The infant mortality rate in the United States ranks 33rd among countries belonging to the Organization for Economic Cooperation and Development,¹ and there are persistent racial and ethnic disparities, with non-Hispanic black infants dying at a rate 2 to 3 times that of non-Hispanic white infants.² In this issue of Pediatrics, Hirai et al³ provide insight into racial and ethnic differences in infant sleep practices that have important implications for racial and ethnic disparities for sleep-related infant deaths, including sudden infant death syndrome and accidental suffocation and strangulation in bed, which are the third leading cause of infant mortality in the United States.

Hirai et al³ leveraged recently added questions to the Centers for Disease Control and Prevention’s Pregnancy Risk Assessment Monitoring System (PRAMS) to examine differences in sleep position, items in the sleep environment, bed-sharing, and room-sharing by race and ethnicity. Forty-seven states currently partner with the Centers for Disease Control and Prevention to administer the PRAMS survey to a randomly selected subpopulation of women in their state who have recently delivered. PRAMS previously only included questions on the infant’s sleep position. States began to include questions about bed-sharing and items in the sleep environment in 2009. In 2016, those questions, along with additional survey items about room-sharing and safe sleep anticipatory guidance from health care providers, were included for all participating states. This allowed the authors to more comprehensively examine the sleep environment of a representative population of infants from a majority of states.

They found a mixture of good and bad news. First, the bad news: one-third of non-Hispanic black infants were not usually placed on their back to sleep; 75% were not solely placed to sleep in a crib, bassinet, or portable crib; and two-thirds had soft objects in the sleep environment. The authors also found that many mothers reported that they never received the full range of safe sleep anticipatory guidance from their health care provider. Approximately 15% of mothers reported never being told to place their infant in a crib, bassinet, or portable crib to sleep and remove all soft objects from the sleep environment; fewer than 50% were advised to room share without bed-sharing. Even if this anticipatory guidance was given but not remembered by the mothers, these numbers should certainly alert our profession to the need to repeatedly discuss safe sleep. Because there are multiple opportunities to discuss safe sleep in the newborn nursery and at the frequent well-child visits and weight checks in early infancy, this is one area in which we can make a difference in infant mortality.

The authors also had good news. They found that parents listen to their health care providers’ advice on safe sleep for...
incredibly important. To the overall weight of social norms are death. To vigilance to prevent a sleep-related and misplaced con belief that their infant is not at risk, comfort and safety, the mistaken address the primary drivers of parent practices and sleep-related infant. However, although evidence-based recommendations from all health care providers will be important in eliminating disparities in infant sleep-related deaths in the United States.

**REFERENCES**


**ABBREVIATION**

PRAMS: Pregnancy Risk Assessment Monitoring System
The Pediatrician's Role in Eliminating Racial and Ethnic Disparities in
Sleep-Related Infant Deaths
Jeffrey D. Colvin and Rachel Y. Moon
Pediatrics 2019;144; DOI: 10.1542/peds.2019-2310 originally published online October 21, 2019;

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