



**KEEPING  
KIDS ALIVE**  
IN WISCONSIN

★ Children's Health  
Alliance of Wisconsin

# **Conducting Effective Infant Reviews-Sleep Related Deaths**

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# Guiding framework

Effective reviews require team members to:

- Come prepared with information on the cases.
- Share the information openly and honestly.
- Seek solutions instead of blame.

# Discussion questions

- Critical to effective reviews.
- Should be a regular part of case review.
- Move the group to prevention.
- Resources available.

# Infant death classification

- Natural.
- SIDS and SUDI.
- Sleep related.
- Injury.

# **SIDS and SUDI**

Important facts to consider:

- SIDS and SUDI are not the same.
- In 2009, 28 infants died of SIDS.
- Disparity continues.

# SIDS

- SIDS has strictly defined criteria
  - *“The sudden death of an infant under 1 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”*  
NICHD, 1989 Consensus Conference

# SIDS

- Triple risk model
  - Vulnerable infant +
  - Critical developmental period +
  - Exogenous stressor
- A diagnosis of exclusion.

# **SIDS Category 1A**

**Classic features present and completely documented**

## Clinical

- > 21 days and < 9 months of age.
- Normal clinical history, including term pregnancy (gestational age of 37 weeks).
- Normal growth and development.
- No similar deaths among siblings, close genetic relatives, or other infants in the custody of the same caregiver.

# **SIDS Category 1A**

**Classic features present and completely documented**

## Circumstances of Death

- Investigation of the various scenes where incidents leading to death might have occurred and determination that they do not provide an explanation for the death.
- Found in a safe sleeping environment, with no evidence of accidental death.

# **SIDS Category 1A**

**Classic features present and completely documented**

## Autopsy Findings

- Absence of potentially fatal pathologic findings.
- No evidence of unexplained trauma, abuse, neglect, or unintentional injury.
- No evidence of substantial thymic stress effect. macrophages or minor cortical depletion is acceptable.
- Negative results of toxicologic, microbiologic, radiologic, vitreous chemistry, and metabolic screening studies.

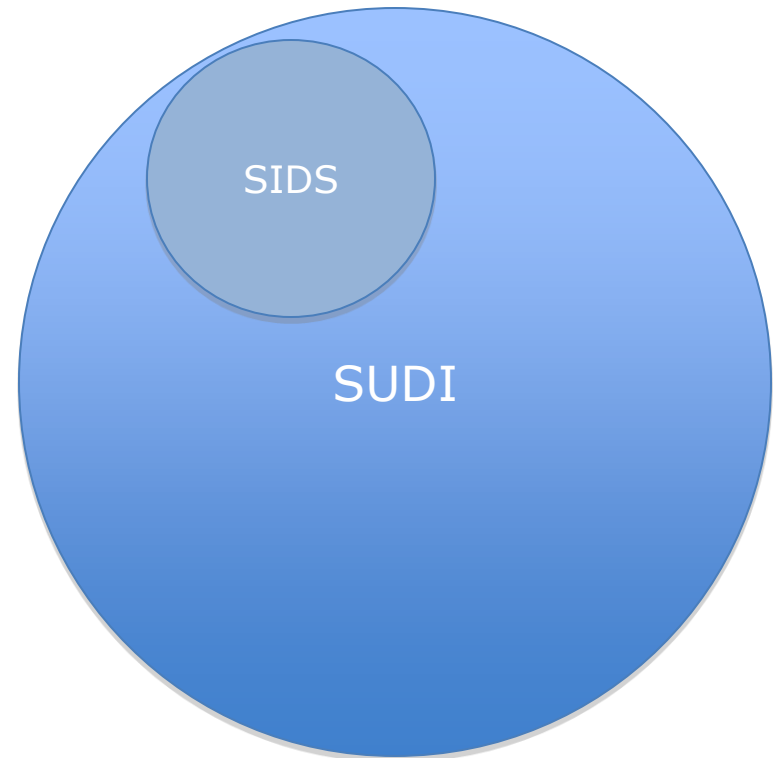
# SIDS Category 1B

**Classic features present but *incompletely* documented**

- Category IB includes infant deaths that meet the requirements of the general definition and also meet all of the criteria for category IA except that investigation of the various scenes where incidents leading to death might have occurred was not performed and/or 1 of the following analyses was not performed: toxicologic, microbiologic, radiologic, vitreous chemistry, or metabolic screening studies.

# Sudden Unexpected Death in Infancy (SUDI)

- No specific criteria:
  - *"Any infant death which is sudden and initially unexplained"*
- Broader category than SIDS
- All SIDS are SUDI, but not vice-versa



# SUDI

- This category includes
  - SIDS.
  - Suffocations/overlies.
  - Undetected congenital anomalies.
  - Rapidly progressing infections.
  - Poisoning.
  - Metabolic disorders.
  - Unsuspected trauma/abuse.

# Sleep related

Important facts to consider:

- Can be coded a variety of ways.
- CDR is the only method to capture these deaths.
- 49 infant cases were coded as “occurring in a sleep environment.”
- 19 were coded as asphyxia and 9 were coded as SIDS.

# Risk factors

- Unsafe sleeping position.
- Second-hand smoke exposure.
- Overheating.
- History of sleep apnea.
- Prematurity/low birth weight.

# Records

- Autopsy reports.
- Scene investigation.
- Interviews with family members.
- EMS run report.
- Emergency department report.
- CPS history.
- Criminal background checks.
- Social services reports (e.g., WIC).
- Prenatal information.
- Medical reports for infant.
- Medical reports for mother.

# Review order

1. Medical examiner/coroner.
2. EMS.
3. Law enforcement.
4. CPS.
5. Public Health.
6. Other team members.
7. Prosecutor.

# **SUIDI Reporting Form & User Guide**

<http://www.cdc.gov/sids/SUIDRF.htm>

<http://www.cdc.gov/sids/PDF/HowtoUseSUIDIForms-508.pdf>

# Prevention

- Community wide safe sleep message.
- Environment where families can openly discuss sleep practices.
- Ensure hospitals have a comprehensive safe sleep policy.

# Prevention

- Comprehensive scene investigations, including reenactments when possible.
- Access to safe sleep information.
- Smoking cessation.
- Education about reducing risk factors.

# Columbia County Prevention Effort

- We have money now what?
- Focus on specific prevention
- Formed sub committee
- What are the needs of our community?



# What is in place? Can you build upon it?

- Portage Hospital uses sleepsacks
- Parents watch DVD on safe sleep
- Safe sleep educational material provided to family in a folder

**Help Reduce the Risk of SIDS with the HALO® SleepSack™ Standard of Care Program**

The HALO® SleepSack™ wearable blanket is the #1 trusted choice of hospitals. With our In-hospital and Take-Home Programs, it's the perfect solution for modeling safe sleep practices in-hospital and as gifts for new parents.

**In-Hospital Program**

- Designed for use in-hospital with sewn-in swaddle feature and easy access to monitor leads
- Ideal for transitioning out of the NICU
- Durable fabric and construction for repeat use
- Used by more than 400 hospitals nationwide
- Includes complimentary safe sleep educational materials

Available in micro-fleece for \$3.75 and cotton for \$4.50 each



**Take-Home Program**

- Reinforce safe sleep education with a gift of a HALO SleepSack Swaddle when parents leave the hospital
- Promotes safe sleep practices consistent with American Academy of Pediatrics guidelines to help reduce risk of SIDS
- Custom embroidery available with your hospital name is an excellent marketing opportunity
- Swaddle feature is removable, allowing baby to use wearable blanket alone
- Packaging includes safe sleep educational information
- Two-week standard delivery, twelve week delivery for custom embroidery
- Maximum embroidery size: 3" x 2", please send JPEG image to [lynnelamb@haloinnovations.com](mailto:lynnelamb@haloinnovations.com)
- Warehousing options available upon request

Available in micro-fleece and cotton for \$5.25 each. \$5.75 with custom embroidery (Minimum 250). (Retail value of \$19.99-\$29.99)







For details call 888-999-HALO (4256) or visit [www.halosleep.com/hospitals](http://www.halosleep.com/hospitals)



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# Combine unified message

1-888-999-4256 Ext 150  
 Nicole@haloinnovations.com

Graphics by Children's Health Alliance

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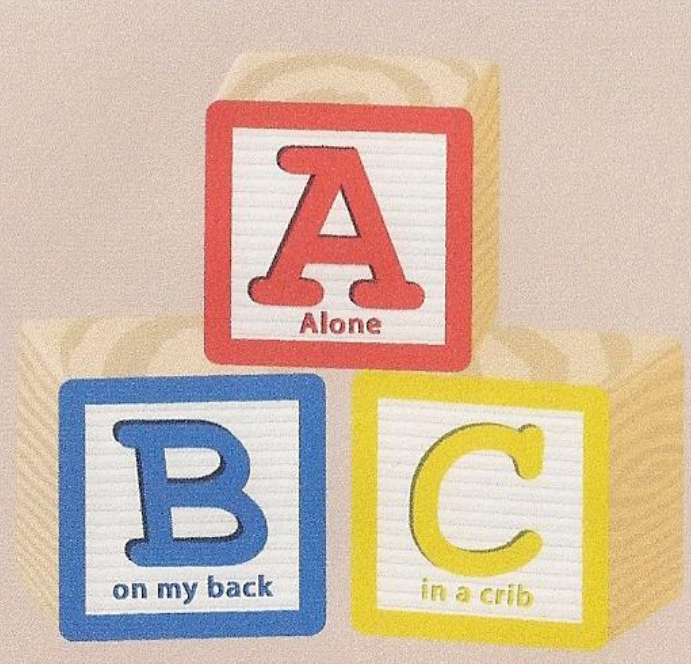


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**HALO**  
the safer way to sleep

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I sleep safest alone, on my back and in a crib.

# Prevention Efforts “Get the word out”



- Photos and article in local papers
- Plant seed for future fundraising efforts.
- Success



# Prevention Efforts

## Safe Sleep

### Fox Valley Unified Messaging





# Prevention Efforts

Group Sharing:

What has worked

Prevention successes



**THANK YOU**