS). The “Back to Sleep” policy stated that infants should no longer be placed on their stomachs, but rather on their backs when being put into their beds.

This concept seemed counterintuitive as most people, physicians included, were sure that babies would choke on their secretions if left to sleep unattended in this position. Opposing this seemingly logical practice, studies had come out from the Netherlands in 1970 reporting that they had noted an increase in SIDS when the babies changed from the supine to the prone sleep position.¹ Over 2 decades later, New Zealand reported a 50% decrease in SIDS after changing from the prone to supine position.^{2,3} In 1991, the United Kingdom mounted a big campaign to get babies to sleep on their backs.⁴

The statement published in the June 1992 issue of *Pediatrics* read: “In conclusion, after evaluation of all available evidence to date, for the well infant who was born at term and has no medical complications, the Academy recommends

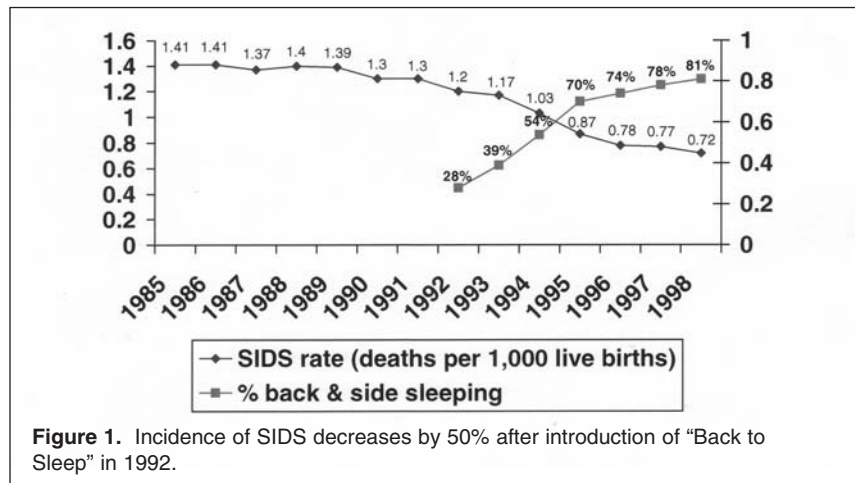


Figure 1. Incidence of SIDS decreases by 50% after introduction of “Back to Sleep” in 1992.

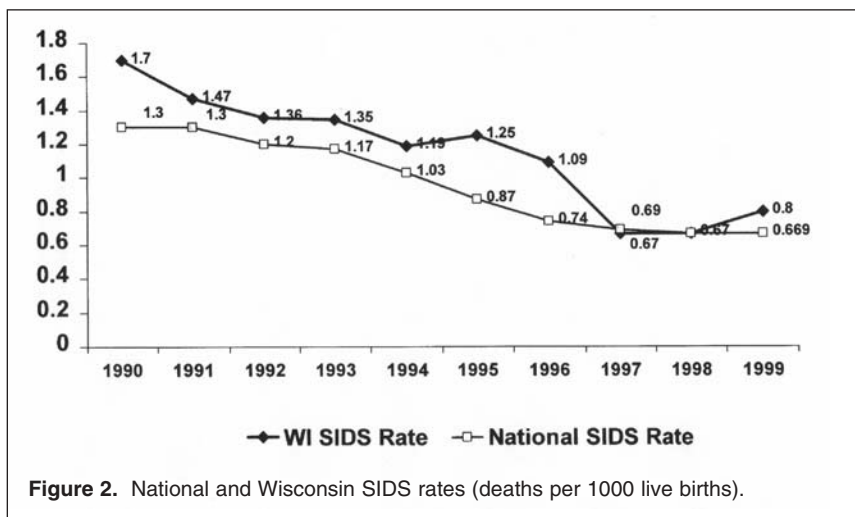


Figure 2. National and Wisconsin SIDS rates (deaths per 1000 live births).

that these infants be placed down for sleep on either their side or back.”⁵ The “Back to Sleep” Campaign was initiated in 1994 and updated in 1996 (1) noting that there was less risk when sleeping on the back as compared to the side, (2) urging the avoidance of gas-trapping, soft bedding, (3)

eliminating the healthy premature from exceptions, and (4) encouraging “tummy time” when not sleeping to help reduce the incidence of flat heads.⁶

The medical profession embraced this campaign, and the results were dramatic. The national data showed that as the percent of

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babies sleeping on their backs increased, the incidence of SIDS decreased. In 1985 the SIDS rate was 1.41 per 1000 live births and in 1998 it was 0.72 per 1000 live births, a drop of 50%.⁷ (Figure 1)

Wisconsin paralleled the national data (Figure 2). Data from the Wisconsin Infant Death Center covering the 5 years before the Back to Sleep Campaign, 1986-1993, and 5 years after, 1995-2002, shows that many Wisconsin counties experienced the same decline (Figure 3).

There are other risk factors associated with SIDS that include (1) low birth weight, (2) prenatal and postnatal smoke exposure, (3) single mom, (4) soft bedding,⁸ and (5) African-American race. The racial disparity is demonstrated in both national⁹ (Figure 4) and Wisconsin statistics (Figure 5).

Looking for a reason for this racial disparity, US Consumer Product Safety Commission (CPSC) & Gerber Products Company released a national survey in July 2000 that recorded sleep position and found that a higher percentage of African-American babies were sleeping on their stomachs (Table 1). They also asked how parents learned about sleep positions, and discovered that 39% of African Americans learned from grandparents and 22% from health care providers, whereas 12% of Caucasians learned from grandparents and 45% from health care providers.¹⁰

Another contributing risk factor for the racial disparity seen with SIDS is soft bedding including bumper pads, pillows, and stuffed toys. The study reported by CPSC & Gerber also showed that 67% of all parents and 85% of African-American parents put these soft items in cribs.¹⁰

Bed sharing (the "family bed") with adults is increasing and is

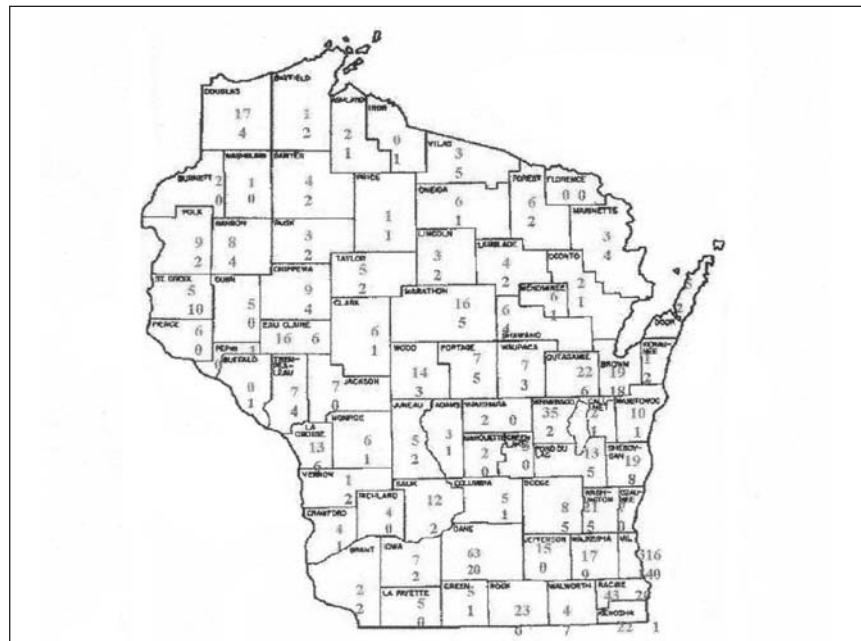


Figure 3. SIDS by county, 1986-1993 (top number), 1995-2002 (bottom number). Data from Wisconsin Infant Death Center.

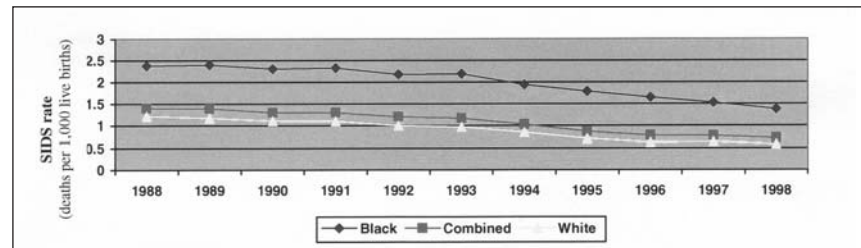


Figure 4. Disparity of SIDS between African Americans and whites.

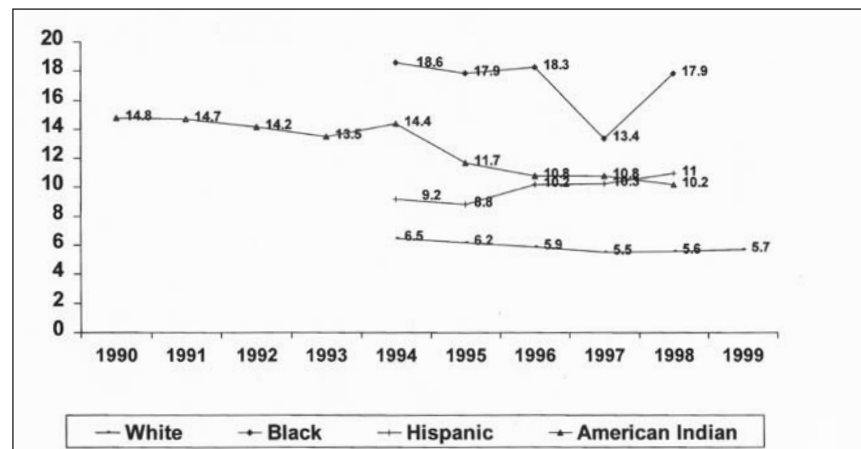


Figure 5. Wisconsin infant mortality in select populations (deaths per 1000 live births). American Indian data is based on Five Year Moving Average Rates.

strongly influenced by culture; it too is considered a SIDS risk factor. In a 3-year span during the 1990s CPSC reported that suffocation in cribs fell from 192 to 107, while suffocation rose dra-

matically in both adult beds (from 152 to 391) and on sofas and chairs (from 33 to 110).¹¹ Bed sharing and use of make-shift beds seems to be more common in low income families, which may also

Table 1. Primary Sleep Position for Children Under 3 Years Old

Back		Side		Stomach	
All	43%	All	36%	All	15%
Caucasian	47%	Caucasian	36%	Caucasian	14%
African-American	31%	African American	38%	African American	20%
Hispanic	39%	Hispanic	43%	Hispanic	12%

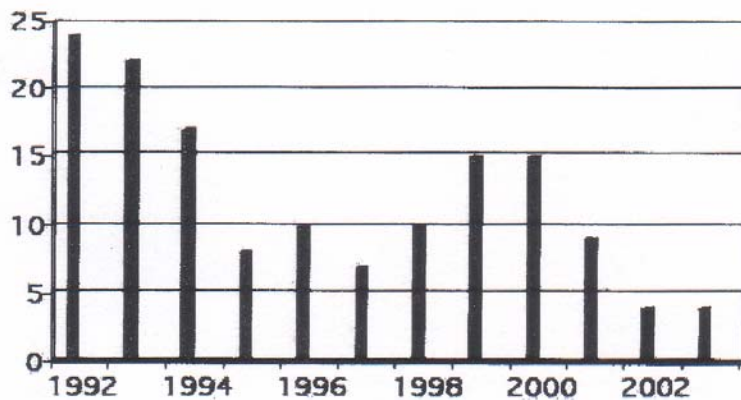


Figure 6. SIDS in Child Care in Wisconsin. The graph above shows the incidence of SIDS after a statewide training of child care providers began the third quarter of 2001.

statistically contribute to racial disparity.¹²

Even though the “Back to Sleep” campaign has had great success, there is more that health care providers can do. Hospital staff need to place all newborns on their backs in the nursery so that all visitors see that this is the how babies should sleep.¹³ As health care professionals discharge babies from the nursery and see them in well baby care, they need to instruct all parents to put baby to sleep on the back, get rid of all soft bedding and toys, ensure that sleeping mattresses are firm and there are no wide spaces between the mattress and crib into which the baby’s head could be trapped, eliminate any second hand smoke in baby’s environment, prevent baby from sleeping on waterbeds or sofas, and caution about the risks in bed sharing. Not only do parents need this information, it must get out to grandparents, day care providers,

and baby sitters. The Wisconsin SIDS Center was mandated to provide “Back to Sleep” statewide training to licensed and certified child care providers that began in 2001. The success of that program is shown in Figure 6.

Acknowledgements

Wisconsin SIDS Center, Milwaukee, Wis, 414.266.2743.

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