

REDUCING THE RISK OF SIDS IN CHILD CARE

Presented by
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Fighting To End The Tragedy of SIDS
for Brian - 6/01/04 - 3/28/04

American Academy
of Pediatrics

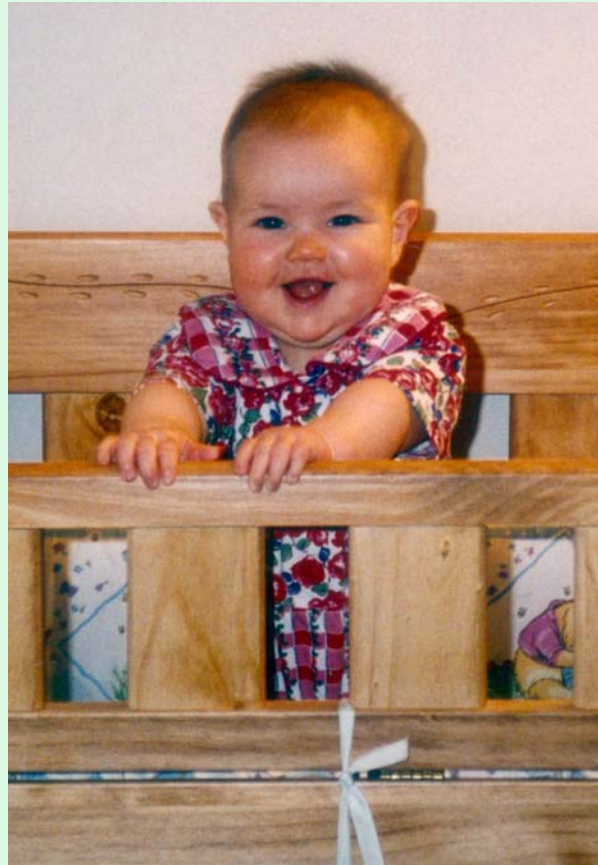


DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alex

Mother a pediatric nurse,
Alex died in child care



What Is Sudden Infant Death Syndrome (SIDS)?

- SIDS is the unexpected death of seemingly healthy babies 12 months or younger.
- No cause of death is determined by
 - Death scene investigation or autopsy.
 - Review of baby's medical history.
- Experts cannot predict SIDS babies, although some babies are at greater risk



Brenna

Mother a child psychologist

Brenna died first day in unlicensed child care put to

sleep on her side on adult bed



Healthy Child Care America Back to Sleep Campaign

- Launched in 2003
- Activities
 - Increase awareness.
 - Decrease incidence.
 - Educate policy makers to include back-to-sleep positioning in child care regulations.



SIDS in Child Care

- Two thirds of US infants younger than 1 year are in non-parental child care.
- Infants of employed mothers spend an average of 22 hours per week in child care.
- 32% of infants are in child care full time.
- Less than 9% of SIDS deaths should occur in child care.

– Ehrle et al, 2001



Brisan

Died in licensed child care, put to sleep on his back,
child care provider performed CPR
until rescue squad arrived



SIDS in Child Care

- 20.4% of SIDS deaths occurred in regulated child care (1995–1997).
 - 60% in family child care
 - 20% in child care centers
- Infants tended to be white with older, more educated parents.
 - Moon et al, 2000
- SIDS in child care now about 18%, thanks to improved education and training and licensing requirements begun in 2003



SIDS in Child Care

- Approximately $\frac{1}{3}$ of SIDS-related deaths in child care occur in the first week, $\frac{1}{2}$ of these on the first day.
- Something intrinsic to child care? No
- Unaccustomed tummy sleeping? Yes



Unaccustomed Tummy Sleeping

- Increased risk of SIDS (19.3 times).
- Non-parental caregivers may use tummy sleeping.
- Less ability to lift head in tummy position.
- Later development of upper body strength.

– Mitchell et al, 1999



Chloe

Died in child care. Child care provider so distraught she committed suicide 2 weeks later



Goal

- Reduce the number of infants dying of SIDS in child care settings.



SIDS Facts

- In 2004, about 4500 babies died of sudden infant death, SIDS and other causes such as accidental suffocation.
- It is the leading cause of death for babies from 1 to 12 months of age.
- Highest number is at 2 to 4 months; 91% occur between 1 to 6 months of age.
- Seasonal trend: there are more SIDS deaths in winter months.
- More male babies die of SIDS.
- Unaccustomed tummy sleeping increases risk 18 to 20 times.



Lily

Parents chose a Vietnamese child care provider to give Lily a chance to know her heritage. She died the first day in child care.



SIDS Facts

- The exact causes of SIDS are unknown, but SIDS is NOT
 - Caused by immunizations
 - The same thing as suffocation, but the distinction on autopsy is often impossible to make
 - Caused by vomiting or choking



Modifying SIDS Risks

- Risks that can be modified
- Risks that cannot be modified
- Easy and free—placing babies to sleep on their backs on a firm surface, in their own beds



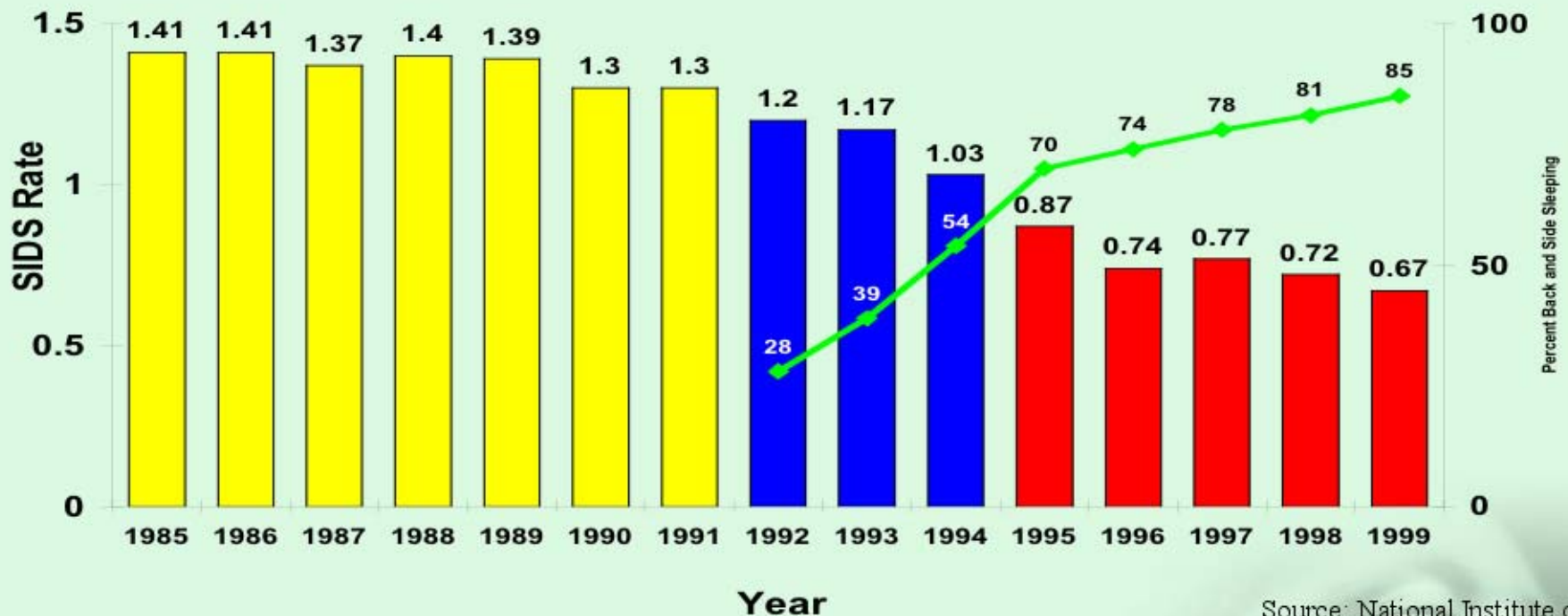
Jalyn

died the first day in child care. Put to sleep on her tummy.



SIDS Rate and Sleep Position

SIDS Rate and Sleep Position, 1985–1999
(Deaths Per 1,000 Live Births)



SIDS rates have decreased and percent of back/side sleeping has increased since the campaign began.

Yellow (1985–1991): Pre-AAP recommendation
Blue (1992–1994): Post-AAP recommendation
Red (1995–1999): Back to Sleep campaign

Source: National Institute of Child Health and Human Development Household Survey Final Data 1999, National Center for Health Statistics, Centers for Disease Control and Prevention

Babies at Risk for SIDS

- African Americans (3X greater risk)
- American Indians (more than 3X greater risk)
- Mothers who smoke during pregnancy (3-4X greater risk)
- Babies who breathe secondhand smoke (2.5X greater risk)
- Babies who sleep on their tummies (5X greater risk)
- Babies put on their tummies to sleep who usually sleep on their backs (18–20X greater risk)



Hannah

died in child care, at 10 months of age



Why Don't People Put Babies to Sleep on Their Backs?

- Lack of awareness
 - 25% of licensed child care providers say they never heard of the relationship between SIDS and sleep position.
- Misconceptions about risk of sleep position
 - Supine and aspiration, choking
 - Belief that tummy sleeping improves infant comfort
- Parental preference
 - Lack of information
 - Lack of education



Caring for Our Children: National Health and Safety Performance Standards—2002

Standard 3.008: Scheduled Rest Periods and Sleep Arrangements

- Supine (back) sleep position for babies
- Physician's note if position other than back
- Babies placed on back, but when able to turn over, “allowed to adopt whatever position they prefer to sleep”
- Positioning devices not to be used, unless specified by a physician



Implementing SIDS Risk Reduction

- Remember, tummy to play and back to sleep.
- Use safe sleep practices.
- Provide a safe sleep environment.



Joseph
died in child care at 8 months of age



Tummy to Play and Back to Sleep

- Supervised tummy time when babies are awake
 - Promotes healthy physical and brain development
 - Strengthens neck, arm, and shoulder muscles
- Back to sleep
 - Reduces the risk of SIDS
 - Comfortable and safe



Safe Sleep Practices

- Always put healthy babies to sleep on their backs for naps and at bedtime.
- Avoid overheating.
 - Never cover baby's head with a blanket.
 - Keep room temperature at 68°F to 72°F.
 - Do not overdress baby.
- Do not have more than one baby per crib.



Kylie

died in child care in an infant swing



Bed Sharing or Co-sleeping

- .Adults; children, or siblings should avoid bed sharing with an infant.
- Adults who choose to bed share with an infant should not smoke or use substances that impair arousal.
- The weight of the dad's arm can prevent the baby from breathing
- Better to have baby sleep in own crib, bassinet or pack n play next to mom, not in same bed



Safe Sleep Environment

- Safe crib, firm mattress.
- Avoid chairs, sofas, and water beds.
- No excess bedding, comforters, or pillows.
- No toys or stuffed animals in crib.



Bumper pads and wedges
ARE NOT needed and may
cause suffocation.

Baby in a Safe Crib



Lucas died in child care



Benefits of a Safe Sleep Policy

- May save lives of babies
- Shows parents baby's health and safety is your #1 priority
- Educates staff
 - Consistent care
 - Educate parents
 - Professional development
- If followed, helps reduce your risk of liability

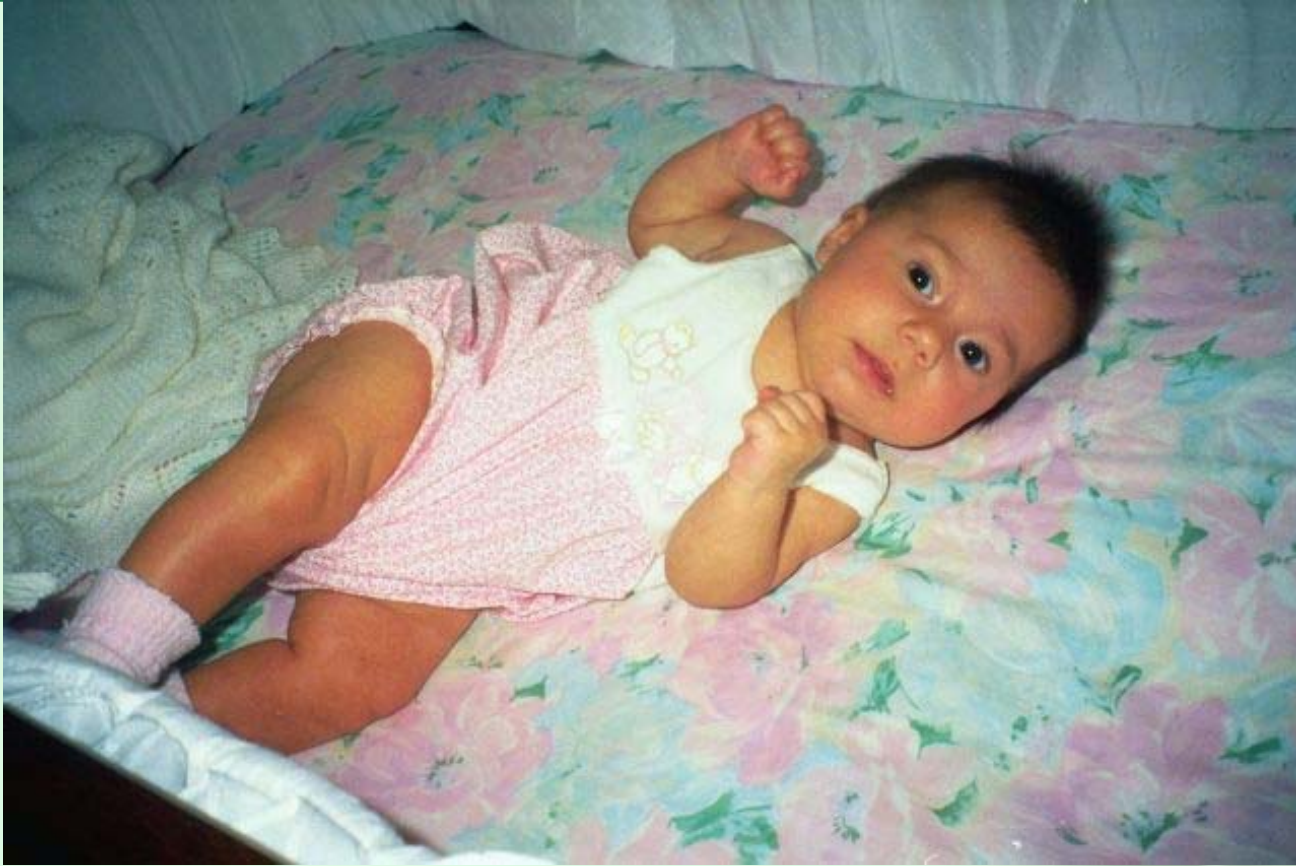


Elements of a Safe Sleep Policy

- Healthy babies always sleep on their backs.
- Obtain physician's note for non-back sleepers.
- Use safety-approved cribs and firm mattresses.
- Crib: free of toys, stuffed animals, and excess bedding.
- Practice feet-to-foot rule.
- Blankets: tucked in along sides and foot of mattress.
- Sleep only one baby per crib.



Taegan died in child care



Elements of a Safe Sleep Policy

- Room temperature is 68°F to 72°F.
- Monitor sleeping babies—Use your eyes, not necessarily electronic monitor
- Have supervised tummy time for awake babies.
- Teach staff about safe sleep policy and practices.
- Provide parents with safe sleep policy.



Alternate Sleep Position

- Require written and signed physician's note.
 - Identifies medical reason why baby sleeps in position other than on back. Note must be from baby's physician
- Inform all child care providers and substitutes.
- Keep physician's note in baby's medical file and post notice on crib.



Legal Considerations

- Litigation
 - Wrongful death
 - Loss to society
 - Neglect
 - Breach of contract between parents and provider
- Back to sleep = **STANDARD OF CARE**



Handling Parents' Concerns

- Discuss SIDS and safe sleep with parents.
- You are the professional they see most often
- Discuss sleep position policies.
- Discuss medical waiver and implications.



What We Need to Do

- Implement the *Caring for Our Children* standards.
- Be able to handle an infant medical emergency.
- Be aware of bereavement resources.
 - SIDS Mid Atlantic can help. www.sidsma.org
or Betty at 703-933-9100
- Talk with a child care health consultant.



Handling a Medical Emergency

- Have a plan in place.
- Review the plan with all staff periodically.
- Be sure you have successfully practiced rescue breathing and choke-saving skills for infants in a first aid course.



First Aid—Unresponsive Infant

- Teaching resuscitation skills is beyond the scope of this workshop. You must practice resuscitation on a mannequin.
- Call 911.
- Get help to care for the other children.
- Call the child's parents or emergency contact.
- Call the parents of the other children.
- Do not disturb the scene.
- Notify licensing agency and insurance agency.



Caring for Our Children

National Standards

- Seek support and information from local, state, or national SIDS organizations.
- Provide SIDS information to the parents of the children in the facility.
- Provide age-appropriate information to the other children in the facility.
- Make resources for support available for families and children.



What to Expect

- Investigation
 - Several people will ask for the same information so they can help.
- Law enforcement
 - Note baby's health, behavior, etc.
 - Take photos.
 - Limit disturbance of the area.



What to Expect

- Licensing agency
 - Questions about licensing regulations
 - SIDS death not a cause for revoking a license
- Coroner/medical examiner
 - Conducts autopsy
 - Determines circumstances of death



Licensing Requirements

- National Resource Center for Health and Safety in Child Care
 - nrc.uchsc.edu
 - 800/598-KIDS (5437)
 - *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition (2002)*
 - Individual state licensing information



Partners and Resources

- National Institute of Child Health and Human Development Back to Sleep campaign
 - 800/505-CRIB (2742), www.nichd.nih.gov
- CJ Foundation for SIDS
 - 888/8CJ-SIDS (825-7437), www.cjsids.com



Partners and Resources

- National Resource Center for Health and Safety in Child Care
 - 800/598-KIDS (5437), nrc.uchsc.edu
- National SIDS/Infant Death Resource Center
 - 866/866-7437, www.sidscenter.org



First Candle/SIDS Alliance

- 1314 Bedford Ave, Suite 210
Baltimore, MD 21208
 - Phone: 800/221-7437 or 410/653-8226
 - Fax: 410/653-8709
 - E-mail: info@sidsalliance.org
 - Web site: www.sidsalliance.org
- National SIDS and Infant Death Program Support Center
 - Same address as above
 - Phone: 800/638-7437 or 410/415-6628
 - Fax: 410/415-5093
 - E-mail: kgrahamsids@yahoo.com
 - Web site: sids-id-psc.org



Healthy Child Care America Back to Sleep Campaign

- American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
 - Phone: 888/227-5409 or 847/434-4016
 - Fax: 847/228-6432
 - E-mail: childcare@aap.org
 - Web site: www.healthychildcare.org



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2700 S. Quincy St. Suite 220
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Summary

- What SIDS is and is NOT
- SIDS risk factors
- Reducing the risk
- *Caring for Our Children: National Health and Safety Performance Standards*
- Handling a medical emergency
- Resources for more information



