



California Sudden Infant Death Syndrome Advisory Council

Minutes of the October 16, 2014, Meeting

California Department of Public Health,
East End Complex, 1500 Capitol Avenue,
Sacramento, California 95814

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.*



**Members of the California SIDS Advisory Council.
October 16, 2014.**

Council Chairperson:

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- **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. (*by telephone*); and Dennis H. Watt.
- **Members Absent:** Steve Durfor.
- **State and California SIDS Program:** Addie Aguirre; Abbey Alkon, R.N., P.N.P., Ph.D.; Sandra Bahn; Laurel Cima; Mike Curtis; Carrie Florez; Bobbie Rose, R.N., P.H.N.; Guey-Shiang Tsay, R.N., M.S.N.; and Mimi Wolff, M.S.W.

- **Guests:** Claudia Benton, R.N., M.S.N.; Brooke Biechman, M.P.A., R.N., P.H.N.; Cynthia A. Brayboy, M.S.W., A.C.S.W.; Deja Castro, P.H.N.; Lucy Chaidez; Patti Dellacort, R.N., C.L.C.; Annelise Gherke; Michelle Herrera; Colleen Ma; Sandra McMasters; David Nunez, M.D., M.P.H. (*by telephone*); and Janine Woods.
- **Alternate Council Members:** In accordance with the Standing Rules of the California SIDS Advisory Council: *Colleen Ma* was designated as the alternate for Council Member *Steve Durfor*, who could not attend today's meeting.
- The meeting was held in person at the California Department of Public Health, East End Complex, 1500 Capitol Avenue, Sacramento, California 95814. A quorum of greater than 2/3 of Council members was present. The meeting was called to order at 1:03 P.M., on October 16, 2014.

- **Introductions.**

Council members, state staff, and guests introduced themselves.

- **State Report.**

Michael Curtis, Ph.D., Chief, Surveillance, Assessment and Program Development Section, Epidemiology, Assessment and Program Development Branch, Maternal, Child and Adolescent Health Program, California Department of Public Health, presented the following information:

The Maternal, Child and Adolescent Health program is participating in the Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality. CoIIN is a national initiative led by HRSA/MCHB to identify common drivers of infant mortality wherein states focus their efforts on improving these drivers to make a collective national impact on infant mortality. California participates with other Region IX States (Arizona, Nevada, Hawaii) in the national expansion of CoIIN to build upon the efforts of states from other regions and identify common areas of collaboration. A potential area of focus for Region IX is promotion of safe sleep environments to reduce SIDS/SUID. The Infant Mortality Summits for Regions IX to launch the national expansion of CoIIN were recently held in Arlington, VA this past July. The CoIIN website is found here:

<http://www.cvent.com/events/infant-mortality-coiin-expansion/custom-19-098593d148e744ecab29ae018a164ffb.aspx>.

The Maternal and Infant Health Assessment survey (MIHA) is a population-based survey of women with a recent live birth in California that collects information about maternal experiences, attitudes and behaviors before, during and shortly after pregnancy. Survey topics include: health status, nutrition, weight, health insurance, service utilization and content, breastfeeding, infant sleep, pregnancy intention, family planning, intimate partner violence, substance use, hardships, and income. MIHA results are published (www.cdph.ca.gov/MIHA) at the state, regional, and county level, for the 20 California counties with the greatest numbers of births. Statewide results are available by Maternal Age, Education, Income, Prenatal Health Insurance, and Race/Ethnicity

<http://www.cdph.ca.gov/data/surveys/MIHA/Documents/MIHA%20Overview%20Web.pdf>

In past years, MIHA has measured infant sleep position, bedsharing and advice received at the hospital about back to sleep position, and we have considered including other characteristics of high priority to stakeholders in California. The MIHA team will be consulting with Dr. Keens to get his input on the measurement of infant sleep environment characteristics and practices on the Maternal and Infant Health Assessment (MIHA) survey.

Guey-Shiang Tsay, Carrie Florez, 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.

Dr. Connie Mitchell is not able to attend the California SIDS Advisory Council meeting due to a scheduling conflict. We are glad to have our acting Division Chief, *Addie Aguirre*, Program Standard Branch Chief, *Laurel Cima*, and *Dr. Mike Curtis* here to join our meeting.

Addie thanks Council members for their contributions to the SIDS program.

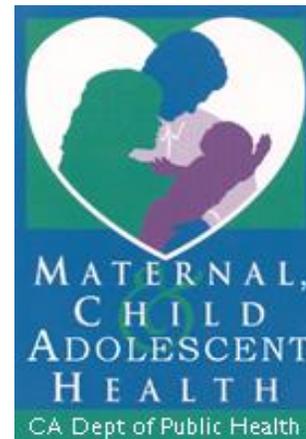
1. Reimbursement of travel-related expenses for the Presidents of the Southern and Northern California Regional SIDS Councils to attend face-to-face CA SIDS Advisory Council Meeting

The “Health and Safety Code Section 123725(d)”, only allows reimbursement when the person traveling must do so to perform their duties as a member of the advisory council, and the travel is required by CDPH: Since the Presidents of the Southern and Northern California Regional SIDS Councils are not Council members, their travel cannot be reimbursed.

In 2010, in order to submit the travel reimbursement for Council members, we were informed that the State Administration Manual (SAM 0774, PML 86-01) requires that all statutory board members have an “Oath of Office” form on file with the Secretary of State. In order to meet this requirement, MCAH requested an “Oath of Office” form to be completed for each Council member. This did not include the Presidents of the Northern/Southern California Regional SIDS Council because they are not appointed by the CDPH Director. These positions are voluntary positions.

We reviewed prior year’s reimbursements and found reimbursement only for council members. If the Presidents of the Northern/Southern Regional Councils are filled by public health nurses/SIDS Coordinators, their travel is reimbursed through their local health jurisdiction.

California SIDS Advisory Council: Dr. Thomas Keens, MD, Chair, suggested that 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. *Guey-Shiang Tsay* and *Sandra Bahn* investigated this, and unfortunately they see no way that the Regional Council Presidents can have these expenses reimbursed. Therefore, when the



Regional Councils elect their Presidents, they should know that they will not receive this reimbursement. However, this does discriminate against SIDS parents being Regional Council Presidents, as they usually do not have a County Health Department that will reimburse them, and this is unacceptable to the Council. The Council unanimously agreed that the State should continue to search for ways that this can happen in the future.

2. CDPH “Guidance for Local Health Jurisdiction 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.



Guey-Shiang Tsay



Carrie Florez

The document does state that room-sharing without bedsharing is the recommended and safest infant sleep practice. *Guey-Shiang Tsay, Sandra Bahn, and Carrie Florez* had a conference call with *Tom Keens* on September 26, 2014. From the last Council meeting, the State listened and understood the concerns and issues. We had a teleconference with Dr. Keens about the document. Dr. Keens offered to provide minor edits to the document to address some of the Council’s concerns. We thank him for sending us suggested revisions to the document. MCAH Management is currently reviewing the suggestions to the document and will take them into consideration. The original and revised versions are appended to these Minutes.

We want you to know this document was a team effort with the input from experts on this subject within CDPH, and Dr. Keens, Kitty Roche, and Gwen Edelstein. Our intention was to provide to public health professionals working with parents of newborns, the 2011 AAP recommendations, along with reference and guidance for PHN/SIDS Coordinators when they are providing SIDS risk reduction information to parents of newborns and/or when they are working with families who choose to bedshare with their newborns and suggestions on how to make the sleep environment as safe as they can.

Sandra Bahn discussed the document, and she initially indicated that the document should be kept as is. *Tom Keens* articulated the concerns of many that the document appeared to endorse bedsharing when parents indicated that they planned to bedshare. *Dawn Dailey* eloquently articulated the issue. She suggested that there should be two documents. One, as a public health message supporting roomsharing but not bedsharing. The other, which might actually be a curriculum, should provide guidance to PHNs and others in the field on how to work with individual families to support safe infant sleep. The Council agreed with this approach. A motion was made, seconded, and unanimously passed, which recommended to the California Department of Public Health that the document be revised similarly or identical to *Tom Keens’*

suggested revisions, and a second document or curriculum be developed on how to work with individual families to promote safe infant sleep.

Center for Family Health Personnel Updates: Christine Nelson has been appointed to the position of Division Chief of the Women, Infant and Children's (WIC) Supplemental Nutrition Division.

October 2014 SIDS Awareness Month: The Director of the California Department of Public Health signed a letter in support of October 2014 as SIDS Awareness Month and the letter has been posted at the CDPH SIDS Program website and sent to our Local Health Jurisdictions:

<http://www.cdph.ca.gov/programs/SIDS/Documents/October%202014%20as%20SIDS%20Awareness%20Month.pdf>

Guey thanks all of SIDS Coordinators and MCAH Directors for their ongoing efforts to promote SIDS risk reduction activities in their local health jurisdiction.

MCAH recently updated a letter to California Hospitals regarding providing SIDS risk reduction information to parents of newborns. Thanks to our SIDS contractor for distributing this letter to California hospitals. The letter has been posted at the CDPH SIDS Program website:

[http://www.cdph.ca.gov/programs/SIDS/Documents/A%20letter%20to%20CA%20Hospitals%20regarding%20providing%20SIDS%20risk%20reduction%20information%20to%20parents%20of%20newborn-updated%208-5-14%20\(2\).pdf](http://www.cdph.ca.gov/programs/SIDS/Documents/A%20letter%20to%20CA%20Hospitals%20regarding%20providing%20SIDS%20risk%20reduction%20information%20to%20parents%20of%20newborn-updated%208-5-14%20(2).pdf)

Dr. Thomas Keens, MD, Chair, suggested that AB 757 is a California Statute which requires hospitals caring for newborn infants to provide education to parents about safe infant. 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.

California SIDS Program Website: MCAH staff, Juliet Crites, is continuing to work with UCSF SIDS Contractor to update the current California SIDS Program website with assistance from ITSD staff.

Guey thanks Council members for their services and contributions to the SIDS Program. She also thanks her supervisor, Sandra Bahn, for her guidance and support to the Program.

We have received the 2013 Death File and has requested and waiting for 2013 Birth File.

- **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 46 presumed SIDS cases reported to the CA SIDS Program from July 1, 2014 to September 30, 2014. There have been a total of 99 presumed SIDS cases reported from January 1, 2014-September 30, 2014.

- For this reporting period, the CA SIDS Program has received 52 Coroner Notification Cards (CNC) and 29 PHSR forms.
- The new yellow CNCs were mailed from the MCAH Division to the 61 local health jurisdictions in April.

New SIDS Coordinators

Julie Garcia Espinoza in Alameda County, Patti Dellacort in Lassen County, and Elaine Anthony in Kern County, were welcomed as newly appointed SIDS Coordinators. Their contact information has been posted to the California SIDS Program website.

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

- As of September 30, 124 people from over 40 counties had registered for the Conference.
- An online registration form was implemented for the first time. A pdf registration form was also available for download.
- Conference details have been emailed and posted to the California SIDS Program website.
- Handouts and resources were sent to MCAH for approval.
- The agenda is final, and we have a great day planned. Thank you to the Northern CA Regional SIDS Council.



Abbey Alkon, Bobbie Rose and Mimi Wolff

Consultation, Technical Assistance, and Communication

Information, counseling and consultation were provided for 165 requests by phone and email. Most calls came from Public Health Nurses, SIDS Coordinators and MCAH Directors.

- About half of the requests came by email. Of the 165 requests, there were 85 email requests and 80 phone requests.
- After hours crisis counseling is available through the Contra Costa Crisis Center. To our knowledge, 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: Conference and Training Information (62), SIDS Educational/SIDS Informational (34), SIDS Public Health Services and Reporting Procedures (29), SIDS Outreach Activities (12), Grief Support/Counseling/Consultation (8) and SIDS Advisory and SIDS Council Meetings (4).
- The California SIDS Program electronic newsletter was sent on September 9, 2014. 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 requested to be on the list.

- A letter to hospitals regarding providing SIDS risk reduction information to new parents were mailed to California birthing hospitals and children's hospitals in August along with a copy of AB 757, a NICHD order form, and a sample handout from NICHD.

New SIDS Risk Reduction Materials Identified

- *A Loving Goodbye* copies will be available at the 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 will be distributed at the October 2014 SIDS Conference.
- Cribs for Kids[®] is a program that educates parents and caregivers about the importance of safe sleep practices for infants and provides cribs to needy families.
- Better Kid Care Online Class: Safe Sleep Practices for Caregivers is a no-cost class that helps caregivers understand SIDS and SUID, and learn practices that reduce the risk of sleep related infant death.
- Safe Sleep Outreach for Men is a Facebook page "just for men" from Safe Sleep Syracuse: <https://www.facebook.com/SafeSleepSYR>

New Articles

- **Risks Vary with Age for Sleep-Related Infant Deaths**
This study found that risk factors for sleep-related infant deaths may be different for different age groups. The predominant risk factor for younger infants is bed-sharing, whereas rolling into objects in the sleep area is the predominant risk factor for older infants.
<http://pediatrics.aappublications.org/content/early/2014/07/09/peds.2014-0401>
- **Effect of Home Nurse Visits on Maternal and Infant Mortality**
This randomized clinical trial found that prenatal and infant/toddler home visitation by nurses is a promising means of reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings.
<http://www.ncbi.nlm.nih.gov/pubmed/25003802>
- **African-American and American Indian Families: Infant Safe Sleep Knowledge and Beliefs**
This study investigated beliefs among African-American and American Indian families regarding infant safe sleep practices. Researchers conclude that adherence to safe sleep recommendations may be enhanced by discussing the reasons for the recommendations and addressing common parental concerns.
<http://dx.doi.org/10.1007/s10900-014-9886-y>
- **Reasons for Mother-Infant Bedsharing**
Authors reviewed published articles to determine reasons why families bedshare. The most common reasons include: breastfeeding, comforting, better/more sleep, monitoring,



bonding/attachment, environmental, crying, tradition, disagree with danger, and maternal instinct. <http://www.ncbi.nlm.nih.gov/pubmed/24985697>

Website

- In August, the 33rd Annual SIDS Conference Registration Information was posted to the CA SIDS Program website.
- Website updates are submitted to MCAH from the California SIDS Program on the 15th of each month.
- The SIDS Advisory Council Minutes from the August 19th meeting have been submitted for posting.
- The SIDS Coordinator list on the California SIDS Program website is updated monthly.

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

If SIDS parents are looking for a support group resource on Facebook, *Lorie Gehrke* recommends *SIDS Loop*. It is a private group and postings are only seen by people within the group. The group is monitored by three admins: *Lorie Gehrke* (California), *Lisa Sculley* (Florida) and *Melanie Manley* (Oklahoma). Since people must ask to be invited, it is helpful if you let her know you have referred someone to the group, so they know to accept the invitation without investigating (sometimes they receive unusual requests from people not impacted by SIDS).

Lorie Gehrke also spoke about using a little bit of caution in discussions about safe sleep (including bed sharing) with SIDS parents, as some are particularly sensitive to and/or suspicious of the message. From recent feedback from parent groups in the area, it seems the prominence of this message in the SIDS conference materials may have impacted parent attendance. The point was emphasized that when PHNs make home visits to SIDS families after a baby's death, that is not the time to go into Safe Infant Sleep recommendations. The Council and SIDS trainings might think about the best ways to promote with public health message of safe infant sleep while minimizing any guilt feelings for SIDS parents and families.

• **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 from County Public Health Nurses. The California SIDS Program should be able to track these deaths, and assure compliance with California laws and practices.

Kitty Roche reported that she had attempted to contact the Navy Liaison for the bases in California and received no response. The Office of Decedent Affairs for each branch of the military has home visitors to provide services to those families who have lost an infant in the perinatal period such as miscarriages fetal demise and stillbirth. Kitty will follow up with the Office at Balboa Hospital and determine if those services extend to families who have lost a baby suddenly and unexpectedly. If so, she will offer SIDS specific training to those providers. If not, she will approach the Navy Medical Examiner's Office at Balboa Hospital to coordinate an effort by which referrals may be received for Public Health Nursing. It is apparent that any

services to be offered to families whose infants die on military housing must be coordinated through the Local Health Jurisdictions where the base is located.

- **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 10-12 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 original goal was to have the conference to be held in May, 2015. However, it will almost certainly be much later than that. 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, was present by telephone, and she reported on the activities of the *Southern California Regional SIDS Council*.

The last meeting of the *Southern California Regional SIDS Council* was on August 14, 2014. The actions at that meeting were reported to the *California SIDS Advisory Council* at its August 18, 2014, meeting.

A few points deserve emphasis. The Southern Council began discussion of the 34th Annual California SIDS Conference, which will probably be at the California Endowment Center in Los

Angeles. The only dates available were Monday-Tuesday combinations. The theme of the conference will probably focus on SIDS research.

Kitty Roche, SIDS Coordinator of San Diego County, discovered that military families living on military bases are not under the jurisdiction of county Coroners, Medical Examiners, and Public Health Departments. This was discussed above.

The Southern Council discussed the *CDPH Guidance for Local Health Jurisdictions and Communities Addressing Infant Safe Sleep Environments*. There was consensus that the document came across as pro bedsharing, and that this was not an appropriate public health message.



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

Kitty Roche, SIDS Coordinator for San Diego County, appeared in a video for SIDS Awareness month, which was telecast in San Diego. The video can be seen at:

<http://www.countynewscenter.com/video?v=155281>

The last meeting date for the Southern California Regional SIDS Council in 2014 will be on **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*.

The Northern California Regional SIDS Council met on September 12, 2014, at the Contra Costa Crisis Center in Walnut Creek.

We were pleased to have *Kathleen Beichley*, SIDS parent and Council member from Monterrey attend this meeting.

We also were joined by Dr. Laurel Waters, Pediatric Pathologist from Moraga who was very interested in joining the group planning the SIDS Summit 2 in 2015.

After we heard the CDPH, MCAH report and California SIDS Contractor's report, we moved on to talk about the situation that unfolded on the lack of reimbursement for ex-officio council

members and updated everyone on the status of this situation at that time. It was shared with the group the positive outcome after Dr. Keens and the SIDS program contractors got involved and found a creative solution to the lack of reimbursement.

We also spent a good amount of time talking about the Guidance for Local Health Jurisdictions and Communities addressing Infant Safe Sleep Environment document and invited the council to share their opinions. Since we didn't have enough copies to review at this meeting we decided to review it at the next meeting in November.

Community reports:

In San Mateo County we were subpoenaed for a wrongful death suit as was the CDPH. Due to improper delivery of documents both the state and San Mateo County rejected the subpoena. There has been no SIDS case in SMTO County since March 2013.



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

Julie Garcia, Alameda, had one new case of a natural death. Baby had a medical history. She will bring the case up at Child Death Review Team. The previous reporting period had two other cases, both were girls and both were bedsharing. Different medical examiners have different protocols. Pathologist determines this. Discussion about how diagnoses are inconsistent and some coroners and Medical Examiners use different rules and definitions. For example Alameda County Unit Commander of the coroner office and Alameda County Social Services are working on a safe sleep campaign to roll out in March.

Suzette Johnson, Contra Costa, reported that there were no deaths in Contra Costa County. She intends to check in with coroner to make sure she is hearing about deaths. In September there will be training for direct service providers and volunteers at CC Crisis Center on Grief and Bereavement for all ages. Topics will include health disparities, risk factors and protective factors. Suzette is providing a session on infant loss.

Michelle Scott, San Joaquin, reported that there were no deaths in San Joaquin County. She emailed collaborative partners for outreach activities i.e. workshops on SIDS risk reduction. And will put something on the website for October being SIDS Awareness Month. She has an MCAH action meeting in October 21. She will prepare a Program Report summary about SIDS training in March. Hopefully, we will have a confirmed date by then.

Aline Armstrong, San Francisco, reported no deaths in San Francisco County. She is preparing for a Child Care training sponsored by the Children's Council in SF. She encouraged everyone to comment about sling carriers during the public comment period for CPSC. In the past four years two babies died in slings in SF. The SF Community Action Team, has done a lot of work about slings. She chairs the Community Action Team meeting on September 24.

September is infant mortality month. Aline is also the co-leader for an equity for young black mothers collaborative resolution that addresses disparities. SF Board of Supervisors acknowledged her with a Certificate of Honor for her work to prevent infant death.

Kathryn Biechley now lives in Monterey and is looking into how to join the SIDS Community there. Sling use and increasing bed sharing concerns her. She wants to discuss how to tactfully address safe sleep issues.

Next meeting : November 14, 214.

• **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 Council designated their four meetings for 2015, as follows:

- Meeting by telephone conference call, Tuesday, January 13, 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 3:22 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



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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**Revised Document by Thomas G. Keens, M.D.
(Revisions in Red)**

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

Although some have suggested benefits to bedsharing, there are no studies showing that bedsharing is protective for infants.^{14,15,16,17,18,19.} Potential benefits of Bedsharing include improved

breastfeeding duration rates, when compared to babies who sleep in a different room, but not when compared to babies who room-share in close proximity to the parent's bed, but do not bedshare.^{8,13,14} Improved settling with reduced crying, more infant arousals, and improved maternal sleep have been suggested, but in general the baby wakes the mother, so Bedsharing does not provide "protective" arousal responses for the baby.^{8,16} 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. Thus, skin-to-skin contact should be done when parents are awake, not while bedsharing during sleep.

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. Many 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. However, there are no studies showing that the increased risk of infant death from Bedsharing can be reduced by eliminating other risks factors in an adult bed, such as soft bedding, pillows, blankets, etc.^{1,2,20}

~~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

Many parents admit to Bedsharing with their babies despite being aware of public health messages indicating that Bedsharing is unsafe.⁴ This is a disturbing trend. While public health professionals should be aware of parents who choose to bedshare, the public health message needs to remain consistent and strong that room-sharing, but not Bedsharing, is safest. In some studies parents reported not being influenced by recommendations against bed-sharing but felt risk reduction messages were helpful.⁷ It is important to educate all parents on a safe sleep environment. If a public health professional is confronted with a parent who, after education about safe infant sleep, insists on Bedsharing, the following points should be emphasized. However, there is no information suggesting that following these recommendations reduces the risk associated with bedsharing.^{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.

Perceived benefits of bedsharing can be achieved while parents are awake and able to interact with their baby, rather than exposing them to the risks of bedsharing during sleep.

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 conditions, **which are especially dangerous if bedsharing**. Infants should:

- Never bed-share with someone who smokes, **or who has ever smoked cigarettes**.
- 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, **but at the present time there are no scientific studies which suggest that the risks of Bedsharing can be reduced by other modifications in the infant's sleep environment**.

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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20th Anniversary
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Celebrating Success

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73% of infants are placed to sleep on their backs,** the position with the lowest SIDS risk.

Still Work to Do
About **3,400** infants die of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death each year.*

*Centers for Disease Control and Prevention **NCHD National Infant Sleep Position Study

Safe to Sleep® teaches communities how to reduce risk.
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 **NIH** Eunice Kennedy Shriver National Institute of Child Health and Human Development

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Kathleen Beichley



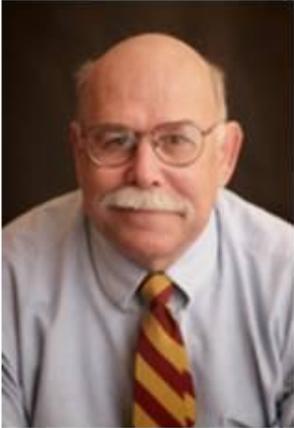
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Tom Keens



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Penny Stastny



Susana Flores

