

## Insights

# It's Past Time to Prevent SIDS and Sleep-Related Infant Deaths

In the U.S., Sudden Infant Death Syndrome (SIDS), suffocation and other sleep-related causes claim [approximately 3,600 babies](#) every year. That number translates to nearly 165 unfilled kindergarten [classrooms](#). And while research shows that many of these deaths are preventable, they still persist.

Goodstein serves as a faculty expert on the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network ([NAPPSS-IIN](#)), funded by the Health Resources and Services Administration Maternal and Child Health Bureau. NAPPSS-IIN seeks to make infant safe sleep and breastfeeding the national norm by aligning stakeholders to test safety bundles in multiple care settings to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding.

Doing better by American families starts by identifying what's working and outlining opportunities for improvement. That's why, in honor of SIDS Awareness Month, we talked to NICHQ Faculty Expert Michael Goodstein, MD, a neonatologist and international safe sleep expert, about what priorities should shape improvement efforts in the years to come. Here, he shares five opportunities that can guide local, state and national efforts to improve outcomes and help all babies sleep safely.

### Support breastfeeding mothers

“Providing human milk for even two months reduces the risk of SIDS, and the longer you breastfeed the greater the impact; in fact, breastfeeding for six months reduces the risk of SIDS by up to [60 percent](#),” says Goodstein. “This means if we help more mothers initiate breastfeeding—and especially if we help them breastfeed for longer—we’ll have a big impact on saving lives. It’s that simple.”

While the solution is clear, implementing it will take serious efforts, continues Goodstein. Health professionals need to talk with families about how to sustain breastfeeding once they leave the hospital, and specifically address potential barriers like sleep-deprivation or too little support at home. And all advocates need to work together to change social norms and policies so that initiating and sustaining breastfeeding becomes achievable. Extended time-off from work that gives families time to focus on initiating breastfeeding; education about breastfeeding rights for

women who are returning to work; and eliminating social stigmas about breastfeeding in the workplace— each is an opportunity to better support breastfeeding mothers.

### **Improve safe sleep education and guidance**

Helping families understand and follow safe sleep guidelines can reduce the risk of suffocation and SIDS. But simply telling families what to do is inadequate and often counterproductive, says Goodstein.

“Handing a family a brochure and telling them to practice safe sleep isn’t enough. Maybe they don’t have space for a crib in their homes; or maybe they believe their baby will be safest in their bed. We need to develop more authentic conversations with families by using techniques like motivational interviewing and asking open-ended questions. When we do this, we can learn about families’ needs, concerns and opinions, and then form an achievable plan together.”

Importantly, these conversations need to have breadth as well as depth. They should extend to all caregivers, especially grandparents who are key influencers in many families, and take place in multiple settings, including prenatal care and during pediatric visits.

### **Pursue equity**

“Historically marginalized populations— those who have experienced trauma and racism in the health care system— have [higher rates of sleep-related infant deaths](#),” says Goodstein. “As health care providers, we need to recognize these facts and focus on what needs to change. Eliminating barriers to quality care means looking internally at our own intrinsic biases and how they affect our conversations with families about safe sleep. When we do this, we can better build trust with families and engage in conversation with them about their lived experiences and day-to-day reality. Only then can we work together as equal partners to overcome the barriers they face.”

Individual change is not enough though, continues Goodstein. This internal work must coincide with institutional change that addresses the continued effects of historical racism on systems of care. Hospitals need to eradicate policies that result in differences in care for families based on race, ethnicity, socioeconomic status, and education-level. And public policy needs to guarantee equitable access to health care; otherwise, families living in vulnerable communities will continue to face an ongoing cycle of poverty, toxic stress and adverse birth outcomes.

### **Address unsafe images and unsafe sleep products**

Public images of babies sleeping on their stomach or wearing a hat confuse families about what is and is not safe. Health care providers and safe sleep advocates can help by asking companies and organizations to replace unsafe images. Goodstein, who works on NAPPSS-IIN’s Public Media National Action Team, found that most people and companies are quick to correct an image once they learn it is unsafe. Through outreach, they’ve replaced unsafe images on hospital websites, book covers, brochures and websites that sell products to expectant mothers. Outreach should also be proactive, adds Goodstein. By sharing safe sleep information with photographers, advertisers, and stock photography companies, safe sleep advocates can help ensure that only safe images ever go public.

Share [this checklist](#) about safe sleep to marketers, photographers and advertisers.

Addressing unsafe sleep products is also important, continues Goodstein. Many infant products are designed for baby use while babies are awake and being observed, but not when sleeping. Safety warnings may be lost in the fine print and because tired, new parents may not read all the instructions closely, their babies can end up at risk.

“Unsuspecting parents who are already juggling so much often have this misconception that if people are selling it, then it must be safe,” says Goodstein. “Sadly, this isn’t the case, so it’s really important for all health care professionals— obstetricians, nurses, prenatal educators— to talk to families about sleep products before they buy them. We need to do more to help keep families safe from potentially harmful products.”

### **Focus on research**

Preventing all SIDS and sleep-related infant deaths starts by understanding their cause and potential risk factors. And with SIDS and early infant deaths, there are still a lot of unanswered questions.

“Besides suffocation and asphyxiation, we know that a certain percentage of these deaths are due to cardiac abnormalities and some are due to brainstem abnormalities,” says Goodstein. “We need to define these causes more clearly though, so we can identify babies who are at a higher risk and focus on prevention. Prioritizing research and innovation will help us learn more so that we have a solution for every preventable death.”

*Interested in learning more about promising practices to reduce safe sleep? Read [this recent article on addressing disparities](#), or download this [list of strategies](#) hospitals have used to improve safe sleep education.*