

Assembly

Record of Committee Proceedings

Committee on Children and Families

Assembly Bill 222

Relating to: requiring day care providers and employes and volunteers of day care providers who provide care and supervision for children to receive training in the prevention of sudden infant death syndrome.

By Representatives Kelso, Stone, Grothman, Hutchison, Olsen, Goetsch, Seratti, Cullen and Albers; cosponsored by Senators Darling and Schultz.

March 23, 1999 Referred to committee on Children and Families.

April 1, 1999 **PUBLIC HEARING HELD**

Present: (10) Representatives Ladwig, Jeskewitz, Kreibich,
Freese, Grothman, Kestell, Miller, Coggs,
Colon and Sinicki.

Absent: (0) None.

Appearances for

- Representative Carol Kelso
- Dr. Thomas J. Miller, DePere, WI
- Katherine McGurk, DHFS
- Anne Carmody, DHFS
- Kevin Lewis, DHFS

Appearances against

- None.

Appearances for Information Only

- None.

Registrations for

- None.

Registrations against

- None.

April 29, 1999

EXECUTIVE SESSION

Present: (9) Representatives Ladwig, Jeskewitz, Kreibich,
Freese, Grothman, Kestell, Miller, Colon and
Sinicki.

Absent: (1) Representative Coggs.

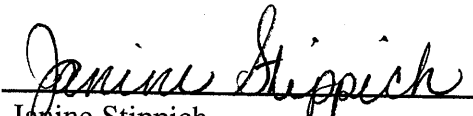
Moved by Representative Freese, seconded by Representative
Jeskewitz, that **Assembly Bill 222** be recommended for passage.

Ayes: (8) Representatives Ladwig, Jeskewitz, Kreibich,
Freese, Grothman, Kestell, Miller and
Sinicki.

Noes: (1) Representative Colon.

Absent: (1) Representative Coggs.

PASSAGE RECOMMENDED, Ayes 8, Noes 1, Absent 1



Janine Stippich
Committee Clerk

Fact Sheet**Sudden Infant Death Syndrome**

Sudden Infant Death Syndrome (SIDS) is the diagnosis given for the sudden death of an infant under one year of age that remains unexplained after a complete investigation, which includes an autopsy, examination of the death scene, and review of the symptoms or illnesses the infant had prior to dying and any other pertinent medical history. Because most cases of SIDS occur when a baby is sleeping in a crib, SIDS is also commonly known as crib death.

SIDS is the leading cause of death in infants between 1 month and 1 year of age. Most SIDS deaths occur when a baby is between 1 and 4 months of age. African American children are two to three times more likely than white babies to die of SIDS, and Native American babies are about three times more susceptible. Also, more boys are SIDS victims than girls.

What Are the Risk Factors for SIDS?

A number of factors seem to put a baby at higher risk of dying from SIDS. Babies who sleep on their stomachs are more likely to die of SIDS than those who sleep on their backs. Mothers who smoke during pregnancy are three times more likely to have a SIDS baby, and exposure to passive smoke from smoking by mothers, fathers, and others in the household doubles a baby's risk of SIDS. Other risk factors include mothers who are less than 20 years old at the time of their first pregnancy, babies born to mothers who had no or late prenatal care, and premature or low birth weight babies.

What Causes SIDS?

Mounting evidence suggests that some SIDS babies are born with brain abnormalities that make them vulnerable to sudden death during infancy. Studies of SIDS victims reveal that many SIDS infants have abnormalities in the "arcuate nucleus," a portion of the brain that is likely to be involved in controlling breathing and waking during sleep. Babies born with defects in other portions of the brain or body may also be more prone to a sudden death. These abnormalities may stem from prenatal exposure to a toxic substance, or lack of a vital compound in the

prenatal environment, such as sufficient oxygen. Cigarette smoking during pregnancy, for example, can reduce the amount of oxygen the fetus receives.

Scientists believe that the abnormalities that are present at birth may not be sufficient to cause death. Other possibly important events occur after birth such as lack of oxygen, excessive carbon dioxide intake, overheating or an infection. For example, many babies experience a lack of oxygen and excessive carbon dioxide levels when they have respiratory infections that hamper breathing, or they rebreathe exhaled air trapped in underlying bedding when they sleep on their stomachs. Normally, infants sense such inadequate air intake, and the brain triggers the babies to wake from sleep and cry, and changes their heartbeat or breathing patterns to compensate for the insufficient oxygen and excess carbon dioxide. A baby with a flawed arcuate nucleus, however, might lack this protective mechanism and succumb to SIDS. Such a scenario might explain why babies who sleep on their stomachs are more susceptible to SIDS, and why a disproportionately large number of SIDS babies have been reported to have respiratory infections prior to their deaths. Infections as a trigger for sudden infant death may explain why more SIDS cases occur during the colder months of the year, when respiratory and intestinal infections are more common.

The numbers of cells and proteins generated by the immune system of some SIDS babies have been reported to be higher than normal. Some of these proteins can interact with the brain to alter heart rate and breathing during sleep, or can put the baby into a deep sleep. Such effects might be strong enough to cause the baby's death, particularly if the baby has an underlying brain defect.

Some babies who die suddenly may be born with a metabolic disorder. One such disorder is medium chain acylCoA dehydrogenase deficiency, which prevents the infant from properly processing fatty acids. A build-up of these acid metabolites could eventually lead to a rapid and fatal disruption in breathing and heart functioning. If there is a family history of this disorder or childhood death of unknown cause, genetic screening of the parents by a blood test can determine if they are carriers of this disorder. If one or both parents is found to be a carrier, the baby can be tested soon after birth.

What Might Help Lower the Risk of SIDS?

There currently is no way of predicting which newborns will succumb to SIDS; however, there are a few measures parents can take to lower the risk of their child dying from SIDS.

Good prenatal care, which includes proper nutrition, no smoking or drug or alcohol use by the mother, and frequent medical check-ups beginning early in pregnancy, might help prevent a baby from developing an abnormality that could put him or her at risk for sudden death. These measures may also reduce the chance of having a premature or low birthweight baby, which also increases the risk for SIDS. Once the baby is born, parents should keep the baby in a smoke-free environment.

Parents and other caregivers should put babies to sleep on their backs as opposed to on their stomachs. Studies have shown that placing babies on their backs to sleep has reduced the number of SIDS cases by as much as a half in countries where infants had traditionally slept on their stomachs. Although babies placed on their sides to sleep have a lower risk of SIDS than those placed on their stomachs, the back sleep position is the best position for infants from 1 month to 1 year. Babies positioned on their sides to sleep should be placed with their lower arm forward to help prevent them from rolling onto their stomachs.

Many parents place babies on their stomachs to sleep because they think it prevents them from choking on spit-up or vomit during sleep. But studies in countries where there has been a switch from babies sleeping predominantly on their stomachs to sleeping mainly on their backs have not found any evidence of increased risk of choking or other problems.

In some instances, doctors may recommend that babies be placed on their stomachs to sleep if they have disorders such as gastroesophageal reflux or certain upper airway disorders which predispose them to choking or breathing problems while lying on their backs. If a parent is unsure about the best sleep position for their baby, it is always a good idea to talk to the baby's doctor or other health care provider.

A certain amount of tummy time while the infant is awake and being observed is recommended for motor development of the shoulder. In addition, awake time on the stomach may help prevent flat spots from developing on the back of the baby's head. Such physical signs are almost always temporary and will disappear soon after the baby begins to sit up.

Parents should make sure their baby sleeps on a firm mattress or other firm surface. They should avoid using fluffy blankets or covering as well as pillows, sheepskins, blankets, or comforters under the baby. Infants should not be placed to sleep on a waterbed or with soft stuffed toys.

Recently, scientific studies have demonstrated that bedsharing, between mother and baby, can alter sleep patterns of the mother and baby. These studies have led to speculation that bedsharing, sometimes referred to as co-sleeping, may also reduce the risk of SIDS. While bedsharing may have certain benefits (such as encouraging breast feeding), there are not scientific studies demonstrating that bedsharing reduces SIDS. Some studies actually suggest that bedsharing, under certain conditions, may increase the risk of SIDS. If mothers choose to sleep in the same beds with their babies, care should be taken to avoid using soft sleep surfaces. Quilts, blankets, pillows, comforters, or other similar soft materials should not be placed under the baby. The bedsharer should not smoke or use substances such as alcohol or drugs which may impair arousal. It is also important to be aware that unlike cribs, which are designed to meet safety standards for infants, adult beds are not so designed and may carry a risk of accidental entrapment and suffocation.

Babies should be kept warm, but they should not be allowed to get too warm because an overheated baby is more likely to go into a deep sleep from which it is difficult to arouse. The temperature in the baby's room should feel comfortable to an adult and overdressing the baby should be avoided.

There is some evidence to suggest that breast feeding might reduce the risk of SIDS. A few studies have found SIDS to be less common in infants who have been breast fed. This may be because breast milk can provide protection from some infections that can trigger sudden death in infants.

Parents should take their babies to their health care provider for regular well baby check-ups and routine immunizations. Claims that immunizations increase the risk of SIDS are not supported by data, and babies who receive their scheduled immunizations are less likely to die of SIDS. If an infant ever has an incident where he or she stops breathing and turns blue or limp, the baby should be medically evaluated for the cause of such an incident.

Although some electronic home monitors can detect and sound an alarm when a baby stops breathing, there is no evidence that such monitors can prevent SIDS. A panel of experts convened by the National Institutes of Health in 1986 recommended that home monitors not be used for babies who do not have an increased risk of sudden unexpected death. The monitors are recommended, however, for infants who have experienced one or more severe episodes during which they stopped breathing and required resuscitation or stimulation, premature infants with apnea, and siblings of two or more SIDS infants. If an incident

has occurred or if an infant is on a monitor, parents need to know how to properly use and maintain the device, as well as how to resuscitate their baby if the alarm sounds.

How Does a SIDS Baby Affect the Family?

A SIDS death is a tragedy that can prompt intense emotional reactions among surviving family members. After the initial disbelief, denial, or numbness begins to wear off, parents often fall into a prolonged depression. This depression can affect their sleeping, eating, ability to concentrate, and general energy level. Crying, weeping, incessant talking, and strong feelings of guilt or anger are all normal reactions. Many parents experience unreasonable fears that they, or someone in their family, may be in danger. Over-protection of surviving children and fears for future children is a common reaction.

As the finality of the child's death becomes a reality for the parents, recovery occurs. Parents begin to take a more active part in their own lives, which begin to have meaning once again. The pain of their child's death becomes less intense but not forgotten. Birthdays, holidays, and the anniversary of the child's death can trigger periods of intense pain and suffering.

Children will also be affected by the baby's death. They may fear that other members of the family, including themselves, will also suddenly die. Children often also feel guilty about the death of a sibling and may feel that they had something to do with the death. Children may not show their feelings in obvious ways. Although they may deny being upset and seem unconcerned, signs that they are disturbed include intensified clinging to parents, misbehaving, bed wetting, difficulties in school, and nightmares. It is important to talk to children about the death and explain to them that the baby died because of a medical problem that occurs only in infants in rare instances and cannot occur in them. The National Institute of Child Health and Human Development (NICHD) continues to support research aimed at uncovering what causes SIDS, who is at risk for the disorder, and ways to lower the risk of sudden infant death. Inquiries regarding research programs should be directed to Dr. Marian Willinger, 301-496-5575.

Families with a baby who has died from SIDS may be aided by counseling and support groups. Examples of these groups include the following:

Association of SIDS and
Infant Mortality Programs
630 West Fayette Street

Room 5-684
Baltimore, MD 21201
1-410-706-5062

National SIDS Resource Center
2070 Chain Bridge Road
Suite 450
Vienna, VA 22181
1-703-821-8955

SIDS Alliance (a national network of SIDS support groups)
1314 Bedford Avenue
Suite 210
Baltimore, MD 21208
1-800-221-7437 or
1-410-653-8226

Prepared by NICHD Public Information and Communications
Branch

April 1997

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State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Lekan, Secretary

TESTIMONY IN SUPPORT OF AB 222

**ANNE CARMODY, CHILD CARE SPECIALIST
BUREAU OF REGULATION AND LICENSING**

BEFORE THE
ASSEMBLY COMMITTEE ON CHILDREN AND FAMILIES
APRIL 1, 1999

The Department of Health and Family Services supports Assembly Bill 222 requiring training in SIDS prevention for child care providers, employees and volunteers who provide care and supervision for children. Information and training to inform child care providers about reducing the risk of SIDS are essential to promoting the well-being of our youngest children in out-of-home care.

Sudden Infant Death Syndrome or SIDS is the sudden and unexplained death of an infant under age one. SIDS strikes nearly 5,000 babies in the United States every year and is the major cause of death in babies from 1 month to 1 year. Most SIDS deaths occur when a baby is between 1 and 4 months old. SIDS death occurs quickly, usually during sleep. Scientists still have not found the definite cause for SIDS but they have found some things that can help reduce the risk of SIDS. As part of its national public health campaign outreach, the American Academy of Pediatrics developed the *Back to Sleep Brochure* to inform parents and caregivers about the ways to reduce the risk of SIDS. This is critical information that all child care providers as well as parents need to know.

According to a report released last month by *Reuters Health*, about a fifth of all babies who die of sudden infant death syndrome (SIDS) do so while in day care or other child care settings. And the reason appears to be that babies are being placed on their stomach to sleep, a position known to increase their risk of SIDS. The number is about double what was expected, reported Dr. Rachel Y. Moon, of the Children's National Medical Center in Washington, DC, at the annual meeting of the Ambulatory Pediatric Association. According to the report, about 17% of all infants in the U.S. spend 40% of their time being cared for by someone who is not a parent. Experts estimate that the expected death rate from SIDS among these children is about 10%. SIDS deaths were more likely to occur with the infants placed in the prone -- stomach down -- position, Moon noted. These most recent findings reinforce the "back to sleep" campaign that has been sponsored by the American Academy of Pediatrics and other experts. "Childcare providers must be educated about the dangers of placing infants prone for sleep," the authors conclude.

There are over 5,000 licensed group and family child care programs in Wisconsin serving over 175,000 children in care from infants to school age. There have been several tragic incidents

over the years where a child in a licensed child care facility has been a victim of Sudden Infant Death Syndrome. Anything that the Department of Health and Family Services can do to help educate child care providers and parents on the latest information to reduce the risk of SIDS is critically important.

Under current licensing rules, persons who work with children under 2 years of age are required to have 10 hours of training specific to infant/toddler issues and development. Providers can obtain this training from technical colleges, private and public universities, through correspondence courses offered by the UW-Extension and from department approved sources. Many of the courses offered by the technical colleges already include information about SIDS prevention. In addition, a component on SIDS has been added to the course criteria developed by the department for persons wishing to offer the department-approved course for infant/toddler care.

Currently, when a parent chooses to enroll his infant child in a licensed child care facility, the center must collect information relating to the child's daily schedule, comforting routines and general information about the child's development. A portion of the information provided by the parents includes information about the position in which a child is placed to sleep. If parents indicate that they wish their child to be put to sleep in a position other than the child's back, the center is to provide the *BACK TO SLEEP* brochure with information for reducing the risk of SIDS.

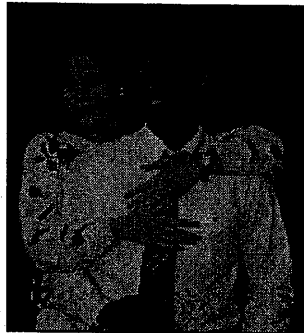
The *BACK TO SLEEP* brochure is available free of charge to all child care providers through the Wisconsin Child Care Information Center. The *BACK TO SLEEP* brochure is discussed with child care applicants prior to licensing during pre-licensing technical assistance.

Current licensing rules for group child care centers require that each employee receive an orientation to center policies, procedures, and safety protections. A portion of this orientation could easily be information on the SIDS prevention materials for staff, if the center enrolls children under the age of 1 year. This will help ensure that all staff will have access to this very important information in the event that they will be working with the youngest children at some point during their employment at a center.

Thank you for the opportunity to support this important legislative proposal to promote the well-being of children in care.

More children die of SIDS in a year than all children who die of cancer, heart disease, pneumonia, child abuse, AIDS, cystic fibrosis, and muscular dystrophy combined...

*Facts About
Sudden Infant
Death Syndrome
Reducing the
Risks for SIDS*



Quick Links To Facts About Sudden Infant Death Syndrome		
What is SIDS	What Causes SIDS	Can SIDS Be Prevented
Steps Parents Can Take	Checklist for New Parents	What You Can Do To Help
Where Can You Turn for SIDS Information and Support		

What is SIDS?

Sudden Infant Death Syndrome (SIDS) is a medical disorder which claims the lives of thousands of young children one week to one year of age. Once known as crib death, these infant deaths remain unexplained after all known causes have been ruled out through autopsy, death scene investigation, and medical history. SIDS can affect families of all races, religions, and income levels. It usually occurs during sleep, and strikes without warning. Its victims appear to be healthy. Neither parents nor doctors can tell which babies will die.

What Causes SIDS?

We do not know how or why SIDS happens. The first year of life is a time of rapid growth and development when any baby may be vulnerable to SIDS. It is likely that SIDS may be caused by a subtle developmental delay, an anatomical defect, or a functional failure. Challenges a normal baby can overcome - such as passive smoke exposure, stomach sleeping, or overheating - may pose an added, if not fatal risk to an infant who is already vulnerable, and may contribute to a SIDS death.

Researchers ask questions about how babies who die from SIDS might be different from babies who do not. These differences are often referred to as risk factors. Risk factors are not causes of SIDS, but they may be clues about what causes SIDS. Statistics tell us that more babies die of SIDS during the cold weather months. Babies who sleep on their stomachs have an increased risk of SIDS. We also know that more babies die of SIDS whose mothers smoked during and after pregnancy. The younger the

mother, the greater baby's risk for SIDS. Boys are at slightly higher risk than girls. And SIDS occurs most often in infants two to four months of age. In fact, 90% of all SIDS babies are under six months of age. There is also a higher likelihood of SIDS among premature and low-birthweight infants, twins and triplets.

Can SIDS Be Prevented?

Despite some recent claims, there is no product that can stop SIDS from happening. Scientists are exploring the development and function of the nervous system, the brain, the heart, breathing and sleep patterns, body chemical balances, autopsy findings, and environmental factors. SIDS, like other medical disorders, may eventually have more than one explanation and more than one means of prevention. This may explain why the characteristics of SIDS babies seem so varied.

The real headway is being made in identifying factors that may be associated with SIDS. Studies from around the world have now identified risk factors which, though not causes of SIDS in and of themselves, seem to play a role in some cases.

A Message for SIDS Parents

While doctors are hopeful that following these recommendations will save lives, we know that following the recommendations faithfully will not prevent all SIDS deaths. Many SIDS victims have no known risk factors; and, most babies with one or more risk factors will survive. It is important that, since the causes of SIDS remain unknown, SIDS parents refrain from concluding that their child care practices may have caused their baby's death. Research must continue if we are to discover how and why SIDS occurs, and expand upon these and other risk factors.

- SIDS is not contagious.
- SIDS is not caused by immunization.
- SIDS is not caused by child abuse.
- SIDS is no one's fault.

[Click here](#) to be connected to SIDS Family Support Services.

Recommendations for Reducing the Risks for SIDS

We share the following recommendations with you in the interest of providing parents with the latest medical evidence from the U.S. and other countries - in the hope of giving your baby the best possible chance to thrive.

Steps Parents Can Take

- Place your baby on the **back to sleep**.

The American Academy of Pediatrics recommends that healthy infants sleep on their backs at night and naptime to reduce the risk for SIDS. Since nearly one-third of all SIDS deaths occur in daycare



settings, the Academy urges parents to extend this advisory to grandparents, babysitters, daycare providers and everyone who cares for the infant. Babies are not more likely to choke while sleeping on their backs. Delays in rolling over, however, are normal among babies who sleep on their backs. Some infants may experience head-flattening from too much time on their backs or in carseats, a condition which can usually be resolved by simply allowing more tummy-down time when the baby is awake and being watched. Infants unexpectedly falling asleep on their tummies should be gently turned onto their backs. While the side sleep position is preferable to tummy-down, research continues to demonstrate that back is best. The SIDS Alliance does not endorse the use of wedges or other purchased items intended to prop a baby on its side. Parents should discuss sleep positioning of infants with breathing problems or excessive spitting up with the baby's doctor.



- **Stop smoking around your baby.**

Findings from the National Center for Health Statistics demonstrate that women who smoke cigarettes during or after pregnancy put their babies at increased risk for SIDS. Babies exposed to smoke only after birth were twice as likely to die from SIDS as those whose mothers did not smoke at all. And, mothers who smoked both during and after pregnancy tripled their babies' risk for SIDS. Recent studies have found that the risk of SIDS rises with each additional smoker in the household, the numbers of cigarettes smoked a day, and the length of the infant's exposure to cigarette smoke. Components of smoke are believed to have a negative impact on the infant's developing lungs and nervous system and to cause abnormalities in the developing brain. Smoke exposure may also disrupt the arousal mechanism in infants, interfering with a baby's ability to wake from sleep. Parents are advised not to smoke during pregnancy and the critical first year of life, and not allow anyone else to smoke around the baby either!

- **Use firm, flat bedding.**

The U.S. Consumer Product Safety Commission has issued advisories for parents regarding hazards to infants sleeping on top of beanbag cushions, sheepskins, sofa cushions, pillows or other soft bedding, such as blankets or comforters. Blankets and bumpers should be thin, flat and fastened securely to minimize the risk of covering the baby's head or face. Your baby's sleep safety may also be enhanced by positioning your baby for sleep on the back, "feet to foot," with feet at the foot of the bed (not centered in the crib) and blankets fastened under the sides of the mattress at armpit level to reduce the likelihood of an infant crawling under the bedcovers. Waterbeds have been identified as unsafe for infant's sleep. And now a new study indicates that sleeping on a cloth or foam-covered mattress previously used by another child or adult may increase the risk of SIDS. Parents are advised to use a firm, flat mattress in a safety-approved crib, without a pillow, for their baby's sleep. Be sure to discuss the safety of any second-hand, hand-me-down, or family heirloom cribs, cradles or other bedding items with your baby's doctor before using them for your baby.

- **Avoid overheating your baby.**

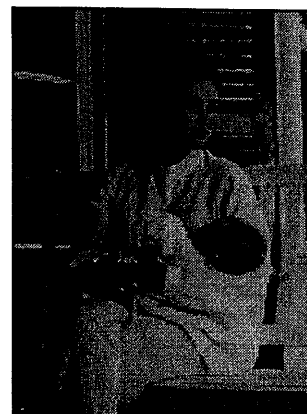


SIDS is associated with the presence of colds and infections; although colds are not more common among babies who die of SIDS than babies in general. Now, research findings indicate that overheating - too much clothing, too heavy bedding, and too warm a room - may increase the risk of SIDS for a baby who sleeps on the stomach, particularly if the baby is ill. Signs that your baby may be overheated include sweating, damp hair, heat rash, rapid breathing, restlessness, and fever. To help your baby regulate his or her temperature, some pediatricians recommend consistent indoor temperatures of 68 to 70 degrees Fahrenheit; and dressing your baby in as much or as little as

you would wear. Parents are also advised to avoid using a blanket or other covering directly over your baby's head or face as a sun or weather screen, particularly when the baby is sleeping in a stroller or carseat.

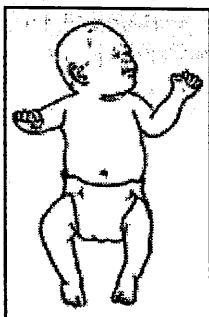
- **Take good care of yourself and your baby.**

Maintaining good prenatal care and communication with your health care professional about changes in your baby's behavior and health are of the utmost importance. Breastfeeding has been shown to be good for your baby. The benefits gained from breastfeeding your baby include building up baby's immunity against illness and infections. Parents are also advised to follow proper immunization schedules for their baby. The risk of leaving a child unprotected against such dangerous diseases as tetanus or whooping cough is 1,000 times greater than any risk posed by using the vaccines. While there is a coincidence of time frame, studies by the National Institutes of Health have turned up no connection between immunizations and SIDS. In fact, SIDS occurs among infants who never received their shots, as well as in countries with different immunization schedules.



- **Some new concerns about bedsharing.**

Bedsharing has not been proven to be protective against SIDS and, according to the American Academy of Pediatrics, may under some conditions be hazardous. The same recommendations for safest sleep conditions apply whether your baby sleeps alone in a crib or shares a bed with you: provide a smoke-free environment for your baby and make sure that your baby sleeps on his or her back on a firm, flat mattress without a pillow, comforter or other soft item under the baby or covering the baby's head or face. While bedsharing boosts breastfeeding and promotes the bond between a mother and infant, bedsharing with brothers or sisters or relatives other than the baby's mother and father is not recommended. Parents may wish to discuss bedsharing with your baby's doctor.



Position your baby on the back to sleep at night and naptime to reduce the risk of SIDS.

Allow your baby to have supervised awake time on the tummy to promote infant development.



Reduce the Risks for SIDS: A Checklist for New Parents

- Place your baby on the back to sleep
- Stop smoking around your baby
- Use firm, flat bedding
- Avoid overheating your baby
- Communicate with your baby's doctor about changes in your baby's behavior or health
- And don't forget to enjoy your new baby!

**HELP FIGHT SIDS WITH THIS CHECKLIST AND A CHECK.
CALL 1-800-221-SIDS**

What You Can Do To Help.

Sudden Infant Death Syndrome cannot be solved through the efforts of SIDS parents alone. Opportunities exist for people interested in becoming involved with the work of the SIDS Alliance at both the national and local levels: you could become a SIDS volunteer, a SIDS educator, a SIDS fundraiser, or a SIDS activist. Just call or write to us at the SIDS Alliance to learn more about how you can make a difference to this very important infant health cause.

Where Can You Turn for SIDS Information and Support?



The Sudden Infant Death Syndrome Alliance is a national, not-for-profit, voluntary health organization dedicated to the support of SIDS families, education and research. Forged through the merger of national and regional SIDS groups formed nearly four decades ago, the SIDS Alliance was established in 1987 in an effort to unite parents and friends of SIDS victims with medical, business and civic groups concerned about the health of America's babies.

With help from over fifty local Affiliates, the SIDS Alliance strives to achieve increased public participation and support in the fight against SIDS. The SIDS Alliance is engaged in ongoing efforts to expand its scientific program, strengthen services for families, and provide public education and advocacy opportunities. An important goal is to improve community understanding and elevate Sudden Infant Death Syndrome to the level of societal concern appropriate to one of our nation's major causes of infant mortality.

A nationwide, toll-free SIDS Information and Referral Service (1-800-221-SIDS) is available for parents who wish to discuss their concerns with a SIDS counselor, request additional information about SIDS, or be connected to the local SIDS Affiliate for support services in their area. You may also contact us via E-mail at the following address: sidshq@charm.net

To contact the SIDS Alliance directly, please call toll free

1-800-221-7437

Sudden Infant Death Syndrome Alliance:

1314 Bedford Avenue, Suite 210

Baltimore, Maryland 21208

Phone: (410) 653-8226

Fax: (410) 653-8709



For more information about the SIDS Alliance, please send
an E-mail message to sidshq@charm.net

For more information about this web site, please send
an E-mail message to webmaster@daxinnovations.com

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Infant Sleep Position in Licensed Child Care Centers

Received Sep 9, 1996; accepted Nov 7, 1996.

Naomi B. Gershon^{*,†} and Rachel Y. ^{*}

From the ^{*} Department of General Pediatrics, Children's National Medical Center, Washington, DC; and the [†] Department of Paediatrics, Monash University Faculty of Medicine, Melbourne, Australia.

Objective. To determine 1) familiarity of child care centers with American Academy of Pediatrics (AAP) recommendations regarding infant sleep position, 2) predominant infant sleep positions in child care settings, and 3) child care policies pertaining to sleep position for infants less than 6 months of age.

Design. A descriptive, cross-sectional telephone survey including the age and number of infants cared for, infant sleep positions currently in use, and details regarding reasons for sleep position policies.

Participants. All licensed child care centers caring for infants less than 6 months of age in Washington, DC, and Montgomery and Prince Georges Counties in Maryland.

Results. Out of 137 centers in these areas that accept infants less than 6 months of age, 131 completed the survey. Only 57% (75) of the centers were aware of recommendations regarding infant sleep position. Infants were placed prone in 49% (64) of the centers and 20% (26) of the centers positioned infants exclusively in the prone position. Of the centers, 75% (98) did not have a written policy regarding sleep position. Most common reasons for placing infants in the prone position included child comfort, fear of choking, and guidance by the parents of the infants. Centers that used the prone position exclusively cared for significantly fewer infants on average than centers that never or only sometimes placed infants prone.

Conclusions. Almost half (43%) of licensed child care centers surveyed in the greater Washington, DC area were unaware of the association between sudden infant death syndrome (SIDS) and infant sleep position. Child care centers aware of prone positioning as a SIDS risk were less likely to place infants to sleep in this position, with many such centers avoiding prone positioning entirely. However, it was common for centers aware of the SIDS risk to still place infants prone if directed to do so by parents or if concerned about child comfort. Further educational efforts directed toward child care providers are needed.

Key words: sleep position, sudden infant death syndrome, child care.

<input type="checkbox"/> Full text of this article <input type="checkbox"/> Abstract only <input type="checkbox"/> Table of contents only <input type="checkbox"/> Search Medline for articles by: <input type="checkbox"/> Alert me when: <input type="checkbox"/> Collections under which this article appears:

the U.S. to be reduced 50% by the year 2,000.

Please refer to our Website at www.sidsalliance.org for up-to-date and accurate information about Sudden Infant Death Syndrome.

To contact the SIDS Alliance directly, please call toll free

1-800-221-7437

Sudden Infant Death Syndrome Alliance:

1314 Bedford Avenue, Suite 210

Baltimore, Maryland 21208

Phone: (410) 653-8226

Fax: (410) 653-8709



For more information about the SIDS Alliance, please send
an E-mail message to sidsba@sidsba.net

For more information about this web site, please send
an E-mail message to webmaster@sidsalliance.org

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MEDIA ADVISORY

March 19, 1999

STATEMENT OF THE SIDS ALLIANCE In Response To The Release Of Scientific Findings On The Prevalence Of Sudden Infant Death Syndrome In Day Care Settings

Scientific findings released today by Rachel Moon, MD of the Children's National Medical Center in Washington, revealed that a disproportionate number of babies in day care may be at increased risk of Sudden Infant Death Syndrome. The 11-state study, which reviewed 1,916 SIDS deaths from 1995 to 1997 found that 14% occurred in day care homes or centers, which was double the expected level.

The majority of babies in Dr. Moon's study were found to have died while sleeping on their stomachs, despite reports from parents that their babies slept on their backs while at home. This has led a number of SIDS experts to speculate that babies placed on their stomachs in child care, who routinely slept on their backs, may represent a unique higher risk population for sudden, unexpected death. Many of these "inexperienced" or "unaccustomed" prone infant death scenarios seemed to occur in day care environments within the first few days after a parent's return to work, following maternity leave.

According to Phipps Cohe, National Public Affairs Director for the SIDS Alliance,

"Parents cannot assume that all day care providers and other infant caregivers are up to speed on current recommendations aimed at reducing SIDS risk, and should be sure to communicate the Back To Sleep infant health message to everyone who cares for their infants."

"Babies sleep safest on their backs on a firm mattress in a safety-approved crib, which should be free of pillows, comforters, sheepskins, and stuffed animals."

"Dr. Moon's findings underscore the importance of consistency in placing babies on their backs for sleep during nighttime and naptime, whether at home or elsewhere."

"Reinforcing the Back To Sleep infant health message is a particularly significant exercise when one considers how commonplace it is for parents and caregivers to hesitate to wake babies by moving them once they have finally fallen asleep, no matter what position they happen to fall asleep in."

The Back To Sleep campaign is a nationwide public and private health initiative of the U.S. Public Health Service, American Academy of Pediatrics, Association of SIDS and Infant Mortality Programs, and the SIDS Alliance. Since the Back To Sleep recommendation was first announced in the U.S. in 1992, SIDS deaths have decreased by 43% from 4,891 to 2,705, the equivalent of sparing the lives of approximately 2,000 babies a year. During the same period of time, the number of infants sleeping on their stomachs has dropped from 70% to 21%, with a corresponding rise in the numbers of infants sleeping on their backs from 13% to 53%. It is estimated that through 95% compliance with Back To Sleep recommendations, it would be possible for the SIDS rate in

FISCAL ESTIMATE WORKSHEET

1999 Session

Detailed Estimate of Annual Fiscal Effect
DOA-2047(R10/94)

Original Updated
 Corrected Supplemental

LRB or Bill No./Adm Rule No.
LRB-2272/1

Amendment No.
AB 222

Subject
FISCAL ESTIMATE-GENERAL

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

II. Annualized Costs:		Annualized Fiscal Impact on State funds from:	
		Increased Costs	Decreased Costs
A. State Costs by Category			
State Operations - Salaries and Fringes		\$0	- \$
(FTE Position Changes)		(FTE)	(- FTE)
State Operations - Other Costs		\$0	- \$
Local Assistance		\$0	- \$
Aids to Individuals or Organizations		\$0	- \$
TOTAL State Costs by Category		\$0	- \$
B. State Costs by Source of Funds		Increased Costs	Decreased Costs
GPR		\$0	- \$
FED		\$0	- \$
PRO/PRS		\$0	- \$
SEG/SEG-S		\$0	- \$
III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		Increased Rev.	Decreased Rev.
GPR Taxes		\$0	- \$
GPR Earned		\$0	- \$
FED		\$0	- \$
PRO/PRS		\$0	- \$
SEG/SEG-S		\$0	- \$
TOTAL State Revenues:		\$0	- \$

NET ANNUALIZED FISCAL IMPACT

Net Change in Costs:	<u>STATE</u>	<u>LOCAL</u>
Net Change in Revenues:	\$0	\$0
	\$0	\$0

Agency/Prepared by: (Name & Phone No.)
DWD / Not Assigned (Not Available)

Authorized Signature/Telephone No.

Date

3/25/99

1999 Session

FISCAL ESTIMATE
DOA-204 R(R1896)

- ORIGINAL
- CORRECTED
- UPDATED
- SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
LRB 2272/1
Amendment No. if Applicable

Subject: Sudden infant death syndrome training for day care providers

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

- Increase Existing Appropriation
- Decrease Existing Appropriation
- Create New Appropriation
- Increase Existing Revenues
- Decrease Existing Revenues

Increase Costs - May be possible to Absorb Within Agency's Budget Yes No

Decrease Costs

Local: No local government costs

- 1. Increase Costs
 - Permissive Mandatory
- 2. Decrease Costs
 - Permissive Mandatory

- 3. Increase Revenues
 - Permissive Mandatory
- 4. Decrease Revenues
 - Permissive Mandatory

5. Types of Local Governmental Units Affected:

- Towns Villages Cities
- Counties Others _____
- School Districts WTCS Districts

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

Assumptions Used in Arriving at Fiscal Estimate

This bill would require that state licensed and county certified day care providers and their employees receive training in the most current medically accepted methods of preventing sudden infant death syndrome (SIDS). DHFS is responsible for licensing group and family day care facilities. This proposal is consistent with current DHFS efforts to ensure that providers are aware of SIDS prevention information. The Department would comply with the requirement by providing the latest written material on SIDS prevention to license applicants and by mandating that required training courses for day care workers in licensed facilities include instruction on SIDS. DHFS has already included SIDS prevention as a required training element for department approved training courses not operated by educational institutions. It is therefore estimated that this bill will not have a significant fiscal effect on the Department or on local government.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.)

Andrew Forsaith

Authorized Signature Telephone No.

John Kiesow
John Kiesow, 266-9622

Date

3/31/99

FISCAL ESTIMATE WORKSHEET

1999 Session

Detailed Estimate of Annual Fiscal Effect
DOA-2047 (R10/99)

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
LRB 2272/1

Amendment No.

Subject

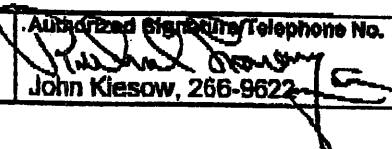
Sudden infant death syndrome training for day care providers

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

II. Annualized Costs:	Annualized Fiscal Impact on State funds from:	
	Increased Costs	Decreased Costs
A. State Costs by Category		
State Operations - Salaries and Fringes	\$	\$ -
(FTE Position Changes)	(FTE)	(- FTE)
State Operations - Other Costs		-
Local Assistance		-
Aids to Individuals or Organizations		-
TOTAL State Costs by Category	\$	\$ -
B. State Costs by Source of Funds		
GPR	\$	\$ -
FED		-
PRO/PRS		-
SEG/SEG-S		-
State Revenues Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		
GPR Taxes	\$	\$ -
GPR Earned		-
FED		-
PRO/PRS		-
SEG/SEG-S		-
TOTAL State Revenues	\$	\$ -

NET ANNUALIZED FISCAL IMPACT

	STATE	LOCAL
NET CHANGE IN COSTS	\$ 0	\$ 0
NET CHANGE IN REVENUES	\$ 0	\$ 0

Agency/Prepared by: (Name & Phone No.) Andrew Forsaith, 266-7684	Authorized Signature/Telephone No.  John Kiesow, 266-9622	Date 3/31/99
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State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Lecaan, Secretary

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Carol Kelsa
Signature

DHFS SUPPORT OF AB 222

The Department of Health and Family Services supports Assembly Bill 222 requiring training in SIDS prevention for child care providers, employees and volunteers who provide care and supervision for children. Information and training to inform child care providers about reducing the risk of SIDS are essential to promoting the well-being of our youngest children in out-of-home care.

Sudden Infant Death Syndrome or SIDS is the sudden and unexplained death of an infant under age one. SIDS strikes nearly 5,000 babies in the United States every year and is the major cause of death in babies from 1 month to 1 year.

According to a report released this year by *Reuters Health*, about a fifth of all babies who die of sudden infant death syndrome (SIDS) do so while in day care or other child care settings.

According to the Children's National Medical Center, about 17% of all infants in the U.S. spend at least 40% of their time being cared for by someone who is not a parent and the expected death rate from SIDS among these children is about 10%. The reason appears to be that babies are being placed on their stomach to sleep, a position known to increase their risk of SIDS.

Under current licensing rules, persons who work with children under 2 years of age are required to have training specific to infant/toddler issues and development. Providers can obtain this training from technical colleges, private and public universities, through correspondence courses offered by the UW-Extension and from department approved sources. Many of the courses offered by the technical colleges already include information about SIDS prevention. In addition, a component on SIDS has been added to the course criteria developed by the department for persons wishing to offer the department-approved course for infant/toddler care.

There are over 5,000 licensed group and family child care programs in Wisconsin serving over 175,000 children in care from infants to school age. There have been several tragic incidents over the years where a child in a licensed child care facility has been a victim of Sudden Infant Death Syndrome. Anything that the DHFS can do to help educate child care providers and parents on the latest information to reduce the risk of SIDS is critically important.

Please join in supporting this important legislation and pass Assembly Bill 222.