

Demonstration of Need

Note:

This grant was prepared as a subcontractor for another consultant. As a result, identifying information about the organization is not disclosed.

One of the most devastating tragedies in life is to experience the death of an infant. According to the Center for Disease Control and Prevention (CDC) and the National Center for Health Statistics, in 2002, the latest year from which data are available, an estimated 2,720 infants under 1 year of age died from Sudden Infant Death Syndrome (SIDS) and suffocation in a sleep environment.¹ According to the American Academy of Pediatrics, “the risk factors associated with safe sleep environments, i.e., prone sleep position, sleeping on a soft surface, maternal smoking, and overheating have the greatest potential for modification.”² Indeed, the Academy continues, national campaigns aimed at reducing prone sleeping have made a positive impact on the number of infants dying of SIDS.

Historically, organizations that band together to capitalize on one another’s strengths, professional networks, and other resources can effect greater change than those who opt to or must go it alone. National health campaigns, in particular, are more effective when groups adopt a common set of goals, a consistent message, and a unified approach. Yet, philosophical differences can sometimes overshadow the greatest of commonalities, marginalizing true impact and creating confusion, at best, for consumers and healthcare professionals in need of accurate information and real answers.

In 2005, the Maternal and Child Health Bureau (MCHB) of the U.S. Department of Health and Human Services tasked [REDACTED] to conduct a feasibility study for a national crib campaign. The feasibility study’s final report incorporated concrete suggestions that grew out of a collaborative Safe Sleep Symposium, which occurred in September of 2005.

The symposium, led by the organization that provided technical assistance in the feasibility study, [REDACTED], gathered numerous stakeholders together to review the evidence at hand, identify current barriers to successful implementation of a national campaign, and develop a pro-active plan for addressing the existing obstacles. It became clear through the research of the study and the outcomes of the symposium that organizational leaders must first come together as a coalition, listen to one another objectively, and strive for the adoption of a common message and implementation strategy. And, this certainly presents some challenges.

While child and family well-being remains central to the mission of all organizations on this front, significant challenges are present regarding the topics of bedsharing and varying opinions as to the potential danger this poses for a baby. Breastfeeding groups, in particular, view bedsharing as normal and healthy, with little to no reason for alarm unless a parent is impaired from alcohol consumption or other specific high-risk situations. SIDS groups, on the other hand, are adamantly opposed to bedsharing—during sleep—for any reason, at any time.

What seems like a relatively minor disagreement is, in fact, a true detriment to an effective safe sleep campaign. Conflicting information is abundant in print, on-line, and through individual organizational outreach efforts, causing heated debate between professionals, and utter confusion for the consumers who value and so desperately seek the “right” information to safeguard their baby’s health...and life.

Upon recommendation of the stakeholders at the Safe Sleep Symposium, [REDACTED], proposes that another meeting take place. This Safe Sleep Summit would be facilitated by [REDACTED] as an

¹ Compressed Mortality File Documentation, WONDER On-line database, wonder.cdc.gov, 2002.

² American Academy of Pediatrics Policy Statement, March 2000, Changing concepts of sudden infant death syndrome: Implications for infant sleeping environment and sleep position,” *Pediatrics* 105 (3).

objective, skilled mediator and team-building resource, with the goal of discovering and embracing common ground, and to begin laying the groundwork for a unified and strategic national, safe sleep campaign.

The 2005 MCHB feasibility study explored the correlations between a national crib safety campaign and the success of the child car safety campaign, involving proper restraint and installation of approved car seats that has dramatically reduced child car accident-related injuries and deaths in the United States. The study suggests that a consistent message, duplicative through standard word usage and templates for widespread information dissemination, remains the most successful approach to a national campaign. In order to arrive at this most effective model of education, groups must come together to define “safe sleep” beyond the stringent term “crib,” in order to allow for acceptable variations, such as American Indian cradleboards. Additionally, just as car safety standards must adapt to changes within the automotive industry, as new makes and models of cars create a need for constant re-evaluation of policy, so too is the case with a safe sleep campaign.

Consistent information regarding some suffocation risks can be found throughout the Internet, and sources such as the CDC clearly identify avoidable contributors to infant death, such as loose bedding, soft sleep surfaces, prone sleep position, overheating, and exposure to second-hand smoke,³ which are factors generally accepted by the larger healthcare community. As a result, today’s parents can minimize some hazards through basic and specific modifications to the sleep environment, sparing babies who might otherwise be lost to the tragedy of SIDS. But what is a parent to do when they receive conflicting information? Such inconsistencies compromise the potential impact of a national health campaign, which necessitates the first strategic step—the Safe Sleep Summit.

Issues of discussion at the Safe Sleep Summit will include the definitions and exclusions of a safe sleep environment, distribution programs for cribs and bassinets for socio-economically disadvantaged populations, sustainability of a campaign and donated crib initiatives through extensive corporate support, and building consensus despite the philosophical variances that currently divide these groups.

Certainly, the most controversial issue to be discussed is that of bedsharing or “the family bed,” a sleep environment shared with a parent or a sibling. Expected to consume the entire first day of the two-day summit, defining a safe sleep zone is paramount to the development of a consistent message.

This deeply divisive point among the groups desperately requires exploration, as this practice, which is deemed by many healthcare experts as dangerous, is widespread by parents and hospital workers alike. For instance, it is still a common practice for nurses to place twins or multiples in the same crib. Some would argue that this is soothing to the child, yet others know that even under the supervision of hospital staff, some babies will suffocate and die. And, parents model the behavior they witness from the professionals once they return home with their newborns. Yet, on any given day, website forums such as a listserve moderated by Project Impact, a program of the Association of SIDS and Infant Mortality Programs (ASIP) and the MCHB, prove that hospital workers throughout our nation are not receiving appropriate information with regard to revised safe sleep practices.⁴

The American Academy of Pediatrics modified its original 1992 sleeping position recommendations, which previously identified a side or supine position as being optimum for reducing SIDS, in 2002, based on new evidence, and now advises that placing infants on their backs confers the lowest risk and is the preferred position.⁵ It is alarming, then, to discover, in 2006, that many of our nation’s highly skilled

³ CDC website, <http://www.cdc.gov/SIDS/>

⁴ st-to-st-sids-id-news Digest, Vol 12, Issue 28

⁵ PEDIATRICS Vol. 116 No. 5 November 2005

nurses still follow the former guidelines, as indicated through the previously mentioned and cited website forum visited during the course of this proposal's development.

Clearly, much work is still needed, and a national campaign is the critical answer for both the general public and healthcare professionals. Before this can occur, however, differing sides of the bedsharing debate need to first determine if it is possible to work together and to adopt a consistent message. Given the polarity involved, the outcome of the summit may simply be that the philosophical differences preclude collaboration. Yet, all will agree that a successful national campaign needs the involvement of all, when possible, and it is important to seek solidarity through discussion.

Illustrating the extent of the divide, the Academy of Breastfeeding Medicine (ABM) released their position paper on the subject in October of 2005, rebuking the recommendations of the American Academy of Pediatrics Taskforce on SIDS that advise against parent-infant bedsharing. In this document, the ABM and Dr. James J. McKenna, a consultant to the AAP and strong proponent of bedsharing practices, cite current research by the CDC,⁶ as well as AAP's existing policy statement on Breastfeeding and the Use of Human Milk,⁷ to support their claim that breastfeeding is associated with a reduced risk of SIDS.

They claim, "Since 1992, SIDS has decreased as both co-sleeping and breastfeeding have increased. Sleeping near one's baby or in the same room has been shown to reduce the risks of SIDS and more broadly promote maternal and child health by facilitating breastfeeding. As exclusively breastfed infants feed frequently through the night, breastfeeding is thought to reduce SIDS by the same proposed mechanism as supine sleep and pacifiers, namely less deep sleep and frequent brief awakenings. Breastfed babies do not need artificial pacifiers to get stimulation since they already have the protective effect of suckling during the night." And that, "Extensive research on infant sleep has revealed that infants are frequently aroused to lighter stages of sleep by parental movement when co-sleeping."⁸

Dr. McKenna continues by saying, "there are many forms of co-sleeping and recommendations for SAFE co-sleeping need to be publicized. Co-sleeping is defined as sleeping in close proximity to one's infant, which can include but does not necessarily imply being in the same bed. Infants should never co-sleep with other siblings, with smoking or substance-abusing parents, on sofas or waterbeds, with soft bedding materials, or adjacent to spaces that could trap the infant. As with sleeping in a crib, infants should be placed on their backs, with only a thin blanket on a firm bedding surface."⁹

While breastfeeding proponents staunchly defend their claim that the SIDS rate is no higher for bedsharing families than that of babies who sleep in separate spaces, infant death groups will challenge those statistics based on the fact that data is not believed to be fully accurate, simply due to the reality that autopsies are rarely performed in such cases, making causal factors speculative. But, their greater argument could be that a high-risk factor should be avoided at all times, and that the loss of a baby to SIDS is the harshest way to learn that bedsharing is not a matter of preference for a family and is a foolish gamble best not taken. Of course, these groups, too, can provide extensive research on the other end of the spectrum to equally substantiate their stance on the issue.

⁶ Chen A, Rogan WJ. Breastfeeding and the Risk of Postneonatal Death in the United States. *Pediatrics* 2004; 113:e435-439 URL: <http://www.pediatrics.org/cgi/content/full/113/5/e435>

⁷ American Academy of Pediatrics, Section on Breastfeeding, Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* 2005; 115(2):496-506

⁸ <http://www.bfmed.org/documents/SIDS-Bedsharing.doc>

⁹ *ibid*

The good news is that there ARE commonalities in what these groups value and believe, which provides an opportunity to explore enhancing strengths and, thereby, producing a solid and effective public service. The issues that divide these organizations are small in number, but massive in the implications for a successful partnership, which is why [REDACTED] will provide facilitation of this mediation process and seek to help these groups find and capitalize upon their common ground.

SIDS groups fully acknowledge the benefits of breastfeeding—both for emotional bonding and a developed sense of security for the baby, as well as the nutritional value, and do not dispute the breastfeeding groups' insistence that feedings be frequent and that the fatigue level of a mother must be considered. But, since there are several ways to have a baby in a separate sleeping space and keep the child within arms reach, these infant death organizations have difficulty making a concession in this philosophical department. Meanwhile, breastfeeding groups are obviously dedicated to the well-being of babies and their families. Their beliefs do not preclude absolute concern for infant safety and the preservation of a child's life, yet, for them, the benefits of breastfeeding for both mother and child outweigh the risks, which they claim to be minimal.

The challenge for these opposing sides is to come together to review the most up-to-date research and to determine the most effective way to educate the nation with regard to infant safe sleep environments. Most of the components of a national campaign can be implemented without substantial debate, but before that can occur, the message must be unified and with the public's best interest in mind. As a result, the Safe Sleep Summit is the next step to the development of a successful national safe sleep campaign.

The first day of the summit will solely focus on safe sleep issues involving bedsharing and acceptable "crib" or safe space definitions, and bringing breastfeeding groups and SIDS organizations together to build consensus or conversely, perhaps determine an inability to collaborate on a single communicated message due to unwavering core beliefs. Day two of the conference would enable the groups to begin addressing the issues of crib distribution to economically disadvantaged families, manufacturer crib safety standards, as well as marketing and sustainability plans for a national healthcare campaign.

Defining a clear and consistent campaign message is the first step to creating a comprehensive national effort and, as a result, must occur prior to addressing any other issues. A two-day summit, however, would allow these groups to also begin strategic planning to tackle some of greatest barriers to the broad-based reduction of infant death or injury as relates to safe sleep.

Socioeconomic factors certainly have bearing on SIDS rates and pose complex challenges for a national campaign, ...

(Demonstration of need continues)