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Physician advice a key motivator in baby's sleep position, says UT Southwestern pediatrician

DALLAS – Dec. 10, 2009 – The advice of a pediatrician to place infants on their backs to sleep appears to be the single most important motivator in getting parents to follow these recommendations and a key reason that the rate of sudden death syndrome (SIDS) has plummeted since the "Back to Sleep" campaign was launched in 1994, says a UT Southwestern researcher.

Multiple studies have shown that placing infants on their backs to sleep limits the risk of SIDS, the leading cause of death among children in the U.S. under the age of 1.

In a study available online and in the December issue of *Archives of Pediatric and Adolescent Medicine*, researchers, including Dr. George Lister, chairman of pediatrics at UT Southwestern and an author of the study, identify three reasons a caregiver might or might not follow the recommendation: concerns for an infant's comfort; fear that the infant might choke while sleeping on his or her back; and whether a physician advised the caregiver to always place an infant on his or her back to sleep.

"We know that placing infants on their backs to sleep is by far the single most effective way to reduce the risk of SIDS, but the number of deaths has leveled off in recent years," Dr. Lister said. "We wanted to know why in order to develop practical advice that caregivers will follow.

"Our findings suggest that a physician's counsel makes a substantial difference when a caregiver is determining whether to place an infant to sleep on its tummy, side or back."

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHHD) first launched the "Back to Sleep" campaign in 1994. Since then, the number of babies who are placed on their backs to sleep has jumped from 25 percent to 70 percent, while the rate of SIDS has plummeted by more than 50 percent. Despite the overall decrease, however, the rate of SIDS among African-American infants continues to be more than twice as high as among white and Hispanic infants.

For the current study, researchers analyzed data obtained from the National Infant Sleep Position Study from 1993 to 2007 to learn which factors influence a caregiver's decision whether to follow the recommendation. The national phone study, which is conducted annually, involves

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interviewing caregivers of infants born within the past seven months. More than 1,000 interviews were conducted each year.

The researchers found that while the number of babies placed to sleep on their backs increased substantially between 1993 and 2001, this number has since stabilized. In addition, the study showed that between 2003 and 2007 only about 54 percent of study participants reported that a physician advised them to only put their infants to sleep on their backs.

Dr. Lister said families who adhered to the "Back to Sleep" recommendation were unlikely to express concerns about their baby choking or being uncomfortable sleeping in that position. These families were more likely, though, to report that a physician recommended the practice as the only option.

The study also found that African-American infants are less likely to be placed to sleep on their backs than either Hispanics or whites. "We estimate that there would have been at least 700 fewer deaths of African-American infants over a five-year period if they were placed on their backs to sleep at the same rate as white infants," Dr. Lister said.

Dr. Lister said the findings indicate that a possible solution to further reducing the rate of SIDS depends on physicians promoting the "Back to Sleep" recommendation as the only option, while also addressing any potential concerns about choking and comfort.

"Physicians need to be proactive by consistently telling parents and caregivers that infants must always be placed on their backs and on a firm mattress to sleep, even for naps," Dr. Lister said. "They must also continue to remind caregivers to remove extra blankets, pillows and stuffed animals from the crib during sleep time."

The next step is for researchers to conduct face-to-face interviews with mothers both before and after delivery to gauge their intentions regarding sleep positions and whether those plans are modified after delivery.

Researchers from Yale University, Boston University and the Massachusetts Department of Health contributed to the report.

The study was supported by the NICHHD.

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