# Sleep-Related Infant Deaths in Georgia

## Using Child Fatality Review to Improve Investigations and Prevention

Office of the Child Advocate
Division of Child Fatality Review
270 Washington Street, Atlanta, GA 30334
404-656-4200
www.oca.georgia.gov

# Purpose of Child Fatality Review

- **To review deaths and determine if services or agency activities prior to death were appropriate;**
- **To determine if the child's death could have been prevented;**
- **To make recommendations to prevent future deaths for children who are at risk**

# CFR Committees

- CFR committees exist in every county in Georgia; they include a representative of the following mandated agencies:
  - District Attorney
  - Public Health
  - Mental Health
  - Juvenile Court
  - Law Enforcement
  - DFCS
  - Coroner/Medical Examiner
  - Prevention Advocate (by policy)
- They review every child death – under the age of 18 – if it has been determined to be an unexpected or suspicious death
- We use a standardized case reporting tool to collect details of the death, and the circumstances leading up to the death

# Child Fatality Review Timeline and Responsibilities

Timeline

**If child is resident of the county**, medical examiner or coroner will notify chairperson of child fatality review committee in the child's county of residence within **48 hours** of receiving report of child death (OCA § 19-15-3).

Medical examiner or coroner reviews the findings regarding cause of death.

**If child is not resident of county**, medical examiner or coroner of the county of death will notify the medical examiner or coroner in the county of the child's residence within **48 hours** of the death.

Within **7 days**, coroner/medical examiner in county of death will send coroner/medical examiner in county of residence a copy of investigation report/death notification with any other available documentation regarding death.

Upon receipt, coroner/medical examiner in county of residence will follow procedures.

If cause of **death meets the criteria** for review pursuant OCA § 45-16-24, medical examiner or coroner will complete investigation report/death notification and forward to the chair of the child fatality review committee *and the state CFR division* for review within **7 days** of child's death.

If cause of **death does not meet the criteria** for review pursuant to OCA § 45-16-24, the medical examiner/coroner will forward initial investigative report to the chair of the child fatality review committee *and state CFR division* within **7 days**.

**If chair believes death meets the criteria** for review, chair shall call committee together.

If **chair agrees** death does not meet criteria for review, the report/notification form is forwarded to the *state CFR division.*

Committee shall meet to review findings and conduct investigation into the child death within **30 days** of receiving the investigation report/death notification report.

Committee shall complete review and prepare report within **20 days** after the first meeting following receipt of medical examiner or coroner's report.

Committee shall transmit a copy of the CFR report to the CFR Panel within **15 days** of completion.

District Attorney is responsible for completion of the CFR committee's report of findings online report through the www.cdrdata.org site. This is an online reporting system going to the Georgia Office of the Child Advocate

Mandatory committee members are county medical examiner or coroner, district attorney, DFCS, law enforcement, sheriff, juvenile court, county board of health, and county mental health.

All **reviewable deaths** should be considered in this process. The deaths includes: SIDS/SUID without confirmed autopsy report; accidental death when death could have been prevented through intervention or supervision; STD; medical cause which could have been prevented through intervention by agency involvement or by seeking medical treatment; suicide of a child under the custody of DHS or when suicide is suspicious; suspected or confirmed child abuse; trauma to the head or body; or homicide.

# Safe Sleep Environment

# SIDS

- Sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history

# SUID

- After investigation, risk factors are identified that COULD HAVE contributed to the death, but are not conclusive to have CAUSED the death

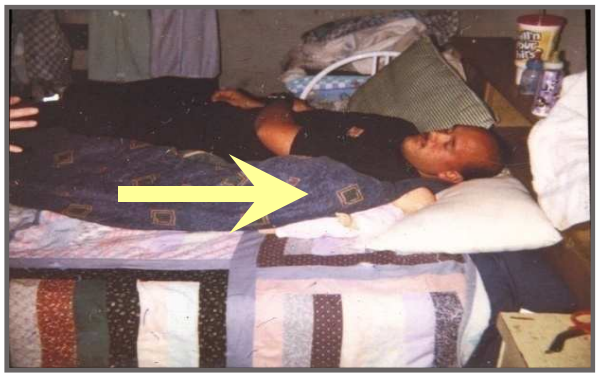
# Common Risk Factors in SUID cases






# Asphyxia

- Suffocation by soft bedding, pillow, waterbed mattress
- Overlaying (rolling on top of or against baby while sleeping)
- Wedging or entrapment between mattress and wall, bed frame, furniture
- Strangulation (infant's head and neck caught between crib railings)



# Common Patterns

- **Most sleep-related deaths occur when the infant is between two and four months of age**
- **More sleep-related deaths occur in the colder months**
- **More males die from sleep-related deaths than females**
- **African-American infants have a 2-3 times greater risk of dying from unsafe sleep than Caucasian infants**
- **Back sleeping is the safest sleep position for infants under one year of age**
- **About 75% of infants who die suddenly and unexpectedly die while they are sleeping in the same place (couch, futon, or bed) as another person**
- **SIDS is not the same as suffocation/asphyxia, but both can happen when the infant is asleep**

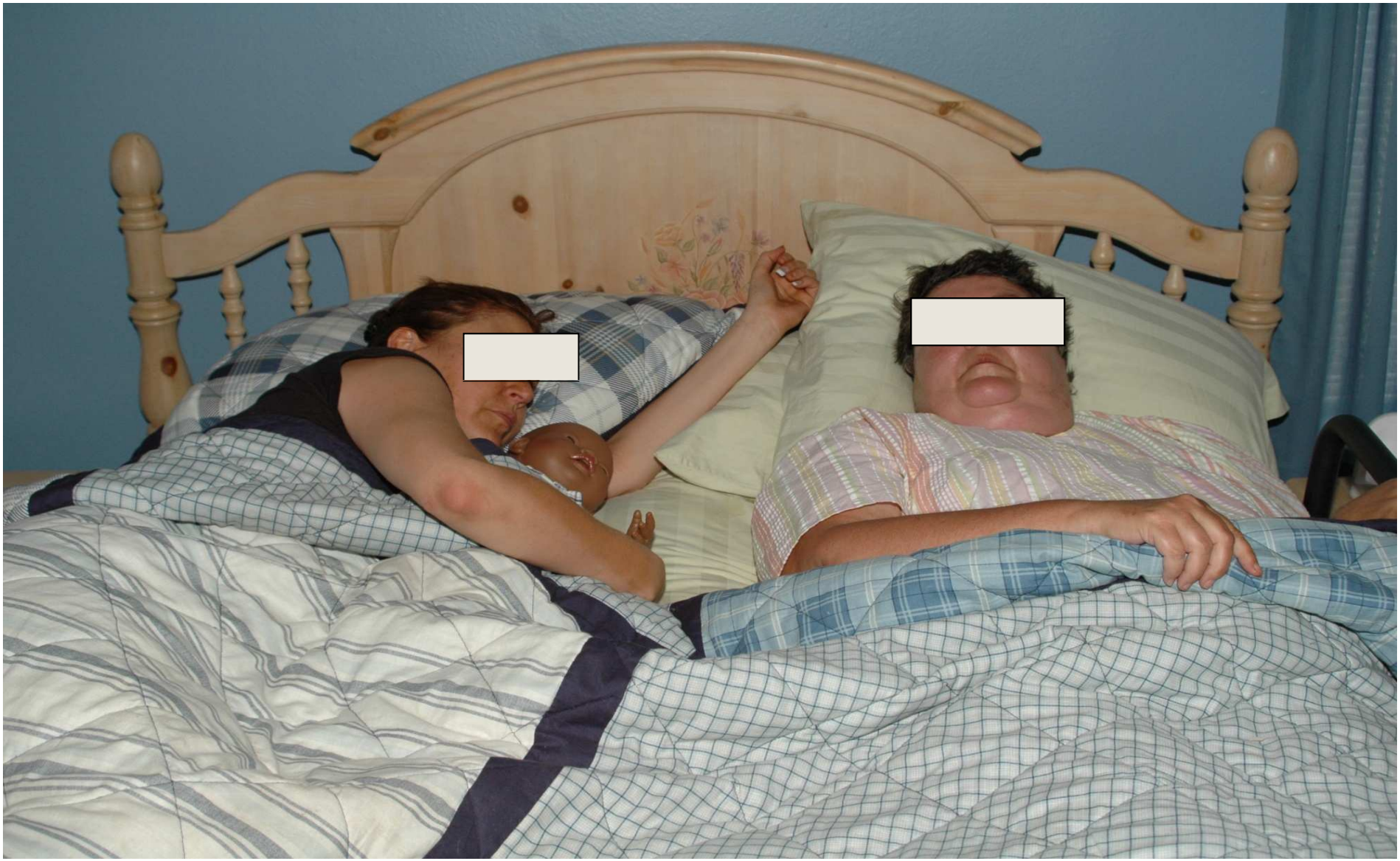
# Safe or Unsafe?

# Safe or Unsafe?

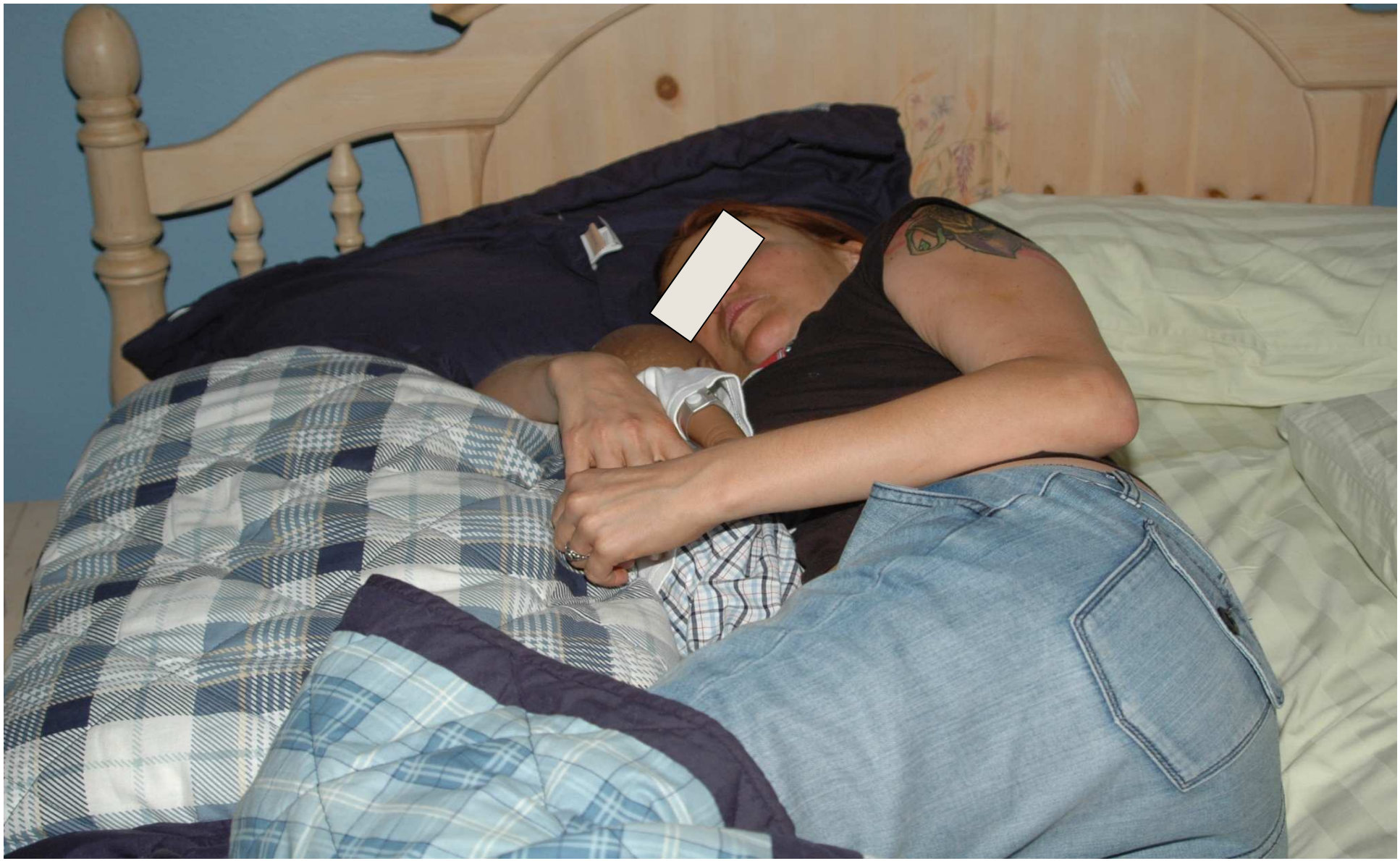
# Scenario #1

- 4 month old white female infant
- Bedsharing with mother and grandmother in full size bed
- After 0200 feeding placed back in bed
- Mom awoke at 0830 to find baby deceased
- Apparent lividity along back
- Not transported

# Placed Position



# Found Position



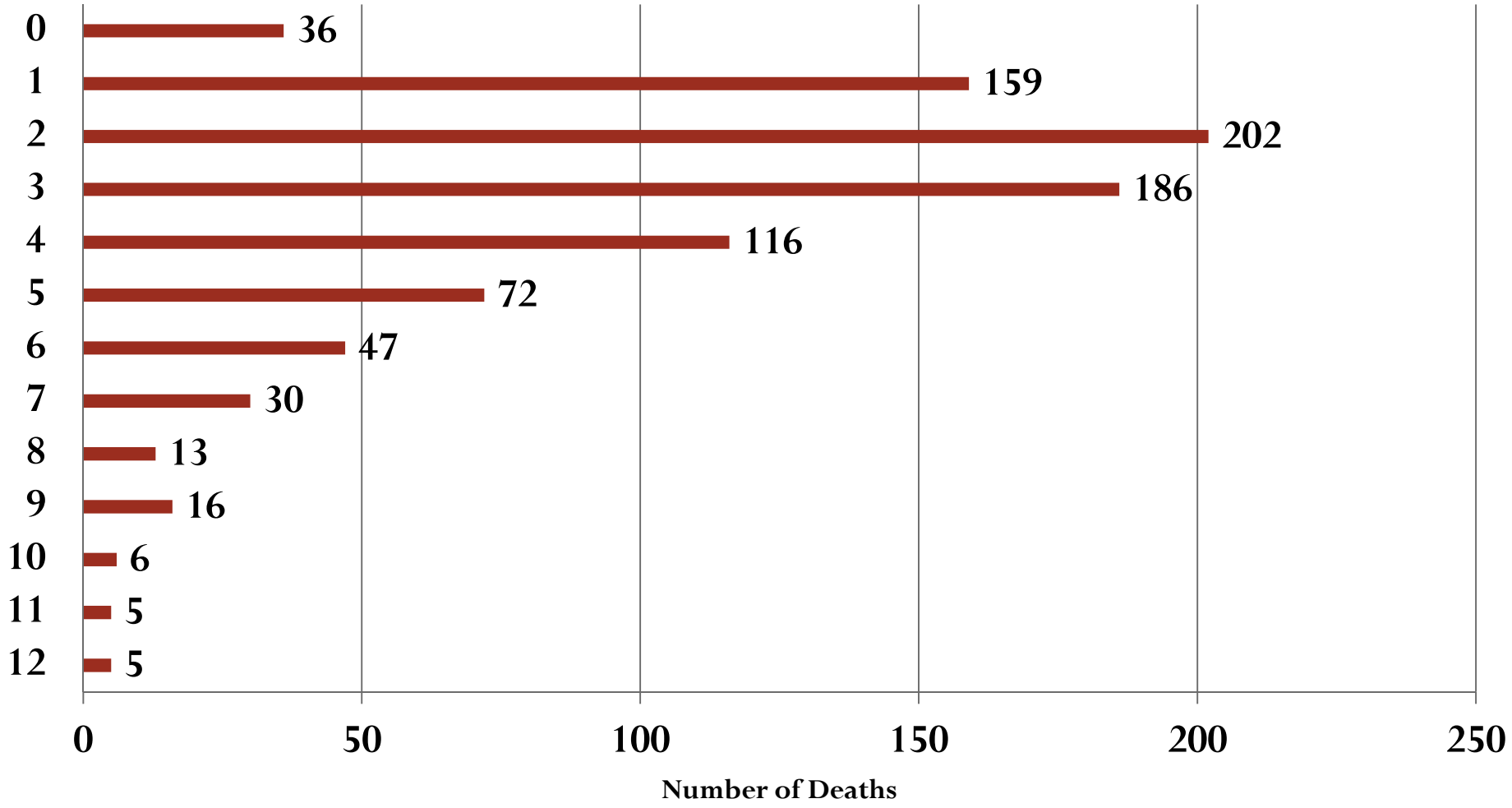
# Scenario #2

- 5-month old white female infant, placed in an adult bed alone to sleep, found wedged
- Cause of death: Asphyxia

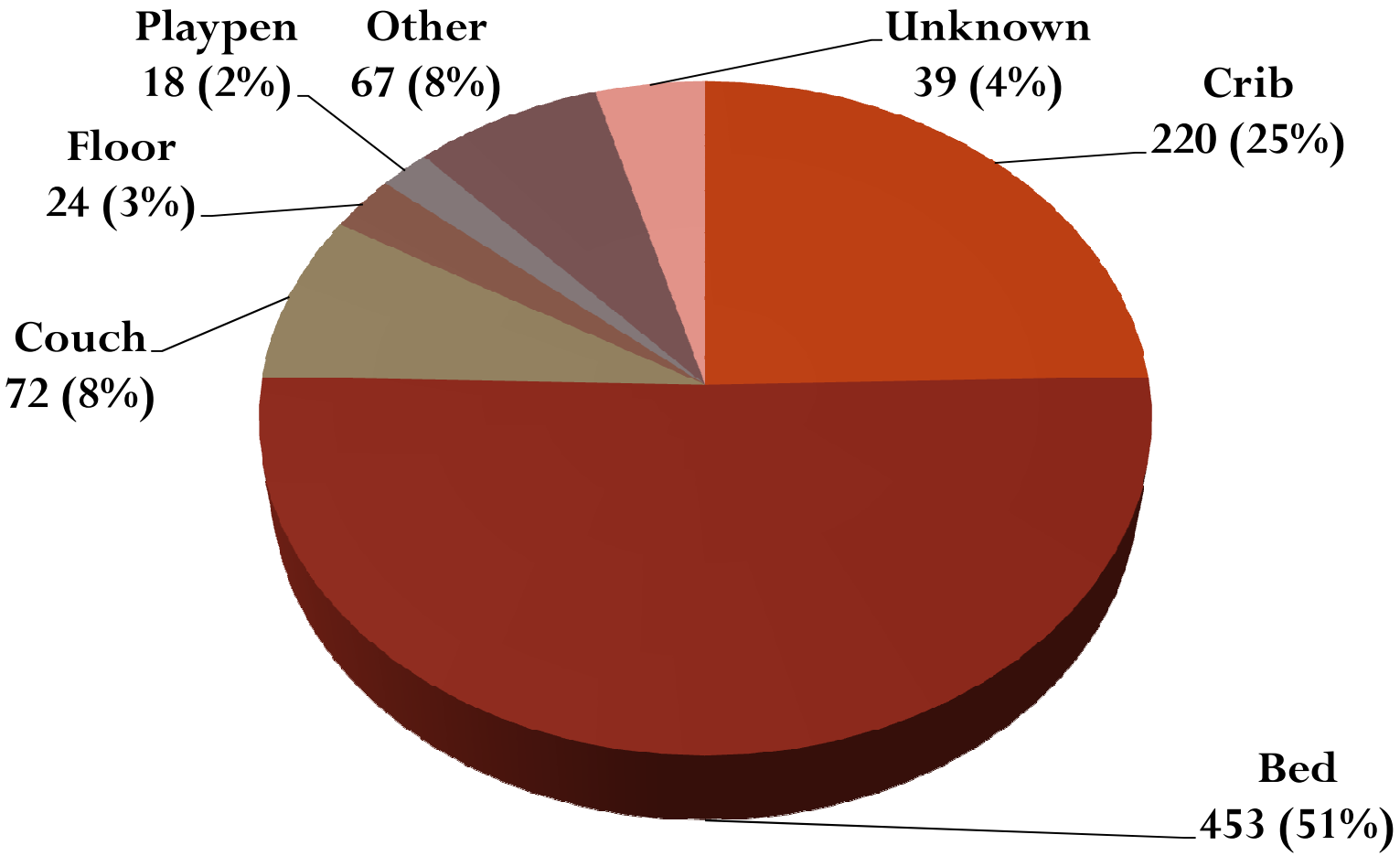
Provided by GBI

# Georgia CFR Data, 2004-2008

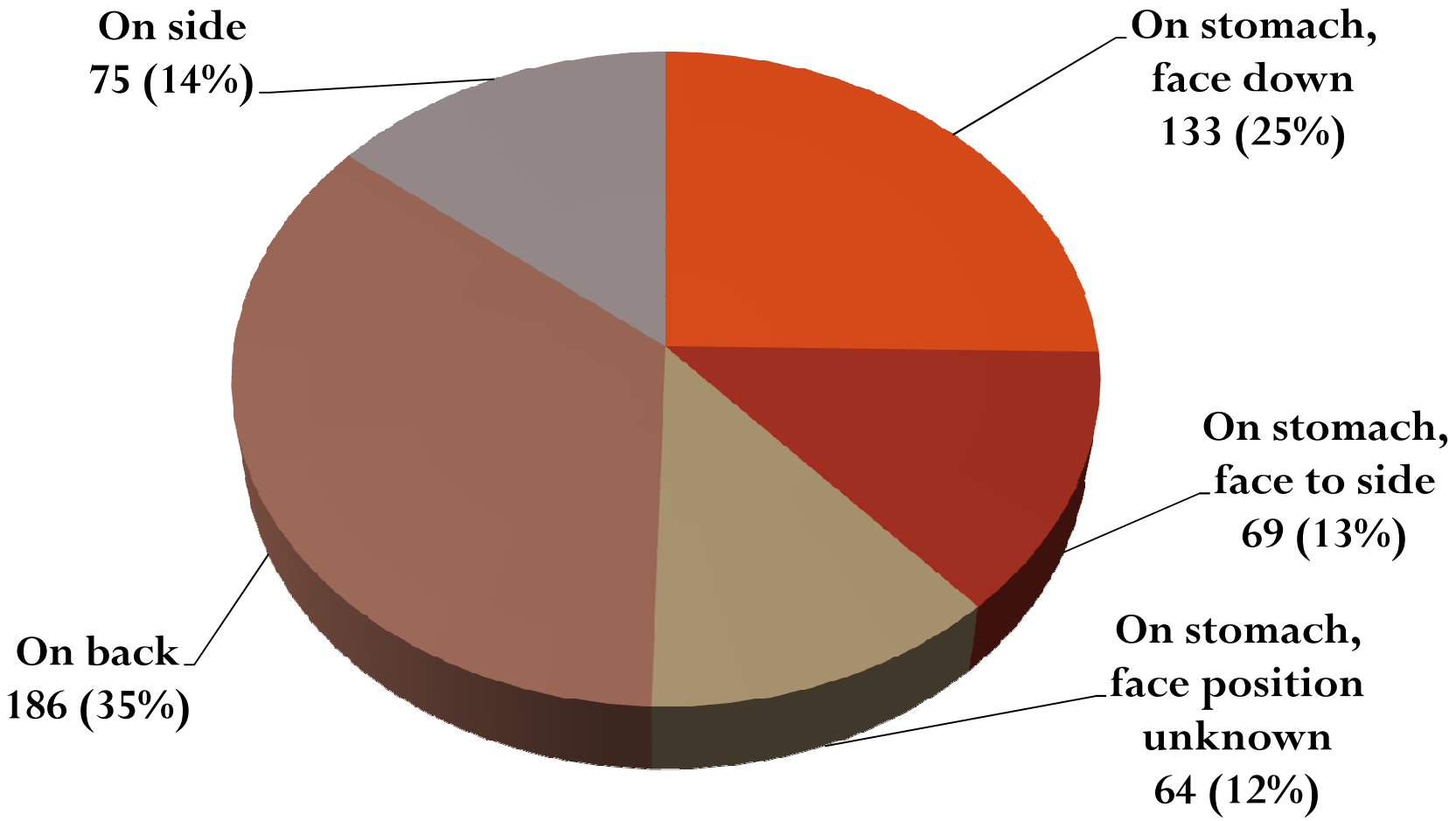
# Reviewed Sleep-Related Deaths by Age in Months, 2004-2008 (N = 893)



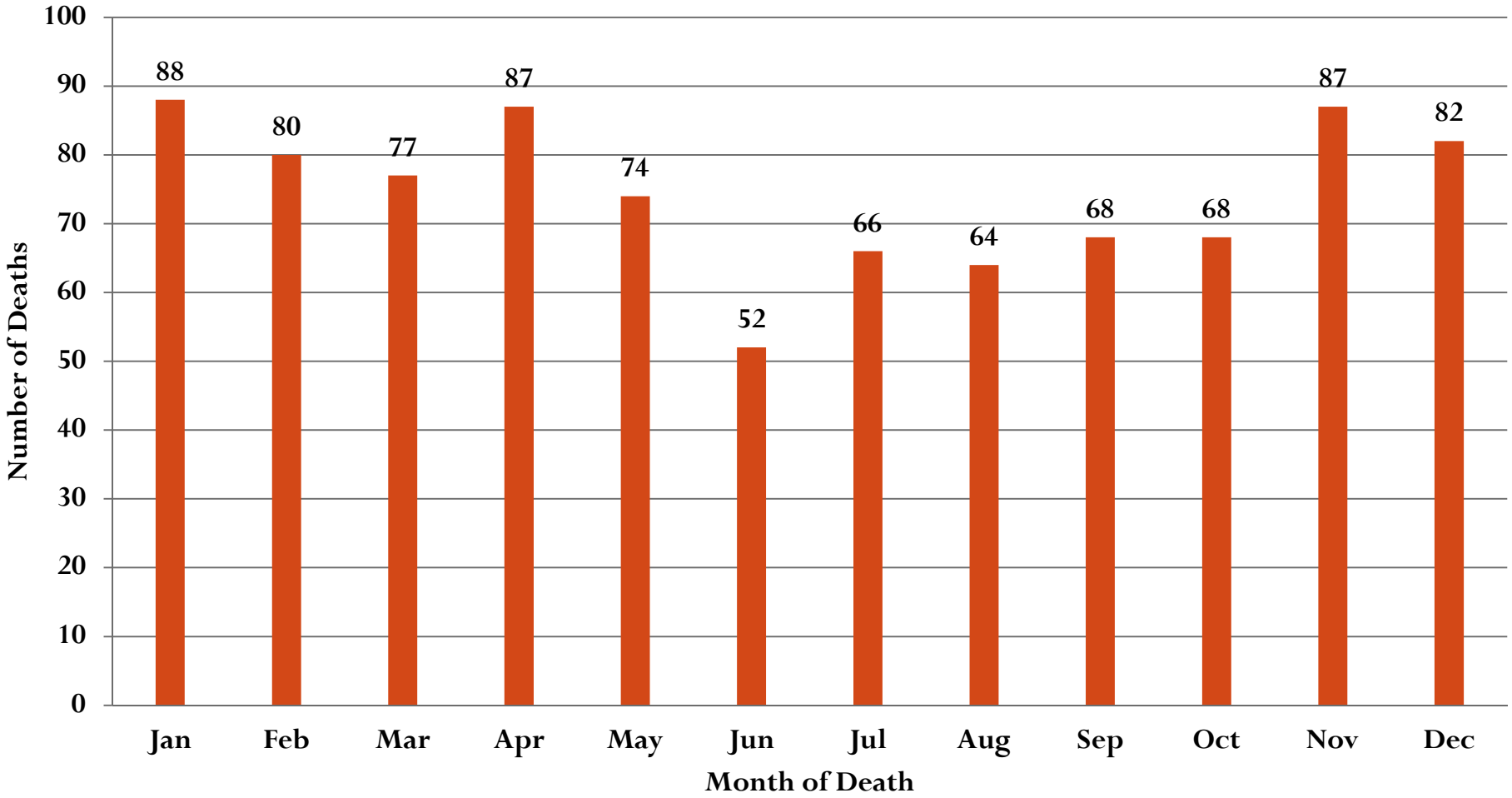
# Sleep Location at Death, 2004-2008



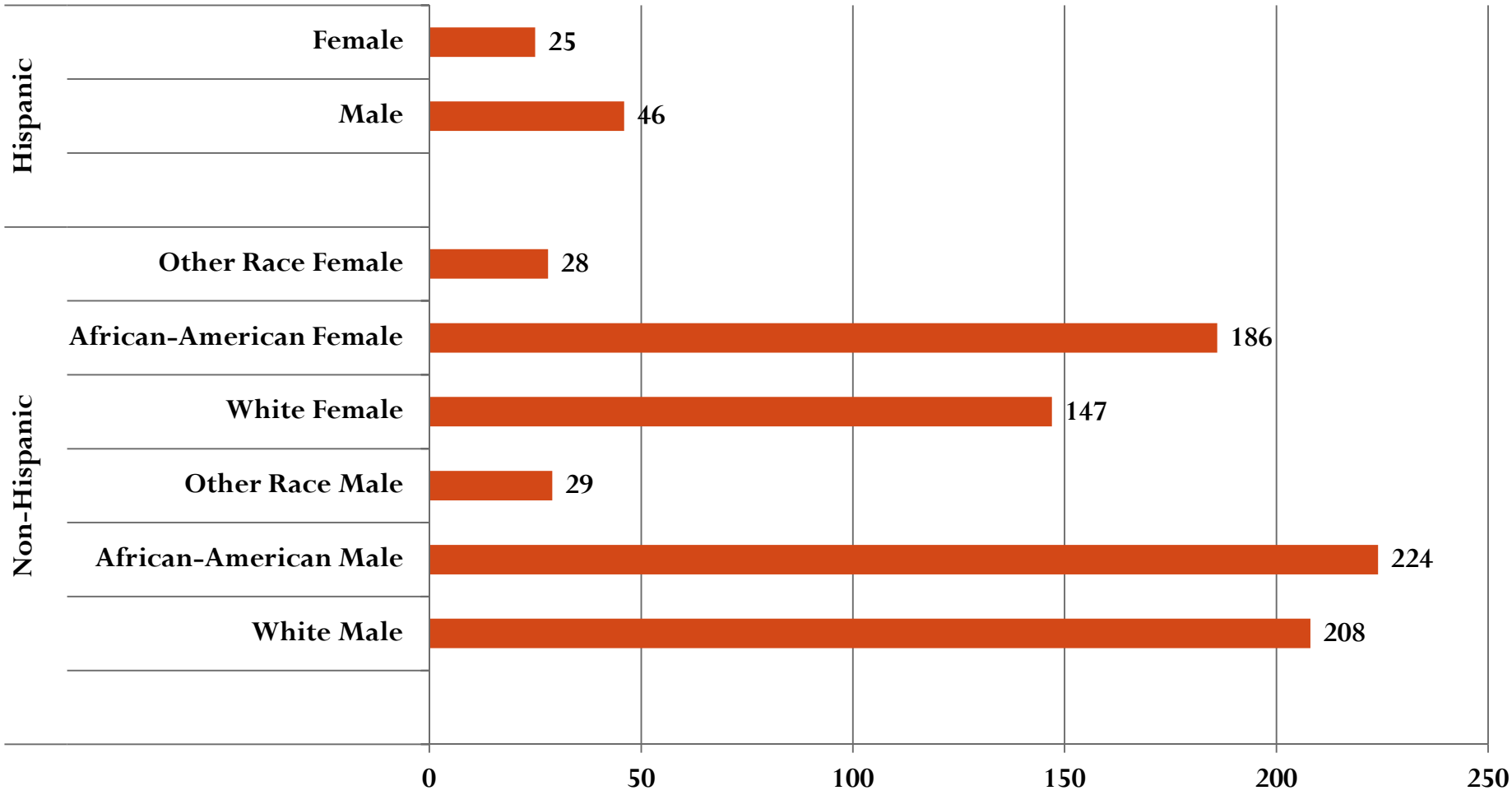
# Position in Which Discovered, SIDS / SUID Deaths with Known Position (N = 527)



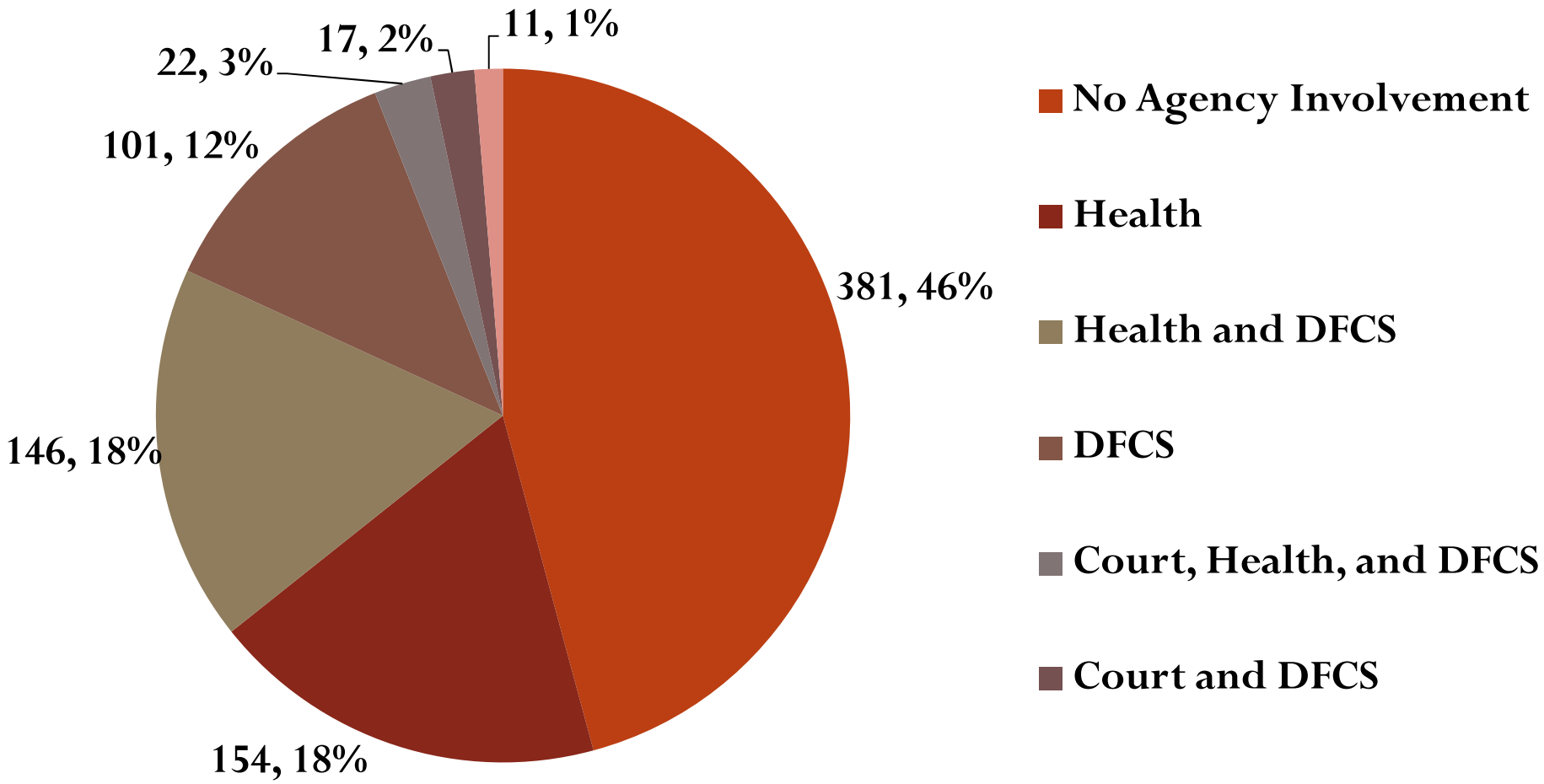
# Reviewed Sleep-Related Deaths, by Month of Death, 2004 – 2008 (N = 893)



# Race/Sex/Ethnicity, 2004-2008



# Agency Involvement, 2004-2008



# Preventability

- Preventability is defined for CFR committees as a death in which, with retrospective analysis, it is determined that a reasonable intervention (e.g., medical, educational, social, psychological, legal, or technological) could have prevented the death. In other words, a child's death is preventable if the community or an individual could reasonably have done something that would have changed the circumstances of the death

# Is this preventable...?

- Investigation revealed that mother had fed the baby and put him the swing beside the couch where she slept. When she awoke, the baby and her 2-year-old were on the couch with her. The baby was unresponsive and had blood coming from his nose. She stated that the baby was pressed against the older child and the couch. She did not remember taking the baby out of the swing or remember the 2-y.o. child getting on the couch with her. She did report a **history of co-sleeping with the infant**. She woke her husband and they tried to revive the baby but were unsuccessful.

- The infant was under the care of a **pediatrician** for GERD and was at one time considered failure to thrive. He had 11 visits to the **hospital** ER &/or admissions since birth. He was being weighed weekly at home by a **home health nurse**. The parents and grandparents had been trained about feeding practices for an infant with GERD and about the dangers of co-sleeping. **DFCS** had also made home visits and educated them about the dangers of co-sleeping. His last visit to the doctor was for a routine follow-up visit.

- The cause of death was Sudden Unexplained Infant Death (SUID).

# Is this preventable...?

- Incident occurred as two siblings (ages 1 and 2), mother, and decedent were **bedsharing** in a **king size bed**. Mother woke up around 4:00 a.m. and baby was fine. Mother awoke again at 7:00 a.m. to find baby lying face down in the bed with a bloody purge coming from the child's mouth or nasal extremities. The decedent was **prone** and unresponsive and 911 was called. Law Enforcement arrived and attempted CPR.

- Mother stated that she no complications during pregnancy and stated that she did not smoke. Police officer reported that house was in clean condition but there was evidence of **malnourishment**. Baby was [at one point] admitted into hospital and stayed for 3 days for failure to thrive. Baby had been losing weight.

- DFCS reported substantiated (child) neglect. They had provided mother with a baby bed and had talked to her about the dangers of co-sleeping/ bedsharing. The mother is mentally disabled.

# Is this preventable...?

- Parents had changed the infant and went to bed around midnight. The parents and the baby were **sharing** a **queen bed**. The bed had a sheet and a **heavy comforter** on it. Mother breastfed the baby about ten minutes after midnight. During the night the baby spit up and the mother gave him mylicon drops. When the parents awoke checked on the baby at 5 am, the baby was unresponsive with blood on the side of his face and vomit in his mouth. The mother cleaned out the mouth and the father began CPR while EMS was on the way. EMS immediately put the infant in the ambulance and transported him to the hospital. The child was declared deceased at the hospital.

- The temperature of the room with a few hours of the infant's death was 72-73 degrees F. Ample evidence in the residence and admissions on the part of the mother and other family members suggests **alcohol and drug use** by both parents on the night of the death, to include: alcohol, prescription drugs and marijuana. Toxicology results on the infant at autopsy were negative. No charges were filed with regard to the marijuana possession and numerous pills found on the floor and dresser of the room where the baby died. The father had been released from custody on assault and battery charges only two days prior to the death of this infant. An ashtray with numerous cigarettes suggests that the child was **exposed to smoking** inside the residence.

# Modifiable Risk Factors

- How many of these MODIFIABLE risk factors do you address when you talk to parents (or soon-to-be parents) of infants? And how often?
  - Bed sharing / co-sleeping
  - Pillow use; Comforters/blankets
  - Bottle propping
  - Prone ("stomach") sleep positioning
  - Using infant car seats as "beds"; Adult beds
  - Smoking in the home/ 2nd hand smoke exposure

# Best Practices for Prevention

# Protective Measures

1. ABC = Alone; on the Back; in a Crib
2. The safest place for the infant to sleep is in your room, but in their own separate sleep surface near your bed
3. Use a safety-approved crib with a firm mattress and a fitted sheet; don't use drop-side cribs - they are now banned
4. Keep pillows, plush toys, blankets, comforters, and quilts out of the crib while the infant is sleeping
5. Try using sleep sacks instead of blankets for warmth
6. Keep the room at a comfortable temperature for you; it should not be too warm
7. Pacifiers may help reduce the risk, but don't force it if the infant doesn't want it

# "SAY" and "SHOW"

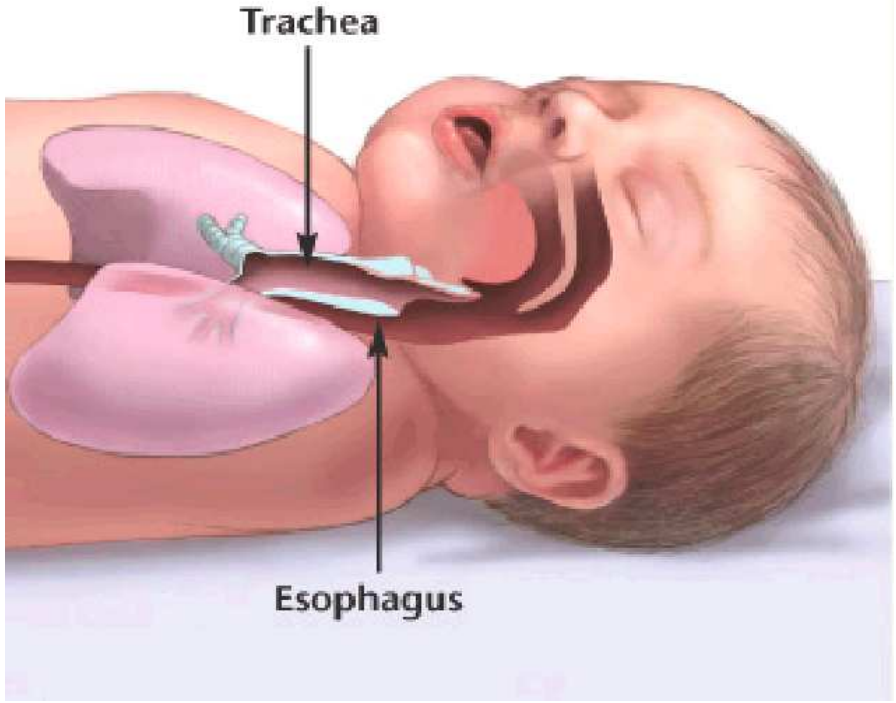
- Best practice for DFCS and other state/local agency workers who visit parents in homes is to "**say and show**"
  - **SAY**: tell parents and caregivers how to place a baby for sleep (naps and night time), and why "Alone – on the Back – in a Crib" is important
  - **SHOW**: have the parent and any other caregivers show you how they would place the baby (stomach or back or side), and where the baby sleeps (car seat or bed or crib or couch). Use this time to reinforce safety and encourage feedback

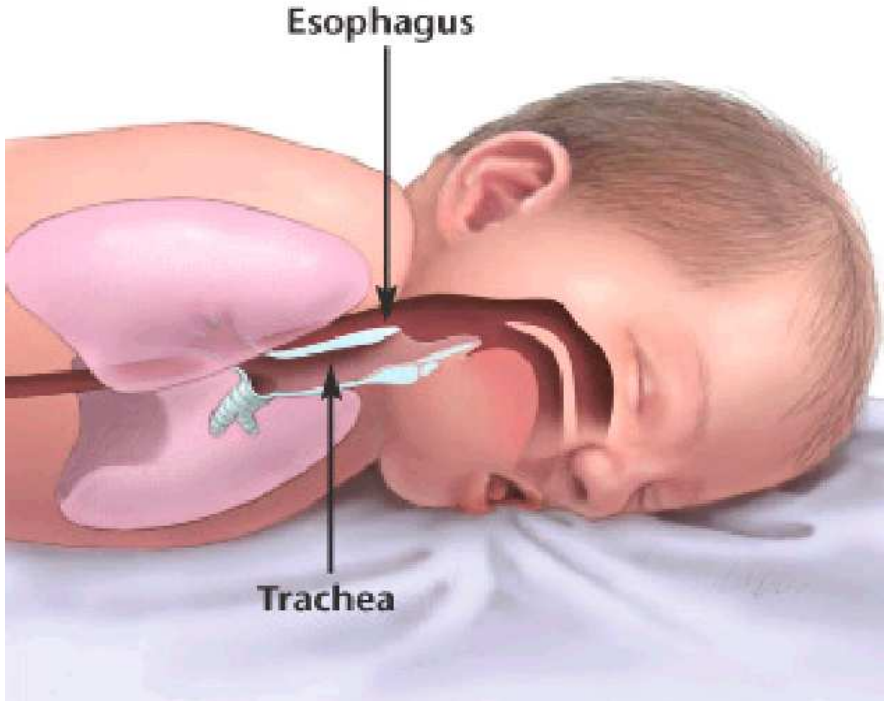
# Common Issues with Prone Sleeping

- "He sleeps longer and more comfortable on his stomach"

- "I put her on her stomach because I'm afraid if she's on her back and spits up, she could choke"

# Upper Respiratory Anatomy: Baby in Back and Stomach Sleeping Position



# Common Issues with Bedsharing

- "I'm gone all day at work and I want her close to me at night so I can cuddle with her in bed"

- "I want to keep breastfeeding whenever she needs me, but I don't want to get up and walk back and forth to her crib all night either"

# The “Arm’s Reach Co-Sleeper”

# Common Issues with Firm Surfaces

- "My son sleeps on a pillow because he likes soft surfaces. We put a pillow in his playpen and he sleeps on top of the pillow"

- "I wouldn't want to sleep on anything too hard, so I think that he wouldn't be comfortable either"

# Common Issues with Pillow Use

- "I put him in my bed and I put pillows on each side of him so he won't roll over"

- "I put a pillow behind his back and place him on his side so he won't roll too much"

# Prevention Together


This image was on the home page of a consumer review and product ranking website (www.viewpoints.com)

The company was recently featured in a Chicago news article. When the Safe Sleep Community found out about this image, they blasted it through the email listserv to raise awareness among other advocates, contacted the company directly to request that they change the image, posted complaints to the company's Facebook page, and got the image removed **in a week**. The company also apologized for using this image.

The primary concern was that if consumers saw this image, they would think it is safe, because it is posted by a reputable, trustworthy company. We want consumers to see safe sleep everywhere.

# Final Jeopardy Question

- "You don't know what really causes SIDS, so what difference does it make how my baby sleeps? You can't say that my baby won't die if he's on his stomach or his back, in his crib or in my bed, so why should I listen to you?"

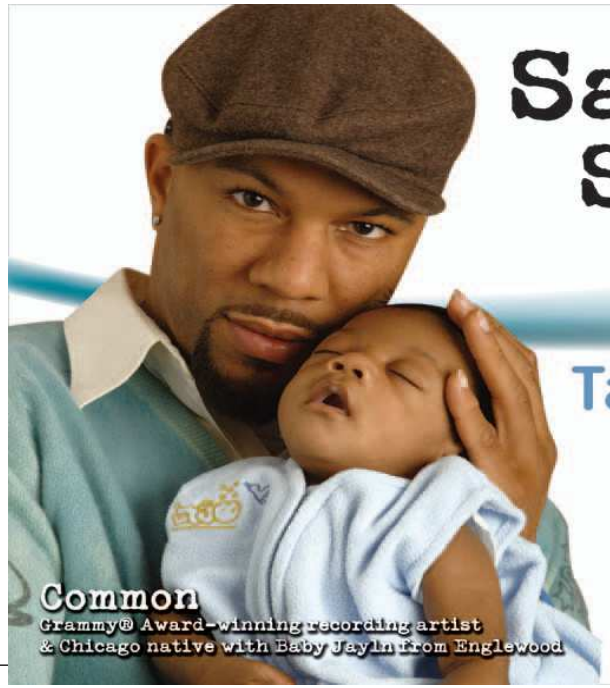

# YOUR BABY BELONGS IN A CRIB, NOT A CASKET.

In Chicago, African American infants are 13 times more likely to die from Sudden Infant Death Syndrome (SIDS).

**For safest sleep, place your baby on its back in a crib.**

For more information, contact SIDS of Illinois at 1-800-432-SIDS (7437) or call 311
www.sidsillinois.org

sids · DHS · March of Dimes




# Saving Our Babies... Saving Our Future.

**Take action!** Get early & regular prenatal care.

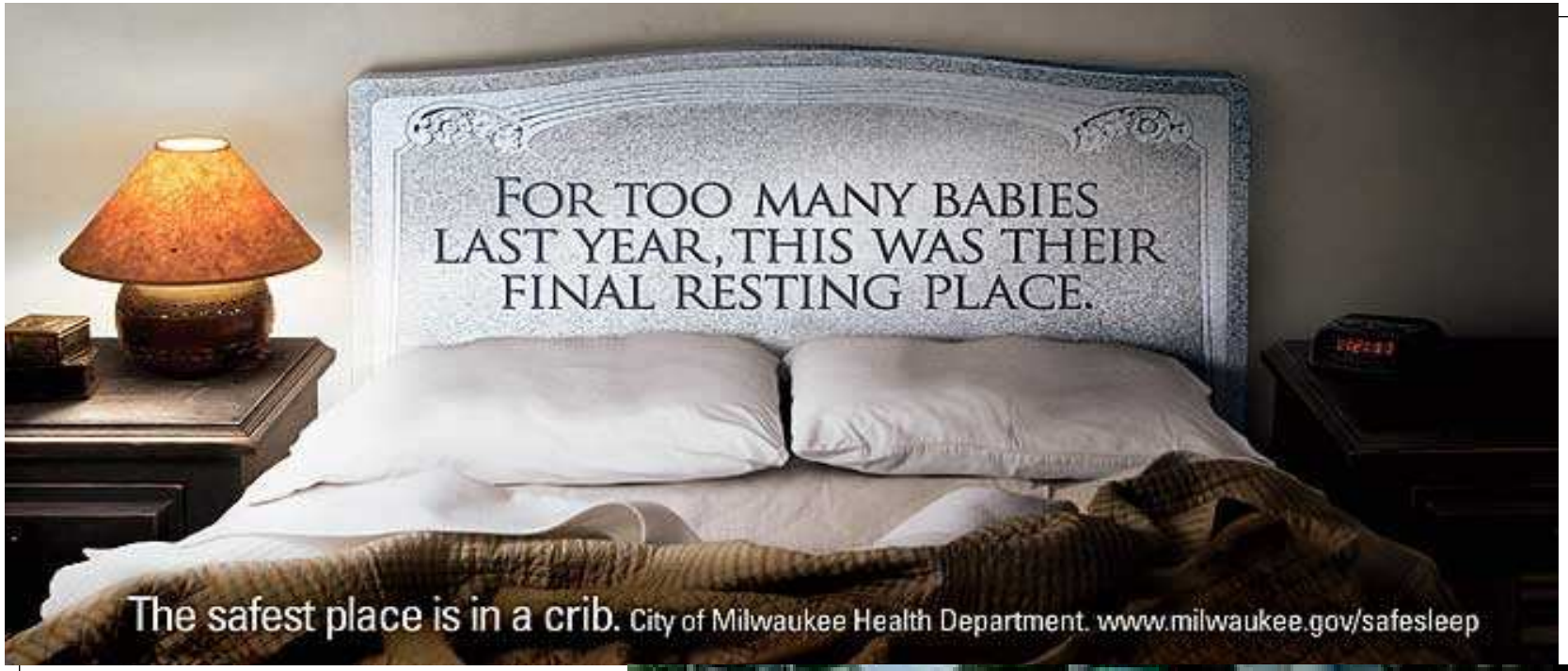
Place babies to sleep on their backs in a safe crib.

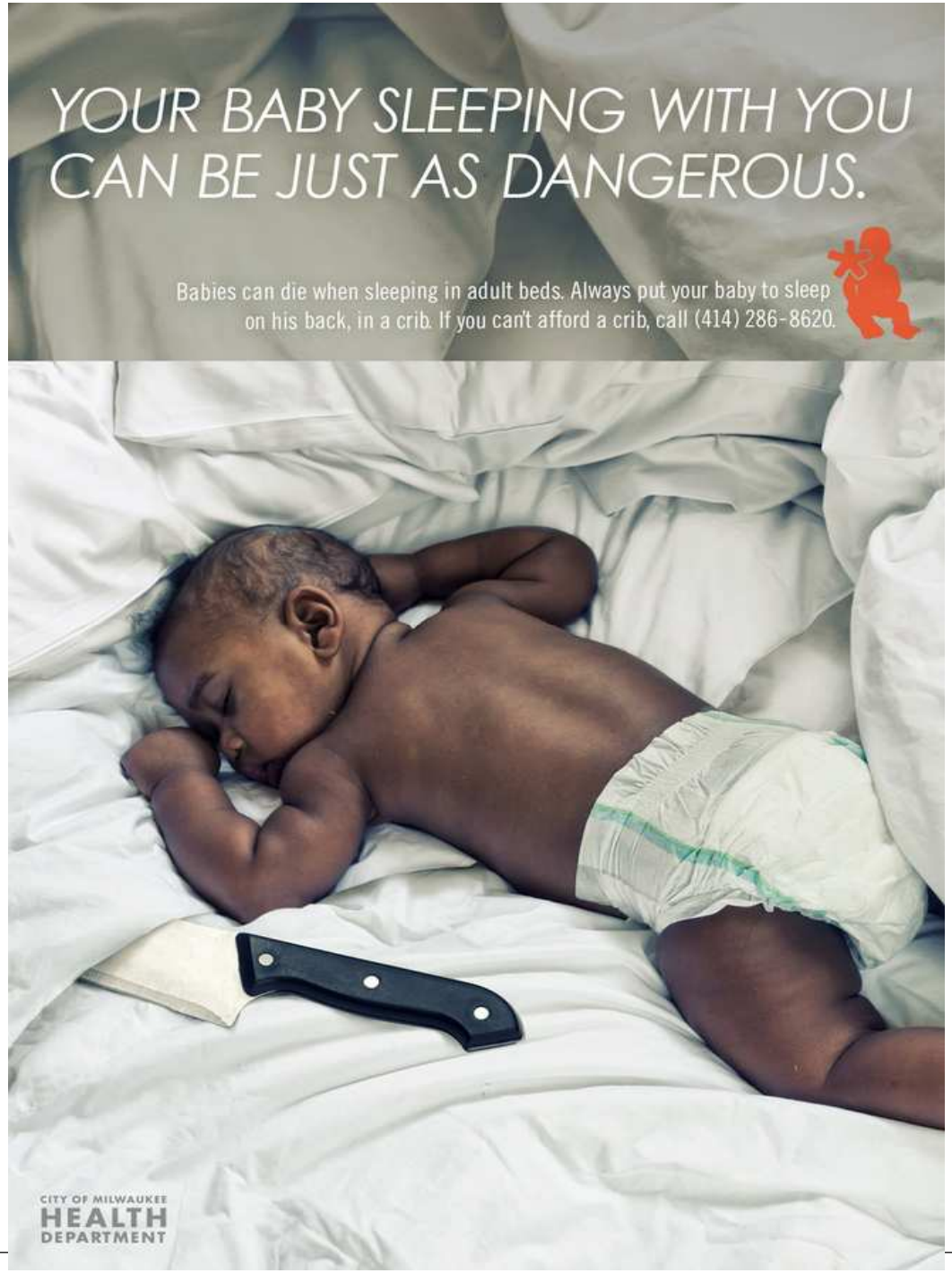
*For more information or help finding a healthcare provider, call 311.*

Closing The Gap On Infant Mortality

DHS · March of Dimes · sids

Supported in part by project U19MC03177-02 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (Title V, Social Security Act).


FOR TOO MANY BABIES
LAST YEAR, THIS WAS THEIR
FINAL RESTING PLACE.
The safest place is in a crib. City of Milwaukee Health Department. www.milwaukee.gov/safesleep

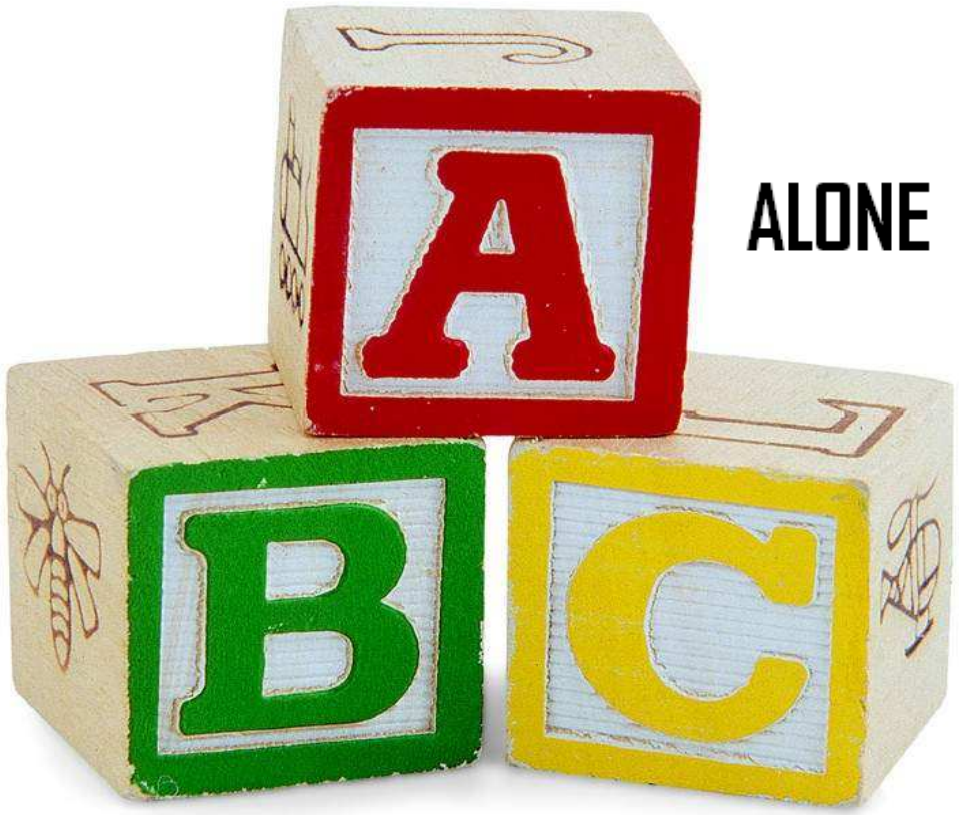

YOUR BABY SLEEPING WITH YOU CAN BE JUST AS DANGEROUS.
Babies can die when sleeping in adult beds. Always put your baby to sleep on his back, in a crib. If you can't afford a crib, call (414) 286-8620.
CITY OF MILWAUKEE
HEALTH
DEPARTMENT

# Increasing Opportunities

- Combining access to multiple services provides a mechanism to increase the delivery of the "less delivered" service by coupling it with a more frequently provided/requested service
  - Flu shot + safe sleep education
  - Voter registration + child passenger safety education
  - Vehicle registration + safe driver education
- The benefits include:
  - greater convenience for the public to get our message
  - access to populations not frequently in contact with our injury prevention services

# Knowledge is Power!

# The A,B,Cs of Safe Sleep



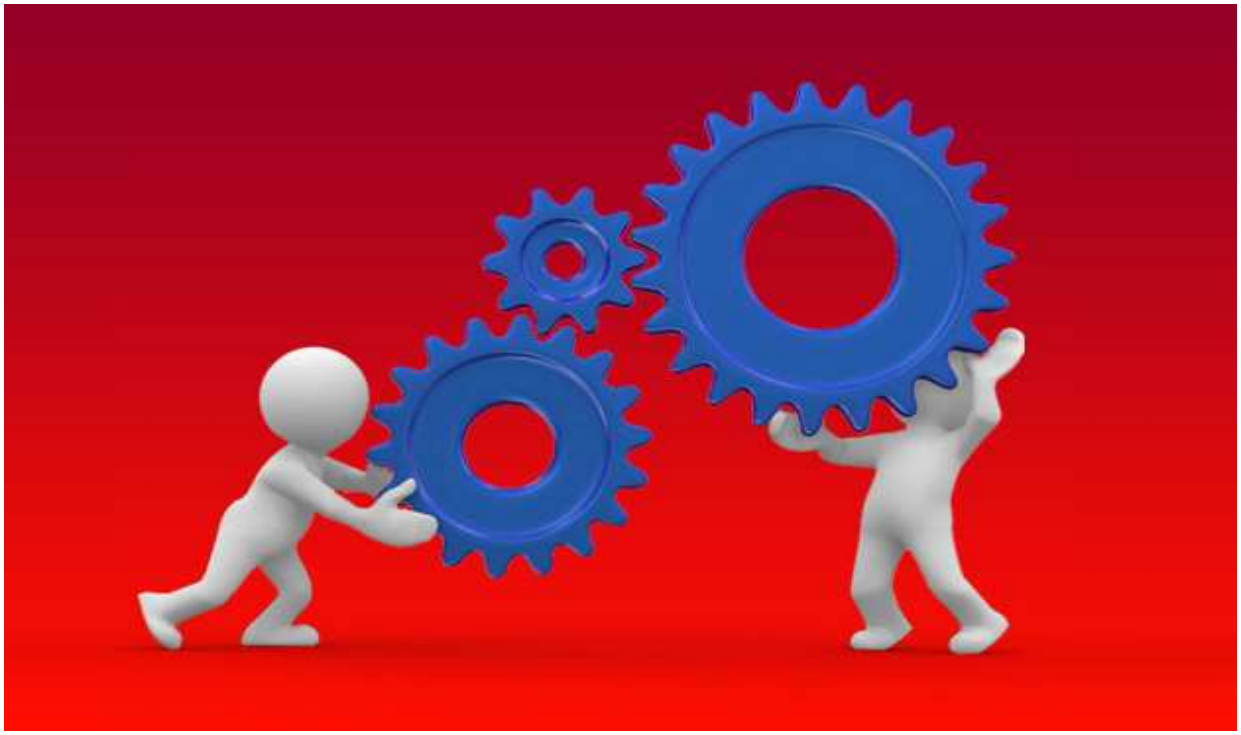

ALONE

on their BACKS

in a CRIB

# What Now?

# Practical Applications for Practitioners



# High Child Vulnerability

# Observation of Sleeping Environment

## What does a safe sleep environment look like?

Alone

No secondhand smoke

No pillows, stuffed animals, toys or bumper pad

If a blanket is used, it is tucked in and only as high as the baby's chest

Blankets are discouraged!

No heavy or loose blankets

Crib sheets fit tightly over mattress

On a firm mattress

In a safe, infant bed

Not too hot

On his back

"Feet to foot"

# Is That Enough?

# What if There is No Crib?

The American Academy of Pediatrics (AAP) recommends that babies sleep in the same bedroom as their parents, but in a separate crib or bassinet, for the first few months of life.

Experts agree that a crib is the safest place for an infant to sleep, not every family can afford one. In that case, the AAP recommends substituting a dresser drawer that has been removed from the dresser.

# Pack and Play Project Example

# Does the Child Actually Sleep in the Crib?

# Asking “Do You Co-Sleep?”

# Is That Enough?

# Other Questions to Ask and Address

- Do you "nap" with your baby?
- Do you lay down with your baby for feedings?
- Do you lay on the sofa with your baby?
  - "There's not a week gone by at DFCS that there hasn't been a death of some child related to sleeping," said Ron Scroggy, acting state director for DFCS. Besides co-sleeping, children have suffocated from being caught in crevices of couches and chairs, and being caught under pillows, he said.

# Other Questions to Ask and Address

- Does your babysitter "nap" with your baby?
- Does your babysitter lay down with your baby for feedings?
- Does your babysitter lay on the sofa with your baby?
- What is the role and mindset of the baby's grandparents?

# Other Observations to Make

- Level of Parental Protective Capacity?
- Parental Substance Abuse?
- Parental Medical Issues (i.e. narcolepsy)?
- Child Medical Issues?
- Parental Capacity to Incorporate Advice into Action?
- Age of Parents?
- Response to Crying / Crying Plan?

# Having a Plan for when it Matters

- **"BABIES CRY. HAVE A PLAN."**

- Hold your baby close and rock, walk, or sway side to side while standing.
- It is never okay to shake a baby.
- It is okay to put your baby in a safe place (crib, infant seat) and let him cry while you take a break or call someone for help.
- It is more important to stay calm than to stop the crying.

www.cryingplan.com

# Help Identify Problems and Alternatives / Solutions

# Repeat, Repeat, Repeat

**“Infant sleep safety requires a <u>consistent</u> and <u>repetitive</u> message in the community to prevent accidental deaths.” Dr. Michael Goodstein, York Hospital**