

Infant Suffocation Deaths in the Sleep Environment

Moderator: CAPT Stephanie Bryn, MPH
Director, Injury and Violence Prevention
Health Resources and Services
Administration

March 24, 2011



Overview

- Recent trends in infant suffocation death rates
- Circumstances of the sleep environment and risk factors in infant suffocation
- State and local community efforts in risk reduction and prevention of infant suffocation
- Community-based safe sleep and suffocation prevention programs

Speakers



- **Carrie K. Shapiro-Mendoza, PhD, MPH:** Senior Scientist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention



- **Lena Camperlengo, RN, MPH, DrPH(c):** Health Scientist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention



- **Theresa (Teri) Covington, MPH:** Director, National Center for Child Death Review



- **Lindsey Myers, MPH:** Injury Prevention Program Manager, Colorado Department of Public Health and Environment



- **Michael Goodstein, MD, FAAP:** Attending Neonatologist, York Hospital; Director, York County Cribs for Kids



- **Judy Bannon:** Executive Director, Cribs for Kids & S.I.D.S. for Kids

Understanding SUID: Definitions, Trends and the SUID Case Registry



**Carrie Shapiro-Mendoza PhD, MPH
and
Lena Camperlengo RN, MPH, DrPH(c)
EGS, Inc.**



**Infant Suffocation Deaths in the Sleep Environment
Webinar
March 24, 2011**



Overview

- ❑ Definition of SIDS and other SUID
- ❑ Trends in SIDS and other SUID mortality
- ❑ SUID surveillance and death certificates
- ❑ CDC's SUID Case Registry Pilot Program



DEFINITIONS OF SIDS AND OTHER SUID

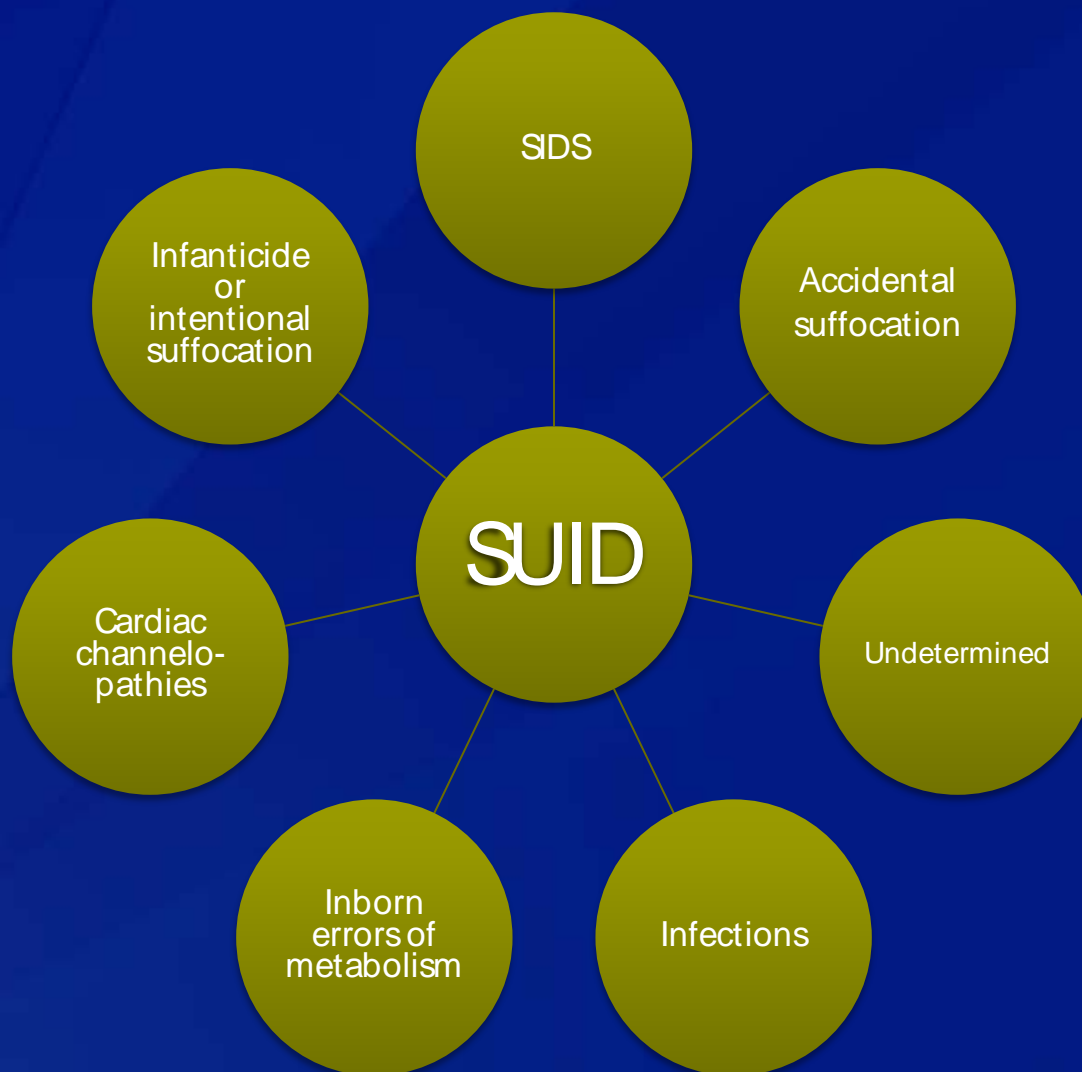


SUID Definition

- ❑ **SUID : Sudden, unexpected infant death**
- ❑ **Infant deaths that:**
 - Occur suddenly and unexpectedly in previously healthy infants
 - Have no obvious cause of death prior to investigation (unexplained)
 - Excludes deaths with an obvious cause, e.g., motor vehicle accidents
- ❑ **SIDS is a type of SUID**



Some Types of SUID





SUID Categories

Explained

- ☐ Long QT
- ☐ MCAD
- ☐ Head injury
- ☐ Infanticide
- ☐ Hyperthermia
- ☐ Infection
- ☐ Overdose

Unexplained*

- ☐ SIDS
- ☐ Undetermined cause
- ☐ Suffocation

*Cause of death was unexplained by autopsy or autopsy was not completed



Sudden Infant Death Syndrome (SIDS)

“...sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

Mechanisms of Accidental Suffocation and Strangulation in Bed (ASSB)

- ❑ Suffocation by soft bedding, pillow, waterbed mattress
- ❑ Overlaying (rolling on top of or against baby while sleeping)
- ❑ Wedging or entrapment between mattress and wall, bed frame, etc
- ❑ Strangulation (infant's head and neck caught between crib railings)



*All could be designated as ICD 10 code W75



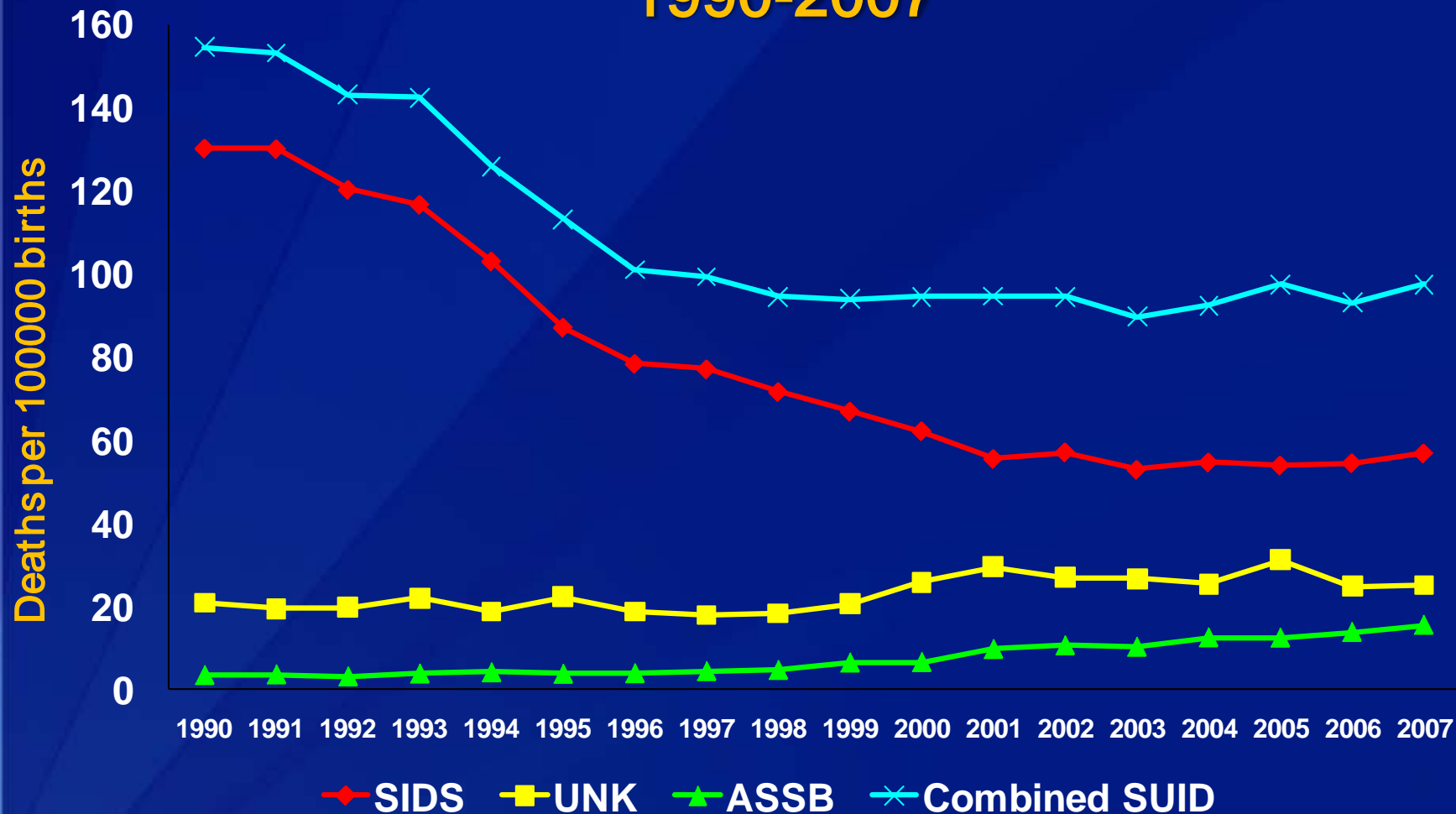
TRENDS IN SIDS AND OTHER SUID MORTALITY



Public Health Implications of SUID

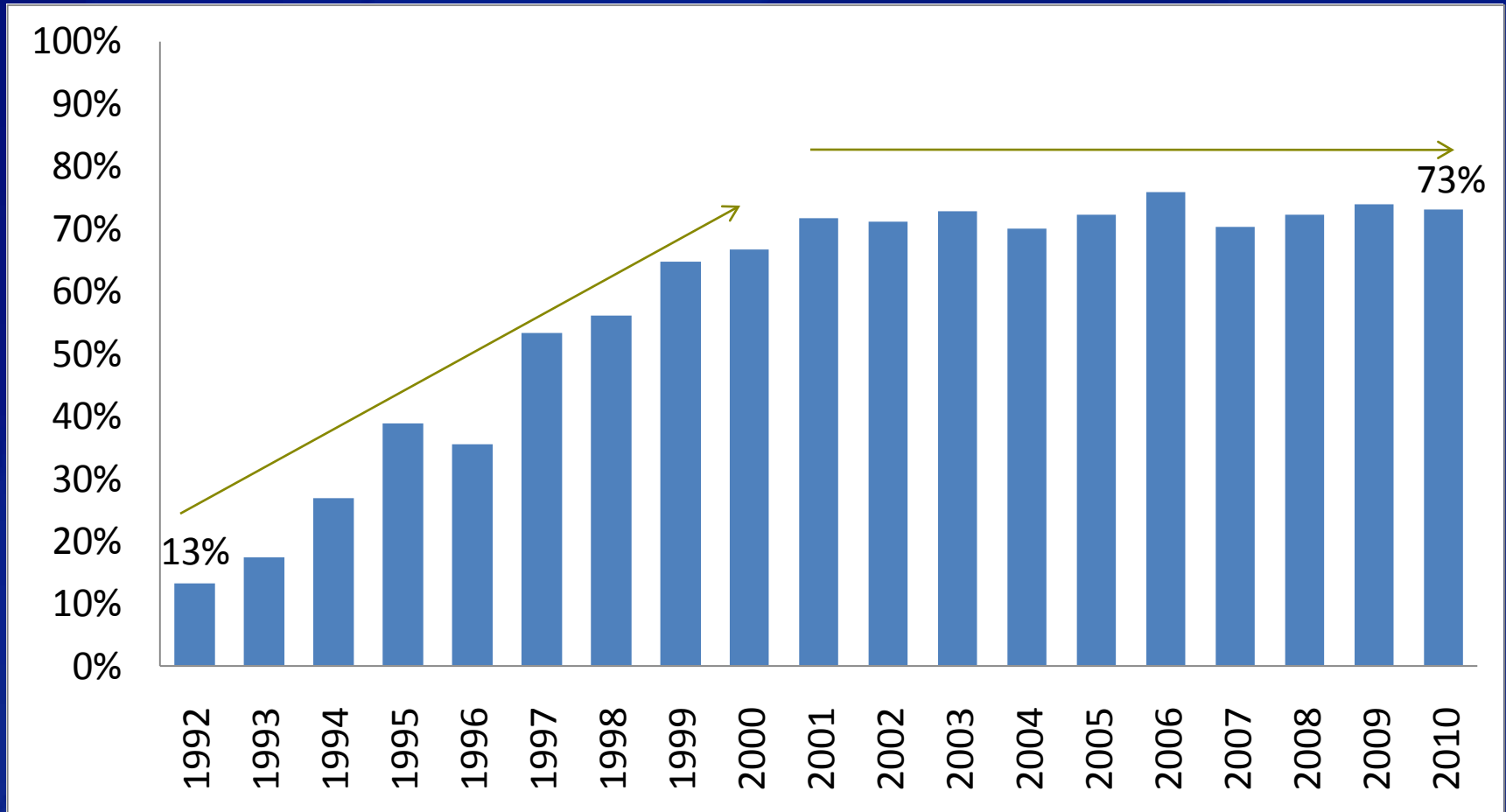
- ❑ About 4600 per year, half are SIDS
- ❑ Most frequently reported causes:
 - SIDS
 - Leading cause of postneonatal mortality
 - Unknown or undetermined cause (UNK)
 - Accidental suffocation & strangulation in bed (ASSB)
 - Leading cause of infant injury mortality
 - Potentially preventable
- ❑ Less frequently reported causes:
 - Infanticide/intentional suffocation (<5%), inborn errors of metabolism (1%), cardiac channelopathies (5-10%), infection

US SUID-specific infant mortality rates 1990-2007



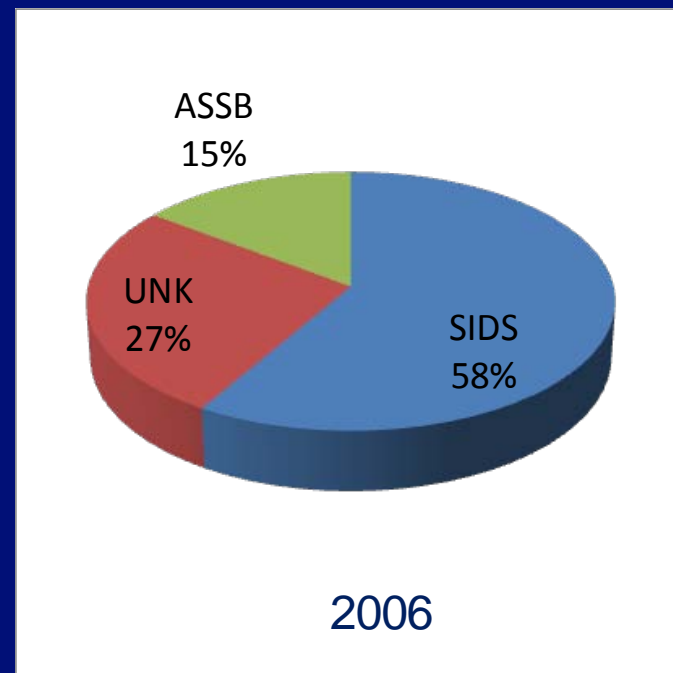
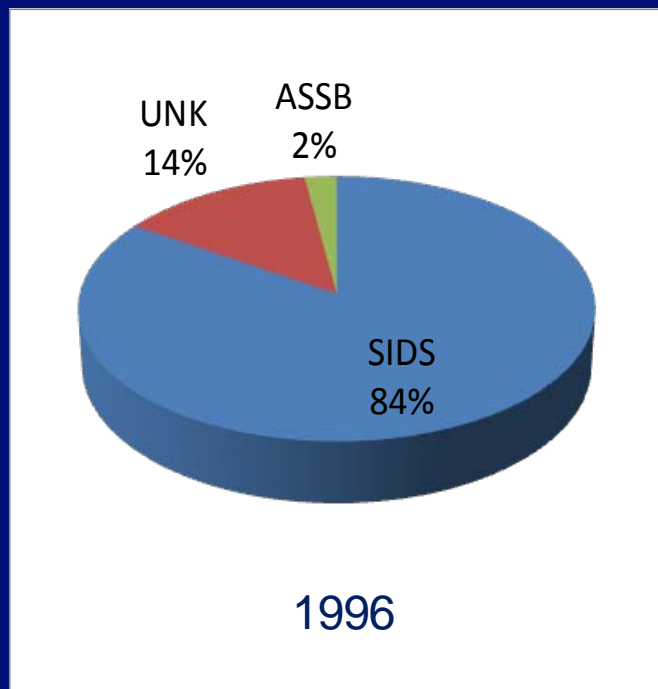
SIDS: sudden infant death syndrome, UNK: Unknown cause, ASSB: accidental suffocation and strangulation in bed,
Combined SUID: SIDS+UNK+ASSB
Source: CDC WONDER, Mortality Files

Infant Supine Sleep Position 1992 - 2010



Source: National Infant Sleep Position Study

Proportion of SUID Unexplained by Autopsy, or no Autopsy



SIDS: Sudden infant death syndrome

UNK: Unknown cause

ASSB: Accidental suffocation and strangulation in bed



What death certificates don't tell us about SUID

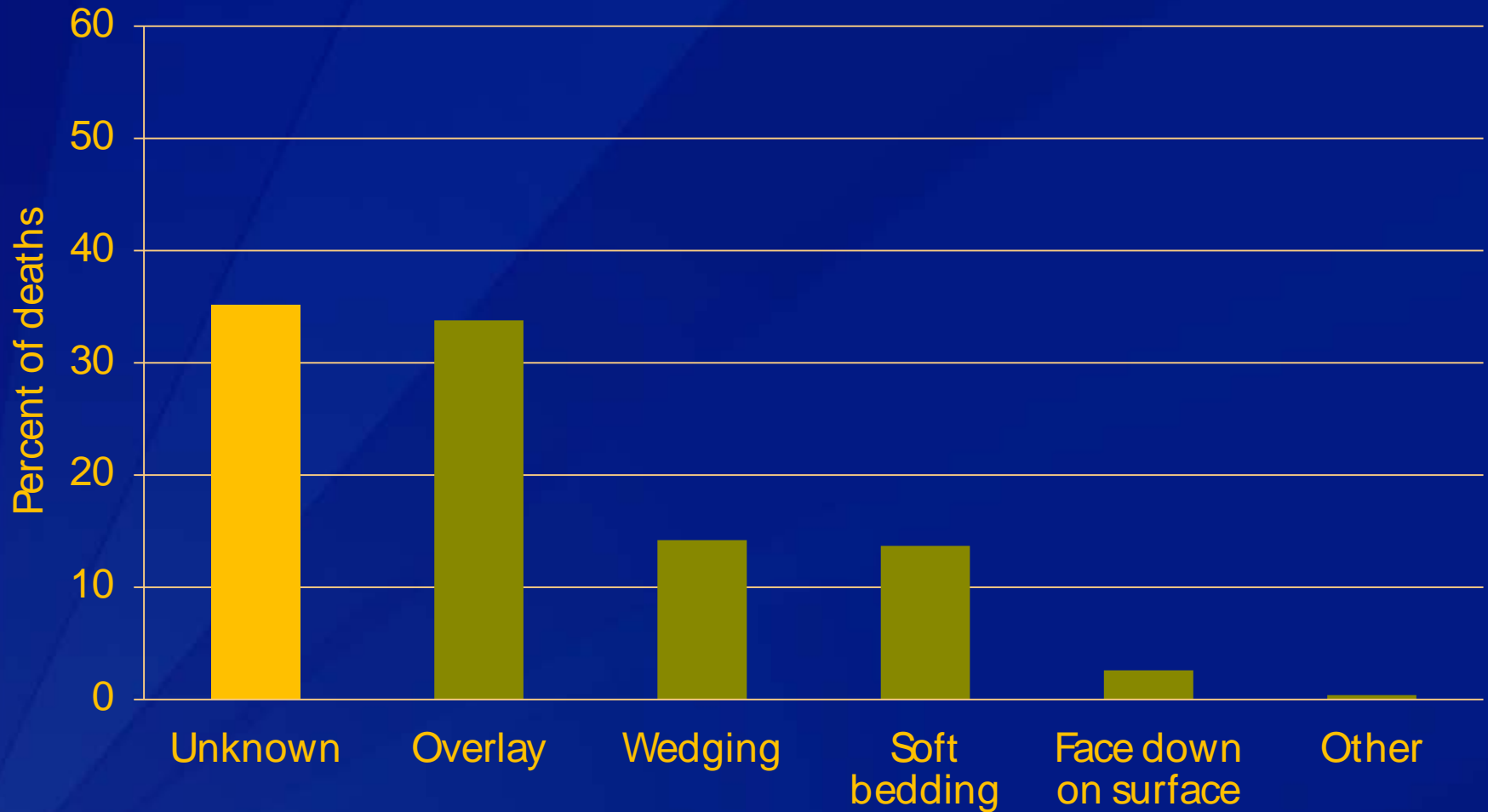
SUID SURVEILLANCE AND DEATH CERTIFICATES

Cause of Death Section from US Death Certificate

CAUSE OF DEATH (See instructions and examples)				Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----> resulting in death) a. _____ Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____</p> <p>c. _____ Due to (or as a consequence of): _____</p> <p>d. _____</p>				<p>Approximate interval: Onset to death</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p>			<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>		<p>37. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	
<p>38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)</p>	<p>39. TIME OF INJURY</p>	<p>40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)</p>		<p>41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>42. LOCATION OF INJURY: State: _____ City or Town: _____</p> <p>Street & Number: _____ Apartment No.: _____ Zip Code: _____</p>				
<p>43. DESCRIBE HOW INJURY OCCURRED:</p>			<p>44. IF TRANSPORTATION INJURY, SPECIFY:</p> <p><input type="checkbox"/> Driver/Operator</p> <p><input type="checkbox"/> Passenger</p> <p><input type="checkbox"/> Pedestrian</p> <p><input type="checkbox"/> Other (Specify)</p>	

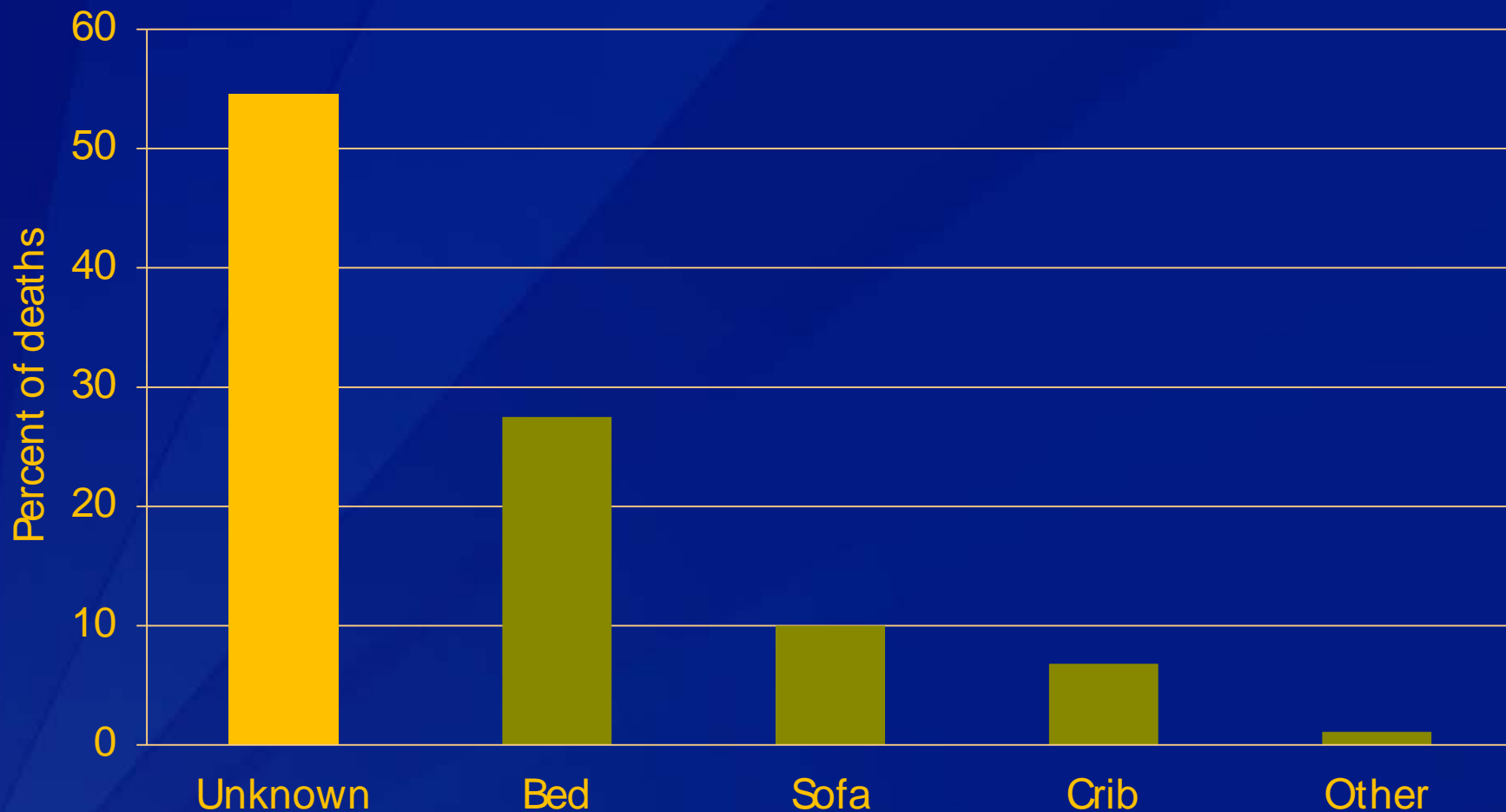
To Be Completed By:
MEDICAL CERTIFIER

Mechanism attributed to suffocation deaths, US death certificates, 2003-2004



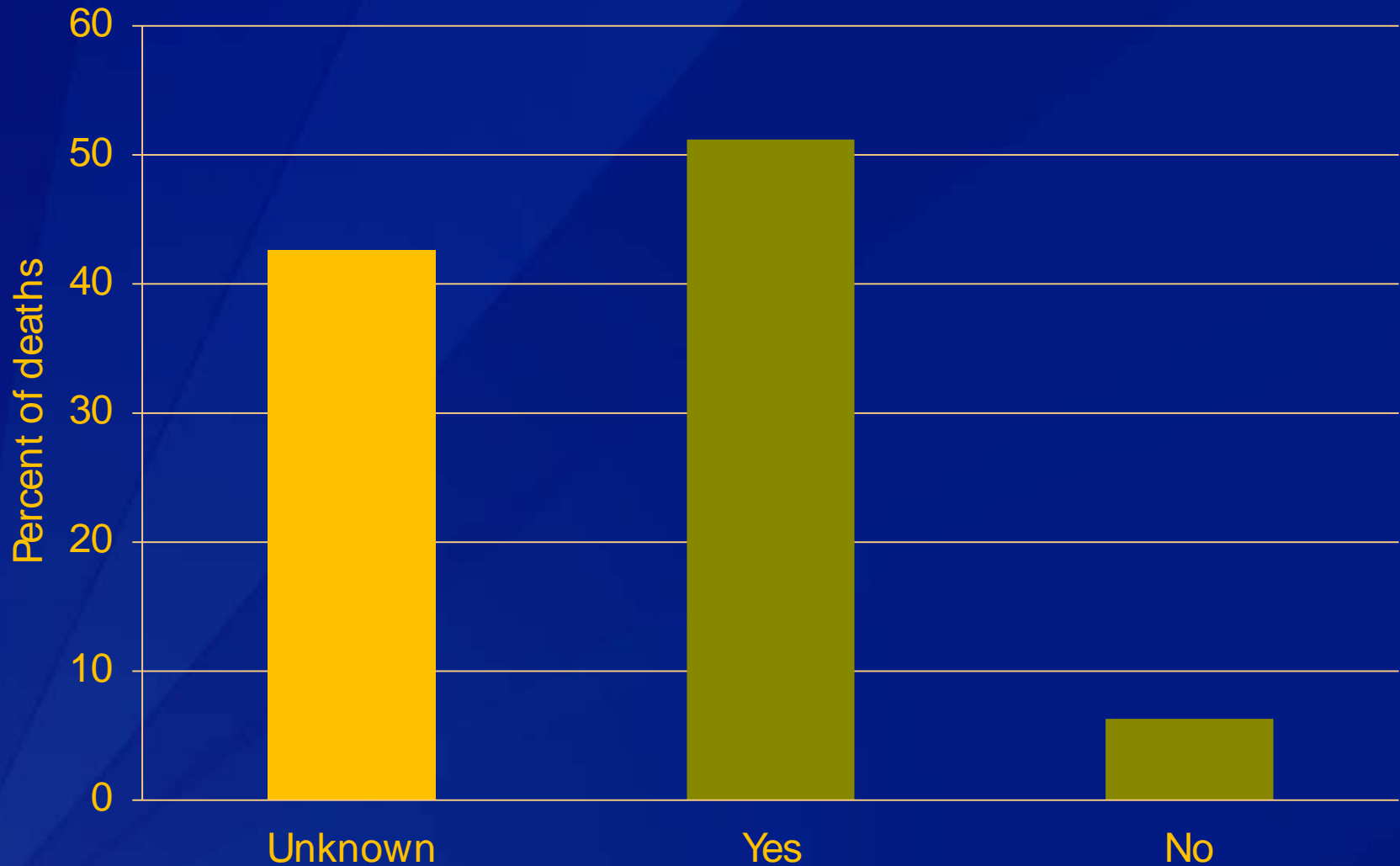
Shapiro-Mendoza et al , 2009

Sleep surface or place where death occurred, US death certificates, 2003-2004



Shapiro-Mendoza et al , 2009

Bedsharing or co-sleeping reported, US death certificates, 2003-2004



Shapiro-Mendoza et al , 2009



What is needed?

- ❑ **More comprehensive data to increase knowledge about:**
 - Circumstances or factors that may have contributed to or caused the SUID case
 - Sleep environment
 - Prior medical history
 - Quality of the death scene investigation or if one was even done
- ❑ **A SUID surveillance system that builds upon child death review may be the answer**



A new surveillance system to monitor trends in SIDs and other SUID

CDC'S SUID CASE REGISTRY PILOT PROGRAM



Justification for SUID Case Registry

- ❑ Currently SUID surveillance is monitored using death certificate data
- ❑ Death certificate data are limited; do not describe circumstances and events surrounding death
- ❑ Need a more comprehensive data source to increase understanding of SUID-related factors
- ❑ CDC's SUID Case Registry collects data from scene investigations, autopsies, and other sources



Main Objectives for the SUID Case Registry

- ❑ To create state-level surveillance systems that build upon Child Death Review activities
- ❑ To categorize SUID using standard definitions
- ❑ To monitor the incidence of different types of SUID
- ❑ To describe demographic and environmental factors for each type of SUID
- ❑ To inform prevention activities and potentially save lives



Expected Outcomes and Impacts for the SUID Case Registry

- ❑ Strengthen states' ability to identify, review, and enter data for all SUID case
- ❑ Improve the completeness and quality of SUID case investigations by promoting policy and practice changes
- ❑ Inform national, state and local policymakers and program planners
- ❑ Identify at-risk groups to target prevention programs
- ❑ Use as a potential source of cases for case-control study



SUID Case Registry Model

- ❑ Builds upon current Child Death Review activities and protocols
 - Uses pre-existing variables
 - Integrates new and/or modified SUID-related variables into NCCDR Case Reporting System v2.2S
- ❑ Supports states in their efforts to review child death cases per state mandates
- ❑ Strengthens states' ability to identify, review, and enter data for all SUID cases



Variables included in the SUID Case Registry

❑ Individual variables

- Sleep environment
- Maternal health, including pregnancy complications and injury
- Infant health, including newborn screening

❑ System variables

- Components of death scene investigation
- Tests and exams performed during autopsy

SUID Case Review Data Sources



SUIDIRF

Law Enforcement reports
Witness interviews
Scene reenactment
Scene photos



EMS reports
Hospital reports



Medical records
Social service records



Death Certificate
ME/C report
Autopsy report



SUID case review by
multidisciplinary team



SUID Multidisciplinary Review Team

- ☐ Medical Examiner/Coroner
- ☐ Law Enforcement
- ☐ Public Health
- ☐ Emergency Services
- ☐ Pediatrician or other Health Care Provider
- ☐ Child Protective Services

The SUID Case Registry is...



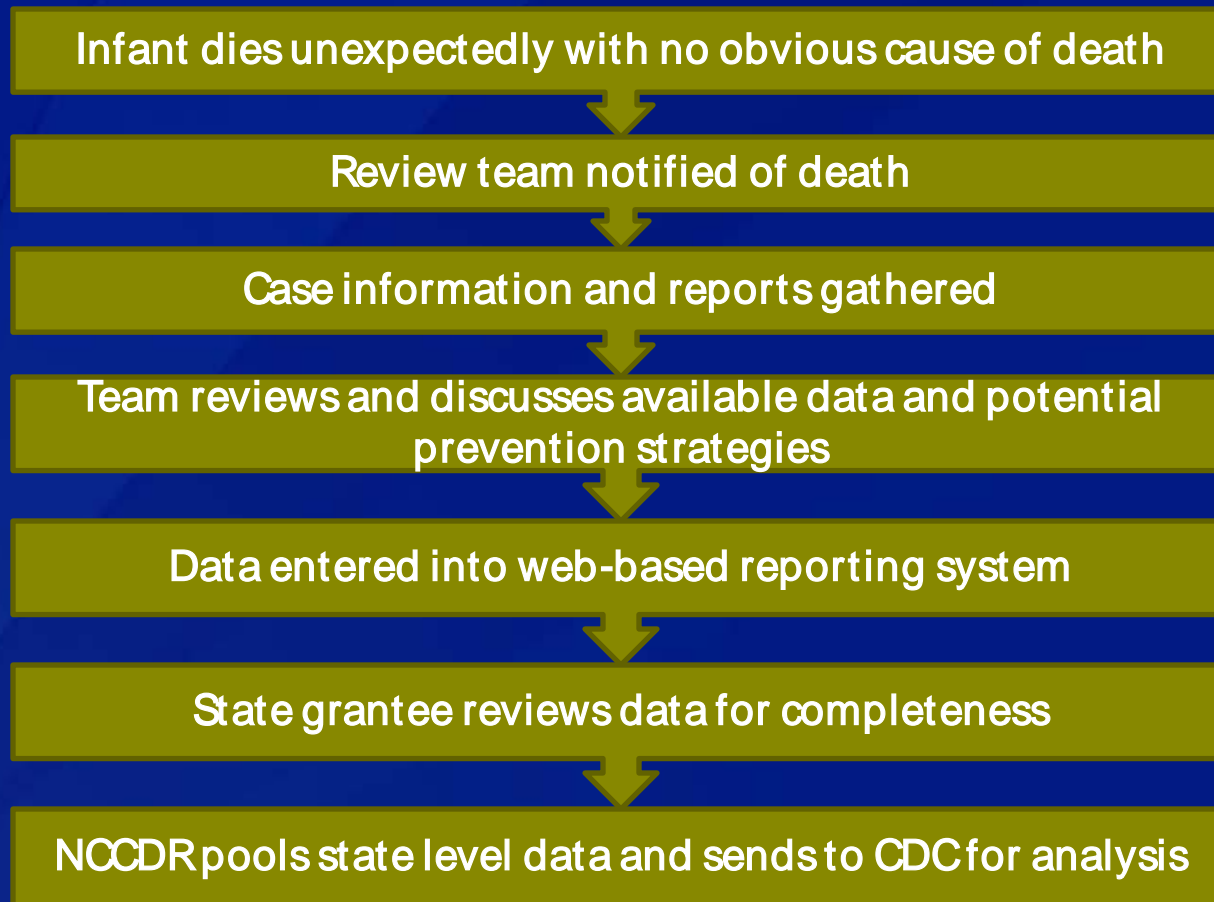
- ❑ A process that must involve multidisciplinary team review
- ❑ A qualitative and quantitative process
- ❑ A tool for assessing and improving case investigations
- ❑ A vehicle for driving data to action

The SUID Case Registry is NOT...

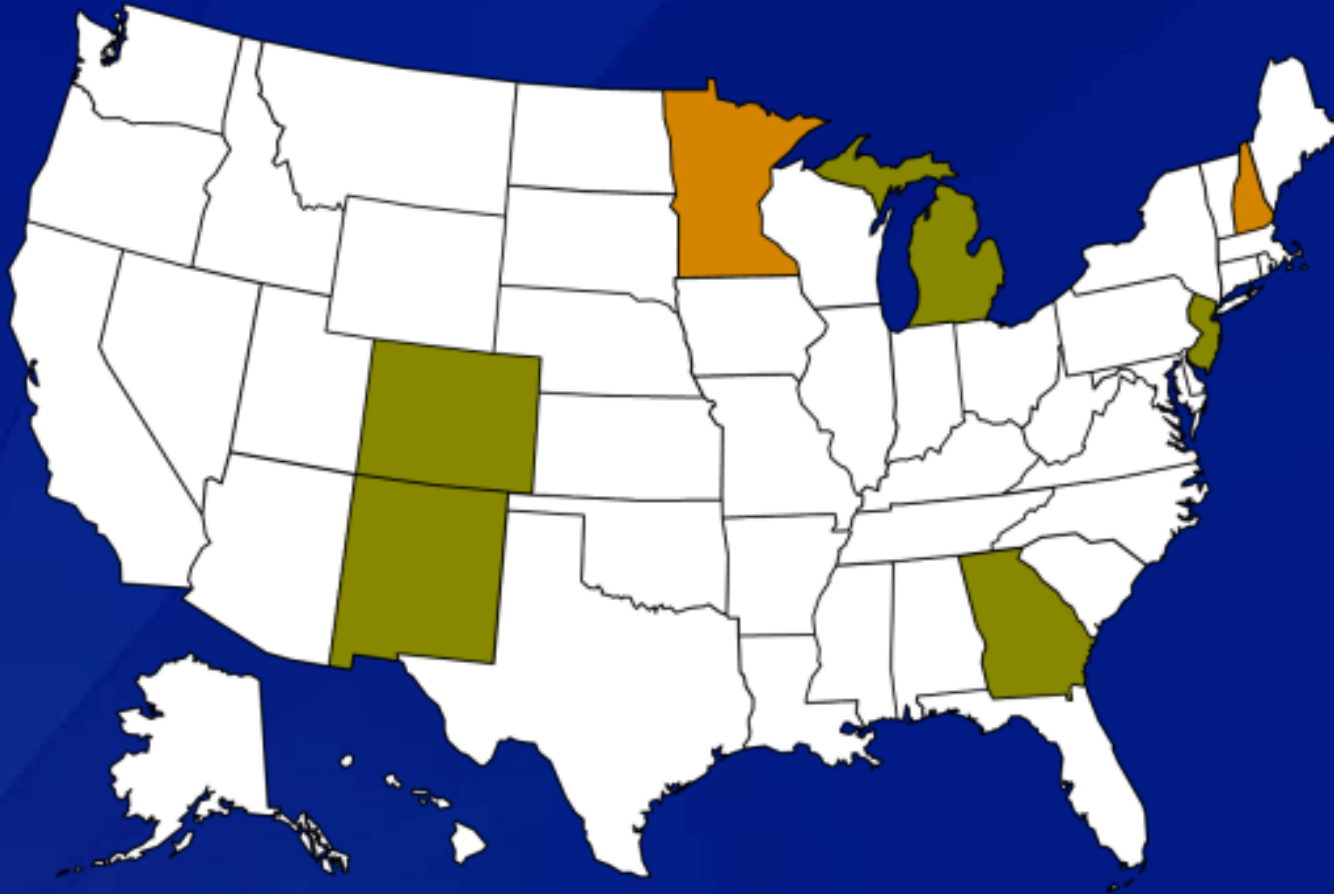


- ❑ A data linkage project
- ❑ A fill-in-the-blank exercise
- ❑ An isolated process implemented without input from key partners such as child death review, medico-legal professionals and public health

Case Information Flow Chart



SUID Case Registry State Grantees



Note:

Green states: Colorado, Georgia, Michigan, New Jersey, New Mexico; funding began August 2009

Orange states: Minnesota, New Hampshire; funding began August 2010



First Year Progress

- ❑ **Improved timeliness**
 - Receive monthly data files from Vital Statistics
 - Fund staff in ME/C office
- ❑ **Improved death scene investigation reporting**
 - Pay for completed SUIDIRFs
 - Train investigators to conduct doll reenactment and provide dolls
- ❑ **Increased access to autopsy information**
 - Create “summary sheets” for review teams
 - Fund staff in ME/C office
- ❑ **Implemented quality assurance measures**
 - Ensure SUID Case Registry staff attend all review meetings
 - Review each case for missing/unknown fields at state level

Second Year Successes

- ❑ **Improved completeness of data**
- ❑ **Launched revised Case Report**
 - Improved documentation of death certificate information
 - Improved information on D3
- ❑ **Recognized importance of cleaning data at state-level**
 - Created new variable for state staff only
- ❑ **Moved attention from data collection to impact of recommendations on local systems**

2010 SUID Cases* as of June 30, 2011

Identified: 867

```
graph TD; A[Identified: 867] --> B[Reviewed : 655]; B --> C[QA completed: 388];
```

Reviewed : 655

QA completed: 388

*States reporting: CO, GA, MI, NJ, NM

Acknowledgements

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**For more information:
www.cdc.gov/sids**

For more information please contact Centers for Disease Control and Prevention

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E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



What is CDR Telling Us about Infant Suffocation Deaths &

What are States Doing to Help Reduce Risks?

Theresa Covington, MPH

Director

National Center for Child Death Review



Child Death Review is:



Helping improve:

investigations and diagnosis
services to families

Helping to describe the
circumstances in infant sleep
related deaths.



Healthy People 2020

- **IVP–5: (Developmental) Increase the number of States and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team.**
- **Baseline data from 2007: 4,211 SUID deaths in the US, 37 states reviewed 2,849 SUIDs or 68%.**

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:

WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?

☐ No, go to H2 ☐ Yes ☐ U/K, go to H2

<p>a. Incident sleep place:</p> <p><input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type <input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed</p> <p><input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K</p>		<p>If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> Full <input type="radio"/> Queen <input type="radio"/> King <input type="radio"/> Other, specify: <input type="radio"/> U/K</p>	<p>b. Child put to sleep: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>	<p>c. Child found: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>																								
<p>d. Usual sleep place: <input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type <input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed</p> <p><input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K</p>		<p>If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> Full <input type="radio"/> Queen <input type="radio"/> King <input type="radio"/> Other, specify: <input type="radio"/> U/K</p>	<p>e. Usual sleep position: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>	<p>f. Was there a crib, bassinette or port-a-crib in home for child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>																								
<p>g. Child in a new or different environment than usual? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:</p>		<p>h. Child last placed to sleep with a pacifier? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>i. Was a fan being used in the room at the time of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, type:</p>																									
<p>j. Circumstances when child found:</p> <p><u>Child's position most relevant to death:</u></p> <p><u>Child's airway was:</u> <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K</p> <p><input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: <input type="radio"/> U/K</p> <p><u>With what objects or persons, check all that apply:</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Adult(s)</td> <td><input type="checkbox"/> Water bed mattress</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Child(ren)</td> <td><input type="checkbox"/> Air mattress</td> <td><input type="checkbox"/> Cord</td> </tr> <tr> <td><input type="checkbox"/> Animal(s)</td> <td><input type="checkbox"/> Bumper pads</td> <td><input type="checkbox"/> Plastic bag</td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td><input type="checkbox"/> Crib rail</td> <td><input type="checkbox"/> Wall</td> </tr> <tr> <td><input type="checkbox"/> Pillow</td> <td><input type="checkbox"/> Couch</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Comforter</td> <td><input type="checkbox"/> Chair, type:</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Mattress</td> <td><input type="checkbox"/> Car seat/stroller</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pillow-top mattress</td> <td><input type="checkbox"/> Stuffed toy</td> <td></td> </tr> </table>					<input type="checkbox"/> Adult(s)	<input type="checkbox"/> Water bed mattress	<input type="checkbox"/> Clothing	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Air mattress	<input type="checkbox"/> Cord	<input type="checkbox"/> Animal(s)	<input type="checkbox"/> Bumper pads	<input type="checkbox"/> Plastic bag	<input type="checkbox"/> Blanket	<input type="checkbox"/> Crib rail	<input type="checkbox"/> Wall	<input type="checkbox"/> Pillow	<input type="checkbox"/> Couch	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Comforter	<input type="checkbox"/> Chair, type:	<input type="checkbox"/> U/K	<input type="checkbox"/> Mattress	<input type="checkbox"/> Car seat/stroller		<input type="checkbox"/> Pillow-top mattress	<input type="checkbox"/> Stuffed toy	
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<input type="checkbox"/> Comforter	<input type="checkbox"/> Chair, type:	<input type="checkbox"/> U/K																										
<input type="checkbox"/> Mattress	<input type="checkbox"/> Car seat/stroller																											
<input type="checkbox"/> Pillow-top mattress	<input type="checkbox"/> Stuffed toy																											
<p>k. Caregiver/supervisor fell asleep while feeding child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, type of feeding: <input type="radio"/> Bottle <input type="radio"/> Breast <input type="radio"/> U/K</p>	<p>l. Child sleeping in the same room as caregiver/supervisor at time of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>m. Child sleeping on same surface with person(s) or animals(s)? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> With adult(s): #___ <input type="checkbox"/> #U/K Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="checkbox"/> With other children: #___ <input type="checkbox"/> #U/K Children's ages: _____ <input type="checkbox"/> With animal(s): #___ <input type="checkbox"/> #U/K Type(s) of animal: _____ <input type="checkbox"/> U/K</p>																										

2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?

☐ No, go to H3 ☐ Yes ☐ U/K, go to H3

<p>a. Describe product and circumstances:</p>	<p>b. Was product used properly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>c. Is a recall in place? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>d. Did product have safety label? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>e. Was Consumer Product Safety Commission (CPSC) notified? <input type="radio"/> No, call 1-800-638-2772 to file report</p>
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Preliminary CDR data

(November 15, 2010, 28 states, 30,920 infant deaths)

Infant's airway was fully or partially obstructed when found

CDR Team Findings	Suffocation		SIDS		Undetermined/ Unknown Cause		Total
Total Number of cases	1613		201		459		2273
Soft bedding* was relevant to death	716	45%	152	76%	282	62%	1150
Sharing a sleep surface** was relevant to death	719	45%	31	16%	169	37%	919

*Blanket or pillow or comforter or mattress or pillowtop mattress or waterbed or air mattress or bumperpad or stuffed toy or clothing.

** With adults, other children or animals



Infant's Sleep Place

Incident Sleep place	Suffocation	SIDS	Undetermined/ Unknown Cause	Total
Total number of Cases	1613	201	459	2273
Crib	135	55	63	253
Bassinet	65	17	34	116
Couch	259	12	63	334
Adult Bed	810	90	228	1128
Other	277	27	66	370
Unknown	67	0	5	72

~50%

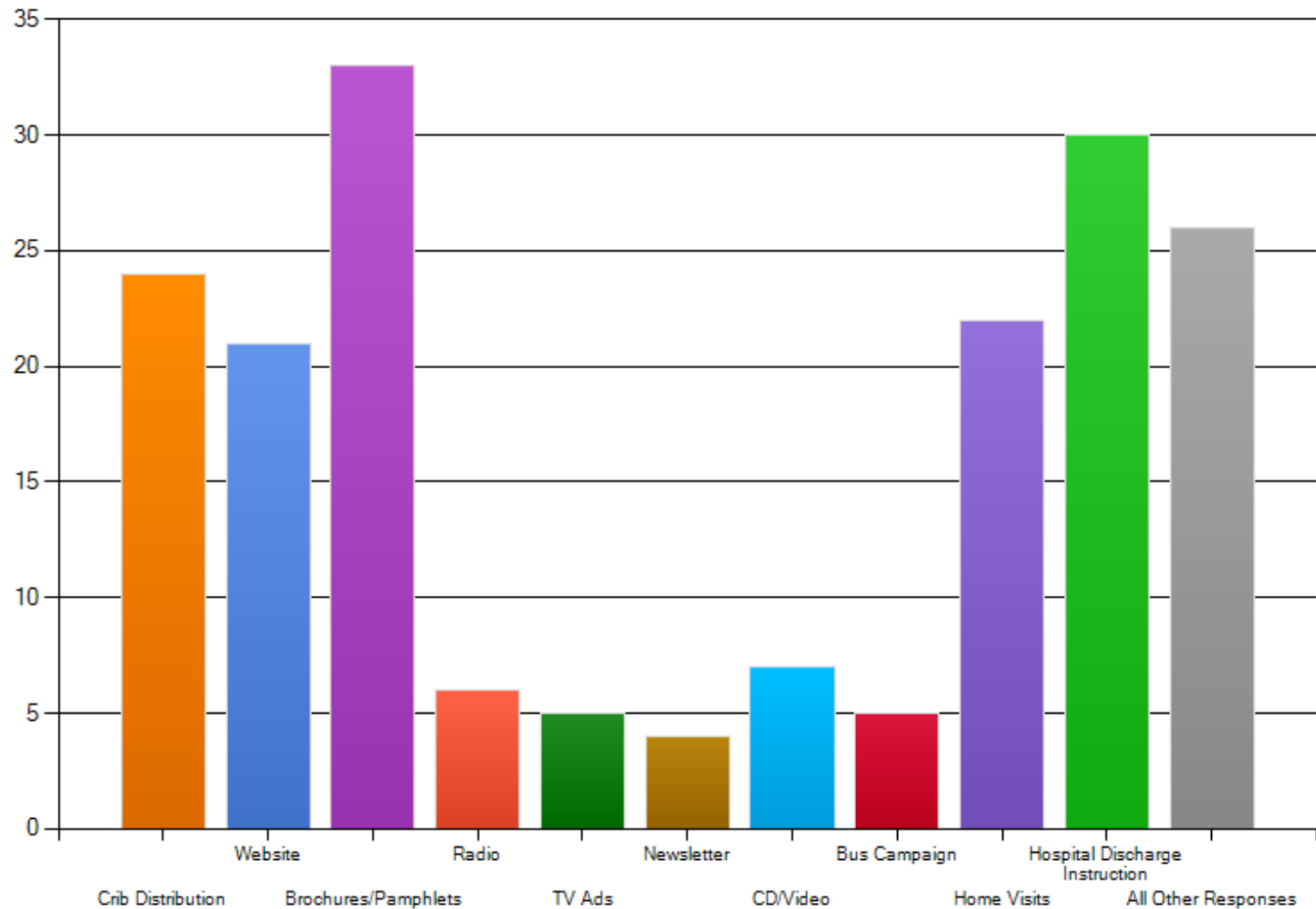


So What are States Doing?



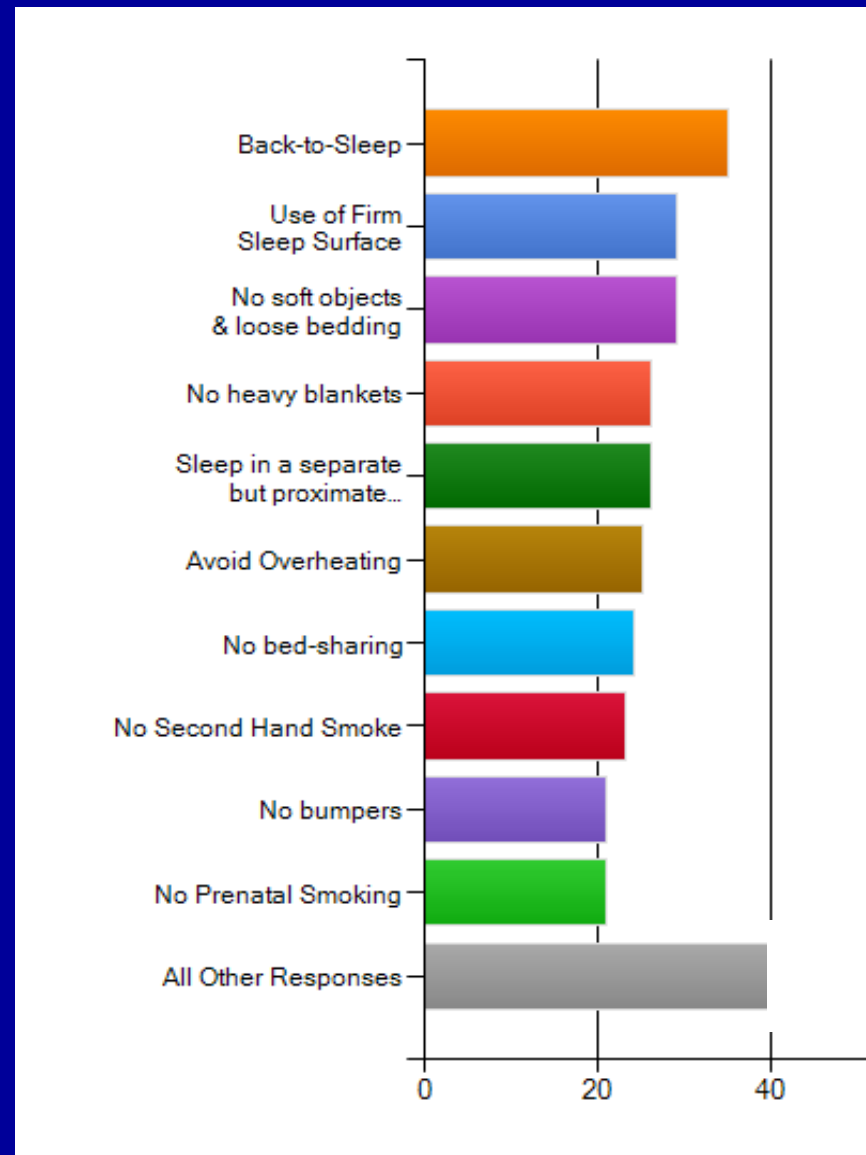
37 States with Safe Sleep Promotion Activities

What are these activities?



Differences in Messaging

What AAP Message
Do You Explicitly
Include in Your
State's Messaging?
N=37



- ★ A Crib
- ★ A Mattress
- ★ A Tight-Fitting Sheet
- ★ A Baby Placed on his Back to Sleep

Because babies who sleep alone in a crib without bumper pads, blankets, toys, or pillows are LESS likely to die from SIDS.

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 "SMITH'S EMPLOYMENT"

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 Ryan K. Riba
donnab@mulvaklee.com
www.mulvaklee.com

8 1 2 02

- 1 baby on back
- 2 alone
- 3 in a safe crib

To learn more, call 1-800-432-7437 (SIDS of Illinois) or visit www.sidsillinois.org

- **Your baby should always sleep on his or her back for naps and at night.** The back sleep position is the safest. There is no increased risk of choking on vomit. Make sure anyone who takes care of your baby knows this.

- **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or chair with adults or other children. If you bring the baby to bed with you to breastfeed, return him or her to a separate sleep area—crib, bassinet or cradle.
- **Place your baby on a firm sleep surface,** such as on a safety-approved crib mattress covered by a fitted sheet. Never place your baby to sleep on a couch or on pillows, quilts, sheepskins or other soft surfaces.



- **Keep soft objects, toys and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts or pillow-like bumpers in a baby's sleep area, and keep soft items away from the baby's face.
- **Never allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.

- **Provide "tummy time"** by placing your baby on his or her stomach when your infant is awake and someone is watching. This reduces the possibility that flat spots will develop on a baby's head and helps develop neck and stomach muscles.

- **Be careful about breastfeeding in bed** or in any situation where you may fall asleep with your baby while breastfeeding. Never take prescription medicine, drugs, or alcohol that might make you drowsy or impair your judgment when breastfeeding and always put your baby back in his or her own crib or bassinet before you fall asleep.

REMEMBER to share this information with everyone who cares for your baby including grandparents and other family members, friends and child care providers.



- **Never let your baby get overheated.** Dress your baby in light sleep clothing and keep the room at a temperature that is comfortable for you. If needed, natural fiber blankets are best.
- **Don't use products just because they claim to prevent SIDS.** No baby monitor or other device can prevent SIDS. If you have questions about the use of monitors for other conditions, talk to your health care provider.





Lots of Target Populations

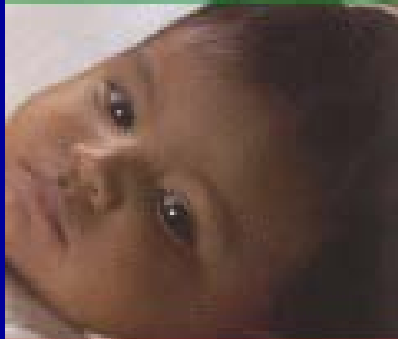
Niños para nuestro Futuro...

**Seguridad
para cuando
duerma el
bebé**




Sistema de Revisión
de Mortalidad Infantil en Alabama

**Save A
Life,
Sleep
Right.**




**Protect Your
Baby's Life.**

**Puaj
Phais
&
Tsaug
Zog**



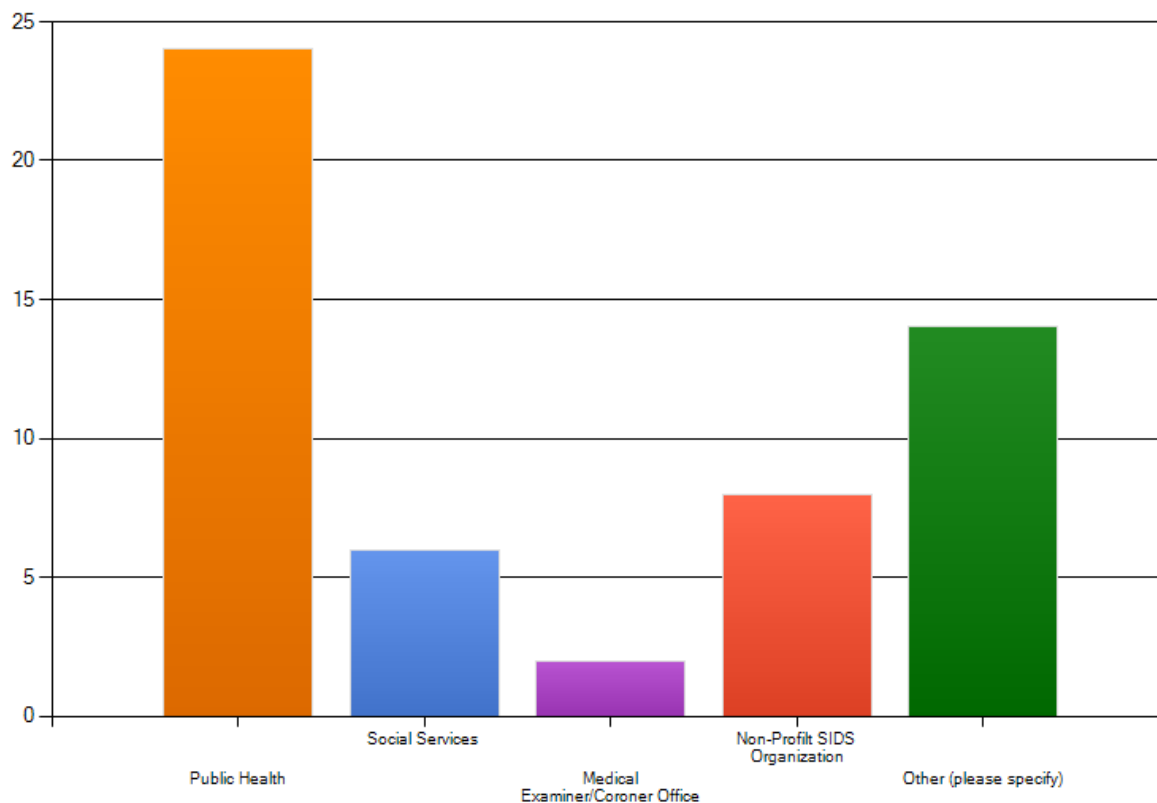
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Lead Agencies

Who is the lead agency in your state conducting activities related to safe infant sleep, SIDS and/or SUID risk reduction.



Other:
Multi-agency
coalitions



Lots of Partners

I want to

Don't sleep with me in a bed, sofa or chair.
I need to sleep alone in my crib.

Don't smoke anywhere near me.
I need clean air.

Share only your love.



Delaware's Multi-Agency Mass Media effort



SIDS Center of New Jersey

Institutionalizes Safe Sleep Messages and Policies by Working With:

- State Child Protection Services
- Primary Care Centers including Federally Qualified Health Centers
- Nursing staff in Newborn and Neonatal Intensive Care Units
- Maternal and Child Health Consortia
- Child care programs
- Education programs for pediatricians, family practitioners, trainees

SAFE SLEEP FOR YOUR BABY
REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME

DO NOT USE PILLOWS, QUILTS, LOOSE BEDDING OR STUFFED ANIMALS IN THE CRIB

BABIES SHOULD SLEEP IN THEIR OWN CRIB

PLACE YOUR BABY ON HIS OR HER BACK TO SLEEP

USE SLEEP CLOTHING SUCH AS A ONE-PIECE SLEEPER INSTEAD OF A BLANKET

IF YOU ARE A PARENT, A FAMILY MEMBER WHO BABYSITS, OR IF YOU PROVIDE CARE TO INFANTS IN YOUR HOME:

- ALWAYS PLACE BABIES ON THEIR BACKS TO SLEEP FOR NAPS AND AT NIGHT.
- DO NOT LET ANYONE SMOKE NEAR THE BABY.
- USE A FIRM MATTRESS IN A SAFETY APPROVED CRIB. COVER THE MATTRESS WITH A FITTED SHEET.
- KEEP ALL SOFT OBJECTS, PILLOWS, STUFFED ANIMALS AND LOOSE BEDDING OUT OF BABY'S CRIB.
- KEEP YOUR BABY'S SLEEP AREA CLOSE TO BUT SEPARATE FROM WHERE YOU AND OTHERS SLEEP. BABIES SHOULD SLEEP IN THEIR OWN CRIB AND NOT WITH OTHER ADULTS OR CHILDREN.
- USE A ONE-PIECE SLEEPER INSTEAD OF A BLANKET.
- CONSIDER GIVING YOUR BABY A CLEAN, DRY PACIFIER WHEN YOU ARE PUTTING HIM/HER TO SLEEP.*
- DO NOT LET YOUR BABY OVERHEAT DURING SLEEP.
- BE SURE THAT NOTHING COVERS THE BABY'S FACE.

* IF YOU ARE BREASTFEEDING, WAIT UNTIL YOUR BABY IS ONE MONTH OLD BEFORE GIVING HIM/HER THE PACIFIER.

Do not forget "Tummy Time" when the baby is awake and is being watched.

HAVE QUESTIONS? PLEASE CONTACT
SIDS Center of New Jersey
800-545-7437
Fax: 732-235-6609 SCNJ@umdnj.edu

SCNJ
Dedicated to the provision of bereavement service, community outreach, risk reduction and research.

This material was prepared in June, 2010 and is based on the most recently issued guidelines of the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome & the related Safe Sleep for Your Baby education program of the National Institute of Child Health & Human Development.



Infant Mortality Reduction Initiative

- [Infant Mortality Home Page](#)
- [MN Safe and Asleep Campaign](#)
- [Order Infant Sleep Safety Educational Materials](#)
- [Preconception and Interconception Health](#)
- [Resources](#)

Maternal & Child Health

More from MDH

- [Positive Alternatives](#)
- [Postpartum Depression Education Materials](#)
- [Shaken Baby Syndrome Prevention Materials](#)

Minnesota's Safe and Asleep Campaign

Annually, 40 or more otherwise healthy Minnesota babies die of sleep-related unintentional injuries while sleeping in unsafe conditions such as in an adult bed or on a sofa with parents or older children. Babies become tangled in bedding, get stuck under pillows, or trapped between a sleeping adult and cushions of a sofa or recliner. Sometimes their own sleeping parents roll over on them unintentionally, causing death from suffocation and chest compression.



Minnesota's *Safe and Asleep in a Crib of Their Own* Campaign was launched in July 2007, and continues as a partnership between the Maternal and Child Health Section of the Minnesota Department of Health and the Minnesota Sudden Infant Death Center of Children's Hospitals and Clinics. Additional partners include the Department of Human Services Child Mortality Review Panel, the Minnesota Association of Coroners and Medical Examiners, Twin Cities Healthy Start, the Cradle Minnesota Chapter of the American Academy of Pediatrics and local public health departments.

[View Document](#) [Safe and Asleep Campaign Press Release, July, 2007 \(PDF: 53KB/2 pages\)](#)

[View Document](#) [MN Coroners and Medical Examiners' letter to providers, July, 2007 \(PDF: 10KB/1 page\)](#)

The American Academy of Pediatrics recommends that all infants sleep on their back in an approved crib and in a smoke-free environment to reduce the risk both of Sudden Infant Death Syndrome (SIDS) and preventable injury deaths.

Educational Materials

[Download or order educational materials](#) from the MDH Maternal and Child Health Section to get safe infant sleep messages for parents and other caregivers. Other recommended materials can be found at <http://www.nichd.nih.gov/publications/> including magnets and the general outreach door hanger which MDH no longer has available.

Additional Educational Materials

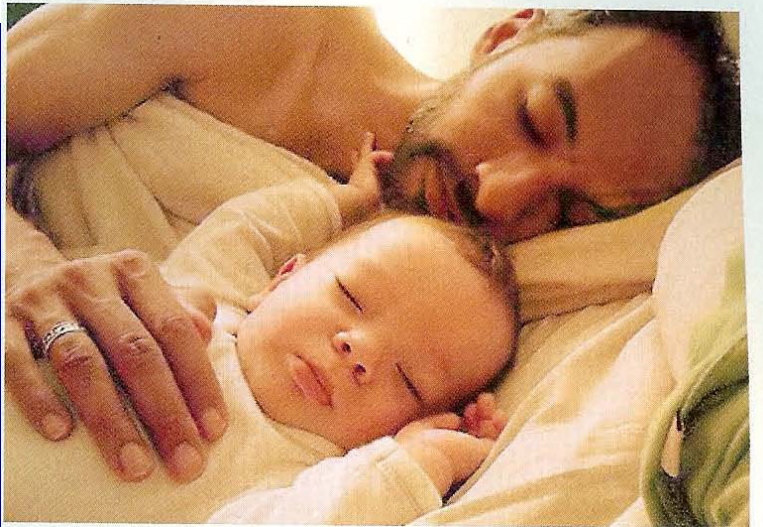
The educational materials below are also recommended and available in the public domain and can be downloaded.



Messaging Can Be Inconsistent

THE SOLACE OF THE family bed

A renowned doctor
reassures parents that
infant night waking is normal.
And it's safe to sleep with your kids.



Tips for caregivers

Follow these recommendations to help reduce the risk of sudden infant death syndrome and prevent accidental deaths:

- Babies should sleep on their backs (not stomach or sides), whether sleeping day or night.
- Keep loose or fluffy bedding away from the infant and his/her sleep area, and use a firm, tight-fitting mattress.



If Babies
Could Talk



Safe Sleep: a State's Perspective of Linking MCH and Injury Prevention and SUID Case Registry

INFANT SUFFOCATION DEATHS IN THE SLEEP
ENVIRONMENT WEBINAR

March 24, 2011



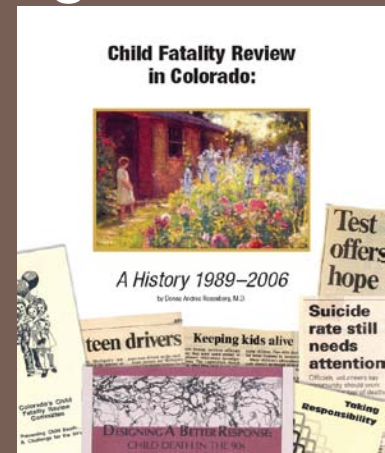
Lindsey Myers, MPH
Colorado Department of Public Health and Environment

Colorado Child Fatality Prevention System



73

- Began in 1989
- Legislatively mandated in 2005
 - 45 member State Team
 - Review deaths of all children under age 18
 - Understand the causes of child deaths
 - Make recommendations for policy changes
- Currently reviewing 2008 deaths



Colorado SUID Case Registry



74

- Case Identification: Death Certificates—2010 & 2011 deaths
- Data collection
 - ▣ Coroner Reports and Autopsies
 - ▣ Law Enforcement
 - ▣ Medical Records
 - ▣ Child Protective Services
- Case abstraction
- Multidisciplinary review of circumstances
- Identify factors that contributed to or caused death
- Identify prevention strategies

2010 SUID Cases



75

- 2010 cases identified to date = 51
- Common Risk Factors
 - ▣ Bed-sharing
 - ▣ Soft-bedding
 - ▣ Unsafe sleep position

Prevention Recommendations



76

- Systems
 - ▣ Death Scene Investigations
 - ▣ Autopsies
 - ▣ State Agencies
- Policy and Legislation
- Community Level
 - ▣ Education campaigns and programs



Investigation Recommendations



77

- Use the SUIDI-RF for all child deaths
- Doll reenactment
- Training for lay coroners and hospital pathologists regarding the national recommendation for child deaths to be investigated by forensic pathologists
- Training for law enforcement regarding how to look for evidence of suffocation
- Take the actual temperature of the room, rather than make an estimated guess

Autopsy Recommendations



78

- Clarify the Nation Association of Medical Examiners “autopsy standards” to define what a “complete autopsy” means and what test should be run
- Educate coroners about filling out death certificates correctly, and about the danger of using the term SUDI
- Toxicology screens for all infant deaths

Prevention Recommendations



79

- Safe sleep statewide campaign and education—multilingual and multicultural
- Professional education for hospital nurses and home visitation nurses
- Professional education for social workers during new DHS Training Academy
- Safe sleep education during home assessments for child placement
- Start a Cribs for Kids Program
- Expand nurse home visitation programs to serve more families



80

Local Safe Sleep Campaigns

El Paso/Teller County CFR Safe Sleep Campaign



81

- ❑ Collaboration between the local CFR Team and two local hospitals
- ❑ Training for health care providers and child care providers on safe sleep
 - ❑ Co-messaging with abusing head trauma program
- ❑ Posters
- ❑ Billboards
- ❑ Radio Spots
- ❑ Education programs through churches
- ❑ Local Health Fairs



Reduce the Risk of SIDS
For infants who are younger than 1 year old

Babies should sleep:

- ✂ Alone on their backs
- ✂ Alone in a crib or bassinet
- ✂ In an approved crib with a firm mattress and a tight fitted sheet, NOT on soft surfaces like couches, chairs, bean bags or water beds
- ✂ Without soft objects such as pillows, blankets or soft toys in their cribs
- ✂ At a comfortable temperature, dressed appropriately so he/she doesn't get too hot
- ✂ In a smoke free environment

To learn more about other safe sleep recommendations such as the use of pacifiers and tummy time, visit ElPasoCountyHealth.org



Mesa County CFR Safe Sleep Campaign



82

- ❑ Does not use the term SIDS in campaign
- ❑ Press releases
- ❑ Flyers distributed to WIC, Nurse Family Partnership, and doctors offices
- ❑ 30 minute segment on government access channel featuring the coroner, law enforcement, and pediatricians
- ❑ Letter sent to health care providers to encourage them to adopt a policy to discuss safe sleep with patients
- ❑ Print and Radio ads



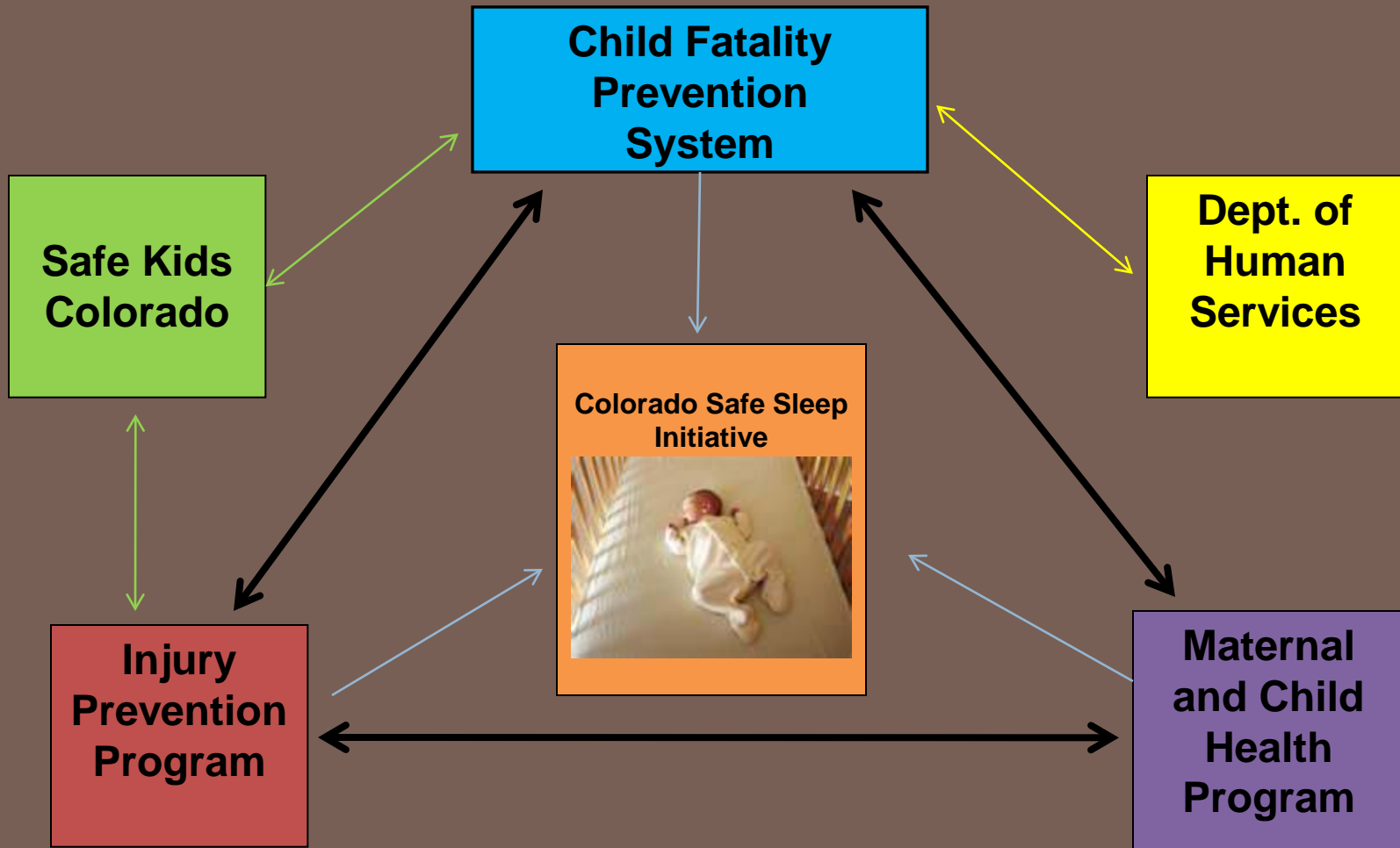


83

Statewide Safe Sleep Initiative

Linking MCH, IP, and CFPS

84



Colorado Safe Sleep Initiative



85

- Collaboration with Safe Kids Colorado, based out of The Children's Hospital
- Interest in creating a unified statewide approach
- Safe Sleep Summit held in January 2011
 - ▣ Reviewed data from CFPS
 - ▣ Learned about local safe sleep programs
 - ▣ Round Table Discussions

Safe Sleep Partners



86

- ❑ Child Fatality Prevention System Review Team
- ❑ State MCH program
- ❑ Home visitation programs
- ❑ Local health departments (esp. MCH and injury prevention programs)
- ❑ Public health nurses
- ❑ Hospitals
- ❑ Community birthing centers
- ❑ Physicians
- ❑ Prenatal Plus Programs
- ❑ State child care licensing program
- ❑ Child welfare programs
- ❑ WIC agencies
- ❑ Colorado Breast Feeding Coalition
- ❑ Local Safe Kids coalitions
- ❑ Coroners
- ❑ County Attorney's Office

Challenges



87

- ❑ Inconsistent messaging coming from the health department
- ❑ Some lactation specialists do not agree with AAP recommendations
- ❑ Crib distribution controversial because of liability issues
- ❑ Due to shift in diagnosis from SIDS to undetermined or ASSB, some are reluctant to use national resources that link SIDS with safe sleep
- ❑ Limited funding
- ❑ Program evaluation is difficult

Round Table Discussions



88

- **Messaging**
 - ▣ AAP Guidelines
 - ▣ Bed-Sharing
 - ▣ Terminology (to use SIDS or not to use SIDS)
 - ▣ Culturally specific messages
- **Community Strategies**
 - ▣ Current opportunities/venues
- **Provider Strategies**
 - ▣ Child care
 - ▣ Health care
 - ▣ Social workers
- **Policy**
 - ▣ Training curricula (nurses, social workers)
 - ▣ Hospital policies

Safe Sleep Summit Outcomes



89

- Agreement that there is a need for a statewide Safe Sleep Initiative
- Agreement to use AAP Guidelines
- Commitment to participate
- Vision Statement Draft: A coordinated, collaborative statewide message and strategy to reduce sleep-related deaths among Colorado infants.

Next Steps



90

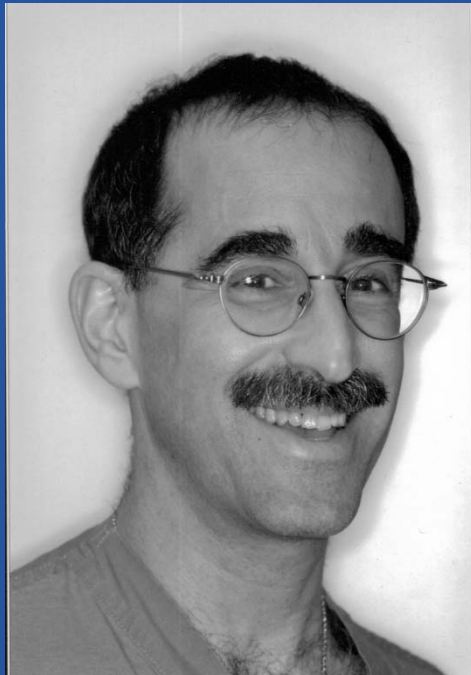
- Develop Statewide Safe Sleep Coalition
 - ▣ Initial Subcommittees
 - Data/Evaluation
 - Messaging
 - Funding
- Literature review on best practices
- Pilot hospital survey
- Develop consistent safe sleep messaging to be used by all partners
- Create statewide strategic plan to disseminate message
- Identify funding sources for implementation



Opportunities

91

- Data from SUID Case Registry Pilot will help develop stronger prevention recommendations
- Public/private partnership could be beneficial to fund prevention activities
- Funding through state MCH Program to help fund local level MCH programs work on safe sleep
- Partners around the state using the same language will making it easier for parents to understand safe sleep recommendations



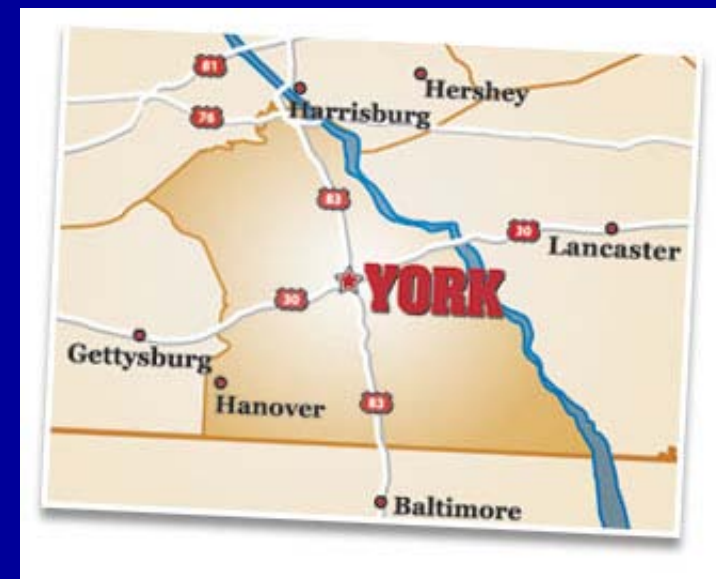
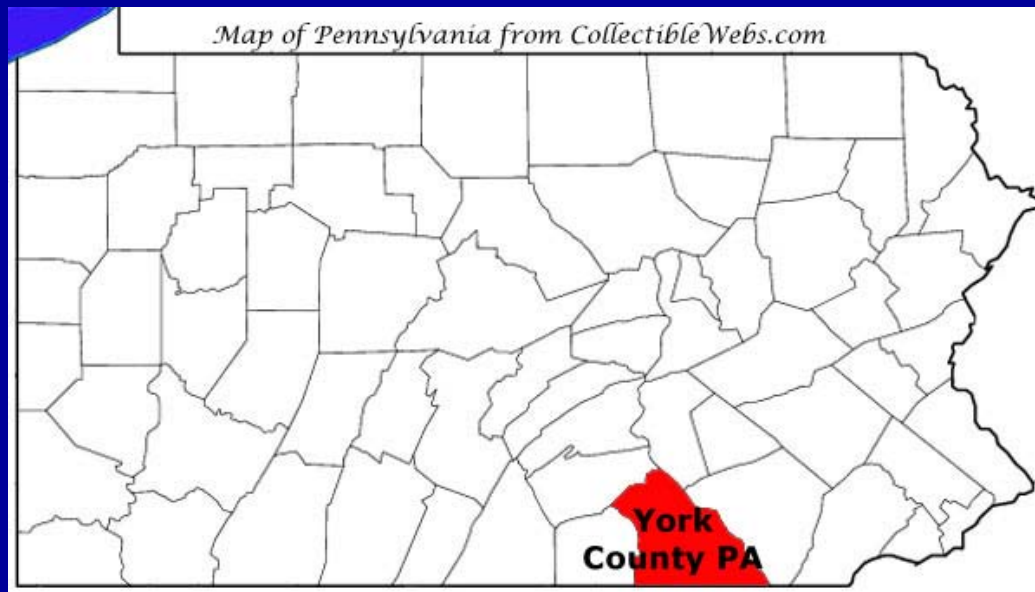
Creating a Hospital and Community Based Infant Safe Sleep Education and Awareness Program: The York Hospital Experience

Michael Goodstein, MD, FAAP



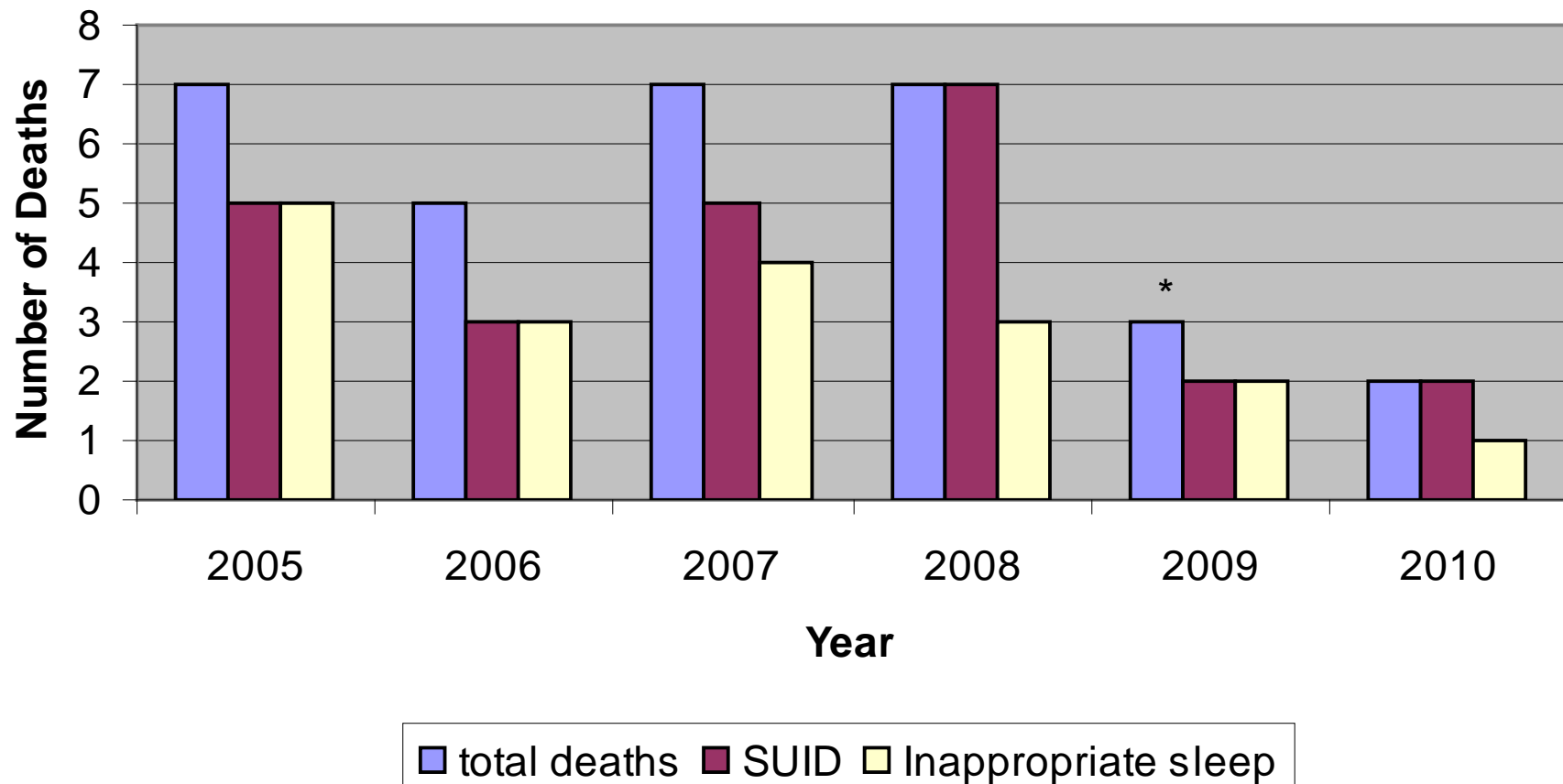
York, Pennsylvania

- Population base 425,000 (city 40,500)
- Inner city, suburban, and rural populations
- Almost 4,500 deliveries per year





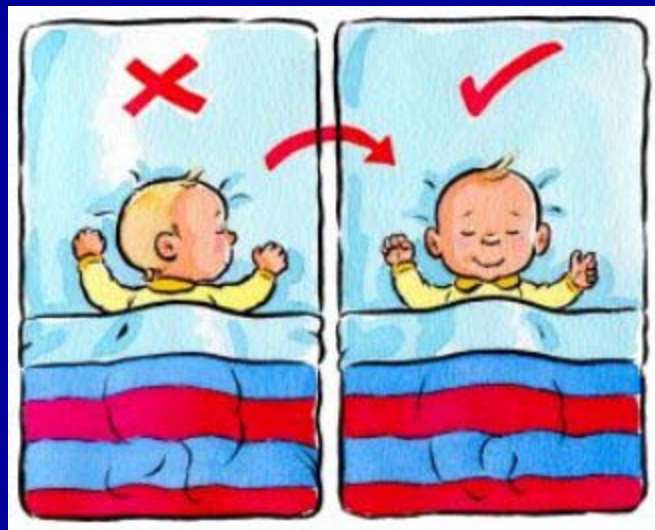
Infant Coroner Cases York Co. 2005-2010





Infant Sleep Safety

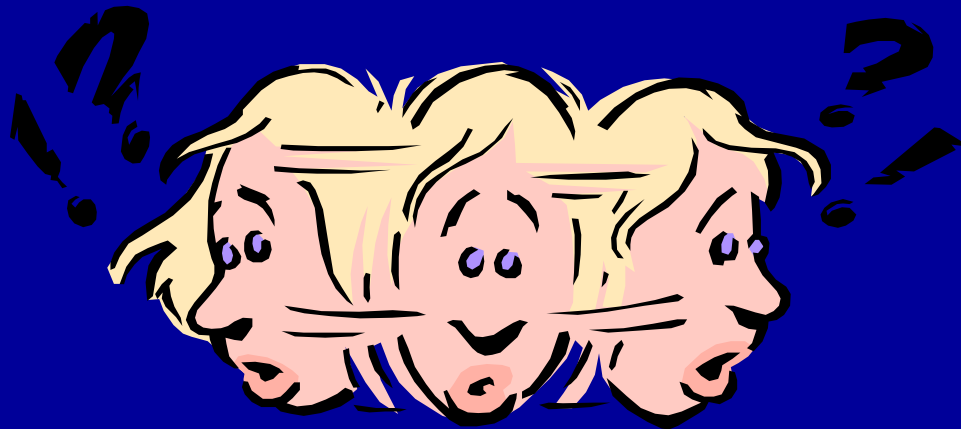
Requires a consistent and repetitive message in the community to prevent accidental deaths





Advice on Infant Sleep Safety: Who Do You Listen to...

- Family and Friends
- Doctors, Nurses, Lactation Counselors
- Magazines, Newspapers, Internet
- Oprah, Dr. Phil, Dr. Spock, Dr. Sears
- Grandma!!!





Why Develop a Hospital-Based Program?

- It is the only way to capture 100% of the birthing population for education
- It is the point of intersection for all the members of the health care team including obstetrician, pediatrician, nursing, and lactation counselor with family members
- Nurses are critical role models
- It is efficient and cost-effective



Hospital-Based Infant Safe Sleep Program

Goal: Reduce the risk of injury or death to infants while sleeping

- Provide accurate and consistent infant safe sleep information to hospital personnel
- Enable hospitals to implement and model infant safe sleep practices throughout the facility
- Provide direction to health care professionals so parents receive consistent, repetitive safe sleep education



A Model Program

- Replicate Shaken Baby Program (now called abusive head trauma)
- 50% reduction in shaken baby injuries reported by Dr. Dias (Peds April 2005)
- Program Components:
 - DVD presentation on infant sleep safety
 - Face-to-face review with nursing staff
 - Sign voluntary acknowledgement statement





Infant Safe Sleep DVDs





Parent Education

- Prior to discharge, all parents view the Safe Sleep DVD
- Nurse modeling of safe sleep environment
- Review of the “Safe Sleep for your Baby” pamphlet.
- Confirm there is a safe place for the baby to sleep. If not, social work referral to obtain a Pack ‘N’ Play.





Voluntary Acknowledgment Statement

.... that I have received this information and understand that babies should sleep on the back, and that sleeping with my baby increases the risk of my baby dying from SIDS.

- An acknowledgement form only
- Focuses family on the importance of the information
- Not for legal purposes



Infant Safe Sleep Program: Supplemental Components

- Posters placed prominently in every labor, maternity, and pediatric room, offered to all OB, Peds, FP offices
- Sleep sacks available for purchase at discount at gift shop and lactation center
- Display nursery: Infant Sleep Safety Center
- Hospital phone service (on-hold message)



Safe Sleep Posters

Wrong Right

Four ways to help reduce the risk of Sudden Infant Death Syndrome



1 Face up to wake up - healthy babies sleep safest on their back.



2 Place baby in a crib meeting Consumer Product Safety Commission crib safety standards; **do not** place pillows, quilts, bumpers, toys, or anything in the crib.



3 If a light blanket is needed, securely tuck all sides along bottom half of crib, below baby's arms. Make sure baby's feet are at bottom of crib.



4 Supervised tummy time during play is important to baby's healthy development.

Face up to wake up™

York County Cribs for Kids

812-7427 or 81-CRIBS

Created as a public service by Della Femina Rodachild Jeary and Partners

202 10/20/06

Incorrecto Correcto

Cuatro maneras para ayudar a reducir el riesgo del Síndrome de Muerte Súbita del Lactante



1 Boca arriba para despertar - los bebés saludables duermen con mayor seguridad al ponerlos boca arriba.



2 Ponga al bebé en una cuna que cumpla con las normas de seguridad de las cunas dictadas por la Comisión de Seguridad de Productos al Consumidor; **no** ponga almohadas, colchas, topes, juguetes ni nada en la cuna.



3 Si se necesita una manta liviana, inserte firmemente todos los lados a lo largo de la mitad inferior de la cuna, pasándola por debajo de los brazos del bebé. Revise que los pies del bebé queden al final de la cuna.



4 El tiempo boca abajo con supervisión al jugar es importante para el desarrollo saludable del bebé.

Boca arriba para despertar™

York County Cribs for Kids

812-7427 or 81-CRIBS

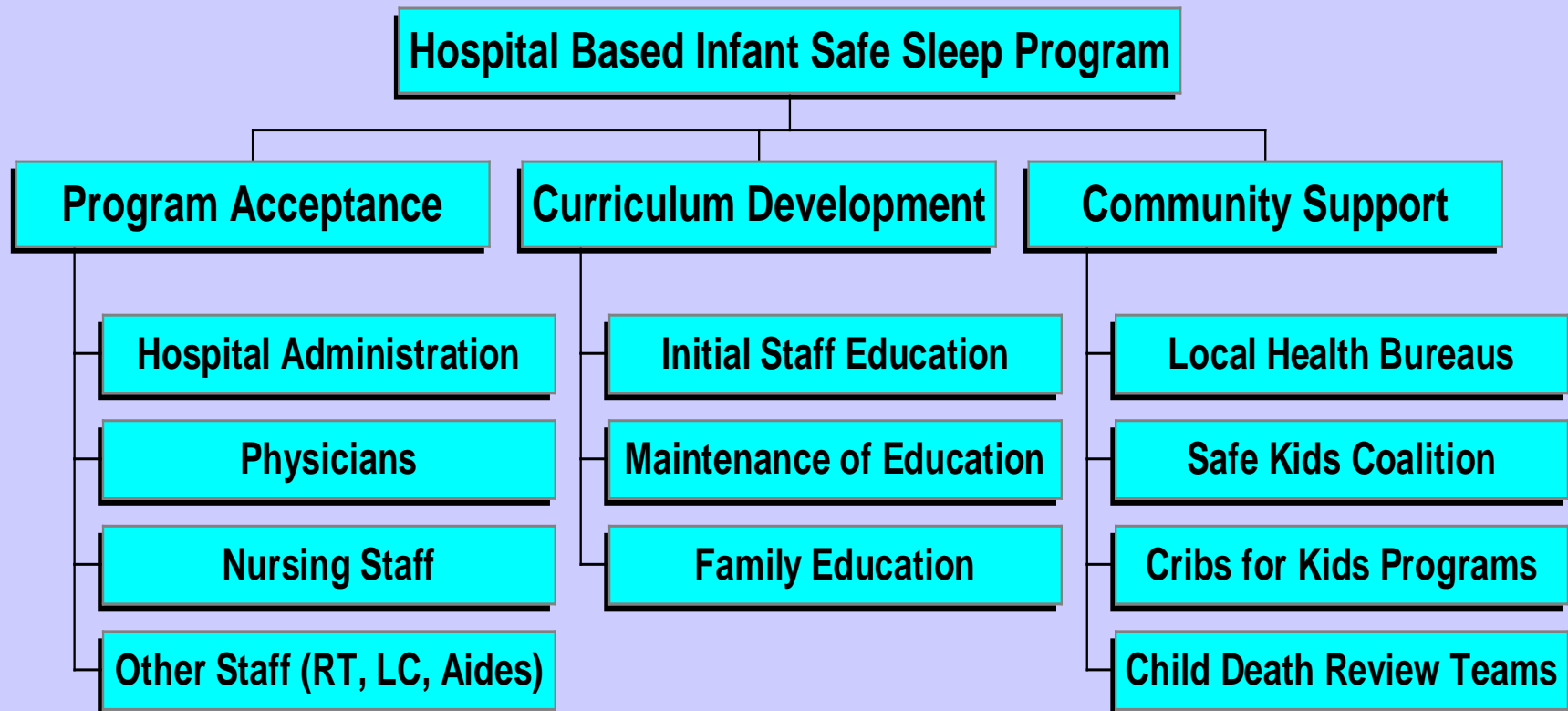
Created as a public service by Della Femina Rodachild Jeary and Partners

202 10/20/06

Model Nursery/Infant Sleep Safety Center



Organizational Chart for an Infant Sleep Safety Program





Presentation for Administration

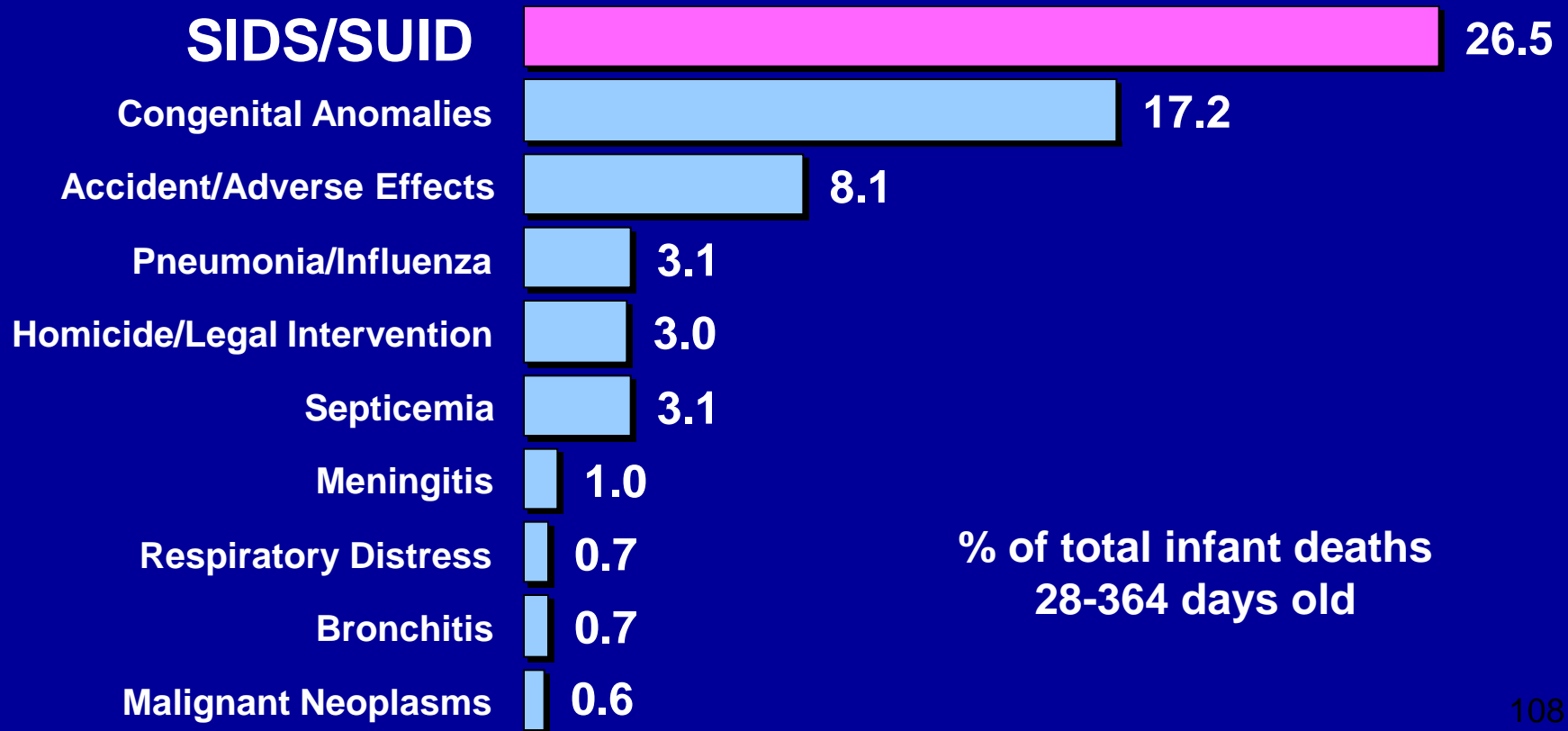
- Support from physicians already knowledgeable about SIDS/SUID
- Scope of problem: National and local statistics
- Logistics of program: A successful program model that has produced excellent public health results
- Cost-effectiveness



Infant Mortality Statistics

SIDS - United States 1999

The major cause of infant death after the first month

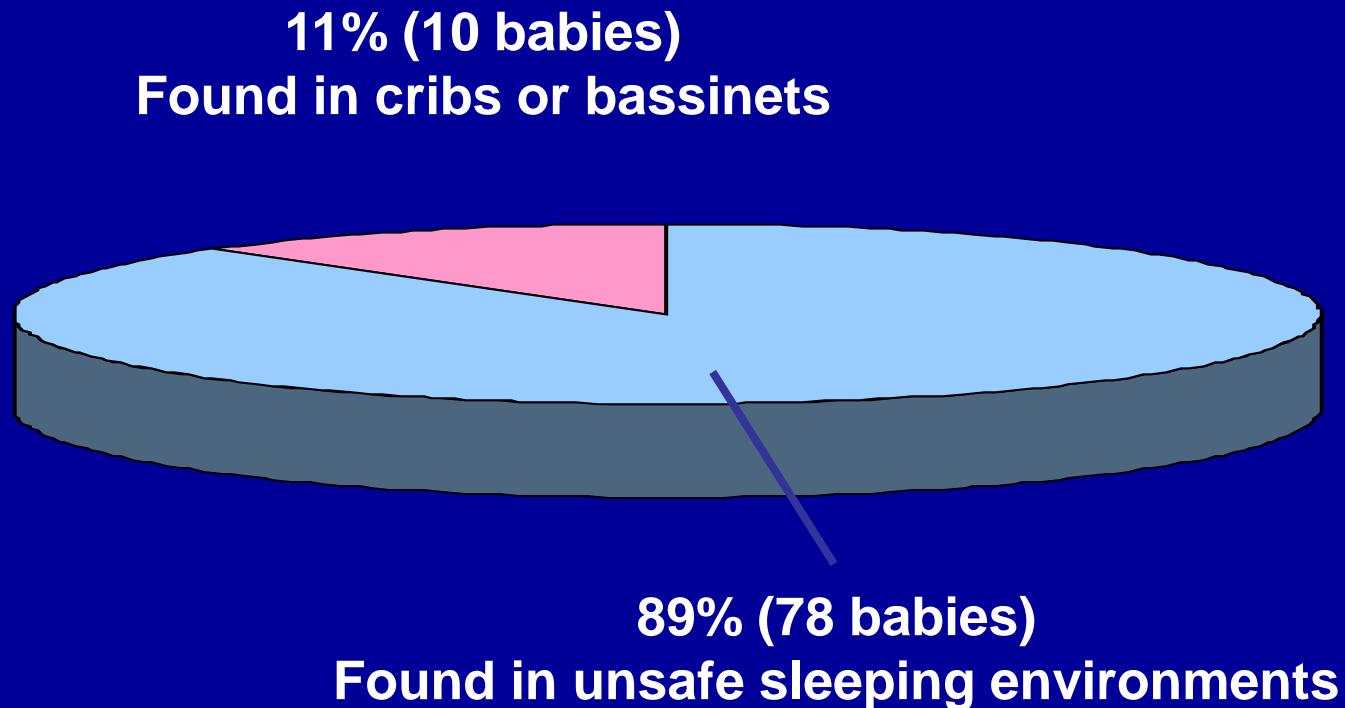


Staff Acceptance “Buy-In”

- Pediatric and NBN nurses with knowledge about SUID make quick allies
- Resistance to “another program” is easily overcome by:
 - Concept of a program to reduce infant mortality locally
 - Use of statistics
 - Use of Evidence-Based Medicine

Allegheny County, PA

Study of 88 SIDS Deaths, 1994-2000





Nursing Buy-In

- Nurse Managers: NBN, ICN, L&D, Pediatrics, ED
- Discussions at staff organizational levels: multidisciplinary committees (neonatal care), nursing counsels (education, practice)
 - Nurse leaders: Support dissemination of program concept to general staff
 - Follow-up discussions at nurse staff meetings, reinforcement through e-mail



Healthcare Provider Education

- Develop an infant sleep safety policy for the hospital:
 - Set the standard of care at the institution
 - Sample policies on the Allegheny County Dept of Health and First Candle websites
 - York Hospital policy modified the Allegheny sample and was merged with existing policy
 - Finalized through newborn and pediatric hospital committees



Hospital Nursing Education

- In-service lectures vs. computer-based training
- Lecture compliance may be difficult if not mandatory...non-productive hours
- Computer-based easier to do, but teaching may be less effective
- Provided CME credits





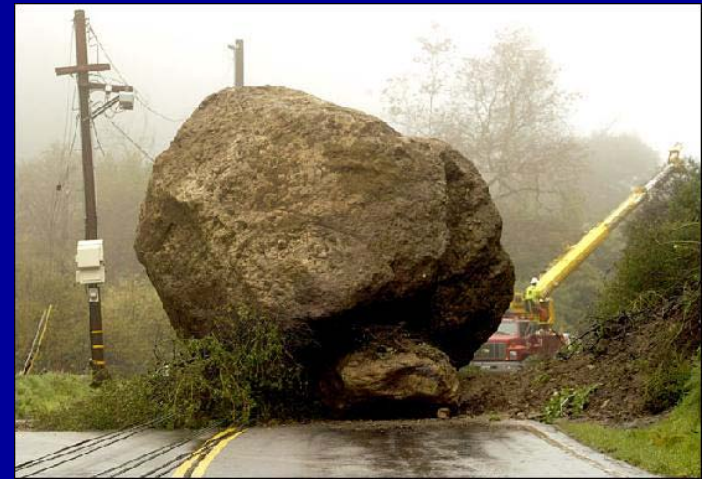
Hospital Nursing Education

- Core group of volunteers to provide lectures
- Developed PowerPoint presentation and had practice sessions
 - Materials included: AAP SIDS policy statement, NIH materials, Cribs for Kids lecture materials
- Supplemental poster boards in clinical areas
- Mandatory viewing of Safe Sleep DVD
 - Reinforce materials, know what parents will see



Avoiding Potential Pitfalls

- Focus on back vs. side sleeping and fear of aspiration
- Claims made against the program:
 - Anti-bonding
 - Anti-breastfeeding
- Focus on evidence-based medicine
 - Eliminate emotion





Maintenance of Education

- Safe sleep toolkit at nurses' stations (modified from Allegheny county)
 - Hospital safe sleep policy
 - Review of appropriate practices
 - Discussion points to review with families
- Informational flip charts (scripted prompts, stats)
- Computer-based review course with test as part of yearly competencies





Healthcare Provider Education: In the Community

- Went into local physician offices to lecture during staff meetings
 - Pediatric and obstetrical
 - OB office visits focused on prenatal educators
 - Provided posters and teaching materials
 - Discussed bad information in free magazines
- Family Practice Grand Rounds
- Emergency Department Education
- VNA
- Red Cross Educators
- Prenatal Class Educators



Anticipated Outcomes

- Back to Sleep Campaign – 50% reduction in SIDS (compliance 87%)
- Shaken Baby Program- 50% reduction in abusive head trauma injuries
- Some SUID experts estimate up to 90% of these deaths are related to suffocation
- Reasonable expectation of up to 50% reduction in SIDS/SUID events



\$\$\$ Cost of Program \$\$\$

- DVD- Safe sleep for your baby – right from the start- \$20
- Voluntary commitment statement – paper supplies
- Safe sleep toolkit – more paper supplies
- Safe sleep educational brochures – free from NIH
- Computer-based training – no charge
- Volunteerism – to assist with in-services



Infant Safe Sleep Program Results

- 6 months baseline; 6 months intervention
- 2,725 healthy deliveries, 2,256 surveys
- Excellent knowledge base about sleep environment (94-99% supine, 99% crib)
- Knowledge does not equal intent (15% drop)



Infant Safe Sleep Program Results

- Improvement after program intervention
- Intention to follow through with:
 - Supine sleep position increased from 82% to 97% ($p < .01$)
 - Crib or bassinette use increased from 81% to 92% ($p < .01$)



Results of HCP Education

- Understanding of the AAP guidelines increased from 75% to 99% ($p < 0.01$)
- Agreement with all of the AAP guidelines increased from 88% to 94% ($p = 0.049$)
- Staff adequately trained about ISS increased from 43% to 99% ($p < 0.01$)



Conclusions

- A hospital-based community-wide Infant Sleep Safety program can be maintained successfully at minimal cost.
- To be successful:
 - Identify infant sleep safety champions
 - Build consensus
 - Effort, time, and passion



Program Replication

- York Hospital
- Memorial Hospital
- Gettysburg Hospital
- Harrisburg Hospital (Pinnacle Health)
- Doylestown Hospital
- Hanover Hospital
- West Penn Hospital
- Forbes Hospital
- Sewickley Hospital
- Magee Women's Hospital
- Mercy Hospital
- St. Clair Hospital
- Franklin Square Hospital
- Williamsport Hospital
- *Lancaster Women and Children's Hospital
- *Heart of Lancaster Hospital
- *Geisinger Health System
- *Hershey Medical Center

Achieving a Cultural Shift on ISS





References and Contacts

- The American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics* 2005;116:1245-55.
- Colson et al. Trends and factors associated with infant sleeping position: The national infant sleep position study 1993-2007. *Arch Pediatr Adolesc Med* 2009;163(12):1122-1128.
- Kinney and Thach. Medical Progress: The sudden infant death syndrome. *N Engl J Med* 2009;361:785-805.
- Contact Information:
 - Michael H. Goodstein, MD, FAAP
Office of Newborn Medicine York Hospital
1001 S. George St.
York, PA 17405
717-851-3452
717-851-2602 (fax)
mgoodstein@wellspan.org



THANK YOU!!!





Cribs for Kids®

National Infant Safe Sleep Education and
Crib Distribution Program

Judy Bannon, Executive Director/Founder

www.cribsforkids.org





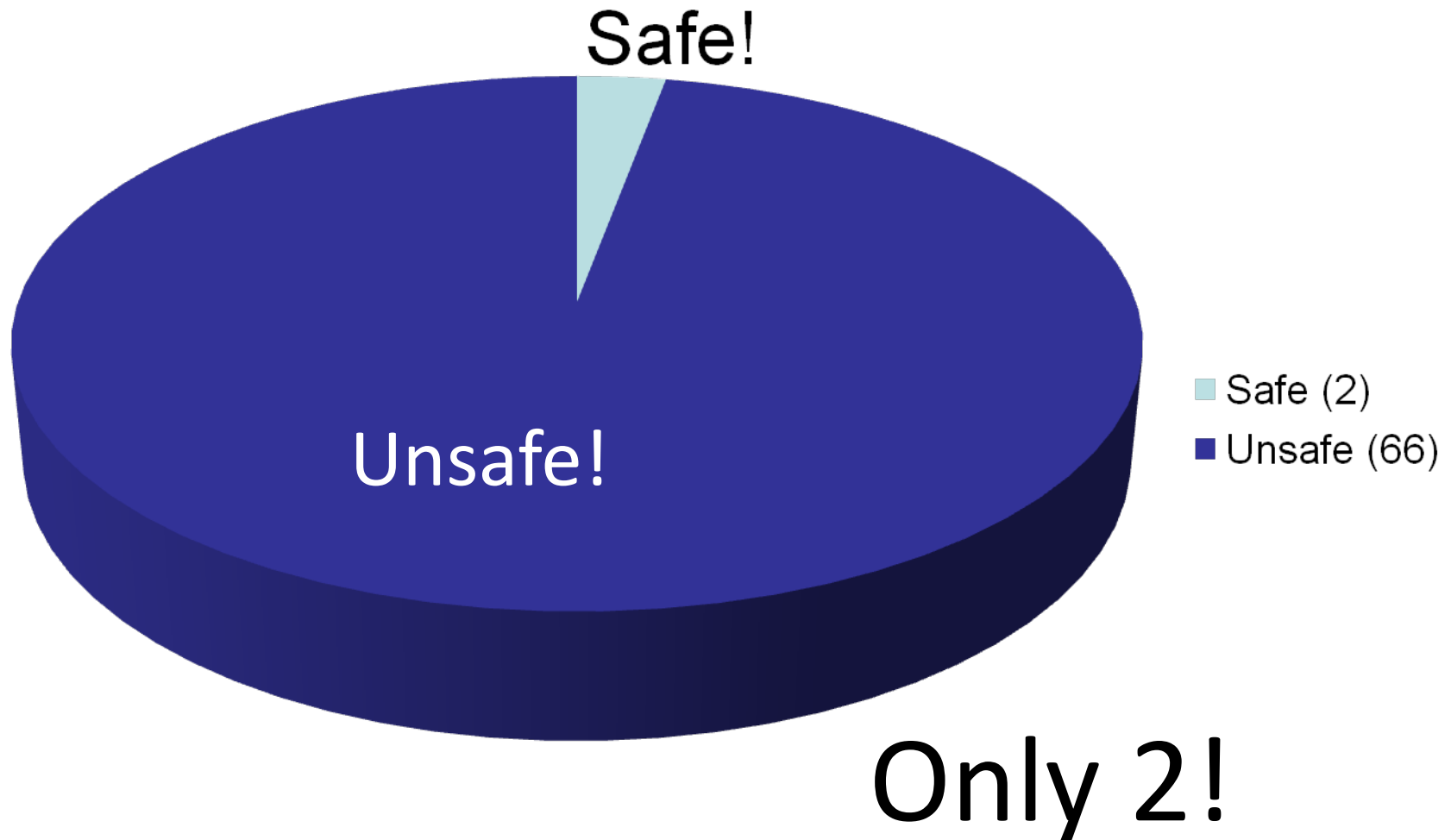
- Originated in Pittsburgh in Nov. 1998 through the combined efforts of District Attorney Stephen Zappala, Mayor Bob O'Connor, Cmdr. Gwen Elliott, and Judy Bannon (SIDS of PA)
- Steering committee consisting of public health, political and business leaders and child death review teams was formed



Of the 68 infant deaths between 2001-06, how many babies were in an ideal sleeping space?

(on the back, in a safe crib, no cigarette smoke, no soft bedding)

Allegheny County, Pittsburgh, PA



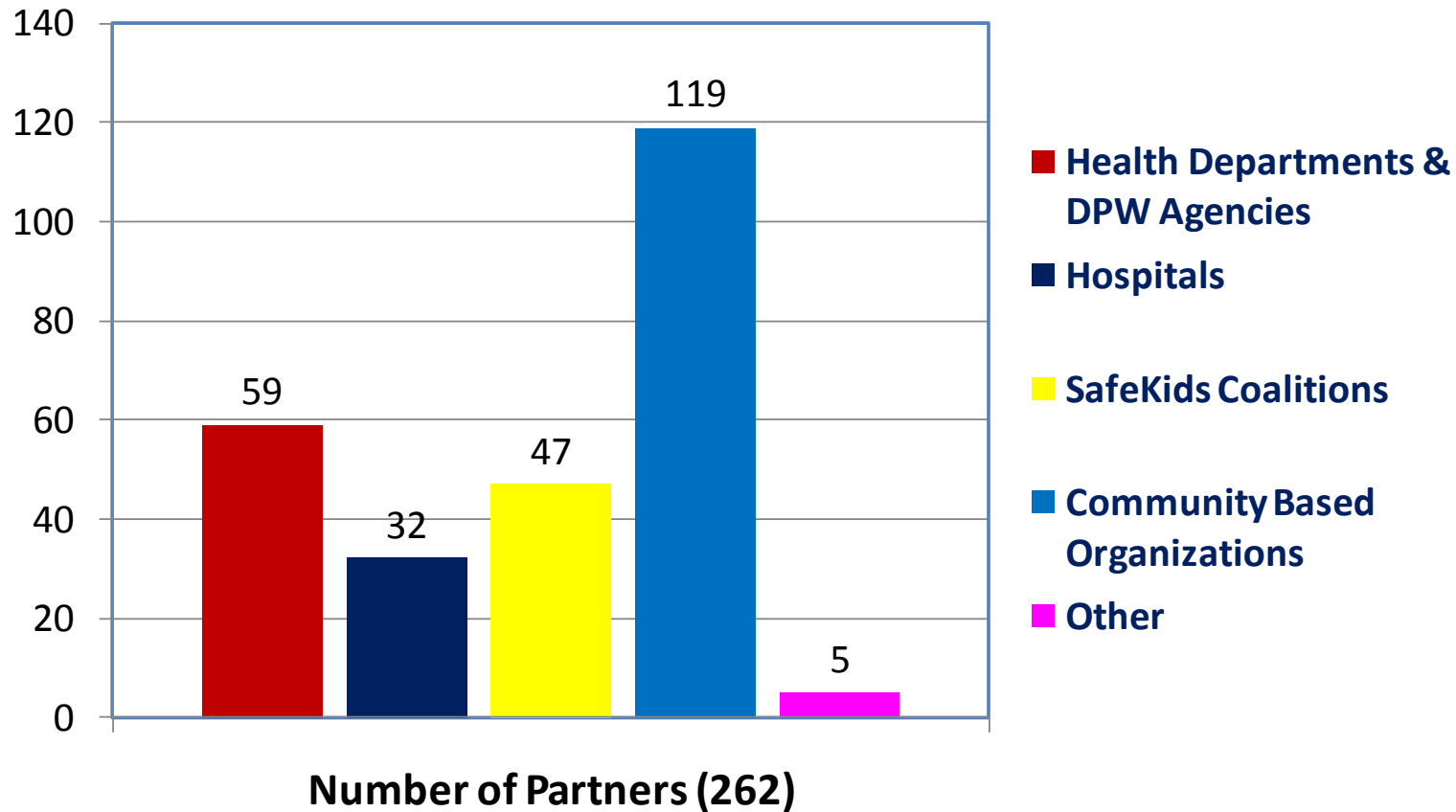


FACT!

The overwhelming majority of babies who die from SUID/SIDS are discovered in an unacceptable sleep position or sleep location!

The overwhelming majority of babies who continue to die from SUID/SIDS are African American babies!

National Cribs for Kids® Partners



SIDS is NOT Suffocation

Although SIDS is different from suffocation, all the measures we use for SIDS risk reduction, also help to prevent accidental deaths such as positional asphyxia, overlay, and entrapment.

These deaths are 100%
PREVENTABLE!




1 Baby sleeps in crib.

2 Baby sleeps on back.

3 Nothing in sleep area.

4 Baby's face uncovered.

5 No smoking around baby. 

6 Do not overheat or overdress.

7 Firm mattress, tight-fitting sheet.

Crib courtesy of Meyer's Toy World



Unsafe Sleep Environment







- Standardized materials
 - Safe-sleep brochures, posters, etc.
 - Training manuals
 - Standardized forms
 - Grant writing language
 - Current safe-sleep literature review
 - PowerPoint presentations
- National fundraising initiatives
- Crib distribution system
- Networking opportunities
- Ongoing support



Graco Children's Products

- In January, 2006, Cribs for Kids was made the exclusive commercial distributor of the Graco Pack n' Play



Pitt-Ohio Express

- In March, 2006 Pitt-Ohio Express partners with us and offers free shipping to partners across the country. They also donated a forklift to help with our shipping needs!



Cribs for Kids® Graco Pack 'n Play

Graco 'Pack n Play®' --
\$49.99

Our own C4K SKU number
Can not be returned to any retail
store
Safety approved
Portable
Compact
Easy to assemble



Cribs for Kids® Crib Sheet

with Safe Sleep Message
\$5.00 each



Portable Crib Sheet Design



HALO™ SleepSack™ Wearable Blanket

Replaces loose blankets in the crib, lessening the likelihood of babies getting blankets over or around their face.



Respironic Soothie Pacifier

\$1.50

Soothie® For Babies Without Teeth

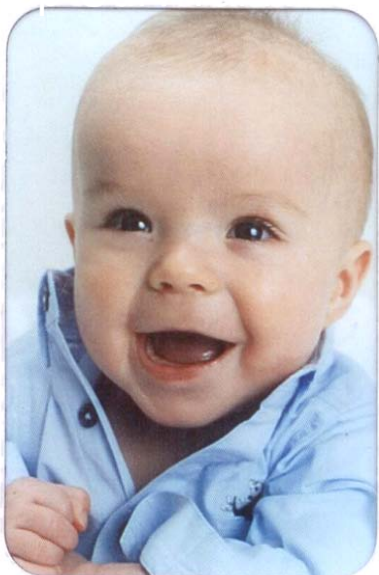
Soothie is a premium pacifier designed for newborns and babies without teeth who are successfully bottle or breastfeeding. Its one-piece construction adheres to the American Academy of Pediatrics guidelines



Respironic Pacifier



Keep me safe



**On my back
In smoke-free air**

¡Protegeme!

\$69.99



**Sobre Mi Espalda
En Un Ambiente Libre De Cigarrillo**

Safe-Sleep Survival Kit \$69.99





Please Keep Me Safe...

Back to Sleep

For naps & at night to reduce the risk of SIDS

*Now I lay me down to sleep,
Alone in my crib, without a peep.
On my back, in smoke-free air,
Thank you for showing me that you care.*



www.cribsforkids.org
1.888.721.CRIB





Becoming a Partner.... How do I begin?

Go to www.cribsforkids.org


Or

Call: 412-322-5680 Ext 3



Components of the 'Cribs for Kids®' Program

Application Form



*Cribs for Kids® Campaign
Application Form*

*Instructions: Print this form and fill it out in its entirety. Then sign and mail to Cribs for Kids, 210 River Avenue, Suite 250
Riverfront Place, Pittsburgh, PA 15212. You may use additional sheets of paper if necessary.*

Name and Title of Contact Person: _____

Organization Name: _____

Address: _____

Phone: () _____ Fax: () _____

Email: _____ Web Address: _____

Tax ID# (EIN): _____ Date of Incorporation: _____

Scope and mission of your organization:

Describe how Cribs for Kids will further the mission and focus of your organization:

*What community resources are available that will enhance the Cribs for Kids program (i.e., funding
for cribs, home visiting agencies, etc.)?*

Name, title and signature of authorized applicant _____ Date _____

Components of the 'Cribs for Kids®' Program

Trademark License Agreement

TRADEMARK LICENSE AGREEMENT

THIS AGREEMENT made this ____ day of _____, 200__, by and between SIDS of Pennsylvania, a non-profit organization incorporated in the Commonwealth of Pennsylvania, having offices at 810 River Avenue, Suite 250 Riverfront Place, Pittsburgh, Pennsylvania 15212 ("SIDSPA") and _____, a _____, having offices at _____ ("Licensee").

WHEREAS, SIDSPA is the owner of the service mark "CRIBS FOR KIDS", U.S. Federal Registration No. 3,078,862 ("Licensed Mark") and has been using the mark since at least as early as November 1998 in connection with providing informational materials that include the Licensed Mark on infant safety to the public and promoting public awareness of behaviors suitable for reducing the risk of Sudden Infant Death Syndrome and providing cribs through arrangements with SIDSPA and with use of the Licensed Mark to low-income parents to reduce the risk of Sudden Infant Death Syndrome ("Licensed Services"); and

WHEREAS, Licensee is desirous of obtaining a license to use the Licensed Trademark for the Licensed Services in _____ ("the Territory"); Licensee appreciates that the Licensed Trademark has been coined, promoted and commercialized by SIDSPA in ways that attach material value to it; and

WHEREAS, SIDSPA is willing to grant Licensee a license to use the Licensed Trademark for the Licensed Services in the Territory on the terms and conditions set forth below;

NOW, THEREFORE, in consideration of the mutual promises and conditions of this Agreement, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound hereby covenant, promise and agree as follows:

1. GRANT.

1.1 Use. SIDSPA hereby grants to Licensee a non-exclusive, non-transferable, royalty-free license to use the Licensed Trademark in the Territory for promoting and providing the Licensed Services, on the terms and conditions set forth herein. All rights not specifically granted herein are reserved to SIDSPA.

1.2 Restrictions on Use of Marks. Licensee shall not promote or provide or allow the promotion or provision, outside of the Territory, of any Licensed Services under the Licensed Trademark. Licensee shall make no use of the Licensed Trademark except in the form and with the graphics authorized in advance by SIDSPA. Licensee shall for each such use feature a prominent notice and acknowledgement of the Licensed Trademark ownership and license by SIDSPA in conjunction with all usage of the Licensed Trademark. Licensee shall also cause the symbol "SM" to appear next to the Licensed Trademark if registered in the Territory and the symbol "TM" next to the Licensed Trademark if unregistered in the Territory.

1.3 No Adaptation. Licensee shall not adopt or use any mark, logo, insignia, or design that is, or is likely to be, confusingly similar to or could cause deception or mistake with respect to the Licensed Trademark.

2. TERM. This Agreement shall commence upon execution of both parties and shall be for a one year period (the "Term"), subject to earlier termination as provided in Paragraph 9 below. If the Licensee is not in default at the end of the Term, the Term will automatically renew.

Components of the 'Cribs for Kids®' Program

Standardized Brochures

Every year, some infants die while sleeping. Parents can reduce the risks of this tragedy by knowing and following some simple guidelines. These guidelines will help you meet the goal of making sure the sleeping baby's breathing remains clear and unobstructed. And you will be assured that the baby does not get into a position that could cause injury or even death.

What is the safest way for a baby to sleep?
The safest way for your baby to sleep is on its back, alone in a crib. Babies have died because they were smothered by an adult, another child, or objects in the adult bed such as pillows, comforters, soft bedding, or stuffed animals. Babies can get trapped between the bed and the wall or bed frame, or between the cushions on a sofa. Sometimes a baby is injured by rolling off an adult bed.

What if my babysitter wants to let my baby nap on a sofa or a cushioned chair?
Even away from home, a baby should always sleep in a safety-approved crib. Some parents use a portable crib or Pack-n-Play for trips away from home.

I like the closeness of sleeping with my baby. how can I do this safely?
Cuddling with the baby during feeding time and waking hours best develops that closeness. At bedtime, room-sharing is great. With a baby-safe crib placed next to yours, the baby will sense your nearness and still have a safe place to sleep.



Every year, some infants die while sleeping.

Keep your sleeping baby safe.

Guidelines for Parents and Caregivers...

- The safest way for your baby to sleep is on its back, alone in a crib.
- The baby's crib should be in the parents' room, if possible. It should have a firm mattress that is closely fitted to the sides of the crib, and a tight-fitting sheet.
- Don't over-dress or over-bundle the baby. One light cover, tucked at the bottom and sides of the crib should be enough. Allow no covers near the baby's head. Use no pillow, bumpers, or toys.
- Never let a baby fall asleep in a bed or chair with another person.
- A baby should sleep in a smoke-free home.
- Breastfeeding has important health benefits for babies, but do it safely. When breastfeeding, make sure you are in a position that will allow you to stay awake. When finished, return the baby to the crib.



Babies Need Cribs. Make Them Safe



CRIBS FOR KIDS®
...It's for the babies

To reduce the risk of SIDS and accidental suffocation, the Consumer Product Safety Commission, 'Cribs for Kids', and the American Academy of Pediatrics recommend that infants sleep on their backs on a firm mattress in a safety-approved crib, with no soft bedding or comforters, with no exposure to cigarette smoke, and with a room temperature that is comfortable to adults.

Since 1998, the National 'Cribs for Kids' Campaign, has provided cribs and educational materials about ways to reduce the risk of SIDS and accidental suffocation to families throughout the United States thanks to the generosity of foundations, corporations, special event fundraisers, and partnerships with Graco Children's Products and Pitt Ohio Express.

Babies are safest sleeping alone in an uncluttered crib on their back, never on their front or side. If you need a crib... we can help.

'Cribs for Kids' is an initiative of SIDS of PA
For more information or to make a donation, please contact us:

'Cribs for Kids'
Suite 250, Riverfront Place
810 River Avenue
Pittsburgh, PA 15212
1-888-721-CRIB
www.cribsforkids.org

safe sleep for your baby



CRIBS FOR KIDS®
...It's for the babies

After several studies the Graco Pack 'n' Play was chosen as the best crib for our program because of its size, convenience, portability and ease of assembly.

Your baby's crib should have:



- Railings that are not more than 2 3/8 inches apart (you can't fit a soda can through them.)
- A firm mattress that fits snugly in the frame.
- A fitted sheet that is tight around the mattress.

No quilts, comforters, duvets, heavy blankets, stuffed animals, bumper pads, sheepskins, etc. they can obstruct the baby's breathing.

For more information, go to the Consumer Product Safety Commission's website at consumer.gov/productsafety.htm call toll free at 1-800-638-2772.



For more educational supplies request from
www.nichd.nih.gov/SIDS

 Back to Sleep Campaign Free Materials Order Form		February 2011										
MATERIALS FOR ALL CAREGIVERS		QUANTITY										
Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) Brochure This 8-panel brochure explains SIDS and describes ways to reduce the risk of SIDS.		General Outreach 0316 African American Outreach 0317 American Indian/Alaska Native Outreach 0433 En Español 0318										
Please Put Me on My Back to Sleep Door Hanger This sturdy card, designed to hang on a doorknob, shows a safe sleep environment and lists ways to reduce SIDS risk.		General Outreach 0323 African American Outreach 0324 En Español 0325										
Safe Sleep for My Grandbaby Brochure This 8-panel brochure explains how grandparents can reduce the risk of SIDS when caring for their grandchildren.		English 0336 En Español 0364										
What does a safe sleep environment look like? Single Sheet This one-page information sheet shows a safe sleep environment and lists ways to reduce the risk of SIDS.		English (Set of 25) 0320 En Español (Libreta de 50) 0319										
Honor the Past, Learn for the Future: Reduce the Risk of SIDS in Native Communities Flyer This single sheet lists ways to reduce the risk of SIDS among American Indian/Alaska Native babies.		0434										
Reduce the Risk of SIDS Magnet This 4 inch by 5 inch magnet lists ways to reduce the risk of SIDS.		African American Outreach 0326										
Back to Sleep Free Materials Order Form You can get additional copies of this order form to hand out to others so they can order their own materials.		0327										
MATERIALS FOR HEALTH CARE PROVIDERS AND EDUCATORS		QUANTITY										
Continuing Education Program on SIDS Risk Reduction: Curriculum for Nurses Booklet This learner-led module, approved for 1.1 credit hours of continuing education (CE) credit for nurses, includes information about SIDS, SIDS risks, risk-reduction strategies, and communication strategies. Inserts include post-test (submitted and scored for CE credit), program evaluation, and safe sleep recommendations sheet. Online CE module now available at http://www.nichd.nih.gov/sidsresources		0390 Limit 1										
Infant Sleep Position and SIDS: Questions and Answers for Health Care Providers Booklet This 16-page booklet answers frequently asked questions about SIDS and SIDS risk reduction and explains the evidence on which safe sleep strategies are based.		0321										
Babies Sleep Safest on Their Backs: A Resource Kit for Reducing the Risk of SIDS in African American Communities Packet This packet includes materials for leading community-based outreach sessions about SIDS risk reduction and safe sleep environments. Each packet includes: 15-minute, 30-minute, and 60-minute training modules; background materials on SIDS, SIDS resources; and 10 brochures, 10 door hangers, and 5-10 magnets.		0440 Limit 1										
TO ORDER MATERIALS, CONTACT US:												
Phone: 1-800-505-CRIB (2742) Fax: 1-866-760-5947 Mail: P.O. Box 3006, Rockville, MD 20847 Internet: http://www.nichd.nih.gov/SIDS E-mail: NICHDIinformationResourceCenter@mail.nih.gov												
<table border="1"><tr><td>Name</td><td></td></tr><tr><td>Organization/Title</td><td></td></tr><tr><td>Mailing Address</td><td></td></tr><tr><td>City, State, ZIP</td><td></td></tr><tr><td>Telephone/E-mail</td><td></td></tr></table>			Name		Organization/Title		Mailing Address		City, State, ZIP		Telephone/E-mail	
Name												
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Telephone/E-mail												
<small>The Back to Sleep campaign is coordinated by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health, within the U.S. Department of Health and Human Services.</small>												

Components of the 'Cribs for Kids®' Program

Survey Instruments – Pre & Post Tests

Attachment A

DATE: _____

'Cribs for Kids's
SIDS (Sudden Infant Death Syndrome) and Safe Sleep Questionnaire

Parent's Name _____ Gender M F
Address _____ City _____
State AZ Telephone _____
Baby's Name _____ Birthday _____
Gender M F
Maternal/Paternal Relationship Status _____ Race _____
Education Level (Years of school completed)

_____ Some high school	_____ 2-year community college graduate
_____ High school graduate	_____ 4-year college graduate
_____ G.E.D. certificate	_____ Graduate school (completed degree)
_____ Other, please explain _____	

1. Where did you hear about the "Cribs for Kids" Program?

2. Where did you learn about Sudden Infant Death Syndrome (SIDS)?

Hospital	My baby's doctor	A Relative	Media	My Doctor	Other
----------	------------------	------------	-------	-----------	-------

	Never	Sometimes	Almost Always	Always
3. Do you put your baby on his/her back to sleep?	1	2	3	4
4. Is your baby exposed to cigarette smoke in your home?	1	2	3	4
5. Do you dress your baby in as much as little as you would wear?	1	2	3	4
6. Does your baby use a pacifier?	1	2	3	4
7. Does your baby sleep on a firm mattress?	1	2	3	4
8. Do other adults or caregivers help with the baby?	1	2	3	4
9. Do these other adults or caregivers place your baby on his/her back to sleep?	1	2	3	4
10. Do you breastfeed your baby?	1	2	3	4

How long have you breastfed your baby? _____
How long do you plan to breastfeed your baby? _____

1

Attachment D

'Cribs for Kids's
Program Compliance Questionnaire

CRIBS FOR KIDS
It's for the babies

Recipient Name: _____
Care Coordinator: _____

- Are you using the Pack-N-Play every time your baby sleeps? _____ Yes _____ No
- Which way are you laying your baby down when he/she sleeps?
Back _____ Side _____ Stomach _____ Other _____
- Do you keep blankets, stuffed animals, and pillows out of the crib when baby is sleeping?
_____ Yes _____ No
- Do you ever put your baby on the sofa or bed alone (even if only for a few minutes)?
_____ Yes _____ No
- Do you know not to ever put your baby on a sofa, recliner, waterbed, beanbag chair, air mattress, or soft mattress? _____ Yes _____ No
- Are you and/or other family/household members smoking while holding the baby or in the same room with the baby? _____ Yes _____ No
- Have you discussed with your daycare provider/giver about putting your baby on his/her back?
_____ Yes _____ No
- Does your daycare provider have an appropriate bed for the baby?
List: _____

Date Completed: _____

Components of the 'Cribs for Kids®' Program

Sample Grant Materials

post-gazette.com **Health, Science & Environment** **Pittsburgh, Pa.** **Monday, Jan. 3, 2007**

Cribs for Kids tirelessly spreads its message of preventing infant deaths

Wednesday, January 03, 2007
By Jill Daly, Pittsburgh Post-Gazette

One baby, one crib.

That simple formula is the basis of a program that started in Pittsburgh to save babies' lives in 1993 and has spread to 79 cities and counties in 29 states.

It bloomed out of concerns about the loss of babies to sudden infant death syndrome and efforts to spread the word that babies are safest when sleeping on their backs. Judith Bannan, executive director of the Sudden Infant Death Services of Pennsylvania, began its "Back to Sleep" campaign in 1994 -- directing parents to put their healthy babies to sleep.

"We started seeing the [SIDS] rates going down, but then in 1997, we saw a little bit saw more babies dying, and that low-income African-American families were not getting the recommendation," Ms. Bannan said. Research found that many families continue to put their babies to sleep on their stomachs, and that many deaths occurred when they were sharing a bed with a parent.

It was apparent to Ms. Bannan and community leaders concerned about SIDS in the next step after Back to Sleep was a safe environment for sleeping babies. She and Ms. Bannan are on the county's child death reviews all deaths of people from birth to 19 years old.

The risk of death is higher in bed with a parent than sleeping on the stomach. PA director of support and education. She helps grieving families who have lost a child. She reviews all deaths of people from birth to 19 years old.

Barbara Clemens, Crib for Kids distribution manager, instructs Mrs. Wyleen Moore, of Mt. Pleasant, Pa., to place the Grace Park 'n Play' crib on her back with the crib in the bassinets position.

Lee Fong, Crib for Kids

Scripps News **Saving Babies**

Exposing Sudden Infant Death in America
Experts, lawmakers call for standardized infant death investigations

By THOMAS HARGROVE and LEE BOWMAN
Scripps Howard News Service

WASHINGTON — Influential members of Congress and child safety advocates are working to change how America investigates and diagnoses more than 4,000 sudden infant deaths each year.

Policy makers have become dissatisfied that five of every six unexpected infant fatalities in the United States are classified as Sudden Infant Death Syndrome or labeled simply as "death by cause or causes unknown."

The congressional attention was sparked by a nine-month Scripps Howard News Service project that exposed the chaotic and widely varying methods used to investigate when babies die mysteriously.

A consensus is emerging among safety experts and many lawmakers that coroners and medical examiners need to be trained to investigate when babies die unexpectedly, according to the project.

'CRIBS FOR KIDS' LOGIC MODEL

Revised 6/7/2007

Program Goal: To reduce the risk of infant deaths related to SIDS or accidental suffocation (AS)

TARGET POPULATION	ASSUMPTIONS	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	OUTCOME INDICATORS
<ul style="list-style-type: none"> -Family caregivers (grandparents, aunts, etc.) mothers, and fathers of infants less than 6 months of age -Medical providers (MDs, RNs, Health Educators, Social Workers) -African Americans (many may need special attention) -In-home, center-based day care -Providers of emergency housing/shelter care -Providers of school-based programs for teen parents -Home visitors -Baby-sitters (American Red Cross training) -Employers <p>Note: Geography</p>	<ul style="list-style-type: none"> -The risk of SIDS and AS can be reduced. -All individuals in target population are receptive to receiving information. They want to know. -African Americans/low SES individuals are less informed about SIDS. -African Americans/low SES groups have stressors that may impede them from implementing prevention/intervention strategies -Caregivers will want to stop smoking -Caregivers will want to reduce heat in household -Caregivers have control of heat -Staff are trained in SIDS interventions, believe in it, and are willing to work at it -Staff have the time to receive training and do interventions 	<ul style="list-style-type: none"> -Cribs (Braco Pro) -Door hangers -Magnets -Hospital/Health Educators -Smoking Cessation curricula -Breast feeding info and Education curricula -Access to media resources -Funds -Health Care Providers/Medical Community -Cribs for Kids' Safe Sleeping Curriculum -Train the Trainer Materials <p>Barriers/Challenges:</p> <ul style="list-style-type: none"> -Insurers willingness to pay for prevention activities such as additional time for patient education re: SIDS; smoking cessation. 	<ul style="list-style-type: none"> -Cribs for Kids' education/follow up -Smoking cessation classes -Including Youth smoking cessation programs for teen moms -Development of stronger linkages and networks with smoking cessation providers -Breastfeeding education referrals to other programs -Pre-natal care assessments for risk factors -Environmental testing for home -Media campaign -Community awareness/fundraising events -Staff training -Training of Peer Educators (Lay Health Advisors) -Education of nursing students -Hospital-based instructions -Post delivery using the Back to Sleep/Cribs for Kids education model -Train the Trainer Sessions 	<ul style="list-style-type: none"> -Pre-natal screenings completed -# cribs provided to families upon birth of child -# Smoking cessation classes held by type -#/% attending and completing the program -#Breast feeding sessions held and -#/% attending and completing the program -#Home Environmental assessments completed -#Media events by type -#Community Awareness events held and attendance -#Training sessions provided to community staff working with children less than 1 year old -#Educational sessions with nursing students -#Moms/Caregivers receiving instruction -Post-delivery -#Individuals trained -#Train the Trainer 	<p>Short-term Outcomes</p> <ol style="list-style-type: none"> 1. Families, Physicians, Health Care and other providers of care to infants increase their knowledge about risk factors for SIDS. 2. All these folks will accept that risk factors are reduced by the proposed interventions <p>Intermediate Outcomes</p> <ol style="list-style-type: none"> 1. Families, Physicians, Health Care and other providers of care to infants will implement interventions to reduce SIDS <p>Long Term Outcomes</p> <ol style="list-style-type: none"> 1. Risk of infant death due to SIDS will be reduced. 	<p>Short-Term Indicators</p> <p>#/% of individuals demonstrating increased knowledge and acceptance re: risk factors for SIDS in brief follow-up survey post-education/training</p> <p>Intermediate Indicators</p> <p>#/% of individuals who indicate that they are following the Cribs for Kids model during follow-up telephone surveys</p> <p>Long Term Indicators</p> <p>#/% decrease in Infant death rates due to SIDS or accidental suffocation.</p>

Sample Grant Materials

AAP REVISES SIDS PREVENTION RECOMMENDATIONS

Released October 5, 2005

WASHINGTON, DC - Despite recent

...for the babies



Explanation of Concepts and Definitions:

1. Sudden Infant Death Syndrome (SIDS):

Sudden Infant Death Syndrome (SIDS) is an idiopathic condition that typically affects infants during their first year of life. SIDS is defined as: the sudden and unexpected death of an infant under one year of age who were healthy prior to death, and whose death remained unexplained even after the performance of a complete post mortem examination, including toxicological and genetic testing, a death scene investigation, and a review of the infant's medical history (Wallerstein et al, 1991).

2. Sleep Position:

There are generally three positions in which babies sleep: 1) supine, i.e. on the back, 2) prone, i.e. on the stomach, and 3) on the side. The supine sleep position is promoted by the AAP and the 'Cribs for Kids' Campaign.

3. Sleep Surface:

The surface on which a baby is placed for sleep constitutes a sleep surface. Ideally, infants should sleep in a crib on a firm mattress that meets current federal safety standards.

Safe Bedding:

Use of bedding other than a firm, tight-fitting mattress in a crib, including pillows, quilts, comforters, and stuffed animals, is discouraged.

BIBLIOGRAPHY

American Academy of Pediatrics. Task Force on Sudden Infant Death Syndrome. (2005). The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in assessing risk. *Pediatrics*, 116, 1245-1255.

Wallerstein, M. et al. 2002. The contribution of prone sleeping position to the racial disparity in sudden infant death syndrome: the Chicago Infant Mortality Study. *Pediatrics*, 2002, 110, 1004-1011.

Allegheny County Medical Examiner's Office. Death: final data for 2002. *Allegheny County Medical Examiner's Office*, Epidemiological.

Wallerstein, M. et al. Infant sleeping position and the risk of sudden infant death syndrome in California, 1997-2000. *Am J Epidemiol*, 2003, 157, 445-455.

Wallerstein, M. et al. 2003. 52 (2): 1-25.

Wallerstein, M. et al. (1999). Review of hazards associated with

Hold Harmless Agreement



Attachment C

'Cribs for Kids' Hold Harmless Agreement

In exchange for the grant of a "Pack-N-Play" portable baby crib, receipt of which is hereby acknowledged, I, _____, agree to indemnify, defend and hold harmless the Cribs for Kids program, as well as officers, agents and employees of the above from all claims or losses accruing or resulting to any person, firm, or corporation who may claim to be injured or damaged as a result of acts or omissions involving the placement and/or use of the portable cribs provided within this "Cribs for Kids" program.

Signed: _____

Date: _____

Witness: _____

Date: _____

Components of the 'Cribs for Kids®' Program

Safe-Sleep Checklist



CRIBS FOR KIDS – SIDS RISK REDUCTION EDUCATION CHECKLIST WHEN INSERVING FAMILY RECEIVING CRIB

Attachment B

Name of Applicant: _____ Relationship to Mother _____ Date _____

Name of Mother (Last name, first name) _____ Mother's Birth Date _____

Infant's Name (Last name, first name) _____ Birth Date _____

Address _____ Due Date _____

City, State, Zip: _____ Email address: _____

Home Telephone # _____ Cell # _____ Work # _____

Referring Agency, Name of referring person, etc. _____ Phone # _____

	Provider's Initials	Family Member's Initials
Educate how to set up crib and use each section – emphasize locking crib.		
No sofas, recliners, waterbeds, bean bags, air mattresses, soft mattresses		
How to place infants in cribs (on their backs) and SIDS Prevention Pamphlets		
Explanation of why higher incidence of SIDS when infant placed on stomach		
No pillows, soft toys, stuffed animals in crib, crib bumpers – use only firm mattress w/ tightly fitted crib sheet		
If blanket is needed, infant at foot of crib – tuck blanket under three sides, blanket not above nipple line of infant. Do not overheat baby.		
Adult beds can be dangerous because – roll off, trapped, blankets, adult/child can roll over infant		
Explanation of SIDS – leading cause of death among infants, most between 2-4 months of age, winter months, African-American infants, premature infants		
No smoking around infant or in infant's environment		
Bed-sharing – hazards involved		
Childcare away from home requires same precautions as at home – check it out!		


Any concerns _____

Print name of provider _____

Signature of Provider _____

Agency _____

How to Order a Safe-Sleep Environment



**CRIBS
FOR
KIDS**
...it's for the babies

Product Order Form

810 River Avenue
Suite 250 Riverfront Place
Pittsburgh, PA 15212
(Ph.) 412.322.5550 • (Fax) 412.322.5555

Bill To: _____

**Contact: _____

**Ph. # _____

Shipping Address: _____

**Contact: _____

**Ph. # _____

Date Issued _____

Requested Ship Date _____

P.O. # _____

Freight Shipping Instructions

Freight charges will be billed to customer's account. Order is shipped "best way" and actual freight charges are added to bottom of invoice.
NOTE: (Free freight to DC, DE, IL, IN, MD, MI, NJ, OH, PA, VA, WV and parts of IL, NY, NC and NY compliance of Pts. Ohio Express.)

To better assist your shipping needs, please mark services that apply to you. (Additional charges will apply.)

Do you have a shipping Dock? Y _____ N _____ If not you will need a lift gate.

Will driver have to unload the truck? Y _____ N _____ Do you need a phone call before delivery? Y _____ N _____

If all products not in stock, is a partial shipment with backorder ok? Y _____ N _____ Partial shipments will likely incur additional freight charges.

Special Instructions: _____

Payment Method

Visa _____ MC _____ Discover _____ American Express _____ Cardholder Name _____

Address as it appears on credit card: _____ Card # _____ Exp. Date _____

Pay by Check _____ Check # _____ Pay by Invoice (Net 30 Days) _____

Item #	Description	Unit Cost	Qty.	Total
9350CFK	Graco Pack n' Play	49.99		
H8807	Halo Sleep Sack	19.99		
880807	Safe Sleep Crib Sheet with Message	5.00		
RP07	Resplonic Pacifier	1.50		
888K07	Safe Sleep Survival Kit (includes all of the above & safe sleep manual)	69.99		
PFM08	Photo Frame Magnet	.75		
Small Order Surcharge, add 10% to orders of less than 10 crib units.				
**7% Pennsylvania Sales Tax, unless tax-exempt number is provided. OH:				
Freight Shipping Charges				
TOTAL				

NOTE: Freight charges also apply and will be charged on the invoice in addition to this total.

** Must have information to process order.

Order Authorized by: _____ Print name: _____

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Mandated Legislation (language and guidance)

Pennsylvania Act 73 of 2010

SIDS Education and Prevention Program

Signed into law on October 19, 2010 by Governor Edward Rendell of Pennsylvania, providing for education of parents relating to SIDS and unexpected deaths in infancy, taking effect on December 16, 2010.

Networking & Ongoing Support

- Semi-Annual conference
- 24-Hour Hotline
- Experienced staff at national office answers questions & provides guidance
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Infant Suffocation Deaths in the Sleep Environment

Webinar, September 8, 2011

Answers to Participant Questions



1. How do maternal fatigue and illiteracy figure in to the effectiveness of hospital discharge instructions?

Dr. Goodstein: Those are two great questions. In regards to maternal fatigue, it is true that when we are tired with physical, emotional, or mental exhaustion, the ability to learn new materials will certainly be compromised. However, as I mentioned early in my talk, the hospital education is only one part of a continuum of safe sleep education that should start at least during prenatal care, if not earlier, continue through the hospital stay, and be further reinforced at the doctor's office during the first year of life (especially around the 2 month visit when risk of SIDS will be reaching its peak). So ideally, when the family receives education in the hospital, it shouldn't be a "new concept," but a reinforcement of something they have already been exposed to. Also, whenever we get something new and exciting, we are generally eager and curious and are motivated to learn proper cares. The first time that new family provides cares for their infant is a "teachable moment." By both appropriate modeling and direct hands-on education we have the unique opportunity to "get it right the first time" and not have to re-educate after bad habits have already set in.

Answer continued: As for the issue of illiteracy... that is the beauty of having the family watch the DVD. They will learn all about infant sleep safety just by watching the vignettes and listening to the conversation. Even if they can't read the take home points that come up on the screen, the pediatrician repeats the key points verbally. We also have a flip chart full of easy to understand pictures that can be used for one-on-one education as needed. Also, I would encourage the use of "teach back" technique to insure health literacy on the topic of sleep safety. After watching the video, the nurse can check in on the family and strike up a conversation about the video..."How did you like the video? That's great. So tell me in your own words, what did you get out of watching it? What does infant sleep safety mean to you?"

2. Will someone be addressing the issue of receiving blanket swaddling compared to sleep sack?

Dr. Goodstein: Used properly, thin receiving blankets and wearable blankets/sacks with the swaddle feature are acceptable alternatives for swaddling a baby. But I will repeat what I answered in one of the other questions: **There should never be any loose bedding such as quilts or blankets in the infant's sleep area.** The problem with using a blanket to swaddle is that it can become loose bedding if the child is able to wiggle or kick free from it. That is why many of us prefer sleepers or sacks- it eliminates the need for blankets.

3. Some of the webinar slides say that there should not be any blankets in the crib and some say that a light blanket is OK. Which is correct?

Dr. Goodstein: It does seem a bit confusing, but the answer is that both can be correct. It is acceptable to have one light blanket covering the baby, as long as it is properly tucked into the mattress and is no higher than the baby's chest. **There should never be any loose bedding such as quilts or blankets in the infant's sleep area.** The problem with using a tucked in blanket is that it can become loose bedding if the child is able to wiggle or kick free from it. That is why many of us prefer sleepers or sacks- it eliminates the need for blankets. The sacks with the swaddling feature are especially useful for the fussy infant.

4. When is the AAP new policy expected?

Dr. Goodstein: The new policy statement and technical report will come out in the November issue of Pediatrics. There will be a pre-release press conference at the AAP national meeting on October 17.

5. In the acknowledgement statement that parents sign at York Hospital, did you consider using the term suffocation rather than SIDS? For instance, "sleeping with my baby increases the risk of my baby dying from suffocation" rather than SIDS.

Dr. Goodstein: That is a great question. Whether or not more of the deaths are true suffocations or diagnostic coding shift, the facts remain that: 1) in the vast majority of deaths, the baby is found in an unsafe sleep environment, and 2) some people have difficulty with understanding SIDS, but can much more easily grasp the concept of suffocation. Because of this, we modified our acknowledgement statement recently to take this into account (I didn't include this in the presentation because the research was based on the old statement). The statement is now at a lower reading level and is much more specific. It reads as follows:

Parent: **I have received information about Sudden Infant Death Syndrome. By signing this statement I agree that I have received this information and understand that:**

- **my baby should sleep on the back; sleeping on the side or tummy is dangerous.**
- **sleeping with my baby increases the risk of my baby dying from suffocation or SIDS.**

6. How does the Safe Sleep policy integrate with Baby-Friendly Hospital Initiative guidelines?

Dr. Goodstein: I believe that the 2 programs are very complementary. The AAP Policy on SIDS Risk Reduction strongly supports the idea that babies should be exclusively breast fed during the first 6 months of life and that mothers should continue providing breast milk through the first year of life. In addition to all the known benefits of breastfeeding, 2 recent studies demonstrate very strong evidence that providing breast milk significantly reduces the risk of SIDS (both studies by Vennemann). There is nothing contradictory between our safe sleep policy and the baby-friendly initiative guidelines. The recommendation for offering a pacifier at sleep times does not start until at least 3 to 4 weeks after birth, when breastfeeding has already been well-established.

The only recent concern that I think providers should be aware of involves the baby friendly guideline of skin to skin contact in the first hour of life. **This is fine as long as the mother isn't sleeping or impaired.** There have been multiple case report studies that have come out in the past year reporting babies being asphyxiated and either dying or surviving with brain damage secondary to a mother falling asleep and smothering her baby during skin to skin contact in the first hours of life in the hospital! In all the cases, the mother was left unattended after the delivery and didn't realize what she had done. Having appropriate staffing and observation is key to preventing such tragedies. And if we are going to do appropriate modeling of safe sleep, then parents must be aware from the start of the dangers of bedsharing. This month in the Journal of Pediatrics there is a meta-analysis of 11 studies by Drs. Moon, Hauck, and Vennemann showing a clear danger of bedsharing, with the risk being greatest in the first 3 months of life. I think that when safe sleep initially became more of an issue, there was some head-butting between providers focused on breast feeding issues and those focused on safe sleep. However, I think that this has become less of an issue as we have come to realize that we all have the same goal- to see babies growing up healthy and safe, under optimum conditions for them to thrive and reach their full potential as individuals. Successful breastfeeding can be achieved in proximate, but separate environments. Breastfeeding and safe sleep really do go hand-in-hand.

7. Dr Goodstein, you mention "evidence-based" in getting buy-in for the hospital intervention program. Are you aware of any studies demonstrating the effectiveness of specific interventions with families related to Safe Sleep?

Dr. Goodstein: Absolutely. There are a few studies that have demonstrated significant improvement in a family's understanding of safe sleep recommendations and consistent use of this information. Studies include the following: 1) Moon RY, Oden RP, Grady KC. Back to sleep: an educational intervention with Women, Infants, and Children Program clients. *Pediatrics*. 113(3); pp 542-547. 2004; 2) Rasinski KA, Kuby A, Bzdusek SA, Silvestri JM, Weese-Mayer DE. Effect of a sudden infant death syndrome risk reduction education program on risk factor compliance and information sources in primarily black urban communities. *Pediatrics* 2003;111;e347-e354; 3) Srivasta S, Eden, AN, Mir MA. Infant sleep position and SIDS: A hospital-based interventional study. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. 1999;75(3);314-321; 4) Colson ER, Rybin D, Smith LA, Colton T, Lister G, Corwin MJ. Trends and factors associated with infant sleeping position: The national infant sleep position study 1993-2007. *Arch Pediatr Adolesc Med*. 2009;163(12); pp 1122-1128.

All of these studies demonstrate that our educational interventions can have a direct positive effect on how families decide to care for their babies in the home. We can be further reassured that public education does have an impact, by looking at the back to sleep campaigns in multiple countries that have demonstrated a consistent decrease in SIDS deaths (in the US, 53%).

8. In the section presented by Michael Goodstein, the slide that displayed the proper way to set up a nursery showed large blue posters. Is it possible to request those posters? If so, are they offered in any other languages?

Dr. Goodstein: I have received permission from my hospital to make the posters available to anybody who would like to make use of them. I can be contacted directly to obtain the files. The posters are not available in other languages.

9. I have another question, and don't know if this issue was covered in the remainder of the webinar. My baby liked to be rocked to sleep. We spent many hours holding her for sleep. Is rocking a baby to sleep not encouraged?

Dr. Goodstein: In terms of a safety issue, there is no problem with rocking a baby to sleep. If a device such as a sling is being used, it is important to make sure the baby's face is turned out away from the fabric to avoid potential suffocation. In terms of sleep issues and developing routines, most experts would not encourage rocking babies to sleep. Babies will develop sleep habits based on the routine they are exposed to for sleep times. If they do not learn how to fall asleep, self-soothe, etc, you could be left with a routine that is hard to break out of. But this is more an issue of parenting style.

10. Does AAP endorse sleep sacks over receiving blankets? Is there evidence out yet about this issue? I'd like to pitch the Sleep Sack program that Halo offers, but will need to be armed with scientific data and research.

Dr. Goodstein: Long story short is that we do not endorse products per se. See Question 2 regarding sleep sacks.

11. Are drop down cribs no longer safe/acceptable?

Dr. Goodstein: That is correct. As of June 28, 2011, drop rail cribs may no longer be sold, whether new or used. Some of the manufacturers made fixation devices to attach to the crib to eliminate their ability to drop. But there are other changes in the standards including more durable hardware and reinforced supports. The Consumer Product Safety Commission new release can be read at:
<http://www.cpsc.gov/cpscpub/prerel/prhtml11/11260.html>.

Motels and day cares may legally continue to use their current cribs (I believe until the end of 2012) because CPSC is giving them additional time to replace existing stock. This regulation does not apply to hospitals because their cribs fall under medical devices, are made differently, and are routinely checked by biomed engineers.

12. Isn't the baby's head supposed to be uncovered?
Not just the face?

Dr. Goodstein: That is correct. Nothing should be covering the head or face due to concerns about possible obstruction of the airway leading to suffocation. The only exception would be in the first days of life in the hospital when a cap may be used to decrease heat loss and stabilize the baby's temperature.

13. Can we get a copy of the Safe Sleep DVD that the speakers are talking about?

Ms. Bannon: Yes, you can order the DVD on our Cribs for Kids website: <http://cribsforkids.org/wp-content/uploads/2011/08/Product-Order-Form.pdf> - but we encourage you to become a Cribs for Kids partner. There is no charge to become a partner and you can take advantage of all of our materials, listserv, etc.

14. Can we get a free copy of those dvds?

Ms. Bannon: No, unfortunately we cannot afford to give out the Safe Sleep DVDs for free. But you can order one on our website: <http://cribsforkids.org/wp-content/uploads/2011/08/Product-Order-Form.pdf> .

15. How can I go about getting a safe sleep sack? What a great idea.

Ms. Bannon: You can order Halo Sleep Sacks on our Cribs for Kids website: <http://cribsforkids.org/wp-content/uploads/2011/08/Product-Order-Form.pdf> - but we encourage you to become a Cribs for Kids partner. There is no charge to become a partner and you can take advantage of all of our materials, listserv, etc.

Dr. Goodstein: There are a number of different brands of sacks or blanket sleepers that can be purchased in major dept stores or on-line. Halo sleep sack company works with hospitals to provide them with free sacks to be used in the hospital only, if you establish a safe sleep program. They also work with hospitals to purchase the sacks at great discount to give to families at hospital discharge. They also work with hospital gift shops to sell them at some discount compared to the department stores. The link for more information on these programs is: https://www.halosleep.com/hospitals/in_hospital_program/. They will give you some free samples to try out.

16. Do you “advertise” on social networking sites?

Ms. Bannon: Cribs for Kids is on Facebook:

<http://www.facebook.com/?ref=hp#!/CribsforKidsHeadquarters>.

17. Can anyone buy those crib sheets?

Ms. Bannon: Yes, you can order the sheets on our Cribs for Kids website: <http://cribsforkids.org/wp-content/uploads/2011/08/Product-Order-Form.pdf> - but we encourage you to become a Cribs for Kids partner. There is no charge to become a partner and you can take advantage of all of our materials, listserv, etc.

18. Where can I find the new Policy change that was signed into law by Governor Rendell referred to in the webinar?

Ms. Bannon: This is a link to Pennsylvania Act 73 of 2010:
<http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=HTM&sessYr=2009&sessInd=0&billBody=H&billType=B&billNbr=0047&pn=3776>

19. Let us know where we can get printed information to distribute at County Fairs.

Ms. Bannon: The National Institutes of Health offer free brochures, door hangers, and other materials. Go to:
<http://www.nichd.nih.gov/publications/pubskey.cfm?from=sids>

20. Are we permitted to use some of Terri Covington's slides in our community presentations?

Ms. Covington: Yes. You will have to create them from the PDF available on the websites.

21. Please also send the central coordinator's contact info. Thanks.

Ms. Covington: The National Center for the Review and Prevention of Child Deaths can be reached at 800-656-2434, www.childdeathreview.org, or at info@childdeathreview.org

22. Can we clarify exactly what age range we are talking about when we say infant?

Ms. Covington: We define infant for this purpose as a child up to 365 days old.

23. What are names of the states that participate in the CDR reporting system ? I'm curious about Idaho.

Ms. Covington: 39 states participate in the National CDR Reporting System: AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, IL, IN, LA, MA, MD, ME, MI, MN, MO, MS, MT, NE, NH, NM, NV, NY, OH, OK, PA, RI, SC, TN, TX, VA, WA, WI, WV, and WY.

24. Doesn't each state have a child death review team?

Ms. Covington: Every state but Idaho has a state child death review team. Thirty-seven states also have local teams (such as county or regional teams). There are over 1,250 teams nationwide.

25. Are credit hours or a certificate of attendance being given for this webinar?

Ms. Covington: No, we're sorry, but we aren't giving out certificates or credits.

26. Could you please tell me if you will be archiving this webinar for viewing at a later date?

Ms. Covington: Yes, the Webinar is archived at the websites of the National Center for the Review and Prevention of Child Deaths (www.childdeathreview.org), the Children's Safety Network (www.childrenssafetynetwork.org), and Cribs for Kids (www.cribsforkids.org).

27. What is the difference between Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID)?

What does SUID mean?

Ms. Camperlengo and Dr. Shapiro-Mendoza: In the presentation, Dr. Shapiro-Mendoza defined SUID as the sudden and unexpected death of an infant whose cause of death was not obvious prior to medical investigation. Following a thorough case investigation, the cause of death may be explained (e.g., suffocation, infections, accidental, or intentional trauma) or remain unexplained (e.g., SIDS).

SIDS was defined by a workgroup in 1991 as—

“...sudden death of an infant under one year of age that remains unexplained after a thorough case investigation, including performing a complete autopsy, examining the death scene, and reviewing the clinical history.” (Willinger, James , Catz, 1991)

At CDC, we consider SIDS as a subcategory of SUID. Others may define SIDS and SUID differently.

28. Why would suffocation be classified as unexplained?

Ms. Camperlengo and Dr. Shapiro-Mendoza:
Suffocation is an explained cause of death. However, suffocation cannot be explained by autopsy alone. To identify suffocation as the cause of death, the medical examiner, coroner, or forensic pathologist must rely on comprehensive information collected from the death scene especially about sleep place and position, soft bedding or pillows on the sleep surface, and nose and mouth obstruction.

29. Can a suffocation death really be proven?

Ms. Camperlengo and Dr. Shapiro-Mendoza:
Suffocation deaths cannot be proven definitively by autopsy alone. Comprehensive death scene investigation including witness interviews and information about airway obstruction can assist the medical examiners, coroners, and forensic pathologists in determining suffocation as the cause of death.

30. If an infant is found bedsharing at the time of death, should it be assumed that this is an accidental overlay, or would this be a SUID associated with bed sharing?

Ms. Camperlengo and Dr. Shapiro-Mendoza: Bed sharing is a risk factor for SIDS and also can be associated with accidental smothering. The medical examiner, coroner, and forensic pathologist must weigh evidence collected at the infant death scene and during autopsy to make a cause-of-death determination.

31. Can you clarify the difference between a SIDS diagnosis and an unknown cause diagnosis ?

Ms. Camperlengo and Dr. Shapiro-Mendoza: In the United States, deaths are assigned an International Classification of Diseases (ICD) code based on information recorded on the death certificate. These codes are helpful for monitoring mortality rates. According to current coding rules, SIDS deaths are assigned the code R95. Deaths due to ill-defined and unspecified causes of mortality, including unknown causes, are assigned the code R99.

SIDS is defined as the—

“...sudden death of an infant under one year of age that remains unexplained after a thorough case investigation, including performing a complete autopsy, examining the death scene, and reviewing the clinical history.” (Willinger, James, Catz, 1991)

If a SUID case is missing a thorough case investigation, the death certifier may classify the death as unknown or undetermined cause.

32. Because more than 60% of babies are now breastfed, do any of the SUID teams specifically include lactation professionals?

Ms. Camperlengo and Dr. Shapiro-Mendoza: In reviewing SUID cases, we encourage different disciplines to attend the child death review. Often times WIC and home visitors are present and can provide a rich background on infant feeding practices.

33. Is there or will there be a movement on the national level to move away from the term SIDS and focus more on Suffocation/Accidental Suffocation and Strangulation in Bed (ASSB)? I see in the data analysis that deaths were used as SIDS, but were in unsafe sleep environments; therefore, should not have been labeled SIDS. The data gets really skewed.

SIDS and accidental suffocation are distinct causes of death, but a challenge to differentiate from one another even with a thorough case investigation. A suffocation death is when the infant dies as the result of a mechanical asphyxiation or when the airway is obstructed.

At CDC, we define SIDS as the—

“...sudden death of an infant under one year of age that remains unexplained after a thorough case investigation, including performing a complete autopsy, examining the death scene, and reviewing the clinical history.” (Willinger, James , Catz,. 1991). Both SIDS and accidental suffocation deaths can occur in an unsafe sleep environment. A thorough case investigation may provide evidence to distinguish SIDS from suffocation.

Reference:

Willinger, M., James, L.S., & Catz, C. (1991). Defining the sudden infant death syndrome (SIDS): Deliberations of an Expert Panel Convened by the National Institute of Child Health and Human Development. *Pediatric Pathology*, 11, 677–684