



## Texas State Child Fatality Review Team Committee Position Statement: Safe Sleep for Infants

The State Child Fatality Review Team Committee (SCFRT) works closely with local Child Fatality Review Teams (CFRT) to promote public awareness to reduce the number of preventable child deaths. One of the SCFRT recommendations to Child Protective Services in the 2007 Texas Child Fatality Review Team Annual Report focused on increased understanding of infant deaths in sleep environments. The SCFRT initiated a workgroup of active members to develop a position statement on infant and child safe sleep environments. The SCFRT, as well as other state and national organizations, supports the study and community education efforts for safe sleep practices and safe sleep environments to reduce the number of preventable infant and child deaths.

To understand the extent of the issue, it is important to look at the data of the deaths reviewed and data analysis for the 2009 CFRT Annual Report. Data presented are for deaths reviewed for Sudden Unexplained Infant Deaths (SUID), including Sudden Infant Death Syndrome (SIDS) and asphyxia-related deaths. There were 123 deaths classified as SIDS. Fifty-seven percent of SIDS deaths were infants two to four months of age. More than 40 percent of SIDS deaths occurred while the infant slept on their stomach or side. The fact that infants continue to die while sleeping on their backs, the recommended sleep position for infants, illustrates the complexities of SIDS and the importance of documenting the risk factors associated with sudden deaths for infants. However, it is important to recognize that the recommendation made in the early 1990s of placing infants on their backs to sleep as well as other recommendations to avoid other risk factors has greatly reduced the number of SIDS deaths in the U.S.

The 2009 CFRT Annual Report cited reviews of 95 asphyxia deaths. Fifty percent of asphyxia deaths were accidental and suffocation accounted for the majority of the asphyxia deaths reviewed. Eighty-six percent of the suffocation deaths reviewed was associated with a sleep environment and the majority (81 percent) of infant asphyxia-related deaths was due to suffocation occurring on an adult bed. Fifty-four percent of the infants who were certified as having died of SIDS died while sleeping on an adult bed, couch, play pen or other sleep area beside a crib or bassinet.

Response to these preventable deaths has been great. Many local CFRT have formed work groups to better understand the risk factors for infant deaths in sleep environments and to promote community education on safe sleep practices. CFRT members were polled about training and education they would like to receive for regional training held in 2009. Five out of eight regions asked for and received training on how to address safe sleep practices for infants and children.

The Texas Department of Family and Protective Services (DFPS) and the Texas Department of State Health Services (DSHS) collaborated to launch the "Give Babies Room to Breathe" campaign in 2009. DSHS and DFPS have continued to work together on this issue and released two products in 2010. The first product, a curriculum *Safe Sleep for Infants: A Community Training* (in English and in Spanish), is designed for educating expectant and new parents, grandparents and caregivers and is intended for wide use in the community. It was piloted in three sites and is in use throughout the state. The second product is *Safe Sleep 360°*, an interactive online training designed specifically to train Child Protective Services (CPS) caseworkers on how to recognize risk in infant sleep environments and how to educate parents on providing a safe sleep environment for their babies. This training is required of all CPS casework staff. In order to better understand infant sleep practices, DSHS conducted the Texas Infant Sleep Study, a survey of 1,800 women who had given birth during the previous year. The survey revealed that more than three-quarters of all mothers reported that their infant usually sleeps or naps on an appropriate sleep surface, such as a crib, bassinet or cradle. Additionally, 75 percent of all mothers reported they had ever lain down or slept with their infant.

## **RECOMMENDATIONS TO THE STATE OF TEXAS, THE TEXAS LEGISLATURE, PARENTS, HEALTHCARE PROVIDERS AND CHILD FATALITY REVIEW TEAMS**

The SCFRT, as well as other state and national organizations, makes the following recommendation: The safest place for a baby to sleep is in the same room with a parent or caregiver but on a separate sleep surface, such as a safety-approved crib or bassinet. This allows parents to check on and bond with the baby and makes breastfeeding more convenient. Infants are often breastfed or comforted in an adult bed, then returned and placed in a crib or bassinet to sleep or when the parent is ready to return to sleep. Infants should not be brought onto an adult bed when the parent(s) are overly tired, on medications or substances that make them drowsy and less alert, when they are ill and are very upset or angry.

### **RECOMMENDED HEALTHY PRACTICES FOR PARENTS OF INFANTS**

It is recommended that:

- Pregnant women take care of themselves during pregnancy and receive early prenatal care.
- Family members support pregnant women in efforts to get prenatal care.
- Parents quit smoking and remain smoke-free after the birth of the child.
- Children receive regular well-child check-ups.
- Parents who do not have a safe or adequate area for a baby to sleep should look for resources in their community that can help provide such items.
- Parents inquire on safety information on cribs, bassinets and other related items found in sleep environments, such as toys, bedding and blankets.
- Mothers should exclusively breastfeed their infants for the first six months and should continue to breastfeed for the first year and beyond as long as mutually desired by mother and child.

### **RECOMMENDED SLEEP POSITION**

It is recommended that:

- Babies are placed on their backs to sleep for every sleep (for naps and at night.)
- Babies are given time on the tummy while awake and supervised by a responsible older teen or adult.
- Parents tell caregivers, relatives, friends and babysitters that their baby will be placed on the back to sleep.
- All healthcare providers counsel parents on safe sleep environments and practices.

### **RECOMMENDED SLEEP ENVIRONMENT**

It is recommended that:

- Babies are placed to sleep in a safety-approved crib or bassinet with a firm mattress, using a well-fitting sheet made for the mattress.
- Parents maintain the home and the baby's sleep area free of cigarette smoke.
- Babies are never placed to sleep on soft mattresses or other soft surfaces such as cushions, sofas, chairs, waterbeds, or beds up against the wall or with loose headboards.
- In and around baby's sleep environment should be free of unsafe items, such as pillows, quilts, comforters, sheepskins, stuffed toys, other soft objects, bumper pads, plastic sheets, plastic bags, strings, cords or ropes.

The SCFRT makes these recommendations on sleep environments and safe sleep practices as well as general health practices to help reduce the number of preventable infant and child deaths. These recommendations are made to reinforce researched best practices for safe sleep of infants. This position statement is intended as a support document for those working to reduce infant deaths and not as a general handout.

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The SCFRT Position Paper on Safe Sleep is a product of the SCFRT Workgroup on Safe Sleep (Dr. Juan Parra, Dr. Donald McCurmin, Gwen Gray, LMSW, John Hellsten, PhD, Katherine Ratcliff, and Leanne Courtney, RN). The Position Paper on Safe Sleep will be reviewed annually and updated as new validated information indicates.

June 2008, reviewed and renewed August 2009, reviewed and renewed April 2011

**SOURCES:**

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