

RWJF Award Finalist

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Dr. Danielle Broussard is currently a CDC/CSTE Applied Epidemiology Fellow training in maternal and child health at the Florida Department of Health. She holds a master of public health degree from the Rollins School of Public Health at Emory University (1997) and a doctoral degree in Epidemiology from the University of Miami (2006). Dr. Broussard's interests are in the impact of chronic conditions and psychosocial factors on reproductive health, women's health throughout the lifespan, and the underpinnings of racial disparities in women's health.



Abstract ID: **3927**
Title of Presentation: **The Black and White of Infant Bed Sharing in Florida**
Presentation Date: **Monday, June 8 at 10:30 AM – Chronic/MCH/Oral Health Breakout**
Presentation Time: **10:55 AM – 11:15 AM**

Background:

Bed sharing, a risk factor for sudden infant death, is more prevalent among Black infants than White infants. To date, little information is known about maternal characteristics associated with racial differences in this behavior. The present study describes maternal characteristics contributing to the Black-White disparity in infant bed sharing.

Methods:

Data on infant bed sharing and maternal characteristics and behaviors from 2004-2005 were available from the Florida PRAMS survey and birth records. A total of 2,791 non-Hispanic Black and White women were eligible for study. After univariate analysis of potential risk factors, interactions between race and other covariables were assessed using logistic regression to identify characteristics associated with the Black-White disparity. Significant interactions were retained in the model and backward elimination was used to identify those factors associated with bed sharing ($\alpha=0.05$).

Results:

Black race, age younger or older than 25-34 years, being unmarried, being U.S. born, and partner stress increased the likelihood of infant bed sharing among all women. Interactions with race were found for breastfeeding, depression, and timing of first prenatal care visit. Comparing Black with White women, stratum-specific adjusted odds ratios for associations between infant bed sharing and each factor interacting with race ranged from 2.40 to 9.29. Women who ever breastfed had an increased likelihood of bed sharing; however the association was considerably stronger among Black women (AOR, 4.91; 95% CI, 3.23-7.46) than among White women (AOR, 2.05; 95% CI, 1.42-2.94). The effect of depression was strongest among Black women and had different effects by race. Compared with same race mothers who were not depressed, depressed Black mothers were more likely to report bed sharing (AOR, 7.46; 95% CI, 4.16-13.35) whereas depressed White mothers were not (AOR, 0.80; 95% CI, 0.54-1.19). Black women who received late or no prenatal care were more likely to report bed sharing (AOR, 3.86; 95% CI, 2.29-6.50) while the association for White women approached significance (AOR, 1.53; 95% CI, 0.97-2.41; $p=0.07$).

Conclusions:

Mother's race, age, marital status, birth country, and partner stress were associated with infant bed sharing. Breastfeeding, depression during or after pregnancy, and timing of first prenatal care visit contribute to the Black-White disparity seen in infant bed sharing. Race specific public health messages and risk assessments may be needed to further reduce the deaths of Florida infants associated with infant bed sharing. Furthermore, these findings highlight the usefulness of PRAMS for better understanding MCH disparities.