

Healthy Native Babies Project: Honoring the Past, Learning for the Future

A Collaboration Between the *Healthy Native Babies Project* Workgroup and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH)



Eunice Kennedy Shriver National Institute of Child Health and Human Development

Training Objectives

After completing this training, participants will be able to:

- Describe the disproportionately higher rates of Sudden Unexpected Infant Death (SUID), Sudden Infant Death Syndrome (SIDS), and sleep-related causes of infant death for American Indian/Alaska Native (AI/AN) infants.
- Identify facts and myths about SIDS, and explain what is currently known about SIDS risk factors.
- Define actions that families and communities can take to reduce SIDS risk.
- Communicate safe sleep messages.

Chapter 1: Facts About SIDS

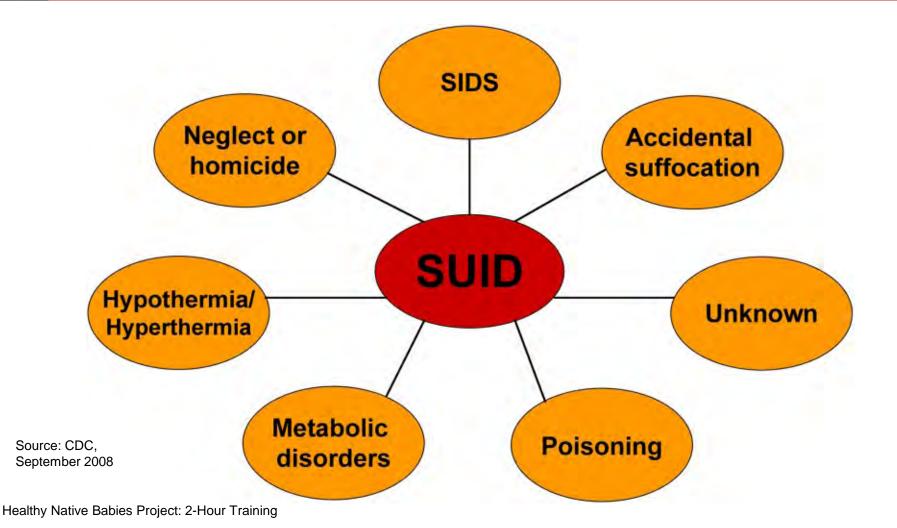
What are the facts about SUID and SIDS?



What is Sudden Unexpected Infant Death (SUID)?

 SUID refers to infant deaths that occur suddenly and unexpectedly.

Types of SUID



Incidence of SUID

- Approximately 4,200 infants die of sleep-related SUID.
- One-half of these deaths are categorized as SIDS.

Source: Centers for Disease Control and Prevention (CDC), SUID and SIDS, September 4, 2012 - Website: http://www.cdc.gov/sids/

What is SIDS?

SIDS is the sudden death of an infant younger than 1 year of age that remains unexplained after a thorough case investigation, including:

- Performance of a complete autopsy;
- Examination of the death scene; and
- Review of the clinical history of the infant.

Source: Willinger M, James LS, & Catz C. Pediatric Pathology, 1991.

Incidence of SIDS

- 2,226 infants died from SIDS in the United States in 2009.
- SIDS rates are declining in the United States, but disparities still exist among certain populations.

Source: CDC. Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set. National Vital Statistics Report; 61(7).

SIDS is...

- The leading cause of infant death between 1 month and 1 year of age
- A sudden, silent medical disorder
- Determined after autopsy, exam of death scene, and review of medical records
- 2 times to 4 times more likely to occur in Al/AN babies

SIDS is NOT ...

- Fully understood, but risks can be reduced
- Caused by suffocation
- Caused by diphtheria, pertussis and tetanus (DPT) vaccine, or other shots or vaccines

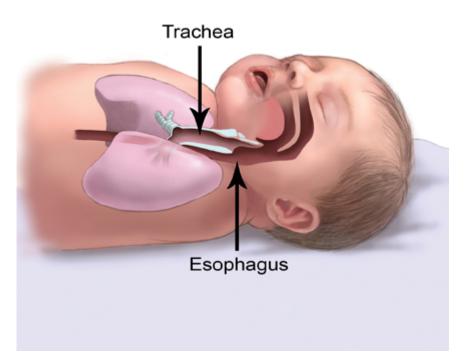
SIDS is NOT ...

- Contagious
- Result of child abuse or neglect
- Caused by cribs
- Caused by choking or vomiting
- The cause of every unexpected infant death

Back Sleeping Does Not Cause Vomiting or Choking

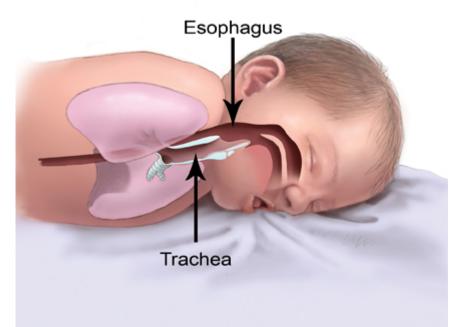
When a baby is in the *back sleeping position*, the trachea lies on top of the esophagus.

Anything regurgitated or refluxed from the esophagus must work against gravity to be aspirated into the trachea.



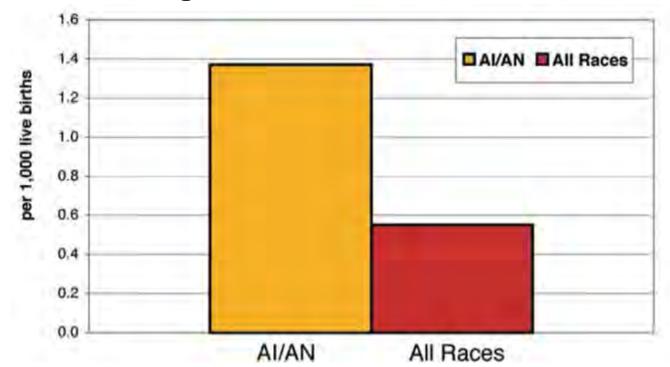
Stomach Sleeping Could Cause Vomiting or Choking

When a baby is in the *stomach sleeping position*, anything regurgitated or refluxed will pool at the opening of the trachea, making it easier for the baby to aspirate or choke.



Proportion of Infant Deaths Due to SIDS

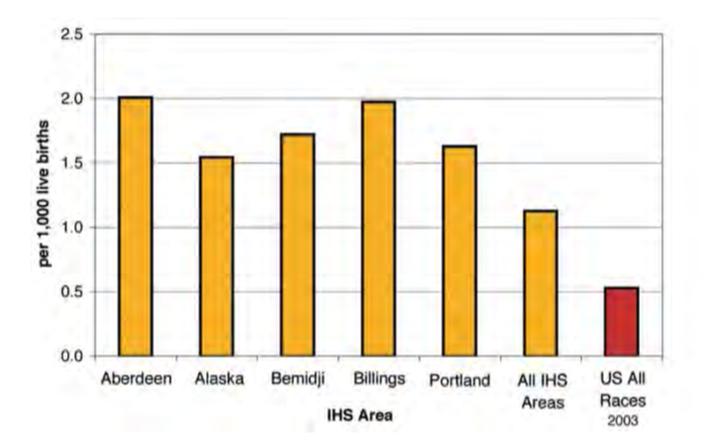
AI/AN SIDS Rates for Urban Indian Health Organization Counties 1997-2003*



*Data for counties with greater than 250,000 total population only. Source: National Center for Health Statistics, CDC; prepared by the Urban Indian Health Institute.

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AVANSIDSRates 2002-2004



Source: National Center for Health Statistics, CDC; prepared by the Indian Health Service (IHS) Office of Program Statistics

What causes SIDS?

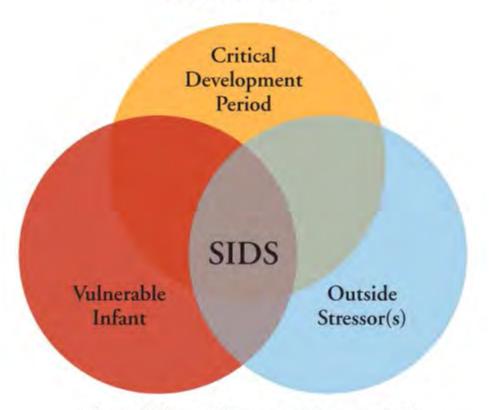
Biological Basis for SIDS:

- Brainstem abnormalities
- Genetic susceptibility
- Affected infants may lack coordination of vital systems: breathing, blood pressure, temperature, reflexes, waking, and sleeping

But these alone aren't likely to cause death.

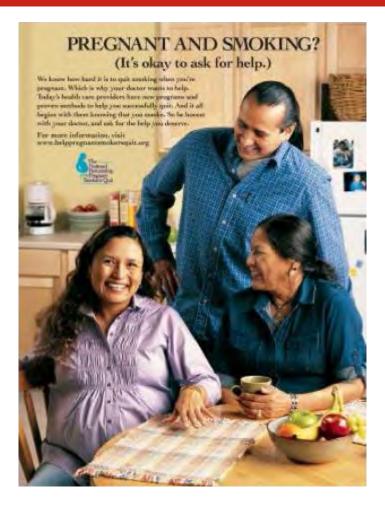
What causes SIDS?

Triple Risk Theory



Adapted from Filiano & Kinney 1994.

- Overheating
- Alcohol Use
- Commercial Tobacco Use
- Pregnancy-Related Factors
- Sleep Position
- Soft Sleeping Surfaces and Loose, Fluffy Bedding
- Bed Sharing



Overheating

- Increases chance baby will sleep too deeply
- Can occur if:
 - Baby is overdressed;
 - Room is too warm; or
 - Baby is covered in too many blankets.
- Check for signs: sweating, damp hair, flushed cheeks, heat rash, rapid breathing

Alcohol Use (during pregnancy & after baby's birth)

- One binge episode during first 3 months of pregnancy increases risk of SIDS 8 times.
- Any drinking 3 months prior to and during first 3 months of pregnancy increases risk 6 times.
- Alcohol use during breastfeeding can cause drowsiness, deeper sleep, weakness, and decreased growth in the infant.

Commercial Tobacco Use (during pregnancy & in baby's living environment)

- Tobacco decreases growth and function of baby's developing brain, nerves, and organs.
- Infants who die of SIDS have higher levels of nicotine in their lungs than infants who die from other causes.

Source: McMartin, KI, Platt, MS, Hackman, R, Klein, J, Smialek, JE, Vigorito, R, & Koren, G. (2002). Lung tissue concentrations of nicotine in sudden infant death syndrome (SIDS). *Journal of Pediatrics*, *140*(2), 205-209.

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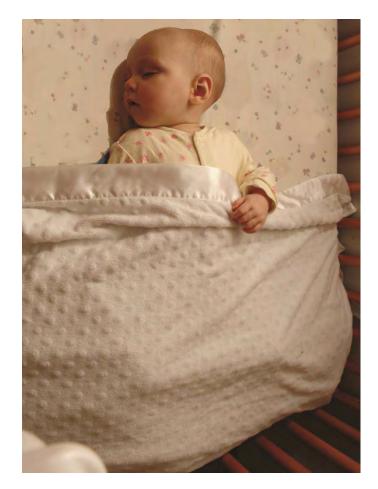
- Pregnancy-Related Factors
 - Not receiving early regular prenatal care
 - Preterm labor/birth and low birth weight

- Sleep Position
 - The most effective action that parents and caregivers can take to lower the risk for SIDS is to always place the baby on his or her back to sleep, for naps and at night.
 - Every sleep time counts!

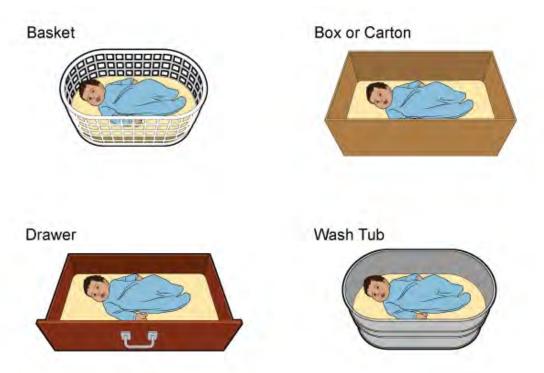
- Sleep Surface and Sleep Environment
 - Firm sleep surface
 - No objects, toys, or loose bedding
 - No crib bumpers
- Overheating
 - No more than 1 layer more than what an adult would wear to be comfortable



- A blanket is not recommended, but if using a blanket, use "feet to foot" method:
 - Feet at end of crib
 - Blanket tucked under mattress
 - Blanket no higher than chest
 - Sleep clothing that is appropriate to room temperature



Alternative Sleep Surfaces*



* Babies should be placed on their backs. No data exists on the safety of these items. Caregivers must be careful about baby turning over and flipping the basket/box.

- Choose safe sleep locations.
- Use separate sleep area in the same room as parent or caregiver.



- Always place baby on his or her back to sleep—for naps and at night.
- Never place a baby to sleep or sleep with the baby on an armchair, couch, sofa, or waterbed.
- Remove soft items (pillows, toys, quilts, comforters, sheepskins) from the sleep area.

- Do not cover the baby with adult bedding.
- Do not sleep with baby if you have had alcohol, smoke tobacco, or take drugs or medicines that make you sleepy.

- * Some health care providers in Al/AN communities suggest these actions *might reduce the risk of accidental suffocation*:
 - Move bed away from walls and other furniture.
 - Place mattress low to or on the floor.
 - Place baby in the area just above where adult heads are in the bed.
 - Do not allow siblings, other children, or pets in the bed.

*Remember, though, that the safest option for baby is a sleep area close to but separate from where others sleep.

- Breastfeed your baby because it has a protective effect against SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night.



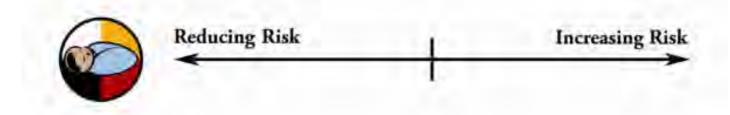
- Have Public Health Nurse visit the home.
 - Aberdeen Area Infant Mortality Study showed that infants were less likely to die of SIDS if their mothers received visits from a Public Health Nurse before and after giving birth.



The Following Do Not Reduce the Risk of SIDS

- These items should be avoided for use to reduce the risk of SIDS.
 - Commercial products (e.g., wedges, positioners) that claim to reduce SIDS.
 - Home health monitors that claim to reduce the risk of SIDS.

Risk Reduction



- Risk reduction is a behavioral change concept.
- Individuals make their own choices about what they are willing/able to change.
- Informed choice is our goal.

Remember Tummy Time!

 Give babies plenty of tummy time when they are awake and someone is watching.



Understanding the Messages Activity

Workstations:

- Learn how to put information into action:
 - Safe Sleep Environment
 - Risk Continuum



Who needs SIDS education?

The Entire Community!

- Parents, Parents-to-Be
- Foster Parents & Families
- Elders, Youth, Other Family and Friends
- Emergency Personnel and Other First Responders
- Hard-to-Reach and Underserved Groups
- Child Care Providers



Be consistent!

- It is important to be consistent with your safe sleep messages:
 - Same information
 - Same messages
 - Same images and methods

Why is it important? SIDS risk is 8 times higher when a baby used to sleeping on her/his back is placed on tummy to sleep (even for "just a nap")!

Be effective and persistent.

• Effective:

- Using fear, guilt, or shame is usually not effective in sustaining new or desirable behaviors.
- Focusing on effective actions that people can take to reduce the risk of SIDS is a more effective and respectful tactic.

Persistent:

- Go to where the people are!
- Use community outreach services.
- Provide additional support for those affected by FASD, FAS, or other learning impairments and those who are hard to reach like those who are homeless.



Thank You for Your Efforts to Spread Safe Sleep Messages in Native Communities!





Resources:

http://www.nichd.nih.gov/sids



Eunice Kennedy Shriver National Institute of Child Health and Human Development



The following slides demonstrate how to use the Toolkit Disk.

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