

IN THIS ISSUE:
**The Importance
of Infant Safe Sleep**



Bed sharing is a risk factor for SIDS—Sudden Infant Death Syndrome. SIDS is the third leading cause of death for infants in the United States.

In partnership with the Delaware Healthy Mother and Infant Consortium, Delaware has launched the Long Live Dreams safe sleep campaign to promote safe sleep practices focused on four key messages:

Figure 1. Four Key Safe Sleep Messages



Why is infant safe sleep important? Sleep placement, or the baby's location, is important because of its association with SIDS – Sudden Infant Death Syndrome. SIDS is the sudden and unexplained death of an infant. Placement is also important due to suffocation in adult bedding or being rolled on by an adult.

Create a safe sleep environment by following four key messages (see Figure 1):

1. Make sure your baby always sleeps alone in a safe crib
2. Babies should always sleep on their backs
3. Empty uncluttered crib.
4. Babies should always sleep in a smoke free environment

Babies need separate space to sleep safely. Keep your baby close by placing his or her crib next to your bed or in a nearby room – *but not in bed with you*. Giving your baby separate space decreases the risk of SIDS by as much as 50%.

Infants should be placed on their back for every sleep. Side sleeping is not safe and not recommended.

All your baby needs to sleep is a firm sleep surface (a crib or bassinet that meets the Consumer Product Safety Commission standards) covered by a fitted sheet. Don't put pillows, quilts, comforters, blankets, stuffed animals or other items in the crib. Bumper pads have not shown to decrease the risk of SIDS and are not recommended. It is important to avoid all smoke exposure while pregnant and after your baby is born. Talk to your family about creating a smoke-free environment – in your home or car

and the homes or cars of family members and friends.

In the United States, SIDS is the leading cause of death among infants one month to one year old. It is most common among infants one to four months old. The increased risk of infant death can come from a combination of factors. There is no definitive cause, but there are several risk factors including smoking, drinking, and drug use during pregnancy; poor prenatal care; low birth weight or prematurity; overheating from sleep wear and bedding; and the infant sleeping on his or her stomach.

From 2006 - 2010, the Delaware Health Statistics Center reported that SIDS accounted for 10.4% of infant deaths in the state. In terms of race, SIDS accounted for 12.5% of black infant deaths and 8.8% of white infant deaths.

The Child Death Near Death and Stillbirth Commission (CDNDSC) reviews information from individual cases of infant death in order to identify the factors associated with those deaths, develop recommendations for change and implementation.

During the state fiscal and calendar year 2012, CDNDSC reviewed 24 deaths due to unsafe sleeping. Seventeen of those deaths were associated with the infant sleeping with another person. In 19 of the 24 cases, the infant was not sleeping in a crib or bassinette.

You can learn more about safe sleep practices for your baby by visiting the SafeSleepDE.com website.



The Cribs for Kids® Campaign

The Delaware Cribs for Kids campaign® began in 2009 as a way to educate parents, caregivers, and health care providers about ways to reduce deaths from unsafe sleeping practices.

The Cribs for Kids® program provides cribs for infants under the age of six months if their families can't afford one. Among the 506 cribs that were delivered state-wide in state fiscal year 2012 and calendar year 2012 through the Delaware Cribs for Kids® program, only one infant of a parent or caretaker that received a crib and the mandatory infant safe sleep education died due to unsafe sleeping (e.g. sleeping outside of the crib). From the inception of the program in the fall of 2009 through December 31, 2012, a total of 780 cribs have been distributed.

This campaign has been successful in promoting infant safe sleep practices and hazard reduction strategies to parents, family members, child care providers, health professionals, and all other caregivers of infants.

References:

<http://www.nichd.nih.gov/sts/Pages/default.aspx>

Accessed 2/17/2014

Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009. Delaware Department of Health and Social Services, Division of Public Health: 2011.

Pediatrics Vol. 128 No. 5, November 1, 2011
pp. 1030 -1039

<http://www.cdc.gov/SIDS/>

Accessed 2/17/2014

Child Death, Near Death and Stillbirth Commission Annual Report for Fiscal and Calendar Year 2012.

So who shares a bed with their baby?

The percentage of babies who are put to sleep on their own, not in the same bed as another person.

Figure 2. Percentage of Infants Sleeping on Their Own by Race/Ethnicity. Delaware PRAMS 2009.

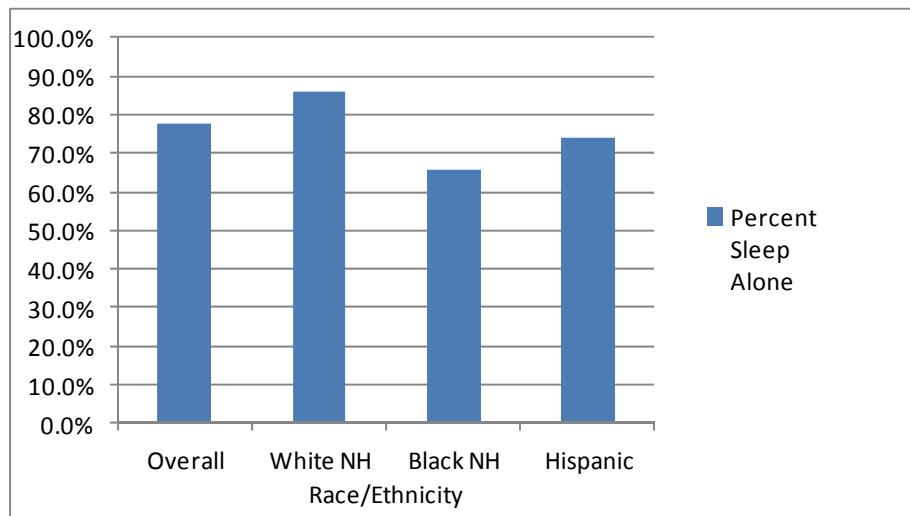
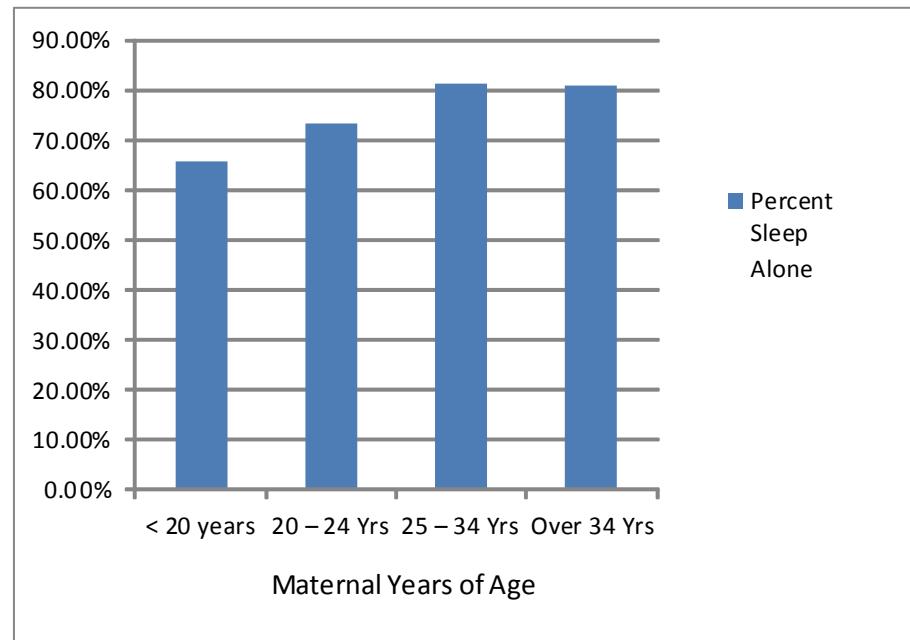


Figure 3. Percentage of Infants Sleeping on Their Own by Mother's Age. Delaware PRAMS 2009.



PRAMS survey question was "How often does your new baby sleep in the same bed with you or anyone else?" The choices were never, rarely, sometimes, often, always. The data above reflects the combination of "sometimes", "rarely" and "never," adjusted to indicate a different bed. The PRAMS data reflects live births of Delaware mothers during 2009.