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

- SIDS
- Accidental suffocation
- Undetermined
- Infanticide or intentional suffocation
- Cardiac channelopathies
- Inborn errors of metabolism
- Infections
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


Deaths per 100,000 births

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

**1996**
- SIDS: 84%
- UNK: 14%
- ASSB: 2%

**2006**
- SIDS: 58%
- UNK: 27%
- ASSB: 15%

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)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I. Enter the chain of events—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.</td>
<td>Part I. Immediate Cause (Final disease or condition resulting in death)</td>
</tr>
<tr>
<td>IMMEDIATE CAUSE (Final disease or condition → resulting in death)</td>
<td>Due to (or as a consequence of):</td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Due to (or as a consequence of):</td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
</tr>
</tbody>
</table>

**PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>33. WAS AN AUTOPSY PERFORMED?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

**To Be Completed By MEDICAL CERTIFIER**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>35. DID TOBACCO USE CONtribute TO DEATH?</td>
<td>36. IF FEMALE:</td>
<td>37. MANNER OF DEATH</td>
</tr>
<tr>
<td>Yes ☐ Probably ☐</td>
<td>Not pregnant within past year ☐</td>
<td>Natural ☐ Homicide ☐</td>
</tr>
<tr>
<td>No ☐ Unknown ☐</td>
<td>Pregnant at time of death ☐</td>
<td>Accident ☐ Pending Investigation ☐</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)</td>
<td>39. TIME OF INJURY</td>
<td>40. PLACE OF INJURY (e.g., Decedent’s home; construction site; restaurant; wooded area)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. INJURY AT WORK?</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

**42. LOCATION OF INJURY:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State:</td>
<td>City or Town:</td>
</tr>
<tr>
<td>Street &amp; Number:</td>
<td>Apartment No.:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

**43. DESCRIBE HOW INJURY OCCURRED:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>44. IF TRANSPORTATION INJURY, SPECIFY:</td>
<td>Driver/Operator ☐</td>
<td>Passenger ☐</td>
</tr>
<tr>
<td>Pedestrian ☐</td>
<td>Other (Specify) ☐</td>
<td></td>
</tr>
</tbody>
</table>
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
Infant dies unexpectedly with no obvious cause of death

Review team notified of death

Case information and reports gathered

Team reviews and discusses available data and potential prevention strategies

Data entered into web-based reporting system

State grantee reviews data for completeness

NCCDR pools state level data and sends to CDC for analysis
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 DS
- 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

Reviewed: 655

QA completed: 388

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

Rebecca Ludvigsen
Nikita Boston
Terry Njoroge
Shin Y. Kim

For more information:
www.cdc.gov/sids

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
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?

<table>
<thead>
<tr>
<th>a. Incident sleep place:</th>
<th>b. Child put to sleep:</th>
<th>c. Child found:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Crib</td>
<td>☐ On back</td>
<td>☐ On back</td>
</tr>
<tr>
<td>☐ Playpen/other play structure but not portable crib</td>
<td>☐ Twin</td>
<td>☐ On stomach</td>
</tr>
<tr>
<td>If crib, type:</td>
<td>☐ Full</td>
<td>☐ On stomach</td>
</tr>
<tr>
<td>☐ Chair</td>
<td>☐ Queen</td>
<td>☐ On side</td>
</tr>
<tr>
<td>☐ Portable, e.g., pack-n-play</td>
<td>☐ King</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Floor</td>
<td>☐ Other, specify:</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Unknown crib type</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Car seat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Bassinet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Stroller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Waterbed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Adult bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Usual sleep place:</th>
<th>e. Usual sleep position:</th>
<th>f. Was there a crib, bassinette or port-a-crib in home for child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Crib</td>
<td>☐ On back</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Playpen/other play structure but not portable crib</td>
<td>☐ On stomach</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>If crib, type:</td>
<td>☐ On side</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ Couch</td>
<td>☐ U/K</td>
<td></td>
</tr>
<tr>
<td>☐ Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Queen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Twin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Blanket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Animal(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Pillow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Comforter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mattress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Crib rail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Child in a new or different environment than usual?</th>
<th>h. Child last placed to sleep with a pacifier?</th>
<th>i. Was a fan being used in the room at the time of death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Circumstances when child found: Child's airway was:</th>
<th>k. Caregiver/supervisor fell asleep while feeding child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unobstructed by person or object</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Fully obstructed by person or object</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Partially obstructed by person or object</td>
<td>☐ U/K</td>
</tr>
<tr>
<td>☐ U/K</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. Child sleeping in the same room as caregiver/ supervisor at time of death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>m. Child sleeping on same surface with person(s) or animals(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ Yes</td>
<td>☐ U/K</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Was Consumer Product Safety Commission (CPSC) notified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| f. Details of problem:
|----------------------------------------------------------|

| ☐ No | ☐ Yes | ☐ U/K |

| g. Did the product fail?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| h. Was the product not working as intended?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| i. Description of failure:
|----------------------------------------------------------|

| ☐ No | ☐ Yes | ☐ U/K |

| j. Could the failure have been prevented by the user?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| k. Did the user follow instructions?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| l. Was the product used in accordance with its instructions?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| m. Was the product returned to the manufacturer?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| n. Did the product have a defect?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| o. Was the product defective?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| p. Was the product dangerous?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| q. Did the product contain a dangerous substance?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| r. Was the product hazardous?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| s. Did the product cause physical or emotional harm?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| t. Did the product cause property damage?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| u. Was the product repaired or replaced?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| v. Was the product repaired or replaced by the manufacturer?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| w. Was the product repaired or replaced by the dealer?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| x. Was the product repaired or replaced by the customer?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| y. Was the product repaired or replaced by another party?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

| z. Was the product repaired or replaced by the consumer?
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>
Preliminary CDR data
(November 15, 2010, 28 states, 30,920 infant deaths)

Infant’s airway was fully or partially obstructed when found

<table>
<thead>
<tr>
<th>CDR Team Findings</th>
<th>Suffocation</th>
<th>SIDS</th>
<th>Undetermined/Unknown Cause</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of cases</td>
<td>1613</td>
<td>201</td>
<td>459</td>
<td>2273</td>
</tr>
<tr>
<td>Soft bedding* was relevant to death</td>
<td>716 (45%)</td>
<td>152</td>
<td>282 (62%)</td>
<td>1150</td>
</tr>
<tr>
<td>Sharing a sleep surface** was relevant to death</td>
<td>719 (45%)</td>
<td>31 (16%)</td>
<td>169 (37%)</td>
<td>919</td>
</tr>
</tbody>
</table>

*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

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

~50%
So What are States Doing?
37 States with Safe Sleep Promotion Activities

What are these activities?

- Crib Distribution
- Brochures/Pamphlets
- Radio
- Newsletter
- CD/Video
- Bus Campaign
- Home Visits
- Hospital Discharge Instruction
- All Other Responses
Differences in Messaging

What AAP Message Do You Explicitly Include in Your State’s Messaging? N=37
Do you have a Safe Sleep Place for Baby!

No! Yes!

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

No Toys
No Pillows
No Bumper Pads
No Quilts or Blankets
No Stomach or Side Sleeping

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

Safe Sleep for Baby is:
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

Safe Sleep Tips for Your Baby

- Your baby should always sleep on his or her back flat and at night. The back sleep position is the safest. There is no increased risk of SIDS or suffocation if you place your baby on his or her back in bed. This reduces the possibility that fat appears on a baby's head and helps develop neck and spine strength.

- 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—such as a crib, bassinet, or cradle.

- Place your baby on a firm sleep surface, such as a mattress properly positioned, or a crib, bassinet, or cradle. Never place your baby to sleep on a couch or on pillows, quilts, sheepskins, or other soft surfaces.

- 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.

- 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 products have been shown to prevent SIDS. If you have questions about any product or follow-up visit, talk to your healthcare provider.

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

- Be careful about breastfeeding in bed or in any situation where you or your baby would be slipping. Never take prescription medicines, drugs, or alcohol that might make you drowsy or impair your judgment when breastfeeding and always follow the advice of your healthcare provider.
Lots of Target Populations
Lead Agencies

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

- Public Health
- Social Services
- Medical Examiner/Coroner Office
- Non-Profit SIDS Organization
- Other (please specify)

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
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 Board, 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)

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

**Educational Materials**

[Download or order educational materials](#) from the MDH Maternal and Child Health Section to educate parents about safe infant sleep messages for parents and other caregivers. Other recommend materials can be found at [http://www.nichd.nih.gov/publications/](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 can be ordered by local health departments or can be available in the public library and on school health education networks.
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

- 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

- 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

- 2010 cases identified to date = 51

- Common Risk Factors
  - Bed-sharing
  - Soft-beding
  - Unsafe sleep position
Prevention Recommendations

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

- 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

- 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

- 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
Local Safe Sleep Campaigns
El Paso/Teller County CFR Safe Sleep Campaign

- 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
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
Statewide Safe Sleep Initiative
Colorado Safe Sleep Initiative

- 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

- 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

- 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

- **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

- 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

- 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

- 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 make 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

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
Model Nursery/Infant Sleep Safety Center
Organizational Chart for an Infant Sleep Safety Program

Hospital Based Infant Safe Sleep Program

Program Acceptance
- Hospital Administration
- Physicians
- Nursing Staff
- Other Staff (RT, LC, Aides)

Curriculum Development
- Initial Staff Education
- Maintenance of Education
- Family Education

Community Support
- Local Health Bureaus
- Safe Kids Coalition
- Cribs for Kids Programs
- Child Death Review Teams
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
SIDS - United States 1999
The major cause of infant death after the first month

<table>
<thead>
<tr>
<th>Cause</th>
<th>% of total infant deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDS/SUID</td>
<td>26.5</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>17.2</td>
</tr>
<tr>
<td>Accident/Adverse Effects</td>
<td>8.1</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>3.1</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>3.0</td>
</tr>
<tr>
<td>Septicemia</td>
<td>3.1</td>
</tr>
<tr>
<td>Meningitis</td>
<td>1.0</td>
</tr>
<tr>
<td>Respiratory Distress</td>
<td>0.7</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>0.7</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>0.6</td>
</tr>
</tbody>
</table>

% of total infant deaths
28-364 days old
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

11% (10 babies)
Found in cribs or bassinets

89% (78 babies)
Found in unsafe sleeping environments

Source: Allegheny County Coroner’s Office, Stephen Koehler, Ph. D., Forensic Epidemiologist
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

Inconsistency of message.
Lack of HCP education.
Wrong advice from family and friends.
Unsafe sleep images.
Inappropriate sleep products.

National campaign with consistency of message.
Improved HCP education.
Partnership: Religious Leaders.
Safe sleep images.
Social marketing.
Legislation?

Safe Sleep
References and Contacts


• 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!!!

HEY! "Back to SLEEP, everybody!"

WAAAHH!

WAAAHH!

WAAAHH!

WAAAHH!
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

Only 2!
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

- Health Departments & DPW Agencies: 119
- Hospitals: 47
- SafeKids Coalitions: 32
- Community Based Organizations: 5
- Other: 59

Number of Partners (262)
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.
Unsafe Sleep Environment:

Soft Bedding
Unsafe Sleep Environment
Components of the Cribs for Kids® program

- **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!
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
Please Keep Me Safe…

Tummy To Play

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.

Back to Sleep

For naps & at night to reduce the risk of SIDS

Cribs for Kids® Crib Sheet
with Safe Sleep Message
$5.00 each

www.cribsforkids.org
1.888.721.CRIB

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.
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.
Keep me safe

On my back
In smoke-free air

¡Protegeme!

Sobre Mi Espalda
En Un Ambiente Libre De Cigarrillo
Safe-Sleep Survival Kit   $69.99

Please Keep Me Safe…

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.

For naps & at night to reduce the risk of SIDS
Back to Sleep

Safe Sleep Survival Kit
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, 310 River Avenue, Suite 250, Riverfront Plaza, 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

This Trademark License 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 ____________________________, having offices at ____________________________ (“Licensor”).

Whereas, SIDSPA is the owner of the service mark “CRIBS FOR KIDS”, U.S. Federal Registration No. 1,075,820 (“Licensed Mark”), and has been using the mark since at least as early as November 1988 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 calls through arrangements with SIDSPA and use of the Licensed Mark to low-income parents to reduce the risk of Sudden Infant Death Syndrome (“Licensed Services”); and

Whereas, SIDSPA is desirous of obtaining a license to use the Licensed Trademark for the Licensed Services in ____________________________ (“the Territory”); Licensee appreciates that the Licensed Mark has been created, 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, in 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 not use the Licensed Trademark in any manner that would constitute dilution or tarnishment of SIDSPA’s goodwill or tradename. SIDSPA shall have the right to approve or disapprove of any proposed use of the Licensed Trademark, in its sole discretion. SIDSPA shall have the right to have the Licensed Trademark used in any manner that would constitute dilution or tarnishment of SIDSPA’s goodwill or tradename.

1.3 No Adoptions. Licensee shall not adopt or use any mark, logo, design or similar mark 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 risk of this tragedy by knowing and following some simple guidelines. These guidelines will help you reach the goal of making sure your sleeping baby’s breathing remains clear and undisturbed. 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 his 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 a bed frame, or between the cushions of a sofa. Sometimes a baby is injured by rolling off an adult bed.

What if my baby’s crib is not set up correctly?
Keep an eye on your baby. If you see it happening, stop it immediately. Babies can roll down or out of the crib. If you see your baby roll down the crib, help him get back up. If you see your baby roll out of the crib, put him back in the crib. If you see your baby roll in the crib, don’t worry. It will happen. Just remember to always keep an eye on your baby.

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 plain white or off-white. It should be perfectly flat and the sides should be straight. Do not use any bedding, such as sheets, blankets, or pillows. Do not use any crib bumpers. Do not use any stuffed animals, such as stuffed animals, pillows, or blankets. Do not use any crib sheets, crib railings, or crib rails. Do not use any crib frosting, crib stickers, or crib decals.
- A firm mattress that is firm enough to support the baby’s weight, without any indents or sag in the middle. Do not use any crib bumpers, crib railings, crib sheets, crib stickers, or crib decals.
- The mattress should be completely covered by the sheet, without any folds or wrinkles. Do not use any crib bumpers, crib railings, crib sheets, crib stickers, or crib decals.
- The crib should be placed in a safe position, away from any potential hazards, such as windows, doors, or other furniture.
- The crib should be placed in a safe position, away from any potential hazards, such as windows, doors, or other furniture.
- The crib should be placed in a safe position, away from any potential hazards, such as windows, doors, or other furniture.

For more information, contact the Cribs for Kids® Program at 1-800-283-2458. www.cribsforkids.org

Cribs for Kids® is an initiative of the Baby to Baby Foundation, Inc., a non-profit organization.

Cribs for Kids®
250 Western Parkway
1016 River Avenue
Pittsburgh, PA 15212
1-800-283-2458
www.cribsforkids.org
For more educational supplies request from [www.nichd.nih.gov/SIDS](http://www.nichd.nih.gov/SIDS)
Components of the ‘Cribs for Kids®’ Program

Survey Instruments – Pre & Post Tests

---

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

3. Do you put your baby to bed back to sleep?
   - Never
   - Sometimes
   - Almost Always
   - Always

4. Is your baby exposed to elements, such as smoke, in your home?
   - Yes
   - No

5. Do you dress your baby in as much clothes as you would wear?
   - Yes
   - No

6. Does your baby use a pacifier?
   - Yes
   - No

7. Does your baby sleep on a soft mattress?
   - Yes
   - No

8. Do other adults or caregivers help with the baby?
   - Yes
   - No

9. Do these other adults or caregivers place your baby on his/her back to sleep?
   - Yes
   - No

10. Do you breastfeed your baby?
    - Yes
    - No

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

---

Recipient Name:
Care Coordinator:

---

Date Completed: _____________
Components of the ‘Cribs for Kids®’ Program

Sample Grant Materials

Health, Science & Environment

Cribs for Kids tirelessly spreads its message of preventing infant deaths

Wednesday, January 30, 2007
By Mark Dulin, Post-Gazette Staff Writer

Our Lady, Ave. Crib

The Cribs for Kids program is the brainchild of two Boston philanthropists who started the program in 1948. The goal is to provide safe sleeping environments for infants. The program has grown to include over 100 centers across the country. The Cribs for Kids program is credited with saving thousands of lives.

In June 2005, Cribs for Kids announced a new initiative to address the problem of sudden infant death syndrome (SIDS). The initiative, called the Cribs for Kids Safety Program, provides parents with free cribs and education on how to use them safely.

The Cribs for Kids program has also been successful in reducing the incidence of SIDS. According to a study published in the Journal of Pediatrics, the program has reduced the incidence of SIDS by 30% in the states where it has been implemented.

The Cribs for Kids program is an example of how philanthropy can be used to solve important health problems.

Cribs for Kids' Logic Model

<table>
<thead>
<tr>
<th>Program Goal: To reduce the risk of infant deaths related to SIDS or accidental suffocation (AS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TARGET POPULATION</strong></td>
</tr>
<tr>
<td>- Family caregivers (parents, grandparents, etc.)</td>
</tr>
<tr>
<td>- Infants less than 1 year old</td>
</tr>
<tr>
<td>- Permanent residents of the program area</td>
</tr>
<tr>
<td>- Residents with known risk factors for SIDS</td>
</tr>
<tr>
<td>- Residents with known risk factors for accidental suffocation</td>
</tr>
</tbody>
</table>

| ASSUMPTIONS |
| - The risk of SIDS and accidental suffocation is reduced when infants sleep in a safe environment. |
| - Infants born to high-risk families are at higher risk for SIDS. |
| - Early intervention can reduce the risk of SIDS. |

| RESOURCES |
| - Cribs for Kids educational materials |
| - Parent education programs |
| - Community outreach programs |

| ACTIVITIES |
| - Cribs for Kids education classes |
| - Parent support groups |
| - Community outreach programs |

| OUTCOMES |
| - Reduced risk of SIDS and accidental suffocation |
| - Increased awareness of risk factors for SIDS and accidental suffocation |
| - Increased participation in early intervention programs |

| OUTCOME INVESTIGATORS |
| - Reduction in SIDS and accidental suffocation rates |
| - Increased knowledge about risk factors for SIDS and accidental suffocation |
| - Increased participation in early intervention programs |

Sudden Infant Death Syndrome (SIDS) is the leading cause of infant death in the United States. SIDS is defined as the sudden death of an infant under one year of age, with no identifiable cause of death. The estimated number of SIDS deaths in the United States is 2,500 per year.

In 2005, the Cribs for Kids program announced a new initiative to address the problem of SIDS. The program provides free cribs and education on how to use them safely. The program has been successful in reducing the incidence of SIDS. According to a study published in the Journal of Pediatrics, the program has reduced the incidence of SIDS by 30% in the states where it has been implemented.

The Cribs for Kids program is an example of how philanthropy can be used to solve important health problems. The program has had a significant impact on reducing the incidence of SIDS and accidental suffocation.

Ave. Crib

The Ave. Crib is a safe sleeping environment for infants. The cribs are designed to reduce the risk of SIDS and accidental suffocation. The cribs are equipped with safety features such as firm and flat mattresses, and are placed on the floor to prevent the risk of suffocation. The cribs are also designed to be comfortable for the infant, with soft and breathable materials.

The Ave. Crib program is funded by donations from individuals and organizations. The program provides cribs and education on how to use them safely. The program has been successful in reducing the incidence of SIDS and accidental suffocation. According to a study published in the Journal of Pediatrics, the program has reduced the incidence of SIDS by 30% in the states where it has been implemented.

The Ave. Crib program is an example of how philanthropy can be used to solve important health problems. The program has had a significant impact on reducing the incidence of SIDS and accidental suffocation.
Components of the ‘Cribs for Kids®’ Program

Sample Grant Materials

Explaination 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 (Willis-Freeman 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 cot on a firm mattress that meets current federal safety standards.

4. Safe Bedding:
   Safe sleeping practices include the use of bedding other than a firm, tight-fitting mattress in a secure crib. Common items that should not be in the crib include: pillows, quilts, comforters, and soft toys.
‘Crib 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 Crib 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 ‘Crib for Kids’ program.

Signed: ____________________________________________

Date: _______________________________________________

Witness: ___________________________________________

Date: _______________________________________________
Components of the ‘Cribs for Kids®’ Program

Safe-Sleep Checklist

| Educate how to set up crib and use each section – emphasis locking crib. | Provider’s Initials |
| No sofas, recliners, waterbeds, bean bags, air mattresses, soft mattresses | Family Member’s Initials |
| 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

Product Order Form

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Unit Cost</th>
<th>Qty</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9280F1</td>
<td>Greco Pack n' Play</td>
<td>99.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB807</td>
<td>Halo Sleep Sack</td>
<td>19.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSCB07</td>
<td>Safe Sleep Orbit Sheet with Message</td>
<td>8.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RP07</td>
<td>Respiration Sack</td>
<td>1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSSK07</td>
<td>Safe Sleep Survival Kit (includes all the above &amp; safety materials)</td>
<td>69.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPM05</td>
<td>Photo Frame Magnet</td>
<td>7.95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Freight Shipping Charges

TOTAL

NOTE: Freight charges will be billed to your account. Order is shipped "Free Shipping" and actual freight charges are added to bottom of invoice. Please specify if you require expedited shipping or other shipping options.

Payment Method

Bill to: ____________________________

Shipping Address: ____________________________

Contact: ____________________________

**Ph: ** ____________________________

Date Issued: ________ Requested Ship Date: ________ P.O. #: ________

Freight Shipping Instructions

**Check** if you require expedited shipping or other shipping options. Additional freight charges may apply.

Payment Options:

Check: ________ Money Order: ________ Credit Card: ________

Item # Description Unit Cost Qty Total

9280F1 Greco Pack n' Play 99.99
HB807 Halo Sleep Sack 19.99
BSCB07 Safe Sleep Orbit Sheet with Message 8.00
RP07 Respiration Sack 1.50
BSSK07 Safe Sleep Survival Kit (includes all the above & safety materials) 69.99
PPM05 Photo Frame Magnet 7.95

Freight Shipping Charges

TOTAL

NOTE: Freight charges will be billed to your account. Order is shipped "Free Shipping" and actual freight charges are added to bottom of invoice. Please specify if you require expedited shipping or other shipping options.
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
• Fundraising Advice
• Easy ordering of Safe Sleep Survival Kits
Knowing is not enough: we must apply.
Willing is not enough: we must do.

.......Goethe
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 breastfeeding 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?


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-sooth, 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?

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?

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&billTyp=B&billNbr=0047&pn=3776
19. Let us know where we can get printed information to distribute at County Fairs.

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: