

**A Toolkit for Reducing Infant Mortality:
Standards, Regulatory and
Legislative Strategies**

**Webcast
Tuesday, October 31, 2006
2:00-3:30pm Eastern**

Moderator :

**Johannie G. Escarne, MPH, LT,
US Public Health Service
Public Health Analyst**

**A "Toolkit" for Reducing Infant
Mortality: Standards, Regulatory
and Legislative Strategies**

**Paul Rusinko
Director, SIDS/ID Program
Maternal and Child Health Bureau
Department of Health and Human Services**

**Lori Cooper
Executive Director
National SIDS & Infant Death Project IMPACT**

Overview

- Professional standards and training
- Language needs in health care
- Death scene investigation
- Child care licensing
- Secondhand smoke
- Public awareness

**Professional Standards
and Training**

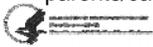
Sudden Infant Death Syndrome
(SIDS) Risk Reduction

A Continuing Education Curriculum for
Nurses

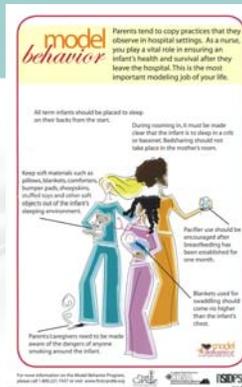


Learning Objectives

- Define SIDS
- List the critical SIDS risk-reduction messages for parents/caregivers
- List four barriers to back sleeping
- Describe your key role as educator to parents/caregivers about SIDS
- Describe ways to effectively communicate SIDS risk-reduction messages to parents/caregivers



“Parents tend to copy practices that they observe in hospital settings.”



Nurses as Role Models

- Nurses can model SIDS risk-reduction techniques to ensure that families know how to reduce SIDS risk
 - Nurses who placed infants to sleep on their backs during the postpartum hospital stay changed parents' behaviors significantly
- The most critical period during which nurses can influence parents' behavior is during the 24 to 48 hours following delivery



Knowledge vs. Practice

- 1999 American Academy of Pediatrics study
 - 97% of nurses reported awareness of back sleeping recommendation
 - 67% followed the recommendation
 - The majority cited "experience" or "the potential adverse consequences of the back position" as their reason for disregarding the recommendation
- 2004 survey
 - 96% of nurses reported awareness of back sleeping recommendation
 - 75% reported using either side position or a mixture of side and back positioning
 - Most nurses thought side sleeping was still acceptable
- Nursery staff do not uniformly recommend back sleeping position



Spreading the Message

- Studies indicate that nursery staff do not uniformly recommend the back sleeping position to parents.
- Training nursery staff to emphasize back sleeping education with parents does change parent behavior.



Cultural Challenges

- Infant care often has its roots in tradition and experience
- More than 15% of African-American infants are placed to sleep on their stomachs
 - Back sleeping may be most important message
- Infants in American Indian/Alaska Native families are more likely to be overdressed for sleep
 - Avoiding overheating may be most important message



Common Arguments Against Back Sleeping

- Fear of aspiration or choking
- Comfort of the infant
- Concern about a flattened skull
- Advice from others



Partner with professionals by giving them the opportunity to be trained, and to train their colleagues and patients



What Can Nurses Do?

- Encouraging Parents to Take Action
- Conditions for “learning through observation”:
 - **Attention.** Parents must be paying attention.
 - **Retention.** Imagery and language are important. Consistently model the behavior of placing infants to sleep on their backs.
 - **Reproduction.** Patients must model the behavior nurses demonstrate. Provide opportunities for parents to practice placing the baby to sleep on his or her back. Help parents learn to communicate to others why back sleeping is safest (e.g., role play).
 - **Motivation.** Provide convincing arguments. Demonstrate how easy it is to do. Reinforce that parents are doing what is best. Provide ongoing encouragement and praise.



What Can Nurses Do?

- Ask about how and where the baby will be sleeping.
- Provide SIDS risk reduction educational materials
- Guide parents in modifying the crib and home environment

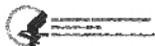


In Your Manual...

- Consult your SIDS manual for additional information on:
 - Current research findings and theories about SIDS
 - Factors thought to increase the risk of SIDS, and those thought to protect against it
 - Challenges to SIDS risk reduction
 - Effective SIDS risk-reduction communication



Resource Tools



User Feedback

"Today I received your "Model Behavior" materials to share with my staff.... The materials you sent were both timely and very much appreciated. I would LOVE to hang one (or two) of the posters in each of my departments."

St. Bernadine Medical Center
Wendy L. Castanon, RNC, MSN, CNS
San Bernardino, CA

"I think the Model Behavior poster is a fantastic tool and it will be displayed prominently in our nursery. I think a poster similar to the one for care providers would be a wonderful tool to be placed in each new mother's hospital room."

Carol H. Emerson, RNC, BSN
Danville Regional Medical Center
Danville, Virginia



Partnership Opportunities Around Birth

- Childbirth Educators
- Lactation Consultants
- Trainers for Babysitting Courses
- WIC



Tool Card for Use in Grand Rounds or Training and Education Courses



Amplify the message with evidenced-based partnerships

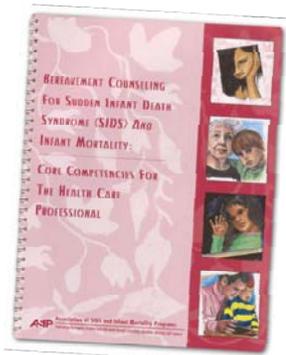


Resources

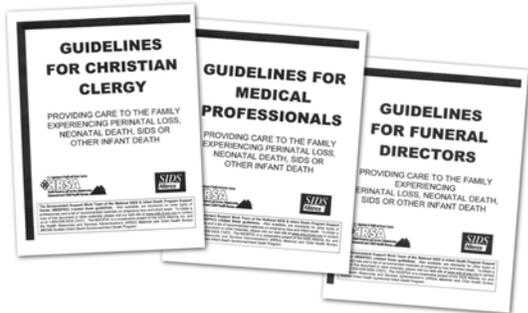
- National Institute of Child Health and Human Development, *Back to Sleep* Campaign
1-800-505-CRIB (2742)
www.nichd.nih.gov/SIDS
- First Candle/SIDS Alliance
National SIDS and Infant Death Program
Support Center
1-800-221-7437
www.sidsalliance.org



Professional Standards



Professional Guidelines



Language Needs
in Health Care

Reducing Infant Mortality: Regulatory
and Legislative Strategies

Addressing Language Needs
A Brief Overview

Jane Perkins
National Health Law Program
www.healthlaw.org
perkins@healthlaw.org

Need for Language Services in Health Care Settings

- Increasing LEP population
- Untrained interpreters associated omissions, substitutions, additions, volunteered opinions, semantic errors
- Language barriers create access barriers
- Insures informed consent and patient compliance

Federal Laws

- 42 USC § 2000d -- Title VI of the Civil Rights Act
- 45 CFR § 80 – Title VI regulations
- Executive Order 13166 (66 Fed. Reg. 50121, Aug. 16, 2000)
- Department of Health and Human Services Guidelines (68 Fed. Reg. 47311, Aug. 8, 2003)
 - Instructions for assessing the need and preparing a plan to address them

State Laws

- Cal. Health & Safety Code § 124190 -- Substance abuse prevention and counseling programs with the Division of Maternal, Child and Adolescent Health must be culturally and linguistically appropriate

State laws

- Mass. Regs. Code tit. 105, § 130.615(C) & (E) -- Maternal-newborn services must make available health education materials and activities in languages spoken by any non-English-speaking groups comprising at least 10% of the population served and have services available to ensure that families who speak these languages receive ongoing information about the condition of mother and infant
- Mass. Regs. Code tit. 105, § 130.615(F) -- Maternal-newborn services shall make available to mothers and infants nutritional consultation, including access to bicultural and bilingual personnel.

Resources to Improve Access in Health Care Settings

- www.lep.gov
- www.healthlaw.org

Death Scene Investigation




Strategies to Improve Infant Death Scene Investigations

A Toolkit for Reducing Infant Mortality:
Standards, Regulatory and Legislative Strategies

Terry W Davis, EDD, EDS,
MA

HHS Webcast
Rockville, Maryland
October 31, 2006

SAFER HEALTHIER PEOPLE

Strategies

- National Training Academies
 - Epidemiology of SUID
 - Infant Growth and Development
 - Scene Recreation with Doll Reenactment
 - SUIDI Reporting Form
- State Strategies for Implementation
- State level legislative Efforts



Contact Information

Terry W. Davis, EdD
National Training Coordinator
ORISE Fellow
Maternal and Infant Health Branch,
U.S. Centers for Disease Control and
Prevention
(770) 488-6259



Child Care Licensing



Trends and Resources on State Child Care Licensing Regarding SIDS Risk Reduction

Barbara Hamilton
Assistant Director



Trends

- 2003 - 28 states had language in their licensing regulations on **at least one** of the following measures:
 - Placing infants on their back to sleep
 - No soft bedding/materials allowed in the crib
 - Training on SIDS risk reduction methods
 - Physician authorization for different position
 - Parent authorization
- 2004 – 29 states
- 2005 – 38 states

Resources

- **Caring for Our Children Standards on Reducing the Risk of SIDS**

<http://nrc.uchsc.edu/SPINOFF/SIDS/SIDS.pdf>



NRC State Licensing Site

<http://nrc.uchsc.edu/STATES/states.htm>



References

- **SIDS Risk Reduction Language in State Licensing Rules - A Comparison from the NRC State Licensing Database - 2005**
http://nrc.uchsc.edu/RESOURCES/SIDS_in%20state_licensing_table1%20Sept%2005%20-%20%20b.pdf
- Moon, RY, Kotch, L. and Aird, L. (2006) State Child Care Regulations Regarding Infant Sleep Environment Since the Healthy Child Care America- Back to Sleep Campaign. *Pediatrics* 118:73-83.
- Healthy Child Care America Back to Sleep (AAP) Website
www.healthychildcare.org/section_SIDS.cfm



For more information, contact:

**Barbara Hamilton
National Resource Center
for Health and Safety
in Child Care and Early Education**

Barbara.hamilton@uchsc.edu

1-800-598-5437

<http://nrc.uchsc.edu>

Findings from the ...

2005 Child Care Licensing Study

Presented by

Sheri L. Azer
National Child Care Information Center (NCCIC)



October 31, 2006



Presentation Data

- The *2005 Child Care Licensing Study* was produced by the National Association for Regulatory Administration (NARA) and the National Child Care Information Center (NCCIC)

– Child care center regulations

Methodology

- Compilation of center licensing regulations from National Resource Center for Health and Safety in Child Care and Early Education Web site
- Data include 50 States, including District of Columbia
 - Idaho does not have licensing at State level

Reducing Risk of Sudden Infant Death Syndrome (SIDS) in Centers

Requirements	Number of States
Infants placed on backs to sleep	24
Physicians can authorize different position	20
Parents can authorize different position	5
Soft bedding not allowed in cribs	17
Staff must take SIDS prevention training	7

N = 50 States, including DC and excluding ID

Smoking Requirements

Requirements	Number of States
State has requirements about smoking in centers	47
Smoking is not allowed in a child care center	31
Smoking is not allowed on the grounds of a center	19
Smoking is not allowed in the presence of children	18
Smoking is not allowed in areas used for the care of children	11
Smoking is allowed in a designated area	10

N = 50 States, including DC and excluding ID

Final Report

- Full report released in November 2006
 - National analysis of data
 - State data profiles
 - 50-state data tables
- On NARA's Web site:
<http://www.nara.affiniscape.com/displaycomon.cfm?an=1&subarticlenbr=99>

Thank You!

For more information, please contact:

NCCIC

A Service of the  Child Care Bureau

10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
Ph: 800-616-2242; Fax: 800-716-2242; TTY: 800-516-2242
E-mail: info@nccic.org; Web site: <http://nccic.acf.hhs.gov>

Secondhand

Smoke (SHS)

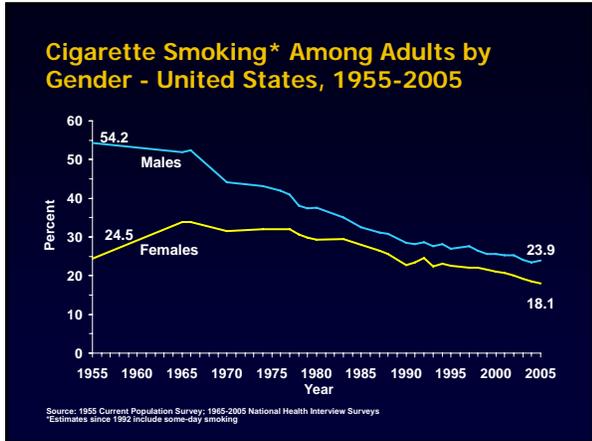
Reducing Exposure to SHS and Increasing Cessation Coverage

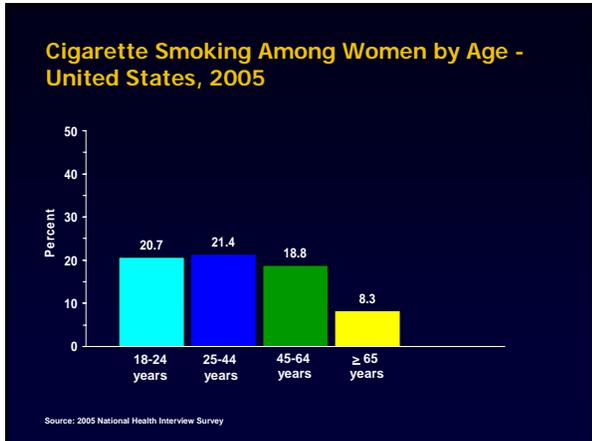


Ann Malarcher, PhD
 CDC Office on Smoking and Health

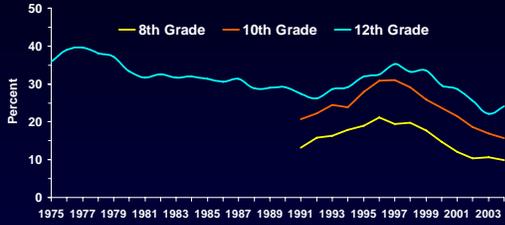
A Toolkit for Reducing Infant Mortality: Standards, Regulatory and Legislative Strategies
 October 31, 2006



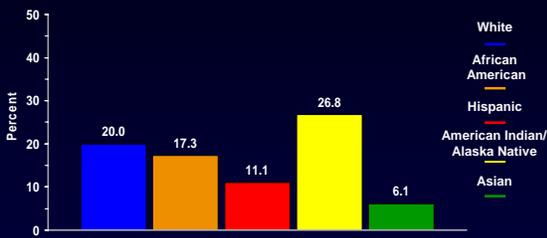


Current Cigarette Smoking* Among Girls, by Grade in School—United States, 1975-2004



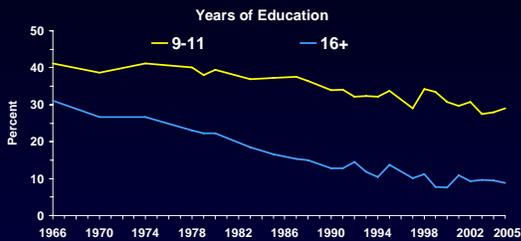
Source: Institute for Social Research, University of Michigan, Monitoring the Future Project
*Smoking 1 or more cigarettes/day during the previous 30 days

Cigarette Smoking Among Women by Race/Ethnicity—United States, 2005



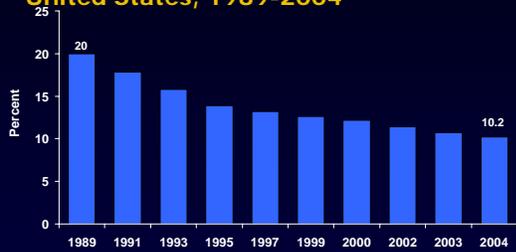
Source: 2005 National Health Interview Survey

Cigarette Smoking* Among Women Aged 25+ by Select Education Levels—United States, 1966-2005



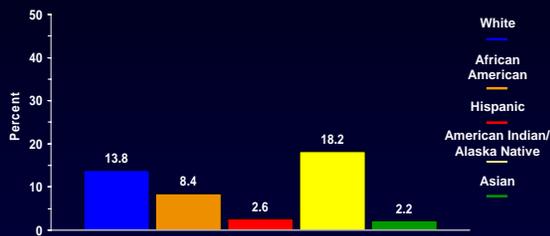
Source: NHIS, 1966-2005
*Estimates since 1992 incorporate some-day smoking

Cigarette Smoking During Pregnancy—United States, 1989-2004



Note: Percentage excludes live births for mothers with unknown smoking status.
Sources: National Center for Health Statistics 1992, 1994; Ventura et al. 1995, 1997, 1999, 2000; Martin et al. 2002, 2003.

Cigarette Smoking Among Pregnant Women by Race/Ethnicity—United States, 2004



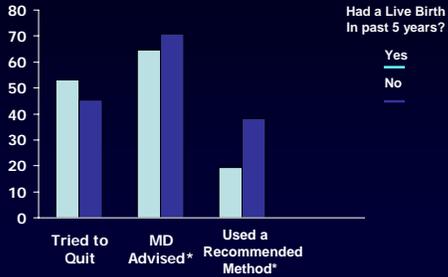
Note: Percentage excludes live births for mothers with unknown smoking status.
Sources: National Center for Health Statistics 1992, 1994; Ventura et al. 1995, 1997, 1999, 2000; Martin et al. 2002, 2003, 2005.

Percentage of Ever Smokers Who have Quit* by Gender—United States, 1965-2005



Source: 1965-2005 National Health Interview Surveys
*Also known as "quit ratio"; estimates since 1992 incorporate some-day smoking

Quitting Among Women Age 18-49 years by Live Birth Within Past Five Years —United States, 2005

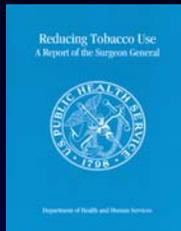


Source: National Health Interview Survey, 2005 data
*Among current smokers who had a quit attempt in the past year

Effective Interventions



**Reducing Tobacco Use—
A Report of the Surgeon General**



“Our lack of greater progress in tobacco control is more the result of failure to implement proven strategies than the lack of knowledge about what to do.”

Educational, clinical, regulatory, economic and comprehensive approaches recommended.

Community Guide Recommendations:
Increasing Cessation

- Increase price of tobacco products
- Mass media campaigns
- Telephone cessation quitlines
- Reduce out-of-pocket costs of treatment
- Health care system changes



Medicaid Coverage - 2005

Medication		Counseling	
All	38	All	14
Pregnant Women Only	3	Pregnant Women Only	11

2006 Surgeon General's Report



Surgeon General Report Process

- 29th Surgeon General's Report on Smoking and Health
- Systematic review of published scientific evidence
- Conclusions based upon standardized criteria of causality

Surgeon General Report Scientific Review

- Senior Scientific Editor: Dr. Jonathan Samet
- 22 National experts served as primary chapter authors
- 40 International experts served as chapter peer reviewers
- 30 Senior Scientific Reviewers with diverse perspectives

Major Conclusions

Health Effects

- Secondhand smoke causes premature death and disease in children and in adults who do not smoke
- Adults
 - Coronary heart disease
 - Lung cancer

Reproductive and Developmental Effects from Exposure to Secondhand Smoke

	Preconception	Prenatal	Postnatal
Fertility (female)	X		
Spontaneous abortion	X	X	
Low birth weight	X	X	
Congenital malformations	X	X	
Infant death (SIDS)	X	X	X
Cognitive development	X	X	X
Childhood behavior	X	X	X
Height/growth	X	X	X
Childhood Cancer	X	X	X

Reproductive and Developmental Effects of Exposure to Secondhand Smoke

- Causal relationship between maternal exposure to secondhand smoke during pregnancy and a small reduction in birth weight
- Causal relationship between exposure to secondhand smoke and sudden infant death syndrome

Respiratory Effects in Children from Exposure to Secondhand Smoke

- Maternal smoking during pregnancy and persistent adverse effects on lung function across childhood
- SHS exposure after birth
 - Lower level of Lung Function
 - Lower Respiratory Illnesses
 - Middle ear disease
 - Respiratory symptoms
 - Asthma (ever had in school aged children)



Major Conclusions

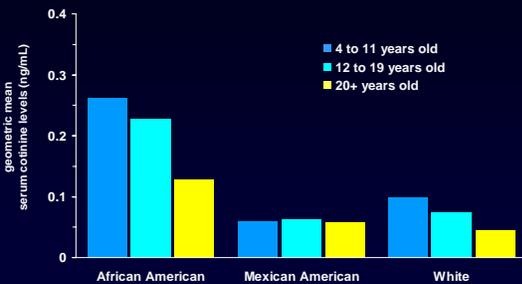
- The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke

Secondhand Smoke Exposure

- More than 126 million Americans exposed at homes and work
- Over half of all children exposed
- Prevalence varies based on income, gender, ethnicity and location



Secondhand Smoke Exposure* for Non-Smokers by Race/Ethnicity, 2001-2002



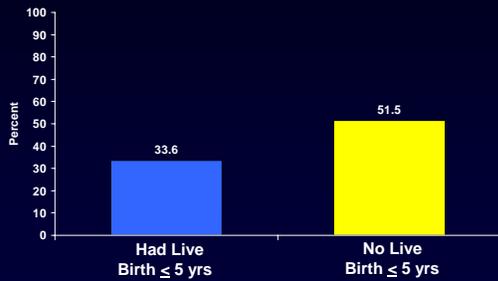
* serum cotinine concentrations in ng/mL.
Source: Pirkle et al, Environmental Health Perspectives, 2006

Secondhand Smoke in the Home

- Children who live in homes where smoking is allowed have higher levels of exposure
- Almost one in four American children aged 3 to 19 live in a household with at least one smoker



Percentage Who Allow Smoking in Their Home - Women Age 18 – 49 Who Are Current Smokers by Live Birth Within Past Five Years —United States, 2005



Source: 2005 National Health Interview Survey

Community Guide Recommendations: *Reducing Exposure to Secondhand Smoke*

- Smoking bans and restrictions



Eliminating Exposure

- Smoke-free policies fully protect nonsmokers
- No such thing as a no-smoking section
- Cleaning the air or ventilating buildings do not fully protect



Conclusions

- Encourage Smokers to Use 1-800-Quit Now
- Expand Coverage of Cessation Services
- Protect Adults and Children from Secondhand Smoke Exposure

Contact Information

Ann Malarcher, PhD
Senior Scientific Advisor
Office on Smoking and Health
Centers for Disease Control and Prevention
Phone: (770) 488-8006

Concurrent Resolution

- H.CON.RES.222
September 28, 2006 Tom Latham, IA
- Supporting the Goals and Ideals of Pregnancy and Infant Loss Remembrance Day, October 15th of every year
- www.october15.com



Contact Information



National SIDS & Infant Death Project IMPACT

Lori Cooper, Executive Director
8280 Greensboro Drive, Suite 300
McLean, VA 22102
1-800-930-7437
(703) 902-1260 (phone)
(703) 902-1320 (fax)
www.sidsprojectimpact.com
lcooper@sidsprojectimpact.com
