



California Sudden Infant Death Syndrome Advisory Council

Minutes of the August 19, 2014, Meeting

Members of the Council

Thomas G. Keens, M.D.,
Chair, Physician member.

Lorie Gehrke, *Vice Chair,*
SIDS Parent.

Kitty Roche, R.N., P.H.N.,
B.S.N., M.S.W. *Secretary,*
Public Health Nurse

Kathleen Beichley, *SIDS*
Parent

Dawn Dailey, R.N., P.H.N.,
Ph.D., *Public Health*
Nurse.

Steven Durfor, *Police/Fire*
First Responder.

James K. Ribe, M.D.,
Medical Examiner.

Rachel Strickland, *SIDS*
Parent.

Dennis H. Watt, *Coroner.*

Penny F. Stastny, R.N.,
B.S.N., P.H.N.,
President, Southern Calif.
Regional SIDS Council.

Susana Flores, P.H.N.,
President, Northern Calif.
Regional SIDS Council.

Council Chairperson:

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Kathleen Beichley Dawn Dailey Steve Durfor Lorie Gehrke Tom Keens James Ribe



Kitty Roche Rachel Strickland Dennis Watt Penny Stastny Susana Flores

Members of the California SIDS Advisory Council. August, 2014.

- **Members Present:** Thomas G. Keens, M.D., *Chair*; Lorie Gehrke, *Vice Chair*; Kitty Roche, R.N., P.H.N., B.S.N., M.S.W., *Secretary*, Kathleen Beichley; Dawn Dailey, RN, PHN, PhD; Susana Flores, P.H.N.; James K. Ribe, M.D., J.D.; Rachel Strickland; Penny F. Stastny, R.N., B.S.N., P.H.N.; and Dennis Watt.
- **Members Absent:** Steve Durfor.
- **State and California SIDS Program:** Abbey Alkon, R.N., P.N.P., Ph.D.; Sandra Bahn; Carrie Florez; Bobbie Rose, R.N., P.H.N.; Guey-Shiang Tsay, R.N., M.S.N.; and Mimi Wolff, M.S.W.
- **Guests:** Shanna Anseth, P.H.N.; Luz Arboleda-Babcock, R.N., B.S.N., P.H.N.; Aline Armstrong, R.N., P.H.N.; Brooke Biechman, R.N., P.H.N.; Lucy Chaidez; Patti Dellacort, R.N., C.L.C.; Katie Eastman; Donna Fry, R.N., B.S.N., Sr.P.H.N.; Julie Espinoza Garcia, M.S.W., L.C.S.W.; Donna Fry; Michelle Herrera; Stephany Ponce, R.N., P.H.N.; Judy Savage, P.H.N.;



- The meeting was held by telephone conference call. A quorum of greater than 2/3 of Council members was present. The meeting was called to order at 1:31 P.M., on August 19, 2014.

- **Introductions.**

Council members, state staff, and guests introduced themselves.

- **State Report.**

Guey-Shiang Tsay and *Sandra Bahn* presented a report of the California SIDS activities of the Maternal, Child, and Adolescent Health (MCAH) Division of the California Department of Public Health.

State Budget: The State budget was signed by the Governor for FY 2014-15. We do not anticipate any Title V federal funding cuts to MCAH for FY 2014-15 and the allocation for SIDS program remains the same.

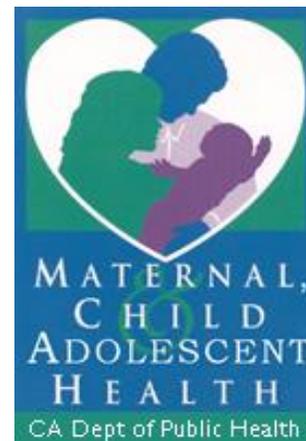
Center for Family Health/MCAH Personnel Updates: Dr. Connie Mitchell has accepted the position of Deputy Director, Center for Family Health, effective July 14, 2014. Dr. Mitchell has been serving as the Chief of Health Policy in the Office of Health Equity since August, 2012. Prior to that, she was the Branch Chief for Policy Development in the MCAH. We are pleased to have her as the Deputy Director leading the Center for Family Health.

Shabbir Ahmad, MCAH Title V Director, returned to his position as Chief of the Epidemiology, Assessment, & Program Evaluation Branch within MCAH and Addie Aguirre is currently serving as Acting Division Chief of MCAH effective Monday, July 14, 2014.

MCAH recently updated a letter to California Hospitals regarding providing SIDS risk reduction information to parents of newborns. The CA SIDS Program UCSF Contractor will help to distribute this letter and related information to the Children's hospitals and birthing hospitals in California. Thank you to Dr. Keens for this suggestion and to UCSF Contractor for distributing this letter to California hospitals.

The California SIDS Program Website: Juliet Crites, (MCAH staff) is continuing to receive requests from UCSF Contractor to update the current CA SIDS Program website. MCAH is accomplishing this with assistance from our Department's ITSD staff and in consideration of MCAH's other workload.

CA SIDS Advisory Council: Dr. Thomas Keens, MD, Chair, suggested that AB757 is a California Statute which requires hospitals caring for newborn infants to provide education to parents about safe infant sleep (copy of the law appended). The California Department of Public Health has previously interpreted this law as applying only to hospitals who deliver newborn infants. Thus, hospitals which care for newborn infants, or other infants, but do not deliver newborn infants, would be exempt from the law. However, a closer reading of the law does not restrict its obligation to hospitals which give birth to infants, but also hospitals which "care for newborn infants". Thus, the Children's Hospitals in California, who do not deliver babies, but who care for sick newborn infants, are also required to comply.



The nine appointed members of the *California SIDS Advisory Council* receive reimbursement from the State of California for their travel expenses to attend the one person-to-person meeting of the Council each year. It was revealed at this meeting that the *Regional SIDS Council Presidents*, who are ex officio members of the *California SIDS Advisory Council*, may not be reimbursed for their travel expenses to the *33rd Annual California SIDS Conference*, and the *California SIDS Advisory Council* meeting which is the day before. The Southern and Northern California Regional SIDS Councils are our windows on the California SIDS community.

Having the Presidents of these Councils present at Advisory Council meetings is crucially important. In fact, they may be more important than standing members of the Council, as they have their fingers on the pulse of the California SIDS Community. Therefore, wisely, many years ago, they were made ex officio members, and their travel and expenses have always been reimbursed to the same extent as other Council members. It was the consensus of the Council that this practice must continue. *Guey-Shiang Tsay* and *Sandra Bahn* will investigate this and get information back to the Council Chair.



Guey-Shiang Tsay



Carrie Florez

• **California SIDS Program.**

Abbey Alkon, R.N., P.N.P., Ph.D., Program Director; and *Bobbie Rose, R.N., P.H.N.*, Nurse Educator; and *Mimi Wolff, M.S.W.*, Project Manager; reported on activities of the California SIDS Program as follows:

Presumed SIDS Deaths

- There have been 28 presumed SIDS cases reported to the CA SIDS Program from April 1-June 30, 2014.
- For this reporting period, the CA SIDS Program has received 16 Coroner Notification Cards and 27 PHSR Forms.
- Public Health Services Reporting forms are available on the California SIDS Program Website.
- The new yellow Coroner Notification Cards were mailed from the MCAH Division to the 61 local health jurisdictions in April. The California SIDS Program began receiving the yellow cards shortly thereafter. Information about using the yellow cards rather than the outdated green cards has been widely disseminated.

SIDS Training and Educational Programs for Professionals

- April 9, 2014, Southern California SIDS Training for Emergency Personnel and Public Health Professionals in Santa Ana

Santa Ana Training, April 9, 2014	Registered	Attendance from sign-in sheets
Public Health Professionals	59	57
Emergency Personnel	7	6

Evaluation score average: 4.81 (on a 5 point scale)

New SIDS Coordinators

Cynthia Brayboy, MSW was welcomed as the newly appointed SIDS Coordinator in Long Beach.

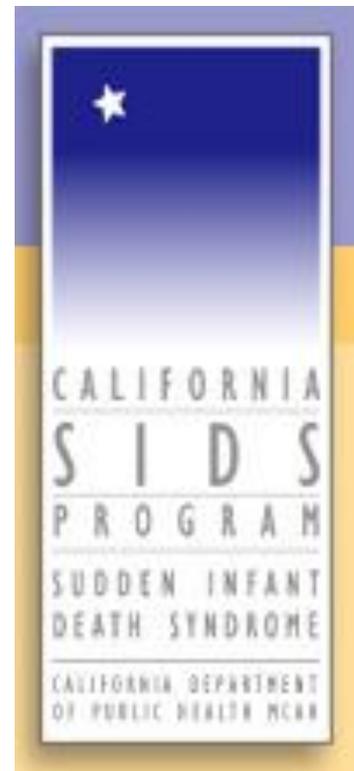
Planning for Annual SIDS Conference in Sacramento, October 17, 2014

- The Conference agenda, registration materials, flyer and related documents have been sent out.
- An online registration form is available. (A pdf registration form is also be available.)
- Speakers and parent panelists have been confirmed.
- A block of rooms has been reserved at the Hyatt at the special rate of \$95.00 per night.
- “Save the Date” announcements have been emailed and posted to the California SIDS Program website.

Consultation, Technical Assistance, and Communication

Information, counseling and consultation were provided for 84 requests by phone and email. Most calls came from SIDS Coordinators and MCAH Directors.

- Most requests come by email. Of the 84 requests, there were 49 email requests and 35 phone requests.
- After hours crisis counseling is available through the Contra Costa Crisis Center. There have been no after-hour calls to the Contra Costa Crisis Center this quarter.
- The kinds of technical assistance requested are as follows from most common to least common: SIDS Educational/SIDS Informational/SIDS Outreach Activities, Grief Support/Counseling/Consultation, Reporting Procedures, SIDS Advisory and SIDS Council Meetings, and Conference and Training Information.
- The California SIDS Program electronic Newsletter was sent in June. The Newsletter was sent to the SIDS Advisory and Regional Councils and their associated mailing lists, SIDS Coordinators, MCAH Directors, Training attendees, and other interested parties who request to be on the list.
- *SIDS and Infant Death Survival Guide, fourth edition* by Joani Horchler was mailed to the SIDS Coordinators in the 61 local health jurisdictions in California.



New SIDS Risk Reduction Materials Identified

- *A Loving Goodbye* was re-printed to distribute upon request. Copies will be available at the October 2014 SIDS Conference.
- *Sleep Baby Safe and Snug*, a board book for children that provides anticipatory guidance for parents about safe sleep from the Charlie’s Kids Foundation. Copies will be distributed at the October 2014 SIDS Conference.
- Downloadable images of a safe sleep environment from NICHD
- Safe to Sleep Webinar from Healthy Child Care America

- Reducing the Risk of SIDS in Child Care Online Course from AAP
- Consumer Products Safety Commission (CPSC) Safety Rules for Bedside-Sleepers
- New CPSC Safety Standards for Soft Infant and Toddler Carriers
- Zero to Three's State Baby Facts was distributed

Public comment period on slings now open on the CPSC website until October 6, 2104. A new proposal from the CPSC concerning infant sling carriers has been released for public comments. This proposed CPSC standard would set new safety measures for baby sling carriers. To see the proposed standard:

http://www.cpsc.gov/en/Regulations-Laws--Standards/Rulemaking/Final-and-Proposed-Rules/Sling-Carriers/?utm_source=August+Email&utm_campaign=august+email+alert&utm_medium=email

New Articles

1. *The Physiological Determinants of Sudden Infant Death Syndrome*

Environmental and biological risk factors contribute to Sudden Infant Death Syndrome (SIDS). There is growing consensus that SIDS occurs at the intersection of multiple risk factors that result in the failure of an infant to overcome cardio-respiratory challenges.

<http://www.ncbi.nlm.nih.gov/pubmed/23735486>



Abbey Alkon, Bobbie Rose and Mimi Wolff

2. *Many Parents Not Following Safe Sleep Practices for their Babies*

According to a recent survey of mothers of 392,397 infants born in 36 states, about one-third of parents still don't place their infants to sleep on their backs to sleep, although it's known to reduce the risk of SIDS. www.aap.org/en-us/about-the-aap/aap-press-room/pages/Many-Infants-Still-Not-Placed-on-Their-Backs-to-Sleep-.aspx

3. *Deaths and Near Deaths of Healthy Newborn Infants while Bed Sharing on Maternity Wards*

Education of mothers and more efficient monitoring is suggested to reduce the risks associated with maternity ward bed sharing. <http://www.ncbi.nlm.nih.gov/pubmed/24480904>

Website

- The CA SIDS Program website is in the process of transitioning from the current format to a CDPH-supported platform.
- Web updates are submitted to MCAH from the California SIDS Program on the 15th of each month.
- California SIDS Program contact information has been updated.
- The SIDS Advisory Council Minutes from the April 29 meeting have been posted.
- SIDS Coordinator lists are updated monthly.
- Resources for parents were updated in May.

- Coroner cards. Doctor Ribe (Los Angeles) noted that LA is using the SUID diagnosis for all its SIDS cases. To us at the Los Angeles County Department of Medical Examiner, SUID and SIDS mean the same thing. We should be sending reports and yellow cards on all of these cases. However, in some counties, these babies are not being referred to public health nursing. SIDS Coordinators need to be involved. It is recommended that SIDS Coordinators receive information on all babies who die suddenly and unexpectedly, and then the PHNs can decide who to visit. Dr. Keens will address this issue in his talk at the 33rd Annual California SIDS Conference.

- **SIDS Risk Reduction Education.**

- **Los Angeles County Infant Safe Sleep Campaign.**

ICAN is pleased to announce we have been given permission by our campaign funder, First 5 Los Angeles, to "license" the "Safe Sleep for Baby" campaign.

Now you can customize and run the campaign in your local area at a fraction of the original campaign costs.

Organizations can also choose to pool their resources together to fund a regional or statewide effort.

How to Get a Customized "Safe Sleep for Baby

<http://www.cvent.com/events/mproc.aspx?m=92f7a800-5f53-438c-bba3-861a00e5305a&u=http%3a%2f%2fsafesleepforbaby.com%2f&l=Safe+Sleep+for+Baby>>"

Campaign:

1. Contact Shelly Holmes at Rogers|Finn Partners (the Strategic Communications Agency that developed the campaign for ICAN) via her email at shelly@finnpartners.com <<mailto:shelly@finnpartners.com>>, to outline your interests and/or set up a call time.
2. Shelly will then give you a cost estimate for your approval to begin work. Please keep in mind that all fees and media buy costs have been reduced by at least 15 percent. Consulting to ascertain your needs and provide an estimate is free.
3. Throughout the process, depending on what you choose, you may be interacting with various members of the "Safe Sleep for Baby" team from ICAN staff, to Rogers|Finn Partners staff to Incite Radio Buy Services. We will try as much as possible to keep you to one point of contact and when others are involved to keep everyone in the loop so you don't have to repeat yourself.

List of Services Available:

- Policy Consulting -- ICAN can consult on policy issues, taskforce development and insights from our Safe Sleep for Baby Taskforce process. Hourly fee for consultation is \$125.
- Project Management and Marketing Consulting – Rogers|Finn can advise you on all aspects of your campaign and/or help you customize available campaign materials. Project management fees vary from \$85 - \$315 per hour depending on personnel needed. Remember, the cost estimate will serve as your guide to anticipated costs based on what

you request. If you have a specific budget you must work within, please let Shelly know and she'll recommend a program to fit that need.

- The following campaign products can be customized to include your organization's name and logo. Products will be provided as an electronic file for you to print/place. Radio DJ reader PSAs will be done by the local station where you are buying time.
- Available "Safe Sleep for Baby" campaign assets include: Safe Sleep Tool Kit

(English<<http://www.cvent.com/events/mproc.aspx?m=92f7a800-5f53-438c-bba3-861a00e5305a&u=http%3a%2f%2fsafesleepforbaby.com%2fpdf%2ftraining-toolkit-all-files-english-only.pdf&l=English>>),

Spanish<<http://www.cvent.com/events/mproc.aspx?m=92f7a800-5f53-438c-bba3-861a00e5305a&u=http%3a%2f%2fsafesleepforbaby.com%2fpdf%2fkit-de-entrenamiento-archivo-completo-solo-espanol.pdf&l=Spanish>>)



CDPH Guidance for Local Health Jurisdictions and Communities Addressing Infant Safe Sleep Environments.

The *California Department of Public Health* website includes a document entitled *Guidance for Local Health Jurisdictions and Communities Addressing Infant Safe Sleep Environments* (copy appended to the end of these Minutes). This statement was published on March 29, 2013. This statement on safe infant sleep endorses the American Academy of Pediatrics' *Safe Infant Sleep* recommendations of 2011. However, there is some concern about the way this deals with bedsharing. Specifically, the Guidance suggests educating families who choose to bedshare about bedsharing practices which are particularly unsafe. The document does state that room-sharing without bedsharing is the recommended and safest infant sleep practice. The Council reviewed the document.

Penny Stastny and Doctor James Ribe reported that the *Southern California Regional SIDS Council* had reviewed this document at its August 14, 2014, meeting. In general, the Council was concerned that the document appeared to endorse bedsharing if parents wished to do so. The Los Angeles County Safe Infant Sleep Task Force used focus groups in Los Angeles to find the best way to transmit safe infant sleep messages. A frequent comment was that officials continued to change their messages. A single consistent message was most important in terms of affecting behavior change. This document appears to give conflicting messages about bedsharing. The Council asked for more information about who the document was intended for and what it was intended to address.

There was considerable discussion about this document. There can be a delicate balance between respecting families, while at the same time offering information for changes that can benefit families. Most believed that nurses should give *very clear* messages regarding issues of health, safety, abuse, and what parents *should not* do. Working with high-risk parents, this is of the utmost importance to try to make a difference in keeping their children safe.

Regarding the bed-sharing topic, if PHN's genuinely view their role as providing options for safe sleep that include bed-sharing, then bed-sharing with infants will continue to be viewed as a viable option for families who receive visits by PH Nurses. That is why this issue may take more than re-writing this particular "guidance." Re-writing the guidance is only a first step. After all, this guidance has been in place for more than two years. The re-writing of the guidance will need to be followed up with state-wide education of the state's PHN's regarding a clear message of "no bed-sharing with infants." It is within the purview of the SIDS Advisory Council to suggest this comprehensive solution when they address the re-writing of the "guidance" document. If PHNs have been teaching the current mixed message to our state's families over the last two years, then the PHNs will have to be taught that one clear message about "no infant bed sharing" should be their only message.

Lots of discussion and what can we do now? Dr. Ribe moved and Kathleen Beichley seconded to re-evaluate the letter, particularly the part on "safer" Bedsharing with the goal of better articulating the paragraphs referring to "safer sleep" or eliminating altogether. The motion was passed unanimously by members of the Council. Guey-Shiang Tsay will invite Dr. Connie Mitchell to the State Council meeting in October in Sacramento.

- **Council's Role in SIDS Parent Support.**

Any parents who would like to join Facebook SIDS Loop group; SIDS support group, SIDSLoop: <https://www.facebook.com/groups/sidsloop/> Please email *Lorie Gehrke* at lorie@cambiati.com and let her know the name(s) of the people who may be requesting to join the group. The three SIDS parents who administer the group do receive some inappropriate requests to join, so knowing in advance will speed our process of accepting the invite and welcoming people to the group.

- **Public Health Nurse Issues.**

Kitty Roche, SIDS Coordinator for San Diego County, brought up an issue where SIDS deaths occurring on military bases are under Federal jurisdiction, and therefore they are not reported to the State of California. Nor, are those families receiving SIDS services. The California SIDS Program should be able to track these deaths, and assure compliance with California laws and practices. Discussion and other Coordinators will check what the process is in military hospitals. To what extent is this a problem in the state? Can we collaborate with them on SIDS services? **The Child Maltreatment** conference that is held annually in San Diego has military physicians who speak that are experts on infant death that could be contacted. *Kitty Roche* will find out where **the** authority that administers military hospitals lies in California so the Council can approach them to coordinate collaboration.

- **First Responder/Coroner Investigator Issues.**

The California State Coroners Association (CSCA) would like to convene a *SIDS Summit 2*. The first *SIDS Summit* was held on October 19, 2011, in Studio City, California. This was an important conference, which illustrated that the diagnoses of SIDS, Undetermined, SUDI, and SUID all mean that the infant death was unexpected and unexplained. It became clear that these terms are used interchangeably by those who make the diagnoses. Thus, the California SIDS Community has launched an educational campaign to indicate that these diagnoses are equivalent, and that all infants with these diagnoses should be offered grief support and SIDS education home visits by public health nurses.

A meeting of the CSCA's Coroner Curriculum Development Committee (CCDC) was convened on August 7, 2014, to discuss this issue. After some discussion, the CCDC decided to sponsor a one-day to 1½-day interdisciplinary conference on sudden infant death syndrome and other infant deaths during sleep. The goal of the conference is to further the knowledge gained in the original *SIDS Summit*, and to extend this education to others in the SIDS Community, and others who are concerned about infant deaths, such as Child Death Review Teams.

The conference will extend the original *SIDS Summit* audience to be an interdisciplinary group of all involved with SIDS deaths and the deaths of infants who die suddenly and unexpectedly without an identified cause of death. There will likely be a review of "SIDS cases", and *Doctor Ribe* volunteered to work up ten SIDS like deaths to serve as a basis of discussion. The goal will be to educate all concerned about the difficulties in making a definitive diagnosis of the cause and manner of death, and to reinforce the importance of providing public health nurse home visits to families of infants with all of these diagnoses. A planning committee was organized. The conference may be held in May, 2015, and all interested in SIDS and infant deaths will be encouraged to attend. The conference will likely be held in Northern California, as the original *SIDS Summit* was held in Southern California. More information to come as plans are formalized. Other professionals are welcome to attend, but SIDS parents are not, due to the difficult subject matter and the possible reticence of the coroners to speak freely with them present.

- **Southern California Regional SIDS Council.**

Penny F. Stastny, R.N., B.S.N., P.H.N., President of the Southern California SIDS Council reported on the activities of the *Southern California Regional SIDS Council*.

The most recent meeting of the *Southern California Regional SIDS Council* was on Thursday, August 14, 2014.

Kitty Roche, SIDS Coordinator for San Diego County brought up an issue where SIDS deaths occurring on military bases are under Federal jurisdiction, and therefore they are not reported to the State of California. Nor, are those families receiving SIDS services. Autopsies are done by the Medical Examiner at Balboa Naval Hospital (in the COSD cases). They are unaware of the SIDS Autopsy Protocols and do not make referrals to the PHNs for services. Furthermore Military birth hospitals do not give new parents any information on Safe Sleep. The California SIDS Program should be able to track these deaths, and assure compliance with California laws and practices.

Rachel Strickland and *Penny Stastny* participated in a *Patient Care Services Grand Rounds* at Children's Hospital Los Angeles on the topic of "Safe Infant Sleep" on June 5, 2014. Over 60

nurses and staff attended, and *Rachel* was definitely the highlight of this one hour training with her story of Hayden and his short life on this earth.

Penny Stastny received an email from Denise Bertone, Coroner's Investigator in the Los Angeles Office of Coroner, who stated that she has responded to three infant deaths where the long wrap around swaddling cloth was the probable cause of death. It was wrapped around the baby in such a way that the arms were caught in it. The Council discussed risks associated with swaddling in general, especially in view of these deaths.

The Southern Council began discussion about the direction of the *2015 Annual California SIDS Conference*, which the Southern Council will put on. The theme will probably be recent SIDS research, as this was the topic most commonly requested on a survey of the California SIDS Community.

The Southern Council reviewed the California Department of Public Health's document, *Guidance for Local Health Jurisdictions and Communities Addressing Infant Safe Sleep Environments*. In general, the Council was concerned that the



**Southern California Regional SIDS Council.
August 14, 2014, Meeting**

document appeared to endorse bedsharing if parents wished to do so. The Los Angeles County Safe Infant Sleep Task Force used focus groups in Los Angeles to find the best way to transmit safe infant sleep messages. A frequent comment was that officials continued to change their messages. A single consistent message was most important in terms of affecting behavior change. This document appears to give conflicting messages about bedsharing. The Council asked for more information about who the document was intended for and what it was intended to address.

Some of the Highlights from our Southern Council *Community Reports* include the following: (refer to the Southern California Regional SIDS Council minutes of August 14th, 2014, for more details of the individual community reports):

Dr. James Ribe (Sr. Medical Examiner with Los Angeles Coroner's Office) reported that the new management team at the Department of Coroner has instituted a new policy regarding the field investigation and autopsy of pediatric cases. Such cases are no longer being handled by him and one other doctor, nor by a single dedicated investigator (Denise Bertone), but rather, by all doctors and all investigators equally. The requisite training is underway.

Cynthia Brayboy, MSW, ACSW was welcomed as the new SIDS Coordinator for the City of Long Beach Department of Health. She has spent several hours of training with Penny Stastny RN, BSN, PHN, on the Home Visit 101 and SIDS risk reduction strategies. Cynthia has already participated in several SIDS/Safe Infant Sleep activities including the setting up of presentations

for local churches- focusing on grandma's and parents. LBDH has almost completed the disbursement of SIDS/Safe Infant Sleep literature to all CCPs in Long Beach.

Kitty Roche PHN, SIDS Coordinator for San Diego County reported on her SIDS activities: Year to Date: Presumed SIDS-7. Pending-5. Cause of Death: 1 SUID while bed sharing/Undetermined; 1 SIDS with contributing otitis media/Natural. Presentations: She gave Babies R US Parenting Classes for Pregnant Women (2 classes with 35 total families) – well received. Lengthy discussion about infant deaths occurring on Military base housing that are not referred to the Local Health Jurisdiction as outlined above.

Dr. Tom Keens reported on the following from Children's Hospital Los Angeles. Dr. Keens has given and will give several presentations and some of them include:

- 06/05/2014: *Rachel Strickland, Penny F, Stastny, and Brenda Cortez.* "Sweet Dreams, Baby". Patient Care Services Grand Rounds. Children's Hospital Los Angeles. Los Angeles, California.
- 10/28/2014: *Maureen Chavez, Penny F. Stastny, Rachel Strickland, and Tom Keens.* "Sudden Infant Death Syndrome". Pediatric Resident Education Conference. Children's Hospital Los Angeles. Los Angeles, California.
- 10/17/2014: *Tom Keens.* "The State of SIDS in California: Council Action/Recommendations, Diagnosis Shift and Its Impact, Next Steps". Bridges to Tomorrow: 33rd Annual California Sudden Infant Death Syndrome Conference. California Sudden Infant Death Syndrome Program. Sacramento, California.
- 11/06/2014: *Tom Keens.* "Bedsharing and Sudden Infant Death Syndrome". 17th Annual Emergency Medical System for Children Educational Forum. State of California Emergency Medical Services Authority,. Sacramento, California.

The Saban Research Institute at CHLA held a research Poster Day where 178 research posters were submitted from every research group in the hospital. The poster submitted by *Doctors Manu Raam and Sandra Gildersleeve*, titled "Safe Infant Sleep Modeling and Education at CHLA", won the "Best Research Poster" in Clinical/Community Research

Penny Stastny: On behalf of the Guild for Infant Survival-Orange County, *Penny Stastny* will give a Safe Infant Sleep presentation to the Orange County Child Care Association on September 8th, 2014. See above for other SIDS presentations given.

Luz Arboleda-Babcock -Los Angeles County. This year we had 19 presumptive SIDS cases. 68% of these cases involved bed-sharing, and 42% were infants placed to sleep in an unsafe position. Queen's Care, a non-profit organization will collaborate with the SIDS program disseminating safe to sleep messages across the faith community of South, East and Metro LA. 30 CPSP clinics are collaborating with the implementation of Safe Infant Sleep messages/materials to their patients (mothers and their families), and the Safe Infant Sleep DVD is being played in the lobby of the clinics. 4 Nursing Schools/Universities representing 160 students have received safe infant sleep education. Leveraging Social Media to Increase SIDS awareness in LAC abstract was accepted to be presented at the APHA conference in New Orleans in November 2014. SIDS/Safe Sleep Training conducted to 119 Post-Partum and Labor & Delivery nurses and 66 NICU nurses.

Deja Castro, P.H.N -Riverside County: Total cases for 2014: 6 Status: 1 SUID 5 pending. 4 were co-sleeping and 1 was prone in the crib on a pillow. Deja has been actively participating in several educational activities including: OB office visits, staff education and updates; Public

Health Nursing Student Classes; Regional Occupational Students for Child Care; Outreach: 10 pediatric offices, 1 OB/GYN; Cal Baptist, LLUMC, Cal State Fullerton, Azusa Pacific.

Claudia Benton MSN, RN-BC, PHN -Ventura County : 1 reported possible SIDS but will probably be finalized as an infectious cause. Another infant death; clearly overlayer situation,. Baby sleeping between both parents.

Danielle Sees BSN, RN, PHN, CLE - LBUSD Head Start: Continues to visit with Early Head Start mothers two weeks postpartum and discuss risk reduction strategies. She plans to give one Safe Sleep workshop to pregnant clients in Early Head Start this school year. In addition, she will give one presentation to CSULB Nursing Students on Safe Sleep during their clinical rotation with Head Start.

The last meeting date for the *Southern California Regional SIDS Council* in 2014 is **November 13th, 2014**. All meetings will be held at the Southern California Edison Building in Westminster, as confirmed with their meeting coordinator.

The *Southern California Regional SIDS Council* decided on dates for their 2015 meetings. Because we are coordinating the 2015 Annual California SIDS Conference, there will be five meetings in 2015 as follows: Thursday, February 19, 2015; Thursday, April 23, 2015; Thursday, June 11, 2015; Thursday, August 13, 2015; and Thursday, November 12, 2015.

- **Northern California Regional SIDS Council.**

Susana Flores, P.H.N., President of the Northern California Regional SIDS Council, reported on activities of the *Northern California Regional SIDS Council*.

Reporting on the Northern California Regional SIDS Council meeting held on July 18, 2014, in Walnut Creek at the Contra Costa Crisis Center. At the meeting we had representation from Sacramento, Contra Costa, Alameda, San Francisco, Solano, San Joaquin and San Mateo counties.

We dedicated a portion of this meeting to acknowledge Devra Hutchinson, SIDS Coordinator from Alameda County as she has retired. Her work for the California SIDS Program has been enormous, and the passion that she brought to this community is priceless. She will be truly missed by everyone who has worked with her. We were relieved to hear that she has decided to be present at this year's annual conference and help out with the afternoon workshop. She also mentioned that she plans to continue to assist with the SIDS community as needed and we are very grateful for that. Thank you Devra for all of your hard work



**Northern California Regional SIDS Council,
November 15, 2013.**

and your great level of commitment to this community.

Devra brought Julie Garcia (Alameda County) as interim SIDS Coordinator. She was warmly welcomed by everyone in the group.

At the meeting it was discussed that Bobbie Rose, RN Educator from the CA SIDS Program, is the one who is keeping track of any new SIDS coordinators. She contacts Dawn Daily PHN Representative for the northern region. Dawn welcomes them, informs them on their role, expectations and responsibilities.

I would like to thank Dr. Keens for sharing with everyone the Memphis trial outcome that was released on July 2014 by JAMA. In this article it is concluded that there were lower rates of preventable deaths including SIDS due to NFP (Nurse Family Partnership) involvement. This is the kind of awareness we need to highlight at all levels so public officials keep in their mind the value of the work that PHNs do in their communities. If we don't, there is high risk that the role of PHNs as professionals doing preventive work may become obsolete in the future; whether is for budgetary cuts, or other reasons. I forwarded the article among all PHN's in San Mateo County and currently, I am working on bringing the results of this study to our board of supervisors. *Doctor Ribe* emphasized the importance of this type of intervention to reduce infant deaths.

We spent a big portion of our meeting finalizing the agenda for the upcoming Annual Conference in October. The final draft has been released.

In keeping with tradition, we ask that Dr. Keens present the Boatwright award at this year's conference. Thank you Dr. Keens.

The keynote speaker is Janet Childs and she has been confirmed. She has been working closely with Mimi Wolf, project manager in the planning process.

We wanted to thank Lori Gehrke for taking part in this year's conference in the parent workshop, once again. Your help Lori is greatly appreciated and you always share valuable information when you share your story.

In regards to the topics to be discussed in the workshops, two great comments were made at the meeting, the first one by Lori Gehrke, who shared that as a SIDS parent, she had shared with her subsequent daughter and son and she feels that the focus of the workshop should not be on **NO bed share** but on decreasing the risk factors. The second one was by Dawn Dailey who reminded the group that the role of the PHN or SW is not about making a family do something but rather on **engaging in a conversation to help them make the most informed decision** by making them aware of the recommendations or guidelines, etc.

Additionally, Dawn Dailey has been invited to be a speaker on the break out session titled "**A Conversation on Safer Sleep Practices**" and there was discussion regarding the possibility to do some role playing to reinforce the information that will be discussed.

San Joaquin County with 3 cases, their PHS Director Bill Mitchell will be retiring at the end of November.

San Francisco had none. They are working on providing training on SIDS prevention and Safe Sleeping environment with Dr. Anne Trevino that targets family resource providers, childcare providers and PHNS. The training will be held on Sept 30 sponsored by the SF Children's Council. They have also distributed 50 cribs to field PHNs to disseminate to their needy clients.

Aline Armstrong is a Co-Leader for Equity in Young Black Women's Health and Birth Outcomes initiative directed by CitiMatch to prevent infant mortality and decrease disparities.

Alameda just had one death. Their county received some money that will be spent on Safe Sleep and they are working on how to best get the **safer sleep practice message** out to their community.

San Mateo has not had any deaths since March 2013. We continue to provide in services regarding awareness of SIDS/SUID and safe sleep practices with our local IHSD, 4C's and anyone else who requests the in-service.

Solano has had 4 deaths since April to June.

Our next meeting will be held on September 12, 2014 at the same location.

- **Future Council Meetings.**

The *California SIDS Advisory Council* holds four meetings per year. Three are by telephone conference call, and the fourth is in-person the day prior to the California SIDS Conference. The remaining meeting for 2014 will be:

- In-person Meeting: Thursday, October 16, 2014, 1:00-4:00 P.M., the day before the 33rd *Annual California SIDS Conference* in Sacramento, California. The meeting will be held at the California Department of Public Health facilities in Sacramento, California.

The Council designated their four meetings for 2015, as follows:

- Meeting by telephone conference call, Tuesday, January 20, 2015, 1:30-3:30 P.M.
- Meeting by telephone conference call, Tuesday, April 28, 2015, 1:30-3:30 P.M.
- Meeting by telephone conference call, Tuesday, August 18, 2015, 1:30-3:30 P.M.
- In-person Meeting: the day before the 34th *Annual California SIDS Conference* in Southern California, date and place to be determined.

By law, meetings of legislatively mandated advisory councils are open to the public. Therefore, anyone interested in participating in *California SIDS Advisory Council* meetings is welcome and encouraged to attend.

- **Adjournment.**

The meeting was adjourned at 3:30 P.M.
Respectfully submitted,

Kitty Roche, R.N., P.H.N., B.S.N., M.S.W.
Secretary, California SIDS Advisory Council

Thomas G. Keens, M.D.
Chair, California SIDS Advisory Council



Assembly Bill No. 757

CHAPTER 263

An act to add Sections 1254.6 and 1596.847 to the Health and Safety Code, relating to infant safety.

[Approved by Governor August 9, 1997. Filed with Secretary of State August 11, 1997.]

LEGISLATIVE COUNSEL'S DIGEST

AB 757, Escutia. Infant safety.

Existing law prohibits a commercial user, as defined, from remanufacturing, selling, leasing, or placing in the stream of commerce, among other things, a full-size or non-full-size crib, as defined, that is unsafe for any infant using the crib. Under existing law, a full-size or non-full-size crib is unsafe when it does not conform to certain regulatory standards, or when it has specified dangerous features or characteristics.

Existing law provides for the licensure and regulation of health facilities and child day care facilities, which includes day care centers and family day care homes. A willful or repeated violation of those provisions is a crime.

This bill would, on or after July 1, 1998, prohibit a child day care facility from using or having on the premises of the facility any full-size or non-full-size crib that is unsafe for any infant using the crib, except as specified. Unsafe for purposes of this provision has the same meaning as provided under the above prohibitions applicable to a commercial user.

Existing law requires health facilities and midwives to provide information and instructional materials relating to shaken baby syndrome, if available, free of charge to parents or guardians of newborns, and requires the State Department of Social Services to provide this information and instructional materials, if available, free of charge to child care providers upon licensure and at the time of a site visit. Existing law does not require persons or agencies to provide duplicative or redundant materials.

This bill would require information and instructional materials relating to sudden infant death syndrome to be provided to parents or guardians of newborns by hospitals or midwives, to hospitals and to child care facilities by the State Department of Health Services in a camera-ready typesetting format, and to family day care homes and certain other child day care facilities by the State Department of Social Services.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. It is the intent of the Legislature to encourage public and private collaboration in developing instructional materials regarding sudden infant death syndrome, and to encourage that those materials be supplied to health facilities, midwives,

the State Department of Consumer Affairs, and to the State Department of Social Services free of charge. The Legislature also intends that informational materials regarding sudden infant death syndrome are to be developed with private resources and shall be available to consumers through the State Department of Health Services.

SEC 2. Section 1254.6 is added to the Health and Safety Code, to read:

1254.6 (a) A hospital shall provide, free of charge, information and instructional materials regarding sudden infant death syndrome, as described in Section 1596.847, explaining the medical effects upon infants and young children and emphasizing measures that may reduce the risk.

(b) The information and materials described in subdivision (a) shall be provided to parents or guardians of each newborn, upon discharge from the hospital. In the event of home birth attended by a licensed midwife, the midwife shall provide the information and instructional materials to the parents or guardians of the newborn.

(c) To the maximum extent practicable, the materials provided to the parents or guardians of the newborn shall substantially reflect the information contained in materials approved by the state department for public circulation. The state department shall make available to hospitals, free of charge, information in camera-ready typesetting format. Nothing in this section prohibits a hospital from obtaining free and suitable information from any other public or private agency.

SEC 3. Section 1596.847 is added to the Health and Safety Code, to read:

1596.847. (a) A child day care facility shall not use or have on the premises, on or after July 1, 1998, a full-size or non-full-size crib that is unsafe for any infant using the crib, as described in Article 1 (commencing with Section 24500) of Chapter 4.7 of Division 20. This subdivision shall not apply to any antique or collectible crib provided it is not used by, or accessible to, any child in the child day care facility.

(b) The State Department of Social Services shall provide information and instructional materials regarding sudden infant death syndrome, explaining the medical effects upon infants and young children and emphasizing measures which may reduce the risk, free of charge to any child care facility licensed to provide care to children under the age of two years. This shall occur upon licensure and, on a one-time basis only, at the time of a regularly scheduled site visit.

(c) To the maximum extent practicable, the materials provided to child care facilities shall substantially reflect the information contained in materials approved by the State Department of Health Services for public circulation. The State Department of Health Services shall make available, to child care facilities, free of charge, information in camera-ready typesetting format. Nothing in this section prohibits the State Department of Social Services from obtaining free and suitable information from any other public or private agency. The information and instructional materials provided pursuant to this section shall focus upon the serious nature of the risk to infants and young children presented by sudden infant death syndrome.

(d) The requirement that informational and instructional materials be provided pursuant to this section applies only when those materials have been supplied to those persons or entities that are required to provide the materials. The persons or entities

required to provide these materials shall not be subject to any legal cause of action whatsoever based on the requirements of this section.

(e) For persons or agencies providing these materials pursuant to this section, this section does not require the provision of duplicative or redundant informational and instructional materials.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only cost that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Notwithstanding Section 17580 of the Government Code, unless otherwise specified, the provisions of this act shall become operative on the same date that the act takes effect pursuant to the California Constitution.



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

DATE: AUGUST 5, 2014

TO: CALIFORNIA HOSPITALS

SUBJECT: PROVIDING SIDS RISK REDUCTION INFORMATION TO PARENTS OF NEWBORNS: UPDATED

The California Department of Public Health and the California State Sudden Infant Death Syndrome (SIDS) Advisory Council are writing to all California hospitals to provide you the most current infant safe sleep and SIDS risk reduction information. To help reduce sudden unexpected deaths in infancy, the California Department of Public Health launched the "Back to Sleep" Campaign in 1994 to inform parents of infants about ways to reduce the risk of an infant dying from SIDS. This Campaign has dramatically decreased the number of babies dying from SIDS.

Enacted on July 1, 1998, Assembly Bill (AB) 757 requires all hospitals in California to provide SIDS risk reduction information to all parents of newborns. A copy of AB 757 (California Health and Safety Code Sections 1254.6 and 1596.847), is enclosed. Since the implementation of AB 757, the efforts of many health professionals providing SIDS risk reduction information to parents of newborns on how to reduce the baby's risk of SIDS, the number and rate of SIDS deaths has declined. Between 1999 and 2012, SIDS rates have declined 29 percent in California.

To meet the requirements of AB 757, each hospital may use existing materials, or they may develop their own materials as long as the information is consistent with the 2011 American Academy of Pediatrics (AAP) "SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment" messages, endorsed by the California Department of Public Health. Every hospital is responsible for the reproduction of any items they choose to distribute. The 2011 AAP recommendations and other appropriate SIDS risk reduction materials and resources can be accessed and downloaded at the following websites:

- California Department of Public Health, Maternal Child and Adolescent Health SIDS Program website: www.cdph.ca.gov/programs/SIDS/Pages/default.aspx
- The California SIDS Program website: <http://californiasids.cdph.ca.gov/Universal/HomePage.html?p=10>

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- The National Institute of Child Health and Human Development Safe to Sleep Campaign website: <http://www.nichd.nih.gov/sts/Pages/default.aspx>
- The MCH Library website: <http://www.mchlibrary.org/suid-sids/index.html>

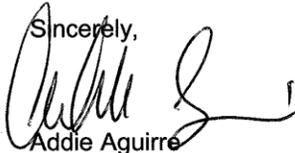
An infant safe sleep and SIDS risk reduction handout developed by the Safe to Sleep Campaign and a free materials order form are enclosed for your reference.

In addition to the distribution of risk reduction information, the California Department of Public Health encourages hospitals to continue policies that require their personnel to model safe to sleep practices to encourage parents to adopt these practices at home. Sample hospital safe sleep policies and procedures, referencing 2005 AAP recommendations regarding safe sleep, are available from the First Candle/SIDS Alliance website: <http://www.firstcandle.org/?s=model+behavior+sample+policy>.

If you would like additional information or need assistance in obtaining infant safe sleep and SIDS risk reduction materials or professional training resources, please contact the California SIDS Program at (800) 369-SIDS (7437). If you have any other questions, please contact Guey-Shiang Tsay, California Department of Public Health, Maternal Child and Adolescent Health Nurse Consultant for the SIDS Program, at Guey-Shiang.Tsay@cdph.ca.gov.

Thank you very much for providing SIDS risk reduction information to parents of newborns. Your efforts help contribute to the decline in SIDS rates.

Sincerely,



Addie Aguirre
Acting Division Chief

Enclosures

California Department of Public Health

Guidance for Local Health Jurisdictions and Communities Addressing Infant Safe Sleep Environments

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under one year of age, which remains unexplained after a complete postmortem investigation, including autopsy, examination of the death scene, and review of the clinical history. Since the 1992 American Academy of Pediatrics (AAP) recommendation to place infants to sleep in a non-prone position, a major decrease in the rate of SIDS has occurred. However, the decline in SIDS rates has slowed in recent years and increases have been noted in other causes of sudden unexpected infant death that occur during sleep (sleep-related infant deaths). Sleep-related infant deaths include suffocation, asphyxia, entrapment, and ill-defined or unspecified causes of death. As a result, in 2011, the AAP released the policy statement, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*¹, and an accompanying technical report.² The 2011 AAP recommendations reinforce those originally published in 2005, add a number of important guidelines, and clarify some existing guidelines such as the recommendation regarding room-sharing without bed-sharing.

The California Department of Public Health, (CDPH) Maternal, Child and Adolescent Health (MCAH) Division and the California SIDS Advisory Council endorse the use of the 2011 AAP recommendations for educational activities in California. The expanded 2011 AAP recommendations for infant safe sleep and the sleep environment, supported by scientific studies, for infant's first year are summarized below:

- Always place infants on their backs to sleep for every sleep.
- Use a firm sleep surface for infants. A firm crib mattress covered by a fitted sheet is the recommended sleeping surface.
- Room-sharing without bed-sharing is recommended. The infant's crib, portable crib, play yard, or bassinet should be placed in the parents' bedroom close to the parents' bed.
- Keep soft objects and loose bedding out of the crib to reduce the risk of SIDS, suffocation, entrapment, and strangulation. Bumper pads are not recommended to be used in cribs.
- Pregnant women should receive regular prenatal care; this has been substantially shown to reduce the risk of SIDS.
- Avoid smoke exposure during pregnancy and after birth.
- Avoid alcohol and illicit drug use during pregnancy and after birth.
- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Consider offering a pacifier at nap time and bedtime. For breastfed infants, delay pacifier introduction until breastfeeding has been firmly established, usually by 3 to 4 weeks of age.
- Avoid overheating, overbundling and covering the infant's face and head.
- Infants should be immunized in accordance with recommendations of the AAP and the Centers for Disease Control and Prevention. Infants should be seen for regular well-child checks in accordance with AAP recommendations.

- Avoid commercial devices marketed to reduce the risk of SIDS.
- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.
- Health care professionals, staff in newborn nurseries and neonatal intensive care nurseries, and child care providers should endorse the SIDS risk reduction recommendations from birth.
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.
- Expand the national campaign to reduce the risk of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep-related infant deaths.
- Continue research and surveillance on the risk factors, causes and pathophysiological mechanisms of SIDS and other sleep-related infant deaths.

Risk Factors and Risk Reduction Messages

Although the cause(s) of SIDS remain unknown, risk factors for SIDS and sleep-related infant deaths are similar. In April 2012, the *Journal of Pediatrics* published a study, *Risk Factor Changes for Sudden Infant Death Syndrome After Initiation of Back to Sleep Campaign*.³ This study analyzed data from 568 SIDS deaths in San Diego County between 1991 and 2008. The study identified intrinsic and extrinsic risk factors for SIDS, all of which contribute to the vulnerability for SIDS. Intrinsic risk factors include: male gender, prematurity, genetic differences, and a child's prenatal exposure to cigarettes and/or alcohol. Extrinsic risk factors include: prone or side sleep position, bed-sharing, overbundling, soft bedding and a child's face being covered.

This study concluded that risk factors for SIDS in San Diego have changed since the Back to Sleep Campaign. The peak incidence for SIDS remains between 2 to 4 months of age and the number of babies placed on their stomach for sleep has declined. However, the number of infants found in an adult bed increased from 23 percent to 45 percent. Also, the percent of infants sharing a bed when they died increased from 19 percent to 38 percent. The increases in these risk factors need to be addressed in risk reduction messages.

Bed-sharing appears to be a widespread practice in California. In 2007, the Los Angeles Mommy and Baby (LAMB) Project asked mothers "how often their new baby sleeps in the same bed with them or anyone else". Survey respondents reported that 79 percent of infants bed-share "always, frequently, or sometimes".⁴ People may bed-share for many reasons. Sometimes they may bed-share out of necessity or parents may feel they are being vigilant and protective.⁵ Mothers may find that bed-sharing is conducive to continued breastfeeding and may contribute to attachment and bonding.⁶ Sometimes bed-sharing is not planned. Some parents, possibly in an attempt to avoid bed-sharing, feed their infants and fall asleep in much more dangerous locations such as chairs and sofas.⁷

Some research shows additional benefits for babies who bed-share. These findings apply to unimpaired, non-smoking parents, and benefits include: improved breastfeeding duration rates, improved settling with reduced crying, more infant arousals, and improved maternal sleep.⁸ Many studies have demonstrated the benefits of skin-to-skin contact between mother and infant in the early postpartum period.⁹ Mother-infant sleep contact over the first few months of life has

consequences for the development of infant sleep biology and maternal feeding physiology.^{10,11} However, skin-to-skin contact can be done more safely when the mother or father is awake and can observe the baby.

The reality is that there is little research about the reasons that such a large proportion of families bed-share and even less discussion about the unintended consequences that may occur if there is a major shift in bed-sharing behavior. Most studies showing an increased risk of bed-sharing do not attempt to factor out whether it is the bed-sharing which is harmful, or whether it is the associated risk factors, such as soft blankets and pillows, which increase the risk.

Because of the high prevalence of bed-sharing, public health professionals should be sensitive to the practice. Universal condemnation could encounter outright backlash or underground resistance to change or parental denial of the practice due to fear of repercussions. For risk and harm reduction, parent-centered counseling is a good approach. Utilizing parent-centered counseling allows the counselor/provider to develop rapport with the mother, listen to her views and feelings and work with her to develop an individualized sleeping and feeding plan for her baby. In a parent-centered counseling model, it is recommended to include information on bed-sharing and dangerous situations for bed-sharing as outlined below.

Bed-Sharing

In some studies parents reported not being influenced by recommendations against bed-sharing but felt risk reduction messages helpful. Utilizing research from the Survey of Mothers' Sleep and Fatigue, parents often provide information about where their infant sleeps based upon where they believe the baby "should" sleep.⁷ Thus, it is prudent to educate all parents on a safe sleep environment. The following bed-sharing guidelines will help to reduce the risk of SIDS and other sleep-related infant deaths.^{1,5,11}

- Put baby to sleep on his or her back and not his or her tummy or side.
- Put baby to sleep on a clean, firm, non-quilted surface in a smoke-free environment. The bed should conform to Consumer Product Safety Commissions standards for a safe, firm mattress. A mattress on the floor in the middle of the room, away from the wall and furniture, without a frame is ideal, and should be covered with a tight-fitting sheet.
- Keep soft objects and loose bedding away from the baby's face.
- Do not overheat the baby, or wrap the baby in blankets. Avoid using thick polyester blankets.
- No children, pets or stuffed animals should be in bed with the baby. Also, there should be no pillows, quilts, comforters in bed with the baby.
- Do not leave a baby alone on an adult bed.
- Avoid strings, ties or anything else that may pose a strangulation risk for the baby.
- Sleep sacks are recommended.
- Consider offering a pacifier at nap time and bedtime. For breastfed infants, delay pacifier introduction until breastfeeding has been firmly established, usually by 3 to 4 weeks of age.
- Have an alternative safe place for the baby to sleep in case of illness, parental fatigue, or if alcohol, drugs or medications are impairing the parents' ability to respond to their baby.

Dangerous Bed-Sharing

Because research shows that bed-sharing is more dangerous for babies younger than three months¹², families should pay careful attention to infant sleep environments. According to the 2011 AAP recommendations, parents should be educated about the following dangerous bed-sharing conditions. Infants should:

- Never bed-share with someone who smokes.
- Never bed-share with siblings, pets, or anyone who is not a parent.
- Never bed-share when an infant is younger than 3 months of age.
- Never bed-share with someone who is sleep deprived (defined as less than 4-hours of sleep the night before) or someone who is excessively tired. This includes a parent who is ill or tired to the point where it would be difficult to respond to the baby.
- Never bed-share with someone who is impaired due to use of medications, alcohol or drugs which reduces their ability to arouse or respond to the baby.
- Never bed-share on an unsafe surface with soft bedding including pillows, heavy blankets, quilts, comforters or stuffed toys.
- Never bed-share on soft surfaces, such as couches, sofas, armchairs, recliners or beanbags. These are not beds and should never be used for infant sleeping.

In addition to the above AAP recommendations, McKenna⁵ recommends never bedsharing if parents ever smoked. There are no data which show that even if we remove all other known risks, that bed-sharing is as safe as room-sharing without bed-sharing. A safer option to reduce dangerous bed-sharing is to place the baby in an infant bassinet or portable crib with a firm surface in the same room as the parents' bed.

Conclusions

CDPH endorses the 2011 AAP recommendations, including that parents room-share with their infants rather than bed-share. Bed-sharing is a complex issue and a proactive approach designed to reduce risk factors is essential and the parents' decision to bed-share must be made carefully. While one may be able to reduce the risk of bedsharing by addressing other risks, we do not know if we can make it as low as room-sharing without bed-sharing. If parents are considering bed-sharing, health professionals should recognize the parents' beliefs and provide parent-centered guidance on known bed-sharing practices to reduce the risk of SIDS and other sleep-related infant deaths.

When communities are promoting a safe sleep campaign, educational efforts needed to ensure infant safety should be included as part of the campaign. As resources allow, agencies should track outcomes of their efforts to support safe sleep environments in terms of the impact on infant health, infant mortality, child development, and family health.

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