



Sudden Unexpected Infant Death (SUID) Prevention Investments

June 14, 2022

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Vision: Healthy Communities, Healthy People



Objectives

- Describe current and new SUID programs within the MCHB's Division of Child, Adolescent, and Family Health
- Present Alaska Native and American Indian SUID data from the National Center for Fatality Review and Prevention's Case Reporting System





MCHB's Division of Child, Adolescent and Family Health

The Division strives to advance health promotion, strengthen approaches to injury prevention, and improve and expand emergency medical services and emergency preparedness for children, adolescents and their families.









Sudden Unexpected Infant Death (SUID)

- Sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation.
- Often occurs during sleep or in the baby's sleep area.
- ~ 3,400 babies die unexpectedly each year from either sudden infant death syndrome (SIDS), accidental strangulation or suffocation in bed, or unknown causes.*

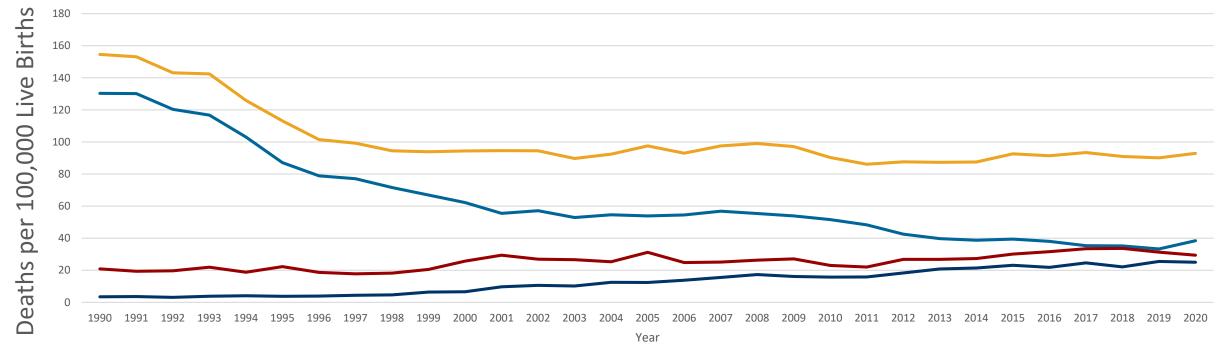


*Source: CDC: https://www.cdc.gov/sids/about/index.htm



SUID Trends

Trends in Sudden Unexpected Infant Death by Cause, 1990-2020



—Sudden infant death syndrome

- —Unknown cause
- —Accidental suffocation and strangulation in bed —Combined SUID rate





Related MCHB Title V Measures

Title V Measures

- Safe Sleep 36 states/ jurisdictions
- Breastfeeding -42 states states/ jurisdictions
- Outcome measures: Neonatal and Infant mortality

National Performance Measure 5 -Increasing safe sleep environments for infants by measuring:*

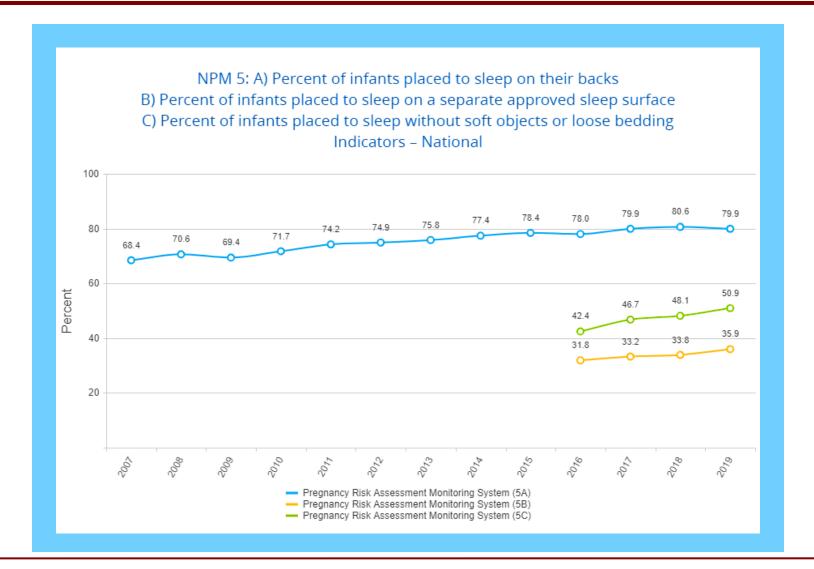
- Percent of infants placed to sleep on their backs
- Percent of infants placed to sleep on a separate approved sleep surface
- Percent of infants placed to sleep without soft objects or loose bedding





^{*} Source: Pregnancy Risk Assessment Monitoring System

National Performance Measure 5

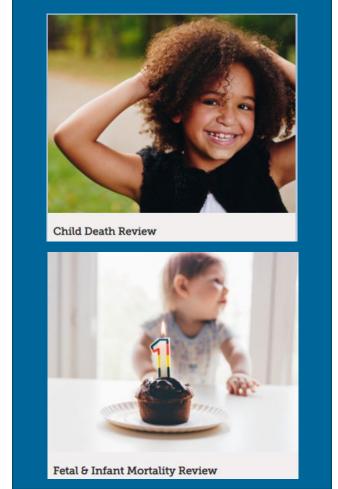






National Fetal, Infant, and Child Death Review Program

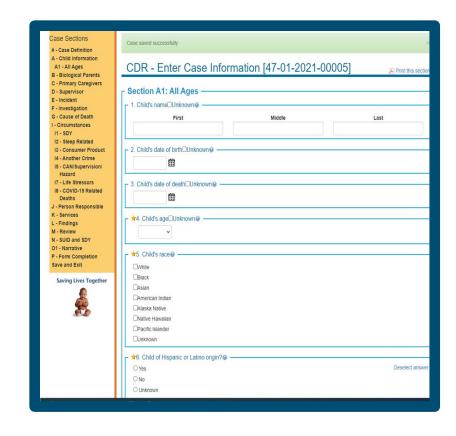
- Provides training and technical support to:
 - 1,350 Child Death Review (CDR) teams in 50 states, D.C., and tribal nations
 - 154 Fetal Infant Mortality Review (FIMR) teams in 27 states,
 D.C., and US territories
- Standardized data collection; integrated web-based case reporting system
- Assists teams to develop better prevention recommendations and to translate data to action
- National Center for Fatality Review and Prevention: <u>https://ncfrp.org/</u>





National Fatality Review-Case Reporting System (CRS)

- Teams use a standardized data form
- 47 states enter data into the free, web-based case reporting platform
- Teams can:
 - Enter case data and summarize findings
 - Review team recommendations
 - Create standardized reports
 - Access their Data Dashboard
- A subset of the data in the CRS is available for researchers







National Center SUID Activities

- State and local teams review deaths from multiple causes, including SUID
- CDC funds the National Center to provide data collection and technical assistance for the CDC SUID registry grantees.
- All states collect data on SUID deaths, even if not a CDC SUID registry site.
- Researcher dataset: 104,823 infant deaths (28,110 SUID).
- NEW Starting July 1: Additional SUID/SUDC expansion funds ~1 million



January 2021



Using Fetal and Infant Mortality Review and Child Death Review to Inform Title V Programs on NPM 5: Safe Sleep

National Center Guidance Report





Children's Safety Network

- Support the work of Title V and state injury programs to reduce fatal and serious injuries.
- Support improvements in the adoption of evidence-based policies, programs, and practices in priority topic areas.
- Provide training and technical assistance.





ChildrensSafetyNetwork.org





SUID Child Safety Innovation Learning Collaborative

- Implemented topic-specific learning collaboratives with states and jurisdictions; aim to advance evidence-based policies, programs and practices.
- Trainings, coaching, and technical assistance from content experts.
- 10 states have participated in SUID collaboratives.

Strategies

Provide infant safe sleep training to health care providers

Provide and track parent/caregiver education on infant safe sleep

Train first responders in infant safe sleep

Increase the number of home visitors distributing infant safe sleep educational materials

Implement statewide safe sleep campaigns

Spread smoking cessation programs and strategies for expecting and new mothers

Select Activities

241 hospitals/birthing facilities providing safe sleep training to health care providers

48 HV programs distributing safe sleep educational materials

52 organizations implementing/spreading evidence based safe sleep campaigns





2016 AAP Policy Statement and Technical Report on SIDS and Other Sleep-Related Infant Deaths

- Recommendations focused on infant caregiver and family practices and behaviors to create safe sleep environment:
 - Place infant to sleep on his/her back
 - In their own crib, bassinet, portable crib or play yard
 - Without blankets, soft items or crib bumpers
 - Share the same room, but sleep on a separate surface
- Also, encouraged to breastfeed and eliminate smoking
- Revised policy statement and technical report to be released June 2022





Variation in SUID Rates

Variations in state SUID rates have been attributed to:

- Poor pre-pregnancy health
- High rates of tobacco use
- Differential access to quality care
- Socioeconomic inequity
- Structural racism
- Lack of programs and policies that support new parents such as home visiting services and paid parental leave





Previous Funding

- 2014- Safe Infant Sleep Systems Integration Program
 - Established a coalition, National Action Partnership to Promote Safe Sleep
 - Integrated safe sleep promotion and breastfeeding promotion
 - Developed the Conversations Approach learning modules
- 2017 National Action Partnership to Promote Safe Sleep Improvement and Innovation Network
 - Continued the coalition and added a quality improvement component
 - Focused on health equity by ensuring messages and resources informed by and reflected needs communities at highest risk of SUID
 - Developed resources for educators and child care providers





Health Care Providers

- Nearly half all caregivers did not recall receiving a full set of recommendations on safe sleep practices by their pediatric provider
- Caregivers report receiving information on specific safe sleep practices, such as back sleeping
- But are less likely to report that they are likely to receive information about:
 - Placing infant to sleep in a crib, bassinet or play yard
 - Reducing clutter in their infant's sleep spaces
 - Room sharing without bed sharing
- Different approaches are needed to help providers more fully educate and counsel infant caregivers





NEW - SUID Prevention Program

- Launches July 1,2022: Awarded to AAP
- Goal: Reduce racial and ethnic disparities in SUID
- Support pediatric health care practitioners to:
 - Provide evidence-based counseling, guide system improvements, and support policy changes that address state- and community- specific SUID risks
- Use data, findings, and recommendations from FIMR and CDR reviews
- Implement Community Action Teams
- Support pediatric providers to offer more culturally responsive care





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Unexpected Death: Alaska Native and AmericanIndian Infants

Abby Collier, MS, Director

National Center for Fatality Review and Prevention presentation



