Safe Infant Sleeping: Addressing Sudden Unexpected Infant Death in Massachusetts

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On October 2, 2014, Governor Patrick declared October to be Infant Safe Sleep Awareness Month
Background

- Local and State Child Fatality Review Teams – longtime focus on connection between Sudden Unexpected Infant Death (SUID) and infant sleep practices
- DPH convened a multi-stakeholder Safe Sleep Advisory Group in 2012 to address SUID
- In June, the Executive Office of Health and Human Services convened high level Safe Sleep Task Force
Sudden Unexpected Infant Death (SUID) is the leading cause of death among infants 1-11 months of age.
What is Sudden Unexpected Infant Death (SUID)?

According to the American Academy of Pediatrics, SUID is described as “any sudden and unexpected death, whether explained or unexplained (including SIDS), that occurs during infancy.”

*Includes unintentional suffocation in bed or other or unspecified threat to breathing
Sudden Unexpected Infant Deaths, MA Infants 2007-2011

Source: Registry of Vital Records and Statistics, MDPH
Infant Sleep Deaths: Risks

- Stomach or side sleeping
- Sleeping with another person
- Cluttered crib: stuffed animals, pillows, blankets, crib bumpers
- Infant age: 1-11 months (with 2-4 months being greatest risk)
- Maternal age
- Smoking
- Significant racial and ethnic disparities
Average Annual Rate of Sudden Unexpected Infant Death* by Selected Race/Ethnicity, MA Residents <1 Year, 2007-2011

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>121.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>72.9</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>45.7</td>
</tr>
</tbody>
</table>

Source: Registry of Vital Statistics, MDPH.
*SUID includes: SIDS, unintentional suffocation in bed, and undetermined causes
Rates not displayed for racial and ethnic groups where count <5
Sleep Position By Race/Ethnicity, MA Mothers, 2011

% placing infant to sleep on back

White non-Hispanic: 85.8%
Black non-Hispanic: 58.6%
Hispanic: 67.7%
Asian non-Hispanic: 79.0%

Race/Ethnicity of Mother

Prevalence of infant being “most often” placed to sleep on back by select maternal age groups, MA Mothers, 2011

![Bar Chart]

% placing infant to sleep on back

- <20 years: 62.8%
- 20-29 years: 75.0%
- 30-39 years: 83.8%

Maternal Age

Source: MA Pregnancy Risk Assessment Monitoring System, 2011 Preliminary Data
Sleep Location By Race/Ethnicity, MA Mothers, 2011

DPH Efforts

• Surveillance
• Policy
• Public Education
• Training
Massachusetts Data Sources for Surveillance of the Problem

**Population-based Data:**

- Registry of Vital Records and Statistics, Massachusetts Electronic Death File (coded data)
- SUID database (in development) – text based data at the Office of the Chief Medical Examiner

**Survey Data:**

- Pregnancy Risk Assessment Monitoring System (MDPH)
MA SUID Database

• Collaboration between DPH and the Office of the Chief Medical Examiner (OCME)
  • All SUID deaths from January 2011 forward

• Utilizes the SUID Investigation Form
  • Developed by the State Child Fatality Review Team in 2009-2010
  • standardized collection of relevant information of unexpected deaths
  • MA form is a shortened version of the form developed by the Centers for Disease Control and Prevention, with a few questions unique to MA
MDPH revised its safe sleep policy to align with the new AAP guidelines:

• Babies should be put to sleep on their back
• Babies should sleep in the same room as parent(s) but on a separate sleep surface
• Uncluttered Crib
• Breastfeeding should be encouraged
• Smoke Free Environment
Safe Sleep Challenges

- Strongly held beliefs about position/concerns about choking
- Beliefs related to breast feeding and maternal-infant bonding
- Sense of intimacy and protection with co-sleeping
- No access to safe crib or pack and play
- Lack of knowledge about dangers
- Inconsistent messages
- Calming a Fussy or Crying Infant
- Parent fatigue
Shh... You can keep me safe while I sleep.

ALWAYS put me on my BACK to sleep for naps and at night.

Keep me NEAR you, but in MY OWN crib, with a firm mattress and a tight-fitting sheet.

DON'T PUT toys, blankets, pillows, or bumper pads in my crib.

NO SMOKING, please!

BREASTFEED me.

Keep me cool – DON'T OVERHEAT me or the room.

1-800-311-BABY (2229)
For more information, visit www.nichd.nih.gov/aids

MA Department of Public Health
TDD/TTY: (877) 624-5993 • Web: www.mass.gov/dph
WIC Training Initiative

• Significant disparities in safe sleep practices by WIC participants
• Parents trust WIC
• Comprehensive Training Initiative
  • Train-the-Trainer, March, 2013
  • 572 WIC staff trained
    • Evaluation demonstrated that there were positive changes in knowledge, attitudes and behaviors in infant safe sleep education and counseling
    • Evaluation demonstrated that the changes were not universal, demonstrating need for repeated training and additional types of education/interventions for WIC clients
• Online training for new WIC employees
Additional Trainings for Professionals Working with Parents/Caregivers

• Mass Home Visiting
• Department of Children and Families
  • 50 family resource supervisors (2013)
  • 60 family resource supervisors (train-the-trainer, 2014)
• Early, Education and Care
  • Developed a training for family child care providers (day-care centers)
  • Collaborated with EEC to develop a RFQ for trainers to become “approved” infant safe sleep trainers
• Hospitals
  • 1 day conference for staff from birthing hospitals
  • Presented at the Beth Israel Deaconess Medical Center’s NeoQIC Meeting (March, 2014)
Upcoming Trainings

• BayState Medical Center NeoQIC Department
• Department of Housing and Community Development – Webinar (October, 2014)
• Early Intervention Program
EOHHS Safe Sleep Task Force

• Convened by Secretary John Polanowicz and Chaired by Assistant Secretary Kathleen Betts
• High level participation from:
  • Department of Public Health
  • Department of Children and Families
  • Early Education and Care
  • Massachusetts SIDS Center
  • Office of the Child Advocate
  • Department of Housing and Community Development
• This month launched a multipronged awareness initiative
Key Initiatives

- **Public Awareness:** posters on MBTA, billboards, and in DTA & DCF offices, and homeless shelters, plus daily tweets (#infantsafesleep)

- **A Book for Every Baby:** Partnering with the Baystate, Boston Medical Center, UMass Memorial, Cambridge Health Alliance and Boston Children’s Hospital as well as Reach Out and Read

- **Involvement of State Agencies:** DCF including “This Side Up” onesies and book in welcome baby bags; EEC providing magnets to all licensed child care programs and DHCD to homeless parents living in hotels/motels

- **Resources for Physicians:** Partnering with the Massachusetts Chapter of the AAP and MHA

- **Mass.gov/SafeSleep**
Thank you and Questions?