

Sleep-Related Infant Deaths Among Infants of American Indian Ancestry (2010-2021)

Sleep-related infant death¹ is a leading and preventable cause of death among children less than 1 year of age. Since 2010, comprehensive information about the circumstances associated with the deaths of all Michigan resident infants due to sleep-related causes has been compiled through the Centers for Disease Control and Prevention-funded Sudden Unexpected Infant Death (SUID) Case Registry. Disparities in sleep-related infant deaths are prevalent and persistent. For the purposes of this fact sheet, American Indian infants are those infants who were identified as American Indian, alone or in combination with one or more additional races, on the infant’s death certificate. This definition is inclusive of ancestry and Tribal affiliation identified on the death record.



To reduce the risk of sleep-related infant death, the American Academy of Pediatrics (AAP) has made the following recommendations:



BACK TO SLEEP

Infants should be placed to sleep on their back at nap time and at bedtime.



SAFETY-APPROVED CRIB

Infants should sleep in a safety-approved crib, bassinet, or portable crib with a firm mattress and tight-fitting sheet.



SEPARATE SLEEP SURFACE

Infants should sleep on a surface separate from adults, animals, and other children that is free of blankets, pillows, or toys.



BREASTFEEDING

Infants should be exclusively breastfed or fed with expressed breastmilk.



SMOKE-FREE

Smoke exposure should be avoided during pregnancy and in the infant’s environment after birth.

A safe sleep environment can reduce the risk of sleep-related infant deaths. Among infants of American Indian ancestry...

40%

of infants found unresponsive were not on their backs

When a baby is on his or her back, the air tube (trachea) is on top of the food tube (esophagus). If a baby spits up while on his or her back, the food or fluid runs back into the stomach and not to the lungs. When a baby is on his or her stomach, the esophagus is on top of the trachea and any food or fluid that is spit up can more easily pool at the opening of the trachea, making it possible for the baby to choke.

Order brochures, posters or DVDs about infant safe sleep through the [Michigan Department of Health and Human Services Clearinghouse](https://www.healthymichigan.com) (URL: www.healthymichigan.com).

72%

of sleep-related deaths occurred in an unsafe sleep location

Unsafe sleep places include adult beds, couches or chairs, and places other than a safety-approved crib, bassinet or portable crib. Sitting devices, such as car seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine sleep in the hospital or at home. A crib, bassinet or portable crib was not present in the home when 9% of the infants who died of sleep-related causes became unresponsive.

For additional resources, [find your local health department](https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461_74040---,00.html) (URL: https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461_74040---,00.html).

54%

of sleep-related deaths involved an infant sharing a sleep surface

Of the 66 infants who were sharing a sleep surface with people at the time of the incident, 74% were sharing a sleep surface with one or more adults only and 5% were sharing a sleep surface with one or more children only. An additional 21% were sharing a sleep surface with one or more adults and one or more other children. Objects, such as blankets, pillows, comforters, and stuffed animals, were present in the sleep environment in 62% of all sleep-related deaths.

For more information on safe sleep, tips for soothing a crying baby, and products recalled by the Consumer Product Safety Commission, please visit the [MDHHS Infant Safe Sleep website](https://www.michigan.gov/safesleep) (URL: www.michigan.gov/safesleep).

32%

of infants who died of sleep-related causes had never been breastfed

Breastfeeding is protective against sleep-related infant death. Infants born to a mother who did not initiate breastfeeding were 2.0 times more likely to die in a sleep environment than infants who were born to a mother who planned to or initiated breastfeeding.² The protective effects of breastfeeding increases with exclusivity. However, any breastfeeding has been shown to be more protective against deaths from sleep-related causes than no breastfeeding. Consider offering a pacifier at nap time and bedtime once breastfeeding is firmly established.

Information on breastfeeding and available support services can be found at the [MDHHS WIC website](https://www.michigan.gov/wic) (URL: www.michigan.gov/wic) [click on ‘Breastfeeding’] and at the [Office on Women’s Health Breastfeeding website](https://www.womenshealth.gov/breastfeeding) (URL: www.womenshealth.gov/breastfeeding).

59%

of infants who died of sleep-related causes had a mother who smoked during pregnancy

Infants born to a mother who smoked during pregnancy were 3.5 times more likely to die in a sleep environment than infants who were born to a mother who did not smoke during pregnancy.² Sleep surface sharing with a current smoker, or with a mother who smoked during pregnancy, has been shown to substantially increase the risk of death due to sleep-related causes.³

Free resources to help you quit smoking are available by calling the Michigan Tobacco Quitline at **1-800-QUIT-NOW** (English) or **1-855-DEJELO-YA** (Spanish).

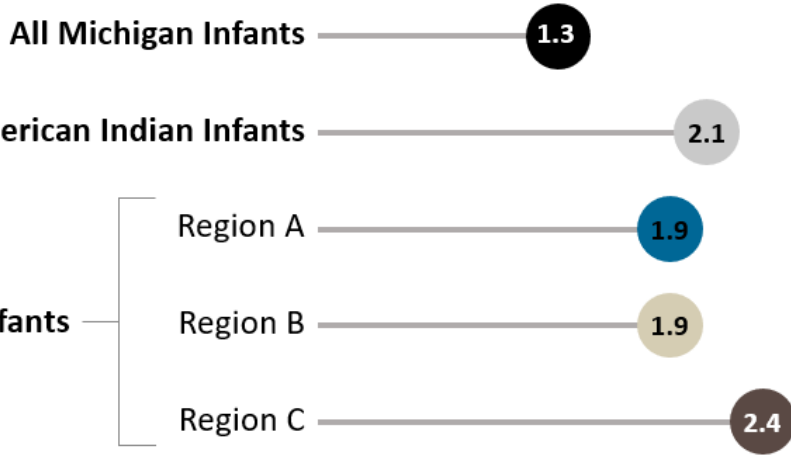
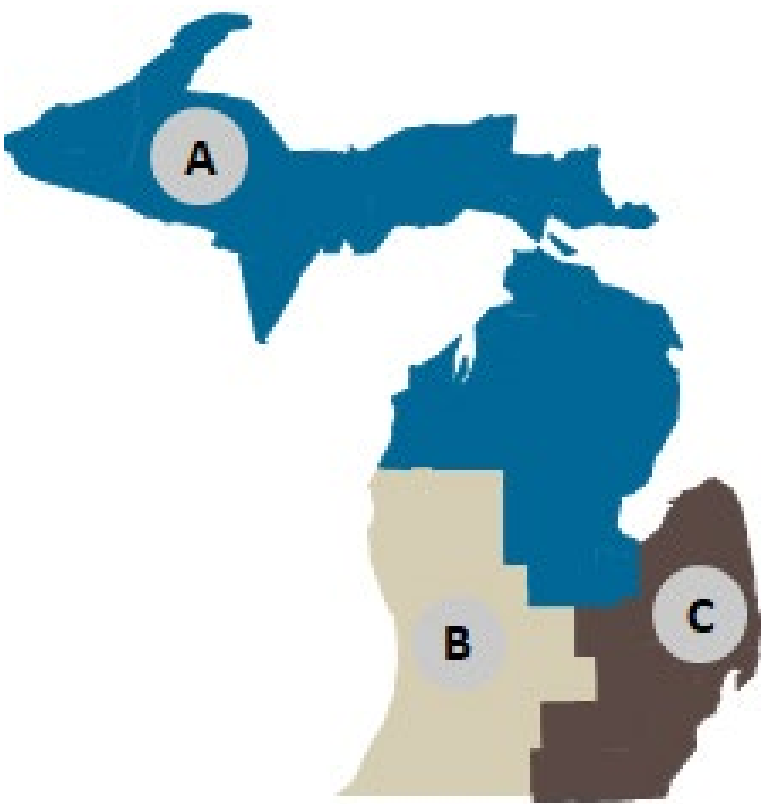


Between 2010 and 2021, there were **123 sleep-related deaths among American Indian infants**, which is a rate of 2.1 deaths per 1,000 live births.

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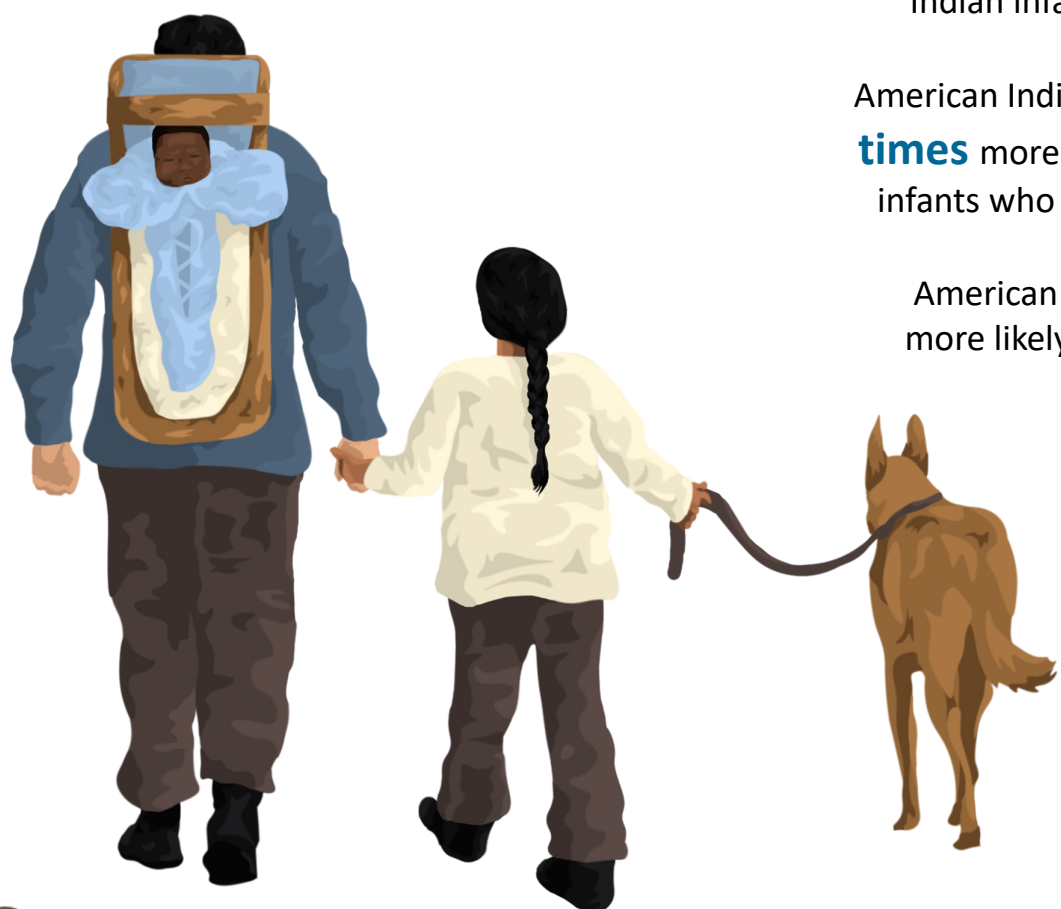


Rate of Sleep-Related Infant Death per
1,000 Live Births



If you are feeling overwhelmed or exhausted, ask for help. There are early childhood home visiting programs designed to assist in caring for infants.

To find a Tribal Home Visiting location, visit the [Inter-Tribal Council of Michigan website](#).



American Indian infants were **2.6 times** more likely to die of sleep-related causes than White infants

American Indian male infants were **1.4 times** more likely to die from sleep-related causes than American Indian female infants

American Indian infants born prior to 37 weeks gestation were **2.4 times** more likely to die in a sleep environment than American Indian infants who were born at or greater than 37 weeks gestation

American Indian infants born weighing less than 2,500 grams were **2.3 times** more likely to die in a sleep environment than American Indian infants who were born weighing greater than or equal to 2,500 grams

American Indian infants who died due to sleep-related causes were more likely to have Medicaid healthcare coverage than all American Indian infants born in Michigan (**76% vs. 53%**)

70% of American Indian infants who died due to sleep-related causes died before the age of 5 months

89% of American Indian infants who died due to sleep-related causes were found unresponsive in their own home

The average age of a mother who had an American Indian infant die due to sleep-related causes was **25 years old**



1 Sleep-related infant deaths are defined as deaths to Michigan resident infants less than 1 year of age that occur suddenly and unexpectedly and include sudden infant death syndrome (SIDS), undetermined/sudden unexplained infant death (SUID), suffocation/positional asphyxia, and other causes where the sleep environment was likely to have contributed to the death. Death data are by county of residence from the Centers for Disease Control and Prevention (CDC) SUID Case Registry – 2010 to 2021, Michigan Public Health Institute, 2023.

2 Birth data are from the Michigan Resident Birth Files (2010-2021), Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services, 2023. More information is available at <https://vitalstats.michigan.gov/osr/Chi/births14/frameBxChar.html>.

3 Task Force on Sudden Infant Death Syndrome. (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics, 138(5). Retrieved from <https://pediatrics.aappublications.org/content/138/5/e20162938>.

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