



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Challenges to Evidence-Based Public Health Practice: Safe Infant Sleep Practices

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Overview

- SIDS policy recommendations
- SIDS epidemiology
- SIDS disparities
- Safe sleep controversies
- Implementation challenges



SIDS Deaths, by Age



The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*. 2005;116:1245–1255

Milestones of the Back-to-Sleep Campaign

- **1992** – AAP issues statement that all healthy full term infants should be placed in non-prone positions for sleep to reduce the risk of SIDS.
- **1994** – The “Back to Sleep Campaign is launched in the U.S.
- **1998** – The campaign back sleeping program reduces SIDS deaths by 30 - 50 %.
- **2000** -- AAP statement - supine position poses lowest risk; side position less than prone
- **2005** – The AAP issues new policy

Back-to-Sleep Recommendations

- Supine-only sleep position
- No bedsharing
- Pacifier use during sleep
- Healthy People 2010 goal of > 70% supine sleeping



What Can I Do to Lower My Baby's Risk of SIDS?

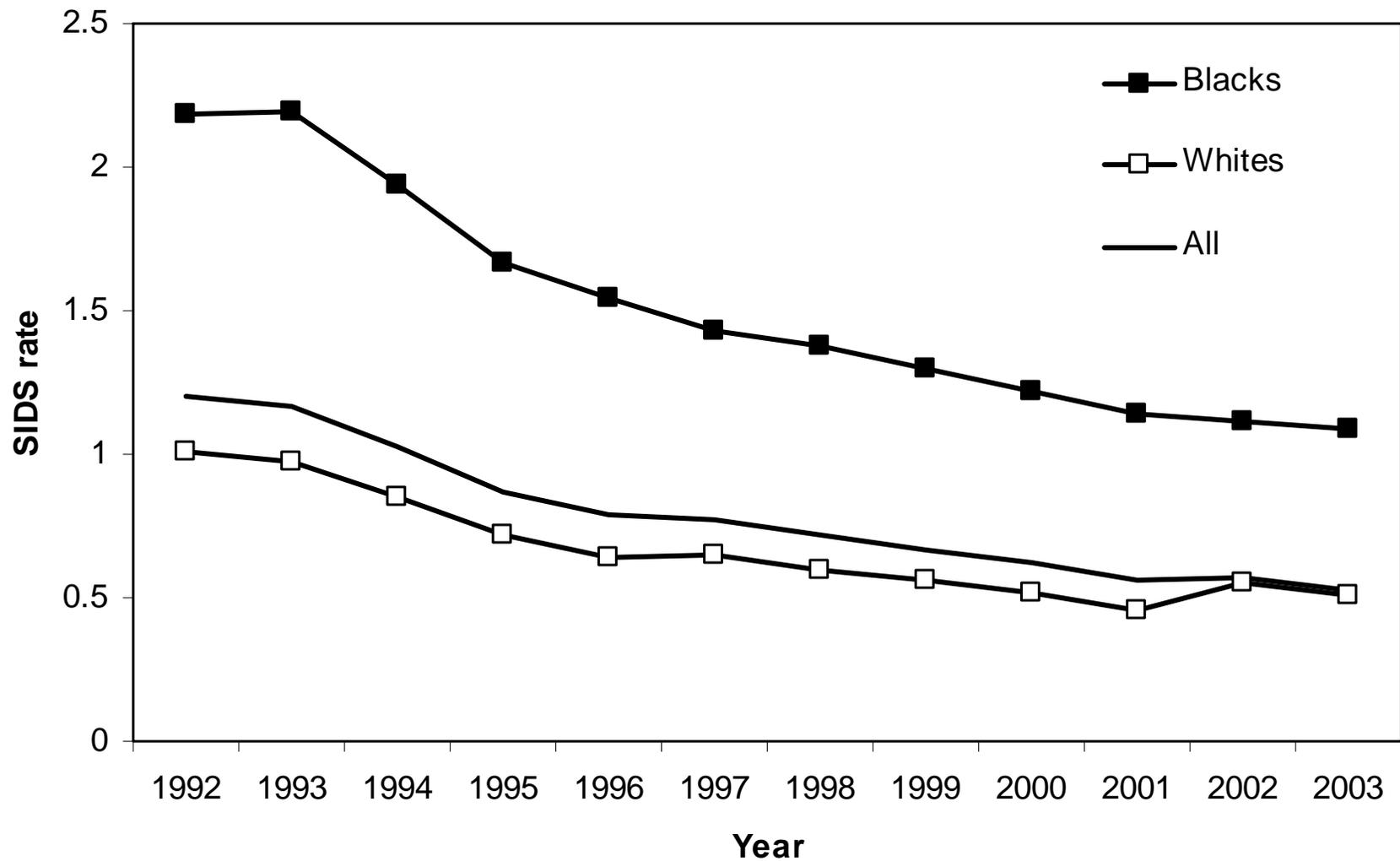
Here are 10 ways that you and others who care for your baby can reduce the risk of SIDS.

Safe Sleep Top 10

- 1** Always place your baby on his or her back to sleep, for naps and at night. The back sleep position is the safest, and every sleep time counts.
- 2** Place your baby on a firm sleep surface, such as on a safety-approved* crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.

* For information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

SIDS rate per 1000 live births

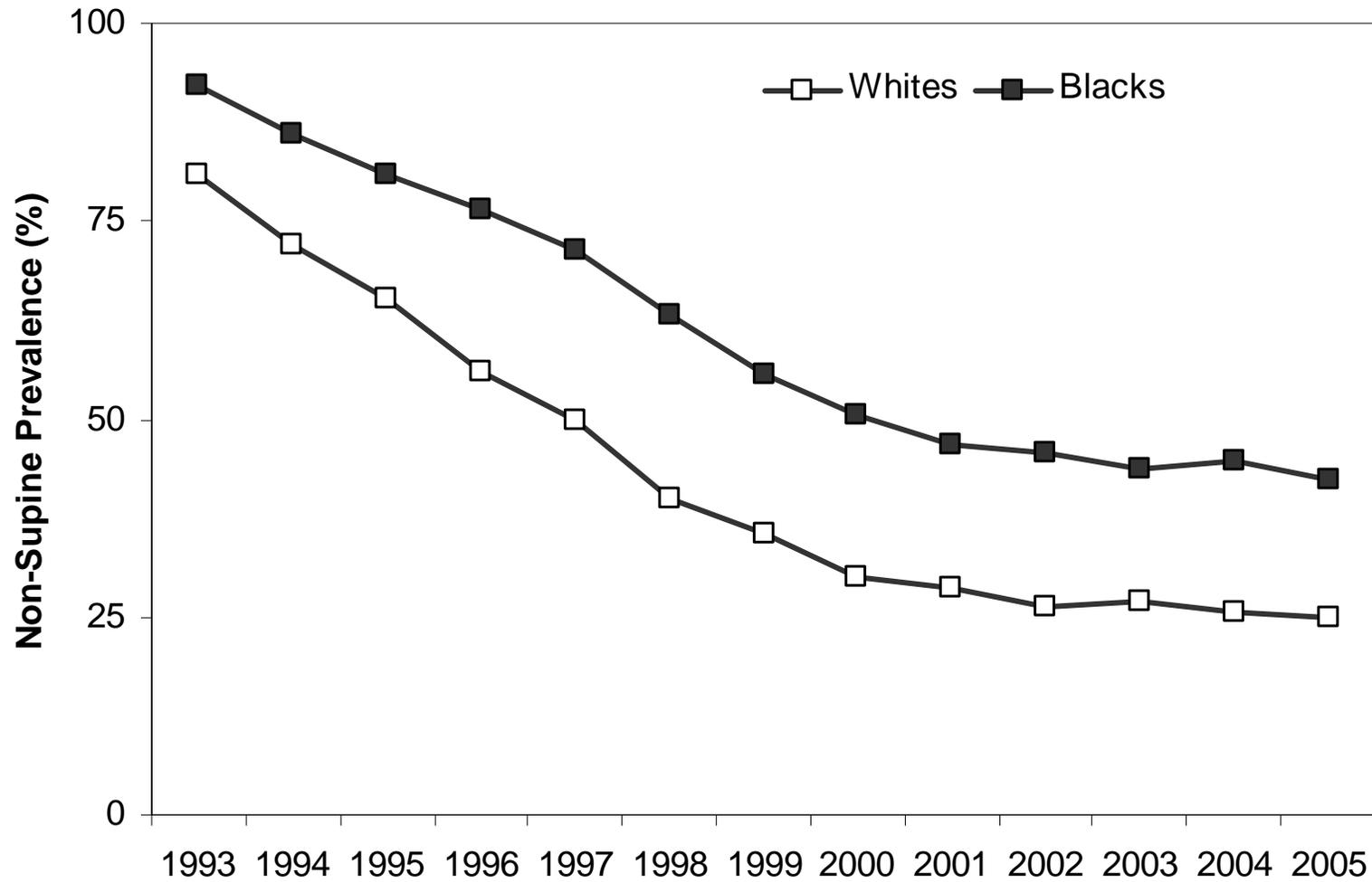


Uneven Adoption of the Message

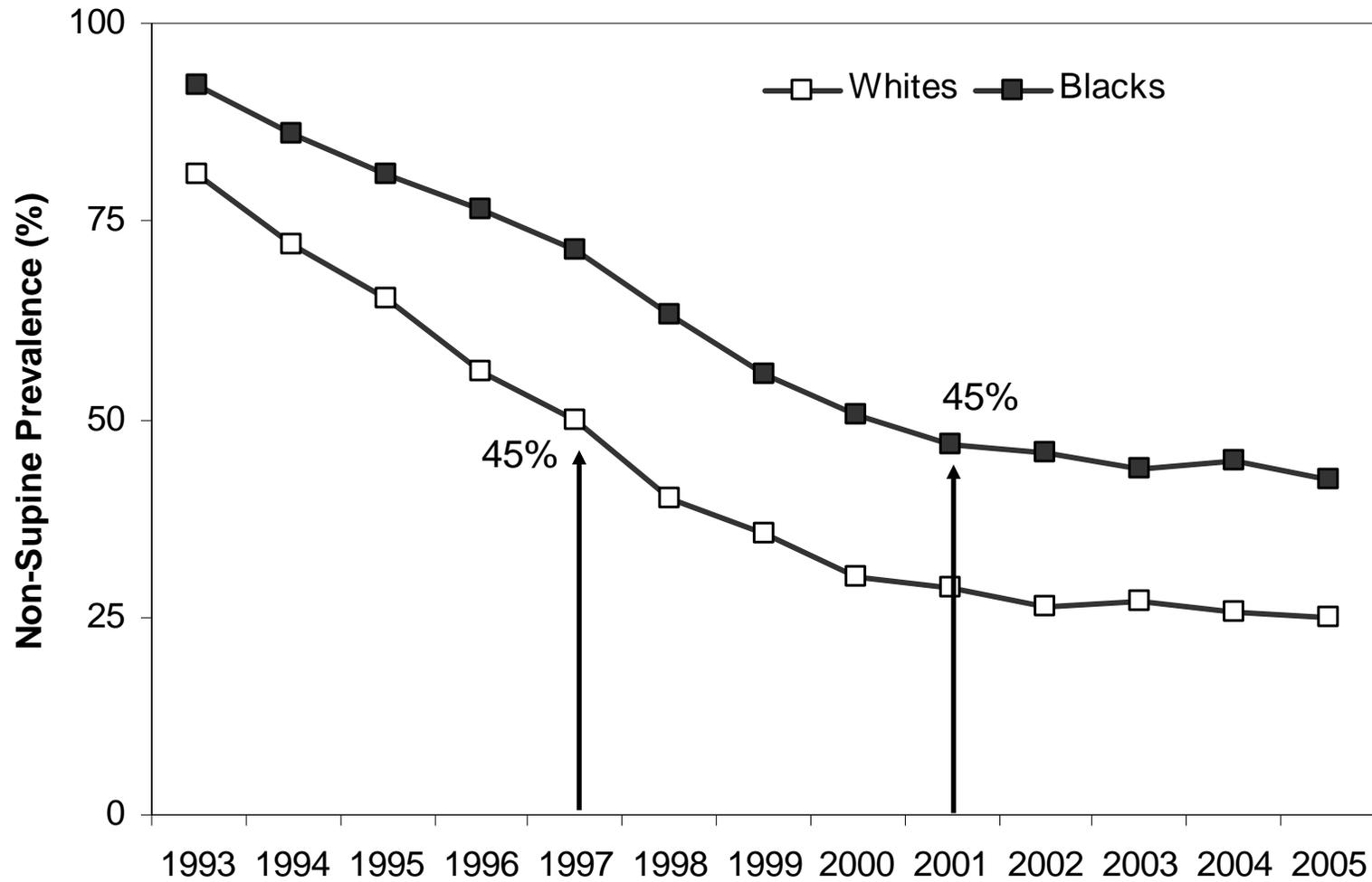


- Significant racial disparities persist in SIDS and prone sleeping, despite overall decreases

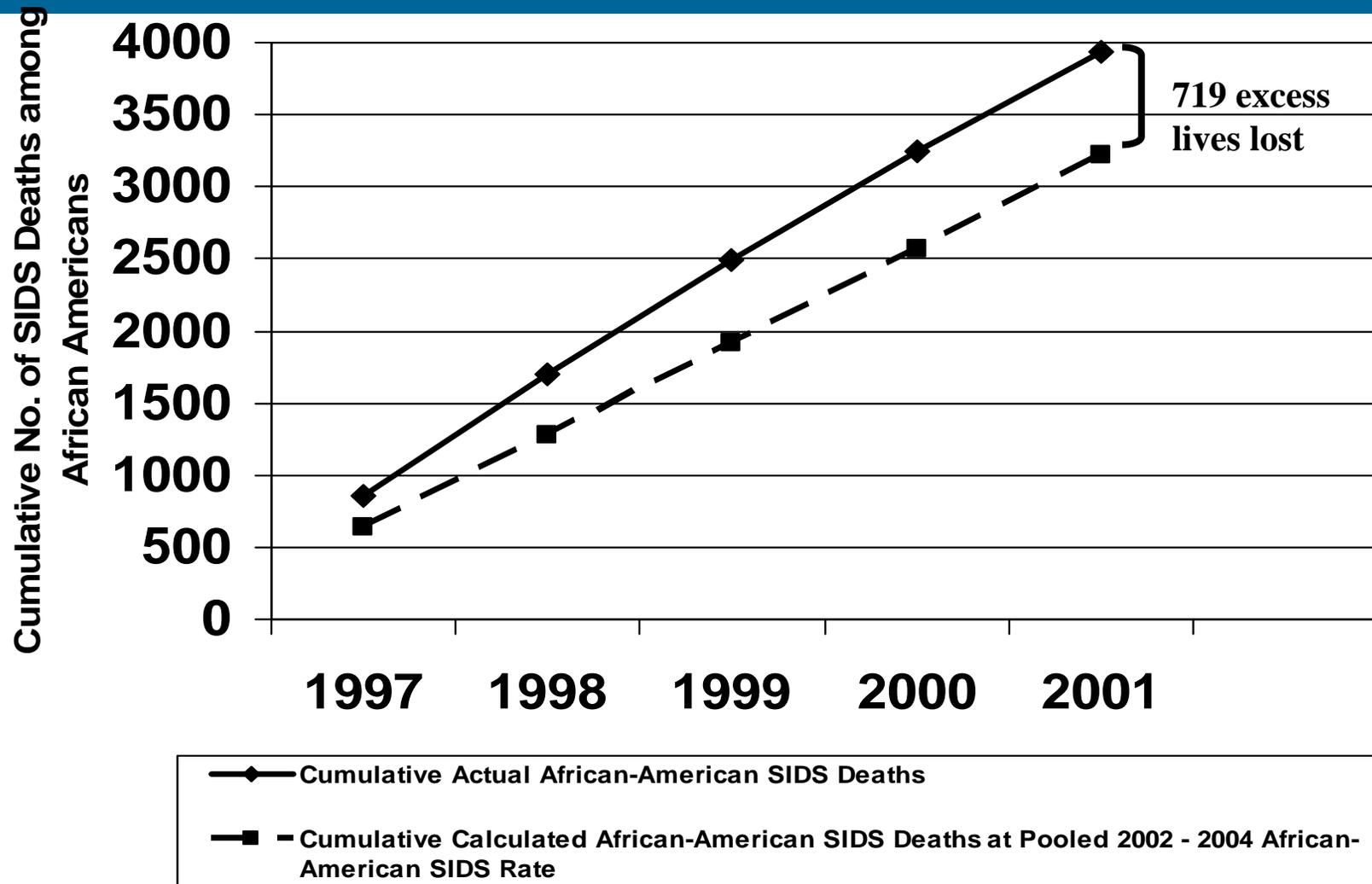
Racial Differences in Non-Supine Sleep Position: A Widening Gap



Different Timing & Level of Plateaus



The High Cost of Failed Public Health Messaging



Bedsharing Controversy

Why babies should never sleep alone: A review of the co-sleeping controversy in relation to SIDS, bedsharing and breast feeding

“At very least, we hope that the studies and data described in this paper, which show that co-sleeping at least in the form of roomsharing especially with an actively breast feeding mother saves lives, is a powerful reason why **the simplistic, scientifically inaccurate and misleading statement ‘never sleep with your baby’ needs to be rescinded**, wherever and whenever it is published.”

J McKenna, T McDade 2005

Why Mothers Chose Bedsharing?

Inner-City Caregivers' Perspective on Bedsharing with their Infants

“Parents expressed divergent views about the safety of bed sharing: 1) ambivalence regarding balancing risks of overlaying and suffocation with benefits of bed sharing, or 2) assertion that bed sharing poses no risks for their child. **Common to all groups was the finding that clinicians' advice against bed sharing did not influence parents' decision, but advice to increase safety when bed sharing would be appreciated.**”

VERY IMPORTANT
TO ORDER, REFERENCE THIS ID#: 259442001f

I do Autopsies

“Don't let me be the last doctor to see your baby!”

NEVER co-sleep with your baby

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HEALTHY START

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MA Department of Public Health Safe Sleep Policy



- *Safe Sleep Policy Recommendation*
 - The safest place for an infant to sleep is **on his or her back** in the same room with a parent or caregiver and in a **separate sleep space** such as a crib or bassinet.
- *Recommended sleep position*
- *Recommended sleep environment*
- *Bedsharing precautions*

MA DPH Bedsharing Recommendations: *A Risk Reduction Approach*

Some parents may decide to sleep in the same bed with their infant despite the MDPH safe sleep policy recommendation that an infant sleep in a separate space. If a parent chooses to bed share, the MDPH offers the following precautions to reduce the risk of SIDS or an adult rolling over on an infant.

The MDPH recommends that an adult **never** sleep with an infant if the adult is:

- On soft bedding such as a sofa, couch, futon, cushioned chair, recliner, pillow, or water bed;
- Using medications that cause drowsiness;
- Using any amount of alcohol or drugs (prescription or illicit) ;
- Sick;
- Unusually tired;
- Severely overweight or obese; or
- A smoker.

Safe Sleep Challenges

No cost, effective intervention – should be easy to adopt, but ...

- Skepticism regarding mechanism
- Alternative strongly held beliefs on sleep position and environment
 - Concern about safety – preventing choking
 - Co-sleeping is protective for baby
 - Better/longer sleep for mother and baby
 - Facilitating breastfeeding
- Discounting doctor's advice – sleep isn't their domain



What's Next?

- Possible increase in infant deaths occurring on couches and recliners
- Risk reduction vs. strict prohibition – which is more effective and for whom?
 - Possibility that choice could exacerbate disparities
- Redesign public health messaging to target persistently vulnerable groups



Parting Thoughts on Evidence & Public Health Policy

- Rapid pace of decision making
- Inadequate information vs. certainty
- Policy by anecdote
- Taking small projects to scale
- Time frame of impact
- Peril of intersectoral effects



PAIN RELIEVERS

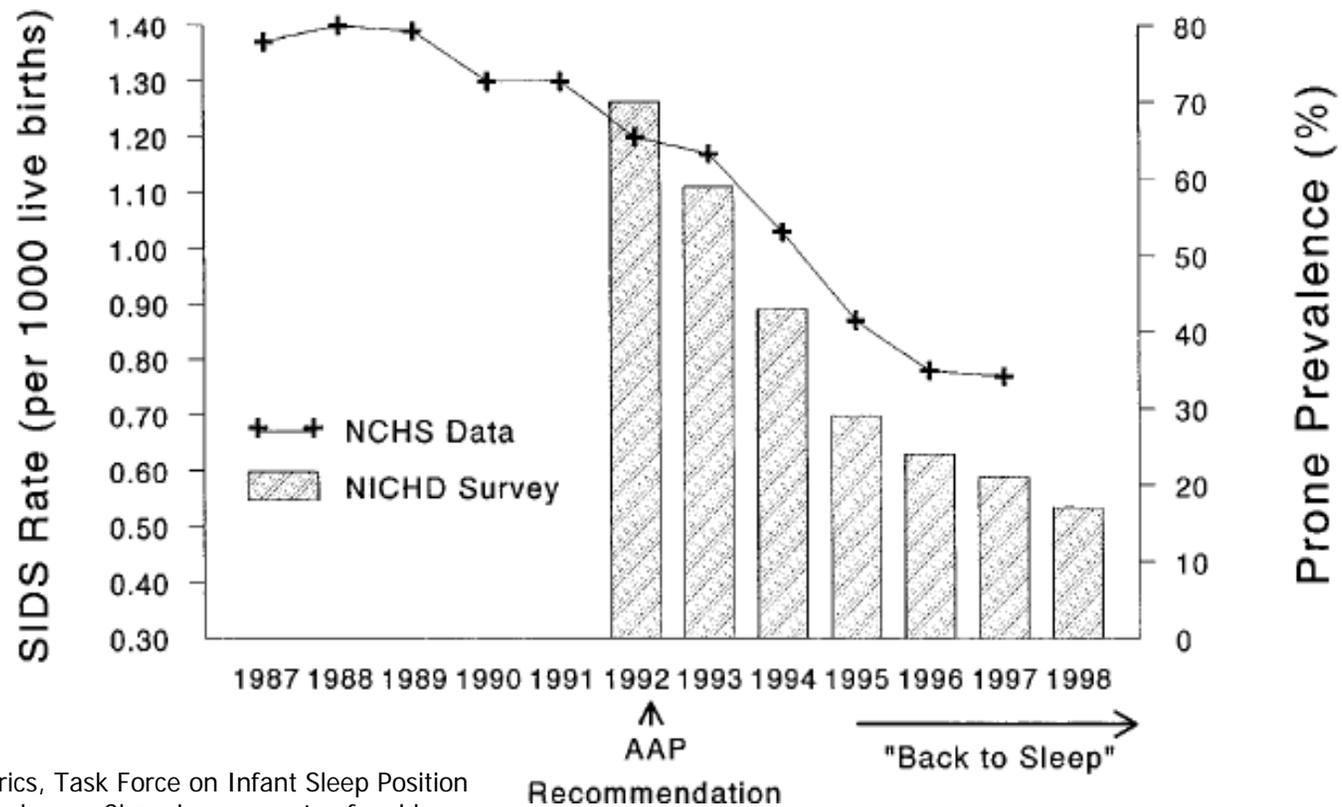




Deadly Delays: Potential Lives Lost Among Black Infants, 1997-2003

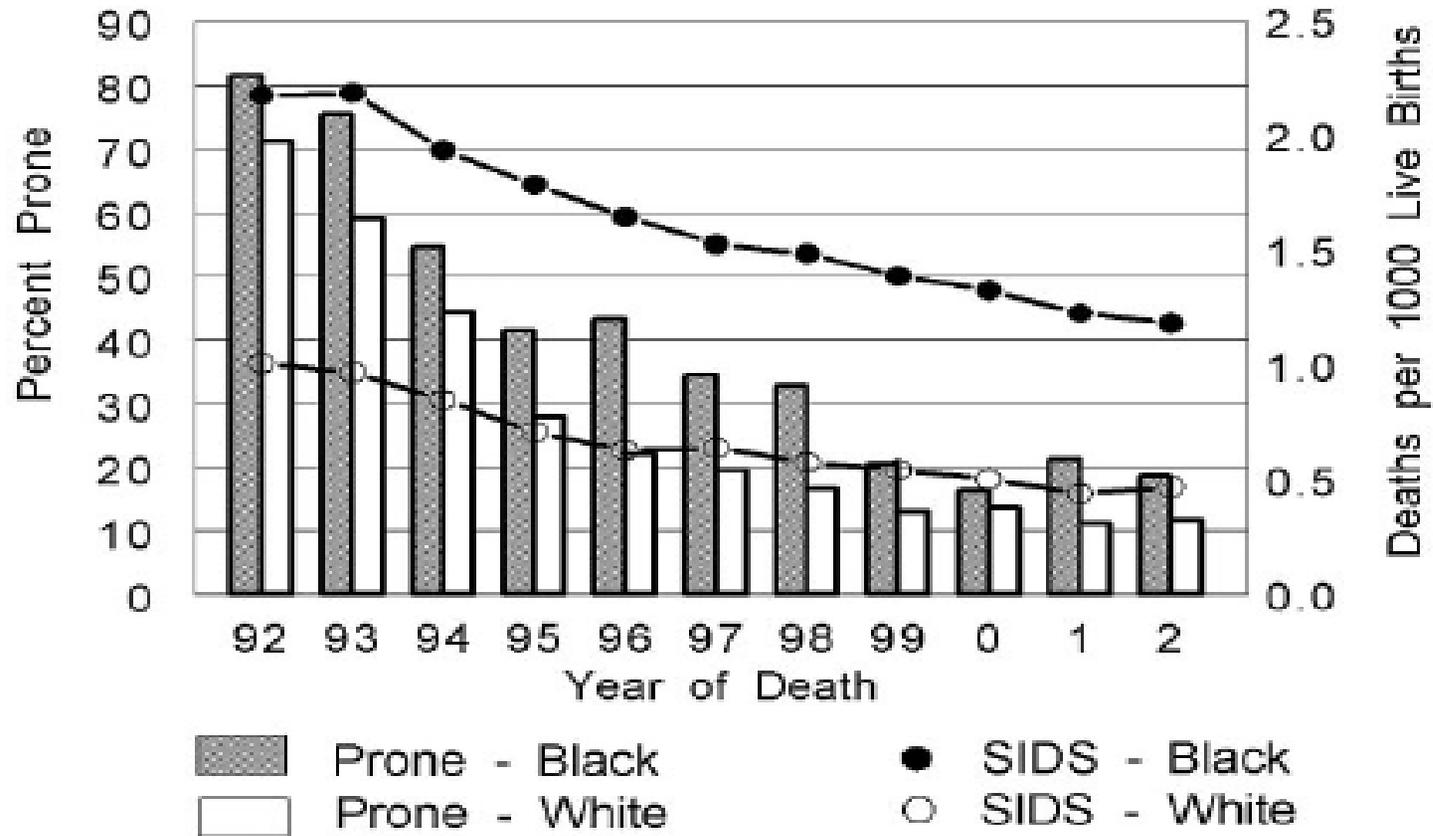
- 2 key assumptions
 - Current rate of 45% non-supine sleep had been achieved for Blacks in 1997, when Whites achieved that rate
 - Contribution of supine sleep to SIDS remained constant we estimate between 1997 and 2004

U.S. SIDS Rate vs Prone Prevalence



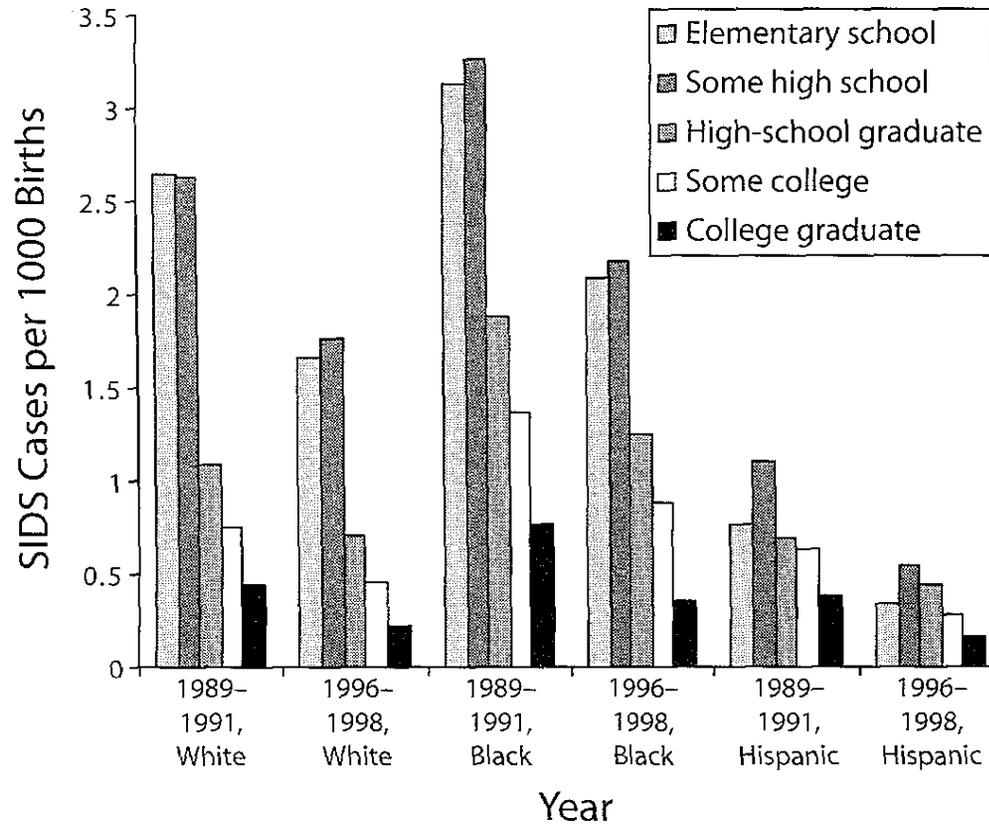
Graphic courtesy of:
 American Academy of Pediatrics, Task Force on Infant Sleep Position
 and Sudden Infant Death Syndrome. Changing concepts of sudden
 infant death syndrome: implications for infant sleeping environment
 and sleep position. *Pediatrics*. 2000;105: 650-656

U.S. Trends in SIDS Rates and Prevalence of Prone Sleep by Race



American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*. 2005;116:1245-1255

Rates of SIDS per 1000 Live Births by Mother's Race/Ethnicity and Social Class Before and After the Back to Sleep Campaign



Note. SIDS = sudden infant death syndrome.

FIGURE 1—Rates of SIDS per 1000 live births by mother's race/ethnicity and social class in the before and after Back to Sleep birth cohorts.

Graphic Courtesy of:

Kate E. Pickett, Ye Luo, and Diane S. Lauderdale **Widening Social Inequalities in Risk for Sudden Infant Death Syndrome** *Am J Public Health*, Nov 2005; 95: 1976 - 1981.

Public Health Implications

- Need better understanding of what will push us “off the plateau”
- Need to reevaluate message and messenger
- Imperative to stop doing the same thing