Evaluations

Nursing Contact Hours, CME and CHES credits are available.

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Featured Speaker

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Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

November 19, 2015
Learning Objectives

After participation in this broadcast, the learner will be able to:

▪ Explain the public health impact of sleep-related infant deaths in New York State and the nation
▪ Name the three A-B-C’s of infant safe sleep
▪ Identify at least two elements of a safe sleep environment

NYS Sudden Unexpected Infant Death (SUID) 2008-2012

NYS SUID, 2008-2012

Infant Mortality

Fact: Over 3500 babies in the U.S. die suddenly and unexpectedly each year!

Causes of SUID
Determining SIDS

- Performance of a complete autopsy
- Examination of the death scene
- Review of the case history

Distribution of SIDS by Age

SIDS Triple Risk Model

Intrinsic
- Smoking
- Prematurity
- Alcohol & illicit drugs
- Hypoxia
- Growth restriction

Extrinsic
- Prone/side sleep position
- Soft bedding
- Overbundling/overheating
- Bed sharing, with or without smoking/alcohol

SIDS: A Brainstem Abnormality

- Blood Pressure
- Temperature Control
- Respiratory Control
- Upper Airway Reflexes
- Arousal

SIDS Pathogenesis

Serotonin receptor binding density lower in SIDS cases compared to controls

SIDS Pathogenesis

- Head lifting or turning
SIDS Pathogenesis

Step 1: Life threatening event
- Asphyxia and brain hypoperfusion

Step 2: Progressive Asphyxia
- Failure of arousal

Step 3: Hypoxic coma

Step 4: Bradycardia and gasping

Step 5: Failure of autoresuscitation, resulting in death

Supine Sleep and Aspiration

Orientation of the Trachea to the Esophagus

SIDS Rate and Back Sleeping 1988-2006

Increasing the Risk

Chicago Infant Mortality Study
- Sleeping on soft bedding: 5x
- Sleeping on the stomach: 2.4x
- Shared a bed with other children: 5.4x
- Sleeping on the stomach on soft bedding: 21x

Setting Policy on SUID

- American Academy of Pediatrics (AAP) Policy Recommendations
  - Level A
  - Level B
  - Level C
- Policy recommendations and technical report issued by AAP SIDS Task Force in 2011

AAP Level A Recommendations

- Back to sleep for every sleep
- Use a firm sleep surface
- Room-sharing without bed-sharing
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during and after pregnancy
AAP Level A Recommendations

- Avoid alcohol and illicit drug use during pregnancy and after birth
- Breastfeeding is recommended
- Consider offering a pacifier at nap time and bedtime
- Avoid overheating
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS

AAP Level B Recommendations

- Infants should be immunized in accordance with recommendations
- Avoid commercial devices marketed to reduce the risk of SIDS
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of flattening of skull

AAP Level C Recommendations

- Health care professionals should endorse recommendations from birth
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising
- Continue research and surveillance with the ultimate goal of eliminating these deaths entirely

The ABC’s of Safe Sleep

- **A** Alone: Not with other people, pillows, blankets, or stuffed animals.
- **B** on my Back: Not on the stomach or side.
- **C** in my Crib: Not on an adult bed, sofa, cushion, or other soft surface.

Overcoming Barriers To Change

- Prone positioning: fear of choking
- Baby sleeps “better” on stomach
- Soft things are safer for the baby
- SIDS is “God’s will”
- Why bother? Recommendations keep changing anyway
- Vigilance: sleep with baby for protection

Urge Parents To Take Action

- Social learning theory and motivational interviewing encourages health care providers to:
  - Use a positive tone
  - Provide adequate information
  - Allow the parent to ask most of the questions
  - Promotes atmosphere of acceptance and compassion
Medical Exceptions in Hospital
- Conditions where baby may benefit from prone or side lying position
- Thermoregulation – may need extra bundling and/or hats when sleeping
- Any deviation from the AAP recommendations should prompt an explanation to the parents

TEACHABLE MOMENTS!

Overcoming Barriers
- Education in the media and advertising
- Think outside the box…
- Counteract idea that SIDS is not preventable/”It’s in God’s hands”
- Accidental sleep death, “I don’t want the baby to suffocate”

Bed Sharing With Overlay

Things You Can Do …
- Tools to cope with fussy babies
- Sleep-deprived parents may make poor judgments
- Make use of 5 S’s: swaddling, side carrying, shushing, swinging, and sucking

Changes To Consider
- Discuss sleep safety instead of just SIDS
- Discuss aspiration and choking concerns with parents
- Discourage use of bumper pads and other soft bedding
- Encourage room sharing without bed sharing
Hospital-Based Programs

- Capture 100% of the birthing population for education
- Point of intersection for all the members of the health care team with family members
- Nurses are critical role models
- It is efficient and cost-effective

A Model Program

- Replicate Abusive Head Trauma Program
- 50% reduction in shaken baby injuries
- Program Components:
  - DVD presentation on infant sleep safety
  - Face to face review with nursing staff
  - Sign voluntary acknowledgement statement

Hospital Program Organization

From Campaigns To Conversations

- Caregivers know the "message," but are not changing behaviors
- Caregivers report a need to understand the reasons for safe sleep recommendations
- Behavior change requires two-way communication

Coordinated Education Works!

<table>
<thead>
<tr>
<th>Location</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>17% reduction in deaths in 1 year</td>
</tr>
<tr>
<td>South Dakota</td>
<td>Infant mortality rate decreased from 8.6 to 6.5 (2013)</td>
</tr>
<tr>
<td>South Carolina</td>
<td>41% drop in accidental sleep-related deaths</td>
</tr>
<tr>
<td>Baltimore, MD</td>
<td>Lowest infant mortality rate ever recorded, decreased 28%. Racial disparity decreased almost 40%</td>
</tr>
</tbody>
</table>

Cribs For Kids

- Originated in Pittsburgh in 1998
- Goal: Eliminate preventable unsafe sleep deaths
  - Disseminate information on SIDS and safe sleep
  - Distribute safe infant cribs to families in need
Crib Distribution

- Patients identified by local providers
- Confirmation of pregnancy
- Personal responsibility
- Education: PNP and sleep safety
- Provide brochures, Graco Pack ‘N Play (w/SKU number), crib sheet and Halo sleep sack

National Certification Program

Rationale for a National Certification Program

- Consistent messaging and modeling
- Road map for success
- Culture of sleep safety
- Monitor progress
- Reward for achieving goals

How It Works

Certification has three levels:

- Eliminating Sleep-Related Deaths

90 children = four kindergarten classrooms

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