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| **ISA ISPID  Abstract Submission  Nº: 161**   |  | | --- | | Topics: **Stillbirth** | | Type: **Oral** | | **Maternal sleep practices in late pregnancy: a survey in a New Zealand multi-ethnic community** | | **Cronin, Robin S**1; **Chelimo, Carol**1; **Mitchell, Edwin A** 1; **Okesene-Gafa, Kara**1; **Thompson, , John MD** 1; **Taylor, Rennae S**1; **Hutchison, B Lynne**1; **McCowan, Lesley ME** 1 *1 - University of Auckland.* | | **Introduction** An association between late pregnancy stillbirth and non-left maternal sleep position was first reported in a New Zealand study in 2011. Subsequent Ghanaian and Australian studies found an increased risk of stillbirth with supine sleep position. Ongoing research will confirm or refute these findings and appropriate public health promotion will be developed if the association is confirmed. There are no published data about maternal knowledge and ability to change sleep position on which to base any public health messages about optimal going-to-sleep position in late pregnancy. Our objectives were to investigate:1) self-reported maternal sleep position in late pregnancy; 2) maternal knowledge about optimal sleep position; 3) maternal sleep practices; and 4) whether going-to-sleep position could be changed to the left side if this was identified as being best for the baby’s health. Factors related to non-left going-to-sleep position in late pregnancy were assessed. We hypothesised that women who slept on the left-hand side of the bed or had received information about sleep position would be more likely to report a left side going-to-sleep position in late pregnancy.  **Material and Methods** A random sample of ethnically-representative women (n=377), between 28 and 42 weeks’ gestation, were surveyed in 2014 in South Auckland, New Zealand, which is a multicultural and socioeconomically disadvantaged region. Factors independently associated with non-left side going-to-sleep position in late pregnancy were identified using multivariable logistic regression adjusted for ethnicity and gestation as appropriate.  **Results** The women reported that their going-to-sleep position in the last week was left side (30%), right side (22%), supine (3%), either side (39%), and other (6%). The majority (68%) reported they had received advice about pregnancy sleep position and 13% had modified their sleep position based on this advice. A non-left position was more likely to be reported by women of Maori (aOR 2.64 95% CI1.23-5.66) or Pacific (aOR 2.91 95% CI1.46-5.78) ethnicity, and in those who did not sleep on the left-hand side of the bed (aOR 3.29 95% CI 2.03-5.32). Most (87%) of non-left sleepers reported that they would have little or no difficulty changing to left side going-to-sleep position if this was recommended as being better for their baby.  **Conclusions** Most women agreed that they could modify their late pregnancy going-to-sleep position with relative ease and some had already followed advice to change sleep position. This suggests that a future public health intervention about how to achieve optimal maternal late pregnancy going-to-sleep position for fetal wellbeing is likely to be practicable in similar multicultural communities. Funding source: Cure Kids | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Robin S** | | Lastname: | **Cronin** | | E-mail: | **r.cronin@auckland.ac.nz** | | Country: | **New Zealand** | | Institution | **University of Auckland** | | Cellphone: | **+64 27 4583663** | | City: | **Auckland** | |