What Child Care Providers and Other Caregivers Should Know

Sudden Unexpected Infant Deaths
WHAT YOU SHOULD KNOW

As the number of working mothers grows, more young infants are being cared for in child care settings with licensed providers or by other caregivers. Those who care for infants need to know about Sudden Unexpected Infant Death (SUID) and what to do if a death of this type occurs. SUID describes a sudden unexpected death of an infant with a cause of death of Unknown/Undetermined, Accidental Suffocation and Strangulation in Bed, or Sudden Infant Death Syndrome (SIDS). It is important to be informed about the latest recommendations to reduce a baby’s risk of dying from these sleep-related infant deaths\(^1\).

This booklet was written to help you:

- Understand SUID.
- Identify ways to reduce the risk of SUID for infants in your care.
- Know what to do if an emergency occurs.
- Learn how to help yourself and others if a baby dies suddenly and unexpectedly while in your care.

WHAT IS SUID?

- SUID is the **sudden and unexpected** death of an infant under one year of age. Although the causes of death in many of these children can’t be explained, most occur while an infant is sleeping in an unsafe sleeping environment.
- Each year nearly 4,000 infants in the United States, and hundreds of infants in California, die suddenly and unexpectedly.
- Most SUID are reported as one of three types of infant deaths and are difficult to tell apart even with a thorough case investigation:
  - Unknown/Undetermined
  - Accidental Suffocation and Strangulation in Bed
  - SIDS

\(^1\)Centers for Disease Control and Prevention: www.cdc.gov/sids/aboutsuidandsids.htm. September 29, 2014
• **Unknown/Undetermined** is the sudden unexpected death of an infant less than 1 year of age that cannot be explained because a thorough investigation was not conducted and a cause of death could not be determined.

• **Accidental Suffocation and Strangulation in Bed** is used when certain factors are present:
  - Soft bedding such as pillows or blankets.
  - Bed-sharing and the potential for another person to roll on top of or against the infant.
  - An infant becomes wedged between objects such as a mattress and wall.
  - An infant’s head and neck are caught between crib railings.

• **SIDS** is the sudden death of an infant less than 1 year of age that cannot be explained after an autopsy, a thorough death scene investigation, and a review of the baby’s health history.
  - SIDS is sometimes known as “crib death”. It is one of the leading causes of death in babies from one month to one year of age.
  - In the United States, SIDS accounts for the death of thousands of babies every year.

**IMPORTANT FACTS ABOUT SIDS**

• SIDS happens in families of all social, economic and ethnic groups.

• Most SIDS deaths occur between one and four months of age.

• SIDS occurs in boys more than girls.

• The death is sudden and unexpected, often occurring during sleep. In most cases, the baby seems healthy.

• Although it is not known exactly what causes SIDS, researchers know that it is not caused by suffocation, choking, spitting up, vomiting, or immunizations.

• SIDS is not contagious.

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WHAT CAN WE DO TO HELP REDUCE THE RISK OF SUID?

Although the sudden and unexpected death of an infant cannot be predicted or prevented, research shows that certain infant care practices can help reduce the risk of a baby dying suddenly and unexpectedly. As a child care provider, you can help lower the risk of SUID for infants less than one year of age by following these risk reduction guidelines.

Sleeping Position

The chance of an infant dying suddenly and unexpectedly in child care is higher when a baby first starts the transition from home to care. Research shows if a baby has been placed on his/her back by the parents, and the child care provider places the baby to sleep on his/her stomach, there is a higher risk of death in the first weeks of child care. One of the most important things you can do to reduce the risk of sudden unexpected death is to place babies to sleep on their backs.

Healthy babies do not choke when placed to sleep on their backs. By reflex, babies swallow or cough up fluids to keep the airway clear. Since the windpipe (trachea) is positioned on top of the esophagus, fluids are not likely to enter the airway. (See diagram below)

Babies who are able to roll back and forth between their back and tummy should be placed on their backs for sleep and allowed to assume their sleep position of choice. When infants fall asleep while playing on their tummies, move the baby to a crib onto his/her back to continue sleeping.


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While awake, babies should have supervised tummy time. Tummy time helps babies develop upper body strength and muscle control needed to reach developmental milestones. It also helps to improve flatness at the back of the head that may occur in babies who are placed on their backs when awake. Another way to reduce flattening of the baby’s head is to change the direction that the baby lies in the crib so that the infant is not always sleeping on the same side of his/her head.

Crib, Sleep Surface and Bedding

Make sure the baby sleeps in a crib, bassinet, portable crib or play-yard that conforms to the safety standards of the Consumer Product Safety Commission (CPSC)\(^3\). The mattress should be firm, fit tightly, and be covered with a tight fitted sheet. Babies should not sleep on adult beds, waterbeds, couches, bean bag chairs or other soft surfaces. Do not use fluffy blankets or comforters under the baby, or put the baby to sleep on a sheepskin, pillow or other soft materials. Keep stuffed toys, bumper pads, loose bedding and other toys and soft objects out of the crib.

Temperature

Babies should be kept warm, not hot. Babies should be dressed with only one additional layer than you are wearing for warmth. In areas where babies sleep, keep the temperature so that it feels comfortable to you. If needed, dress infants in blanket sleepers for warmth. This ensures that the baby’s head will be uncovered during sleep.


Image courtesy of the Safe to Sleep\(^\text{®}\) Campaign for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, http://safetosleep.nichd.nih.gov/; Safe to Sleep\(^\text{®}\) is a registered trademark of the U.S. Department of Health and Human Services.
Smoke Free

No one should smoke around children in your care. California Child Care Licensing Regulations prohibit smoking in child care centers\(^4\). Smoke in the infants environment is a major risk factor for SIDS.

Pacifiers

Offer the baby a pacifier for sleep if the parents provide one. If a pacifier is used, do not attach it to a string. Don’t force the baby to take it, and if the pacifier falls out during sleep, you do not need to reinsert it.

Breastfeeding

Breastfeeding has many health benefits for mother and baby including a reduced risk of SIDS. Make sure your child care program is breastfeeding friendly.

OTHER THINGS YOU CAN DO TO REDUCE THE RISK

- **Ask** parents about their baby’s usual sleep position and discuss the recommended back sleeping position with them. Inform parents that your policy is to place infants on their back to sleep. During your discussion, offer Safe to Sleep\(^\circledR\) information and materials to the family.

- **Develop** policies and waivers to address sleep position. If a family insists their baby sleep on the side or stomach, refer them to their health care provider for further information. Request that their medical care professional provide a signed statement for infants who have medical reason for not being placed to sleep on their backs.

- **Attend** education programs in your community to learn more about sudden unexpected infant deaths. Training and education for childcare providers may be available through your local public health Resource and Referral agency or from your local Public Health Department at no cost. For more information call the California SIDS Program: 800-369-SIDS (7437).

- **Know** SUID resources for additional support and make them available to families as appropriate. Keep up-to-date with the latest recommendations for safe infant sleep. For education and informational materials, contact the California SIDS Program: 800-369-SIDS (7437).

\(^4\)SMOKING PROHIBITION 101231, Smoking is prohibited on the premises of a child care center as specified in Health and Safety Code Section 1596.795(b).
ALTHOUGH RARE, IT CAN HAPPEN

What if you or another child care provider notices a baby not breathing?

Check for breathing: look, listen and feel; flick the bottom of the infant’s foot.
If the baby is not breathing:

- If another staff member is available, one call 911 and the other start rescue breathing/CPR.\(^2\)

Or

- If alone, give about 2 minutes of CPR, then call 911 and resume CPR.

AFTER THE EMERGENCY

The Investigation...What to Expect

Whenever there is a sudden unexpected death, the law requires an investigation to find out the cause. Several people may ask you for the same information. The investigation may be hard on you and others close to the infant.

The investigators need your help. You may be asked to provide details concerning the death of the infant such as: the time/place the infant was last seen alive and by whom; time, position, and condition of the infant when found and by whom; the infant’s last feeding; and any observations regarding the baby’s behavior. You may also be asked to help in the following ways:

- **Law Enforcement.** You may be asked questions about the baby’s health, behavior, naptime, and other observations you may have made. Photographs may be taken and they may ask you not to go into the area where they baby died or disturb the baby’s sleeping area.

- **Licensing.** A sudden unexpected infant death is not cause for revoking a license— but you are required to report the death to Child Care Licensing by the next working day. A written death report must be submitted within seven days. (See Licensing Form 624A (7/99)-Death Report). The licensing agency may ask questions similar to those asked by law enforcement. In addition, they will ask questions related to licensing regulations.

- **Coroner.** A coroner’s investigator may contact you with more questions about the circumstances of the death. An autopsy will be done.

\(^2\)CPR is cardiopulmonary resuscitation. For information about the latest CPR protocol, call your local chapter of the American Red Cross or American Heart Association. Everyone should know CPR. Source: The American National Red Cross, Pediatric First Aid/CPR/AED Ready Reference, 2011
Public Health Services

A public health nurse or social worker who is knowledgeable about SUID will be in contact within a few days of being notified of the death by the coroner. The nurse or social worker will offer information, support, referral, and follow-up.

What to Tell the Other Children

You will need to tell all the other children in your care about the death of the baby. You can explain that no one is to blame, especially them. Reassure them that a baby dying suddenly and unexpectedly is rare. Use the actual words such as “died” and “death” to teach the children that death is a natural part of life. If you use phrases like “went away” or “went to sleep”, they may become confused or fearful.

Encourage the children to ask questions. Since they may not be able to express themselves let them use play, books, or other activities. Answer all of their questions honestly. Let them know how you’re feeling. Your role is to explain the facts about the death. Let the parents explain the meaning of death in terms of their own spiritual and cultural beliefs.

How Parents May Feel

The parents of the infant may ask you to go over and over the circumstances of the death. In some cases they may blame you for the baby’s death. Until a final diagnosis is made, both you and the parents will be anxious and unsettled about what caused the baby’s death. Parents of the other children will want to know the details about the death. Tell them the facts and what you’ve told their children.

Your Feelings.....What to Expect

It is extremely important to remember that no one is to blame. A baby who dies suddenly and unexpectedly is not related to anything you did or didn’t do. You may be surprised at the depth of your feelings and grief after such a death. It is natural to have these feelings of loss. Your grief may show up in some of the following ways:

- Guilt
- Distrust of your ability to care for children
- Crying spells or depression
- Loss of sleep or appetite
- Over protectiveness or impatience with children
- Anger - even with the baby who died
- Fear that it will happen again
Support for You and Your Staff

Your local public health nurse is available to answer questions and offer support and counseling to you and your staff, as well as the parents of other children in your care, when an infant dies suddenly and unexpectedly. In addition, many communities have a support group that also can help. Another childcare provider who has experienced a similar death and has been trained as a peer counselor is often available to talk to you about your feelings and reactions to this tragedy.

Enjoy the Children in Your Care

Remember, most babies are born healthy and most stay that way. Don’t let the fear of SUID spoil your enjoyment of caring for infants.

For more information about SUID and/or to learn more about risk reduction recommendations, contact your local public health nurse or the California SIDS Program:

800-369-SIDS (7437).

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California Sudden Infant Death (SIDS) Program,

800-369-SIDS (7437) - http://californiasids.cdph.ca.gov
Emergency Telephone Numbers

Paramedic/Response Unit.................... 911

Emergency Back-up Person............... ________________

Other People Who Can Help (Your public health department may help you find these numbers. Write them in the spaces provided below.)

Local Public Health Department ________________

Local SIDS Parents’ Organization ________________

Local Child Care Licensing Program Analyst

Name ___________________________ Phone ___________________________

Regional Child Care Advocate

Name ___________________________ Phone ___________________________