MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 26-17

INTRODUCED BY: MedChi Medical Student Section

SUBJECT: Research of Baby Boxes as a Safe Sleeping Space for Infants

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Whereas, the infant mortality in the United States in 2015 was 5.9 per every 1,000 live births;[1] and

Whereas, there were approximately 3,700 cases of sudden unexpected infant deaths (SUID) in the United States in 2015, of which 25% were due to accidental strangulation or suffocation in bed;[1] and

Whereas, the rate of SUID due to accidental strangulation or suffocation has been rising since 1997 to a peak of 23.1 deaths per 100,000 live births in 2015;[2] and

Whereas, 93% of SUID in New Jersey in 2016 were related to sleep and sleep environments;[2] and

Whereas, The "Safe to Sleep" educational campaign is credited with decreasing rates of prone infant sleeping leading to reductions in mortality rates from SIDS/SUID, but these decreases have plateaued in the past decade.[3,4]

Whereas, infants younger than three months of age are significantly more likely to die of causes associated with bed-sharing than other sleep-associated suffocations such as lying prone on a blanket or stuffed animal;[5]and

Whereas, the rate of bed sharing from 1993 to 2010 has doubled, and co-sleeping increases the risk of infant death through suffocation;[6] and

Whereas, infant bed-sharing is increased among infants with no identifiable place to sleep [7,8]; and

Whereas, racial, socioeconomic, and geographic disparities exist in the rates of infant death. Black individuals display higher rates of bed-sharing and higher rates of infant death;[5,6] and

Whereas, The American Academy of Pediatrics (AAP) recommends focusing on a safe sleep environment as the primary way to reduce the risk of all sleep-related infant deaths, including SIDS. [4]

Whereas, the AAP recommends that infants sleep in the supine position and independently on an uncluttered flat surface and "in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for the first year of life, but at least for the first 6 months"[9,10] and

Whereas, baby box programs are beginning to be developed in the United States with the first implementation by New Jersey which involves the provision by the state of a baby box, free of charge upon

completion of a 20-minute caretaker educational program; [11,12] and

Whereas, baby boxes are equipped with education materials on safe newborn care as well as supplies such as onesies, thermometers, and clothes;[11] and

Whereas, preliminary research has shown that when provided the education, bed-sharing is decreased and mothers are more likely to use a baby box as a sleeping place for their infants;[13] and

Whereas, the American Academy of Pediatrics has voiced concerns over a lack of safety research and "insufficient data on the role cardboard boxes play in reducing infant mortality";[14] and

Whereas, a national program may be difficult to implement by the federal government due to the individual state's needs due to the variation in demographics, cultural values, and other factors such as climate;[15] therefore, be it

Resolved, that MedChi support the research of baby box safety, efficacy, and methods of implementation as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States.

Fiscal Note: Included in existing budget.

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RELEVANT AMA AND AMA-MSS POLICY:

AMA-MSS Policy:

245.003MSS Sudden Infant Death Syndrome

AMA-MSS will ask the AMA to encourage the education of parents, physicians, and all other health care professionals involved in newborn care regarding methods to eliminate known SIDS risk factors, such as prone sleeping, soft bedding, and parental smoking.

245.012MSS Continuing the Fight to Lower Infant Mortality in the United States

AMA-MSS supports the reduction of the rate of infant mortality in the United States through the promotion of access to prenatal and infant care, education on healthy choices to reduce risks, and research on how to best reduce infant mortality. AMA-MSS will communicate to the AMA Health Disparities Initiative the importance of reducing infant mortality in the United States, and specifically where this problem manifests as racial or ethnic disparities in health indicators.

AMA Policy:

Infant Mortality in the United States H-245.986

It is the policy of the AMA: (1) to work with the World Health Organization toward the development of standardized international methodology for collecting infant mortality data, which will include collecting information regarding racial/ethnic background in order to document the needs of infants, children, and adolescents of subpopulations of society, and will improve the basis on which international comparisons are made; (2) to continue to work to increase public awareness of the flaws in comparisons of infant mortality data between countries, as well as of the problems that contribute to infant mortality in the United States; (3) to continue to address the problems that contribute to infant mortality within its ongoing health of the public activities. In particular, the special needs of adolescents and the problem of teen pregnancy should continue to be addressed by the adolescent health initiative; and (4) to be particularly aware of the special health access needs of pregnant women and infants, especially racial and ethnic minority group populations, in its advocacy on behalf of its patients.

Infant Mortality D-245.994

1. Our AMA will work with appropriate agencies and organizations towards reducing infant mortality by providing information on safe sleep positions and preterm birth risk factors to physicians, other health professionals, parents, and child care givers.
2. Our AMA will work with Congress and the Department of Health and Human Services to improve maternal outcomes through: (a) maternal/infant health research at the NIH to reduce the prevelance of premature births and to focus on obesity research, treatment and prevention; (b) maternal/infant health research and surveillance at the CDC to assist states in setting up maternal mortality reviews; modernize state birth and death records systems to the 2003-recommended guidelines; and improve the Safe Motherhood Program; (c) maternal/infant health programs at HRSA to improve the Maternal Child Health Block grant; (d) comparitive effectiveness research into the interventions for preterm birth; (e) disparities research into maternal outcomes, preterm birth and pregnancy-related depression; and (f) the development, testing and implementation of quality improvement measures and initiatives.

Sudden Infant Death Syndrome H-245.977

1. The AMA encourages the education of parents, physicians and all other health care professionals involved in newborn care regarding methods to eliminate known Sudden Infant Death Syndrome (SIDS) risk factors, such as prone sleeping, soft bedding and parental smoking.
2. Our AMA will advocate for the appropriate labeling of all infant sleep products, not in compliance with the Safe Infant Sleeping Environment Guidelines, as adopted by the AAP, to adequately warn consumers of the risks of product use and prevent sudden unexpected infant death.
3. Our AMA encourages consumers to avoid commercial devices marketed to reduce the risk of SIDS, including: wedges, positioners, special mattresses, and special sleep surfaces.
4. Our AMA encourages media and manufacturers to follow safe-sleep guidelines in their messaging and advertising.

Infant Mortality Statistics H-245.998

The AMA (1) requests that all countries use a standard form of reporting births in their country and the deaths that result per 1,000 live births based on rules and regulations set up by the World Health Organization; and (2) supports publicizing that the medical profession is vitally concerned with infant mortality rates and pledges to continue its efforts to decrease the infant mortality rates in the US to the lowest rate possible.

As amended and adopted by the House of Delegates at its meeting on September 23, 2017.