

**Nassau County Child Fatality Review Team
Independent Report
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The Nassau County Child Fatality Review Team (NCCFRT), in accordance with its Protocols and Procedures Manual, is releasing its first Independent Report with approval from the New York State Office of Children and Family Services. The NCCFRT is a multidisciplinary team that has functioned as a NYS approved child fatality review team as provided in Social Services Law (SSL) §422-b working under the supervision of the Office of Children and Family Services (OCFS) since December 2008. The team was created to investigate fatalities of Nassau County residents age 0-17 years who die in Nassau County and whose death is otherwise unexpected or unexplained.

Membership in the CFRT is defined by SSL §422-b(3). This statute requires the participation of certain mandated agencies and also allows for the appointment of associate members from various fields of practice. Mandatory team members include Nassau County Child Protective Services, Office of Children and Family Services (OCFS), Nassau County Department of Health, Nassau County Office of the Medical Examiner, Nassau County District Attorney's Office, Office of the Nassau County Attorney, Nassau County Police Department, Emergency Medical Services, New York State Law Enforcement and a pediatrician with expertise in child abuse. The team has added additional members with expertise relevant to child fatality prevention and/or review.

The mission of the NCCFRT is to review child deaths to better understand the causes of these deaths and to make recommendations based on the team's findings in order to reduce future child fatalities. The NCCFRT meetings are confidential and closed to the public. A confidentiality statement is signed by each member, at the start of each team meeting. The team follows a protocol and procedure manual which is in accordance with New York State Social Service Law §§ 20(5) and 422-b, along with OCFS guidelines. As of August 2010, the team has reviewed 29 cases. The Team has the authority to prepare Independent Reports to address issues beyond those mandated by state statute. This report is *not* intended to function as an annual report, but rather as an Independent Report addressing certain NCCFRT cases. In this issue, the Independent Report will focus on those cases relating to safe sleeping practices for infants.

Infant Safe Sleep

Since January 2009, the team reviewed ten (10) cases out of thirteen (13) occurring since 2007, where the cause of death was listed as Sudden Infant Death Syndrome (SIDS) or another sleep related condition. Age range of cases reviewed spanned from 9 days to 5 months and occurred during warm and cold seasons. All ten (10) cases revealed at least one of the following risk factors:

- bed sharing
- prone (belly) sleep position,
- positional supports/sleep positioner and/or
- soft bedding.

Some or all of these factors may have contributed to the death of the child, resulting in the team's classifications of the deaths as either "preventable" or "undetermined."

Centers for Disease Control and Prevention data indicate that SIDS is the third leading cause of death nationally in those less than one year of age following congenital anomalies and short gestation (prematurity).¹ Since the recommendation for non-prone sleeping from the American Academy of Pediatrics (AAP) in 1992 and the introduction of the "Back to Sleep" campaign in 1994, there has been an over 50% reduction in deaths due to SIDS.²

The following are considered risk factors for SIDS²:

- prone (belly) or side sleep position,
- sleeping on a soft surface,
- maternal smoking during pregnancy,
- overheating,
- late or no prenatal care,
- young maternal age,
- preterm and/or low birth weight, and
- male gender.

Although the SIDS rate has decreased, the overall post-neonatal (29 days to one year of age) mortality rate in the U.S. has not changed since 1999.² This reflects the increasing rate of post-neonatal deaths due to other causes of sudden unexpected infant death (i.e. other ill-defined and unspecified causes of mortality, suffocation in bed, suffocation-other).² A study of U.S. infant mortality data from 1984 to 2004 found that the rate of accidental strangulation and suffocation deaths increased from 2.8 to 12.5 per 100,000 live births with most of the increase occurring after 1996.³ Black male infants were disproportionately affected.³ It appears that the decrease in the rate of SIDS deaths has been offset by the increase in mortality rates for accidental suffocation and strangulation and for unknown/unspecified causes, suggesting that there has been a change in the way these deaths are classified and reported.³ What is important to note is that accidental suffocation and strangulation deaths are potentially *PREVENTABLE*.³

Based on the team's individual case reviews and the data available, the NCCFRT makes the following recommendations, which are consistent with recommendations from OCFS⁴ and the AAP², to ensure that infants are in the safest possible sleep environment:

- ❖ **Always place infants on their backs to sleep.**
- ❖ **Place infant on a separate sleep surface that is firm and flat (i.e. a crib or bassinet that conforms with Consumer Product Safety Commission standards.)** Bed-sharing is more hazardous than an infant sleeping on a separate sleep surface and bed-sharing is not recommended by the AAP. An infant may be brought into the parent bed for breastfeeding and comforting and then returned to the crib/bassinet when the parent is ready to sleep.
- ❖ **Have infant sleep in the same room and in close proximity to a caregiver (but on a separate sleep surface).**
- ❖ **Have infant sleep on a mattress that is covered with a tightly fitted sheet only with NO other bedding** including pillows, quilts, comforters, sheepskins, stuffed toys and other soft objects or loose bedding that could entrap or smother the baby. Infants should never be put to sleep on waterbeds, couches, sofas, chairs, or other unstable/soft surfaces either alone or with anyone else. An infant can suffocate if wedged between the cushions of a sofa, caught in the bed frame, or caught between the frame and the mattress or wall.
- ❖ **Ensure infant's head and face does not become covered by a blanket by using appropriate night clothes (pajamas).** Do not over-bundle.
- ❖ **Avoid overheating by maintaining room temperature between 68-72°F.**
- ❖ **Do not allow smoking around infant.**
- ❖ **Consider using a pacifier when placing infant to sleep.**
 - ❖ **Infant should not be forced to take pacifier**
 - ❖ **Do not coat pacifier with sweet solutions**
 - ❖ **Clean pacifier per manufacturer specifications**

- ❖ Consider delaying use of pacifier if breastfeeding for one month or until breastfeeding is established.
- ❖ Consistent with AAP recommendations, avoid products that claim to reduce the risk of SIDS (by maintaining sleep position or reducing rebreathing), because these items have not been sufficiently tested for effectiveness or safety.
- ❖ Avoid sleep spaces where a pet also sleeps or may enter.

There are recommendations for parents who choose to bed-share with their infant. The NCCFRT does not adopt or recommend these suggestions and recommends the separate safe sleep environment discussed above. These recommendations, however, can be found at:

<http://www.sidscenter.org/documents/SIDRC/SafeSleepAroundtheClock.pdf> and

http://www.ocfs.state.ny.us/main/prevention/infant_sleeping.asp.

The NCCFRT encourages parents and caretakers to ensure that infants are placed in safe sleep environments during **every** sleep period. Parents should be aware, that according to the AAP, about 20% of SIDS deaths in the United States occur while the infant is in the care of a non-parental caregiver.² In order to promote this effort the team has:

- ❖ Released this independent report initially to OCFS followed by release to the media and to the general public.
- ❖ Mailed safe sleep information to all Nassau County pediatricians, family practitioners and obstetricians.
- ❖ Created a safe sleep brochure in English and Spanish in cooperation with the National Institute of Child Health and Human Development which is mailed to all parents of newborns born in Nassau County. A copy of this brochure is available at:
<http://www.nassaucountyny.gov/agencies/health/documents/SafeSleepenglishandSpanish.pdf>
- ❖ Instituted use of the CDC Sudden Unexplained Infant Death investigation forms by local police departments and the Nassau County Medical Examiner in order to ensure thorough and complete investigations.
- ❖ Working with OCFS to develop appropriate public service announcements.

For more information on safe sleeping for infants, please call 1-800-345-KIDS (5437) or visit www.ocfs.state.ny.us and <http://www.nyhealth.gov/diseases/conditions/sids>.

¹ Available at <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>. Accessed 5/12/2010.

² 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.

³ Shapiro-Mendoza CK, Kimball M, Anderson RN, Blanding S. U.S. Infant Mortality Trend Attributable to Accidental Suffocation & Strangulation in Bed From 1984 Through 2004: Are Rates Increasing? *Pediatrics*. 2009;123(2):533-539.

⁴ Available at http://www.ocfs.state.ny.us/main/prevention/infant_sleeping.asp. Accessed 5/12/2010.