

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6127

### **Title**

*High Prevalence of Maternal Report of Falling Asleep During Infant Feeding and Associated Factors*

### **Priority 1 (Research Category)**

Child and adolescent health

### **Presenters**

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### **Abstract**

Context: Infants require frequent nighttime feedings. Parents may fall asleep while feeding (FAF) their infants, which can pose a safety risk to the infants. Objective: To examine 1) prevalence of FAF and if planned; 2) association between FAF and sociodemographic factors, feeding method and sleep location; and 3) if receipt of education about safe sleep and bedsharing risks was associated with FAF. Study Design: Parallel-design cluster-randomized trial to test the efficacy of a postpartum in-hospital quality improvement (QI) program and mobile health (mHealth) messaging in improving safe sleep (SS) and breastfeeding practices. Mothers completed a 2-month follow-up survey online (79%) or by phone (21%) about infant care and feeding practices. Analysis: Generalized estimating equation logistic regression models to examine the extent that sociodemographic characteristics, feeding type, usual nighttime feeding location, and intervention group were associated with FAF. Data were analyzed from 1259 mothers who responded to the postpartum survey (mean infant age 11.2 weeks). Dataset/Population: The Social Media and Risk-reduction Training (SMART) study enrolled a diverse sample of 1600 English-speaking mothers of healthy term newborns at 16 US birth hospitals. Intervention: Mothers were randomized to educational messaging promoting infant safe sleep or breastfeeding. Outcome Measures: Maternal report of falling asleep while feeding and nighttime feeding location. Results: 28.2% of mothers reported FAF usually or sometimes in the last two weeks, and 83.4% reported that FAF was unplanned. There were no differences in the odds of FAF by sociodemographic factors. Compared to mothers whose nighttime feeding location was her bed, mothers who reported feeding in a chair were less likely to FAF (33.6% vs. 16.8%, aOR 0.4, 95% CI 0.30-0.55). FAF was reported less frequently by mothers who received safe sleep interventions (15.6%), compared to mothers who received

breastfeeding interventions (33.0%: aOR 0.40, 95% CI 0.25-0.62). Conclusions: FAF is reported commonly among US mothers in the early postpartum period and is predominantly unplanned. Mothers who received safe sleep messaging were less likely to report FAF. Families need guidance to safely navigate infant feeding and FAF.

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