Indiana Perinatal Quality Improvement Collaborative

Decreasing Sudden Unexpected Infant Deaths in Indiana

Recommendations of the
Quality Improvement Committee
to the
Governing Council

Approved by the IPQIC Governing Council
May 24, 2016

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Executive Summary

Background

In May, 2015, the Quality Improvement (QI) Committee of the Indiana Perinatal Quality Improvement Collaborative reviewed results of the Maternal Child Health (MCH) Epidemiology Section's Perinatal Periods of Risk (PPOR) analysis and 2013 Indiana Vital Statistics data. The 2011 PPOR analysis showed that Sudden Infant Death Syndrome (SIDS) and other Sudden Unexpected Infant Deaths (SUIDs) accounted for just under half of the excess mortality that occurred in the post-neonatal period to infants that were born >= to 1500 grams. Black race significantly doubled the odds of having a SIDS/SUIDs death. SIDS and suffocation (in bed) made up the majority of SUIDs deaths. Sleep environment and positioning played a large ***preventable*** role in the number of SUIDs deaths.

Results of the PPOR analysis indicated that preventions efforts would be most effective if geared toward methods to reduce the number of Very Low Birth Weight births and SIDS/suffocation deaths. The majority of risk factors and outcome rates are higher among Non-Hispanic Blacks; however, Non-Hispanic Whites should also be targeted for specific risk factors of interest, such as cigarette smoking, due to the larger population numbers.

Data from 2013 and 2014 showed continued high rates of Sudden Unexpected Infant Deaths (SUIDs). SUIDs accounted for 14% of infant deaths in 2013 and 14.4% in 2014.

The Quality Improvement Committee conducted a survey among 90 Indiana hospitals. With an almost 40% response rate, survey findings and hospital policy review identified that infant safe sleep policies among Indiana hospitals demonstrate three areas for improvement: 1) variation exists among Indiana hospital infant safe sleep practices; 2) opportunities are present to develop standardized processes and to spread best practice recommendations; and 3) external partnerships should be cultivated using consistent SUID prevention messaging,

There have been and still are many individuals, groups, and organizations trying to reduce SUIDs and SIDS in Indiana. Funding and support for these initiatives has waxed and waned. In Indiana, there have been several thousand cribs given away, but results have not been documented and death rates from SUID, particularly accidental suffocation and strangulation in bed, continue to rise. Although Indiana has made multiple efforts to decrease SUID and SIDS, there has not been a statewide effort with consistent messaging among all concerned parties.

Purpose

After reviewing Indiana's data, the hospital practice survey, local and state SUID prevention efforts, and literature including the American Academy of Pediatrics safe sleep policy statement; the QI Subcommittee on Reducing SUID in Indiana did a Driver Diagram exercise to identify areas where improvement is needed. The Primary drivers: certification /coding, hospital safe sleep practices and community outreach and primary care practice were used to divide into three Safe Sleep task forces. The Subcommittee agreed on the following overall AIM Statement:

> **Decrease Indiana's 5 year (2009-2013) SUIDs rate from 87.12 per 100,000 live births by 20% (to 69.72 per 100,000 live births) by the year 2018.**

Process

The three task forces initially worked independently reviewing evidence-based literature, national guidelines, and work of other states and organizations. Then they met together to discuss their findings and current efforts to decrease SUID in Indiana. Subsequent meetings were aimed at reviewing the initial recommendations document and proposed suggestions for a hospital safe sleep policy. The entire subcommittee approved the suggested format for a hospital safe sleep policy. It was decided to prioritize the recommendations based on impact and feasibility.

Recommendations

The recommendations were sent to the entire Quality Improvement Committee for priority ranking according to impact and feasibility. The results grouped logically into the three main areas researched with some additional global recommendations:

1) Adopt a statewide safe sleep campaign utilizing the ABC's of safe sleep ("**A**ll by myself, on my **B**ack, in my **C**rib") with a simple, consistent and wide spread message across the life course continuum from pregnancy care (pre-natal to partum to postpartum) to community care (parental care to early childhood care to primary care). The statewide campaign should include: a) Targeting social media and other materials to different populations – mothers, fathers, grandparents, racial and ethnic minorities, child care providers, primary care professionals, hospital staff, etc.; b)Linking families to safe sleep materials (cribs, sleep blankets, etc); c)Developing templates of materials that are adaptable by health care and community organizations and consistent with the Labor of Love campaign; and d)Assuring media portrays the safe sleep environment appropriately.

2) Encourage all Indiana hospitals caring for infants, defined as twelve months or younger, to adopt the model safe sleep policy template. (See Appendix D) The Indiana Hospital Association, ISDH, and IPQIC should work together to: a) Provide staff development on safe sleep policy and modeling safe sleep behaviors; b) Utilize standardized safe sleep messaging in all Indiana hospitals; c) Distribute information to Indiana hospitals regarding safe sleep crib distribution programs and sites coordinated through ISDH; d) Inform Indiana hospitals as to the availability of the Cribs for Kids ®National Hospital Certification Program; and e) Include safe sleep policy and modeling safe sleep behaviors as part of ongoing Quality Assurance and Performance Improvement.

3) The ISDH Fetal, Infant and Child Death Review and Safe Sleep Program should continue its infrastructure work that is necessary for collecting consistent and accurate SUID baseline data and evaluation of programmatic interventions. This includes: a)Promoting improved communication and education on SUID cause of death classification and coding with professionals involved in infant death investigations and the identification

and classification of cause and manner of death; b)Supporting the development of a statewide policy statement that all SUID cases should include the SUID Investigation Protocol, use of the SUID Investigation Report Form and a pre-autopsy conference for every SUID death investigation; and c) Adopting the SUID Case Registry protocol in local and state Fetal Infant Mortality Review and Child Fatality Review activities.

4) Global recommendations that should be considered when implementing the above recommendations include: a) promote breastfeeding, smoking cessation and immunization as important parts of a safe sleep campaign; b) when working with individuals regarding safe sleep, employ interactions that are conversational, by utilizing evidence-based models such as Motivational Interviewing and addressing myths, barriers and facilitators of behavior change; and c)sponsor a one-day SUID Conference to introduce the statewide campaign, promote new policies, and evidence-based interventions.

Members of the IPQIC Quality Improvement SUID Subcommittee are committed to continue working with IPQIC, Indiana Hospital Association, and the Indiana State Department of Health to implement these recommendations.

Overview

According to the Centers for Disease Control and Prevention (CDC), nearly 3,500 infants die suddenly and unexpectedly each year in the United States. These deaths are referred to as sudden unexpected infant deaths (SUIDs). SUIDs are reported as one of three types of infant deaths: Sudden Infant Death Syndrome (SIDS, ICD 10 – R95), Unknown Cause (ICD 10 – R99), or Accidental Suffocation and Strangulation in Bed (ASSB, ICD 10 – W75) (CDC, 2016). (See Appendix A)

Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation and complete autopsy is conducted. SIDS is the leading cause of death in infants 1 to 12 months old. An infant death classified as an Unknown Cause is defined as the sudden death of an infant less than 1 year of age that cannot be explained because a thorough investigation was not completed

and the cause of death could not be determined. Accidental Suffocation and Strangulation in Bed (ASSB) can be caused by several different mechanisms including: suffocation by soft bedding (pillow covering infant's mouth), overlay (another person rolls on top or against the infant while sleeping), wedging or entrapment (an infant is wedged between two objects), or strangulation (an infant's head and neck become caught between crib railings) (CDC, 2016).

Indiana Data

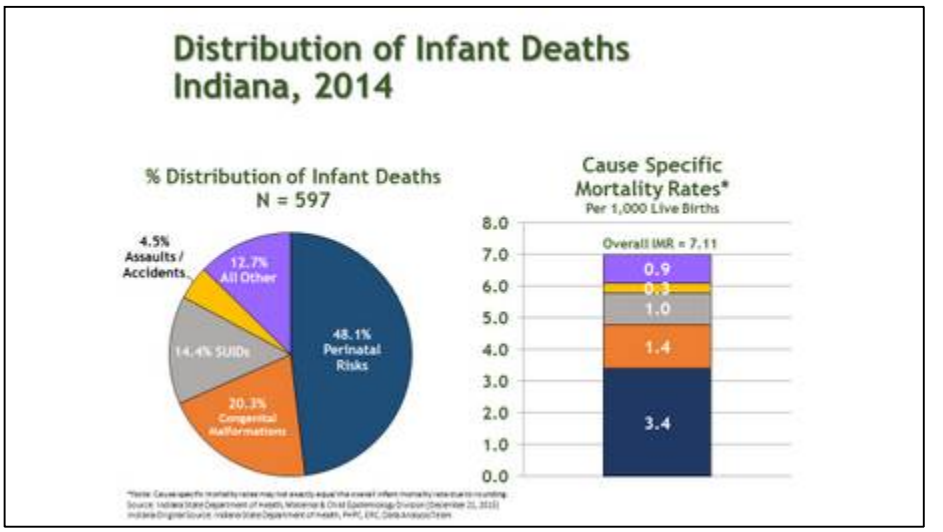
In May, 2015, the Quality Improvement Committee of the Indiana Perinatal Quality Improvement Collaborative reviewed results of the Maternal Child Health (MCH) Epidemiology Section's Perinatal Periods of Risk (PPOR) Analysis and 2013 Indiana Vital Statistics data. The 2011 PPOR analysis showed:

- SIDS/SUIDs deaths account for just under half of the excess mortality that occurred in the post-neonatal period to infants that were born >= to 1500 grams.
- Black race significantly shows double the odds of having a SIDS/SUIDs death. (aOR=2.03)Other risk factors in the model included smoking prior to or during pregnancy, maternal age, maternal education, breastfeeding at hospital discharge, pay source, prenatal care initiation, prenatal care adequacy, and marital status.
- SIDS (R95) and suffocation (in bed) deaths (W75) make up the majority of SUIDs deaths.
- Sleep environment and positioning play a large ***preventable*** role in the number of SUIDs deaths each year
- Cigarette smoking prior to and during pregnancy (aOR=1.88, PAR% = 15.1) is a significant risk factor for SIDS/SUIDs deaths, especially among Non-Hispanic Whites. If this risk factor were removed from the population, we would expect to see a 15% decrease in the amount of SUIDs deaths in the post-neonatal period among infants born weighing at least 1,500 grams.

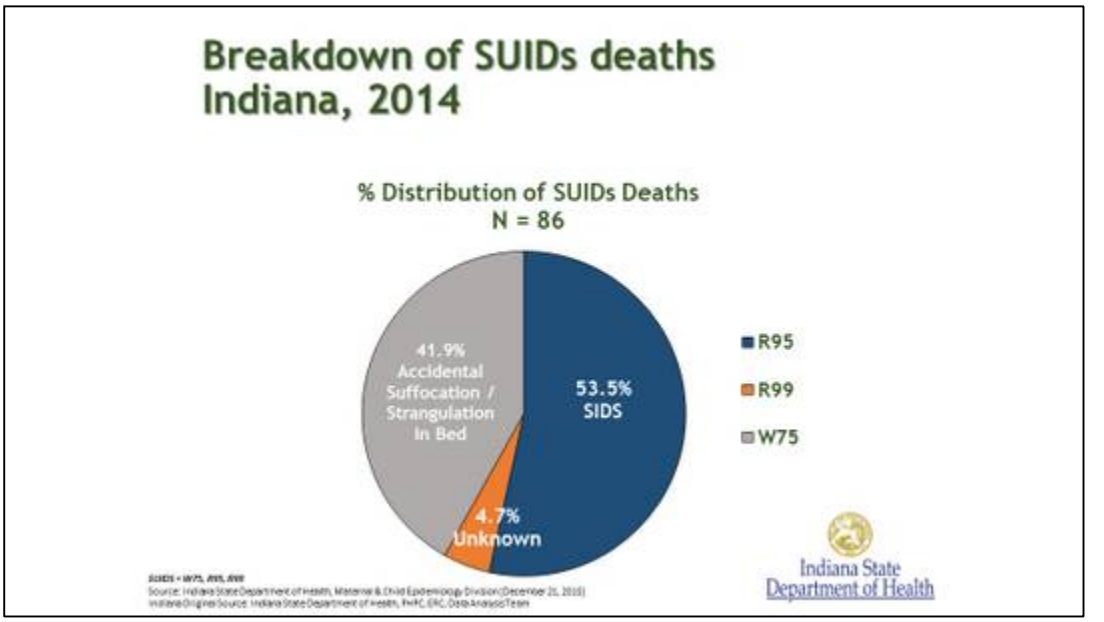
Results of the PPOR analysis indicated that preventions efforts would be best geared toward methods that help reduce the number of Very Low Birth Weight births and

SIDS/suffocation deaths. The majority of risk factors and outcome rates are higher among Non-Hispanic Blacks; however, Non-Hispanic Whites should also be targeted for specific risk factors of interest, such as cigarette smoking, due to the larger population numbers.

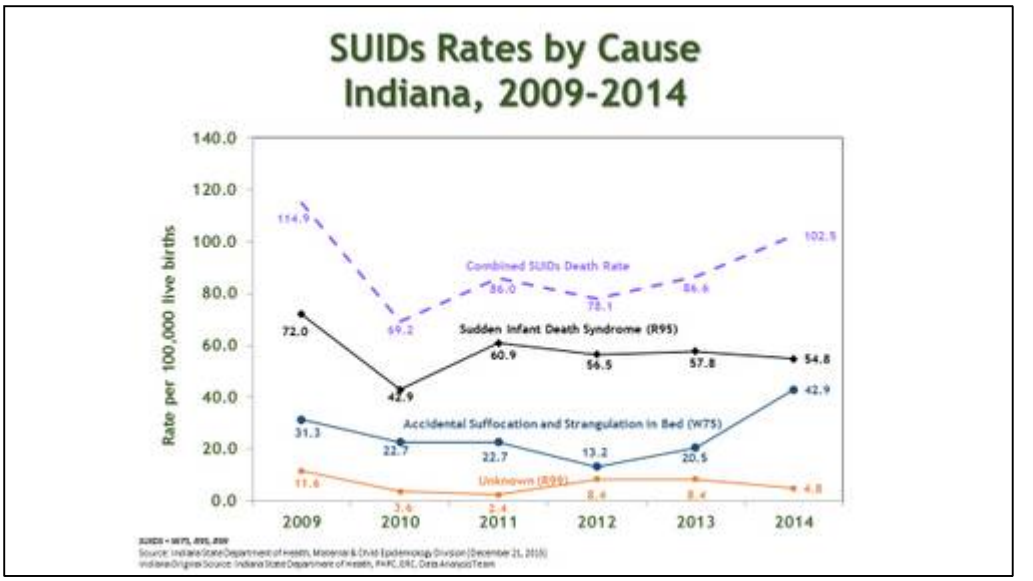
Data from 2013 and 2014 show continued high rates of Sudden Unexpected Infant Deaths (SUIDs). SUIDs accounted for 14% of infant deaths in 2013 and 14.4% in 2014. In 2014, Indiana's overall infant mortality rate was 7.1 per 1,000 live births, with 597 infants in Indiana dying before their first birthday. The 2014 Indiana's SUID rate climbed to 102.5 per 100,000 live births, up from 86.6 in 2013, with 86 infant deaths attributed to SUID.



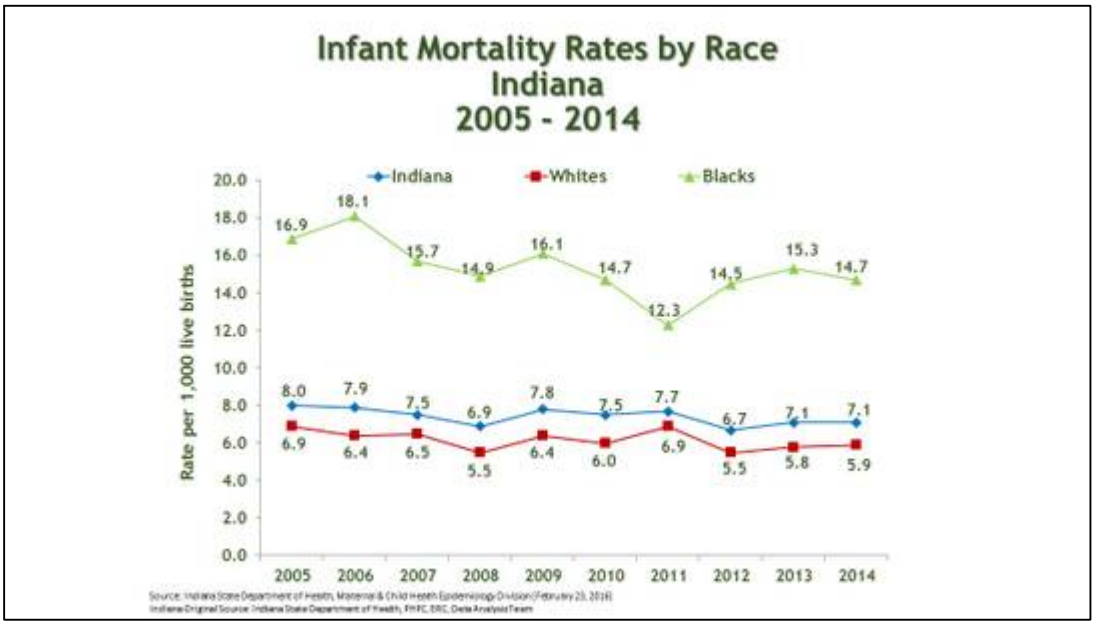
Among these types of SUID deaths, SIDS comprised the largest portion with 53.3% of SUIDs being defined as SIDS. The next largest portion consisted of accidental suffocation and strangulation in bed (41.9%), followed by deaths coded as unknown (4.7%) (Indiana State Department of Health [ISDH], 2016).

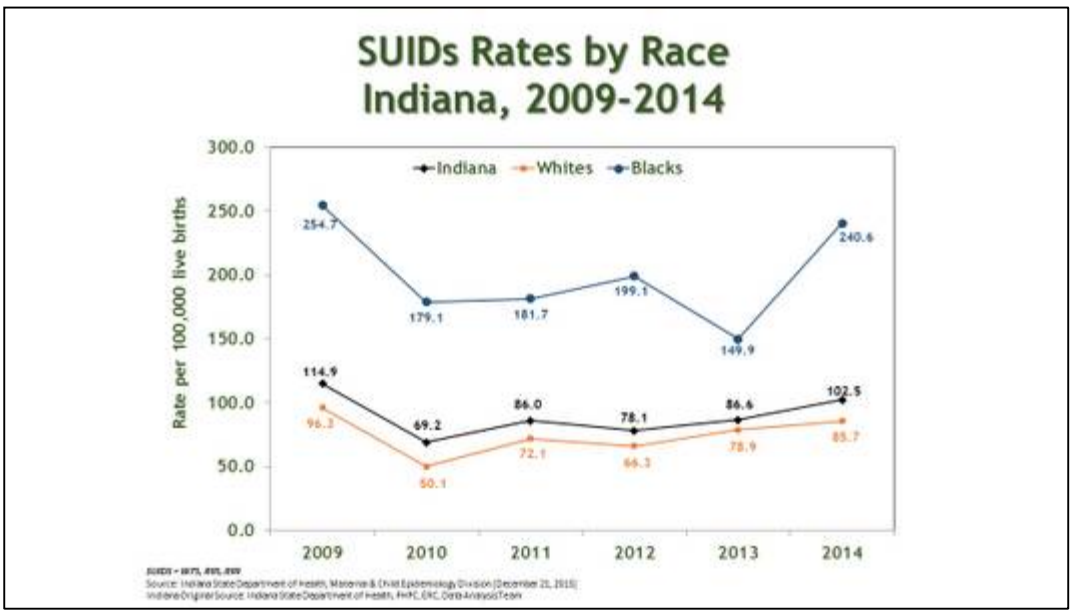


The Accidental Suffocation and Strangulation in Bed (ASSB) mortality rate has seen a steady increase in Indiana as well as at the national level over the past few years. Both saw the highest reported rates in 2014, with Indiana reporting a rate twice as high as the nation.



The 2014 Indiana SIDS rate of 54.8 was higher than the U.S. rate of 38.7 deaths per 100,000 live births. Indiana's SIDS rate was higher than the Healthy People 2020 Goal of 50.0 deaths per 100,000 live births (ISDH, 2016).A clear disparity is seen among races in Indiana, with black infants having an infant mortality rate almost two and one-half that of white infants and a SUID rate nearly three times that of white infants. In 2014, 241 black infants died of SUIDs for every 100,000 live births. In comparison, the white SUIDs death rate was 85.7. Black infants also had much higher rates of SIDs and ASSB when compared to white infants (ISDH, 2016).





Hospital Survey

Communities seek direction and guidance from hospitals regarding the best choices for a long and healthy life. In today's rapidly changing health care environment, the importance of collaboration and consistency across the continuum has never been more crucial. In an effort to determine a practice baseline from Indiana hospitals regarding infant safe sleep practices, a guiding advisory group of the IPQIC Quality Improvement Committee conducted an exploratory survey in August, 2015. The survey objective was to gain insight regarding current infant safe sleep-related hospital practices. Hospitals included were those with inpatient obstetric, nursery, and infant services. The survey elements are provided in Appendix B.

All 90 Indiana hospitals providing inpatient obstetric services were provided the opportunity to participate in the survey and 36 responded. The resulting 40% response rate was felt to be an adequate sample to identify trends and gaps in practice.
Key survey data included:

- 70% of respondents have a current safe sleep policy
- 2/3 of hospitals provide staff development targeted to safe sleep
- 97% of hospitals provide education to parents/caregivers at discharge
- 74% of hospitals are using sleep sacks/wearable blankets
- 39% of hospitals include safe sleep as part of ongoing audits/Quality Assurance and Performance Improvement (QAPI)
- 49% of hospitals have participated in community outreach specific to safe sleep practices
- 60% of hospitals partner with national, state or regional organizations regarding infant safe sleep practices

The survey request also included the opportunity for hospitals to voluntarily share copies of policies which include infant safe sleep elements, which may include, but not be limited to hospital staff practice, staff development and education content provided to caregivers. In review of the nine submitted policies, some organizations had stand-alone infant safe

sleep policies whereas others incorporated safe sleep policies within other infant care and education policies. All included some level of references for best practices.

Survey findings and policy review identified those infant safe sleep policies among Indiana hospitals demonstrate three primary themes of opportunity to address: variation, standardization and collaboration. More specifically:

- Variation exists among Indiana hospital infant safe sleep practice
- Opportunities are present to develop standardized processes and to spread best practice recommendations
- External partnerships can and should be cultivated using consistent messaging

Community and Primary Care

The initial guiding advisory group of the IPQIC QI SUID subcommittee realized that there have been and still are many individuals, groups, and organizations trying to reduce SUIDs and SIDS in Indiana. Funding and support for these initiatives has waxed and waned. In 1985, a citizen SIDS Advisory Committee to ISDH was initiated. Starting in the late1990's, the committee became the Infant Health and Survival Advisory Committee and expanded emphasis from just SIDS to all infant death prevention. The committee fought for a SIDS data base and access to it, had a help line, made a video for first responders, taught first responders, developed information pamphlets, worked with hospitals throughout the state, and sponsored an annual one day conference. The composition of the committee changed over the years and phased out after 2012.

The Indiana Perinatal Network had staff dedicated to SIDS and SUID prevention in the 2000's. In cooperation with other state and local organizations and advocates, IPN educated health care providers, childcare staff, new parents, grandparents, and others about safe sleep guidelines. IPN also promoted efforts to ensure uniform, consistent infant death scene investigations through trainings for first responder personnel, such as police, firefighters, and EMTs.

Indiana was one of three recipients of an $11 million grant to increase safe-sleeping awareness in 2009 and, rolled out a program to distribute over 40,000 cribs throughout the state. Funded by the Bill and Melinda Gates Foundation, the *Bedtime Basics for Babies* program combined crib distribution, widespread public and professional education, and an evaluation component designed to reduce infant deaths due to unsafe sleep practices.
The initiative targeted parents, professionals and the public with educational messages about the importance of creating a "safe sleep zone" around babies. To facilitate breastfeeding and bonding at night, *Bedtime Basics for Babies* promoted *room sharing* instead of *bed sharing.*

In Indiana, there have been several thousand cribs given away, but results have not been documented. Barriers to using cribs include stores still promoting bumpers as a necessary accessory for cribs, difficulties transporting a *Pac 'n Play* on public transportation, cultural beliefs that it is not loving to put a baby alone in a crib, as well as unlicensed early childhood education centers and child care ministries that are not required to observe Safe Sleep practices.

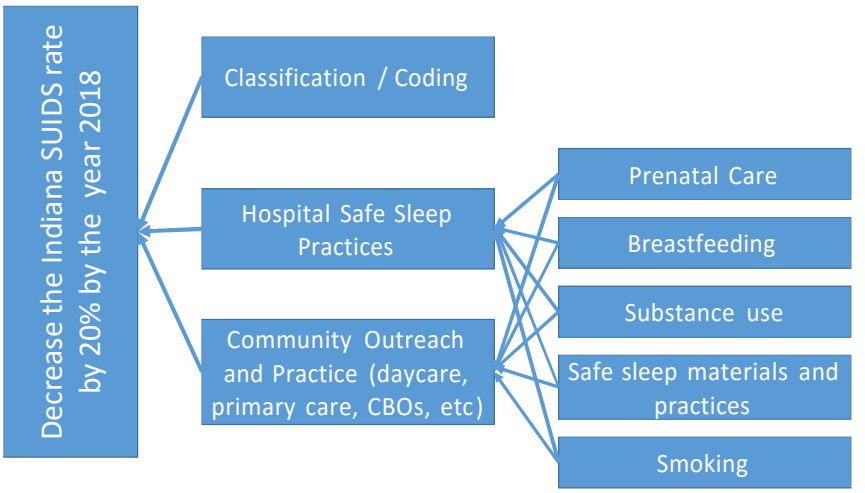
Although Indiana has made multiple efforts to decrease SUID and SIDS, there has not been a statewide effort with consistent messaging among all concerned parties.

Overall QI SUID Subcommittee Goal

After reviewing Indiana's data, the hospital practice survey, local and state SUID prevention efforts, and literature including the American Academy of Pediatrics safe sleep policy statement, the QI Subcommittee on Reducing SUID in Indiana did a Driver Diagram exercise and developed an overall Aim Statement. The Subcommittee agreed on the following overall AIM Statement:

> **Decrease Indiana's 5 year (2009-2013) SUIDs rate from 87.12 per 100,000 live births by 20% (to 69.72 per 100,000 live births) by the year 2018.**

A driver diagram is a method to identify areas where improvement is needed to "drive" the Aim forward. The Primary drivers: certification / coding; hospital safe sleep practices and community outreach and practice were used to divide into three Safe Sleep Task Forces. A complex issue such as SUIDs often has primary and secondary drivers as depicted below.



The QI SUID Subcommittee decided to address the overall goal by dividing into three task forces:

1) The Classification/Coding Task Force;
2) The Hospital Practice Task Force; and
3) Community Outreach Task Force.

The rest of this document will discuss the work and findings of the three Task Forces and the final recommendations of the full Quality Improvement Committee.

Classification/Coding Task Force

The Classification/Coding Task Force decided on three major goals:

1) Sudden Unexpected Infant Death Investigation (SUIDI) Protocol, with a pre-autopsy conference, used at every infant death investigation is statewide policy for a SUID death;

2) Adapt the SUID Case Registry protocol in local and state Fetal Infant Mortality Review (FIMR) and Child Death Review (CDR) activities; and
3) Improve communication and education on SUID cause of death classification and coding with professionals involved in infant death investigations and the identification and classification of cause and manner of death.

Literature Review and Best Practices Regarding Classification / Coding

According to the Centers for Disease Control and Prevention (CDC), although the causes of death in these infants often cannot be explained, most occur while the infant is in an unsafe sleeping environment. Researchers cannot be sure how often these deaths are occurring because no one usually witnesses these deaths and there are no tests to differentiate SIDS from suffocation. To complicate matters, individuals investigating SUIDs may report cause of death differently and/or may not include enough information surrounding the circumstances of the death. There has been confusion about classification of these deaths in the field among coroners and medical professionals. Law enforcement, first responders, death scene investigators, medical examiners, coroners, and forensic pathologists all play a role in carrying out the case investigation. A thorough case investigation includes the following: an examination of the death scene, an autopsy, and a review of the infant's medical history (CDC, 2016).

To help reduce these types of infant deaths, a better understanding of the circumstances and events associated with the death are needed. CDC's initiatives aim to standardize and improve data collection at these death scenes and to promote consistent reporting and classification of SUID cases. (CDC Sudden Unexpected Infant Death and Sudden Infant Death Syndrome SUID Initiative, 2016 http://www.cdc.gov/sids/aboutsuidandsids.htm)

The CDC's SUIDI protocol and use of the SUIDI Reporting Form (SUIDIRF) improve the classification of infant deaths by standardizing the data collection. The SUIDI protocol guides investigators through the steps involved in an investigation and allows findings to be documented easily and consistently. The SUIDIRF was designed to help investigative

agencies better understand the circumstances and factors contributing to unexplained infant deaths. (See Appendix C) Improved investigations and the standardization of SUID data collection also produce information that researchers can use to recognize new threats and risk factors for SUID and SIDS.

The Sudden Unexpected Infant Death (SUID) Case Registry is a resource for understanding unexpected infant deaths and encourages states to use the same case definitions, which helps them track SUID trends by getting more complete and accurate data faster. The registry provides comprehensive information about the circumstances associated with these infant deaths, as well as information about case investigations and their components Instead of creating an entirely new system, the SUID Case Registry builds upon the National Center for the Review and Prevention of Child Deaths (NCRPCD) program and their Case Reporting System, funded by Health Resources and Services Administration, Maternal and Child Health Bureau. The NCRPCD system works with existing multidisciplinary child death review programs at the local and state levels. Child death review teams meet regularly and share various data sources to discuss the circumstances and events surrounding SUID cases. Review findings help guide prevention strategies. Following review, many states enter findings into the NCRPCD Case Reporting System. CDC provides technical assistance and resources to improve grantee case ascertainment, data completeness and timeliness of data specific to SUID cases.

CDC and state grantees use the SUID Case Registry surveillance data for monitoring SUID trends, program planning and evaluation, modifying public health practice and policy for state maternal and child health programs, and encouraging more consistent medicolegal practices. Most importantly, the SUID Case Registry grantees monitor risk factors associated with these infant deaths, which allows for development of targeted prevention and intervention strategies and systems improvements.

SUID Case Registry Program Accomplishments, from 2009-2012 include improved case identification, improved data completeness and timeliness, improved communication with the medicolegal professionals involved in infant and child death investigation, reinvigorated review teams with a sense of purpose, brought new members to review

teams and created opportunities for state grantee staff responsible for child death reviews to present local and state data to new audiences, including national conferences such as the American Public Health Association Annual Meeting, Association of Maternal Child Health Programs Annual Conference, Maternal Child Health Epidemiology Meeting, and the International conference on Stillbirth, SIDS and Infant Survival. (CDC SUID Case Registry (http://www.cdc.gov/sids/caseregistry.htm)

Current Indiana Practices Regarding Classification / Coding

Since 2014, the ISDH Child Fatality Review (CFR) Program has been working with local coroners, local CFR and Fetal Infant Mortality Review (FIMR) teams, and first responders (including law-enforcement, coroners, Department of Child Services, Emergency Medical Services, fire departments, and prosecuting attorneys) to standardize infant death investigations and reporting in Indiana.

Sudden Unexpected Infant Death Investigation (SUIDI) Protocol

In 2015, the ISDH CFR Program held five regional SUIDI trainings across the state to support the use of the SUIDI Reporting Form (SUIDIRF) and train infant death investigators to conduct comprehensive infant death scene investigations. Investigators learned how to conduct witness interviews and doll re-enactment, and develop a narrative report for the forensic pathologist at a pre-autopsy conference.

To supplement the SUIDI trainings, and help with program sustainability, the CFR Program has also developed SUIDI pocket guides for first responders and a SUIDI mobile application that will enable investigators to access information on topic such as witness interviews, investigation data, the infant's medical and dietary history, maternal pregnancy history and the summary for the pathologist while on-scene.

SUID Registry

The CFR Program is also developing training that will help local CFR and FIMR teams adapt the CDC's SUID Registry protocol for categorizing SUID and using standard definitions.

Adopting the SUID Registry protocol will facilitate the CFR Program in creating a state-level surveillance system that will build upon CFR activities. This state-level surveillance system will monitor the incidence of different types of SUID by describing demographic and environmental factors associated with the different types of SUID, guide interventions and potentially save lives and improve systems of care for families.

Improve Communication and Education on SUID Classification and Coding

The CFR Program, ISDH Vital Records Division and MCH Division have partnered to begin the process of educating state and local CFR teams, death investigators and the professionals involved in the identification, classification and coding of SUID deaths. Improving the communication and knowledge in this subject area will require a multifaceted approach. Infant death investigators, physicians, Local Health Officers and Coroners all have a role in the identification/classification process, and it will take time to educate all involved. ISDH has begun this process by implementing a SUID Classification and Coding and Missed SUID Cases training and educating the Statewide CFR Committee and Local Health Officers. The CFR Program is also working with the Coroner's Training Board to provide education on this topic at their annual coroner's conference, and supplementing initial coroner education with this information.

After the Statewide CFR Committee was educated on the SUID classification and coding process, the Committee began a project to identify and review missed SUID cases. In this manner, the Statewide CFR Committee will offer information and feedback at the local level to improve the timeliness and quality of the data collected by the local teams in order to provide a more accurate measure of the SUID burden to MCH Epidemiologists.

After reviewing the literature, best practices and current Indiana practices, the Classification/Coding Task Force decided on three recommendations to the entire QI SUID Subcommittee:

1) Support a statewide policy statement that all SUID cases should include the SUID Investigation Protocol, use of the SUIDIRF and a pre-autopsy conference for every SUID death investigation;

2) Support adaptation of the SUID Case Registry protocol in local and state FIMR and CFR activities; and
3) Support and promote improved communication and education on SUID cause of death classification and coding with professionals involved in infant death investigations and the identification and classification of cause and manner of death.

Hospital Practice Task Force

Following review of the hospital practice survey and sample policies, it was decided that the next step would be the formation of a Hospital Practice Task Force to review the three primary themes of opportunity; Variation, Standardization and Collaboration. This would be accomplished utilizing the talent and passion of Indiana hospital personnel from across the state. The task force included representation from various types of hospitals including Academic Medical Centers, Children's Hospitals, Urban, Suburban, Rural and Critical Access Hospitals.

Invitations were sent to delivering hospital teams to attend an informational webinar/conference call with the following objectives:

- Describe Indiana's infant mortality status
- Identify attributable causes to overall infant mortality rate
- Review process whereby safe sleep identified as a focus
- Compare hospital safe sleep practices
- Explore next steps for hospital work group

After the Hospital Practice Task Force kick-off, seventeen individuals committed to the task of determining a Call to Action for Indiana hospitals to influence a reduction in infant mortality attributed to unsafe sleep practices. They also decided that consideration of final recommendations should include those Indiana hospitals who may not have inpatient obstetric services but do provide care to infants twelve months or younger.

The Task Force members reviewed the three primary areas of opportunity:

1) **Variation:**
    a. Presence of or not having an infant safe sleep policy;
    b. Content within existing policies-some high level with others having granular detail; and
    c. Policy references for best practices need to be evidence-based and the most current;
2) **Standardization** of hospital policy content to spread evidence-based best practices; and
3) **Collaboration** and cultivation of relationships with external partners to strengthen community understanding and for consistent messaging

The Task Force then identified its primary goal:

Standardize safe sleep practices among Indiana hospitals caring for infants, defined as twelve months or younger

Literature Review and Best Practices of Hospitals

After thoroughly reviewing the hospital survey results noted in the Overview, The Task Force consulted scientific literature and national resources. They reviewed the 2012 American Academy of Pediatrics (AAP) Policy Statement on *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment.* They also accessed the website of National Action Partnership to Promote Safe Sleep (NAPPSS) to review their *National Action Plan to Increase Safe Sleep*. Another excellent resource was the National Institutes of Health (NIH) *Safe to Sleep* ® public education campaign led by the Eunice Kennedy Shriver National Institute of Child Health and Human Development. These resources are further described in the Annotated Bibliography on page 30.

The team was fortunate to have as one of its members, Barb Himes, Director of Education and Training for *First Candle* who contributed more information about national initiatives regarding hospital safe sleep practice recommendations. In addition, she shared available resources, current national activities and vision for the future.

The Task Force also sought out experiences from other states as to their challenges and successes in standardizing practices. In Ohio, Nationwide Children's Hospital, Cradle Cincinnati, the Ohio State Department of Health and Ohio Hospital Association were noted to be instrumental in their state-wide efforts. Contact with key stakeholders found that in 2014, there was a legislative mandate for all hospitals to screen families for the availability of a safe sleep environment. Should this need be found, the hospital would refer the family to a crib distribution site. Hospitals were required to track their screening and report back when due for recertification with the state. Numerous educational materials were developed to reinforce the importance of infant safe sleep practices which included a robust website through the Ohio Department of Health. Families who received a crib were also provided with a "survival kit" which included a board book on safe sleep, a sleep sack, a pacifier and a crib sheet. All families receiving this material underwent safe sleep education. The funding for these programs varied and included both public and private sectors, but was funneled through the Ohio Department of Health.

The Tennessee Department of Health (TDH) shared their efforts with state birthing hospitals which resulting in 100% achievement of an infant safe sleep policy adoption. Each hospital signed a "pledge" and then was eligible to receive books from TDH to distribute for each birth. The hospitals committed to parent education, staff education and modeling of safe sleep practices while the infant is a patient. Participating hospitals also were recognized on the TDH website, received a certificate from the TDH signed by the Commissioner as well as a press release template. The TDH requested that hospitals conduct quarterly crib audits but this proved challenging and some hospitals requested the autonomy to adapt internal audit processes.

The impact of the Tennessee efforts is found at http://www.tn.gov/health/article/safe-sleep-statistics. Note: 2014 data is not yet available to attribute impact of project.

Current Practices of Indiana Hospitals

The Hospital Survey Results indicated that although the majority of Indiana hospitals have a safe sleep policy there is much variation among them. The task force realized there are many opportunities to develop standardized processes and to spread best practice recommendations. Some of the hospitals were partnering with external organizations that promote safe sleep, but messaging was often inconsistent

The ISDH Safe Sleep Program has been working with hospitals in Indiana to help facilitate implementation of hospital-based safe sleep programs by promoting the Cribs for Kids® (CFK) Hospital Certification Program.

The CFK Hospital Certification Program is a nationally recognized program and has been endorsed by organizations such as The Children's Safety Network, the National Center for the Review and Prevention of Child Deaths, the AAP chapters in Ohio, Delaware, and Pennsylvania, the American SIDS Institute and The Association of SIDS and Infant Mortality Programs. The program awards recognition to hospitals demonstrating commitment to reducing infant sleep-related deaths by promoting best safe sleep practices and by educating on infant sleep safety. By becoming certified, a hospital demonstrates its commitment to being a community leader and pro-actively eliminating as many sleep-related deaths as possible. The program has three levels of certification and there is no application fee for certification. Cribs for Kids has developed a toolkit to help hospitals get started, provide education to hospital staff and parents/caregivers and evaluation materials to monitor fidelity of the hospital's safe sleep policy statement and certification standards.

The Task Force initially broke the membership into two work groups; hospital policy and education. The hospital policy work group researched best practices for content elements whereby a policy template could be developed and then made available to hospitals to guide implementation complementary to an existing policy/policies or whereby a hospital without a current policy would have access to standardized recommendation to adapt to their internal formatting. Following various levels of review and revision, approval to the

policy template was received from the IPQIC Quality Improvement Safe Sleep Subcommittee on April 13, 2016.

The education work group began review of national, state and local resources. The work group learned of the work in this same area by the Community Outreach and Primary Care Task Force and halted their efforts to avoid duplication of efforts. The entire Hospital Practice Task Force would provide insight to their group's efforts for adaptability and feasibility to the hospital setting.

In all task force efforts, the importance to demonstrate sensitivity to families and their support of community's cultural preferences was discussed. Hospitals should, as able, provide accommodations for communication barriers, dietary needs and spiritual support. By infusing cultural norms while remaining steadfast to consistent messaging for safe sleep practices, hospital personnel will strengthen relationships in support of safe and successful transition following hospitalization.

To accomplish the established goal, to standardize safe sleep practices among Indiana hospitals caring for infants, defined as twelve months or younger, the Hospital Task Force recommendations include:

1) All Indiana hospitals caring for infants, defined as twelve months or younger, will adopt a safe sleep policy. (See Appendix D for recommended hospital safe sleep policy template);

2) All Indiana hospitals caring for infants, defined as twelve months or younger, will provide staff development on safe sleep policy and modeling safe sleep behaviors; 3) Indiana hospitals will receive information regarding safe sleep crib distribution program and sites coordinated through the Indiana State Department of Health;

4) Indiana hospitals will use standardized safe sleep messaging as recommended by the SUID Quality Improvement's Community Outreach task force;

5) Inform Indiana Hospitals as to the availability of the Cribs for Kids ® National Hospital Certification Program; and

6) Hospitals will include Safe Sleep Policy and modeling safe sleep behaviors as part of ongoing Quality Assurance and Performance Improvement (QAPI) Program.

Community Outreach and Primary Care Task Force

Goals: The goals of the Community Outreach and Primary Care Task Force were: To develop recommendations for best practice, standardization and tools for statewide outreach regarding safe sleep:

1) Review national best practices and literature
2) Review community best practices and materials

Literature Review and Best Practices for Community Outreach

The Community Outreach and Primary Care Task Force began a review of the scientific literature including the 2012 American Academy of Pediatrics (AAP) Policy Statement -- *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment* and an article by Rachel Y. Moon, Fern R. Hauck and Eve R. Colson, *Safe Infant Sleep Interventions: What is the Evidence for Successful Behavior Change?* (*Current Pediatric Reviews,* 2016, *12,* 1-9) They also viewed the website of the National Action Partnership to Promote Safe Sleep (NAPPSS) and studied their *National Action Plan to Increase Safe Sleep.* The National Institutes of Health (NIH) -- *Safe to Sleep* ® public education campaign led by Eunice Kennedy Shriver National Institute of Child Health and Human Development provided evidence-based resources that could be used in Indiana. They also reviewed material from the Baltimore, "B'More" campaign; Ohio's ABC campaign and Tennessee's Safe Sleep campaign. Members of the Task Force did a systematic review of qualitative studies and best practice models regarding safe sleep. Finally, members of the Task Force were able to visit the Cradle Cincinnati Campaign and consult with its leaders. (See Appendix E)

Recurring themes from the literature review and best practice models were the need for:

1) Strong, consistent and wide spread simple message;

2) Culture change that is spurred by marketing campaigns and outreach to community leaders;
3) Addressing various populations with culturally competent approaches – racial, ethnic and cultural minorities, mothers, fathers, grandparents, child care providers, primary care professionals, hospital staff, etc.;
4) Educational efforts that are conversational, address myths, barriers and facilitators of behavior change; and
5) Realization that although materials (cribs, sleep blankets, etc) are important facilitators of safe sleep, they are not, alone, sufficient, to guarantee safe sleep practices.

Current Community Outreach Practices in Indiana

Community Outreach in Indiana is rapidly evolving through the Indiana State Department of Health. ISDH, in collaboration with the Indiana Department of Child Services, has established partnerships with agencies in the State of Indiana to provide safe sleep education and Infant Survival Kits (one infant portable crib, fitted sheet with safe sleep message imprinted on it, wearable blanket, pacifier and safe sleep recommendations) for families who do not have safe places for their infants to sleep. As part of the program, they provide a number of educational materials that help caregivers learn more about safe sleep. The educational messages focus on three key risk reduction recommendations from the American Academy of Pediatrics and National Institutes of Health: that infants sleep safest alone, on their backs and in a separate, safe sleep environment. The program goal is to provide 24/7 access to any family/caregiver in need in all 92 counties. To date, the program has established coverage in 91 of the 92 counties. (See Appendix F for map of distribution sites)

Some hospitals and community health centers are distributing the *Sleep Baby, Safe and Snug,* board book to new parents. The Indiana Academy of Pediatrics (INAAP) recently developed an Infant Mortality Committee that has as an objective to decrease SUID. Prevention activities at local WIC sites tend to vary by sponsoring agencies.

A large number of materials were gathered from the variety of resources and best practice models. The materials were organized into a table shown in Appendix E and sample materials were then brought to the Community Outreach meeting. A modified Delphi method was used to vote on the brochure / model thought best to adapt for Indiana. Ohio's ABCs campaign flyer had 17 votes, NICHD flyer had 7 votes and Cribs for Kids pamphlet had 5 votes. The suggestion to adapt and customize the Ohio campaign material for the Indiana was brought before the Hospital Practice Task Force in order to promote consistency of messaging across the state and health care entities. The Ohio model promotes the Crib for Kids program encouraging hospital certification and crib distribution centers.

The Community Outreach and Primary Care Task Force recommended to the full SUID Subcommittee:

1) Indiana should adopt a statewide safe sleep campaign (similar to Ohio's) with simple, consistent and wide spread message across the life course continuum from pregnancy care (pre-natal to partum to postpartum) to community care (parental care to early childhood care to primary care). This includes:
    a. Adapt the ABC's of safe sleep -- recommend "**A**ll by myself, on my **B**ack, in my **C**rib";
    b. Develop templates of materials that are adaptable by health care and community organizations and in keeping with the Labor of Love campaign.
    c. Target social media and other materials to different populations – mothers, fathers, grandparents, racial and ethnic minorities, child care providers, primary care professionals, hospital staff, etc.;
    d. Use evidence-based models such as Motivational Interviewing when working with individuals regarding safe sleep i.e., promote interactions that are conversational, address myths, barriers and facilitators of behavior change; and
    e. Link families to safe sleep materials (cribs, sleep blankets, etc).
2) Indiana should host a one day SUID Conference to introduce the statewide campaign, promote new policies, and evidence-based interventions.

Although a specific recommendation was not made for each of the secondary drivers in the original driver diagram, these secondary drivers -- breastfeeding, smoking cessation and immunization – are recognized as important parts of safe sleep and should be adopted into the outreach materials and messaging as acknowledged by the other model campaigns. The group also discussed the importance of how the media portrays the Safe Sleep Environment. First Candle and Cribs for Kids ® have sample policies. (See Appendix G)

Summary Statement

After the three task forces reviewed literature and best practices, they met together to discuss their findings and what was currently happening in Indiana. Subsequent meetings were aimed at reviewing the initial recommendations document and the proposed suggestions for a hospital safe sleep policy. The subcommittee decided to prioritize the recommendations based on impact and feasibility. The entire subcommittee also approved the suggested format for a hospital safe sleep policy.

Quality Improvement Committee Prioritized Recommendations

The recommendations were sent to the entire Quality Improvement Committee for priority ranking according to impact and feasibility. The results grouped logically into the three main areas researched with some additional global recommendations. They are presented below:

1) Adopt a statewide safe sleep campaign utilizing the ABC's of safe sleep ("**A**ll by myself, on my **B**ack, in my **C**rib") with a simple, consistent and wide spread message across the life course continuum from pregnancy care (pre-natal to partum to postpartum) to community care (parental care to early childhood care to primary care).

   The statewide campaign should include:

   - Targeting social media and other materials to different populations – mothers, fathers, grandparents, racial and ethnic minorities, child care providers, primary care professionals, hospital staff, etc. ;
   - Linking families to safe sleep materials (cribs, sleep blankets, etc);

- Developing templates of materials that are adaptable by health care and community organizations and consistent with the Labor of Love campaign; and
- Assuring media portrays the safe sleep environment appropriately.

2) Encourage all Indiana hospitals caring for infants, defined as twelve months or younger, to adopt the model safe sleep policy template. (See Appendix D)

The Indiana Hospital Association, ISDH, and IPQIC should work together to:

- Provide staff development on safe sleep policy and modeling safe sleep behaviors.
- Utilize standardized safe sleep messaging in all Indiana hospitals.
- Distribute information to Indiana hospitals regarding safe sleep crib distribution programs and sites coordinated through ISDH.
- Inform Indiana hospitals as to the availability of the Cribs for Kids ®National Hospital Certification Program.
- Include safe sleep policy and modeling safe sleep behaviors as part of ongoing Quality Assurance and Performance Improvement.

3. The ISDH Fetal, Infant and Child Death Review and Safe Sleep Program should continue its infrastructure work that is necessary for collecting consistent and accurate SUID baseline data and evaluation of programmatic interventions. This includes:

- Promoting improved communication and education on SUID cause of death classification and coding with professionals involved in infant death investigations and the identification and classification of cause and manner of death;
- Supporting the development of a statewide policy statement that all SUID cases should include the SUID Investigation Protocol, use of the SUID Investigation Report Form and a pre-autopsy conference for every SUID death investigation; and
- Adopting the SUID Case Registry protocol in local and state Fetal Infant Mortality Review and Child Fatality Review activities.

4. The following are global recommendations that should be considered when implementing the above recommendations:

- Promote breastfeeding, smoking cessation and immunization as important parts of a safe sleep campaign.
- When working with individuals regarding safe sleep, employ interactions that are conversational, by utilizing evidence-based models such as Motivational Interviewing and addressing myths, barriers and facilitators of behavior change.
- Sponsor a one-day SUID Conference to introduce the statewide campaign, promote new policies, and evidence-based interventions.

Members of the QI SUID subcommittee realize that there will be more steps to implement these recommendations. They are committed to following through with actions such as creating a hospital practice toolkit; working with ISDH to co-sponsor a webinar to push out the recommendations; creating more pieces for the media campaign while working with ISDH Office of Public Affairs to make the campaign consistent with Labor of Love; and working with the ISDH Department of Vital Records and Safe Sleep Program to improve communication with hospitals and other parties.

Annotated Bibliography

CDC. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome SUID Initiative http://www.cdc.gov/sids/aboutsuidandsids.htm April, 2016

This website gives an overview of CDC's SUID and SIDS initiatives. There are links to SUIDI Reporting Forms, SUIDI Training Manuals, other resource materials and publications.

CDC. SUID Case Registry http://www.cdc.gov/sids/caseregistry.htm April, 2016

This website gives more detailed information about the CDC SUID Case Registry Program which allows states to use the same case definitions, which helps them to track SUID trends by getting more complete and accurate data faster.

SUID National Categorization Webinar

First Candle
http://www.firstcandle.org/
First Candle, originating in the early 1960s as the National SIDS Foundation, the organization has expanded their mission to include stillbirth and other sudden, unexpected infant death (SUID) focus. They seek to provide risk reduction strategies to prevent SIDS, suffocation and other sleep-related causes of infant death. First Candle is also a contributing member of the NICHD's Safe to Sleep® campaign.

Moon RY; American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. Policy statement: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. Pediatrics. 2011; 128(5):1030–1039; originally published online Oct. 17, 2011 DOI: 10.1542/peds.2011-2284 Retrieved from pediatrics.aappublications.org on July 9, 2015
The AAP has expanded recommendations following the published 2005 statement. The expansion moves from focusing only on SIDS to the influence of a safe sleep environment that can reduce the risk of all sleep-related deaths, including SIDS. Numerous "other" causes are noted, many of which are modifiable. The rationale for the recommendations is provided in the supplemental technical report.

MoonRY, HauckFR and ColsonER, Safe Infant Sleep Interventions: What is the Evidence for Successful Behavior Change? Current Pediatric Reviews, 2016, Vol, 12, No.:1-9
The authors note that although there are evidence-based recommendations for reducing the risk of sleep-related deaths, some caregivers resist adoption of these recommendations. In this review, the authors discuss illustrative examples of safe infant sleep interventions and evidence of their effectiveness. Facilitators of and barriers to change, as well as the limitations of currently available data, are also considered.

National Action Partnership to Promote Safe Sleep (NAPPSS) 2016
http://www.nappss.org/
This website explains the work of The National Action Plan to Promote Safe Sleep (NAPPSS) which engages a coalition of over 50 advocacy organizations, professional associations, faith communities, and business groups with the active involvement of federal partners, including the Maternal and Child Health Bureau and NICHD's Safe to Sleep campaign. *The mission of NAPPSS is to develop and implement the National Action Plan to Increase Safe Infant Sleep and partner to support breastfeeding among infant caregivers by*

activating systems, supports, and services to systematically work together to make safe infant sleep a national norm.

NAPPSS. National Action Plan to Increase Safe Sleep
http://www.nappss.org/plan/plan.php

This website explains the development and implementation of the National Action Plan to Increase Safe Infant Sleep: A Blueprint from the National Action Partnership to Promote Safe Sleep. The framework for this plan was developed with the guidance of an expert leadership group at a national action forum. This is an interactive plan.

National Institutes of Health (NIH)
https://www.nichd.nih.gov/sts/Pages/default.aspx
Safe to Sleep ® public education campaign led by Eunice Kennedy Shriver National Institute of Child Health and Human Development

Formerly known as the Back to Sleep campaign, launched in August, 2012, is a research supported program through the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) designed to increase understanding of SIDS and educate caregivers on ways to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. There are evidence-based resources for the public, health care professionals, and media personnel.

Ponsonby AL, Dwyer T, Gibbons LE, Cochrane JA, Wang YG. Factors potentiating the risk of sudden infant death syndrome associated with the prone position. N Engl J Med. 1993; 329(6):377–382

The authors cite multiple studies that indicate sudden infant death syndrome (SIDS) being associated with the prone sleeping position. Prospective studies and data analysis were methods used with the conclusion that when infants sleep prone, the elevated risk of SIDS is increased by each of four factors: the use of natural-fiber mattresses, swaddling, recent illness, and the use of heating in bedrooms.

Trachtenberg, F.L. Haas, E.A., Kinney, H.C., Stanley, C., & Krous, H.F. (2012) Risk factor changes for sudden infant death syndrome after initiation of Back-to-Sleep campaign. Pediatrics 129, 630-638.
Published online March 26, 2012. Retrieved December 16, 2015 from http://pediatrics.aappublications.org/content/early/2012/03/21/peds.2011-1419.abstract

In evaluation of the impact on sudden infant death syndrome (SIDS) after the Back-to-Sleep (BTS) campaign was initiated, the authors sought to document prevalence and patterns of multiple risks, and determine the age profile of risk factors. Using The San Diego SIDS/Sudden Unexplained Death in Childhood Research Project, data was reviewed from recorded risk factors for 568 SIDS deaths from 1991 to 2008 based upon standardized death scene investigations and autopsies. Risks were divided into intrinsic (e.g., male gender) and extrinsic (e.g., prone sleep).

They concluded that SIDS infants in the BTS era show more variation in risk factors. There was a consistently high prevalence of both intrinsic and extrinsic risks both before and during the Back-to-Sleep era. Risk reduction campaigns emphasizing the importance of avoiding multiple and simultaneous SIDS risks are essential to prevent SIDS, including among infants who may already be vulnerable.

Glossary

AFFECTED POPULATIONS: The following populations experience the highest rates of sleep-related Sudden Unexpected Infant Death (SUID):

- Non-Hispanic blacks, American Indians, or Alaska Natives
- Adolescent mothers
- Mothers with educational level of high school or below
- Families living in poverty

CONVERSATION: NAPPS defines a conversation as an individualized, interactive way of communicating in which infant caregivers receive sensitive and supportive messages about infant safe sleep and breastfeeding and have opportunities to discuss recommendations to better understand the reasons for them. Infant caregivers can ask questions, express their concerns, and discuss possible solutions to overcoming barriers to implementing safe sleep behaviors and breastfeeding.

CULTURAL COMPETENCE: Requires that organizations and their members/employees:

- Have a congruent, defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities they serve; and
- Incorporate the above into all aspects of policymaking, administration, practice, and service delivery, and systematically involve consumers, key stakeholders, and communities.

Cultural competence is a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge, and skills along the cultural competence continuum.

CULTURALLY AND LINGUISTICALLY COMPETENT HEALTH PROMOTION:

- Respects the cultural values, beliefs, and practices of the intended audience;
- Is always undertaken within a social, environmental, and political context;
- Recognizes the family and community as primary systems of support and intervention;
- Assures that its efforts exist in concert with natural and informal health care support systems; and
- Assures meaningful involvement of community members and key stakeholders.

CULTURE: A system of collectively held values, beliefs, and practices of a group which guides decisions and actions in patterned ways.

EVIDENCE-BASED/INFORMED SAFE SLEEP PROMOTION: Interventions that have been deemed effective based on formal research and systematic investigation.

HEALTH PROMOTION: A comprehensive social and political process. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but action directed towards changing social, environmental, and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the *determinants of health* and thereby improve their *health*.

INFANT CAREGIVERS: Individuals who put babies to sleep: mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, and child care /early education providers.

INFANT MORTALITY RATE: The *infant mortality* rate is an estimate of the number of *infant* deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the *mortality* rate of *infants*.

LINGUISTIC COMPETENCE: The capacity of an organization and its personnel to communicate effectively, and convey information in a manner easily understood by diverse

groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policies, structures, practices, procedures, and dedicated resources to support this capacity.

PPOR - PERINATAL PERIODS OF RISK - is a comprehensive approach to help communities use data to reduce infant mortality. Designed for use in US cities with high infant mortality rates, PPOR brings community stakeholders together to build consensus and partnership based on local data. PPOR provides an analytic framework and steps for investigating and addressing the specific local causes of high fetal and infant mortality rates and disparities. Initial analyses are based only on vital records data (births, deaths, and fetal deaths); later steps utilize all available sources of data and information.

SAFE SLEEP PRACTICES: Safe sleep practices refers to the most current recommendations of The American Academy of Pediatrics (AAP) as promoted by the Safe to Sleep® campaign's educational materials and community outreach efforts.

STRENGTHS-BASED APPROACH: A strengths-based approach is a way of viewing individuals, families, and communities as resourceful and resilient in the face of adversity. It promotes collaborative problem-solving and reflects the belief that people are resourceful and are capable of solving their own problems.

SUDDEN UNEXPECTED INFANT DEATH (SUID) AND SUDDEN INFANT DEATH SYNDROME (SIDS): SUID is the sudden and unexpected death of an infant (less than one year of age) in which the manner and cause of death are not immediately obvious prior to investigation. Based on diagnostic criteria by the Centers for Disease Control and Prevention, most SUIDs are reported as one of three types of infant deaths: Sudden Infant Death Syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed (ASSB).

- **Sudden Infant Death Syndrome (SIDS)** is the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the medical history. SIDS is fourth leading cause of infant deaths in the United States and the leading cause of death in infants 1 to 12 months old. About half of SUIDS are SIDS.
- **Unknown Cause** is the sudden death of an infant less than 1 year of age that cannot be explained. Often a thorough investigation was not conducted and cause of death could not be determined.
- **Accidental Suffocation and Strangulation in Bed** is the leading cause of infant injury death. Mechanisms that lead to accidental suffocation or strangulation include
    - Suffocation by soft bedding, such as when a pillow or waterbed mattress covers an infant's nose and mouth.
    - Overlay—when another person rolls on top of or against the infant while sleeping.
    - Wedging or entrapment—when an infant is wedged between two objects, such as a mattress and wall, bed frame, or furniture.
    - Strangulation, such as when an infant's head and neck become caught between crib railings.

SUID is defined by the following ICD codes: R95, R99, and W75.

SYSTEM/INTEGRATED SYSTEM: An organized, purposeful structure that consists of a complex network of interrelated stakeholders that continually influence one another to maintain activities to achieve the goal of making safe infant sleep a national norm. The systems approach entails creating relationships, building infrastructure to sustain the system and its activities, assuring consistent, sustainable resources, and creating an inclusive process to achieve goals.

APPENDICES:

A. CDC SUID Fact Sheet

B. IPQIC Hospital Safe Sleep Survey Questions

C. CDC SUIDI Report Form

D. Recommended Elements for a Hospital Safe Sleep Policy

E. Reviewed Safe Sleep Messaging Materials

F. Map of Indiana Crib Distribution Sites as of April, 2016

G. Samples of Safe Sleep Media Policies

Sudden Unexpected Infant Death (SUID)

Understanding Sudden Unexpected Infant Death

Sudden unexpected infant death (SUID) is the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation.

Most SUIDs are reported as one of three types:

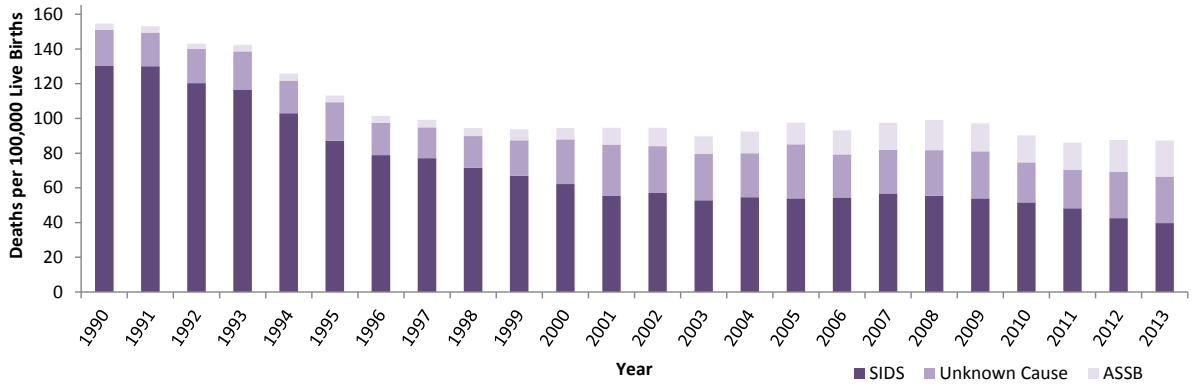
- Sudden Infant Death Syndrome (SIDS)
- Unknown Cause
- Accidental Suffocation and Strangulation in Bed (ASSB)

In 2013, 3,434 U.S. infants died SUDDENLY AND UNEXPECTEDLY

Problem

Different practices in the investigation and reporting of SUIDs affect the ability to consistently and accurately monitor trends and associated characteristics. The graph below shows how the proportion of SUID deaths attributed to SIDS, unknown cause and ASSB have changed over time by type in the United States.

SUID Rate Over Time by Type, United States, 1990-2013



- SUIDs (SIDS, unknown causes, and ASSB) declined during the 1990s and decreased again slightly beginning in 2009.
- Since about 2000, there has been a shift in the types of SUID reported. Deaths reported as unknown cause and ASSB have increased and deaths reported as SIDS have decreased. The cause for the shift is unknown, but could be due to stricter adherence to SIDS definitions by death certifiers, the availability of more complete death scene investigation and autopsy data, or the availability of more detailed information on the circumstances surrounding each death resulting from child death reviews.

Source: CDC, NCHS, Compressed Mortality File, cause of death is determined using the following ICD-9 Codes: SIDS (798.0), unknown cause (799.9) and ASSB (E913.0). For 2000-2013, cause of death is determined using the following ICD-10 codes: SIDS (R95), unknown cause (R99) and ASSB (W75).

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health

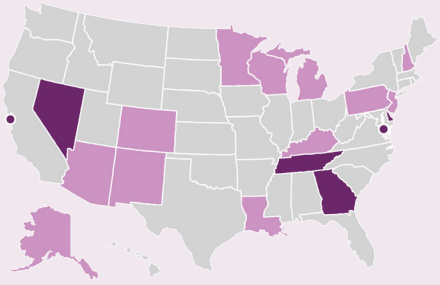
Sudden Unexpected Infant Death (SUID) Case Registry

Purpose of the SUID Case Registry

CDC developed the SUID Case registry to:

- Compile comprehensive population-based data about the circumstances for all SUID cases.
- Improve the completeness and quality of SUID case investigations.
- Monitor SUID trends using standardized definitions.

Funded Grantees, 2015



Light purple *- CDC's Division of Reproductive Health funds the following states: Arizona, Colorado, Louisiana, Michigan, Minnesota, New Jersey, New Mexico, New Hampshire, Wisconsin, Alaska, Kentucky, and Pennsylvania.*

Dark purple *- The National Institutes of Health and CDC Epilepsy fund the following states and jurisdictions (noted by circles): Delaware, Georgia, Tennessee, Nevada, the city and county of San Francisco, and the Tidewater Region of Virginia.*

Learn more about the **SUID Case Registry** from **CDC's Division of Reproductive Health.**

About the Registry

The SUID Case Registry builds on existing Child Death Review programs so that these teams can conduct population-based SUID surveillance with improved data quality more quickly. Grantees, like most Child Death Review programs, use the web-based Case Reporting System supported by the National Center for the Review and Prevention of Child Death. CDC offers technical support and resources for grantees to improve case identification with more complete, accurate, and faster data.

SUID Case Registry Process

Through a cooperative agreement with CDC, grantees receive technical assistance and resources to improve data quality on all resident SUID cases. SUID Case Registry grantees (i.e., state health departments or their representatives) complete the process below for all SUID cases.

CDR Teams identify SUID cases from medical examiner, coroner, or state vital statistics office.

For each case, multidisciplinary CDR Teams review information from death scene investigations, autopsies, medical records and other medicolegal reports.

CDR Teams identify actionable strategies that may reduce SUID and improve case investigations.

CDR Teams record findings into a web-based reporting system.

CDR Teams analyze the data to monitor SUID trends and associated characteristics.

CDR Teams use data about trends and associated characteristics to inform strategies and recommendations to reduce future deaths.

SUID Case Registry Activities

CDC and state grantees use the SUID Case Registry surveillance data to:

- Monitor SUID trends and associated characteristics
- Modify public health practice for state maternal and child health programs
- Encourage more consistent medicolegal investigation and reporting practices
- Develop systems improvements and targeted prevention and intervention strategies, such as safe sleep education and promotion

Safe Sleep

The Quality Improvement Committee of the Indiana Perinatal Quality Improvement Collaborative (IPQIC) is beginning work on a project to decrease Sudden Unexpected Infant Deaths in Indiana. We are seeking information on what hospitals are already doing to promote safe sleep practices in your units that serve newborns or any infant under age one. If you have a Safe Sleep Policy, stand alone, or incorporated in other patient care policies, please email a copy to perinatalcollab@att.net . Thank you for your time and efforts to improve quality of care for Indiana's infants.

1. Please complete the following contact information:

Hospital Name	
Respondent Name	
Role	
Email	
Phone	

2. Does your hospital have a safe sleep policy (either a separate policy or incorporated into other existing policies and procedures for newborn and infant care)?

- ◯ Yes
- ◯ No
- ◯ Don't Know

3. Does your hospital provide training on safe sleep for all staff working with patients under the age of 1?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If yes, what platform or training program do you use?

4. Does your hospital provide education/information on safe sleep to parents/caregivers prior to discharge?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If yes, what materials do you use?

Safe Sleep

5. Does your hospital use sleepsacks/wearable blankets in any capacity?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If you answered yes, please specify how:

6. Has safe sleep been a component of an audit or quality improvement project in your hospital?

- ◯ Yes
- ◯ No
- ◯ Don't Know

7. Has your hospital participated in any community outreach efforts in reference to safe sleep?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If you answered yes, please specify:

8. Are you a partner or affiliate of any national, state or regional organizations that address safe sleep such as Cribs for Kids, Safe to Sleep, HALO, Safer Way to Sleep?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If you answered yes, please specify:

9. Do you partner with any other community agencies to promote and ensure safe sleep?

- ◯ Yes
- ◯ No
- ◯ Don't Know

If you answered yes, please specify:

Safe Sleep

10. If a family needs a crib/pack-n-play, how does your hospital assist?

11. Who do you use for advice and assistance with safe sleep related needs?

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Reproductive Health
Maternal and Infant Health Branch
Atlanta, Georgia 30333

CDC

Sudden Unexplained Infant Death Investigation

SUIDI Reporting Form

INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number

Sex: ☐ Date of Birth: ☐ Age: ☐ SS#: ☐

Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Isl. ☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other

Infant's Primary Residence:

Address: ☐ City: ☐ County: ☐ State: ☐ Zip: ☐

Incident Address: ☐ City: ☐ County: ☐ State: ☐ Zip: ☐

Contact Information for Witness:

Relationship to deceased: ☐ Birth Mother ☐ Birth Father ☐ Grandmother ☐ Grandfather

☐ Adoptive or Foster Parent ☐ Physician ☐ Health Records ☐ Other Describe: ☐

Last: ☐ First: ☐ M.: ☐ SS#: ☐

Address: ☐ City: ☐ State: ☐ Zip: ☐

Work Address: ☐ City: ☐ State: ☐ Zip: ☐

Home Phone: ☐ Work Phone: ☐ Date of Birth: ☐

WITNESS INTERVIEW

1 **Are you the usual caregiver?**

☐ No ☐ Yes

2 **Tell me what happened:**

☐

3 **Did you notice anything unusual or different about the infant in the last 24 hrs?**

☐ No ☐ Yes Specify: ☐

4 **Did the infant experience any falls or injury within the last 72 hrs?**

☐ No ☐ Yes Specify: ☐

5 **When was the infant LAST PLACED?**

Date: ☐ Military Time: ☐ : ☐ Location (room): ☐

6 **When was the infant LAST KNOWN ALIVE(LKA)?**

Date: ☐ Military Time: ☐ : ☐ Location (room): ☐

7 **When was the infant FOUND?**

Date: ☐ Military Time: ☐ : ☐ Location (room): ☐

8 **Explain how you knew the infant was still alive.**

☐

9 **Where was the infant - (P)laced, (L)ast known alive, (F)ound** (write **P**, **L**, or **F** in front of appropriate response)**?**

☐ Bassinet	☐ Bedside co-sleeper	☐ Car seat	☐ Chair
☐ Cradle	☐ Crib	☐ Floor	☐ In a person's arms
☐ Mattress/box spring	☐ Mattress on floor	☐ Playpen	☐ Portable crib
☐ Sofa/couch	☐ Stroller/carriage	☐ Swing	☐ Waterbed
☐ Other - describe:			

WITNESS INTERVIEW (cont.)

10 **In what position was the infant LAST PLACED?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ☐

11 **In what position was the infant LKA?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ☐

12 **In what position was the infant FOUND?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ☐

13 **Face position when LAST PLACED?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

14 **Neck position when LAST PLACED?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

15 **Face position when LKA?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

16 **Neck position when LKA?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

17 **Face position when FOUND?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

18 **Neck position when FOUND?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

19 **What was the infant wearing?** *(ex. t-shirt, disposable diaper)* ☐

20 **Was the infant tightly wrapped or swaddled?** ☐ No ☐ Yes - describe: ☐

21 **Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):**

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets			Receiving blankets		
Infant/child blankets			Infant/child blankets		
Infant/child comforters (thick)			Infant/child comforters (thick)		
Adult comforters/duvets			Adult comforters/duvets		
Adult blankets			Adult blankets		
Sheets			Sheets		
Sheepskin			Pillows		
Pillows			Other, specify:		
Rubber or plastic sheet					
Other, specify:					

22 **Which of the following devices were operating in the infant's room?**
☐ None ☐ Apnea monitor ☐ Humidifier ☐ Vaporizer ☐ Air purifier ☐ Other - ☐

23 **In was the temperature in the infant's room?** ☐ Hot ☐ Cold ☐ Normal ☐ Other - ☐

24 **Which of the following items were near the infant's face, nose, or mouth?**
☐ Bumper pads ☐ Infant pillows ☐ Positional supports ☐ Stuffed animals ☐ Toys ☐ Other - ☐

25 **Which of the following items were within the infant's reach?**
☐ Blankets ☐ Toys ☐ Pillows ☐ Pacifier ☐ Nothing ☐ Other - ☐

26 **Was anyone sleeping with the infant?** ☐ No ☐ Yes

Name of individual sleeping with infant	Age	Height	Weight	Location in relation to infant	Impairment (intoxication, tired)

27 **Was there evidence of wedging?** ☐ No ☐ Yes - Describe: ☐

28 **When the infant was found, was s/he:** ☐ Breathing ☐ Not Breathing
If not breathing, did you witness the infant stop breathing? ☐ No ☐ Yes

WITNESS INTERVIEW (cont.)

29 **What had led you to check on the infant?**

30 **Describe the infant's appearance when found.**

Appearance	Unknown	No	Yes	Describe and specify location
a) Discoloration around face/nose/mouth				
b) Secretions (foam, froth)				
c) Skin discoloration (livor mortis)				
d) Pressure marks (pale areas, blanching)				
e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)				
f) Marks on body (scratches or bruises)				
g) Other				

31 **What did the infant feel like when found?** *(Check all that apply.)*

☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Limp, flexible ☐ Rigid, stiff ☐ Unknown

☐ Other - specify:

32 **Did anyone else other than EMS try to resuscitate the infant?** ☐ No ☐ Yes

Who? Date: Military time: :

33 **Please describe what was done as part of resuscitation:**

34 **Has the parent/caregiver ever had a child die suddenly and unexpectedly?** ☐ No ☐ Yes

Explain:

INFANT MEDICAL HISTORY

1 **Source of medical information:** ☐ Doctor ☐ Other healthcare provider ☐ Medical record ☐ Family

☐ Mother/primary caregiver ☐ Other:

2 **In the 72 hours prior to death, did the infant have:**

Condition	Unknown	No	Yes	Condition	Unknown	No	Yes
a) Fever				h) Apnea (stopped breathing)			
b) Diarrhea				i) Decrease in appetite			
c) Excessive sweating				j) Cyanosis (turned blue/gray)			
d) Stool changes				k) Vomiting			
e) Lethargy or sleeping more than usual				l) Seizures or convulsions			
f) Difficulty breathing				m) Choking			
g) Fussiness or excessive crying				n) Other, specify:			

3 **In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?**

☐ No ☐ Yes - describe:

4 **In the 72 hours prior to the infants death, was the infant given any vaccinations or medications?** ☐ No ☐ Yes

(Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

Name of vaccination or medication	Dose last given	Date given Month	Day	Year	Approx. time (Military Time)	Reason given/comments:
1.						
2.						
3.						
4.						

5 **At any time in the infant's life, did s/he have a history of?**

Medical history	Unknown	No	Yes	Describe
a) Allergies *(food, medication, or other)*				
b) Abnormal growth or weight gain/loss				
c) Apnea *(stopped breathing)*				
d) Cyanosis *(turned blue/gray)*				
e) Seizures or convulsions				
f) Cardiac (*heart*) abnormalities				

6 **Did the infant have any birth defects(s)?** ☐ No ☐ Yes

Describe:

7 **Describe the two most recent times that the infant was seen by a physician or healthcare provider:**
(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

	First most recent visit	Second most recent visit
a) Date		
b) Reason for visit		
c) Action taken		
d) Physician's name		
e) Hospital/clinic		
f) Address		
g) City		
h) State, ZIP		
i) Phone number		

8 **Birth hospital name:** Discharge date:

Street address:

City: State: Zip:

9 **What was the infant's length at birth?** inches or centimeters

10 **What was the infant's weight at birth?** pounds ounces or grams

11 **Compared to the delivery date, was the infant born on time, early, or late?**

☐ On time ☐ Early - how many weeks? ☐ Late - how many weeks?

12 **Was the infant a singleton, twin, triplet, or higher gestation?**

☐ Singleton ☐ Twin ☐ Triplet ☐ Quadrupelet or higher gestation

13 **Were there any complications during delivery or at birth?** *(emergency c-section, child needed oxygen)* ☐ Yes ☐ No

Describe:

14 **Are there any alerts to the pathologist?** *(previous infant deaths in family, newborn screen results)* ☐ Yes ☐ No

Specify:

INFANT DIETARY HISTORY

1 **On what day and at what approximate time was the infant last fed?**

Date: Military Time: :

2 **What is the name of the person who last fed the infant?**

3 **What is his/her relationship to the infant?**

4 **What foods and liquids was the infant fed in the last 24 hours** (include last fed)**?**

Food	Unknown	No	Yes	Quantity (ounces)	Specify: (type and brand)
a) Breastmilk (one/both sides, length of time)					
b) Formula (brand, water source - ex. Similac, tap water)					
c) Cow's milk					
d) Water (brand, bottled, tap, well)					
e) Other liquids (teas, juices)					
f) Solids					
g) Other					

5 **Was a new food introduced in the 24 hours prior to his/her death?** No Yes

If yes, describe *(ex. content, amount, change in formula, introduction of solids)*

6 **Was the infant last placed to sleep with a bottle?** Yes No - if no, skip to question **9** below

7 **Was the bottle propped?** (i.e., object used to hold bottle while infant feeds) No Yes

If yes, what object was used to prop the bottle?

8 **What was the quantity of liquid (in ounces) in the bottle?**

9 **Did the death occur during?** Breastfeeding Bottle-feeding Eating solid foods Not during feeding

10 **Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified?** *(ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges)*

No Yes

If yes, - describe:

PREGNANCY HISTORY

1 **Information about the infant's birth mother:**

First name: Last name:

Middle name: Maiden name:

Birth date: SS#:

Street address: City: State: Zip:

How long has the birth mother been at this address? Years: Months:

Previous Address:

2 **At how many weeks or months did the birth mother begin prenatal care?** No prenatal care Unknown

Weeks: Months:

3 **Where did the birth mother receive prenatal care?** *(Please specify physician or other healthcare provider name and address.)*

Physician/provider: Hospital/clinic: Phone:

Street address: City: State: Zip:

PREGNANCY HISTORY (cont.)

4 **During her pregnancy with the infant, did the mother have any complications?** ☐ No ☐ Yes
(ex. high blood pressure, bleeding, gestational diabetes)

Specify:

5 **Was the birth mother injured during her pregnancy with the infant?** *(ex. auto accident, falls)* ☐ No ☐ Yes

Specify:

6 **During her pregnancy, did she use any of the following?**

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

7 **Currently, does any caregiver use any of the following?**

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

INCIDENT SCENE INVESTIGATION

1 **Where did the incident or death occur?**

2 **Was this the primary residence?** ☐ No ☐ Yes

3 **Is the site of the incident or death scene a daycare or other childcare setting?** ☐ Yes ☐ No - If no, skip to question **8**

4 **How many children (under age 18) were under the care of the provider at the time of the incident or death?**

5 **How many adults (age 18 and over) were supervising the child(ren)?**

6 **What is the license number and licensing agency for the daycare?**

License number: Agency:

7 **How long has the daycare been open for business?**

8 **How many people live at the site of the incident or death scene?**

Number of adults (18 years or older): Number of children (under 18 years old):

9 **Which of the following heating or cooling sources were being used?** *(Check all that apply)*

☐ Central air ☐ Gas furnace or boiler ☐ Wood burning fireplace ☐ Open window(s)
☐ A/C window unit ☐ Electric furnace or boiler ☐ Coal burning furnace ☐ Wood burning stove
☐ Ceiling fan ☐ Electric space heater ☐ Kerosene space heater ☐ Floor/table fan
☐ Electric baseboard heat ☐ Electric (radiant) ceiling heat ☐ Window fan ☐ Unknown

☐ Other - specify:

10 **Indicate the temperature of the room where the infant was found unresponsive:**

☐ Thermostat setting ☐ Thermostat reading ☐ Actual room temp. ☐ Outside temp.

11 **What was the source of drinking water at the site of the incident or death scene?** *(Check all that apply.)*

☐ Public/municipal water ☐ Bottled water ☐ Well ☐ Unknown ☐ Other - Specify:

12 **The site of the incident or death scene has:** *(check all that apply)*

☐ Insects ☐ Mold growth ☐ Smoky smell *(like cigarettes)*
☐ Pets ☐ Dampness ☐ Presence of alcohol containers
☐ Peeling paint ☐ Visible standing water ☐ Presence of drug paraphenalia
☐ Rodents or vermin ☐ Odors or fumes - Describe:

☐ Other - specify:

13 **Describe the general appearance of incident scene:** *(ex. cleanliness, hazards, overcrowding, etc.)*

Specify:

INVESTIGATION SUMMARY

1 **Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified?**

2 **Arrival times**

	Military time
Law enforcement at scene:	:
DSI at scene:	:
Infant at hospital:	:

Investigator's Notes

1 **Indicate the task(s) performed**

- ☐ Additional scene(s)? (forms attached)
- ☐ Materials collected/evidence logged
- ☐ Notify next of kin or verify notification
- ☐ Doll reenactment/scene re-creation
- ☐ Referral for counseling
- ☐ 911 tape
- ☐ Photos or video taken and noted
- ☐ EMS run sheet/report

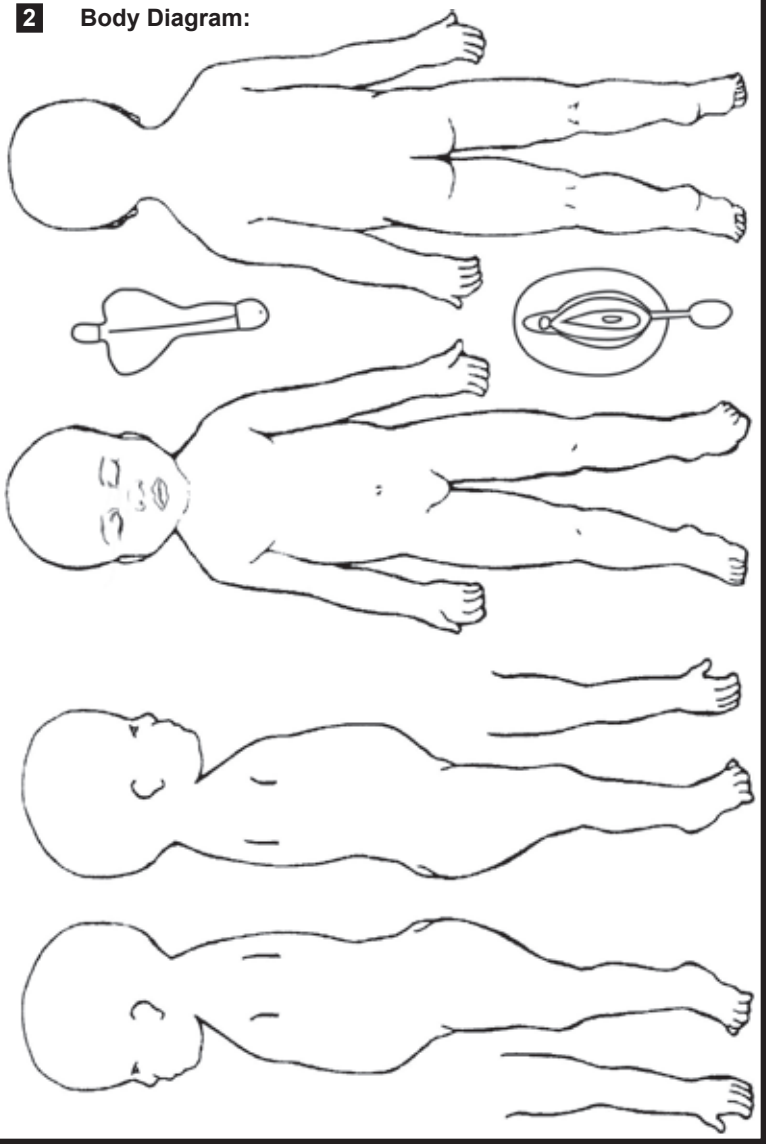
2 **If more than one person was interviewed, does the information differ?** ☐ No ☐ Yes

If yes, detail any differences, inconsistencies of relevant information: *(ex. placed on sofa, last known alive on chair.)*

INVESTIGATION DIAGRAMS

1 **Scene Diagram:**

2 **Body Diagram:**



SUMMARY FOR PATHOLOGIST

Case Information

1 **Investigator information** Name: Agency: Phone:

	Date	Military time
Investigated:		:
Pronounced dead:		:

2 **Infant's information:** Last: First: M: Case #:

Sex: ☐ Male ☐ Female Date of Birth: Age:

Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Islander

☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other:

Sleeping Environment

1 **Indicate whether preliminary investigation suggests any of the following:**

Yes	No	
☐	☐	Asphyxia *(ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)*
☐	☐	Sharing of sleep surface with adults, children, or pets
☐	☐	Change in sleep condition *(ex. unaccustomed stomach sleep position, location, or sleep surface)*
☐	☐	Hyperthermia/Hypothermia *(ex. excessive wrapping, blankets, clothing, or hot or cold environments)*
☐	☐	Environmental hazards *(ex. carbon monoxide, noxious gases, chemicals, drugs, devices)*
☐	☐	Unsafe sleep condition *(ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding)*

Infant History

☐	☐	Diet (*e.g., solids introduced, etc.*)
☐	☐	Recent hospitalization
☐	☐	Previous medical diagnosis
☐	☐	History of acute life-threatening events *(ex. apnea, seizures, difficulty breathing)*
☐	☐	History of medical care without diagnosis
☐	☐	Recent fall or other injury
☐	☐	History of religious, cultural, or ethnic remedies
☐	☐	Cause of death due to natural causes other than SIDS *(ex. birth defects, complications of preterm birth)*

Family Info

☐	☐	Prior sibling deaths
☐	☐	Previous encounters with police or social service agencies
☐	☐	Request for tissue or organ donation
☐	☐	Objection to autopsy

Exam

☐	☐	Pre-terminal resuscitative treatment
☐	☐	Death due to trauma (injury), poisoning, or intoxication

Investigator Insight

☐	☐	Suspicious circumstances
☐	☐	Other alerts for pathologist's attention

Any "Yes" answers above should be explained in detail (description of circumstances):

Pathologist

2 **Pathologist information** Name:

Agency: Phone: Fax:

Indiana Perinatal Quality Improvement Collaborative (IPQIC)
Hospital Safe Sleep Policy Recommendation

The IPQIC QI Committee SUID Subcommittee Hospital Practice Task Force has developed the following Hospital Safe Sleep Policy to serve as a template for hospitals across Indiana who care for newborns and infants on their inpatient units. The committee recommends that all such hospitals adopt a policy similar to this to combat Sudden Unexpected Infant Death (SUID) in our state.

Goals

1. To provide a uniform model hospital policy for healthcare providers in the newborn, NICU and pediatric settings.
2. To ensure that all recommendations are modeled and understood by caregivers and parents with consistent instructions given prior to discharge of newborn or infant.
3. To provide a safe sleep environment by reducing the risk of SUIDs and risk of injury due to falling from a parent/caregiver's grasp.

Rationale

The Center for Disease Control listed Indiana as 5th in the nation in unintentional infant deaths in 2015, the majority of which are due to unsafe sleep practices. All hospital employees are responsible to follow the American Academy of Pediatrics Recommendations for Safe Infant Sleeping Environment. This will provide a safe sleeping environment for hospitalized infants as well as model safe sleep practices for the family in preparation for care of their infant at home and minimize the incidence of SUIDs or Sudden Unexpected Infant Death Syndrome.

Definitions

Infant: A child aged 12 months or younger.
Alone: Sleeping in a space free of other people or any other items such as loose blankets, stuffed animals, and crib bumpers.
Bed sharing or cosleeping: The practice of a parent, sibling or other individual sleeping together with the infant on a shared sleep surface, i.e., a bed, sofa, recliner, etc. (not recommended).
Room sharing: Sleeping arrangement in which the infant is in the same room with the mother/caregiver, but not on the same sleep surface (recommended).
SUID: (Sudden Unexpected Infant Death) death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation and may be due to SIDS, Accidental Strangulation and Suffocation in bed (ASSB) or an unknown cause.
SIDS: Sudden Infant Death Syndrome- the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history.
NICU: Neonatal Intensive Care Unit- a level II, III or IV nursery that cares for newborns requiring more than routine newborn care.

Policy Statements

Staff will teach and model the supine sleep position and safe sleep recommendations will be followed throughout the hospitalization for all neonates and infants. Practices will be based on the American Academy of Pediatrics recommendations for a safe infant sleeping environment (2011).[1] This policy uses the Alone, Back, Crib (ABC's of safe sleep) format for safe sleep recommendations, in cooperation with the recommendations from the IPQIC committee for family education.

Supplies/Equipment

1. Open crib or bassinet with firm, well-fitting mattress and fitted sheet
2. Sleep sack or wearable blanket
3. Hat (for newborns)

SUGGESTED POLICY FOR SAFE SLEEP FOR NEWBORNS AND INFANTS HOSPITALIZED IN INDIANA

I. SAFE SLEEP BASIC GUIDELINES

A. ALONE: Newborns and infants should always sleep ALONE, never with a parent or sibling.

Sleeping Environment

1. Room sharing must be done, without bed sharing with anyone (parents, children, siblings, multiples), with infant close to, but not in parent's bed.

2. Neonates/Infants must always sleep alone in a crib/bassinet. Newborns who are part of multiples, (twins, triplets, etc.) should each sleep alone in their own crib/bassinet.

3. Parents/caregiver will not be allowed to sleep on couch, recliner, chair, bed, etc. with baby.

4. Neonates/Infants may be brought into the bed, chair or couch for nursing or comforting, but must be returned to their own crib/bassinet when:

    a. The parent/caregiver is asleep. If the infant is found in bed with parent asleep, infant must be returned to bassinet/crib.

    b. The parent/caregiver of the neonate/infant appears sleepy.

    c. Pain medication is given to the hospitalized mother

5. The infant can be returned to the newborn nursery/infant holding area at the discretion of the nurse. The parent should be re-educated on safe sleep practices whenever unsafe sleep practices are noted.

    a. If parents continue unsafe sleep practices (such as sleeping with the infant), re-educate parents/caregivers regarding safe sleep practices. Include the dangers/consequences of non-compliance with safe sleep practices; the most serious consequence being death. Confirm understanding through teach-back and document in findings and interventions in the medical record.

    b. Hospitalized mothers will be encouraged to have another adult present to care for the neonate/infant.

B. BACK: Infants should always sleep on their back, never on their side or stomach.

Sleep Position

1. All infants will be placed on their backs to sleep in a bassinet/crib/incubator/infant warmer during every nap and nighttime for the first year of life unless otherwise ordered by the physician.

2. Staff will provide parents with verbal instructions, written materials, and model safe sleep practices for newborn/infant during their hospitalization, using the Alone, Back, Crib model.

3. Staff will request that parents share safe sleep message (Alone, Back, Crib) with everyone caring for their infant, including family members and sitters, and childcare facilities.

C. CRIB: All infants should be placed to sleep in an EMPTY CRIB or bassinet for every sleep.

1. Sleep Surface

    a. Mattresses must be firm and fit snugly in crib; no gaps between the mattress and the side of the crib or bassinet.

    b. Sitting devices (car safety seats, "rock and play's", strollers, swings, infant carriers, infant slings) are unacceptable for routine sleep. Soft surfaces such as sofas, chairs, and adult beds are dangerous and must be avoided.

2. Bedding

    a. Mattress must be covered with a tightly fitted crib sheet.

    b. The crib/bassinet must contain "NOTHING BUT BABY"; keep all soft objects (stuffed toys) and loose bedding out of the crib/bassinet.

    c. Appropriately sized sleep sacks/blanket sleepers are optimal; however, if sleep sacks/blanket sleepers are not available, infants must be swaddled/bundled no higher than the axillary or shoulder level of the neonate/infant, with legs able to move freely. No additional blankets or other loose bedding are to be used.

    d. Swaddling must be discontinued when an infant develops sufficient motor skills that allow him/her to roll over from their back to their stomach (approximately 2 months of life)

3. Screening for safe sleep at home.

    a. Hospitals will screen all newborns and infants for safe home sleep environment, including access to a crib or bassinet both at home and in other homes where the infant will be cared for.

    b. Parents who do not have a crib or bassinet will be referred to the closest distribution site to obtain a crib.

II. <u>OTHER SAFE SLEEP PARAMETERS</u>:

<u>Protective factors</u>:

A. Pacifier Use

1. Pacifier is recommended throughout the first year of life when placing infant down for sleep unless contraindicated (breastfeeding babies should not use pacifier until breastfeeding is established, approximately 1 month of age).

2. Do not force infant to take a pacifier.

3. Do not reinsert a pacifier once the infant falls asleep.

4. Do not attach pacifier to infant's clothing or use a cord of any kind on the pacifier.

B. Breastfeeding

1. Educate parents that breastfeeding is recommended to reduce risk of SUID.

2. If possible provide donated breastmilk if supplementation is necessary

C. Immunizations:

1. Immunizations are found to be protective against SUID.

2. It is recommended that all infants be kept up to date on immunizations using the CDC and AAP immunization schedule.

3. Infants should be screened for any missing immunizations prior to discharge and given missing vaccines whenever possible.

Risk Factors:

A. Overheating/overbundling

1. Avoid overheating or over-bundling infant (dress infant with no more than one additional layer than an adult would be comfortable wearing).

2. Room temperature should be maintained between 68-72° F in the hospital.

3. Do not cover the infant's face or head.

4. When infant is under radiant warmer, temperature probe must be used.

B. Smoking

1. Educate parents to avoid exposing their infant to smoke or smoking in the infant's environment.

2. Remind parents/visitors to cover clothing that has been exposed to smoking before holding the baby.

III. Infants admitted to inpatient pediatric wards after discharge from the Newborn Nursery or NICU:

Special situations may arise for older infants who are admitted to hospital inpatient units. The following guidelines should be used for these children.

A. The policy content above is also recommended for all hospitalized infants from age birth to 1 year.

B. Tummy Time:

1. Supervised, awake tummy time is encouraged for all infants as early as possible to promote motor development and upper body conditioning.

2. Infants should be placed on their tummy daily, while awake and alert and always with close supervision by caregiver in order to encourage upper body strength and motor development.

3. If infant becomes irritable or sleepy, they must be returned to a back-lying position.

C. Older infants: Infants who are developmentally able to roll from back to front must still be placed on their back to initiate sleep.

1. These infants must no longer be swaddled in blankets.

2. Infants should be placed in a wearable blanket without a swaddler, with long sleeve sleeper or gown underneath, whenever possible. No loose blankets should be used. If a wearable blanket is not available, only warm sleep clothes should be used.

3. If sleep sacks with a swaddle option are used, the swaddle part should be secured under the armpits of the infant with the arms free.

D. Plagiocephaly:

1. Infants can develop flattening of their head due to back lying position. Methods to recommend to parents include:

a. Limiting time in car seats, infant carriers, bouncers and swings

b. Encouraging parents to hold infants when possible

c. Alternating head tilt when infant is sleeping, by passive movement of head to the opposite side. Positioning devices should not be used, unless otherwise ordered by a physician for a specific medical condition.

E. Positioning devices: NO positioning devices are to be used, including wedges, special mattresses, cosleeping aids, and special sleep surfaces.

F. Monitoring devices: Cardiac Apnea Monitors (CAM) may be required for patients admitted to the hospital during their hospital stay.

1. CAM should only be used in the hospital when medically necessary

2. Safe Sleep practices must continue to be used even when CAM is in use.

3. Parents should be educated that CAM do not prevent death from SUID and are not recommended for home use except in extreme medical situations.

IV. LEVEL II, III and IV NURSERIES or neonatal intensive care unit patients:

Special consideration should be given to infants admitted to the Neonatal Intensive Care Unit, including the following:

A. Infants 34 weeks gestation or >1500 gms must be placed on their back for sleep in a recommended sleep environment as noted above, well prior to discharge, and as soon as medically stable to do so.

1. Preterm infants and ill newborns may require prone or side lying positioning due to their medical and developmental condition, while continuously monitored and observed.

a. Infants with upper airway compromise, respiratory distress, or less than 34 weeks gestation may be placed prone with approval of physician, until symptoms resolve.

b. Other situations may require prone or side-lying positioning and should be evaluated on a case-by-case basis with the approval of the physician.

B. Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms, may be placed in prone position for brief periods of time with approval of the physician.

1. If NAS infant has irritability not responsive to usual comfort measures, prone positioning may be attempted with the approval of the physician or nurse practitioner.

2. All infants placed prone for this reason should be continuously monitored and observed, and must remain in this position for brief periods of time only.

3. Infants should be reassessed daily for the ability to console with supine positioning.

4. Infants who are requiring prone positioning should be transitioned to supine positioning no less than 1 week prior to discharge.

5. Parents should be educated on safe sleep recommendations and that prone positioning must never be done after discharge.

C. Transition to supine positioning of all NICU infants should be done no less than 1 week prior to discharge whenever possible to assist in conditioning the infant to this practice and to model safe sleep for parents

1. If there is less than 1 week prior to discharge, the infant must be transitioned as soon as medically stable to supine sleep positioning, unless otherwise ordered by a physician for a specific medical condition, which would be rare.

2. Home sleep environment must be modeled at this time and includes:

   a. Head of bed is flat, never raised.

   b. All positioning devices and loose bedding are removed.

      i. Infants with developmental concerns that may benefit from therapeutic positioning should have an order from the physician for such and should be evaluated with physical or occupational therapy to obtain the safest equipment to achieve the requested positioning.

   c. Infant sleep attire should include a long sleeve sleeper or gown, and a wearable blanket or sleep sack whenever possible. If these are not available, infant should be swaddled snugly in a blanket below the nipple line.

   d. This practice may be modified only with a physician order. The physician order should specify the specific safe sleep environment modifications that should be used.

D. Parents and Caregivers should receive safe sleep education with focus on Sudden Unexplained Infant Death risks and the recommended home sleep environment as set forth by the American Academy of Pediatrics.

References:

1. Moon RY; American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. Policy statement: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*. 2011; 128(5):1030–1039
2. Ponsonby AL, Dwyer T, Gibbons LE, Cochrane JA, Wang YG. Factors potentiating the risk of sudden infant death syndrome associated with the prone position. *N Engl J Med*. 1993;329(6):377–382
3. www.napss.org
4. www.**firstcandle**.org/modelbehavior/docs/WBU_booklet1.pdf
5. www.**firstcandle**.org/modelbehavior/docs/NICU_booklet1.pdf

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
Posters	Parents/caregivers	One poster with 4 pictures of babies. Shows the ABC with highly catchy messages at the foot of each crib. For instance one message gives the statistics "2 out of 3 babies who died while sleeping were sharing an adult bed, couch or chair. Put baby alone in the crib." http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/infant%20safe%20sleep/SafeSleep_Poster-All4_3-27-14-web.ashx **Alone** Share the room, not the bed! 2 out of 3 babies who died while sleeping were sharing an adult bed, couch or chair. http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Alone.aspx **Back** There are many myths surrounding babies sleeping on their backs; however, science has proven that back is best for baby. http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Back	Showing 8 steps for Safe sleep in English and Spanish. http://www.cribsforkids.org/wp-content/uploads/2011/08/YourSSSKit_outside_span-Watermark.png A message against smoking while baby is present. http://www.cribsforkids.org/wp-content/uploads/2011/08/WhenYouSmoke_engl-Watermark.png In Spanish. http://www.cribsforkids.org/wp-content/uploads/2011/08/WhenYouSmoke_span-Watermark.png	A poster showing how a Safe sleep environment looks like: https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Environment_English.pdf Also available in Spanish: https://www.nichd.nih.gov/publications/pubs/Documents/SafeSleepEnvironment-Espanol.pdf	Recommending the Ohio poster since it stands out by bringing out a very clear message, with less literature. It is user friendly, especially for busy parents and caregivers. It also clarifies the ABCs. The posters from NICHD are too long, with a lot of literature to read. Would easily discourage parents/caregivers to pay attention. Cribs for kids program has been adopted by almost all hospitals in OH, and their educational material have been extensively used.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
		.aspx **Crib** An empty crib is best. Many parents believe baby won't be warm or comfortable without bumper pads, blankets, pillows, and stuffed animals, but these items can be deadly. Babies can suffocate on or be strangled by any extra item in the crib. http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Crib.aspx			
Brochure	Parents/caregivers	A 2 page educational brochure used here lists the AAP recommendations, depicts the ABC being utilized through the pictures shown. Clarifies what the Alone, Back Crib means by providing clear explanations which would put any type of worries from a parent point of view to rest. See this poster: http://ohiohospitals.org/OHA/media/Images/Patient%20Safety%20and%20Quality/Documents/SafeSleep/ODHtrifold_version2.pdf	ABCs of safe sleep brochure. Depicts a safe sleep environment- picture of a baby alone, on its back, in a sleep sack in a crib free of blankets, toys or anything else. Also the AAP guidelines listed. http://www.cribsforkids.org/wp-content/uploads/2011/08/ABCs-of-SSBrochure_websiteonly.pdf	A 9 page brochure, contains great information about SIDS including its definition. Tells parents what to do to lower the risk of SIDS by following the AAP guidelines. Also has got answers to common questions about SIDS. Good pictures depicting safe sleep environment. https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Baby_English.pdf	Use the 2 page educational brochure from Ohio. It shows a safe sleep environment with the AAP recommendations and the ABCs clarified. 2 pages, short and clear message depicted, taking less of a parent/caregiver's time. http://ohiohospitals.org/OHA/media/Image

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
		The poster is also available in Mandarin language: http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/infant%20safe%20sleep/SafeSleep_Brochure-TriFold-Print_5-6-14_Mandarin.pdf Also In Somali Language: http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/infant%20safe%20sleep/SafeSleep_Brochure-TriFold-Print_5-6-14%20Somali.pdf	Also available in Spanish. http://www.cribsforkids.org/wp-content/uploads/2014/01/ABCs-of-Safe-Sleep-Brochure_Span.pdf Safe sleep for your baby brochure emphasizes on the importance of a crib and why each baby should have one. http://www.cribsforkids.org/wp-content/uploads/2011/08/SSBrochure_page1_4Partners.pdf Also available in Spanish http://cribsforkids.org/wp-content/uploads/2011/04/012a-Safe-Sleep-Brochure-Spanish-Outside.pdf Explains what is included in a Safe Sleep survival kit. http://www.cribsforkids.org/wp-content/uploads/2011/08/YourSSSKit_inside_engl-Watermark.png	Also available for African Americans: https://www.nichd.nih.gov/publications/pubs/Documents/SafeSleep_AfricanAmerican_2015.pdf American Indian/ Alaska Native: https://www.nichd.nih.gov/publications/pubs/Documents/SafeSleepForYourBaby_AIAN.pdf	s/Patient%20Safety%20and%20Quality/Documents/SafeSleep/ODHtrifold_version2.pdf

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
			Also in Spanish language. http://www.cribsforkids.org/wp-content/uploads/2011/08/YourSSSKit_outside_span-Watermark.png		
Videos	Parents/caregivers	A less than 4 minutes video recommending adhering to the AAP recommendations the ABCs and also provides statistics of the number of deaths each week (3 babies). https://www.youtube.com/watch?feature=player_detailpage&v=uxPF-Sjv1tY Ohio Department of Health Safe Sleep TV PSA 30 second (see below) https://www.youtube.com/watch?v=T3qHykNrVjg&feature=player_embedded	This is the same video used by NICHD. https://www.youtube.com/watch?v=29sLucYtvpA&feature=player_embedded	This 10-minute video describes ways to reduce the risk of SIDS and other sleep-related causes of infant death. https://www.youtube.com/watch?feature=player_detailpage&v=29sLucYtvpA The same 10 minute video for parents in Spanish language https://www.youtube.com/watch?feature=player_detailpage&v=2KhDr8nM3pc A video targeting SIDS https://www.youtube.com/watch?feature=player_detailpage&v=Q26M8qHESFA	All the videos are recommended. They are great videos, the time ranges between 3 to 10 minutes. Videos can be selected based on audience. Crib for kids programs uses a wide range of videos including those from NICHD and B'More for babies programs.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
Flyers	Parents/caregivers	Showing a well labelled safe sleep environment with emphasis to ABCs and the AAP recommendations. Also reminding the importance of tummy time. The labelled picture is borrowed from the NICHD website. http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/infant%20safe%20sleep/Safe_sleep_for_your_baby_poster_619.pdf		Shows a safe sleep environment for infants and explains ways parents and caregivers can reduce the risks of SIDS and other sleep-related causes of infant death. https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Environment_English.pdf	Ohio has drawn its flier from the NICHD site and customized it as necessary. The same can be utilized in a different community by customizing it to suit that community.
Infographics	Parents/caregivers	Ohio has drawn this material from the NICHD website. The infographics explain key points related to reducing the risk of SIDS and other sleep-related causes of infant death. Also available in Spanish language and contains tips specifically for dads to help baby sleep safe while under their care. Addresses accidental suffocation by showing the statistics. https://www.nichd.nih.gov/sts/news/downloadable/Pages/default.aspx#infographics		The NICHD infographics have also been used by Ohio in their campaign. These infographics explain key points related to reducing the risk of SIDS and other sleep-related causes of infant death. Also available in Spanish language and contains tips specifically for dads to help baby sleep safe while under their care. Shows accidental death statistics. https://www.nichd.nih.gov/sts/news/downloadable/Pages/default.aspx#infographics	These infographics are recommended. Ohio has used the NICHD infographics which a set of 7 cards explaining key points related to reducing the risk of SIDS and other sleep-related causes of infant death. (These are found under media, promotional e-toolkit in the NICHD website).
Door Hangers	Parents	A front and back door hanger	Showing 8 steps for Safe		NICHD door hanger is

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
		with a clear picture of a baby sleeping in a safe sleep environment. In addition, the back has the AAP recommendations to help parents know how to reduce the risk of SIDS. https://www.nichd.nih.gov/publications/pubs/Documents/STS_DoorHanger_General_2013.pdf Also available in Spanish: https://www.nichd.nih.gov/publications/pubs/Documents/SAD_Tarjeta_Espanol_2013.pdf Safe sleep door hangers for African Americans: https://www.nichd.nih.gov/publications/pubs/Documents/STS_DoorHanger_AfricanAmer_2013.pdf	Sleep, one side in English and the other side in Spanish. http://www.cribsforkids.org/safesleephospitalcertification/hospital-educational-materials/ Emphasizing room sharing and not bed sharing. http://www.cribsforkids.org/wp-content/uploads/ETyrala_doorhanger_engl.png Also in Spanish. http://www.cribsforkids.org/wp-content/uploads/ETyrala_doorhanger_span.png		recommended, has front and back. One side in English and the other side in Spanish.
Thermometer card	Parents/caregivers		Showing the comfort zone on thermometer to avoid overheating the baby. Also gives other safety tips including the ABCs. http://www.cribsforkids.org/wp-content/uploads/2011/08/TemperatureCard_engl-Watermark.png		Only cribs for kids has this material. This is a one page poster/flyer which can be affixed on the wall near the baby's crib as a reminder not to use blankets or any other clothing. It can be used as is.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
			Also in Spanish. http://www.cribsforkids.org/wp-content/uploads/2011/08/TemperatureCard_span-Watermark.png		
Father's Day Outreach	Dads	Fathers' day postcards are mailed to all new dads in Ohio community, reminding them of the ABCs of safe sleep for babies. http://ohiohospitals.org/OHA/media/Images/Patient%20Safety%20and%20Quality/Documents/SafeSleep/fathersday_postcard_1.pdf			Highly recommended. It is such a brilliant idea to use these postcards on father's day to reach dads.
Crib distribution sites	Parents/ caregivers	The Ohio Department of Health, Violence and Injury Prevention Program in conjunction with the Bureau of Maternal and Child Health will provide free Cribs For Kids (CFK) crib "Survival Kits" to families who could not otherwise afford. http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/infant%20safe%20sleep/ODH%20Cribs%20for%20Kids%20Partners%20-Website%20list%201-25-			A great resource for parents/caregivers.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
		2016.pdf			
Family Stories	Parents/family	Two stories are featured. **Lisa West** worked tirelessly to pass legislation in Pennsylvania to require parents be informed of the dangers of sharing a sleep surface with their babies before leaving the hospital: http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/infant%20safe%20sleep/Daytons%20Story.pdf Dr. Sam Hanke and his wife Maura lost their son Charlie to SIDS in 2010. In his memory, they started Charlie's Kids foundation with the mission to education families about the importance of safe sleep and SIDS. They have partnered with pediatrician Dr. John Hutton and developed a children's board book "Sleep Baby Safe and Snug" which is available for hospitals, health departments and community organizations at a deeply discounted rate. Their website uses other materials in addition to the children's books to promote safe sleep. http://www.charlieskids.org/			Real life stories are devastating to any parent and since nobody wants the same thing to happen to their baby, they would adhere to safe sleep recommendations.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
Brochure	Grandparents			Contains the same Information in wording as the brochure for parents. Contains grandparents' pictures that is the only thing different. https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Grandbaby_English.pdf Also available in Spanish: https://www.nichd.nih.gov/publications/pubs/Documents/SafeSleepforBaby_GP-Espanol.pdf	Not a recommended resource.
Flyer	Grandparents		A flyer targeting African American grandparents. http://www.cribsforkids.org/wp-content/uploads/2011/08/SafeSleepGrandbaby_engl-AfAmWatermark.pdf For Caucasian grandparents http://www.cribsforkids.org/wp-content/uploads/2011/0	"Honor the past, learn for the future" is a one page flyer from NICHD website tailored for the American Indiana/Alaska Native population. Informs this population about their level of risk for SIDS and lists the guidelines to reduce this risk.	Crib for kids grandparents flyer. Beautiful with the massage tailored for grandparents by race. Available in Spanish by ordering.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
			8/SafeSleepGrandbaby_engl-Watermark.png		
Videos	Grandparents			A 2 minute video for grand parents https://www.youtube.com/watch?feature=player_detailpage&v=-ELZirhL0s0 For grandparents video in Spanish https://www.youtube.com/watch?feature=player_detailpage&v=QMzt_wL2ies	NICHD videos. A great resource for grandparents, very short approximately 2 minutes and also available in Spanish.
Booklet: Questions and Answers	Health Care Providers			This 32-page booklet for health care providers provides answers to common questions about SIDS and other sleep-related causes of infant death and includes references to scientific articles that describe the evidence on which the answers are based. https://www.nichd.nih.gov/publications/pubs/Documents/SIDS_QA_HealthCareProviders.pdf	NICHD recognizes that the health care professionals need safe sleep information and provides this information through this booklet and answers universal and mythical questions.
Curriculum for Nurses	Nurses			Continuing Education Activity on Risk Reduction for Sudden Infant Death	NICHD offers CEs to the nurses who take this activity on Risk

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
				Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: https://www.nichd.nih.gov/cbt/sids/nursececourse/Welcome.aspx	Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death online.
Workbook Packet	Health care professionals			A 75-page Healthy Native Babies Project Workbook, Healthy Actions for Native Babies Handout, Toolkit disk, and Toolkit User Guide, describes ways to reduce the risk for SIDS among American Indian/Alaska Native babies. https://www.nichd.nih.gov/publications/pubs/Documents/healthy_native_babies_workbook.pdf	An NICHD workbook targeting American Indian/Alaska Native.
Project Facilitator's Packet	Health care professionals			The Facilitator's Packet includes guides and presentations for 1-day and 2-hour training sessions, as well as some printed materials for training activities and a Resources disk with additional materials and information for other training activities. Several	An NICHD workbook targeting American Indian/Alaska Native, facilitator's packet.

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
				items within the packet are provided below for your convenience; to receive all of the items, please order the complete Packet. https://www.nichd.nih.gov/publications/pubs/Pages/HNB_facilitator_packet.aspx	
Resource Kit	Health care providers			This information kit includes materials and resources for conducting community-based training sessions on ways to reduce the risks of SIDS and other sleep-related causes of infant death in **African American** communities. The kit provides training guides for conducting 15-minute, 30-minute, and 60-minute outreach sessions as well as resources and outreach information and a limited number of outreach materials. https://www.nichd.nih.gov/publications/pubs/Documents/SIDS_resourcekit_rev.pdf	NICHD resource kit for health care professionals targeting the African American population.

MESSAGING MATERIALS AS VOTED BY THE SUID COMMUNITY OUTREACH COMMITTEE ON 2/10/16 MEETING

Media	Audience	Ohio (using Crib for kids)	Cribs for kids	NICHD	Recommendations
Media policy			Includes specific recommendations on the kind of pictures, position etc. http://www.cribsforkids.org/safesleepinthemedia/	NICHD Disclaimers & Policies. Addresses active exchange of ideas, privacy, and copyright, new media information. To view all NICHD disclaimers and policies, go to: https://www.nichd.nih.gov/Pages/Disclaimer.aspx#website (if this does not open, go to the main NICHD website, click on safe sleep, go to the very bottom of page and click on disclaimer)	Recommended is the first candle Safe sleep image guidelines. It is found here : http://www.firstcandle.org/cms/wp-content/uploads/2010/01/SafeSleep_ImageGuidelines.pdf

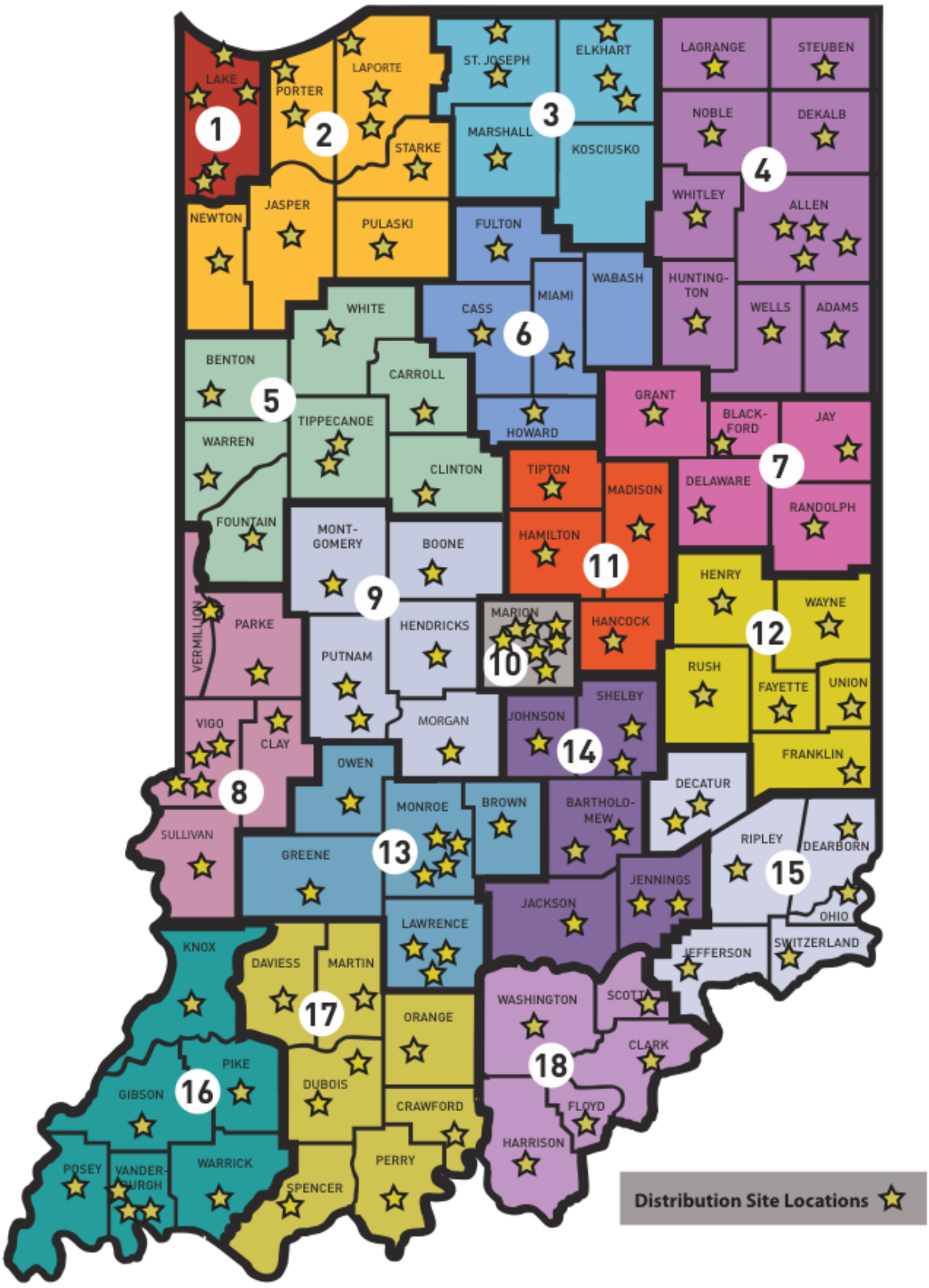
Recommendations

The recommendations are driven by the SUID Committee Outreach votes on the community outreach materials, whereby, Ohio's ABCs campaign flyer had 17 votes, NICHD flyer had 7 votes and Cribs for Kids pamphlet with 5 votes.

It is therefore recommended that we adapt the Ohio campaign material for the Indiana campaign with special attention to copyrights and other relevant permissions but customizing this material for Indiana. Ohio's campaign uses the Crib for Kids program enabling them to use a lot of Crib

for Kids material in addition to gaining certification. Further, Crib for Kids incorporates materials from other sources for instance NICHD and B'More for healthy babies enabling access to stellar materials.

Indiana Safe Sleep Locations 2016



The Indiana State Department of Health, in collaboration with the Indiana Department of Child Services, has established partnerships with agencies in the State of Indiana to provide safe sleep education and Infant Survival Kits (one infant portable crib, fitted sheet with safe sleep message imprinted on it, wearable blanket, pacifier and safe sleep recommendations) for families who do not have safe places for their infants to sleep. As part of the program, we will provide a number of educational materials that will help caregivers learn more about safe sleep. Our educational messages focus on three key risk reduction recommendations from the American Academy of Pediatrics and National Institutes of Health: that infants sleep safest alone, on their backs and in a separate, safe sleep environment.

Fausta Houzanme
Safe Sleep Coordinator
Indiana State Department of Health
FHouzanme@isdh.IN.gov
(317) 233-7258

Information and referral assistance for mom and baby:
MCH MOMs Helpline
1-844-MCH-MOMS

Indiana State Department of Health

INDIANA DEPARTMENT OF CHILD SERVICES

Map revised: 4/11/2016

Indiana Safe Sleep Locations 2016

Region 1
Methodist Hospital Northlake
Gary
219-886-4000

Methodist Hospital Southlake
Merrillville
219-738-5500

Northshore Health
Lake Station
219-763-8112 x3113

Northshore Health
Merrillville
219-763-8112 x3162

Northshore Health
Hammond
219-763-8112 x3171

Women's Care Center
Hammond
219-554-1774

Region 2
Family & Youth Services Bureau
Porter County
219-763-6623

LaPorte Co. Health Dept.
LaPorte
219-326-6808

LaPorte Co. Health Dept.
Michigan City
219-874-5611

Dunebrook, Inc.*
1-800-897-0007

Healthy Families of Family Focus, Inc.
Jasper, Starke & Newton Counties
219-956-2693

Pulaski Co. Health Dept
812-354-8797

Region 3
Memorial Hospital BABE Program
South Bend
574-647-2173

Elkhart Co. Health Dept.
574-522-0104

Women's Care Center
St. Joseph County
574-234-0363

Elkhart County
574-296-6603

Healthy Families of Family Focus, Inc.
Marshall County
219-956-2693

RETA
Elkhart County
574-522-3888

Women's Care Center
Plymouth/Bremen
219-936-5141

Region 4
Parkview Hospital
260-373-7992

Parkview Noble Hospital
260-347-8700

Parkview Huntington Hospital
260-355-3000

The Hope Clinic
Adams County
260-589-3561

Parkview Whitley Hospital
260-248-9000

Parkview LaGrange Hospital
260-463-9303

Three Rivers Ambulance Authority
Ft. Wayne
260-420-6500

SCAN, Inc.*
260-421-5000

Healthier Moms and Babies
Allen County
(260) 425-3348

Helping Hands Pregnancy Center
Wells County
260-824-4263

Region 5
Matrix LifeCare Center
Tippecanoe County
765-742-1533

Bauer Family Resources*
765-742-5046

Fountain-Warren Co. Health Dept.
765-762-3035 ext. 7

Purdue Extension
Benton County
765-884-0140

Region 6
Dukes Memorial Hospital
Miami County
(765) 475-2326

Family Service Associates of
Howard County, Inc.
765-457-9313

Purdue Extension
Fulton County
574-223-3397

Cass Co. Health Dept.
574-753-7760

Region 7
Marion General Hospital
Grant County
765-660-7892

Children's Bureau Inc.*
866-800-8115

Pregnancy Care Center
Jay County
260-726-8636

Huffer Memorial Children's Center
Delaware County
800-554-9331

Purdue Extension
Huntington County
260-358-4826

Region 8
Ireland Home-Based Services*
877-403-0380

Purdue Extension
Vigo County
812-462-3371

Purdue Extension
Clay County
812-448-9041

Purdue Extension
Vermillion County
765-492-5330

Chances & Services for Youth
Vigo County
812-232-3952 ext. 34

CODA
Vigo County
812-232-1736

Children's Bureau*
812-231-8607

Purdue Extension
Parke County
765-569-3176

Region 9
Johnson Nichols Health Clinic
Putnam County
765-653-6171

Purdue Extension
Putnam County
765-653-8411

Children's Bureau*
317-745-6496

Region 10
Department of Child Services
317-968-4348

Marion Co. Public Health Dept.
317-221-5730

Indianapolis Healthy Start
317-926-1170

Heather Hills Baptist Church
317-891-2130

NACS
Children's Bureau, Inc.
317-737-1940

Community Hospital East
317-355-2344

Broad Ripple High School
317-693-5715

Region 11
Children's Bureau*
317-773-6342

Region 12
Purdue Extension
Wayne County
765-973-9281

Healthy Families
Henry County
765-521-7254

Purdue Extension
Fayette County
765-825-8502

Children's Bureau*
765-827-2045

Region 13
Pregnancy Care Center
Brown County
812-988-4500

Purdue Extension
Owen County
812-829-5020

Hannah Center
Monroe County
800-712-HELP

Ireland Home-Based Services*
877-403-0380

Purdue Extension
Lawrence County
812-275-4623

Greene Co. Health Dept.
812-384-4496

Hoosier Uplands
Crawford, Lawrence, Martin, Orange
& Washington Counties
812-849-4447

Monroe Co. Public Health Clinic
812-353-3244

Purdue Extension
Monroe County
812-349-2575

Region 14
Pregnancy Care Center
Bartholomew County
812-378-4730

Pregnancy Care Center
Jackson County
812-524-1900

Ireland Home-Based Services*
877-403-0380

Pregnancy Care Center
Jennings County
812-346-0888

Pregnancy Care Center
Shelby County
317-398-4567

Children's Bureau*
317-535-3326

Healthy Families
Shelby County
317-398-0955

Region 15
Pregnancy Care Center
Decatur County
812-222-0367

Ireland Home-Based Services*
877-403-0380

Healthy Families
Decatur County
812-662-0857

Dearborn Co. Health Dept.
812-537-8826

Region 16
Evansville Christian Life Center
812-423-9222

Little Lambs of Evansville
812-425-5262

Gibson Co. Health Dept.
812-385-3831

Ireland Home-Based Services*
877-403-0380

Family Matters
Posey County
812-838-6875

Pike Co. Health Dept
812-354-8797

Deaconess Women's Hospital
Warrick County
812-842-4275

Region 17
Dubois Co. Health Dept.
812-481-7050

Ireland Home-Based Services*
877-403-0380

LIFE Family Resource Center
Orange County
812-723-3689

Martin Co. Health Dept.
812-247-3303

Region 18
Harrison Co. Health Dept.
812-738-3237

Ireland Home-Based Services*
877-403-0380

Choices for Women
Floyd County
812-941-0872

New Hope Services*
812-752-4892

Clark Co. Health Dept.
812-283-2746

Agency serves all counties in region

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Safe Sleep Coordinator
Indiana State Department of Health
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Indiana State Department of Health
Maternal and Child Health

INDIANA DEPARTMENT OF CHILD SERVICES

Map revised: 4/11/2016

Cribs for Kids®

Safe Sleep in the Media

IMAGE GUIDELINES:

More than 3,500 infants die suddenly and unexpectedly in the United States each year. Many of these deaths are accidental, sleep-related deaths due to suffocation in an unsafe sleep environment and are potentially preventable. SIDS is the leading cause of death for infants one month to one year of age and claims the lives of nearly 2,500 babies each year. In addition, there are up to 2,000 sudden, unexpected infant deaths (SUID) caused by accidental suffocation or accidents during sleep each year. For many of these babies, the safe sleep and safety recommendations set forth by the American Academy of Pediatrics and Cribs for Kids® may have been able to save their lives.

In 2009 a study conducted by Dr. Rachel Moon at the Children's National Medical Center found that in magazines targeting women of childbearing age, more than one-third showed babies in unsafe sleep positions and more than two thirds showed babies in unsafe sleep environments.

CALL TO ACTION:

In response to these alarming statistics, safe sleep advocates such as Cribs for Kids® call upon members of the media (print, electronic and broadcast) and their advertisers to create, select and use only images which depict babies (who appear to be 18 months of age or younger) in safe sleep positions and safe sleep environments. Specifically, these would include the following recommendations:

- All babies should be shown sleeping or being put to sleep on their backs.
- Babies should not be shown sleeping in car seats, infant carriers, swings, slings or other similar products.
- Never show babies sleeping in positioners or on wedges.

- Where possible, photos should demonstrate room sharing for babies under 6 months of age; showing the baby's separate, safe sleep area in the room with, or alongside, the adult bed.
- Photos should not show soft or loose bedding items such as blankets, quilts, soft or pillow-like bumpers, pillows or stuffed animals in the baby's sleep space.
- If possible, show sleeping babies dressed in a wearable blanket or other sleeper to keep them warm instead of loose blankets.
- Never show babies sharing a sleep space. Even multiples should each have their own crib.
- Consider showing a pacifier with a sleeping baby greater than one month of age.
- The baby's sleep space should be shown a safe distance away from windows. If a window shade is shown, the cord should not be in close proximity to or within reach of the baby.
- The crib mattress height should be shown at the lowest level for babies who appear to be able to pull or stand up.
- Crib gyms or mobiles should not be used in photos of babies who appear to be five months of age and older.

By adopting these safe sleep image guidelines, we can all play a role in ensuring that every baby is given the best possible chance to celebrate not only his or her first birthday, but many happy birthdays beyond.

- See more at: http://www.cribsforkids.org/safesleepinthemedia/#sthash.3QrxHjYU.dpuf

First Candle
• Helping Babies Survive & Thrive •
★ MEDIA STAR ★

Sign the Pledge

First Candle's Safe Sleep Image Guidelines

Every year, more than 4,500 babies die suddenly and unexpectedly before reaching their first birthday. Many of these deaths could have been prevented if the revised 2011 safe sleep recommendations set forth by First Candle and the American Academy of Pediatrics had been followed.

Today's moms and moms-to-be rely a great deal on the Internet, print and broadcast media to inform their childcare and parenting practices. In many cases, the visual message is more compelling than the content. Yet a recent study showed that in magazines targeting women of child-bearing age, more than one-third of the images showed babies in unsafe sleep positions and more than two-thirds showed babies in unsafe sleep environments.

First Candle is calling on everyone who creates or uses photos of babies, or products intended for sleeping babies, to pledge adherence to the following lifesaving safe sleep image guidelines:

Always Show:

- **Babies being placed to sleep or sleeping on their backs.**
- **Cribs, portable play yards and bassinets that meet current safety standards and are free from any soft bedding items, i.e., blankets, quilts, bumper pads and stuffed animals or toys. Bassinets should not have padded sides.**
- **Babies sleeping ALONE; not with a parent, other adult, child or pet.**
- **Mattresses that fit snugly in the crib, play yard or bassinet, covered with only a fitted sheet.**
- **Crib mattresses at the lowest level for babies old enough to pull up or stand.**

Never Show:

- **Babies sleeping in positioners or on wedges.**
- **Babies sleeping on any surface other than a firm mattress, including a parent's chest, adult bed, sofa, chair, pillow or other unsafe place.**
- **Cribs, play yards and bassinets near windows, draperies or blind/shade cords.**
- **Crib gyms or mobiles in photos of babies who appear to be older than five months.**

When Possible Show:

- **Room sharing for babies younger than six months, showing the baby's separate, safe, sleep space in the room with or alongside the adult bed.**
- **A pacifier with a sleeping baby older than one month.**
- **Sleeping babies dressed in a wearable blanket or other sleeper clothing for warmth, without the use of blankets.**

By adopting First Candle's Safe Sleep Image Guidelines, you can play a role in ensuring that every baby is given the best possible chance to celebrate his or her first birthday!

Name_____ **Company**_____

Email_____ **Phone**_____ **Date**_____