

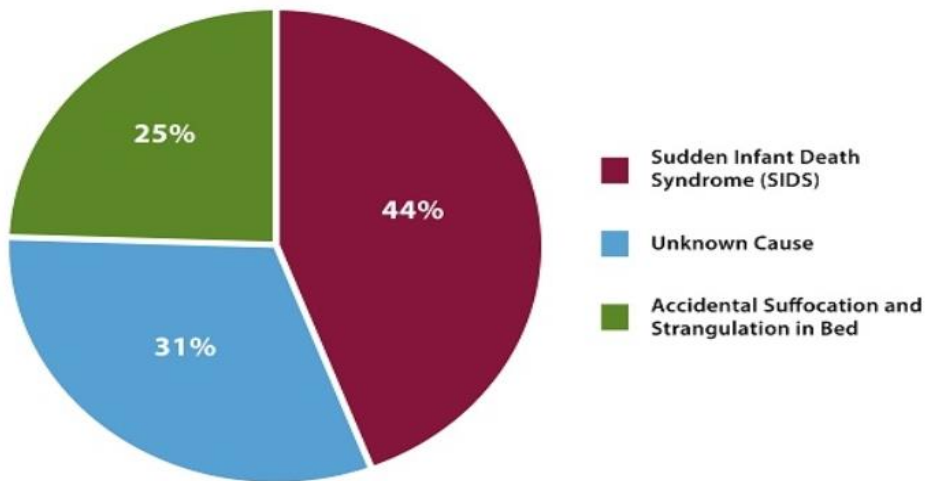
Addressing Sleep Related SIDS Risk Reduction in Norfolk

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SIDS and Safe Sleep Nationally

Breakdown of Sudden Unexpected Infant Death by Cause, 2014

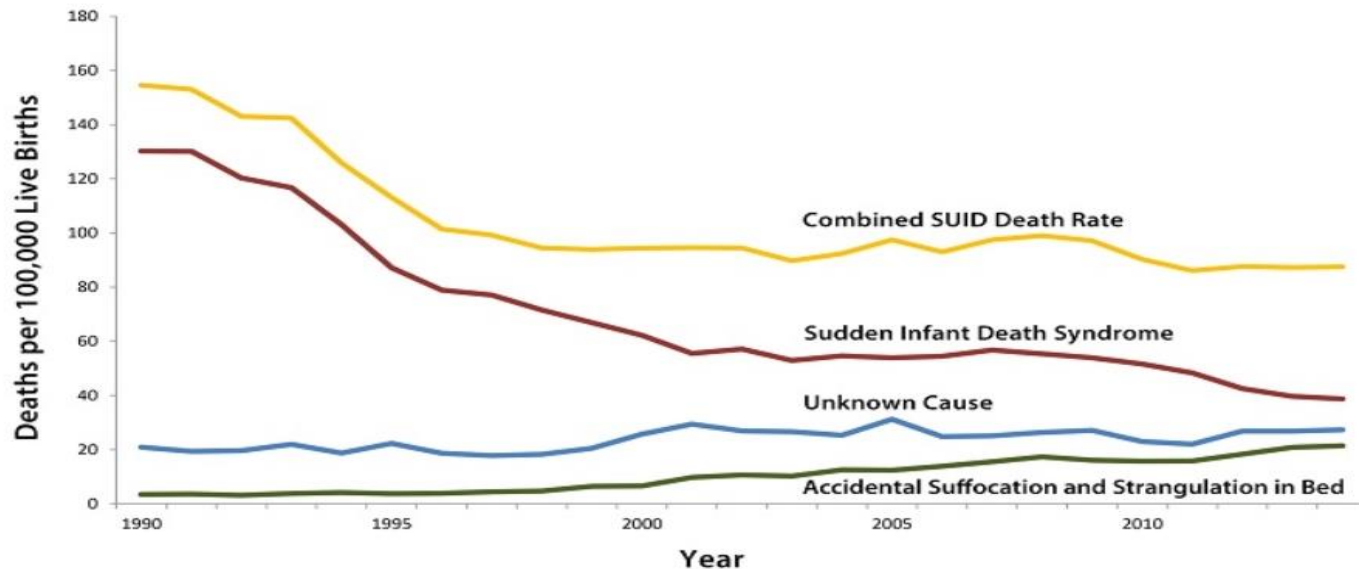


SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

This chart shows the breakdown of sudden unexpected infant deaths by cause in 2014. 44% of cases were categorized as sudden infant death syndrome, followed by unknown cause (31%), and accidental suffocation and strangulation in bed (25%).

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Trends in Sudden Unexpected Infant Death by Cause, 1990-2014

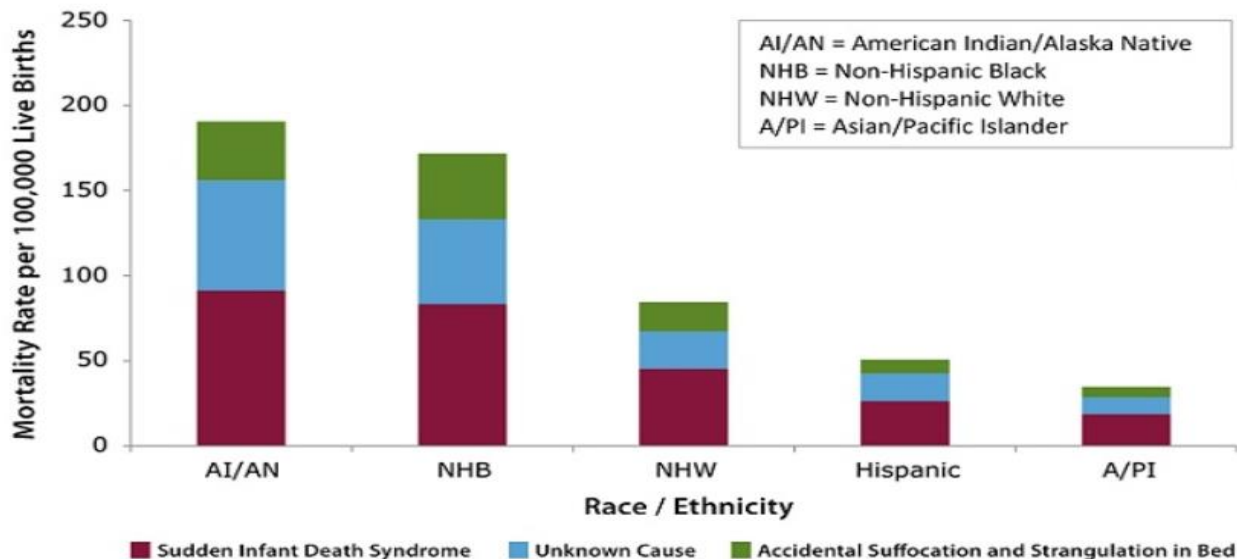


Abbreviation: SUID, sudden unexpected infant death.

SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

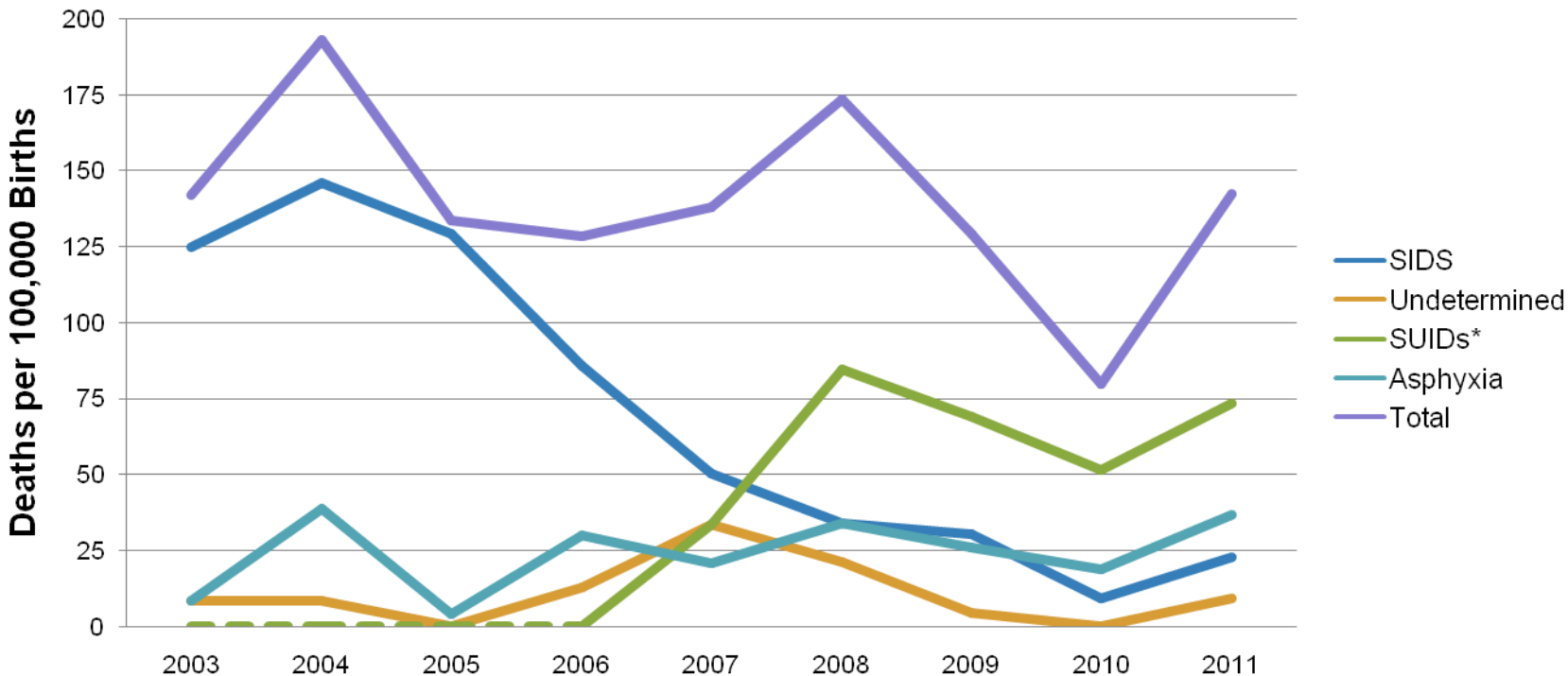
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Sudden Unexpected Infant Death by Race/Ethnicity, 2010-2013



SOURCE: CDC/NCHS, National Vital Statistics System, Period Linked Birth/Infant Death Data.

Total Death Rate for Selected Cause of Infant Death in Hampton Roads



Source: VDH, Office of the Chief Medical Examiner

* SUIDs data was not reported until 2007

SIDS and Safe Sleep Nationally

Currently the American Academy of Pediatrics (AAP) recommends following these guidelines to decrease the chances of SIDS:

1. Back to Sleep for every sleep.
2. Use a firm sleep surface.
3. Room-sharing without bed-sharing is recommended.
4. Keep soft objects and loose bedding out of the crib to reduce the risk of SIDS, suffocation, entrapment, and strangulation.
5. Pregnant women should receive regular prenatal care.
6. Avoid smoke exposure during pregnancy and after birth.
7. Avoid alcohol and illicit drug use during pregnancy and after birth.
8. Breastfeeding is recommended.
9. Consider offering a pacifier at nap time and bed time.
10. Avoid overheating.
- 11. Health care professionals, staff in newborn nurseries and NICU nurseries, and child care providers should endorse the SIDS risk-reduction recommendations from birth.**

Ideal Sleeping Environment

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

Does your baby

SLEEP SAFE?



Far too many babies in Baltimore City die before their first birthday. Many of these deaths happen while the baby is sleeping. Don't put your baby at risk.

Put your baby to sleep safe.

SLEEP SAFE
Alone. Back. Crib.
NO EXCEPTIONS

SLEEP SAFE



Alone.

Most sleep-related deaths occur when babies sleep with an adult or another child, or in an adult bed or on a sofa. Share your room with your baby, but not your bed.



Back.

The safest position for a baby to sleep is on his or her back. Babies are not more likely to choke while laying on their backs. In fact, when a baby is on its stomach, anything spit up can block the air pipe and cause choking or breathing problems.



Crib.

Your baby's sleeping places should be clean and clear. No blankets, pillows, fluffy toys or stuffed animals. Just a tight-fitting sheet on a firm mattress.



No Exceptions.

Your baby should ALWAYS sleep safe: Alone. On his or her back. In a crib. Every night. Every nap. It's just not worth the risk of your baby dying.

Baltimore for
Healthy Babies
Every baby counts on you.

HealthyBabiesBaltimore.com

Baltimore for Healthy Babies is an innovative effort to reduce infant mortality in Baltimore City. It is sponsored by the Office of Mayor Stephanie Rawlings-Blake, Baltimore City Health Department, The Family League of Baltimore, and Cardinal Heugens BlueCross BlueShield.

SIDS and Safe Sleep in Hampton Roads/Norfolk

- ▶ **Yearly Report of Child Abuse and Neglect Fatalities in Hampton Roads (July 1, 2014 to June 30, 2015)**
 - Concluded that 21 of the 33 unfounded deaths were associated with unsafe sleeping environments.
 - Approximately 80% of the children who died were in the care of their biological mother, father or both.

Facing The Problem

- ▶ In order to determine where the disconnect between the medical knowledge base and the community is we must first inspect what our own faculty and staff know.
- ▶ Moon (2007) found that 78% of pediatricians and family physicians recognized supine as the recommended sleep position.

EVMS Survey

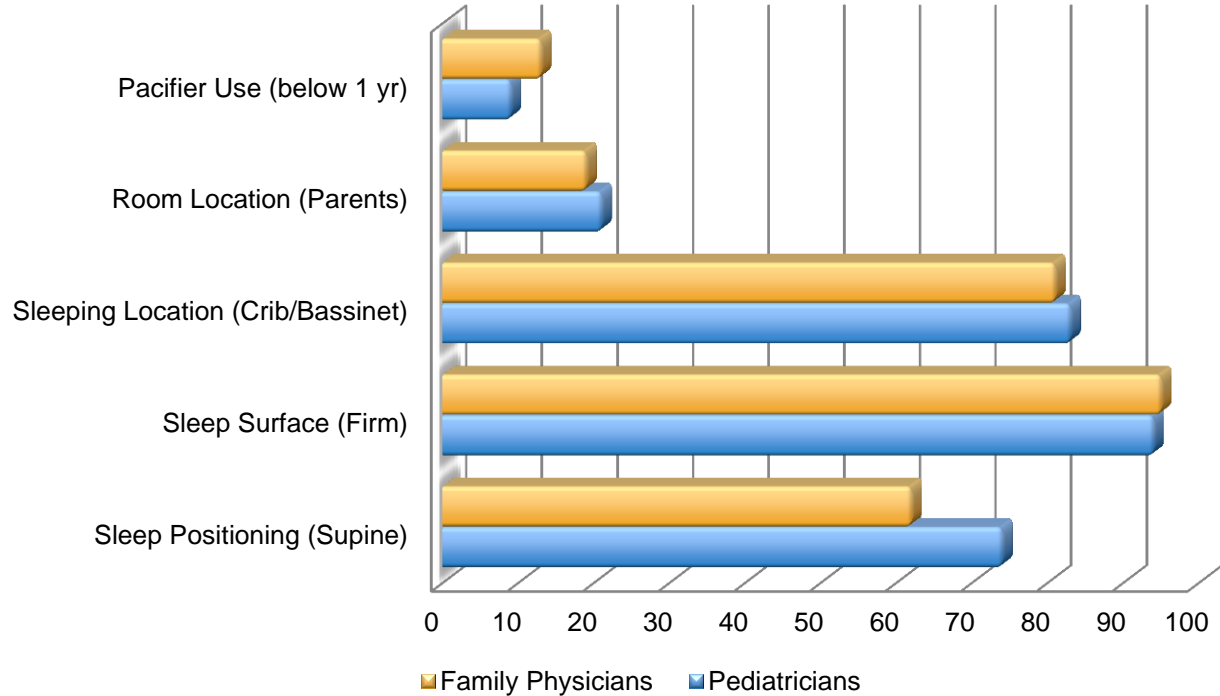
- ▶ Distributed a 25 item, cross-sectional, anonymous online survey to identify knowledge deficits and attitudes concerning infant sleep environments.
- ▶ A sample of 330 subjects responded. 97% of participants correctly reported cribs as being the safest place to sleep.

EVMS Survey Cont.

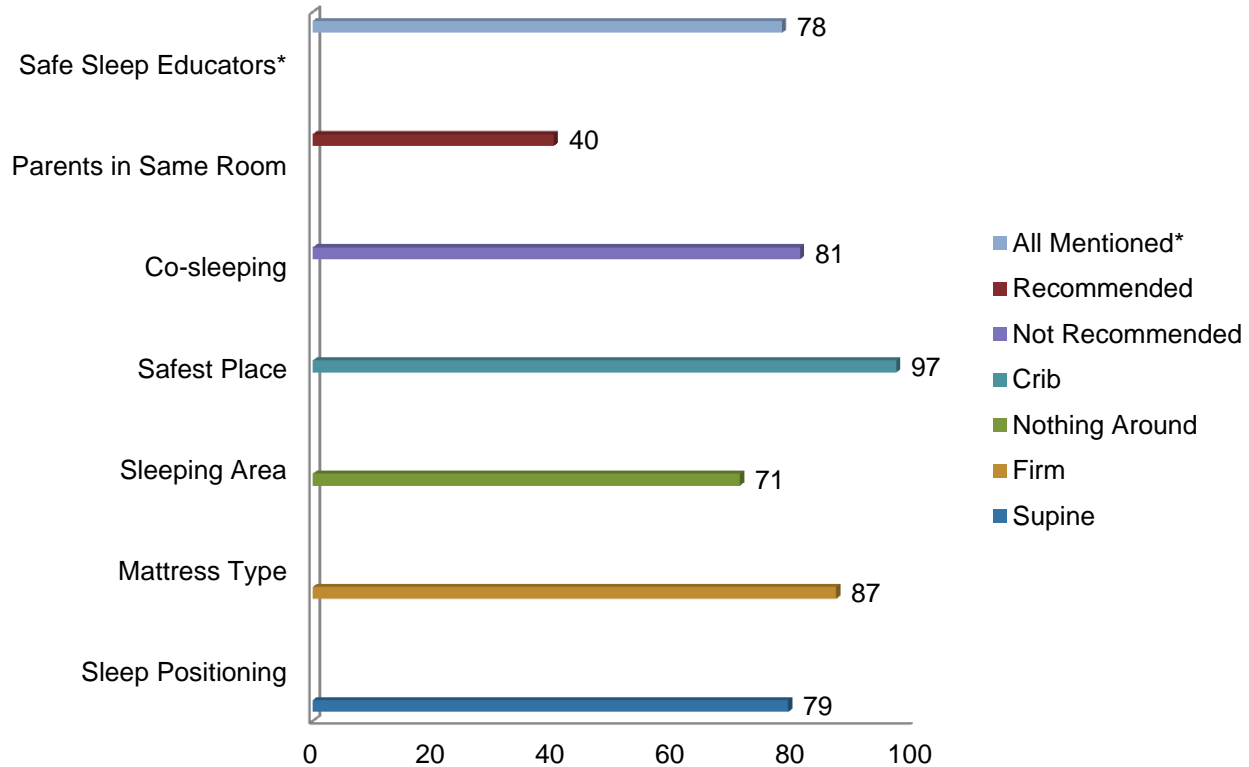
- ▶ 21% of participants cited incorrect sleep positioning and 30% reported placing their own children/grandchildren in a position other than supine.
- ▶ 37% of respondent were unfamiliar with the 1992 safe sleep guidelines set by the AAP.
- ▶ Statistically significant associations between respondents' familiarity with the 1992 AAP guidelines and several outcome variables related to infant safe sleep practices.

Physician Recommendations to Parents (Moon et. Al, 2007)

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Percentage of Participants Who Identified Recommended Safe Sleep Practices at EVMS



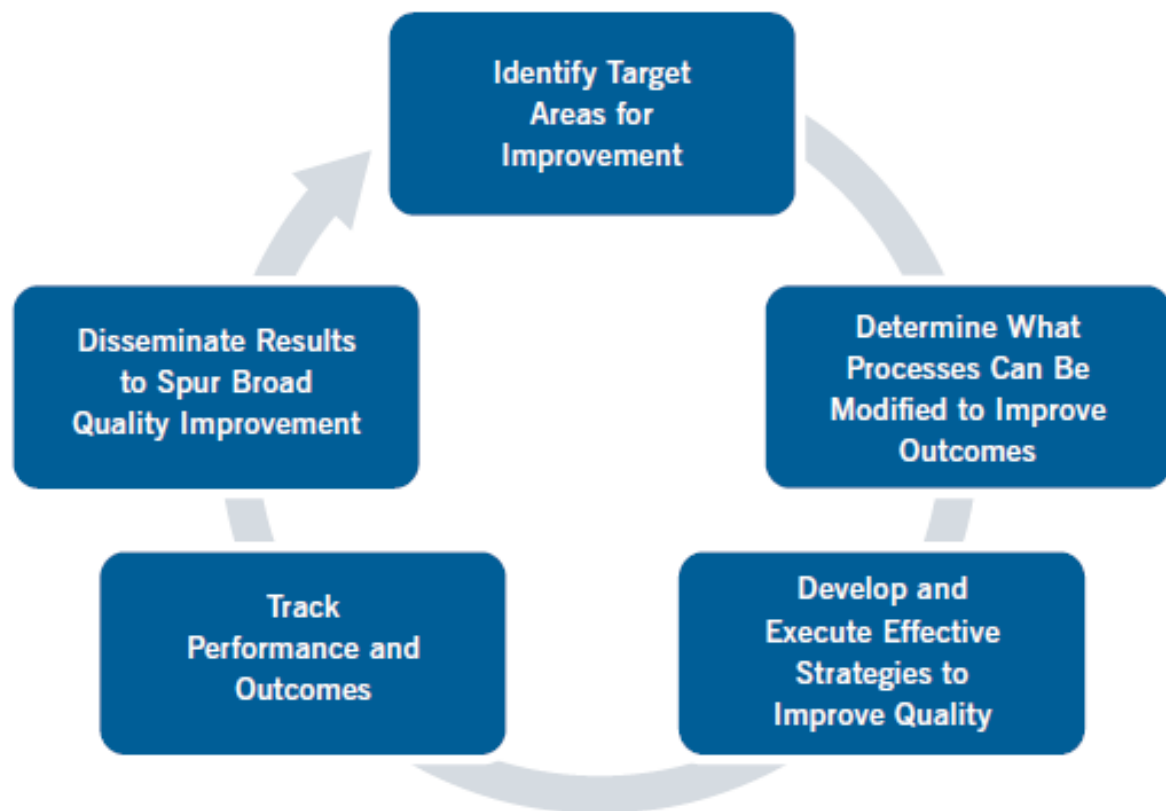
Next Steps

- ▶ Despite ongoing educational efforts, a false understanding of infant sleep safety persists in the healthcare workforce.
- ▶ Future surveys for employees at local healthcare organizations will allow a better understanding of the knowledge-based disparities across physician and non-physician specialties as well as clinical and non-clinical care providers.

Plans for Future Data

- ▶ After the data set is collected, and a baseline is established, we can use that information to build a team of professionals who will focus the educational campaigns on the key specialties.
- ▶ The aim is to increase safe sleep education for all physicians to effectively relay it to their patients.

Chart 1: Five steps to Improving Quality



Source: Analysis by Avalere Health and American Hospital Association.

Examples to Follow

▶ Baltimore's B'more for Healthy Babies Foundation

▶ <http://healthybabiesbaltimore.com/our-initiatives/safe-sleep>



▶ National Institute of Health's Safe to Sleep Educational Campaign

▶ <https://www.nichd.nih.gov/sts/Pages/default.aspx>



References

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 - ▶3. Moon RY, Gingras JL, Erwin R., Physician beliefs and practices regarding SIDS and SIDS risk reduction. *CLIN PEDIATR*.
 - ▶4. De Luca F, Boccuzzo G. What do healthcare workers know about SIDS?: the results of the Italian campaign 'GenitoriPiu'. *J.R. Statist. Soc.*
 - ▶5. Kellerman, S.E. & Herold, J (2001). Physician Response to Surveys: A review of the literature. *Am J Prev Med* 20(1): 61-67
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