

Reducing Infant Sleep-Related Deaths In Rhode Island

Rhode Island Children's Cabinet

7-31-17

Ailis Clyne MD, MPH

Kristine Campagna, MEd

Joe Carr, LICSW

RI Department of Health

RI Department of Health

RI Department of Children,
Youth & Families

What Will Be Covered



- Definitions
- Data
- Current safe sleep recommendations
- Efforts to reduce sleep-related infant deaths in Rhode Island



SUID Definition



Sudden Unexpected Infant Death:

- Death of an infant less than 1 year of age
- Occurs suddenly and unexpectedly
- Cause of death is not immediately obvious before investigation

Types of SUID



Sudden infant death syndrome (SIDS)

- Cannot be explained after thorough investigation

Unknown cause

- Remains undetermined because one or more parts of the investigation was not completed

Accidental suffocation and strangulation in bed

Types of SUID



Accidental suffocation and strangulation in bed

Examples

- **Suffocation by soft bedding:** when a pillow or bedding covers an infant's nose and mouth
- **Overlay:** when another person rolls on top of or against the infant while sleeping
- **Wedging or entrapment:** when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture
- **Strangulation:** when an infant's head and neck become caught between crib railings

Sleep-Related Death

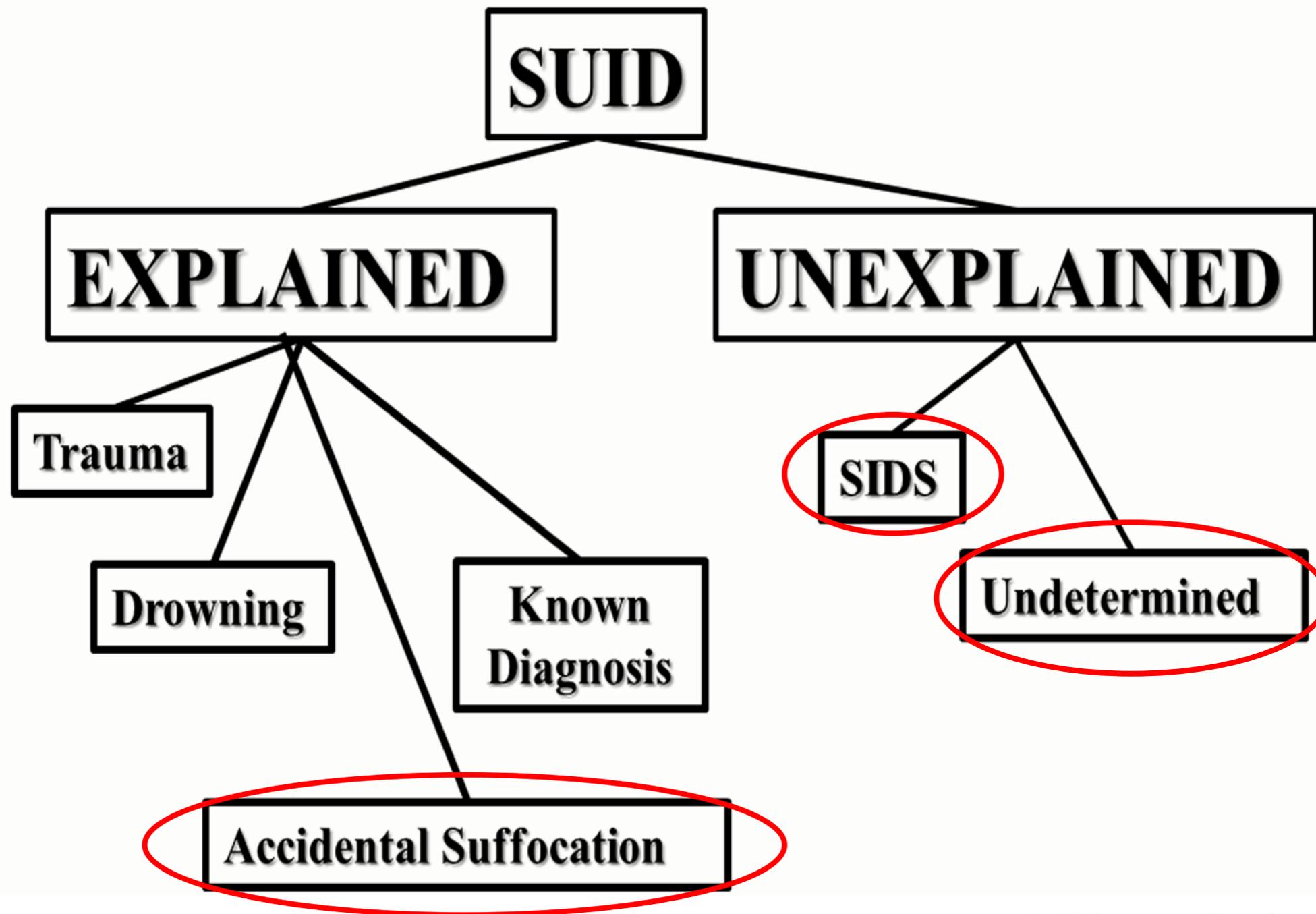


SUID that occurs

- During sleep
- Or in the sleep environment



SUID Definition



* Sleep Related

Sleep Environment Risks



Babies are at higher risk for sleep-related death if they:

- Sharing a bed or sleep surface with parents, caregivers, other children, or pets
- Sleep on their stomachs
- Sleep on soft surfaces, such as an adult mattress, couch, or chair or under soft coverings
- Sleep on or under soft or loose bedding
- Get too hot during sleep
- Are exposed to cigarette smoke in the womb or in their environment, such as at home, in the car, in the bedroom, or other areas

Sleep Environment Risks



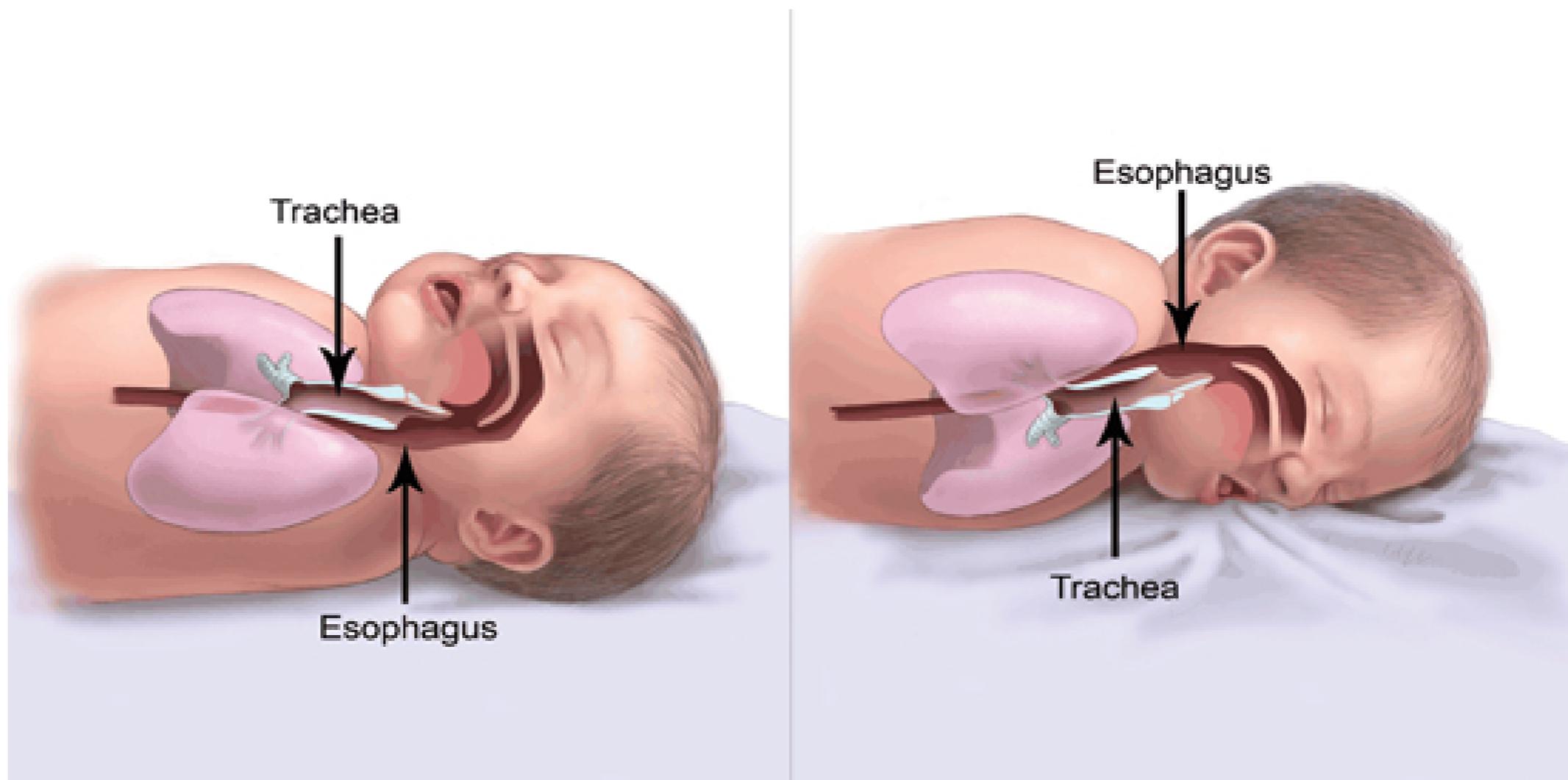
Sharing a sleep surface with parents, caregivers, other children, or pets is especially dangerous if:

- Infant is younger than 4 months of age
- Infant is born preterm or low birth weight
- Bed sharer is a current smoker (even if not smoking in bed)
- Mother smoked during pregnancy
- Bed sharer has used/is using meds or substances that could impair alertness or arousal
- Bed sharer is not a parent (including children)
- On a soft surface (waterbed, couch, armchair)
- Soft bedding is present (pillows, quilts, comforters)

Back to Sleep



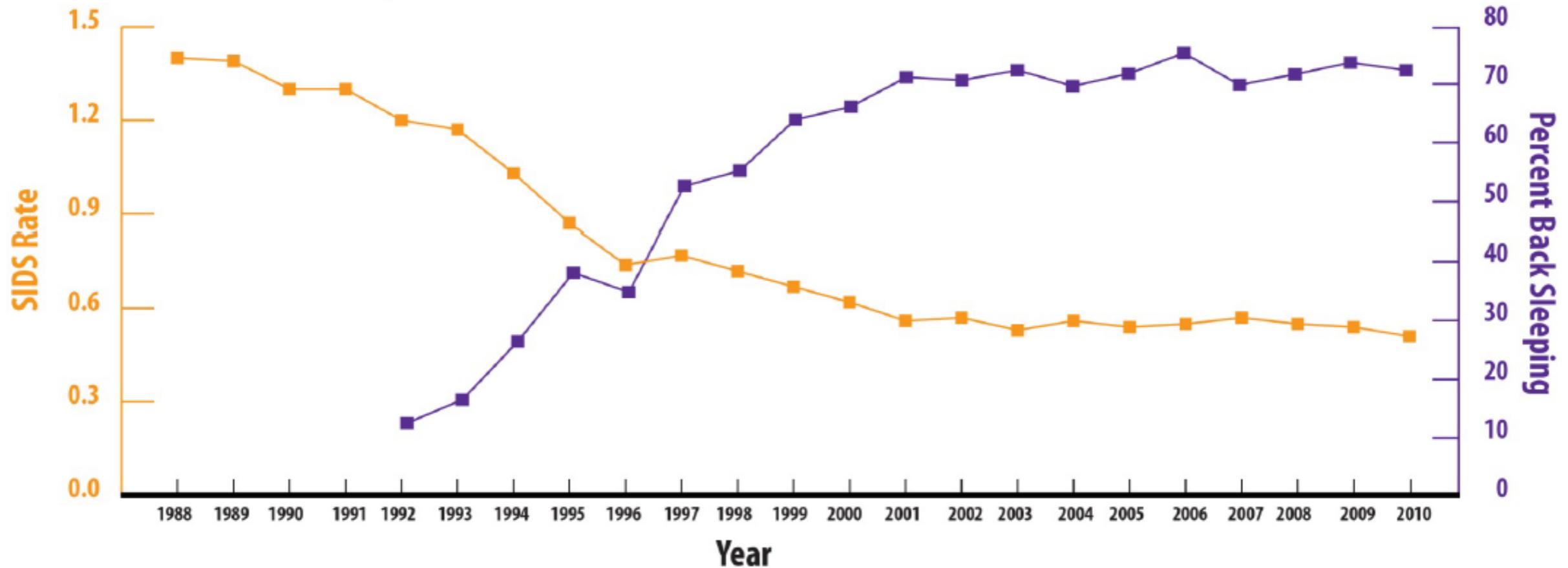
Back Position: No increased risk for vomiting or choking/aspiration



Back to Sleep Reduces Risk of SIDS



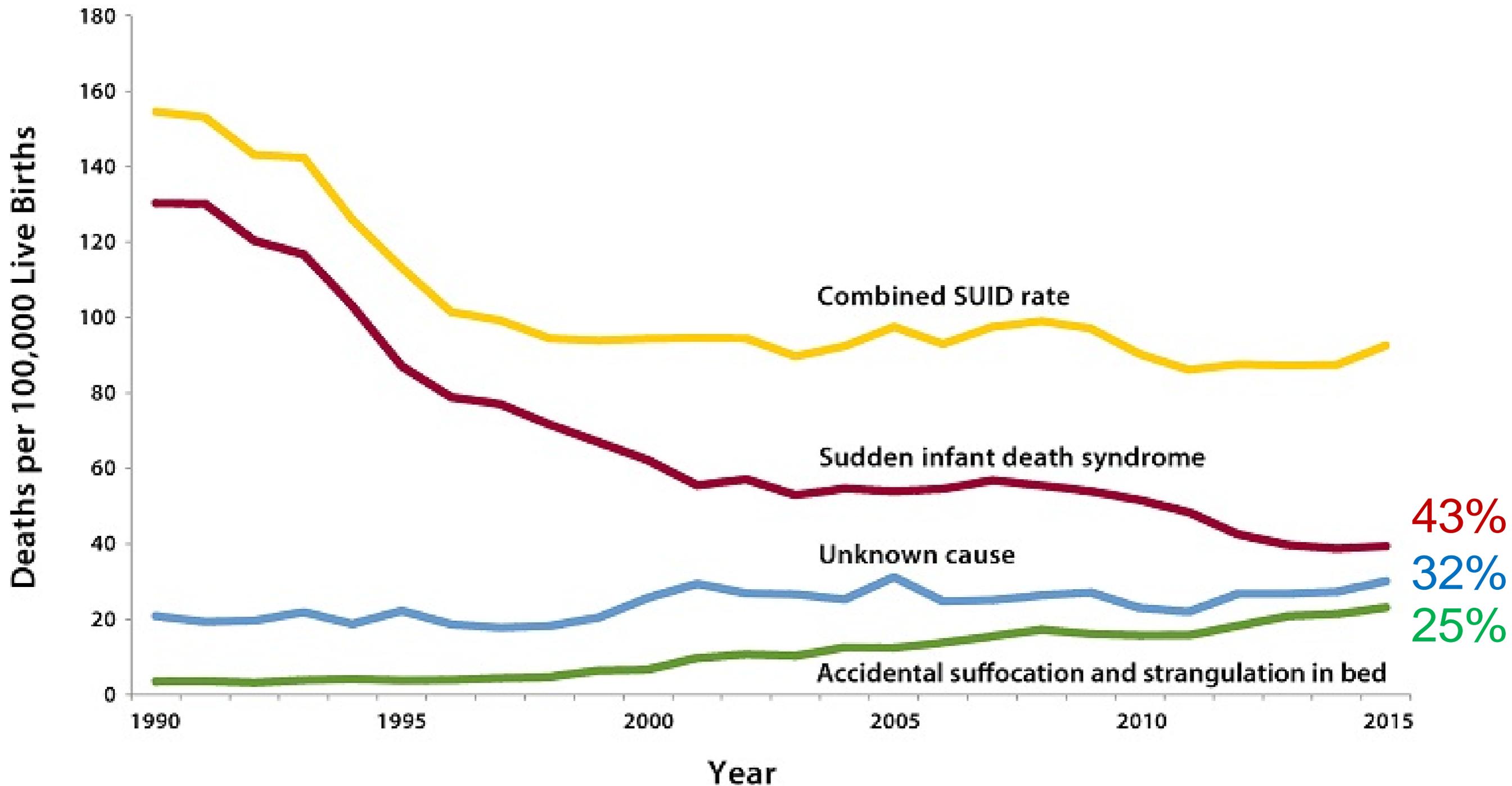
U.S. SIDS Rate and Sleep Position, 1988–2010



Sleep Position Source: NICHD Household Survey
SIDS Rate Source: National Center for Health Statistics, CDC



SUID Trends U.S. 1990-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

RI Infant Sleep-Related Deaths 2012-2016*



Year	2012	2013	2014	2015	2016	Total
# Sleep-Related Deaths	9	8	5	9	5	36
Race						
White						20
Black						8
Asian						< 5
American Indian						< 5
Unknown						5
Ethnicity						
Hispanic						< 5
Non-Hispanic						25
Unknown						7

* Rates not calculated due to small numbers

RI Infant Sleep-Related Deaths 2012-2016*



City of Death	#
Providence	23
Warwick	5
Woonsocket	< 5
Central Falls	< 5
Pawtucket	< 5
Newport	< 5

City of Residence	#
Providence	11
Warwick	< 5
Cranston	< 5
Pawtucket	< 5
Central Falls	< 5
Cumberland	< 5
Wakefield	< 5
West Warwick	< 5
Woonsocket	< 5
Burrillville	< 5
East Providence	< 5
Middletown	< 5
Massachusetts	< 5

* Rates not calculated due to small numbers

RI Infant Sleep-Related Deaths 2012-2016



Location at time of injury	
Adult bed	22
Crib / Bassinette	6
Couch Recliner Infant bouncy chair Own bed (twin size) Unknown	< 5
Co-Sleeping at the time of injury	24
No	12
Blankets in the sleep area	19
No	3
Unknown	14

RI Infant Sleep-Related Deaths 2012-2016



Infant sleep area present	
Crib	13
Bassinette	6
Pack & Play	< 5
None	< 5
Unknown	12

Safe Sleep Recommendations American Academy of Pediatrics 2016



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

TECHNICAL REPORT

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment

Rachel Y. Moon, MD, FAAP, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

Safe Sleep Recommendations

American Academy of Pediatrics 2016



- ✓ Back to sleep for every sleep → reduces SIDS risk
- ✓ Use a firm sleep surface → reduces suffocation risk
- ✓ Breastfeeding is recommended → reduces SIDS risk
- ✓ Room sharing with the infant on a separate sleep surface is recommended → reduces suffocation risk
- ✓ Keep soft objects and loose bedding away from the infant's sleep area → reduces suffocation risk
- ✓ Consider offering a pacifier at naptime and bedtime → reduces SIDS risk

Safe Sleep Recommendations

American Academy of Pediatrics 2016



- ✓ Avoid smoke exposure during pregnancy and after birth
- ✓ Avoid alcohol and illicit drug use during pregnancy and after birth
- ✓ Avoid overheating
- ✓ Pregnant women should obtain regular prenatal care
- ✓ Infants should be immunized in accordance with the AAP and CDC recommendations

Safe Sleep Recommendations American Academy of Pediatrics 2016



- ✓ Do not use cardiorespiratory monitors as a strategy to reduce the risk of SIDS
- ✓ Avoid use of commercial devices that are inconsistent with safe sleep recommendations
- ✓ Supervised, awake tummy time is recommended to facilitate development
- ✓ There is not evidence to recommend swaddling as a strategy to reduce the risk of SIDS



What Does a Safe Sleep Environment Look Like?



Firm mattress
Tight crib sheet

No bumpers
No blankets,
pillows, toys

Smoke-free air



Nothing
covering
baby's head

Back position

One piece
sleeper
No blanket

Baby alone
Not sleeping
in adult bed

Why Families Might Not Embrace the Guidelines



- Comfort of baby or themselves
- Convenience
- Safety concerns
- Prior experience with other children or own childhood
- Advice from family members or friends
- Influence from media
- Differing information or knowledge
- Mixed messages from health care providers
- Information is not culturally competent

Challenges to Following the Safe Sleep Guidelines



- Caregiver exhaustion
- Soothing a fussy baby
- Lack of a crib (money or access)
- Lack of space for a crib

Don't talk to me right now...
I was up all night keeping
my parents awake and
I'm exhausted...



Safe Sleep Efforts in RI



2013

2014-2017

2017



RIDOH Family Visiting

- Safe sleep screening
- Safe sleep work with community partners

Infant Mortality CoIN Project

- National quality improvement project
- Strategies to reduce infant deaths and disparities
- Data collection

Interagency Safe Sleep Work Group

Safe Sleep Work Group



Goal: Reduce infant sleep-related deaths in RI by:

- Increasing awareness of safe sleep recommendations statewide with a focus on the state's most vulnerable infants and their families and caregivers
- Reducing barriers to following safe sleep guidelines

Safe Sleep Work Group



- Interagency staff: RIDOH, DCYF
- Meeting regularly since April 2017
- Communications planning for multiple audiences that is culturally and linguistic appropriate
- Draft work plan with objectives and indicators

Safe Sleep Activities



DCYF Accomplishments:

- Safe Sleep informational fliers are available to staff and families in all DCYF offices.
- 54 new DCYF staff have been trained in partnership with RIDOH since January 1, 2017.
- Over 1300 Child Care Staff have learned about Safe Sleep via Health and Safety Modules offered through the Center for Early Learning Professionals.
- Resource Families receive Safe Sleep education, materials, and information packets at time of licensing.

Ongoing Efforts at DCYF



- In partnership with RIDOH, DCYF developing a training of trainers plan for DCYF to build capacity for ongoing training that is informed by AAP guidelines and specific child welfare practice.
- All Child Care staff in centers that receive CCAP funds will have completed the Health and Safety Modules through the Center for Early Learning Professionals by Sept. 2017.
- DCYF can ensure that child care centers have access to Safe Sleep materials and promote sharing with families.

Safe Sleep Activities



RIDOH Accomplishments:

- Safe Sleep curriculum development for professional education
- Training delivered to DCYF staff and South County local implementation team
- Family Visiting program:
 - Safe Sleep training for all new agency staff
 - Reporting of benchmarks:
 - % families screened for safe sleep practices
 - % families placing infants on their backs for sleep

Safe Sleep Work Plan

Objectives



- Safe sleep training curricula, communications plan, and educational materials
- Safe sleep training for professionals: healthcare, child welfare, childcare, first responders, community programs
- Safe sleep training for DCYF resource families
- Assist RI birth hospitals in achieving National Safe Sleep Hospital Certification Program
- Establish a mechanism for emergency crib / bassinette distribution

Safe Sleep Work Plan

Objectives



- Partner with community leaders and community organizations in promoting safe sleep recommendations
- Engage RI elected officials in supporting safe sleep recommendations and policies
- Utilize the structure of the Children's Cabinet to ensure member state agencies are engaged in supporting safe sleep recommendations
- Refine data collection processes for tracking RI infant SUID and sleep-related deaths

Is this baby safe?



Four Volunteers Please



Is this baby safe?



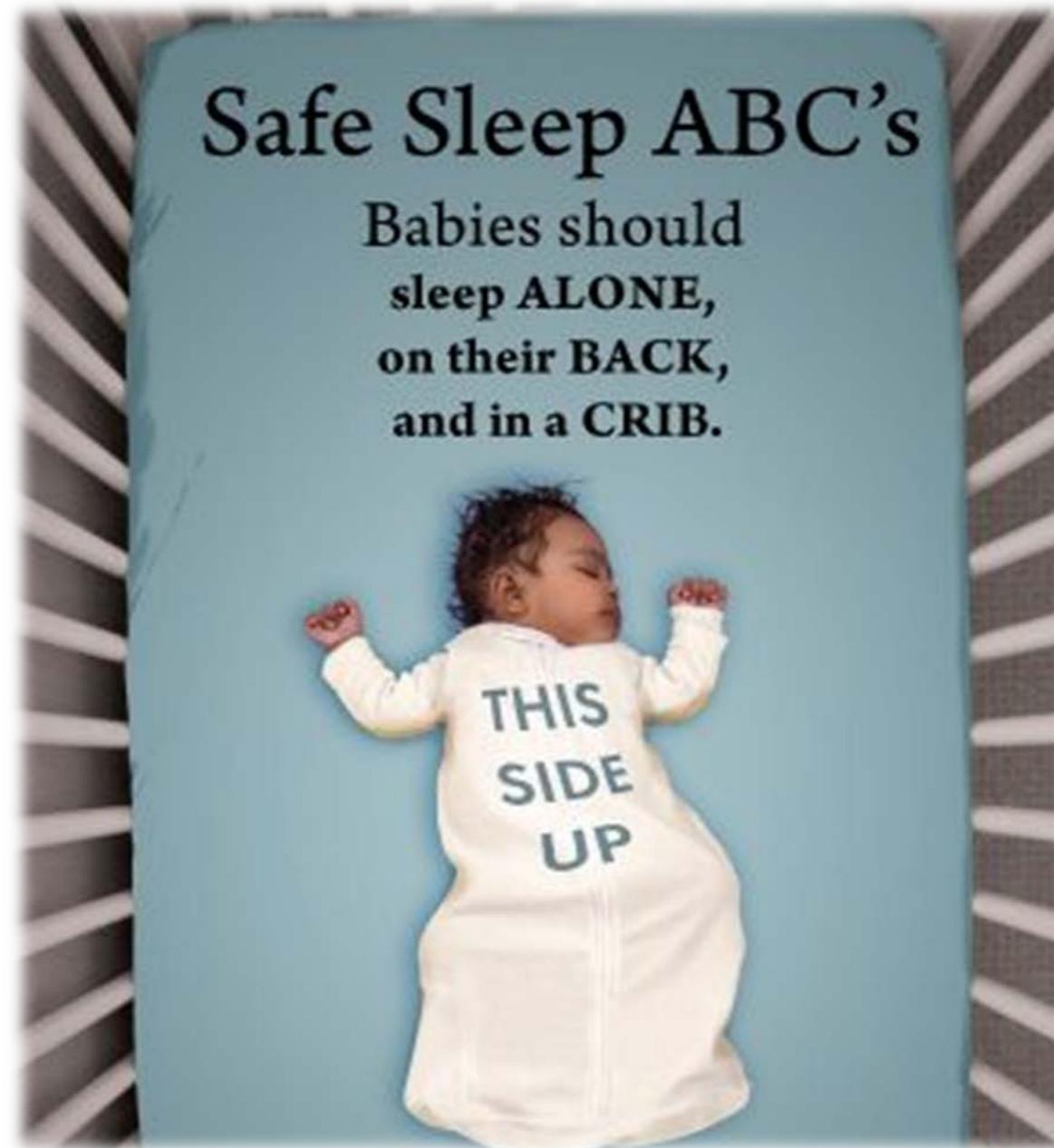
Is this baby safe?



Working Together



To Keep Babies Safe



Thank you for all you do!



Discussion



- Feedback on Safe Sleep Work Plan Objectives
- Challenges in promoting Safe Sleep recommendations to families
- Additional feedback can be sent to:
 - Jaime Comella
 - Maternal and Child Health Program Manager
 - RI Department of Health
 - Jaime.Comella@Health.ri.gov



Ailis Clyne MD, MPH

Ailis.clyne@health.ri.gov

Kristine Campagna, MEd

Kristine.campagna@health.ri.gov

Joe Carr, LICSW

Joseph.Carr@dcyf.ri.gov