

**Maternal-Infant bedsharing: Risk factors for bedsharing in a population-based survey of new mothers and implications for SIDS risk reduction.**

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Matern Child Health J. 2006 Dec 29; [E-pub ahead of print]

**Objectives:** Maternal-infant bedsharing is a common but controversial practice. Little has been published about who bedshares in the United States. This information would be useful to inform public policy, to guide clinical practice and to help focus research. The objective was to explore the prevalence and determinants of bedsharing in Oregon.

**Methods:** Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) surveys a population-based random sample of women after a live birth. Women were asked if they shared a bed with their infant "always," "almost always," "sometimes" or "never."

**Results:** 1867 women completed the survey in 1998-99 (73.5% weighted response rate). Of the respondents, 20.5% reported bedsharing always, 14.7% almost always, 41.4% sometimes, and 23.4% never. In multivariable logistic regression, Hispanics (adjusted odds ratio [ORa] 1.69, 95% Confidence Interval [CI] 1.17-2.43), blacks (ORa 3.11, 95% CI 2.03-4.76) and Asians/Pacific Islanders (ORa 2.14, 95% CI 1.51-3.03), women who breastfed more than 4 weeks (ORa 2.65, 95% CI 1.72-4.08), had annual family incomes less than \$30,000 (ORa 2.44, 95% CI 1.44-4.15), or were single (ORa 1.55, 95% CI 1.03-2.35) were more likely to bedshare frequently (always or almost always). Among Hispanic and black women, bedsharing did not vary significantly by income level. Bedsharing black, American Indian/Alaska Native and white infants were much more likely to be exposed to smoking mothers than Hispanic or Asian/Pacific Islander infants ( $p < .0001$ ).

**Conclusions:** Bedsharing is common in Oregon. The women most likely to bedshare are non-white, single, breastfeeding and low-income. Non-economic factors are also important, particularly among blacks and Hispanics. Campaigns to decrease bedsharing by providing cribs may have limited effectiveness if mothers are bedsharing because of cultural norms.

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