



California Sudden Infant Death Syndrome Advisory Council

Minutes of the October 27, 2011, Meeting

Members of the Council

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

Lorie Gehrke, *Vice Chair,*
SIDS Parent.

Kathleen Beichley,
Secretary, SIDS Parent

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

Yolanda DeMello,
M.S.P.M., *SIDS Parent.*

Steven Durfor, *Police/Fire*
Department.

Kathleen Roche, R.N.,
P.H.N., B.S.N., M.S.W.,
Public Health Nurse.

Dennis H. Watt, *Coroner.*

Vacant, *Medical Examiner.*

Karen Jackson, P.H.N.,
President, Southern Calif.
Regional SIDS Council.

Aline Armstrong, P.H.N.,
President, Northern Calif.
Regional SIDS Council.

Council Chairperson:

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Advisory to the



**California SIDS Advisory Council
Sacramento, California, October 27, 2011**

- **Members Present:** Thomas G. Keens, M.D., *Chair*; Lorie Gehrke, *Vice Chair*; Kathleen Beichley, *Secretary*; Aline Armstrong, P.H.N.; Dawn Dailey, RN, PHN, PhD; Yolanda DeMello, M.S.P.M.; Karen Jackson, P.H.N.; Kitty Roche, RN, PHN, BSN, MSW; and Dennis Watt.
- **Members Absent:** Steven Durfor.
- **State and California SIDS Program:** Gwen Edelstein, RN, PNP, MPA; Carrie Florez; Cheryl McBride, RN; Connie Mitchell, M.D.; and Guey-Shiang Tsay, RN, MSN.
- **Guests:** Angel Hopson, R.N., M.S.N., P.H.N.; Catherine Farnham, P.H.N.; Henry Krous, M.D.; James K. Ribe, M.D.; Danielle Sees, R.N., P.H.N., C.L.E.; and Jeri Wilson, M.S.W.

The meeting was held in person at the California Department of Health Services East End Complex, located at 1500 Capitol Avenue, Sacramento, California. The meeting was called to order at 1:10 P.M., on October 27, 2011.

- **Introductions.**

Council members, state staff, and guests introduced themselves.

- **Council Membership.**

Doctor Ron Chapman, the Director of the California Department of Public Health, has appointed *Yolanda DeMello* as a SIDS parent member to the *California SIDS Advisory Council*. *Yolanda* is a SIDS parent who has been extremely active in Southern California. She has organized and holds numerous SIDS parent support activities. She has been a speaker at many SIDS educational events. She has been active in fundraising to support SIDS services, education, and research. She is an active member of the Southern California Regional SIDS Council. I am confident that *Yolanda DeMello* will be an extraordinary and active member of the Council. Please join me in welcoming *Yolanda DeMello* as a SIDS parent member of the California SIDS Advisory Council. She replaces *Maureen Chavez*, a productive member of the Council who resigned recently.



Yolanda DeMello
New SIDS Parent Member
of the *California SIDS*
Advisory Council

Doctor Christina Stanley has been an active member of the Council for ~8-years. She has made monumental contributions to the California SIDS Community, and she has been a fierce and consistent advocate for SIDS families and SIDS issues in California. Regrettably, she submitted her resignation from the Council, because she will become the Chief Medical Examiner for the State of Rhode Island. She has certainly made major contributions, and we are all grateful for her hard work during her time on the Council. We are seeking a California Medical Examiner to replace *Doctor Stanley* as a member of the *California SIDS Advisory Council* who will be the eyes and ears of the Council on Medical Examiner issues in California. An announcement was sent out on September 28, 2011, inviting interested pathologists or medical examiners to apply for the position. The deadline to submit their applications is November 1, 2011.

- **2011 Daniel E Boatwright Award.**

The 2011 *Daniel E. Boatwright Award* will be presented at the 31st Annual *California SIDS Conference* on October 28, 2011, to *Devra Hutchinson* for extraordinary service on behalf of Californians touched by sudden infant death syndrome. The Council congratulates this year's awardee, who is richly deserving of this, the highest honor California can give for contributions to the California SIDS community.



Devra Hutchinson
2011 Senator Daniel E. Boatwright Awardee

- **SIDS Risk Reduction Education.**

American Academy of Pediatrics Revised Recommendations, 2011.

The American Academy of Pediatrics published its revised recommendations for SIDS risk reduction on October 17, 2011¹. These recommendations update the previous AAP recommendations published in 2005². The new recommendations largely support the 2005 recommendations, but the new ones expand and clarify some issues. Changes in the 2011 recommendations include:

- While back sleeping improves the risk for SIDS in all infants, the new recommendations emphasize that non-supine sleeping is especially dangerous for preterm infants, and encourages NICUs and newborn nurseries to place preterm infants to sleep in the supine position as soon as possible.
- Safe sleeping surface: The new recommendations emphasize that cribs or bassinets should conform to Consumer Product Safety standards; only mattresses designed for specific products should be used; infants should not be placed in adult beds because of risk of entrapment and strangulation; infants should be in areas free of hazards; and infant should not sleep in sitting devices, such as car seats.
- Roomsharing but not bedsharing: The new recommendations emphasize that the infants' crib or bassinet should be placed in the parents' room, but not in their bed; devices designed to make bedsharing safe (i.e., in bed cosleepers) should not be used; and epidemiological studies do not demonstrate any bedsharing arrangements which are protective against SIDS or suffocation.
- The new recommendations identify specific situations where bedsharing is especially dangerous:
 - Infant younger than 3-months of age.
 - Bedsharing with parents who are smokers, even if they do not smoke in bed.
 - Bedsharing with someone who is excessively tired. Studies suggest this occurs when a parent has slept less than 4-hours the previous night.
 - Bedsharing with someone who uses central nervous system depressant medications, alcohol, or illicit drugs.
 - Bedsharing with anyone who is not a parent including other children.



¹ Moon, R.Y., R.A. Darnall, M.H. Goodstein, and F.R. Hauk. American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128: 1030-1039, 2011.

² Kattwinkel, J., F.R. Hauck, M.S.E. Keenan, M. Malloy, and R.Y. Moon. . American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome: The changing concept of sudden infant death syndrome: diagnostic and coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*, 116: 1245-1255, 20015.

- Bedsharing with multiple persons.
- Bedsharing on a soft surface, such as waterbed, old mattress, sofa, couch, or armchair.
- Bedsharing on a surface with soft bedding, such as pillows, heavy blankets, quilts or comforters.
- Bumper pads are not recommended.
- Pregnant women should receive regular prenatal care.
- Mothers should avoid alcohol and illicit drug use during and after pregnancy.
- Breastfeeding is now recommended as part of the reduce the risk of SIDS recommendations. While protection increases with exclusive breastfeeding, any breastfeeding is more protective than no breastfeeding.
- Infants should receive their regular immunizations.
- Media and product manufacturers should follow safe infant sleep guidelines in their messaging and advertisements.
- Expand public education campaigns about safe infant sleep.
- Continue research into the causes of SIDS and risk factors and prevention.

The 2011 recommendations include information about unsafe infant sleeping environments in order to prevent deaths due to suffocation, strangulation, or entrapment. This is not to say that SIDS is the same as suffocation, strangulation, or entrapment. However, the goal of the recommendations is to reduce the number of sleep-related infant deaths from any cause. Some infants are dying in unsafe sleeping environments, and it is important to include education to avoid these unsafe sleeping situations.

There is an accompanying Technical Report to the AAP recommendations which details the evidence and scientific basis for these recommendations³.

Kitty Roche moved that the Council adopt a formal Resolution accepting, adopting, and supporting the 2011 AAP recommendations. Discussion followed suggesting a task force work with the California SIDS Program and CDPH MCAH for implementation of the new AAP guidelines as we did when the original 2005 risk reduction policy was adopted by the Council. It was agreed that *Dawn Dailey, Guey-Shiang Tsay, Danielle Sees, Kitty Roche, Jeri Wilson, and Gwen Edelstein* would take on this task with *Doctor Keens* as the medical advisor.

California SIDS Program Trainings for public health professionals and emergency responders need to be



Rachel Moon, M.D.

³ Moon, R.Y., R.A. Darnall, M.H. Goodstein, and F.R. Hauk. Technical Report: American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128: e000, 2011. www.pediatrics.org/cgi/doi/10.1542/peds.2011-2220.

revised to include the new AAP recommendations. We should also explore targeting Lamaze classes, Prenatal Birth classes, as well as outreach to hospitals and OB/Gyns. Discussion followed suggesting a task force work with the *California SIDS Program* and CDPH MCAH for implementation of the new AAP guidelines as we did when the original 2005 risk reduction policy was adopted by the Council. It was agreed that *Dawn Dailey, Gwen Edelstein, Kitty Roche, Danielle Sees, Guey-Shiang Tsay, and Jeri Wilson*, would take on this task with *Doctor Keens* as the medical advisor.

Doctor Henry Krous will work towards adoption of the AAP recommendations by the Society for Pediatric Pathology.

Los Angeles County Infant Safe Sleep Campaign.

Los Angeles County Supervisor *Mark Ridley Thomas* became aware of infants dying in unsafe sleeping environments. He initiated the *Los Angeles County Infant Safe Sleep Task Force* on June 14, 2010. There is a great deal of motivation to proceed with an aggressive infant safe sleep education campaign in Los Angeles County. *First Five of California* was awarded a \$1.5-million grant to work with the Task Force on safe infant sleep. The most recent meeting was on October 13, 2011.

The \$1.5-million grant will be funded for the Task Force Infant Safe Sleep campaign. It is hoped that funding will be available by the end of calendar year 2011.

Dr. Carol Berkowitz and her colleagues at the Harbor-UCLA Medical Center, were awarded grant money from the Los Angeles County Board of Supervisors to begin a pilot project on preventing injury to infants. It focuses on preventing shaken baby syndrome, and on safe infant sleep. The program is modeled after one at the Baltimore Hospital Medical Center, which used a patient safety model to educate new parents about infant safe sleep and shaken baby syndrome. The project is in the early stages of implementation.

Francisco Oaxaca of First 5 stated this was a perfect segue into his announcement that First 5 California will have an agreement on a strategic partnership within a week. There is a Pilot Crib Program funded with this project over a two-year period. There is no longer a need for an outside agency. We have an opportunity to leverage funding. ICAN and ICAN Associates are the ideal candidates to head this program. This is a golden opportunity for the program to be done in an inclusive way for all parties. We must replace conflicting messages with inclusive and consistent messages. He has found over the years – data doesn't work.

There was considerable discussion about the adversarial relationship that seems to be occurring between infant safe sleep advocates and breastfeeding advocates over the recommendation that bedsharing is unsafe. Many breastfeeding advocates take exception to this recommendation. One member of the Task Force suggested that data indicating the dangers of bedsharing may be incomplete, and that other data exist which do not show this relationship. The truth is that, in general, bedsharing is associated with an increased risk for infant death, but there are wide



variations. For example, older babies (>4-months of age) in non-smoker home may not be at increased risk according to some studies. A suggestion was made to convene a small working group, composed of Task Force members and breastfeeding advocates, to review all relevant data, explore areas of common ground, identify areas of difference, and see how we can work together. After all, both groups have the best interests of infants as their goal, and there should not be an adversarial relationship between two groups striving to achieve this. Implicit in this conversation is the question whether or not the Task Force should tackle the issue of “safe bedsharing”. This question was not directly addressed, but some sentiment in favor of this approach has been expressed in the past. *Doctor Thomas Keens* suggested that a meeting be held for leaders from each of these community agencies to discuss each other’s concerns and see if we can come together with an acceptable solution. *Doctor Keens* agreed to Chair this sub-committee and bring the final report back to the Task Force. The sub-committee meeting is scheduled for November 29, 2011, and the Task Force meeting is scheduled for January 18, 2012.

- **Disparities in the Accuracy and Consistency of SIDS, Undetermined, or SUID Diagnoses.**

A longstanding problem in California is a disparity in the consistency of the diagnosis of infants who die suddenly and unexpectedly without an obvious cause. In some jurisdictions, such infants may have a cause of death signed out as "SIDS", in some "Undetermined", in still others "Sudden Unexplained Infant Death", etc. The problem is that infants presenting in the same way with the same findings will have a different diagnosis as cause of death, depending in which county the death occurred. This makes no sense medically or scientifically. This is a complex problem, which has eluded the *Council* for many years. Yet, this must be addressed in a systematic manner. The *Council* has committed itself to make this issue a priority.

SIDS Summit for Coroners and Medical Examiners.

The California State Coroners’ Association (CSCA) sponsored a *SIDS Summit* at the West Coast Training Conference, held in Studio City on October 19, 2011. The West Coast Training Conference is a 3-day Seminar held annually by the Los Angeles County Office of Coroner. The *SIDS Summit* was an 8-hour course for forensic pathologists and coroner investigators in California to address the disparity in the diagnosis of the cause of death in infants following a sudden and unexpected death. The site was the Beverly Garland’s Holiday Inn in Studio City. The problem addressed was the inconsistency in how infants are diagnosed. This conference presented background information on SIDS and the diagnosis of the cause of death in infants dying suddenly and unexpectedly. However, the most important part of the Seminar was a general discussion of a series of hypothetical cases, which were designed to bring out the common ground and issues of difference. This successfully opened up discussion. The conference was not open to the public in hopes that Coroners and Pathologists from California who are participating were able to air their honest opinions. There were 32 participants including coroners and medical examiners from major California counties. They engaged in the discussion of cases, common ground, and differences with enthusiasm.



The reasons for the disparity in diagnoses appear to be several and complex. It is clear that pathologists and coroners are doing the best job they can to determine the cause of death in these infants. However, the less classical nature of SIDS (due to Back to Sleep) and the availability of more information (due to the uniform autopsy and death scene investigation protocol) have resulted in a disparity in the way diagnoses are made.



Coroners' Curriculum Development Committee
California State Coroners' Association

Goals of the SIDS Summit: We gathered coroners and pathologists from around California to address the diagnosis of infants who die suddenly and unexpectedly. The goals of the seminar were to explore whether or not it is possible to achieve better consistency between counties on diagnosing the cause and manner of death in babies dying suddenly and unexpectedly.

The highlight of the conference was clearly the case discussions. Ten hypothetical sudden infant death scenarios were presented. Using an audience response device, all were asked to vote on the cause of death and manner of death. Then, participants were invited to discuss areas of similarity and difference in each case. The first case was presented as a “pristine SIDS case”. 56% of those present would have given that baby a diagnosis of SIDS; 22% undetermined; 16% sudden unexplained infant death (the CDC’s preferred terminology); and 6% asphyxia. After discussion, 66% of those present would have given that baby a diagnosis of SIDS; 16% undetermined; 16% sudden unexplained infant death (the CDC’s preferred terminology); and 3% asphyxia. 63% would have given a Natural manner of death, and 38% undetermined. Two of the 32 attendees indicated that they did not “believe” in the diagnosis of SIDS, and therefore would not use it. Many were persuaded by the CDC’s desire for pathologists to use the SUID diagnosis. There was some discussion about whether diagnoses should be made which reflect the probable cause of death, or whether they should reflect a greater level of certainty.

No cases received complete consensus, though one case of a natural cause of cardiorespiratory death achieved near consensus. The cases presented illustrated that coroners rarely see “pristine SIDS” deaths. Nearly all have confounding risk factors, which may affect the cause of death. The disparity in diagnoses within the conference appeared to represent true uncertainty about the potential role of various risk factors in causing the death.

Doctor Keens thought the conference was very successful. It is clear that we do not have consensus on how these diagnoses are made in our state. However, I do not think Coroners are as far apart as one might think. The participants all worked diligently to come up with the best possible diagnosis, but the nature of infants presenting to the coroners is far more complex and less uniform than it once was.

It is not clear what the next step is. It may be that different diagnoses will remain a reality in California. However, it appears that in the minds of the pathologists, the diagnoses of SIDS, SUID, and undetermined are intended to refer to the same thing. It will become the responsibility of the California SIDS Advisory Council to educate the California SIDS Community that these diagnoses are the same, and they are not intended to cast blame on SIDS parents.

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

There is difficulty providing support for SIDS families who do not live near an active SIDS Parent Support organization. Therefore, discussion arose about providing such support on line. *Yolanda DeMello* holds monthly online meetings by Skype and on Facebook with other SIDS parents. She has reached out not only from SIDS parents in her immediate area, but from parents worldwide. She has accommodated the time change for online chat with international parents by reaching out at all hours of the day and night. *Yolanda* indicated that this approach is working well. It is cost effective, and it allows people to communicate in the privacy of their homes. *Yolanda* believes that this allows a first step, and when the SIDS parent(s) are ready to face people, they can then more comfortably attend group support meetings. Parents from all over the country participate in the monthly telephone support group. The next telephone support group meeting will be held on November 11, 2011 at 7:00 PM. Everyone is welcome to attend. They can participate or just listen in to the conference. Interested parties can dial 712-432-3066 and the access code is 397543.

A web based support group hosted by *Colleen Ma*, SIDS parent from Orange County, uses a platform called *MyFamily.com* and allows for on-line discussion, chats, photos, blogs, etc. She established the site for the California SIDS Community. It is called the *California SIDS Parent Support Group*, and is now linked to the *California SIDS Program* website, allowing more parents and others to reach out and communicate.

- **Public Health Nurse Issues.**

The Advisory Council PHNs suggested a survey of Coordinators in order to determine current Safe Sleep Outreach Practices and to identify specific needs on the parts of the Coordinators. The California SIDS Program worked collaboratively with the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Division and State SIDS Advisory Council to send a survey to the SIDS Coordinators for the purpose of identifying strategies to meet the educational and training needs of SIDS Coordinators throughout the State. The survey would also gather ideas for meetings and topics of interest regarding SIDS.

The California SIDS Program sent the survey comprised of 10 questions through email at the first of July with a



Gwen Edelstein



Kitty Roche

requested due date of July 29, 2011, to 61 local health jurisdictions and received 52 responses (85%)

The PHN representative, Kitty Roche, with the help of Naomi Brown SIDS PHN and Deanna Zotalis, Strategy and Performance Improvement Manager for the County of San Diego (who assisted in building the survey) compiled the responses to the survey and sent them for review to the California SIDS Program and the California MCAH SIDS Nurse Consultant. This report is hitting the highlights but should not be considered final as further review and analysis is necessary. A comprehensive report will be approved and placed on the California SIDS website at a later date.

The first 5 questions asked about more frequent meetings for the SIDS Coordinators and how that should happen. A majority on all 5 questions wanted to meet at least once a year at the annual state SIDS conference and have a teleconference or Webex at 6 months for an hour. All had Webex capabilities. In addition a third of the PHNs responded that they also attend the MCAH Action Committee meetings as well. The biggest barrier to face to face meetings was work demands on time.

Questions 8 asked what kind of risk reduction activities are you able to do in your local health jurisdiction? 92% distribute the materials to other agencies, newspapers in order to disseminate the information, or to include in birth certificate mailing inserts. Other methods of outreach included home visits, presentations to professional and other agencies as well as to pregnant and parenting families.

Question 9 asked what issues, topics and concerns would PHNs like to discuss? The most listed topics were Coroner Communication, Latest Research, SIDS/SUID and the changing death diagnosis, grief and bereavement, and the need for updated Education/outreach/printed materials.

Question 10 asked Coordinators to share any ideas for how the California SIDS Program can be of help. Some of the suggestions included the above mentioned teleconferences and Webex especially for the rural counties for both Coordinator meetings and trainings; also more Webinars for training that would include the Community Health Aides and for those PHNs who rarely do a SIDS home visit and need updates when they do; more face to face trainings in the rural areas.

Of the respondents to question 10, there were quite a few who just wanted to compliment the work that Cheryl McBride and Gwen Edelstein do, and they had nothing but praise for the support they receive from the California SIDS Program.

Gwen reported the 2011 SIDS Conference on October 28th will feature an afternoon workshop presented by *Susan Moore* for PHNs/social workers providing direct SIDS/SUID bereavement services. It will be an intensive, interactive session so that professionals will gain a better understanding of how to effectively counsel and support newly bereaved families. This is in response to PHNs who have indicated they need more training in this area.

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

The California State Coroners' Association held a "SIDS Summit" on October 19, 2011, to discuss the diagnosis of SIDS and infants dying suddenly and unexpectedly (see above).

- **Southern California Regional SIDS Council.**

Karen Jackson, P.H.N., President of the Southern California Regional SIDS Council and Orange County SIDS Coordinator, reported on the activities of the *Southern California Regional SIDS Council*. The Council is preliminarily beginning to think about the 2012 California SIDS Conference. Additional activities are as follows:

- A SIDS Risk reduction conference was held at Long Beach Memorial Hospital. Organized by *Danielle Sees* (Long Beach SIDS Coordinator) and assisted by *Penny Stastny* and *Doctor Thomas Keens*. The conference was well attended.
- A new electronic newsletter (*Reflections*), provided by the *Guild for Infant Survival, Orange County*, provides both parents and professionals with grief support articles and events.
- There is an upcoming “Angel of Hope” memorial service scheduled for December 6, 2011, at 7:00 pm at the El Toro Cemetery. Guest speaker will be Orange County parent, *Erin Runnion*, whose 5 year old daughter, *Samantha*, was abducted and murdered several years ago. It is always a very beautiful and moving event for any parent who has lost a child. It is always well attended and always cold or rainy. It is sure to be a large attendance as it is the 10th annual celebration of Hope. All out of county residents and bereaved parents are welcome.
- The Council will be dealing with ways to get the new information out to professionals and parent groups, regarding the new AAP guidelines. *Karen Jackson*, Southern California Regional SIDS Council President, has already sent emails with both the New Policy and Technical Report, to Orange County Public Health Nursing Supervisors & Programs. She received an email of gratitude from the Nurse Family Partnership SPHN, for getting this important new information out so quickly.
- Plans are under-way for the 32nd Annual California SIDS Conference, to be held in Southern California in October, 2012. More concrete plans will begin at our Southern California Regional Council meeting on November 10, 2011. Some hotel information is being obtained for The Doubletree Hotel in Orange, as well as another hotel in Dana Point. *Gwen Edelstein* has reserved the *California Endowment Center* in Los Angeles.
- Ongoing SIDS risk reduction education trainings continue for home visitation groups such as Orangewood Children’s Foundation and South county hospital Bridges staff.
- Both *Penny Stastny* and *Barbara Estep* (GIS-OC) arranged for a large child care provider training. It was held at a community center in Fountain Valley, and it was attended by >150 in home and child care center personnel. *Penny Stastny*, *Karen Jackson*, and *Jordy Jahn* (SIDS parent and President of the GIS-OC) spoke. There were many questions, and attendees were provided with a handout, addressing safe sleep and SIDS risk reduction guidelines.

- **Northern California Regional SIDS Council.**

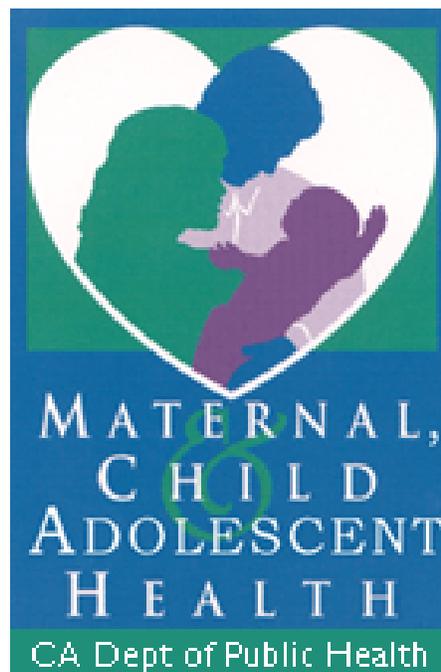
Aline Armstrong, P.H.N., President of the Northern California Regional SIDS Council, reported on the activities of the Northern California Regional SIDS Council. The main activity is planning the 31st Annual California SIDS Conference: *Pathways To Understanding*, hosted by the Northern California Regional SIDS Council, which will be held on Friday, October 28,

2011, at the California Department of Health Services East End Complex, located at 1500 Capitol Avenue, Sacramento, California. The featured speaker will be renowned SIDS researcher, *Doctor Rachel Moon*, Professor of Pediatrics, George Washington University School of Medicine and Health Sciences, and Children's National Medical Center in Washington, D.C. Her research has focused on improving safe infant sleep and SIDS Risk Reduction education to the public. She has highlighted areas of priority, where more work is needed, and the results of successful educational campaigns.

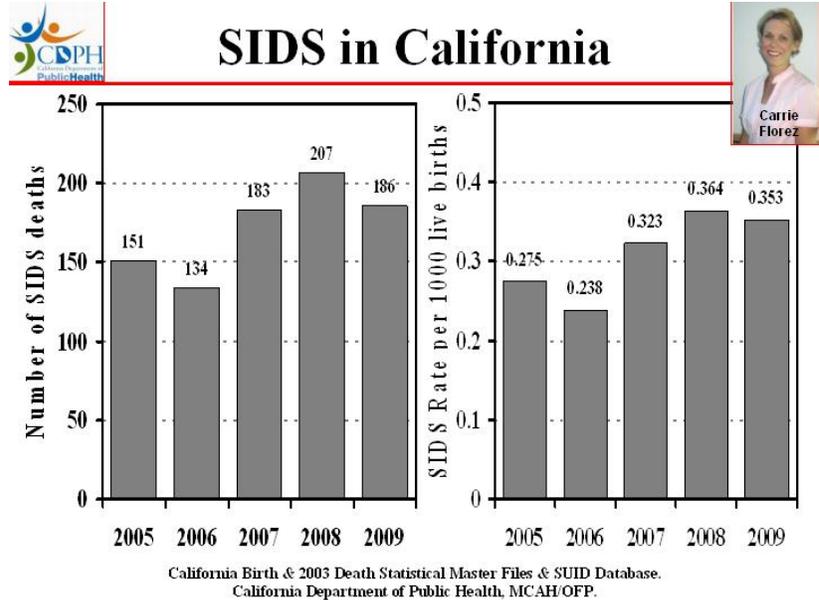
- **State Report.**

Guey-Shiang Tsay presented to report of the California SIDS Section activities of the Maternal, Child, and Adolescent Health Section of the California Department of Public Health.

- On behalf of the State of California, *Guey-Shiang Tsay* welcomed *Yolanda DeMello* as the new SIDS parent representative on the California SIDS Advisory Council.
- *Doctor Christina Stanley* resigned her position as the Medical Examiner representative on the California SIDS Advisory Council. We appreciate her outstanding services for SIDS Program. We are in the process of recruiting a new Medical Examiner member.
- Thank you to *Kitty Roche* and her staff for compiling the SIDS Coordinator Survey responses regarding SIDS training. The survey findings and results will be sent to Council and local health jurisdictions in the near future.
- Thank you to the *California SIDS Advisory Council* for their contributions and efforts on the SIDS program. She also appreciated the hard work and Coordination that Northern California Regional SIDS Council and California SIDS Program (*Gwen Edelstein* and *Cheryl McBride*) contributed to planning and organizing for the 2011 Annual California SIDS Conference.
- For the past few months, *Doctor Connie Mitchell*, *Carrie Florez*, and *Guey-Shiang Tsay*, had separate conference calls with the Medical Examiners, Coroners, and SIDS Coordinators in Los Angeles, San Diego, and Sacramento Counties. They discussed SIDS issues, especially the three-year SIDS rates that have increased between 2005-2007 and 2006-2008. Here are some insights as to why SIDS deaths rose during the two time periods:



- SIDS diagnostic shift and methodology changes contributed to the rise of SIDS rates in Los Angeles and Sacramento Counties. For San Diego County, there was an actual increase in the number of SIDS deaths in 2007 and 2008.
- SIDS risk factors, such as unsafe sleep environment, play a role in the diagnosis.
- ICD-10 coding, SIDS vs. SUID vs. Undetermined: uniform coding is very important in diagnosing sudden infant deaths.
- California Standardized Death Scene Protocol collects more data on the sleep environment such as bed-sharing, size of adult, items in sleep area, etc.
- SIDS surveillance system to identify risk factors is critical for surveillance, developing appropriate public health messages, educating providers about risk factors, etc.



• **California SIDS Program Report.**

Gwen Edelstein submitted a detailed written report of California SIDS Program activities for July 1–September 30, 2011, that was distributed to all Council members.

Gwen reported on the 2011 Annual California SIDS Conference on October 28th, in Sacramento, and on the pre-conference events on October 27th. Accolades were given to the Northern California Regional SIDS Council members for their support in planning this year’s events. Details for the conference are now posted on the *California SIDS Program* website, along with the agenda, registration form/fees, and travel information. With generous funding from several SIDS parent support groups, including SIDS Alliance of Northern California, Guilds for Infant Survival Orange County and San Diego, and the Josephine DeMello SIDS Foundation, there are monies to help bereaved families needing financial assistance for conference expenses. Scholarships were provided for 32 parents, grandparent, and 3 child care providers. The Conference attendance is 128, including parents, families, health professionals, and new SIDS coordinators from well over a third of the health jurisdictions in the State.



Gwen Edelstein acknowledged *Guey-Shiang Tsay* for all of her efforts toward the Conference preparation.

Gwen Edelstein acknowledged *Dawn Dailey* and *Kitty Roche* for their support in welcoming newly appointed SIDS Coordinators from Yuba, Merced and El Dorado counties.

To promote SIDS risk reduction/safe sleep education at the local level, the *California SIDS Program* recently distributed two bilingual DVDs, *Safe Sleep Saves Lives* and *Safe Sleep for Babies* to all SIDS Coordinators and DSS Community Care Licensing Regional Offices in California, and have been busy updating the website, providing standardized templates

Cheryl McBride stated there were 215 presumptive SIDS cases reported to the *California SIDS Program* for 2010, and 134 presumptive SIDS cases reported for 2011 through October 21, 2011. Compliance for 2011 for submission of Coroner Notification Cards is 95%, and 75% for Public Health Services Reports forms. A total of 38 quarterly compliance letters were mailed September 30, 2011, to all counties delinquent with submission of the State Coroner Notification Cards and Public Health Services Report forms for 2010 and 2011. A complete report of Compliance Monitoring for this report period is posted on the Program's website in the State SIDS Advisory Council section.

- **New Business.**

The 2012 International Conference on Stillbirth, SIDS, and Infant Survival, sponsored by First Candle and the International Society for the Study and Prevention of Infant Deaths, will be held in Baltimore, Maryland, on October 5-7, 2012. The site of the conference will be the Baltimore Marriott Waterfront Hotel. More information will be forthcoming. For those who have never attended an international SIDS research conference, they present a rare opportunity to network with SIDS parents, program professionals, and researchers from around the world who are dedicated to improving SIDS support, education, and research. If it is at all possible for you to attend this event, you will be educated and inspired, and you will never forget the experience.



- **Council Meetings in 2012.**

The *California SIDS Advisory Council* traditionally 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 meetings for 2012 will be:

- Telephone Conference Call: Tuesday, January 24, 2012, 1:30-3:30 P.M.
- Telephone Conference Call: Tuesday, May 8, 2012, 1:30-3:30 P.M.
- Telephone Conference Call: Tuesday, August 14, 2012, 1:30-3:30 P.M.

- In-person Meeting: the day before the 32nd Annual California SIDS Conference in Southern California. The date was not yet determined at the Council meeting, but it has subsequently been set for Monday, October 29, 2011, at the *California Endowment Center* in Los Angeles, California.

- **Adjournment.**

The meeting was adjourned at 4:20 P.M.

Respectfully submitted,

Kathleen Beichley
Secretary, California SIDS Advisory Council

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



California SIDS Advisory Council



Kathleen Beichley



Dawn Dailey



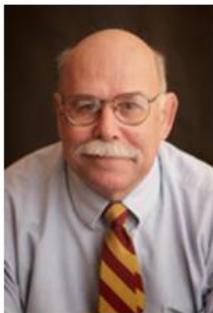
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Lorie Gehrke



Tom Keens



Kitty Roche



Dennis Watt



Karen Jackson



Aline Armstrong

<http://www.californiasids.com/Universal/MainPage.cfm?p=120>