

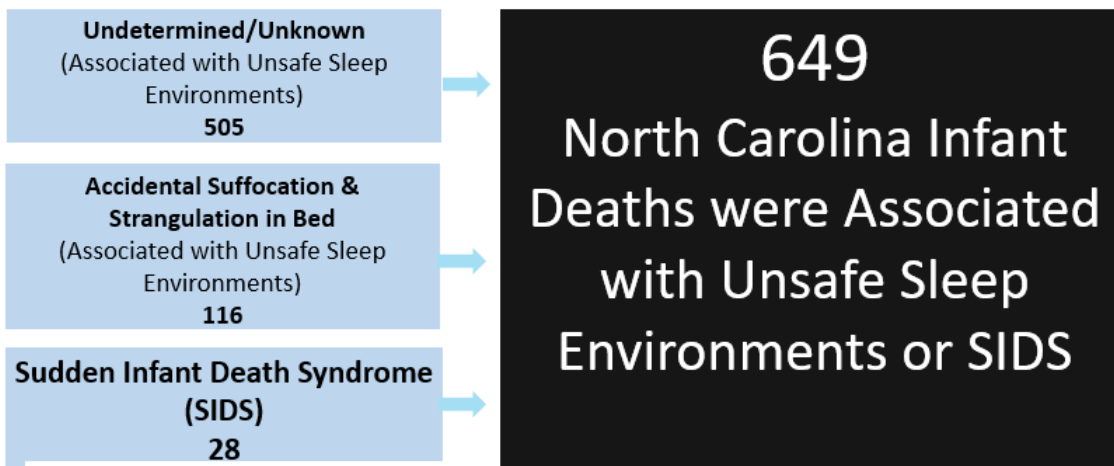


Child Fatality Task Force Recommendation

Support a state appropriation of \$153,000 in additional recurring funding to reach total funding of \$250K to expand efforts to prevent sleep-related infant deaths

In the five-year period between 2016 to 2020, 649 infant deaths in North Carolina were associated with unsafe sleep environments or Sudden Infant Death Syndrome (SIDS).ⁱ Examples of an unsafe sleep environment include an infant found with his or her face covered by a blanket, found sleeping on a couch with the infant's face to the back of the couch or between cushions, or sharing a sleep space with another individual. In North Carolina, black infants are twice as likely as white infants to die in unsafe sleep environments.

Infant Deaths Associated with Unsafe Sleep Environments or SIDS, NC 2016-2020*



Source: Office of the Chief Medical Examiner, Division of Public Health, NC Department of Health and Human Services, October 27, 2022.

*Due to four pending cases, 2020 numbers are subject to change and additional unsafe sleep and SIDS deaths may be added as cases are completed.

Sleep-related deaths often involve bed sharing, also referred to as co-sleeping, the intentional or unintentional practice of an infant sharing a sleep space with another individual.ⁱⁱ More than 60% of mothers report bed sharing with their baby.ⁱⁱⁱ The common practice of bed sharing is concerning because of the dangers associated with it, and the risks of bed sharing significantly increase for some infants such as those born too soon, too small, or who are in households where tobacco or other substances are used.^{iv}

[Guidelines from the American Academy of Pediatrics to create a safe sleep environment](#) and reduce risk of infant death have evolved during the past decade, with the most recent updates made in 2022. Studies show that unsafe sleep practices are common and that parents and caregivers are not always receiving correct advice from their families, peers, and health and childcare providers. In fact, **one study found that nearly half of caregivers did not receive correct advice on safe sleep practices from healthcare providers.**^v Outreach and education on safe sleep needs to reach healthcare providers and others who are in a position to educate parents and caregivers.

This Task Force recommendation has been driven by data and recommendations from state and local child death review teams. These teams review infant deaths and have frequently identified the need for strengthened safe sleep education and repeatedly emphasized the need for expanded outreach and funding for this purpose.

North Carolina's current spending of only \$97,000 per year is insufficient to provide the level of education and outreach needed to get parents and caregivers of over 120,000 newborns each year to prevent these sleep-related deaths. The Task Force is recommending \$153K in additional recurring funds to reach total spending of \$250,000 (\$2.10 / baby) to expand these prevention efforts.

The Child Fatality Task Force is a legislative study commission that recommends policy solutions to prevent child death, prevent abuse and neglect, and support the health and safety of children.

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ⁱ Office of the Chief Medical Examiner, Division of Public Health, North Carolina Department of Health and Human Services.

ⁱⁱ Office of the Chief Medical Examiner, Division of Public Health, North Carolina Department of Health and Human Services.

ⁱⁱⁱ Centers for Disease Control and Prevention, Vital Signs, Safe Sleep for Babies: <https://www.cdc.gov/vitalsigns/safesleep/>.

^{iv} See: Rachel Y. Moon, Rebecca F. Carlin, Ivan Hand, THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN; Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics* July 2022; 150 (1): e2022057990. 10.1542/peds.2022-057990

^v Colson ER, Geller NL, Heeren T, et al. Factors Associated With Choice of Infant Sleep Position. *Pediatrics*. 2017;140(3):e20170596.