



# Sleep-Related Infant Deaths

Sleep-related infant deaths are those that happen suddenly and unexpectedly in a sleep environment. The causes include sudden infant death syndrome (SIDS), unintentional suffocation, positional asphyxia, overlay, and undetermined causes.

## Impact on Infant Mortality

Sleep-related deaths are the leading cause of death for infants from one month to one year of age.<sup>1</sup>

More than three Ohio infant deaths each week are sleep related.<sup>2</sup>

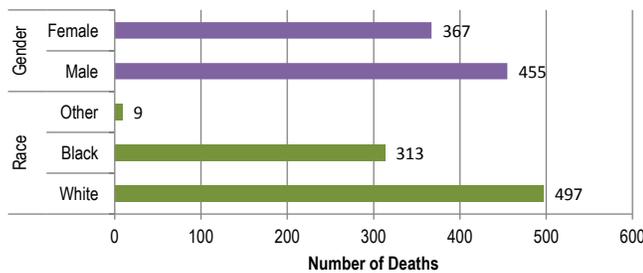
From 2007 to 2011, 819 Ohio infants died from sleep-related causes. Sleep-related deaths account for 15 percent of the cases reviewed by the Ohio Child Fatality Review, more than any other cause of death except prematurity.<sup>2</sup>

The national rate of SIDS for African-American infants (99 per 100,000 live births) is nearly twice that of white infants (55 per 100,000 live births).<sup>3</sup>

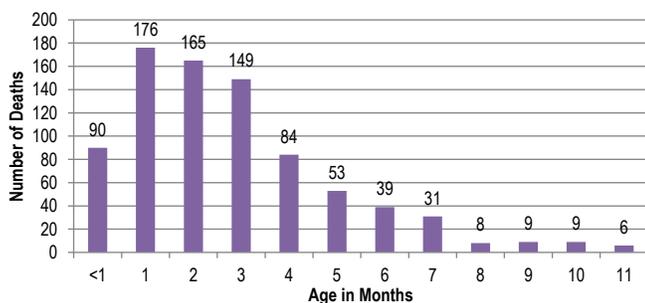
The incidence of sleep-related infant deaths (excluding SIDS) has increased in the US since 2005.<sup>4</sup>

**Sleep-related infant deaths outnumber deaths of Ohio children of all ages from car crashes.<sup>2</sup>**

**Sleep-Related Infant Deaths by Race and Gender, 2007-2011, Ohio**



**Sleep-Related Infant Deaths by Age in Months, 2007-2011, Ohio**

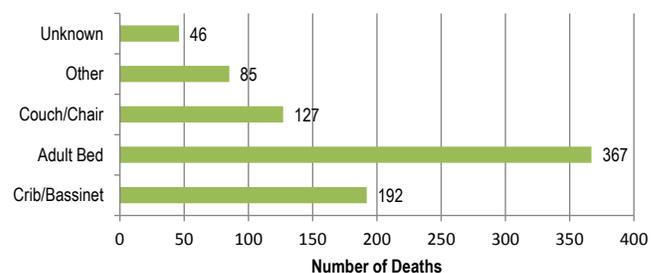


## Who is at Greater Risk?

All infants are at risk for sleep-related deaths, but we know the risks are much greater for:

- **Infants who bedshare:** Fifty-eight percent of sleep-related deaths occurred while the infant was sharing a sleep surface with another person.
- **Infants not placed to sleep on their backs:** Only 36 percent of sleep-related deaths had been placed to sleep on their backs.
- **Infants not placed to sleep in a crib:** Seventy-one percent of sleep-related deaths occurred when infants were sleeping some place other than a crib or bassinet. Forty-five percent occurred in adult beds.
- **Infants exposed to tobacco smoke:** Forty-three percent of sleep-related deaths were to infants exposed to tobacco smoke in utero and/or after birth. It is estimated that one-third of SIDS deaths would be prevented if maternal smoking during pregnancy were eliminated.<sup>3</sup>
- **Younger infants:** Sleep-related deaths decrease substantially after 3 months of age. Eighty-eight percent occurred prior to 6 months of age.
- **African-American infants:** Thirty-eight percent of sleep-related deaths were African-American infants, which is disproportionately higher than their representation in the general infant population (15 percent). Differences in the prevalence of safe-sleep positioning and other environment conditions among races may contribute to this disparity.<sup>3</sup>

**Sleep-Related Infant Deaths by Location when Found, 2007-2011, Ohio**



## Infant Safe Sleep



Baby sleeps safest alone, on their back, in a crib.

The ABCs of safe sleep, “Alone, on his/her Back, in a safety-approved Crib or bassinet,” is a popular risk reduction slogan based on the recommendations of the American Academy of Pediatrics.<sup>4</sup>

**Of the 819 sleep-related infant deaths in Ohio from 2007-2011, only six percent (51) indicated the infant was placed “ABC”.**

**Only 33 indicated the infant was both placed “ABC” and not exposed to tobacco smoke.**

## Risk Reduction Recommendations<sup>4</sup>

- Place infants for sleep wholly on the back.
- Use a firm crib mattress for the sleep surface.
- Room-sharing without bed sharing is recommended.
- Keep soft objects and loose bedding out of crib.
- Pregnant women should receive regular prenatal care.
- Do not smoke during pregnancy. Avoid exposure after birth.
- Avoid alcohol and illicit drug use during and after pregnancy.
- Breastfeeding is recommended.
- Offer a pacifier at sleep time.
- Avoid overheating.
- Avoid commercial devices marketed to reduce the risk of SIDS.
- Immunize infants on schedule.
- Use supervised “tummy time” daily.

# Ohio

## What Is Being Done in Ohio to Prevent Sleep-Related Infant Deaths?

ODH adopted an Infant Safe Sleep Policy to establish a consistent safe sleep message across all departments, subgrantee programs and activities. All ODH programs shall adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics. [http://www.odh.ohio.gov/odhprograms/cfhs/cf\\_hlth/cfhs1.aspx](http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/cfhs1.aspx)

Through the collaboration of partners from across the state, the ODH Violence and Injury Prevention Program, Child Injury Action Group (CIAG) and the Bureau of Child and Family Health Services will launch a statewide safe sleep social marketing campaign in early 2014. The Infant Safe Sleep subcommittee developed and focus group-tested messages for parents in order to implement the campaign.

The CIAG Infant Safe Sleep subcommittee has identified several strategies and action steps to reduce sleep-related deaths. The group is currently working on promoting and supporting policies and legislation regarding safe sleep education; partnering with health care providers and retailers to promote safe sleep; and supporting the expansion of Cribs for Kids® partner sites in Ohio.

The theme of the November 2012 Ohio Infant Mortality Summit was *Turn Up the Volume*. ODH continued to draw attention to safe sleep recommendations by distributing infant onesies printed with “This Side Up” at the Ohio State Fair and hospitals across the state. Infant sleep sacks that eliminate the need for loose blankets in the crib are being distributed through the Child and Family Health Services projects.

The SID Network of Ohio offers programs and services to parents, professionals, and the community to promote infant safety in an effort to reduce the rate of SIDS and other sleep-related deaths. <http://www.sidsohio.org/>

ODH hosted Infant Death Investigation trainings in March 2014.

Information about local initiatives to reduce the risk of sleep-related deaths can be found on pages 10-11 of the Ohio Child Fatality Review 13<sup>th</sup> Annual Report. <http://www.odh.ohio.gov/odhprograms/cfhs/cfr/cfrrpt.aspx>

**\*Data Notes:** Unless otherwise noted, all data were obtained from the Ohio Child Fatality Review Annual Report.

### References:

1. <http://www.nichd.nih.gov/sts/Pages/default.aspx>
2. <http://www.odh.ohio.gov/odhprograms/cfhs/cfr/cfrrpt.aspx>
3. <http://pediatrics.aappublications.org/content/128/5/e1341.full.pdf+html>
4. <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>

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