

# RUTGERS

THE STATE UNIVERSITY  
OF NEW JERSEY

## Reducing the Risk of Sudden Unexpected Infant Deaths: Applying What We've Learned

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or conflicts of interest to report.

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Kathe Kollwitz. The Parents, 1923

**“When your parent dies you have lost your past. When your child dies you have lost your future.”**

**Elliot Luby, MD, about the parent**

**“How will I survive?  
Do I even want to?”**

**A parent**

**“When a grandchild dies, grandparents grieve twice, (for) ...the loss of the child and ...their own child’s suffering.”**

**Alan Wolfelt, MD, about the grandparent**

**“My parents chose not to talk to my brother and me about her and her death because they thought it would upset us. Her name was a taboo subject in our house. There was one picture of her hidden in a closet, and with much guilt and sadness I stole glances at her.”**

**A Sibling**

## Objectives

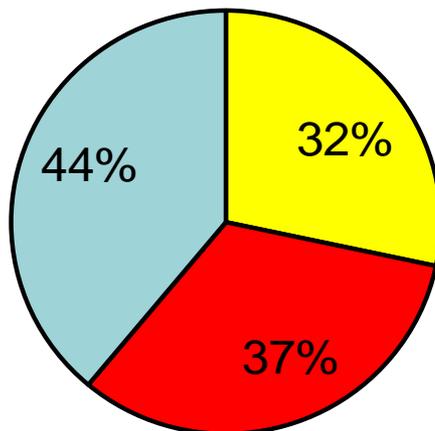
- **Define**
  - **Sudden Unexpected Infant Death**
- **Describe**
  - **The adverse social and health determinants that create the more vulnerable infant**
- **Discuss:**
  - **Actionable sleep-related risk factors**
  - **Risk reducing practices**
  - **Available education tools**



# Sudden Unexpected Infant Death

- **Sudden unexpected infant death (SUID):** the sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation. These deaths often happen during sleep or in baby's sleep area.\*
  - Upon investigation, some turn out to a known medical cause and the diagnosis is changed.
  - The most common remaining diagnoses are:
    - SIDS (ICD 10 CODE: R95)
    - Ill-defined and unknown cause (ICD 10 CODE: R99)
    - Accidental suffocation and strangulation in bed (ICD 10 CODE: W75)
- SIDS   ■ Unknown   ■ Accidental Suffocation

SUID is studied as a whole because of shared risk factors and the challenge of diagnostic "drift."



**While SIDS and Ill-defined causes remain of unknown etiology, the conditions that elevate risk are known and actionable.**

**These form the basis of the risk reduction guidelines that benefits all three components of SUID**

*This presentation is based on the newest safe sleep guidelines of the American Academy of Pediatrics to reduce the risk of SIDS and other sleep-related infant deaths:*

**Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics. 2022 Jun 1:e2022057990. doi: 10.1542/peds.2022-057990. Epub ahead of print. PMID: 35726558.**

<https://doi.org/10.1542/peds.2022-057990>

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome  
AAP Committee on the Fetus and Newborn

Consultants include:

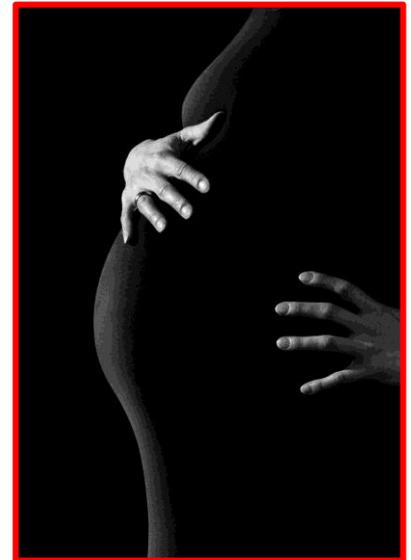
National Institute for Child Health and Human Development (NICHD)  
Centers for Disease Control and Prevention  
National Association of Medical Examiners  
**American College of Obstetrics and Gynecology**  
AAP Section on Neonatal and Perinatal Medicine  
**National Association of Neonatal Nurses**

***Research by faculty of the SIDS Center of NJ contributed to these guidelines.***

# Prenatal Access to Safe Sleep Education Matters

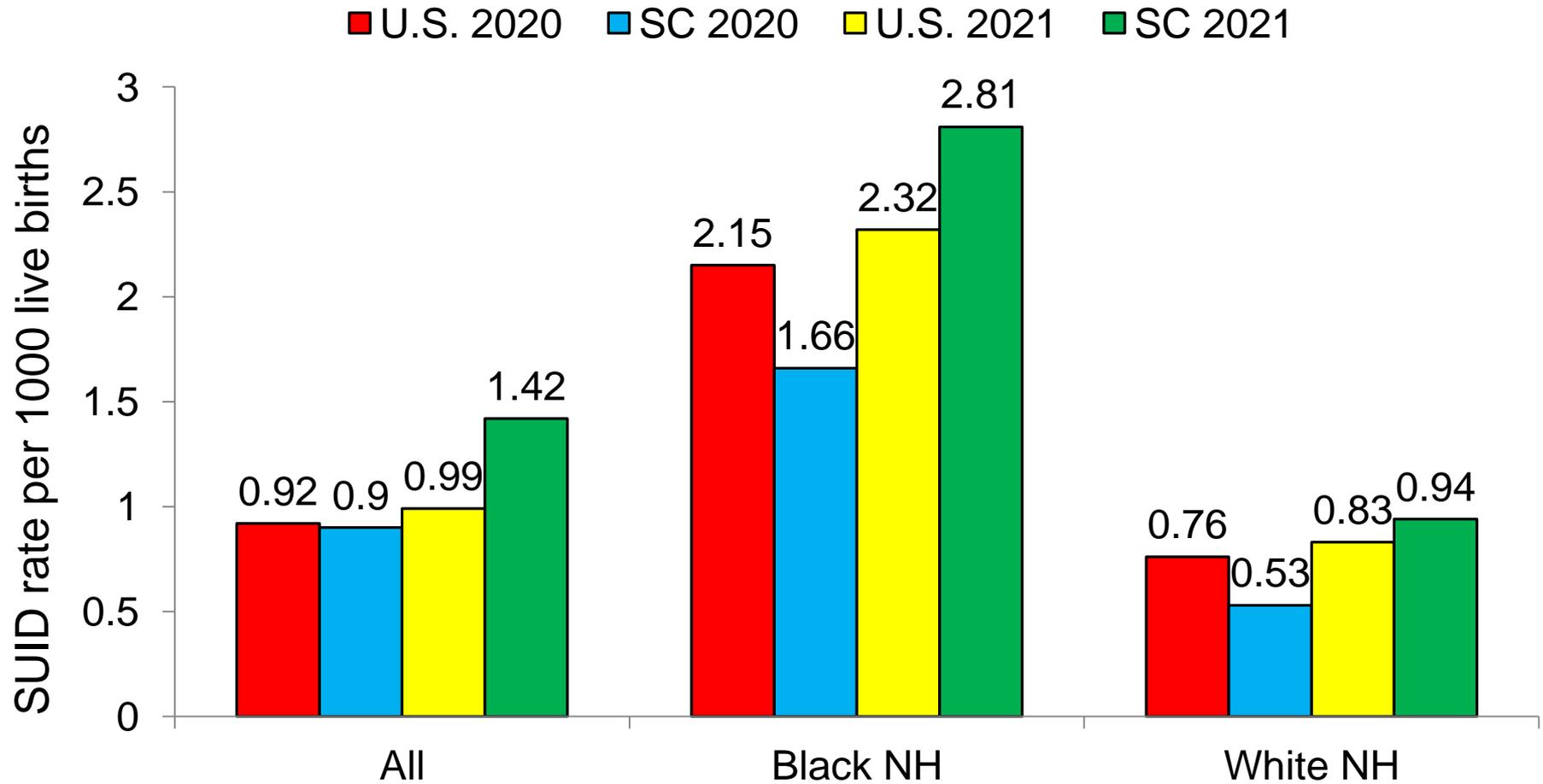
“All physicians, nurses, and other clinicians, especially those who care for pregnant or lactating people and infants, should receive education on safe infant sleep and provide education beginning in the prenatal period.” (AAP, 2022)

- Antecedent Risks (i.e., smoking)
- Many decisions about infant care made in pregnancy
  - Breastfeeding; baby equipment
- Every trusted source matters
- Repetition increases compliance
- Challenges in retaining information given in postpartum (Logan DM et al. J Clin & Exp Neuropsych. 2014)



“**Obstetric providers** have a unique relationship with pediatric colleagues regarding the care of the mother and her newborn. Simple recommendations to patients during that transition period may save precious newborn lives.” Tracy EE, Haas S, Luria MR Obstetrics & Gynecology, 2012

# Sudden Unexpected Infant Death Rate: US and South Carolina\*



\*CDC Wonder, 2020, 2021

# A Concern about COVID Emerges as a Reality: SUID Rates Rose for non-Hispanic Black Infants

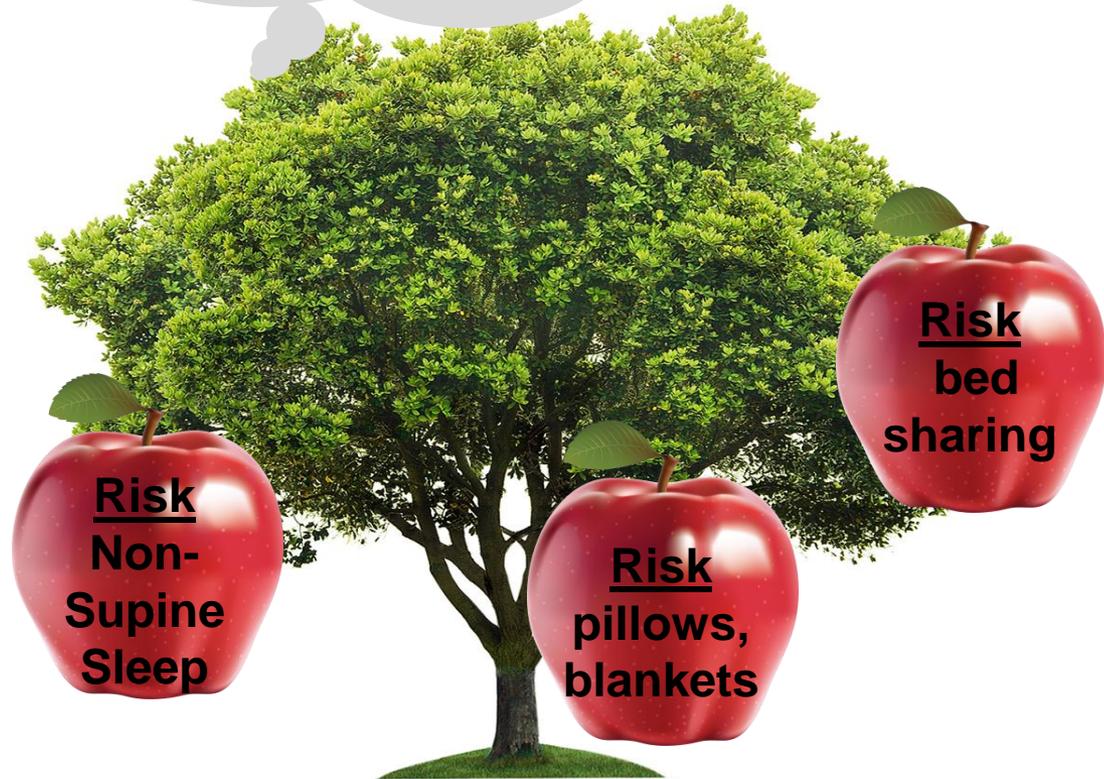
- U.S. SUID rates increased significantly for non-Hispanic Black infants from 2019 to 2020, widening the disparities....
  - Shapiro-Mendoza CK et al. Pediatrics. 2023
- The rise in U.S. SUID rates for non-Hispanic Black infants was specific to those with births covered by Medicaid
  - Ostfeld BM (Seattle Children's Int'l. Conference, 2022
- These latest data about the SUID rates during the first year of the COVID-19 pandemic reflect adverse social and health determinants.
  - Carlin RF, Hauck FR, Moon RY. Pediatrics. 2023
- With fewer antenatal visits, early discharge and fewer services, clinicians noted challenges in providing the necessary education
  - Menon M et al. Nurs Womens Health. 2023

# A continuum of risk factors from pre-conception to infancy

Antecedent Risks

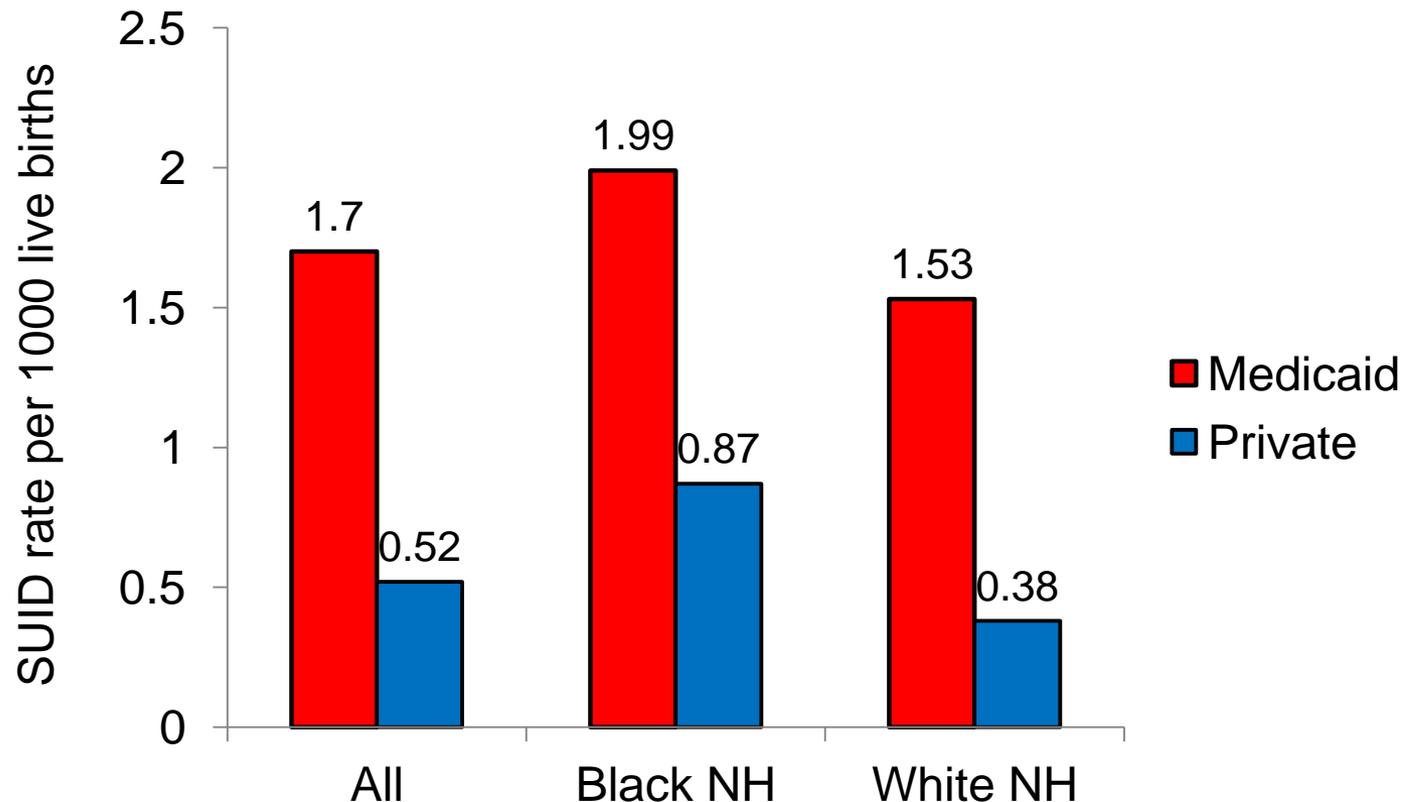
Preterm birth  
Smoke exposure  
Social determinants: poverty, discrimination  
Maternal Health

Unsafe Sleep



Translating knowledge into action

## Adverse Social and Health Determinants

**SUID by Insurance Coverage\* at Birth: South Carolina\*\***

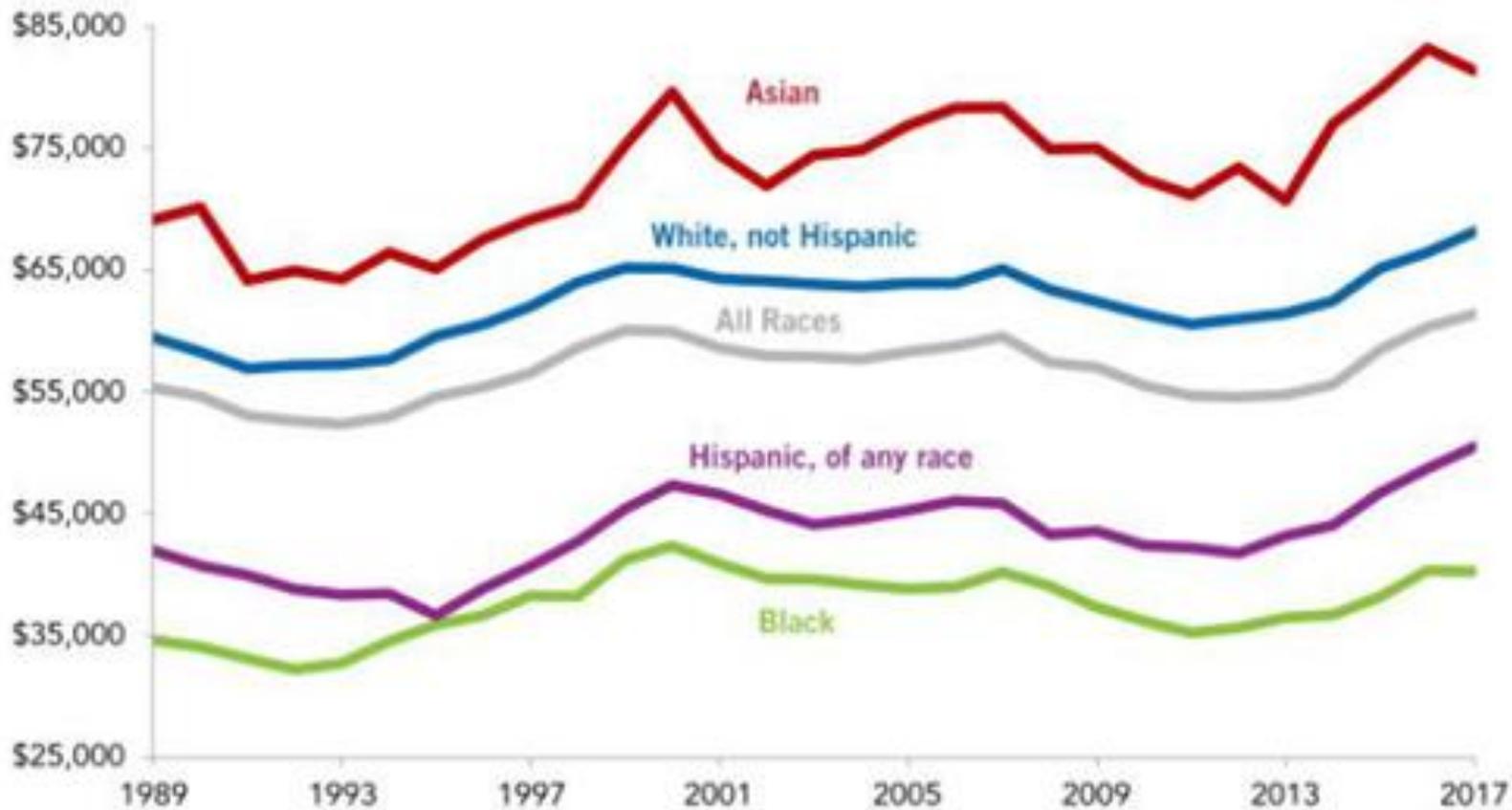
\*Insurance source as a proxy for income: Medicaid vs. Private

\*\*CDC Wonder, 2017-2020



## Income varies widely across racial and ethnic groups in the United States

**MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY OF HOUSEHOLD HEAD (2017 DOLLARS)**



SOURCE: United States Census Bureau, Current Population Survey: Annual Social and Economic Supplement, September 2018. Compiled by PGPF.

© 2018 Peter G. Peterson Foundation

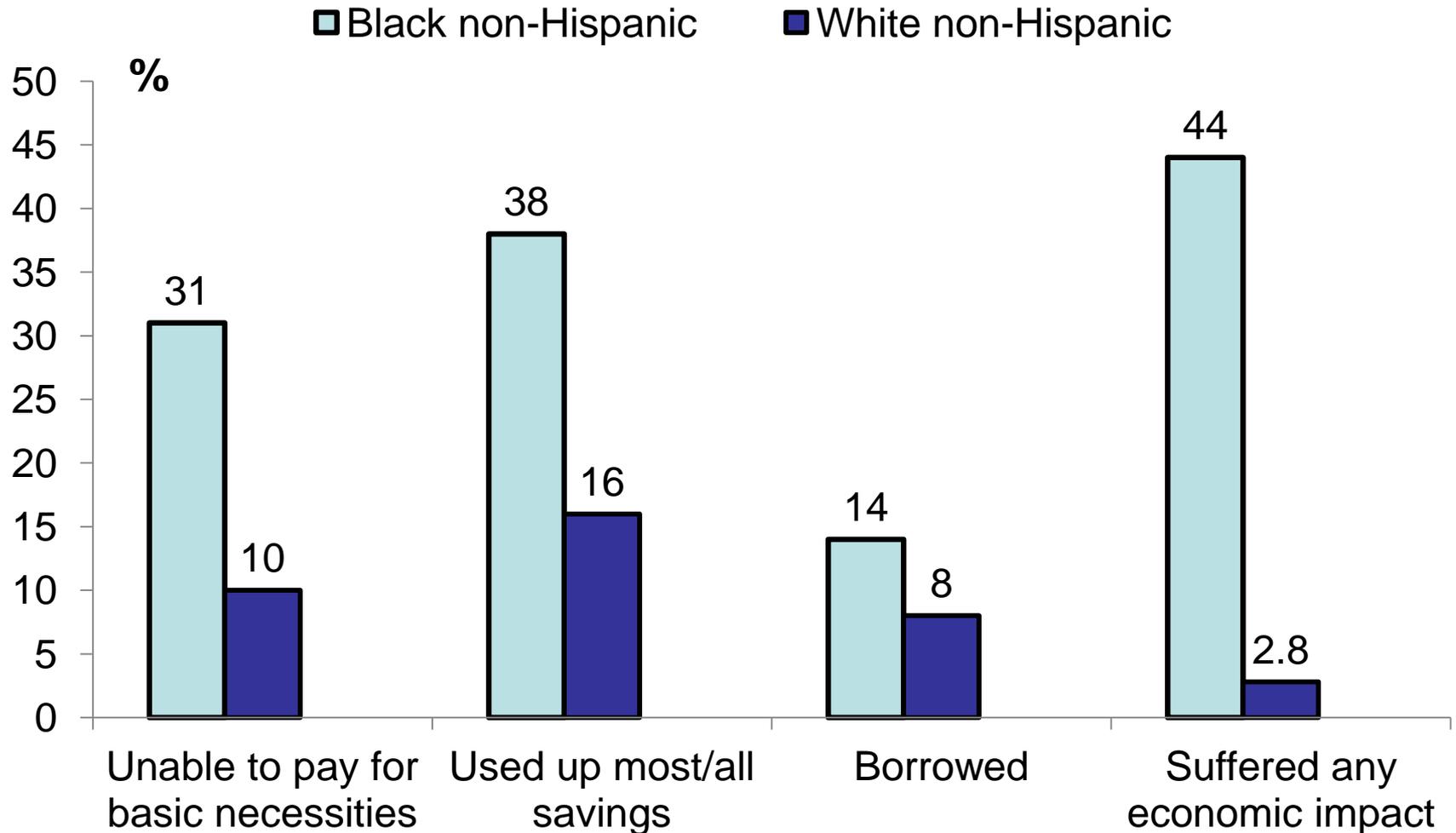
PGPF.ORG

# How Poverty Affects Outcome: Resources Matter

- **Less access to prenatal care**
- Food injustice
- Poorer pre-conception health
- Smoking
- Substandard housing
- Exposure to environmental contaminants such as lead is associated with increase in SGA
- Fatigue
- **Higher crime neighborhoods**
- Stress
- Inadequate equipment



# Racial Disparity in Economic Hardships in the Pandemic



Yaphet Getachew et al., Beyond the Case Count: The Wide-Ranging Disparities of COVID 19 in the US

Commonwealth Fund, Sept. 2020). <https://doi.org/10.26099/gjcn-1z31>

# Relief from Poverty is Not Enough!

## Resources Reduce but Don't Eliminate Disparity

Adverse Birth Outcome	White		Black	
	Poverty	Above Poverty	Poverty	Above Poverty
LBW (%)	<b>6.5</b>	3.6	12.1	<b>8.8</b>
SGA (%)	10.6	7.4	16.7	15.6
Preterm (%)	3.5	3.4	12.2	7.4

LBW: low birth weight; SGA: small for gestational age

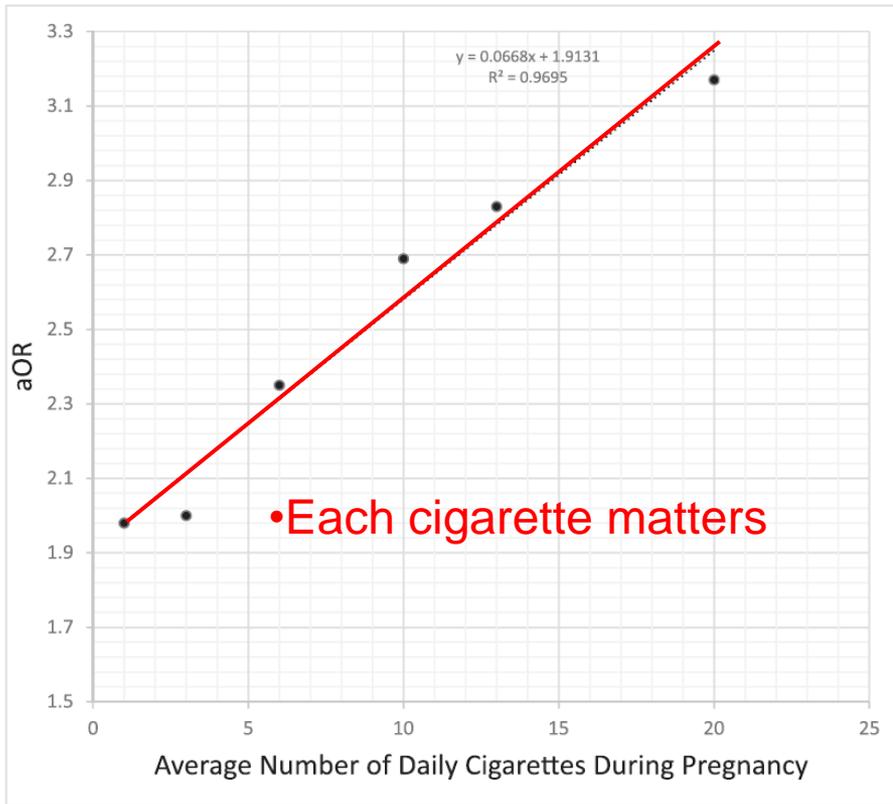
Parker JD, Schoendorf KC, Kiely JL. *Ann. Epidemiol.* 1994

**Infant and maternal health in Black families at the top of the income distribution is markedly worse than that of white families at the bottom of the income distribution.**

Kennedy-Moulton et al. 2022

# Smoking in Pregnancy Elevates the Risk for SUID

Resource: Mom's Quit Connection ([Momsquit.com](https://www.momsquit.com))



**FIGURE 1**  
aORs of SUID given the average number of cigarettes (between 1 and 20) smoked daily by the mother per trimester.

Anderson TM et al. Pediatrics, 2019



## National Study

- Among those entering pregnancy as smokers, most smoked throughout pregnancy, resulting in the highest risk  
*Ostfeld B, et al. J Perinatol., 2023*

In SC, the rate of SUID increased over four-fold with tobacco use in pregnancy  
*(2017-2020 CDC WONDER)*

There should be no tobacco delivery by any means.  
**AAP Guidelines 2022**

The risk for SIDS was 12-fold when mothers used **alcohol and smoked** beyond the first trimester.  
*Elliott AJ et al. E Clinical Medicine, 2020*

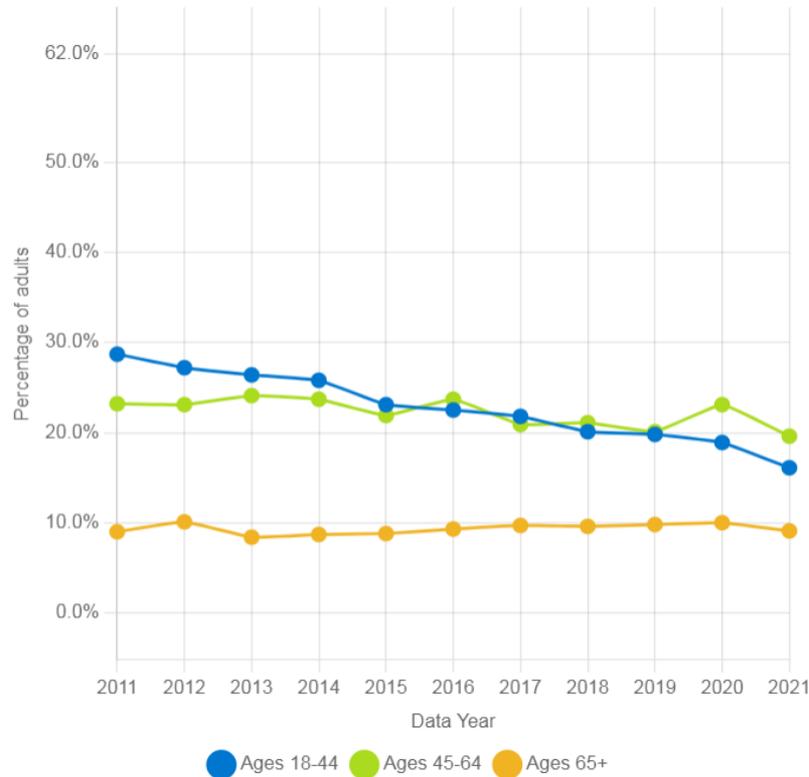
## 2017-2020: Smoking in Pregnancy

6.2% of US mothers

7.6% of SC mothers

## COVID and Smoking

- The North American Quit line Consortium reported that **calls to quit lines declined 27%**
- In the first ten months of 2020, **cigarette sales were up by 1%**, in contrast to an annual decline of 4 to 5% since 2015, according to the U.S. Treasury Department.
- Following lockdown in California, smokers were more likely to smoke more.**  
(Gonzalez M et al. IJ Environmental Research and Public Health, 2021)

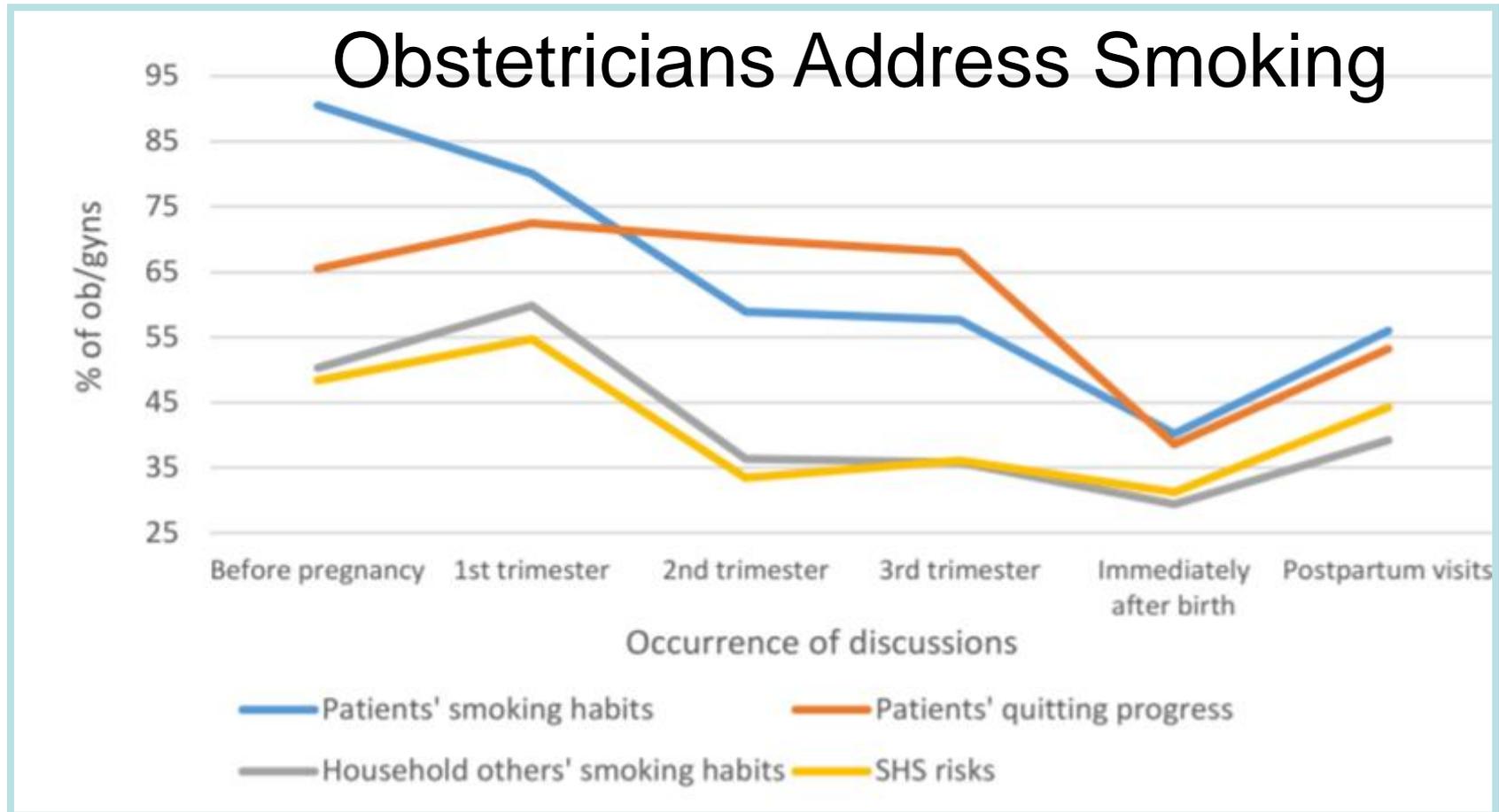


- Pandemic rise in smoking: 45-64 year-old households\*
- Rise in multigenerational households in the pandemic\*\*
- Risk reduction education must reach all generations

\*CDC Behavioral Risk Factor Surveillance System, 2021

\*\*Generations United/Harris Poll

# Prenatal Visits are Windows of Opportunity for SUID Risk Reduction Education



# AAP Updates: Avoid Smoking and Other Substances

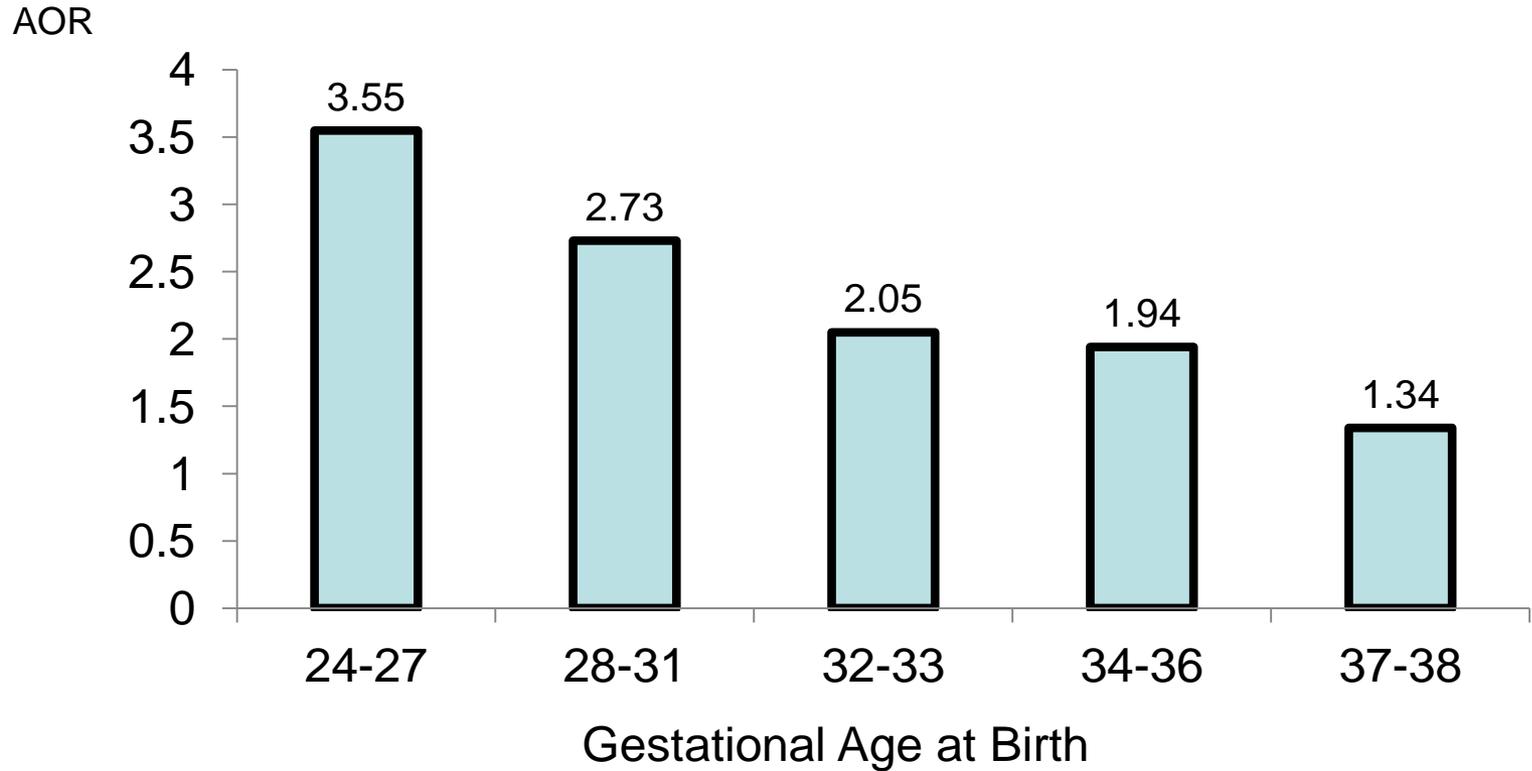
Revised 2022 Guidelines
Avoid <b>smoke and nicotine</b> exposure during pregnancy and after birth.
Avoid <b>alcohol, marijuana, opioids, and illicit drug</b> use during pregnancy and after birth.



- No one should smoke near pregnant people or infants.
- Although there is no evidence on the relationship of vaping or electronic cigarette use and SUID, **electronic cigarettes contain nicotine**, which has been implicated in sleep-related infant deaths.
- Encourage families to set strict rules for **smoke-free homes and cars** and to eliminate secondhand tobacco smoke from all places children and other nonsmokers spend time.
- The risk of SIDS is particularly high when the infant bed shares with an adult smoker, even when the adult does not smoke in bed**

# Preterm Birth\*

National Study: the shorter the pregnancy the higher the risk of SUID



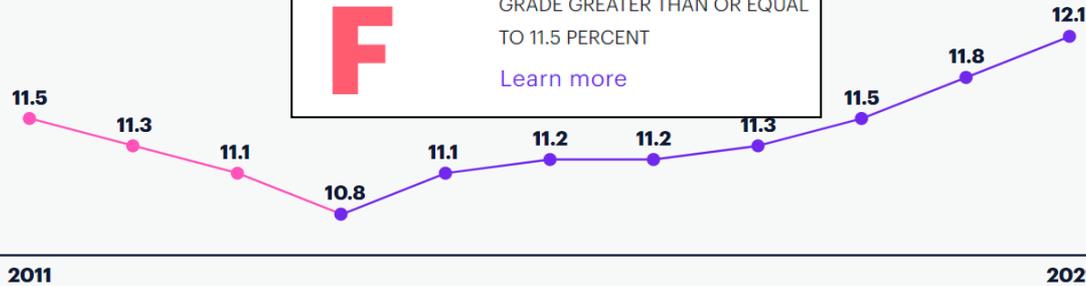
## Percentage of live births born preterm

### PRETERM BIRTH GRADE

**F**

GRADE GREATER THAN OR EQUAL  
TO 11.5 PERCENT

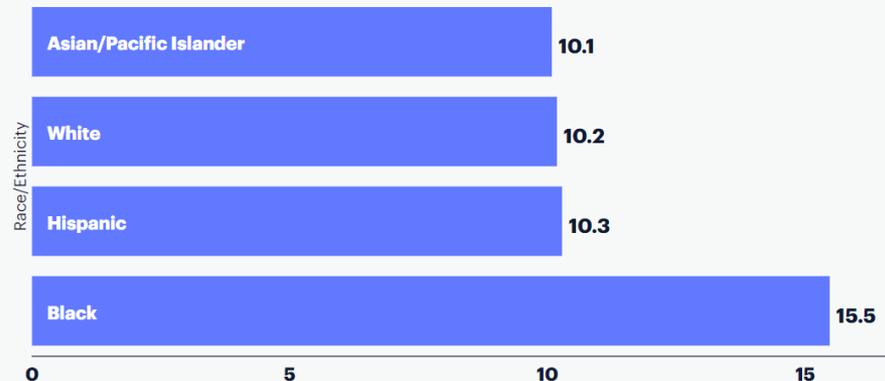
[Learn more](#)



Purple (darker) color shows a significant trend ( $p \leq .05$ )

## March of Dimes 2022 Perinatal Report Card for SC

### Percentage of live births in 2019-2021 (average) born preterm



In South Carolina, the preterm birth rate among Black women is 52% higher than the rate among all other women.

In the averaged period 2019-2021, 18% of SC births had inadequate prenatal care compared to 14.5% for the US. Inadequate care: beginning in 5<sup>th</sup> month or later or less than 50% of the appropriate number of visits for GA.

Reducing unsafe sleep practices  
through safe sleep education

Guidelines  
Education Tools

# WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?



The following image shows a safe sleep environment for baby.



**Room share:** Give babies their own sleep space in your room, separate from your bed.



Use a firm, flat, and level sleep surface, covered only by a fitted sheet\*.



Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.



Use a wearable blanket to keep baby warm without blankets in the sleep area.



Place babies on their backs to sleep, for naps and at night.



Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.



Keep baby's surroundings smoke/vape free.

Make sure baby's head and face stay uncovered during sleep.



\*The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit <https://www.cpsc.gov/SafeSleep> to learn more.

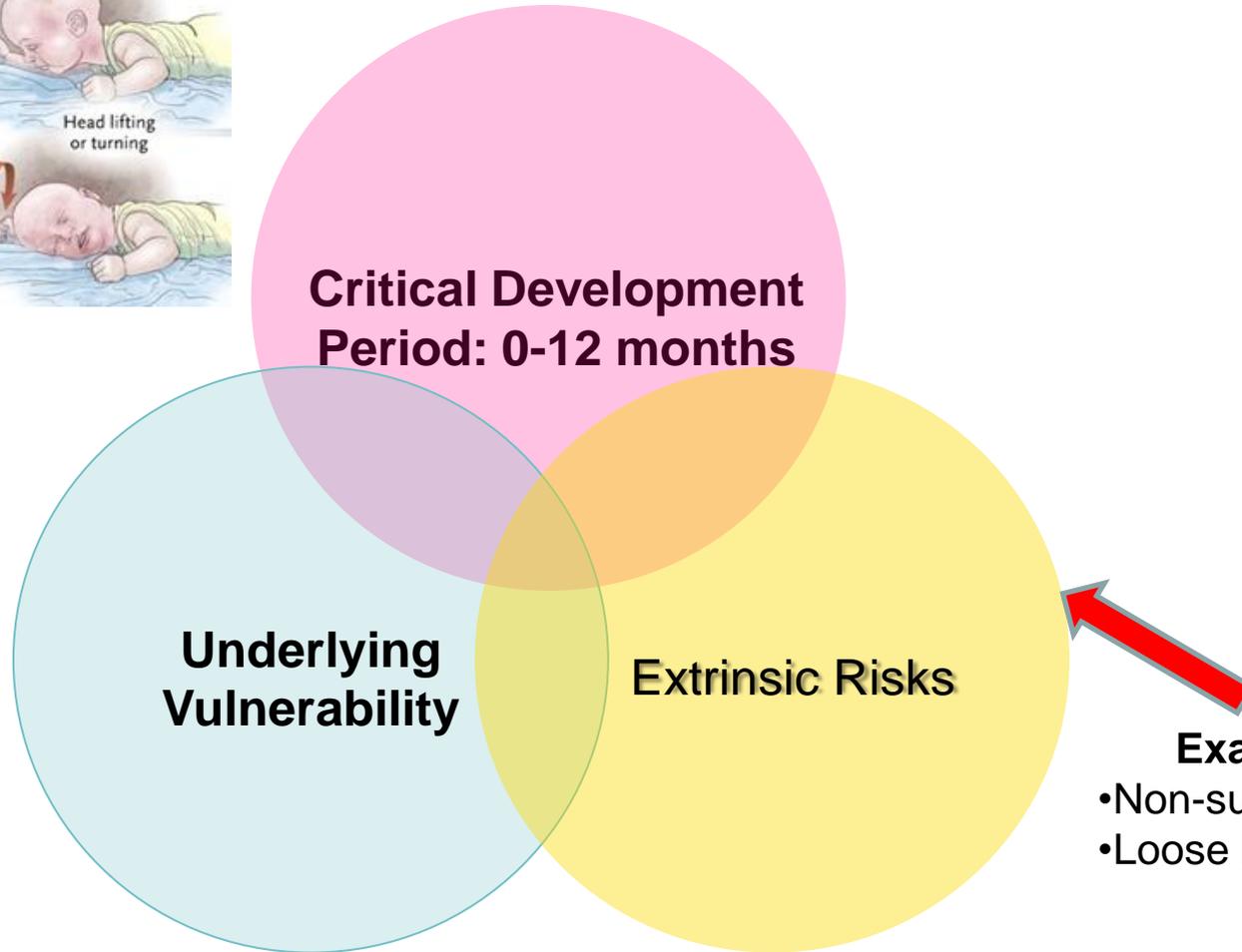
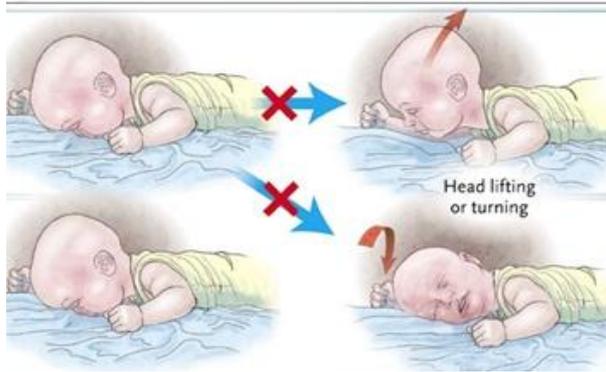


NIH  
 Eunice Kennedy Shriver National Institute of Child Health and Human Development



# Triple Risk Model for SIDS

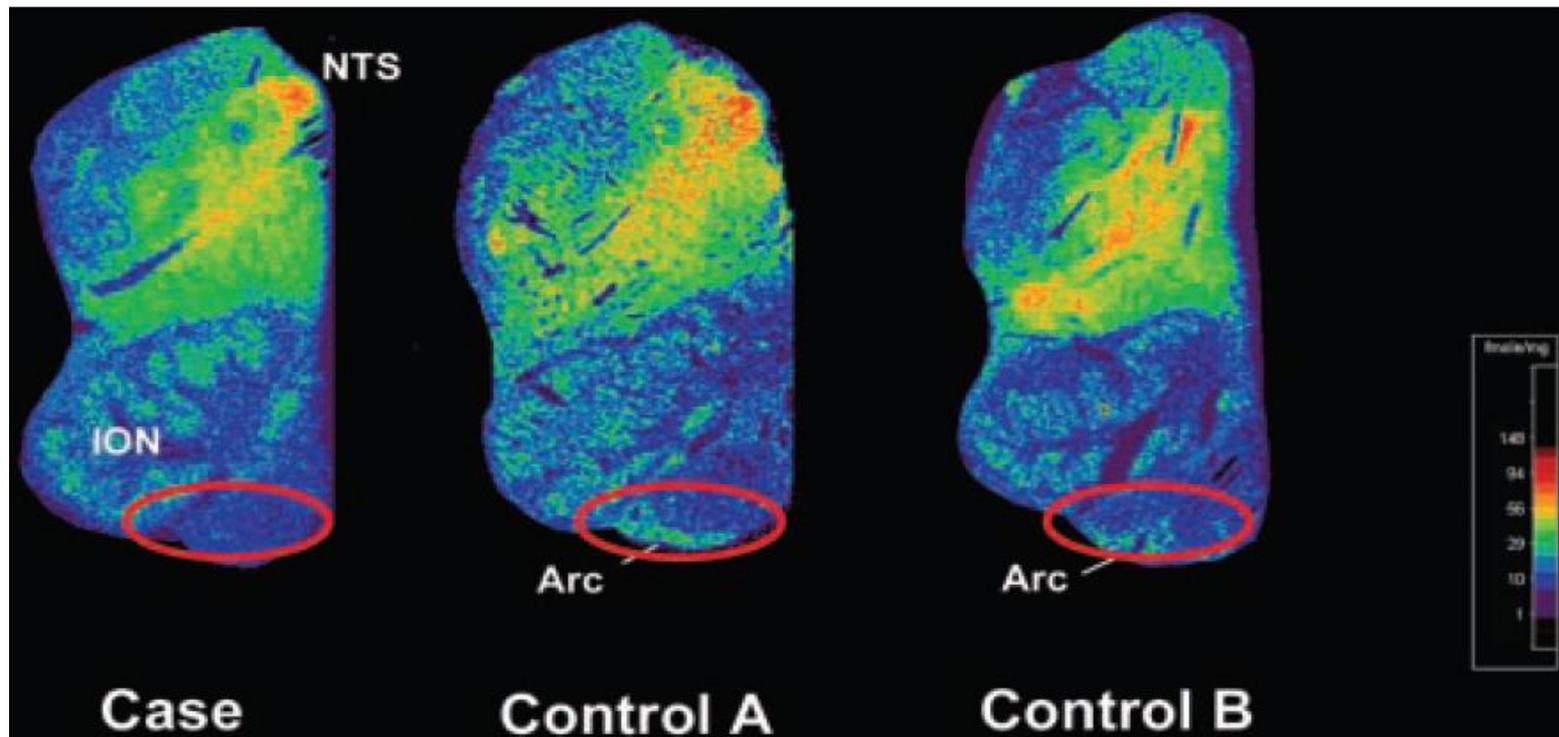
Filiano & Kinney, Biol. Neonate, 1994



**Removing environmental risks eliminates the conditions that exacerbate the vulnerability and also benefits those who do not have such a vulnerability**

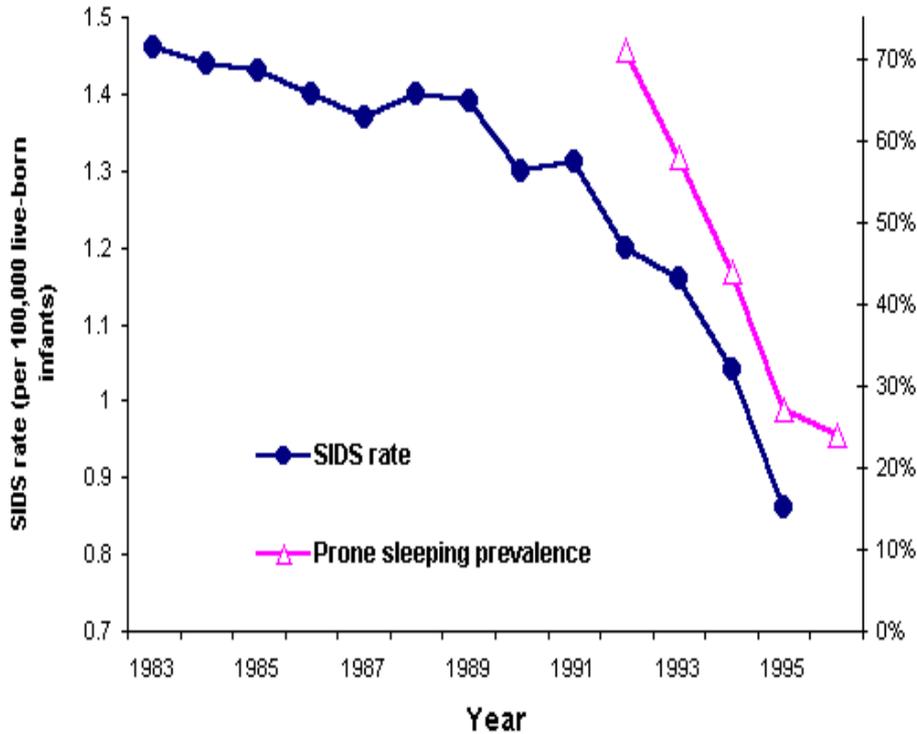
# Potential Brainstem Abnormalities

- Biological abnormalities are being identified in SIDS. These may include diminished serotonin levels in areas of the brainstem responsible for arousal to and recovery from hypoxic challenges
  - Duncan et al. JAMA 2010



Kinney et al. 2005

# Education: Back to sleep for every sleep



Carroll JL, Siska ES, Am Fam Physician, 1998

For all sleep times in the first 12 months, always start infants off on their backs. Once baby can roll over both ways, usually by 6 months, it is okay if they shift to other positions



Image SOURCE: Safe to Sleep® campaign, Eunice Kennedy Shriver National Institute of Child Health and Human Development



Back to Sleep termed one of the 7 leading research findings in Pediatrics in the past 40 years.

Goodstein M, Ostfeld B. Pediatrics, 2017

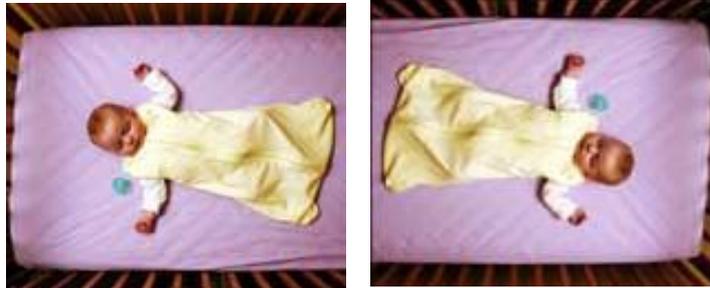
# Parental Concerns: Flat Spots on Head

- To reduce any risk of flat spots (plagiocephaly) related to positioning, parents are encouraged to place the infant in **tummy time, while awake and supervised**, for short periods of time soon after hospital discharge, **increasing incrementally to at least 15-30 minutes total daily time by age 7 weeks.**



*Image courtesy of the Safe to Sleep® campaign, For educational purposes only;  
Eunice Kennedy Shriver NICHD, <http://www.nichd.nih.gov/sids>;  
Safe to Sleep® is a registered trademark of the USDHHS*

- **Alternate direction**



- **Avoid extended time in car seats, bouncy chairs, strollers, etc.**

# AAP Commentary on Parental Concern about Aspiration



**“The supine sleep position on a flat, non-inclined surface does not increase the risk of choking and aspiration in infants and is recommended for every sleep, even for infants with gastroesophageal reflux (GER)”**

“The infant airway anatomy and protective mechanisms (eg, gag reflex) protect against aspiration” [<https://www.youtube.com/watch?v=zm0YQbAsDnk>]

The AAP concurs with the North American Society for Pediatric Gastroenterology and Nutrition  
“No position other than supine position is recommended for infants because of the risk of SIDS.”

**The recommendation is “*not* to use positional therapy (ie, head elevation, lateral and prone positioning) to treat symptoms of gastroesophageal reflux disease (GERD) in sleeping infants.”**

**For questions: consult with infant’s health care provider.**

# Sleep Surfaces Recommendations

**AAP 2022: Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment**



- **A crib, bassinet, portable crib, play yard that conforms to the safety standards of the Consumer Product Safety Commission is recommended**
- Only mattresses designed for the specific product should be used
- Mattresses should be firm and maintain shape even with a fitted sheet
- Pillows or cushions should not be a substitute for mattresses
- Pillows, quilts, comforters, or sheepskins, even if covered by a sheet, should not be placed with or under a sleeping infant.
- Infants should not be placed for sleep on beds because of the risk of entrapment and suffocation
- Infants should sleep in an area free of hazards like electrical cords
- **Sitting devices, such as car safety seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine sleep. (Shift when safe/practical)**
- Mattresses that are soft, adjustable, or have **memory foam** are dangerous.

# Sleep Surface Recommendations continued

- June 2021, the CPSC rule: at minimum, **any sleep products for infants 5 months and younger** (defined as any product with packaging, marketing, or instructions indicating that the product is for sleep or naps, or with any images of sleeping infants) **must meet the existing federal safety standards for cribs, bassinets and similar products.**
- This rule would have to be met by a range of products:** (i.e., inclined sleep products, hammocks, cardboard boxes, in-bed sleepers, baby nests and pods, compact bassinets without a stand or legs, travel bassinets, and baby tents.)
- Products that do not meet the federal safety standard are likely not safe for infant sleep, and the AAP does not recommend their use.
- The AAP states, there is inadequate published evidence to recommend for or against the use of these alternative sleep surfaces.
- Therefore, the AAP continues to recommend cribs, bassinets, portable cribs and play yards that meet current safety standards.**

# Note recalls of Inclined Sleepers and Rockers



Inclined Infant Sleeper Recall



For more information: [www.cpsc.gov/safesleep](http://www.cpsc.gov/safesleep)

# Rock 'n Glide Soothers and infant deaths



Recalled 4-in-1 Rock 'n glide Soother (Glider Mode)  
U.S. CONSUMER PRODUCT SAFETY COMMISSION

The recall involves 4-in-1 Rock 'n Glide Soothers with the model numbers CHP56, CHP55 and CBT81 and GDD2S, GDD39, GDD41, CGW85, CNX43, CVC43, HBD26 and HBD27 for the 2-in-1 Soothe 'n Play Gliders. HBT17 is sold in Canada only. Model numbers can be found on the underside of the base.

**A rare second recall was made due to availability of this type of product through secondary markets**

Fisher-Price is recalling two baby sleep products – 4-in-1 Rock 'n Glide Soothers and 2-in-1 Soothe 'n Play Gliders – following the deaths of four infants.

The fatalities linked to the Fisher-Price 4-in-1 Rock 'n Glide Soother involve a four-month old Missouri child, a two-month old in Nevada, a two-month old in Michigan and an 11-week-old in Colorado, the U.S. Consumer Product Safety Commission and toymaker Mattel, which owns Fisher-Price, said Thursday.

All four babies who died were said to have been placed on their backs unrestrained in the Fisher-Price products and later found on their stomachs, the CPSC reported. The deaths occurred between April 2019 and February 2020, according to the agency. There have been no known fatalities in the 2-in-1 Soothe 'n Play Gliders.



# Eliminate Loose and Soft Bedding Items

- No pillows, bumpers, stuffed toys, quilts, comforters, mattress toppers, fur-like materials, or loose bedding, such as blankets and non-fitted sheets in the infant's sleep area!.



# A Bare Crib is a Safer Crib!



Image SOURCE: SIDS Center of New Jersey

Reduce the risk of SIDS, suffocation, and other sleep-related infant deaths!



Image SOURCE: Safe to Sleep® campaign, Eunice Kennedy Shriver National Institute of Child Health and Human Development



Share your room with baby. When you sleep, it is safer to keep baby close to your bed, but on a separate surface designed for infants

Information is for the first 12 months of life.

Reminder:  
Avoid  
overheating  
No hats  
indoors



Reminder:  
no “weighted”  
material



More than 1/3 of pictures of sleeping infants found in magazines meant for women of child-bearing age show infants in inappropriate sleep positions, and 2/3 of pictures of infant sleep settings were not consistent with AAP recommendations. Joyner BL, Pediatrics, 2010

# AAP 2022 Recommendations on Sleep Location

- AAP 2022: In the **parents' room**, ideally for at least the first 6 months, **close to the parents' bed, but on a separate surface designed for infants.**

- Sleeping in the parents' room but on a separate surface decreases the risk of SIDS by as much as 50%** and removes the possibility of suffocation, strangulation, and entrapment that may occur when the infant is sleeping in the adult bed.

- Sleeping on couches or armchairs alone or with someone puts infants at extraordinarily high risk.**



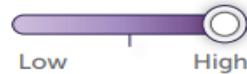
*Color Images courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.*

## AAP 2022 Recommendations on Sleep Location

**The AAP understands and respects that many parents choose to routinely bed share** for a variety of reasons, including facilitation of breastfeeding, cultural preferences, and belief that it is better and safer for their infant.

However, **“based on the evidence, we are unable to recommend bed sharing under any circumstances.”** Having the infant close by their bedside in a crib or bassinet will allow parents to feed, comfort, and respond to their infant’s needs.

**Sharing an adult bed, couch, or armchair with baby can be risky, especially in some situations:**



**VERY HIGH RISK**

- Sleep surface is soft, such as a waterbed, old adult mattress, couch, or armchair
- Adult is very tired, taking medication that makes them drowsy, using substances like alcohol, or whose ability to respond is affected in some way
- Adult smokes cigarettes or uses tobacco products (even if they do not smoke in the bed)



**HIGH RISK**

- Baby is younger than 4 months old (regardless of adult smoking or sleep surface)
- Adult is not the baby's parent, but is another caregiver, such as a grandparent or sibling



**HIGHER THAN AVERAGE RISK**

- Baby was born preterm (before 37 weeks) or born at a low birth weight
- Sleep area includes unsafe items, such as pillows or blankets

More than 10 times the baseline risk of parent-infant bed sharing

5-10 times the baseline risk of parent-infant bed sharing

2-5 times the baseline risk of parent-infant bed sharing

## Twins?



It is prudent to provide separate sleep surfaces and avoid co-bedding for twins and higher-order multiples in the hospital and at home

# Breastfeeding

- Breastfeeding is associated with reducing SUID when achieved for over two months.

- (Thompson J et al. Pediatrics, 2017)

- In a study of WIC recipients, the prevalence of breastfeeding at 3 and 6 months and fully breastfeeding at 1, 3, and 6 months was significantly lower for births during the pandemic.

- (Koleilat M et al. Breastfeeding Medicine, 2022)

- Nearly 1 in 5 hospitals surveyed in the pandemic reported that in-person lactation support had decreased.

- (Perrine CG et al. MMWR, 2020)

# Safe Sleep Environment and Breastfeeding



Breastfeeding (Human Milk) is associated with a reduction in SIDS



If you bring your baby into bed for feeding and comforting, remove all soft items, **pets**, and bedding from the area.



Place baby back in the nearby safe sleep space when done.

If you fall asleep, place baby back when you awaken. The risk of bed sharing is higher, the longer the duration.

*Safe sleep practices and breastfeeding are compatible*



# AAP 2022: Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS

- Because of the risk of strangulation, pacifiers **should not be hung around the infant's neck or attached in infant clothing.**
- The protective effect persists throughout the sleep period, even if the pacifier falls out of the infant's mouth.
- It should be offered, not forced.
- Objects such as stuffed toys, which might present a suffocation or choking risk, should not be attached to pacifiers.
- For breastfed infants, delay pacifier introduction until breastfeeding is firmly established. **This is defined as having sufficient milk supply; consistent, comfortable, and effective latch for milk transfer; and appropriate infant weight gain as defined by established normative growth curves. The time required to establish breastfeeding is variable.**



Image courtesy of First Candle,  
[www.firstcandle.org](http://www.firstcandle.org).



# AAP 2022: Avoid overheating infants

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- **No more than 1 layer more than an adult would wear** to be comfortable in that environment
- **Evaluate the infant for signs of overheating**
- It is advisable **not to place hats on infants when indoors** except in the first hours of life or in the NICU.

## AAP 2022:

# Do not use home cardio-respiratory monitors as a strategy to reduce the risk of SIDS

- Direct-to-consumer heart rate and pulse oximetry monitoring devices, including wearable monitors, are sold as consumer wellness devices.
- A consumer wellness device is defined by the FDA as one intended “for maintaining or encouraging a healthy lifestyle and is unrelated to the diagnosis, cure, mitigation, prevention, or treatment of a disease or condition.”
- Thus, these devices are not required to meet the same regulatory requirements as medical devices and, by the nature of their FDA designation, are not to be used to prevent sleep-related deaths.
- **Although use of these monitors may give parents peace of mind, and there is no contraindication to using these monitors**, data are lacking that would support their use to reduce the risk of these deaths. There is also concern that use of these monitors will lead to parent complacency and decreased adherence to safe sleep guidelines.
- **A family’s decision to use monitors at home should not be considered a substitute for following AAP safe sleep guidelines.**

# AAP 2022: Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.

- Be particularly wary of devices that claim to reduce the risk of SIDS or other sleep-related deaths.
- There is **no evidence** that any of these devices reduce the risk of these deaths.
- Such products do not diminish the importance of following recommended safe sleep practices.
- AAP, FDA, CPSC: **manufacturers should not claim that a product or device protects against sleep-related infant death unless there is scientific evidence.**



# AAP 2022: No evidence to recommend swaddling as a strategy to reduce the risk of SIDS

If one swaddles for other purposes, the AAP states:

- There is a high risk for death if a swaddled infant is placed in or rolls to the prone position. **Place swaddled infant on the back on firm flat surface.**
- Apply correctly.
- Avoid overheating

**• Weighted swaddle clothing or weighted objects within swaddles are not safe and therefore not recommended.**



- When an infant exhibits signs of attempting to roll (usually at 3 to 4 mos. **but may occur earlier**), swaddling is no longer appropriate because it could increase the risk of suffocation if the swaddled infant rolls prone.
- No evidence-based guidance on where to place the arms.

# Educating About Safe Sleep

- Messages must be **clear, consistent, repeated, respectful, lifespan**
- Information must be extended to influencers of parents...(i.e., **grandparents**)
- **Barriers** to compliance must be identified:
  - fear of aspiration
  - perceived lack of comfort in supine position
  - mistaken belief their infant is not at risk
  - misplaced confidence in parental vigilance...profound grief



- sleep-deprived parents may make decisions about position location and bedding on the basis of their desire for the infant to sleep longer. “Sleep safer, not longer”
- community norms

# How we educate to raise knowledge and compliance



## SIDS INFO

SCNJ's  
award-winning  
free safe sleep  
mobile phone app



English & Spanish text/voiceover  
Shareable resources  
Great for the whole family!



EMAIL: [SCNJ@RWJMS.RUTGERS.EDU](mailto:SCNJ@RWJMS.RUTGERS.EDU)

SIDS Info received a NJ Department of Health Public Health Innovation Award, is cited as a resource in the NICHD Safe to Sleep Campaign and is included as an Emerging Practice in the Innovation Station of the Association of Maternal & Child Health Programs.

- Presentations; community events, conferences
- Special projects
- Hospital Grand Rounds
- Live and on-demand webinars
- Print material in multiple languages
- Short videos, Free apps (i.e., SIDS Info; Baby be Well)
- Focus groups
- Baby “onesies” as available
- SIDS Center social media site with education offerings
- E-blasts, listservs,
- Website



From 2019 to 2021, the SCNJ gave **197 presentations to over 20,000** attendees. Additional viewings occurred via on-demand storage.

# Self-Assessment

Does your hospital or office or program...

1. ...have policies for educating parents about risk reduction?
2. ...have policies for education and updating the healthcare provider
3. ...document safe sleep education?
4. ...use consistent messaging and uniform materials for educating parents?
5. ...model safe sleep practices?

# The More the Advice is Given, the Greater the Compliance

## The SIDS Center of New Jersey provides education to:

- Hospitals
- Clinics
- AAP-NJ
- Social Service and Public Health
  - NJDOH
  - NJ DCP&P
- First Responders
- Faith-based Communities
- Child Care Providers
- Community Organizations
- Consortia
- OB
- Schools
- Doulas
- Home Visitors
- Etc.
- Nurses Lead the Way
- SIDS Info
- Baby Be Well
- School Curricula
- Nurture NJ
- Grand Rounds
- Focus Groups
- Collaborators:
  - AAP-NJ
  - Etc.

**YOU!**

**Everything comes with instructions...except babies!**



**Thank you for all you do to share your knowledge with families!**