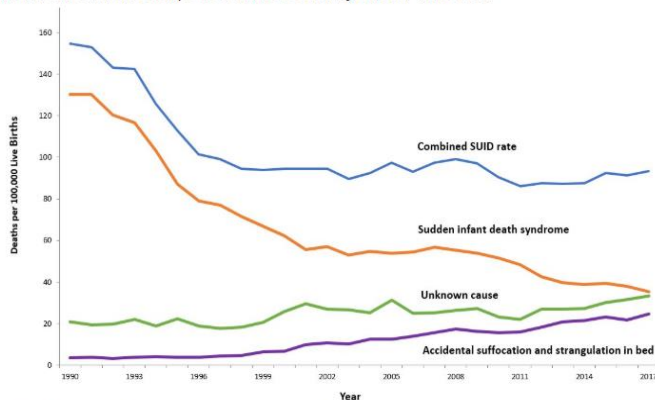


Infant Safe Sleep

“Back to Sleep” was the first public information effort to reduce the incidence of Sudden Infant Death Syndrome (SIDS) deaths in the United States by promoting infants sleeping on their backs. The campaign proved effective, and over the last 25 years both the USA and Nebraska have seen a reduction in the number of SIDS deaths¹. Data from the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) indicates that Nebraska parents have received the “back to sleep” message, and in 2017 87% of state respondents were placing infants in the supine position for sleep.² Nonetheless, as the incidence of SIDS in both the United States and Nebraska has decreased, the number of infants dying from accidental suffocation and strangulation in bed (ASSB) this includes sofas, armchairs and recliners) and other sleep-associated causes has steadily increased. (Figure 1) These three categories of SIDS, ASSB, and Unknown are collectively known as Sudden Unexpected Infant Death (SUID); use of the collective term avoids errors created by inconsistent cause of death coding within and across counties and states.¹ Nebraska PRAMS data also indicates a 6.6% increase in parent/child sleep surface sharing (an ASSB risk factor) between 2013 and 2017, with 23.7% of respondents indicating sleep surface sharing in 2017.²

Figure 1

Trends in Sudden Unexpected Infant Death by Cause, 1990-2017



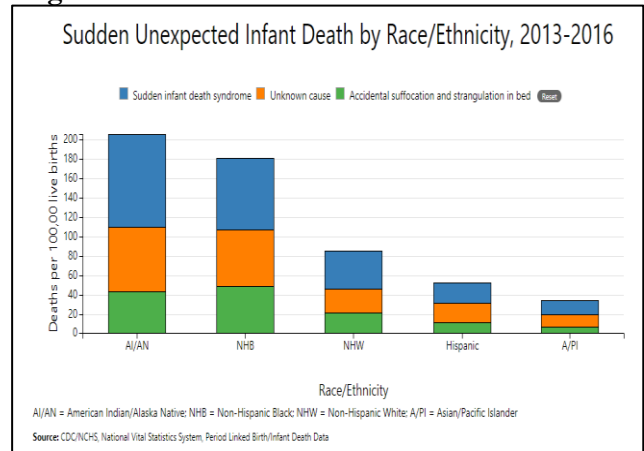
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files
This graph shows the trends in sudden unexpected infant death (SUID) rates in the United States from 1990 through 2017.

Criterion 1: Disparities Exist Related to Health Outcomes

The American Academy of Pediatrics (AAP) recommends protected, safe sleep environments. 2017 PRAMS data shows that significant racial and ethnic differences exist in numbers and percentages of infants who routinely share their sleep surface with others². The number of infants who share their sleep surface is highest in mothers who are African American (41.5%) followed by Asian (34.2%), American Indian (31.4%) and Hispanic

(29.5%) compared to White (19.6%) with Nebraska average of 23.7%. The United States SUID rates by race/ethnicity is demonstrated in Figure 2.

Figure 2



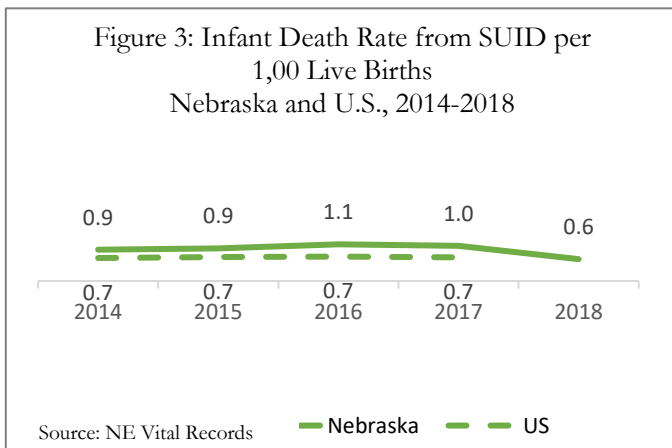
The 2016 AAP safe sleep recommendations contain guidelines that break down various risks as well as protective behaviors in creating a safe sleep environment for all infants and address the unacceptable ethnic and racial disparities in national SUID and SIDS rates particularly for African American infants.³ Recommendations regarding safe sleep for infants includes the protective practice of infants sharing a bedroom with a parent, but

close to the parents’ bed, on a separate surface designed especially for infants. Evidence exists showing that infants that sleep in their parents’ room on separate surface can decrease their risk of SIDS/ SUID by as much as 50%.⁴

This modifiable risk factor, infants sharing a sleep surface with others, becomes a potentially significant opportunity for families of racial and ethnic populations to prevent infant deaths and reduce long-standing disparities.

Criterion 2: Data Exists to Document the Problem-

SUID data are available from Vital Statistics at both the state and national levels. The charts below show a breakdown on SUID deaths in Nebraska and on the national level.



As the overall national incidence of SIDS deaths has declined over the last 30 years, Nebraska Vital Statistics data from 2014-2018 shows rates consistently above the national levels (Figure 3).

Criterion 3: Alignment, use the priority to maximum advantage

Several entities around the state are working to reduce SUID deaths. In 1993, the Nebraska Legislature created the Child Death Review Team (CDRT) creating a process to

understand why and how children in Nebraska were dying. The CDRT reviews the numbers and causes of deaths of children ages 0 to 17 with the overall goals of identifying patterns of preventable child death and recommend changes in health care and social services systems’ responses to child death ultimately preventing future deaths.⁵ Similarly, the Douglas County Fetal and Infant Mortality Review Team (FIMR) reviews infant deaths in that county. Both the CDRT and FIMR have used their data to improve the understanding of unsafe sleep environments and contributing factors, and to campaign for safer sleep environments.

Three additional state agencies are stakeholders in the campaign for safe sleep. The Federal Family First Prevention and Services Act requires the Nebraska Department of Health and Human Services (NDHHS), Division of Children and Family Services to develop and implement a comprehensive statewide plan to prevent child maltreatment fatalities. One of the proposed goals is to ensure that education on crying babies and safe sleep become a routine part of education efforts with parents.

The Nebraska Office of the Inspector General (OIG) is an independent form of inquiry and review of the actions of individuals and agencies responsible for the care and protection of children in the child welfare and juvenile probation systems. The OIG has recommended coordinating prevention efforts on two crucial topics – safe sleep for infants and pediatric abusive head trauma, both of which were prominent causes of death or serious injury in cases investigated by the OIG.⁶

Licensed childcare providers are required to attend training related to infant safe sleep. A

one-hour workshop was developed by the Nebraska Department of Education’s Early Childhood Training Center⁷ and meets the requirements of Nebraska Revised Statute 43-2606.⁸

Breastfeeding has been shown to decrease the risk of SIDS. The 2016 AAP Recommendations and the 2019 Academy of Breastfeeding Medicine Protocol #6 outline ways for healthcare providers to discuss breastfeeding and decreasing the risk of SUID, including open-ended questions and dialogue.^{4,9} Sharing knowledge, data, resources and initiatives across these state/local agencies will better ensure that Nebraska’s children are safe.

Criterion 4: Strategies Exist to Address the Problem/An Effective Intervention is Available

Known strategies and interventions on safe sleep do exist across Nebraska. Birthing hospitals in NE present video and reading materials to new parents that discuss the dangers of shaking a baby and sudden infant death syndrome.¹⁰

With the NE Safe Babies Campaign, 96% of NE hospitals have committed to becoming Safe Sleep Hospital Champions. In 2019, the Nebraska Safe Babies Clinic campaign was developed to build upon the program. Both the programs hope to reduce the disparities in SUID numbers across Nebraska’s diverse populations.¹¹

In 2018, Nebraska saw an overall decrease in the SUID rate a promising sign that the various prevention activities are having an impact. However, racial and ethnic disparities persist, and expanding targeted outreach and

education will have continuing benefit in decreasing these disparities.¹²

Criterion 5: Severity of Consequences

According to the CDC, 3,600 sudden unexpected infant deaths (SUID) occurred in the United States in 2017. Approximately 1,400 deaths were due to SIDS, 1,300 deaths due to unknown causes, and about 900 deaths due to accidental suffocation and strangulation in bed.³ Between 2010 and 2017, 184 babies died in NE from SUID per Nebraska Vital Statistics.

The loss of a baby is devastating to not only the parents, it touches grandparents, other family members, friends, and community members. Grief and even guilt will be present throughout their lifetime.¹³ Again, reducing infant health disparities is a critical step towards reducing infant mortality and SUIDs to improve the health and wellbeing of all infants in NE, allowing more babies to celebrate their first birthday.

If this issue is selected as one of the Title V MCH priority needs in 2020, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?

- A consistent decrease of SUID, including accidental suffocation and strangulation in bed (ASSB) deaths.
- Continuation of the NE Safe Babies educational campaign including increasing the number Clinic Champions across the state.
- Continued monitoring by CDRT and FIMR of the impact of prevention recommendations.

¹ Alexa B. Erck Lambert, S. E.-M. (2018, March). National and State Trends in Sudden Unexpected Infant Death: 1990-2015. Retrieved from Pediatrics: <https://pediatrics.aappublications.org/content/141/3/e20173519>

² (2019). PRAMS - NE Title V Needs Assessment Data.

³ Centers for Disease & Control: SUID Data & Statistics

<https://www.cdc.gov/sids/data.htm>

⁴ American Academy of Pediatrics Announces New Safe Sleep Recommendations to Protect Against SIDS, Sleep-Related Infant Deaths. (2020, February 24). Retrieved from American Academy of Pediatrics:

<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>

⁵ Nebraska Department of Health and Human Services. Child Death Review. <http://dhhs.ne.gov/Pages/Child-Death-Review.aspx>

⁶ The Office of Inspector General of Nebraska Child Welfare. <https://nebraskalegislature.gov/divisions/oig.php>

⁷ Nebraska Department of Education. Early Childhood Training Center.

<https://www.education.ne.gov/oec/early-childhood-training-center/>

⁸ Nebraska Revised Statute 43-2606. (2020, February 24). Retrieved from Nebraska Legislature:

<https://nebraskalegislature.gov/laws/statutes.php?statute=43-2606>

⁹ Blair, P. S., Ball, H. L., Mckenna, J. J., Feldman-Winter, L., Marinelli, K. A., Bartick, M. C., ... Wonodi, A. (2020). Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019. *Breastfeeding Medicine*, 15(1), 5–16. doi:

10.1089/bfm.2019.29144.psb

¹⁰ Nebraska Revised Statute 71-2103. (2020, February 24). Retrieved from Nebraska Legislature:

<https://nebraskalegislature.gov/laws/statutes.php?statute=71-2103>

¹¹ Nebraska Department of Health and Human Services. Nebraska Safe Babies Campaign.

<http://dhhs.ne.gov/Pages/Nebraska-Safe-Babies-Hospitals.aspx>

¹² Nebraska Department of Health and Human Services. Vital Statistics.

<http://dhhs.ne.gov/Pages/vital-Statistics.aspx>

¹³ First Candle. Bereavement Support for a SIDS loss is Critical. <https://firstcandle.org/bereavement-support-for-a-sids-loss-is-critical/>