

## **Georgia Sudden Infant Death Information, Referral, and Support Project E-Zine**

Welcome to the first issue of the Georgia SIDS Project E-zine! The Georgia SIDS Project E-Zine is an on-line educational update offered monthly by the Georgia Sudden Infant Death Information, Referral and Support Project. You have been placed on this list as a result of your request or position. To comment on this issue, request additional information, refer families in need of support or be removed from the list please contact us at [gasidsproject@dhr.state.ga.us](mailto:gasidsproject@dhr.state.ga.us) or call 678-342-3360.

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### **CDC RELEASES "INFANT MORTALITY STATISTICS FROM 2001 PERIOD LINKED BIRTH/INFANT DEATH DATA SET."**

The U.S. infant mortality rate dropped to another record low in 2001, in part because of a decline in SIDS deaths, but remains higher than that of other industrialized countries. The U.S. rate in 2001 - the latest data available - fell to 6.8 deaths per 1,000 live births from

6.9 the previous year, according to the Centers for Disease Control and Prevention. The rate has declined 38 percent since 1983, when it was 10.9 per 1,000 live births. It has dropped to an all-time low in each of the last four years after a brief plateau in 1997 and 1998.

The 2001 decline was attributed largely to an 11 percent decline in deaths from sudden infant death syndrome, one of the three leading causes of infant death along with congenital malformations and low birth weight. The CDC stated that the decline of SIDS was due in part to public health campaigns that encourage mothers to place their babies to sleep on their backs. Better infant medical care and other public health messages also contributed to the decline, CDC officials said. Despite the improvements, the U.S. rate is more than twice that of other developed countries. In Sweden, for example, the rate was 3 deaths per 1,000 live births in 2000, according to the latest data available from the United Nations. Experts say the difference is due in part to more premature births and poorer access to health care in poor communities in the United States. The full report can be found at [http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_02.pdf)

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#### POSITIONAL PLAGIOCEPHALY, OR "FLAT HEADS" STUDY LOOKS AT WAYS TO PREVENT PROBLEM GIVEN BACK SLEEPING RECOMMENDATIONS

In the Journal PEDIATRICS Vol. 112 No. 4 October 2003, pp. e316-e316 "Determinants of Nonsynostotic Plagiocephaly: A Case-Control Study" the study was to identify and quantify the determinants of nonsynostotic plagiocephaly (flat -head) in infants. The conclusions indicate early identification of a preferred head orientation, which may indicate the presence of neck muscle dysfunction, may help prevent the development or further development of nonsynostotic plagiocephaly in infants. Plagiocephaly might also be prevented by varying the head position when putting the very young infant down to sleep and by supervised tummy time when awake.

In response to recent concerns and publicity about an increase of "flat heads" in infants who sleep on their backs, First Candle/SIDS Alliance provides the following information for your use in addressing this issue.

Dr. Maurice Edward Keenan of the AAP Task Force on Infant Positioning and Sudden Infant Death Syndrome (SIDS) says that asymmetrical heads are a minor problem compared to the success of lowering the risk for SIDS. Also known as "positional plagiocephaly", experts agree that it is rarely a serious condition and can be avoided if parents make a conscious effort to change the direction the infant's head faces when they are on their backs. Craniofacial specialists and neurosurgeons say that the problem is no reason to go back to putting babies on their stomachs for sleep. In the vast majority of the cases when a baby develops a flattened head, the problem resolves with time (by 6 months to one year of age) as the baby spends more time awake and begins to roll to different positions by themselves. It is important therefore to provide the baby with lots of supervised "tummy time" during the day when they are awake. This activity will not only enhance the shape of the head, but will strengthen upper body muscles not used as much when babies sleep on their backs.

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## CHILD CARE CENTER IMPLEMENTATION OF SAFE SLEEP PRACTICES

Since November 2002, Georgia regulations require that infants follow AAP recommendations regarding a safe sleep environment. Despite the fact that 20% of sudden infant death syndrome (SIDS) deaths occur in child care settings, many child care providers continue to be unaware of the association of SIDS and infant sleep position and/or are misinformed about the risks and benefits of the various sleep positions. The objective of this study was to determine whether an educational program for child care providers regarding SIDS and safe sleep environment is effective in 1) providing basic information and understanding regarding SIDS risk reduction practices, 2) changing child care provider behavior, and 3) promoting development of written sleep position policies.

Results indicated a total of 96 childcare providers attended the educational in-service. Providers who were using the supine position exclusively increased from 44.8% to 78.1%. This change in behavior was sustained, with 85% of centers placing infants exclusively supine 6 months after the intervention. The percentage of centers that reported written sleep position policies increased from 18.8% to 44.4%. For more information on this study visit

<http://pediatrics.aappublications.org/cgi/content/abstract/112/4/878>

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## CHICAGO INFANT MORTALITY STUDY, DESIGNED TO IDENTIFY RISK FACTORS FOR SIDS THAT PLACE AFRICAN AMERICAN INFANTS AT ROUGHLY DOUBLE THE SIDS RISK OF CAUCASIANS

Infants who share a bed with other children are at a higher risk of sudden infant death syndrome (SIDS) than are other infants, according to the most recent analysis of a study of predominantly African American SIDS deaths in Chicago. The analysis, appearing in the May, 2003 issue of PEDIATRICS, also found that two known risk factors for SIDS -- sleeping on soft bedding and sleeping on the stomach -- pose a far greater risk of SIDS when they occur together than the sum of both risk factors added together would indicate. This analysis confirms several international studies reporting that SIDS risk was lower among infants put to bed with a pacifier and reinforced earlier findings that sleeping on a sofa also increases infants' risk of SIDS.

The research is part of the Chicago Infant Mortality Study, designed to identify risk factors for SIDS that place African American infants at roughly double the SIDS risk of Caucasians. Earlier findings of the study can be found at [http://www.nichd.nih.gov/new/releases/infant\\_sids.cfm](http://www.nichd.nih.gov/new/releases/infant_sids.cfm). The Chicago Infant Mortality Study was directed by Fern R. Hauck, M.D. M.S.

"Our study found a dramatic increase in SIDS risk for prone sleeping on soft surfaces, highlighting the need to eliminate these unsafe sleep practices," said Dr. Hauck. "Additionally, infants should never be placed to sleep on a couch with anyone or in a bed with other children." The researchers compared information about each SIDS case to information about a control infant -- a living infant of comparable age, who was from the same racial and or ethnic group, and who had a similar birth weight. Infants who died of

SIDS were 5.4 times more likely to have shared a bed with other children than were the control infants. Sleeping with the mother alone or mother and father was associated with an increased risk of SIDS, but this finding was not statistically significant.

The study concluded "the risk was primarily associated with bed sharing when the infant was sleeping with people other than the parents." The researchers noted that sleeping on the stomach, and sleeping on soft bedding -- both known to increase the risk of SIDS independently -- posed a much greater risk for SIDS when occurring together than might be expected. For example, soft bedding appeared to pose 5 times the risk of SIDS as firm bedding; sleeping on the stomach increased the risk of SIDS 2.4 times. Yet infants who slept stomach down on soft bedding had 21 times the risk of SIDS as infants who slept on the back on firm bedding. A fuller version of the study can be found at <http://www.nichd.nih.gov/new/releases/sidsRisk.cfm>

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#### WHERE SHOULD INFANTS SLEEP? A COMPARISON OF RISK FOR SUFFOCATION OF INFANTS SLEEPING IN CRIBS, ADULT BEDS, AND OTHER SLEEPING LOCATIONS

A study was recently published in PEDIATRICS Vol. 112 No. 4 October 2003, pp. 883-889. The study seeks to ascertain whether the number of sudden infant deaths (as a result of suffocation in cribs, in adult beds, on sofas or chairs, and on other sleep surfaces) was attributable to increased reporting, diagnostic shift, or an actual increase in suffocation deaths. Also to compare the risk of reported accidental suffocation for infants on sleep surfaces designed for infants with their risk on adult beds.

Results indicated that of 513 cases of infant suffocation considered in the 1980s and 883 from the 1990s, the number of reported suffocation deaths in cribs fell from 192 to 107, the number of reported deaths in adult beds increased from 152 to 391, and the number of reported deaths on sofas or chairs increased from 33 to 110.

The sleep location of a subset of cases from the 1990s, 348 infants younger than 8 months at death, was compared with the sleep location of 4220 living infants younger than 8 months. The risk of suffocation was approximately 40 times higher for infants in adult beds compared with those in cribs. The increase in risk remained high even when overlying deaths were discounted (32 times higher) or the estimate of rates of bed sharing among living infants doubled (20 times higher). Reported deaths of infants who suffocated on sleep surfaces other than those designed for infants are increasing. The most conservative estimate showed that the risk of suffocation increased by 20-fold when infants were placed to sleep in adult beds rather than in cribs. The public should be clearly informed of the risks associated with bed-sharing with infants. The article is found at <http://pediatrics.aappublications.org/cgi/content/abstract/112/4/883>

The Georgia SIDS Project is working in conjunction with other agencies and organizations to include the risks associated with bed-sharing and infants. Special attention is being focused on creating appropriate messages on risk reduction for nursing mothers and those without the funds to purchase cribs for their infants. To assist the Georgia SIDS Project in developing an appropriate bed-sharing risk reduction campaign contact us at [gasidsproject@dhr.state.ga.us](mailto:gasidsproject@dhr.state.ga.us)

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## DHR/GEORGIA SIDS PROJECT BEREAVEMENT SUPPORT REFERRALS INCONSISTENT

Less than 50% of the SIDS deaths reported in the 2002 infant death data were referred to the Georgia SIDS Project for family follow-up, peer contact referral or bereavement support. The Georgia SIDS Project is contracted by DHR Division of Public Health to offer these services at no charge to all families. Please be sure your coroner, Fatality Review Board, or County Public Health Department have in place a referral protocol. If you have cases in 2003 that have not yet been referred, please take the time now to submit these referrals. By faxing back the attached referral form, families receive a personalized packet of materials including books written by parents that have lost infants, along with brochures, a list of web sites for support and information, and a list of local support group and resources. Each family is also offered a Peer Contact - another parent who has lost a child, to act as a support through this experience. All services are available at no charge. A DHR/Georgia SIDS Project Referral Form is attached as a pdf file to this email.

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### METRO ATLANTA INFANT SLEEP SAFETY CAMPAIGN DEVELOPS A LOW LITERACY RISK REDUCTION INFORMATION FLYER

The Metro Atlanta Infant Safe Sleep Campaign developed a low literacy information flyer, which was adapted by the Georgia SIDS Project and DHR to use in a laminated version above diaper changing tables in public locations. The Georgia SIDS Project is working with the State restaurant inspectors and others to post these signs. Attached to this e-mail (as a pdf file) is a form to fill out if you would be willing to distribute these flyers, or call the Georgia SIDS Project 678-342-3360.

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### PROFESSIONAL TRAINING AVAILABLE IN SIDS RISK REDUCTION AND BEREAVEMENT SUPPORT

Programs in infant safety and risk reduction are available for public health nurses, child care providers, hospital nurses and discharge planners, lactation specialists, DFACS staff, WIC and Medicaid/Peach Care Outreach staff emergency response personnel and clergy. Contact hours through DHR for nurses and child care staff are available. Focused training is available for nurses/social workers who deal with bereavement issues as part of home visit outreach or as ER or hospital social work support. Call the project at 678-342-3360 to schedule a no cost training program in your area. Train the trainer programs are also available for outreach staff.

Please Forward This E-Zine To Any Professional Who May Be Interested In This Update.

Be sure to tell them to contact us if they wish to receive additional issues. To assure you are on the list to regularly receive the Georgia SIDS Project E-zine, send an e-mail to [gasidsproject@dhr.state.ga.us](mailto:gasidsproject@dhr.state.ga.us)

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