

**SUDDEN
UNEXPECTED
POST-NATAL
COLLAPSE AND SIDS**


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OBJECTIVES

1. Understand Sudden Unexpected Infant Death (SUID) deaths and Sudden Unexpected Post-Natal Collapse (SUPD)
2. Discuss risk perception and Sudden Unexpected Infant Death (SUID)
3. Identify changes to the American Academy of Pediatrics (AAP) Safe Sleep Recommendations
4. Address implications and barriers to implementing safe sleep
5. Discuss KIDS Network services

The presenter has no conflicts to disclose.




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INFANT MORTALITY DATA KANSAS IN 2023

34,039 infants born
185 died before their 1st birthday

Source: KDHE, Annual Summary of Vital Statistics for 2023

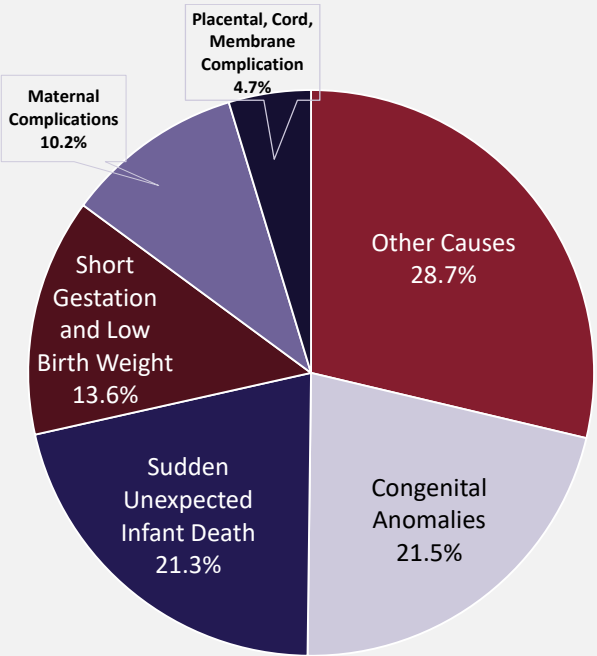


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Kansas Infant Mortality 2019-2023

Source: Bureau of
Epidemiology and Public
Health Informatics,
KDHE



Cause	Percentage
Other Causes	28.7%
Congenital Anomalies	21.5%
Sudden Unexpected Infant Death	21.3%
Short Gestation and Low Birth Weight	13.6%
Maternal Complications	10.2%
Placental, Cord, Membrane Complication	4.7%



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SLEEP-RELATED INFANT DEATH

Sudden Unexpected Infant Death (SUID)

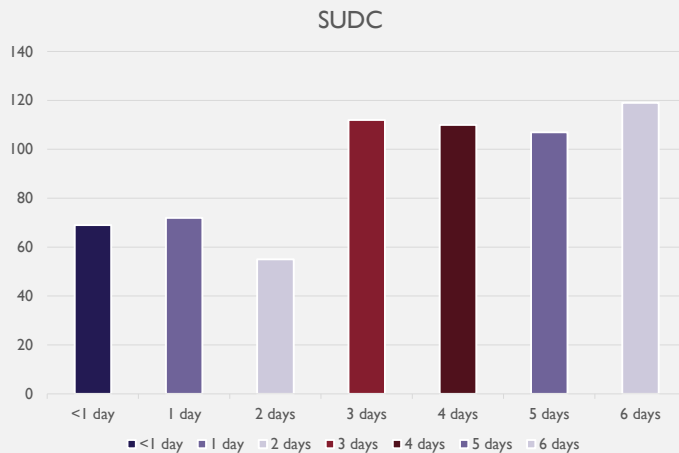
1. Sudden Infant Death Syndrome (SIDS—ICD-10 code R95)
2. Accidental Suffocation and Strangulation in Bed (ASSB—ICD-10 code W75)
3. Undetermined (ICD-10 code R99)



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SUDDEN UNEXPECTED POSTNATAL COLLAPSE—2003-2013



- Of 37,624 SUID, 616 met SUPC criteria.
- 11% on the first day of life and 72% occurred postnatal days 3-6
- 22% of SUPC occurred in the hospital setting



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CLINICAL IMPLICATIONS OF SUPC

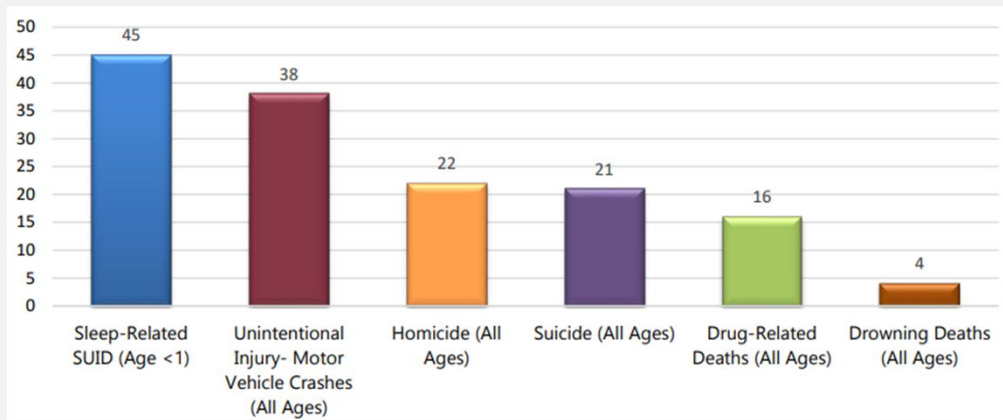
- SUPC is fatal in about 50% of reported cases and non-fatal cases often lead to long-term neurological issues.
- Infant and mother should be continuously monitored during the first 2 hours of the newborn’s life.
- Data support the need for adequate nurse staffing from recovery through postpartum stay.
- Safe newborn positioning during skin-to-skin care include the ability to visualize baby’s face; baby’s head align the infant's mouth, nose, and trachea for effective airflow; infant shoulders and chest facing mother with blankets on the back; and flexed legs.
- About 25% of SUPC cases occur in the hospital, so it is imperative that caregivers are educated before being discharged.



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Comparison of Numbers of Sleep-Related SUIDS with Other Categories of Death, 2022



Source: 2024 Kansas State Child Death Review Board Annual Report



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AMERICAN ACADEMY OF PEDIATRICS SAFE SLEEP RECOMMENDATIONS

Back to sleep for every sleep
Use a firm, flat, **noninclined** sleep surface to reduce the risk of suffocation or wedging/entrapment

Feeding of **human** milk is recommended to reduce SIDS
Room-share with the infant on separate sleep surface x 6 mo.

Keep soft objects and loose bedding out of the infant sleep area

Offer a pacifier at naptime and nighttime

Avoid smoke and nicotine exposure, alcohol, **marijuana**, opioids & illicit drugs
Avoid overheating and head coverings



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AMERICAN ACADEMY OF PEDIATRICS SAFE SLEEP RECOMMENDATIONS

Pregnant people should seek and obtain regular prenatal care.

Infants should be immunized in accordance with AAP and CDC guidelines.

Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
Supervised, awake tummy time is necessary

Health care providers, newborn nursery/NICUs staff, & childcare providers should endorse and model the safe sleep recommendations from birth.

Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.



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10X

GREATER RISK OF SUID IF BEDSHARING WITH SOMEONE WHO IS...



...fatigued



...on a soft surface, such as a waterbed, old mattress, sofa, couch or armchair



...using sedating medications or substance



...a current smoker, or if the pregnant parent smoked during pregnancy

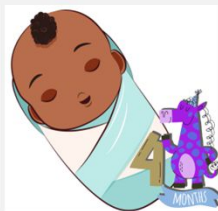


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5-10X

GREATER RISK OF SUID IF BEDSHARING ...



...with an infant less than 4 months (even if born full term, normal weight, breastfed and neither parent smokes)



...with anyone who is NOT the parent, including non-parental caregivers and other children




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GREATER RISK OF SUID IF BEDSHARING...


2-5X



...with a preterm or low birth weight infant (even if neither parent smokes)



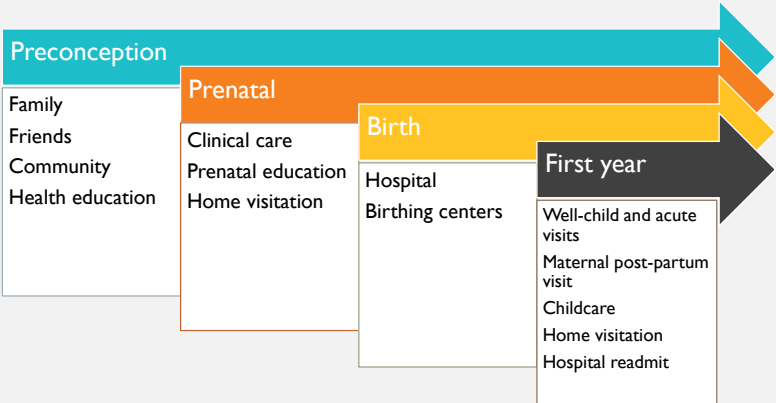
...with soft bedding accessories, such as pillows or blankets



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SAFE SLEEP EDUCATION CONTINUUM




Preconception	Prenatal	Birth	First year
Family Friends Community Health education	Clinical care Prenatal education Home visitation	Hospital Birthing centers	Well-child and acute visits Maternal post-partum visit Childcare Home visitation Hospital readmit

- Evidence suggests consistent safe sleep message across the continuum of care enhances caregiver behaviors



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- Purpose: Build community infrastructure to promote consistent infant safe sleep messages
- Audience: healthcare professionals, home visitors, maternal child health workers, department of children and families' workers, emergency service workers, childcare licensing workers, individuals from areas with high infant mortality;
 - 50-75 certified per year
- Education: Didactics, small and large group discussions, videos, parent's perspective, first responder's perspective, demonstration, hands on activities

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SAFE SLEEP INSTRUCTOR PROJECT

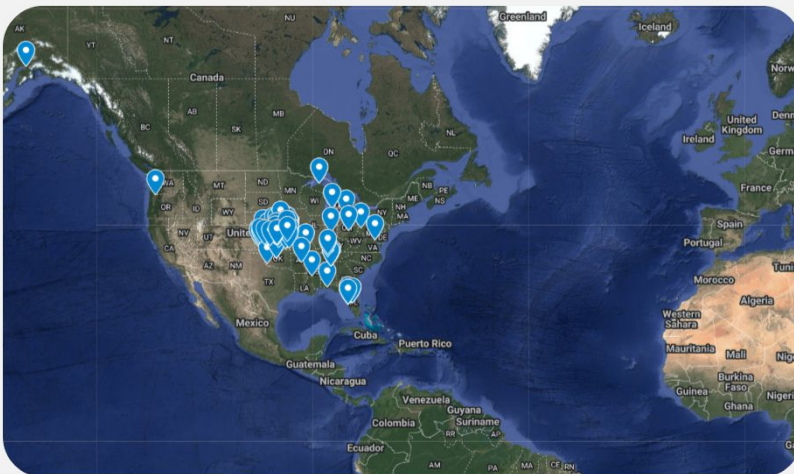
- Safe Sleep Instructor Training
 - Instructors attend a 2-day training designed to build the skills necessary to implement established, evidence-supported safe sleep programs.
- This train-the-trainer model provides the foundation for sustainability and expansion of the Kansas safe sleep campaign and created the vehicle for delivery of the following:
 - KIDS Network Professional and Caregiver Trainings
 - KIDS Network Safe Sleep Community Baby Showers
 - KIDS Network Safe Sleep Crib Clinics



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CERTIFIED SAFE SLEEP INSTRUCTORS



Trained since 2015 =
>500

Active = 240



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Thank you!



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