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Infant Deaths in Sitting Devices

Peter Liaw, Rachel Y. Moon, Autumn Han, Jeffrey D. Colvin

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Abstract

BACKGROUND AND OBJECTIVES: Annually, several hundred infant deaths occur in sitting devices (eg, car safety seats [CSSs] and strollers). Although American Academy of Pediatrics guidelines discourage routine sleeping in sitting devices, little is known about factors associated with deaths in sitting devices. Our objective was to describe factors associated with sleep-related infant deaths in sitting devices.

METHODS: We analyzed 2004–2014 National Center for Fatality Review and Prevention data. The main outcome was sleep location (sitting device versus not). Setting, primary caregiver, supervisor at time of death, bed-sharing, and objects in the environment were compared by using χ^2 tests and multivariable logistic regression. Descriptive statistics of additional possible risk factors were reviewed.

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RESULTS: Of 11 779 infant sleep-related deaths, 348 (3.0%) occurred in sitting devices. Of deaths in sitting devices, 62.9% were in CSSs, and in these cases, the CSS was used as directed in <10%. Among all sitting-device deaths, 81.9% had ≥ 1 risk factor, and 54.9% had ≥ 2 risk factors. More than half (51.6%) of deaths in CSSs were at the child's home. Compared with other deaths, deaths in sitting devices had higher odds of occurring under the supervision of a child care provider (adjusted odds ratio 2.8; 95% confidence interval 1.5–5.2) or baby-sitter (adjusted odds ratio 2.0; 95% confidence interval 1.3–3.2) compared with a parent.

CONCLUSIONS: There are higher odds of sleep-related infant death in sitting devices when a child care provider or baby-sitter is the primary supervisor. Using CSSs for sleep in nontraveling contexts may pose a risk to the infant.

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