Infant Safe Sleep

A death of a baby before his first birthday, known as infant mortality, is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants. A number of factors contribute to infant mortality, including suffocation. Infant deaths due to suffocation result when the child is in a place or position where he is unable to breathe.[1] A majority of these suffocations occur when infants are in unsafe sleeping environments, and the American Academy of Pediatrics first linked sleep position and infant death in 1992.[2] Major risk factors for infant death include infants sleeping on their stomachs and on soft surfaces, with loose bedding, toys and other objects in the sleeping environment, overheating, bed-sharing, sleeping places other than a crib, maternal smoking during pregnancy, faulty design of cribs or beds, quality of supervision at time of death and other factors.[1] The Academy strengthened its recommendations in 2005 and 2011 to further emphasize supine sleep position and other environmental factors to protect against sleep-related deaths, such as room-sharing but not bed-sharing, ensuring a firm sleep surface free of soft objects, and avoiding alcohol, illicit drugs and smoke.[2] Infants spend more than 14 hours a day sleeping - and sometimes more. While sleep is an important part of an infant's development, it can also be a dangerous time if parents and caregivers do not follow a few simple guidelines. Make sure to follow the ABCs of safe sleep: Alone. Infants should always sleep alone. The American Academy of Pediatrics warns that babies should never go to sleep with anyone or practice co-sleeping, as this raises the risk for suffocation. Cribs, cradles, bassinets, and Pack 'n Play portable cribs can be placed in the parent's room to create a separate, but close sleeping environment. Alone also means the crib should not have anything in it. The crib should be free of toys, stuffed animals, pillows, bumper pads and blankets. Dress your baby in light sleep clothes or use a sleep sack (not a blanket) for extra warmth. Backs. Infants should always sleep on their backs on a firm surface with a tight-fitting bottom sheet. Soft surfaces like cushy mattresses or sofas are not safe places for a baby to sleep. Babies should not have pillows, comforters, quilts or other soft items beneath or on top of them. Crib. The safest place for a baby is in a crib - not a bed or sofa. A crib should be free and clear of toys, stuffed animals, bumper pads and blankets. The infant should sleep in a bassinet, crib or play yard that meets current safety standards from the U.S. Consumer Product Safety Commission. The mattress should fit snugly in the crib so there are not any gaps or spaces between the mattress and the crib frame. Don't let your baby sleep in his carrier or sling, car seat or stroller because babies who sleep in these items can suffocate.[2,3]

United States Data

Fatal data

- Although the incidence of sudden infant death syndrome (SIDS) has been decreasing since 1992, other causes of sudden unexpected infant death that occur during sleep, such as suffocation, asphyxia and entrapment, have increased in incidence.[2]
- Approximately 3,600 infants died in 2017 from sleep-related infant deaths.[3]
- Unintentional suffocation deaths resulted in 112,324 years of potential life lost before age 65 years in 2015, a measure of premature mortality. [5]
- An analysis of U.S. Consumer Product Safety Commission data revealed 15 suffocation deaths between 1990 and 1997 resulting from car seats overturning after being placed on a bed, mattress or couch.[2]

Non-fatal data

- More than 157,400 infants sustained nonfatal injuries as a result of unintentional suffocation between 2001-2015. [5]

Cost data

- In 2010, infant suffocation deaths cost the U.S. more than $1.15 million in medical costs and lost productivity.[5]

Indiana Data

- In 2017, 602 infants died at a rate of 7.30 per 1,000 live births. Suffocation was the leading cause of unintentional injury death for children under one year of age, and suffocation deaths are preventable. In 2017, 40 infants died as a result of unintentional suffocation.[6]
- Unintentional suffocation deaths resulted in 4,032 years of potential life lost before age 65 years in 2015, a measure of premature mortality.[5]
- In 2010, fatal suffocation injuries among infants cost Indiana $32.4 million in total medical and work loss costs.[5]

How do we address this problem?

Policy

- Important child care laws enacted by the Indiana General Assembly (SEA 305 and HEA 1494) went into effect on July 1, 2013. All regulated child care programs that receive payments through the Child Care Development Fund (CCDF) and legally licensed exempt facilities that receive payments through CCDF are impacted by the laws including licensed homes, licensed centers, registered ministries, and legally licensed exempt provider homes. The law requires primary caregiver complete training on safe sleep for infants. Website: https://www.in.gov/fssa/carefinder/2734.htm
- IC 16-49-3-3 states a local Child Fatality Review team shall review the death of a child that occurred in the area served by the local child fatality review team if: 1) the death of the child is sudden, unexpected, unexplained, or assessed by the Department of Child Services (DCS) for alleged abuse or neglect that resulted in the death of the child, or 2) the coroner in the area served by the local child fatality review team determines that the cause of the death of the child is undetermined or the result of a homicide, suicide, or accident.
- American Academy of Pediatrics Policy Statement: Task Force on Sudden Infant Death Syndrome https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Safe-Sleep-Recommendations-to-Protect-Against-SIDS.aspx
- U.S. Health and Human Services Agencies Support Infant Safe Sleep Recommendation: http://www.nichd.nih.gov/news/releases/Pages/101811-infant-safe-sleep-recommendations.aspx.

Collaboration

- Indiana Perinatal Network (IPN) is an alliance of hundreds of individuals and organizations across Indiana committed to the beliefs that: Every mother deserves a healthy and safe pregnancy and every baby deserves to be born healthy and into a safe and nurturing home.
- The Indiana Child Fatality Review Program attempts to better understand how and why children die, take action to prevent other deaths, and improve the health and safety of our children. Each local child fatality review team is made up of a coroner/deputy coroner, a pathologist, and pediatrician or family practice physician, and local representatives from law enforcement, the local health department, DCS, emergency medical services, a school district within the region, fire responders, the prosecuting attorney's office, and the mental-health community. The teams are required to review all deaths of children under the age of 18 that are sudden, unexpected or unexplained, all deaths that are assessed by DCS, and all deaths that are determined to be the result of homicide, suicide, accident, or are undetermined.
- The multi-branch statewide Commission on Improving the Status of Children in Indiana, in cooperation with other entities, studies issues concerning vulnerable youth and makes recommendations concerning pending legislation, review, and promotes information sharing and best practices. Website: https://secure.in.gov/children/index.htm.

Data Collection

- The Indiana Child Fatality Review teams ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child death. The case report is part of the Child Death Review Case Reporting System, a web-based application. The system allows local and state users to enter case data, access and download their data and download standardized reports via the Internet. More information on this system is available from the National Center for Child Death Review at http://www.childdeathreview.org.
- Statewide direction and focus for child injury prevention safe sleep is one of the areas outlined in the Indiana Statewide Trauma System Injury Prevention Plan. The Indiana State Department of Health Division of Trauma and Injury Prevention conducts statewide injury surveillance through death certificates, hospitalizations and ED visits.

Programs

Indiana State Department of Health Safe Sleep Action Plan

- Work with agencies to provide safe sleep education throughout the state.
- Work with external partners to expand and standardize safe sleep training for nurses, caregivers and childcare providers.
- Provide first responders with safe sleep training/education to help expand safe sleep messaging.
- Help reduce sleep-related infant deaths by providing first responders with training/education to standardize and improve infant death scene investigations, and promote consistent classification and reporting of sudden unexpected infant death (SUID) cases.
- Promote and support the IHA initiative to educate and engage hospitals regarding safe sleep. Establish partnerships with agencies to improve the well-being of infants and children in the community.
- Indiana Safe Sleep Program: ISDH

- "Labor of Love" public awareness campaign: A sustained, statewide information effort began January 2015. The goal is to raise awareness of the problem of infant mortality and encourage support for education and prevention. The fundamental premise of the campaign is to educate citizens that everyone has a role to play to ensure our babies reach their first birthdays. Website: http://www.in.gov/laboroflove/.
- ISDH Fatality Review and Prevention Division provides technical support and assistance to local child fatality review teams to enhance existing capacity, identify sudden unexpected infant deaths, and collect, review, and enter accurate, objective, and comprehensive surveillance data on SUID cases that occur in Indiana. The purpose of child fatality review is to examine the circumstances and risk factors involved in a child's death, monitor and identify the magnitude, trends, and features of infant death and translate findings into prevention strategies by disseminating useful, actionable data to stakeholders and data providers to support and improve local, state, and national infant mortality prevention policies, programs, and practices.
- Effective March 1, 2016, the Indiana Family Helpline is rebranding into the MCH MOMS Helpline. The new phone number will be 1-844-MCH-MOMS (1-844-624-6667). The Helpline Specialists offer information and referral assistance on a variety of topics including infant health programs such as Safe Sleep and Baby & Me Tobacco Free. For any other questions or concerns, please email MCHMOMSHelpline@isdh.in.gov. Website: http://www.in.gov/isdh/21047.htm.
- Indiana Tobacco Quitline 10-Call Protocol for Pregnant Women- 1-800-QUIT-NOW (800-784-8669): A tailored quitline intervention for pregnant women includes up to 10 calls with relapse prevention sensitivity. The first 5-6 calls are completed within 60 to 90 days of enrollment, and one call is made 30 days prior to the woman's planned due date. In addition, two postpartum contacts are made (15 days and 45 days postpartum, emphasizing the importance of remaining quit beyond delivery). The program takes a woman-centered approach, balancing the benefits of quitting for both the fetus and the woman, in addition to incorporating an element to enlist optimal support for the woman and to encourage smoking partners to quit as well. Website: http://www.in.gov/quitline/.
- The Period of Purple Crying is an evidence-based infant abuse prevention program that educates parents and caregivers about normal infant crying, soothing techniques and ways to cope through this sometimes difficult period from 2 weeks to 3-4 months. The acronym PURPLE describes characteristics of an infant's crying during the first few months and Period indicates that crying has a beginning and an end. Website: http://purplecrying.info/.
- Period of Purple Crying Mobile and web application: http://www.dontshake.org/sbs.php?topNavID=4&subNavID=32&navID=855.

Education

- Safe Sleep Awareness can be pivotal in assisting to decrease our infant mortality rate in the state of Indiana. The educational messages focus on three key risk reduction recommendations - ABC: babies sleep safest alone, on their backs and in a crib. The messaging encourages breastfeeding and safe bonding practices that can occur while the baby and mother are awake - outside of sleep time.
- https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs

Measures: Healthy People 2020

- Injury and Violence Prevention (IVP)-24: Reduce unintentional suffocation deaths.
- IVP-24.2: Reduce unintentional suffocation deaths among infants 0 to 12 months.

Additional Resources

A. Indiana Department of Child Services
B. DCS Ombudsman Information (Located at the Indiana Department of Administration)
C. Indiana State Department of Health
D. ISDH Indiana Child Fatality Review Program
E. ISDH Maternal and Child Health Division
F. ISDH Trauma and Injury Prevention Division
G. Indiana Child Abuse/ Neglect Hotline: 1-800-800-5556
H. MCH MOMS Helpline: 1-844-MCH-MOMS (1-844-624-6667): Website: http://www.in.gov/isdh/21047.htm
I. Indiana Tobacco Quitline: 1-800-QUIT-NOW (800-784-8669) Website: http://www.in.gov/quitline/
J. Indiana Safe Haven Hotline: 1-877-796-HOPE (1-877-796- 4673) or 2-1-1. Website: http://safehaven.tv/
K. Indiana Substance Abuse Treatment for Women: http://www.in.gov/idoc/2966.htm
L. SIDS & Infant Loss Support: 317-924-0825
M. Indiana Perinatal Network: http://www.indianaperinatal.org/?page=MF_Safe_Sleep
N. Indiana Children's Bureau, Inc.: http://www.childrensbureau.org/what-we-do/child-care-development-fund-ccdf
O. American Academy of Pediatrics Policy on Safe Sleep: http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html
P. CDC Sudden Unexpected Infant Death and Sudden Infant Death Syndrome: http://www.cdc.gov/sids/
Q. CDC Protect the ones you love: Suffocation: http://www.cdc.gov/safechild/Suffocation/index.html
R. Children's Safety Network: http://www.childrenssafetynetwork.org/injurytopics/safe-sleep
S. Cribs for Kids http://www.cribsforkids.org/
T. First Candle http://www.firstcandle.org/
U. Kids in Danger: http://www.kidsindanger.org/
V. Juvenile Products Manufacturers Association: http://jpma.org/
W. March of Dimes: http://www.marchofdimes.org/baby/safe-sleep-for-your-baby.aspx
X. The Maternal & Child Health Library at Georgetown University: Safe Sleep: http://www.mchlibrary.info/suid-sids/SafeSleep/index.html
Y. The National Center for the Review and Prevention of Child Deaths: https://www.childdeathreview.org/
Z. Prevent Child Injuries: Safe Sleep Toolkit: http://preventchildinjury.org/resources-3/safe-sleep.aspx
AA. Safe Child Program www.cdc.gov/safechild
BB. Safe Kids Indiana/ Safe Kids Worldwide: http://www.safekids.org/

CC. U.S. Department of Health and Human Services: Safe to Sleep: http://www.nichd.nih.gov/sts/Pages/default.aspx. What does a safe sleep environment look like? http://ocfs.ny.gov/main/publications/20090306-BTS-English_tearsheet-FINAL.pdf

DD. U.S. Consumer Product Safety Commission: http://www.cpsc.gov/

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