



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 of risk factors in order to reduce the number of preventable child deaths. The SCFRT and local CFRTs recognize that unsafe sleep conditions are either a direct or contributing cause of many sudden infant deaths. Safe sleep recommendations are intended to address sleep-related asphyxial deaths or deaths due to environmental factors (e.g. hyperthermia). The SCFRT, as well as other state and national organizations, supports community education efforts for safe sleep practices and safe sleep environments to reduce the number of preventable infant and child deaths. Safe sleep practices address a number of risk factors, including the position of the infant, the quality and characteristics of the sleep surface, the presence of other objects in the sleep environment (e.g. toys, bumper pads), the presence of other individuals on the same surface (bed-sharing), and the environment in which the sleep surface is located.

Safe sleep can be a difficult and somewhat confounding topic due to the overlapping relationship with Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID). It should be recognized that SIDS is not a diagnosis or a disease, but in fact a classification for unexplained infant deaths with negative or inconclusive findings after a complete autopsy and scene investigation. Some of these deaths may be due to genetic disorders, infectious etiologies, or even unrecognized violence, but many studies demonstrate that a significant number of sudden unexplained deaths are likely attributable to unsafe sleep practices. This concept was most famously illustrated by the “Back to Sleep” campaign in the mid-1990s. After the recommendation was made by the American Academy of Pediatrics (AAP) to place infants on their back to sleep, the rate of SIDS dropped by almost fifty percent. This modification of sleep practices (from prone to supine position), resulted in less asphyxial deaths due to smothering (obstruction of the airway associated with the prone position). Subsequent studies have clearly shown a higher incidence of SIDS-type deaths associated with bed-sharing and other potentially dangerous sleep environments.

To understand the extent of the issue, it is important to look at the data of the deaths reviewed and data analysis for the 2012 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 179 deaths classified as SIDS on the death certificate. Of the sleep-related deaths (as identified by the local CFRTs) there was agreement in only 19.1% of SIDS deaths where the CFRT and the death certificate both concluded the death was the result of SIDS. Forty-seven percent of SIDS deaths were infants two to four months of age. Almost half (47.3%) of SIDS deaths occurred in an adult bed. 31.4 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 2012 CFRT Annual Report cited reviews of 68 asphyxia deaths in children less than 1 year of age. Thirty-four percent of these deaths were related to “threats to breathing” and sixty-six percent were related to “accidental suffocation in bed.”

Response to these data regarding preventable deaths has been impressive. Many local CFRT's 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 now 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 sharing the same sleep surface with their infant at some point.

Recommendations to the State of Texas, the Texas Legislature, Parents, Healthcare Providers, and Child Fatality Review Teams

The SCRFT, as well as other state and national organizations, makes the following recommendation:

The safest place for an infant to sleep, particularly within the most vulnerable time between birth and 4 months, 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 monitor 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 Sleep Position:

- Infants should be placed on their backs to sleep for every sleep period (for naps and at night.)
- Infants should be given time on the tummy while awake and supervised by a responsible caregiver.

- Parents should tell caregivers, relatives, friends and babysitters that their infant will be placed on the back to sleep.
- All healthcare providers counsel parents on safe sleep environments and practices.

Recommended Sleep Environment:

- Infants should be placed to sleep in a safety-approved crib or bassinet with a firm mattress, using a well-fitting sheet made for the mattress.
- Parents should maintain the home and the infant's sleep area free of cigarette smoke.
- The sleep location should have adequate environmental heating or cooling with respect to the time of year.
- Infants should never be 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.
- The sleep environment should be free of unsafe items, such as pillows, quilts, comforters, sheepskins, stuffed toys, other soft objects, bumper pads, plastic sheets, or plastic bags. Strings, cords or ropes should not be allowed within or in proximity to the sleep surface
- Infants should not share a sleep surface with adults, siblings, or pets.
- Infants should not wear excessive layers of clothing in bed.
- Parents should avoid sharing the same sleep surface with their infant, particularly if they are excessively tired or under the influence of alcohol, sedating medications, or other substances.

Additional Recommendations:

- 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 should inquire on safety information on cribs, bassinets and other related items found in sleep environments, such as toys, bedding and blankets.
- 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.
- Mothers should diligently attempt to exclusively breastfeed their infants for the first six months and should continue to breastfeed for the first year and beyond
- Consider offering a pacifier at each sleep opportunity
- Avoid overheating, head-covering.
- Infant should receive immunizations as appropriate for age.
- Avoid commercial devices marketed to reduce the risk of SIDS.
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS.

The SCFRT makes these recommendations on sleep environments and safe sleep practices to help reduce the number of preventable infant 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.

The SCFRT Position Paper on Safe Sleep is a product of the SCFRT Workgroup on Safe Sleep (Dr. Donald McCurnin, Dr. Ada Booth, and Dr. Reade Quinton). 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, reviewed and renewed July 2013, reviewed and renewed December 2015.

Sources

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