

Co-sleeping mothers more compliant with Back-to-Sleep recommendations

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Background: Reduction of prone infant sleep position has been the main public health effort to reduce the incidence of Sudden Infant Death Syndrome (SIDS). Co-sleeping as a proposed risk factor for SIDS is controversial; non-standard sleep surfaces and non-maternal co-sleepers have also been proposed as risks. Conversely, co-sleeping may enhance bonding and breastfeeding.

Study Question: This study was intended to identify important determinants of prone sleep positioning among Oregon women.

Methods: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) surveys a stratified random sample of women after a live birth. In 1998-1999, 1867 women completed the survey (64.0% response). Fifty-three women were excluded from analysis, as their babies were no longer alive or living with them. Of the remaining women, 1732 answered the sleep position question (97.5%) and 1758 answered the co-sleeping question (99%). Lateral and supine sleep responses were combined. Change-in-point-estimate logistic regression was utilized for model-building.

Results: Overall, 9.2% of the respondents “usually” chose prone infant sleep position, while 24.2% chose side and 66.5% chose supine positioning. Co-sleeping was common; 18.8% never, 38.7% sometimes, 16.1% almost always and 26.5% always co-slept. Never co-sleeping with one’s infant was a significant predictor of prone position; these women more often chose prone position (13.5%) than women sometimes co-sleeping (9.1%), almost always co-sleeping (5.7%) or always co-sleeping (6.1%). Compared to women who almost always or always co-slept, women who never or sometimes co-slept were more likely to choose prone sleep position, ORa = 2.10 (95% CI 1.02, 4.30) after controlling for breastfeeding at four weeks and WIC enrollment, the only identified confounders.

Conclusions: Co-sleeping women are more likely to follow back-to-sleep recommendations. Non-co-sleeping women may be seeking uninterrupted sleep, as prone position is associated with fewer infant awakenings.

Public Health Implications: Studies of the role of co-sleeping in SIDS risk must adjust for infant sleep position, as well as sleep surface and relationship to co-sleeper; not controlling for sleep position may diminish or mask a true risk. Similarly, studies of the

risk of sleep position need to adjust for co-sleeping. Given the popularity of co-sleeping, accurate estimates of risks and benefits are needed.