



Newsletter of the Michigan Professional Society on the Abuse of Children, Inc., the Michigan Chapter of APSAC.

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Editor: Leena S. Dev, MD

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Safe-Sleeping Practices and Saving Lives

by Bethany Mohr, M.D, University of Michigan, Child Protection Team

A couple in their thirties just moved into a new house with their 6 week-old daughter. The couple was waiting for the movers to deliver their belongings the next morning; including the baby's crib. The baby's father went out and bought an inflatable air bed. The couple filled the air bed using the included air pump until the bed was firm. The baby was laid down on the mattress on her back covered with a thin blanket. Mom went to check on the baby after doing some cleaning and found the baby enveloped in the deflated bed. EMS was called but was unable to resuscitate the baby.

In July of this year, over a 2-day period, 5 Michigan infants from Wayne County died while sleeping unsafely. These tragic deaths could have been prevented with safe sleeping practices; however, safe sleeping practices are often undermined by family traditions and poverty. Also, these deaths could have been potentially and mistakenly classified as SIDS.

The infant mortality rate in Michigan has continued to fall along with the incidence of Sudden Infant Death Syndrome. However, SIDS is still responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period. In order to classify a baby's death as SIDS, the following criteria must be met:

1. Sudden death of an infant under 1 year of age
2. Death remains unexplained after a thorough case investigation, performance of a complete autopsy, examination of the death scene, and review of the clinical history.

In spite of these criteria, infant deaths may be misclassified as SIDS depending on how "thorough" the case investigation is and how closely the death scene is examined. Case investigations and death scene examinations may lead to a different determination of cause of death depending on who conducts these investigations and the standards utilized. All people potentially involved in such investigations should be

knowledgeable about child death/injury interview and documentation guidelines (<http://www.epicmedics.org/deathcardgood.doc>) and the use of a SUID Investigation Doll. Deaths mistakenly attributed to SIDS may lead to further infant deaths. For example, if no cause of death is identified, families may not receive the education and resources necessary to prevent further deaths due to unsafe sleeping practices or conditions (cont'd on page 3).

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A special thanks to all our contributors for this issue:

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Meetings & Conferences

October 22-23, 2007, Plymouth, MI
26th Annual Michigan Statewide Child Abuse and Neglect
Conference. For more information go to:
<http://cme.med.umich.edu/events/default.asp>

November 8, 2007 – Frankenmuth, MI
Judicial Leadership in Determining Best Interests in Child
Protective Proceedings. Contact Kathy Falconello at
falconello@courts.mi.gov

November 30, 2007 – Dearborn, MI
Save our Children Summit 2007 – Crisis in Michigan Foster
Care. For more information go to www.childshope.org

December 10, 2007 - Hall of Justice, Lansing, MI
"What Judges and Attorneys Want to Know About Child
Maltreatment But Never Had the Chance to Ask."
Contact Carol Siemon at siemonc@courts.mi.gov for more
information

MiPSAC Board Meetings
2nd Friday, even months, 12 noon – 2 PM
Michigan Children's Ombudsman's Office, Lansing
gushurst@kcms.msu.edu

ISPCAN 18th International Congress
September 7-10, 2008 Hong Kong, China
www.ISPCAN.org

MiPSAC's Goals

- To bring together professionals working in the area of child maltreatment
- To foster networking
- To be an information resource
- To sponsor quality training

Join the MiPSAC member listserv
(sponsored by Wayne State University)
by contacting Vince Palusci at
Vpalusci@med.wayne.edu
(reminder...you must be a member of APSAC in Michigan
or MiPSAC to participate)
MiPSAC
P.O. Box 12264, Lansing, Michigan 48901

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MiPSAC was founded in 1995 and incorporated in 1996 as the Michigan non-profit 501(C)3 state chapter of APSAC. The comments expressed in this newsletter reflect the views of the author(s) and do not necessarily represent the views of MiPSAC or the American Professional Association on the Abuse of Children. (APSAC).

Safe-Sleeping Practices and Saving Lives (cont'd)

In order to clearly assess and document the number of infant deaths due to preventable causes, these deaths must be recorded into separate categories. For instance, in the State of Michigan, the total number of infant deaths is broken down by cause. However, no categories exist to clearly represent the number of infant deaths due to unsafe sleeping practices. Much debate exists regarding how to categorize these deaths when investigation reveals the presence of risk factors such as unsafe sleep position, location, bedding, or bed sharing; is the death due to SIDS, accidental suffocation, or should the manner and cause be classified as undetermined? In some cases, these deaths may be homicides when alcohol, drugs, or gross negligence is involved. Deaths due to neglect may also be classified as “natural” and caused by SIDS but, in actuality, are the result of neglect or intentional suffocation. In any case, deaths associated with unsafe sleeping practices cannot be simply considered and coded as “accidents.”

With regard to the term “SIDS”—SIDS is not truly a **cause** of death but the end result of a process which was not elucidated. The term “Sudden Unexpected Infant Death” has been proposed but is still wrought with the same drawbacks as the term “SIDS” if used alone. A lack of experience or time leading to an incomplete investigation may often lead to a diagnosis of SIDS.

The ultimate goal is prevention of these deaths. As a pediatrician who has worked in a busy university pediatric practice and newborn nurseries, I am constantly educating families about safe sleep. I am aware of many parents’ reluctance to not bed share with their babies. Although the recommendation is often to avoid bed sharing after consuming alcohol or prescription drugs which may decrease arousal or when extremely fatigued, *selectively* applying a public health warning is problematic (as previously stated by the Michigan FIMR Network). Bed sharing is an extremely controversial topic, especially with breastfeeding mothers and their babies. Strong cases have been made that bed sharing facilitates breastfeeding and enhances the maternal-infant bond. In spite of this, due to the potential tragic consequences of this sleeping arrangement, room sharing (infant sleeping in the parents’ room) is the best alternative. However, if a baby is brought into the parents’ bed for a feeding, the baby needs to be returned to their own sleeping environment to avoid the risks associated with bed sharing.

Parents must also be aware of potential risks even if a baby is in his/her own sleeping environment. A safe sleeping environment is deserved by every baby and education regarding an infant’s sleep environment must be offered to every parent, irrespective of their perceived level of experience in child-rearing and/or socioeconomic status. Babies are unsafe sleeping on soft surfaces such as some waterbeds, air mattresses, pillows, and comforters. All loose bedding is a risk as well as bumper pads, thick blankets, toys, and stuffed animals. If the environment is cold, babies should be dressed in a sleep sack, footed sleeper, or thin layers of clothing; babies should not be covered with heavy or multiple blankets.

Safe sleeping conditions and practices must be maintained by secondary caregivers as well. Day care centers, in-home child care, relatives, and friends must all be familiar with safe sleep practices for infants and need to provide an appropriate sleep environment.

In addition, physicians and other medical providers need to “practice what we preach” and set examples for our patients and families. Day after day, bassinets in hospital nurseries are cluttered with stuff animals and toys and the babies are tightly swaddled in, many times, more than one blanket. If we are teaching caregivers that an empty crib with a firm mattress covered with a tight fitting sheet and a thin blanket loosely laid over a baby is optimal, why are we reinforcing the opposite?

This month’s newsletter is dedicated to Safe Sleep Practices for Infants and the need for continued education, better investigations, and consistent and objective classifications of infant deaths by medical examiners in order to prevent these tragic and senseless deaths. The other articles in this issue provide further insight into this topic from the perspective of those dedicated to the safety of all infants.

MiPSAC Membership Information—There are two ways to become a member of MiPSAC, the state chapter of APSAC

1. **Join APSAC.** Joining APSAC and paying your annual dues also makes you a member of MiPSAC if your membership address is in Michigan. A part of your annual dues is sent to MiPSAC to cover your membership. MiPSAC hears periodically (but not often enough) about new APSAC members, so please let us know if you think you are an APSAC member so we can make sure you receive MiPSAC communications.

2. **Join MiPSAC only.** Our changed bylaws have created an in-state membership category to join MiPSAC. This does NOT include APSAC membership. Please contact the membership chair at vpalusci@med.wayne.edu or mail us for more information. MiPSAC, P.O. Box 12264, Lansing, Michigan 48901

When It's Not *Just* an Accident

Shannon O'Brien, Assistant Prosecuting Attorney
Oakland County Prosecutor's Office, Juvenile Justice Division

Accidents can happen. Certainly, the advice provided to parents by their pediatrician with regard to sleeping arrangements for their infant assists with preventing the harm that may result from unsafe practices, such as co-sleeping; excessive bedding in a crib; placing babies on water beds or fluffy bedding that can obstruct airways; and face-down positioning. But when does parental negligence that results in a child's death due to unsafe sleeping practices become subject to the scrutiny of law enforcement, and a criminally chargeable act? Parents can be charged criminally with serious offenses, including Manslaughter, when negligence in arranging a baby's sleeping practice can be defined as "reckless" within the meaning of the criminal code, and death results.

The decision making of the prosecutor faced with such a charging decision turns on the evidence presented by the investigation, and is unique to each case based upon the evidence presented. The presence of certain factors, however, can be more likely to persuade a physician, a medical examiner, a law enforcement officer, a prosecutor, and ultimately a jury, that a baby's death or injury was not merely an accident, but rather the result of a reckless act by a parent.

The scenario that may give rise to a criminal charge often includes a co-sleeping arrangement with a parent, paired with another variable: use of alcohol, marijuana, other illegal drugs, or prescription medication by the parent. Substance use or abuse by a parent may also be a factor in an evaluation for reckless decision making when placing a child to sleep in a cluttered crib, on an unsafe surface, or in excessive bedding. Should death or harm result, a criminal investigation may commence. At least one case exists in Michigan where a mother co-slept with two of her infant children at different times, and both of those children died from resulting positional or compression asphyxia. Mother's knowledge of what had happened to her first infant and the cause of that infant's death was one compelling factor in the determination for the criminal charge that resulted when her second baby died.

Children cannot speak for themselves. Certain circumstances of reckless conduct by parents in arranging for their child's sleep merit review by Child Death Review Teams, law enforcement, and the medical community in order to assure the protection of that child's siblings, and to assure justice for the child that died.

W.I.S.S.H. By Lois Plantefaber, LMSW

Safer Sleep Outreach Campaign Coordinator, Washtenaw Area Council for Children

The Washtenaw Area Council for Children, in collaboration with the Washtenaw Coalition for Infant Mortality Reduction, launched a **Washtenaw Infants Sleep Safer Here** public awareness campaign (**WISSH**) in March 2006 to address preventable infant deaths caused by unsafe sleep practices. In 2005 alone, five children died in Washtenaw County related to how or where they were sleeping. The WISSH campaign incorporated the latest Safe Sleep guidelines endorsed by the American Academy of Pediatrics in October 2005 and promotes the **ABC's of Safer Sleep: Alone in my bed; Back to Sleep and Cover me not.**

In March 2007, the WISSH campaign created an 11-minute "**Safer Sleep for Your Baby**" video geared toward parents and caregivers. Through the voices of a mother, whose son died in day care because of soft toys and bedding in the crib, Dr. Sheila Gahagan (Michigan Chapter President of the American Academy of Pediatrics), and a death scene investigator, viewers are exposed to the stark realities of unsafe sleeping environments. Along with the video, the campaign has produced a comprehensive PowerPoint presentation that provides professionals with extensive background information to use when leading discussions on safer sleep practices and a resource binder of other educational materials.

The Safer Sleep public awareness campaign has been overwhelmingly successful. More than 400 pediatricians, nurses, hospital staff, service providers and parents have been trained in the promotion of safer sleep practices. Home visitors have found that showing the video with a family in their home has a powerful impact on parents and many have changed their sleep practices as a result of this education. At least four hospitals in the State of Michigan now show the video on in-house television and more than 150 resource kits have been distributed within Washtenaw County, the state and even internationally.

Why SIDS should disappear as a diagnostic term

By Carl Schmidt, MD, Wayne County Medical Examiner

It was in the 1950s and 1960s that the achievements of public health really became evident. The availability of municipal, pressurized water supplies greatly decreased the incidence of gastrointestinal disease. Vaccinations for the major childhood diseases were available and mandatory for attending school. Prenatal care became part of obstetrical routine and environmental hazards to the fetus were studied intensively. However, a number of infants, mostly, and apparently well cared for, continued to die for mysterious reasons.

Sudden Infant Death Syndrome was first proposed in 1969 as a diagnostic entity for these mysterious infant deaths. Numerous biological explanations were sought, and often, but not always, discarded. In the central nervous system, anomalies in the external arcuate nucleus, a cluster of cells in a section of the brainstem associated with the control of heart rate and respiration, were described by some observers, but were not reproduced by others. Variations in the density of tryptophan hydroxylase were described by a group in Japan and recently, abnormalities in serotonin in the same external arcuate nucleus have also been described.

In the heart, a prolonged QT interval was thought to be associated with an increased risk of sudden infant death. Mutations in cardiac sodium channels have been proposed as an explanation for SIDS. Variations in alpha-fetoprotein expression have been linked to SIDS too. There are numerous others explanations and associations, none with any well defined link that could predict the onset of sudden infant death. The epidemiology of SIDS was another story. There were risk factors that appeared with regularity. Infants that were two to three months old seemed to be at greatest risk, and it happened rarely after 6 months of age. Prematurity, smoking by the mother during pregnancy, the child's environment, and parental socioeconomic and educational disadvantage were regularly at play. The success of the Back-to-Sleep campaign, begun in 1993, and its resultant decrease in deaths ascribed to SIDS by more than 40% was a tantalizing clue that environmental factors were of greater importance than esoteric and hard to demonstrate biological explanations. It is perhaps the success of this campaign that was instrumental in focusing the attention of death investigators on environmental factors as having major importance in the causation of SIDS.

Understanding the environment in which these infants die has resulted in further decreases in mortality and a major diagnostic shift in how infant deaths are certified. Today, some major jurisdictions have individuals dedicated to investigating these deaths and gathering data associated with them. Because of these efforts, we know that many infants die because they are placed to sleep in adult beds or other improper settings. Co-sleeping with adults has a major association with infant mortality, as does adult drug use, although the latter is a factor in approximately 25% of co-sleeping deaths. Improper sleeping surfaces, such as soft bedding and covering the infant's airway with blankets also are major factors in sudden infant deaths. In Wayne County, Michigan, there were 122 deaths under the age of one year in 1994, of which 80 were certified as SIDS. In 2004, of the 74 infant deaths, only 2 were certified as SIDS. There is evidence that this diagnostic shift is occurring unevenly across Michigan, and occurs mainly in larger jurisdictions. For example, Wayne County accounts for 25% of Michigan's infant deaths, but only 4% of the SIDS deaths.

So why does SIDS persist as a diagnostic term and with the geographic distribution that it does? The major reason is probably related to the greater resources for death scene investigation in larger urban centers. As experience has accumulated, pathologists in these areas are comfortable using terms such as "asphyxia due to overlay" as a cause of death. But it persists because in many instances, it allows the pathologist to sign out the case as SIDS and, because of its association with a mysterious, biological etiology that will never be known, it allows death investigation to stop at that point and dispose of responsibility associated with the case.

It is uncomfortable to attend the scene of an infant death and reenact it with a doll, and ask the parents a lot of questions. Infant deaths are intense, tragic events, and the use of the term SIDS has allowed investigators (and that includes physicians) to limit their personal involvement with them. This is a disservice to the parents, who, more often than not, want to understand what happened to their child in spite of their grief. Banning the term SIDS will help remove the gap between the victims (and by that I include the parents too) and the death scene investigator. It will help force more complete information-gathering, and the more accurate certification of these deaths. I think that, in time, we will find that true, idiopathic infant death will be due to the same reasons that children and young adults succumb to.

But the major reason to ban the term is that by discovering exactly how an infant died, you can educate the parents so that they won't commit the same mistake in the future. It was once said in forensic pathology that, in a family, "one SIDS death is natural, the second is indeterminate, and the third is homicide." It may be truly be that the parents did not know any better because no one bothered to investigate the deaths of their children. After all, they were all SIDS.

Speaking to parents about Safe Sleep

By Kelly Swartz, MSW, Saginaw County Protective Services

The Infant Safe Sleep recommendations have had a very large impact on the way that I complete all CPS investigations and ongoing cases as a children's protective service worker.

When I am assigned a case alleging abuse or neglect in a home, I automatically look at the ages of the children in the home. I do this because of my knowledge about safe sleeping environments. If there is an infant in the home, a red flag goes up instantly for me that triggers me to speak to the parents regarding the sleeping arrangements for their infant.

I begin by asking the parents if there is a bassinet or crib in the home. After talking to the parents about beds for the infant, I observe and see the bassinet/crib where the infant sleeps. In my experience, this sleeping arrangement may or may not be appropriate, as many times the crib has been full of clothes or blankets. Viewing the bed then allows me to be up front and educate the parents.

It is very important to speak to the parents about what they already know regarding Infant Safe Sleep and how it impacts the safety of their infant. I have heard many different responses by parents which include:

- "Safe Sleep? They keep on changing the position of the baby so truly it doesn't matter."
- "Look, my parents slept with me and I slept with all my other children and they survived."
- "I think I heard something from the hospital about that."
- "I just get tired in the middle of the night and I don't mean to fall asleep with my baby."
- "I have never heard of Safe Sleep."

Their responses allow me to identify all of the questions or misinformation they may have received and give me an opportunity to respond appropriately. It is imperative for CPS workers to be up to date with the current Infant Safe Sleep guidelines because it continues to change as new research is completed in the medical field.

Throughout my years working with parents and giving them factual information about infants who have died in unsafe sleeping environments, I have not had one parent discount the information I have presented. By confronting the past experiences of these parents and discounting the inaccurate information they have received, they become much more receptive to safe sleep practices.

I am passionate about Infant Safe Sleep because I have seen the devastation to families who have lost an infant to positional asphyxiation caused by the sleep environment. I believe in the information I give to parents because it may save one infant's life; there is no price that you can put on that.

The Infant Safe Sleep campaign needs to continue and those involved need to be creative and ingenious in getting the information out to everyone who cares for infants.

The [Safer Sleep for Your Baby](#) video, discussed in the W.I.S.S.H. article is available in VHS or DVD (regular or loop format) for showing in office or clinic settings. It is soon to be released in Chinese and Spanish languages as well. It is available free to Washtenaw county agencies and at a minimal cost for agencies outside of Washtenaw County. Please contact Ms. Marcia Dykstra, 734.434.4215 or marcia@washtenawchildren.org for more information.

MiPSAC has new contact information!

Please direct questions about MiPSAC membership, the newsletter and other issues to:

MiPSAC
P.O. Box 12264
Lansing, Michigan 48901

Please contact APSAC directly about APSAC membership: APSAC, P.O. Box 30669, Charleston, SC 29417, apsac@comcast.net, (843) 764-2905