

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

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Karen L. Bowling Cabinet Secretary

October 4, 2013

The Honorable Jeffrey V. Kessler, Senate President West Virginia Senate State Capitol Building, Room 227-M Charleston, West Virginia 25305

The Honorable Tim Miley, Speaker West Virginia House of Delegates State Capitol Building, Room 418-M Charleston, West Virginia 25305

Dear President Kessler and Speaker Miley:

As required by West Virginia Code §16-1-6(p), regarding Sudden Unexplained Infant Death (SUID), please find enclosed the SUID Report for January through December, 2010. This report is provided by the Office of Maternal, Child and Family Health, Division of Research, Evaluation and Planning, Sudden Infant Death Syndrome Prevention Project.

If additional information is needed, you may contact Kathryn Cummons, Director, Division of Research, Evaluation and Planning, Office of Maternal, Child and Family Health, via telephone at (304) 356-4388 or e-mail at kathryn Cummons, Director, Division of Research, Evaluation and Planning, Office of Maternal, Child and Family Health, via telephone at (304) 356-4388 or e-mail at kathryn Cummons, Director, Division of Research, Evaluation and Planning, Office of Maternal, Child and Family Health, via telephone at (304) 356-4388 or e-mail at kathryn Cummons, Director, Division of Research, Evaluation and Planning, Office of Maternal, Child and Family Health, via telephone at (304) 356-4388 or e-mail at kathryn Cummons@wv.gov.

Sincerely,

Karen L. Bowling Cabinet Secretary

KLB/vc

Enclosure

cc: Joyce Spiroff Anne Williams Gregory M. Gray Joseph Minard

Sudden Unexplained Infant Death (SUID) West Virginia 2010









August 2013



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SUDDEN UNEXPLAINED INFANT DEATH (SUID) ANNUAL REPORT

January through December 2010

Sudden Unexplained Infant Death (SUID) describes the sudden death of an infant (a child under one year of age) which remains unexplained following autopsy, review of medical records and death investigation performed by the medical examiner. Characteristically, these deaths occur quickly and usually during a sleep period; in most cases, the baby seems healthy.

These deaths were formerly attributed to Sudden Infant Death Syndrome (SIDS), but recognition by the medical community of limitations in detecting accidental and non-accidental asphyxia in infancy has led to a nationwide change in diagnostic terminology. As a consequence, the use of "SUID", a diagnostic term which encompasses the possible contribution of asphyxia as well as other avoidable injuries to sudden infant death, is gradually replacing the "diagnosis" of SIDS, and is now the major cause of death in babies from one month to one year of age. During calendar year 2010, there were thirty-seven (37) resident infant deaths attributed to SUID in West Virginia. These deaths are identified by WV Health Statistics Center with a death certificate cause of death code R95.

Medical examiner investigators identify SUID risk factors that include hazardous sleeping environments such as co-sleeping/bed-sharing, very soft or uneven bedding surfaces and heavy bedding, as well as other known risk factors such as maternal smoking during pregnancy. The findings are recorded on death certificates and in autopsy reports, for the use of public health and safety professionals.

The following tables offer summaries of the demographics and identified risk factors of those deaths occurring to West Virginia residents during calendar year 2010.

Demographics and risk factors include the month of death, county of residence, age at death, sex of child, death by race, the position of the infant when found, type of bedding, smoking status of mother during pregnancy, smoking status in the home, prenatal care information, co-sleeping/bed-sharing information, gestation, birth weight, breast/bottle feeding and birth score. Research shows that breastfeeding, firm bedding, placing the infant on his/her back to sleep in an appropriate infant sleep product such as a crib, not smoking cigarettes, and not co-sleeping/bed-sharing with the infant can be effective preventive measures in reducing both SIDS and SUID. Particular factors, including hazardous bedding, co-sleeping/bed-sharing, maternal smoking during pregnancy and smoke exposure in the home, appear to pose very significant risks for SUID.

The Office of Maternal, Child and Family Health has been an ongoing participant in the national *Back to Sleep* campaign since its inception in 1996 and is now participating in the expanded *Safe to Sleep* campaign. The Office continues disseminating pertinent, current information about risk factors such as co-sleeping/bed-sharing, early prenatal care, maternal smoking during pregnancy, etc. The Office also continues to make ongoing efforts to provide current, relevant educational material statewide to health care providers as well as parents, grandparents and other caregivers of West Virginia's newborns.

WEST VIRGINIA SUIDs (SUDDEN UNEXPLAINED INFANT DEATH) JANUARY THROUGH DECEMBER 2010

	DEATHS BY MONTH											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
3	5	2	0	4	6	1	5	4	0	3	4	37

DEATHS BY SEX OF INFANT			DEATHS BY RACE OF INFANT				
Male	Female	Total	White	Black	Bi-Racial	Unknown	Total
23	14	37	35	0	2	0	37

	DEATHS BY COUNTY OF RESIDENCE									
Boone	Cabell	Fayette	Grant	Hancock	Harrison	Jackson	Kanawha			
2	2	1	2	1	1	1	1			
Logan	Marshall	Mason	McDowell	Mercer	Mineral	Mingo	Ohio			
1	1	2	3	5	2	1	1			
Preston	Putnam	Raleigh	Randolph	Roane	Wayne	Wyoming				
1	2	2	1	1	1	2				

DEATHS BY AGE OF INFANT IN MONTHS									
<1	1-2	3	4-5	6-7	8-12	Total			
6	16	5	7	2	1	37			

DEATHS BY BIRTH WEIGHT*									
Normal	Normal Low Unknown Total								
30	7	0	37						

^{*}Normal: >=2500 grams Low: <2500 grams

DEATHS BY GESTATION*									
Full Term	Full Term Premature Unknown Total								
30 7 0 37									

^{*}Full Term: >=37 weeks Premature: <37 weeks

DEATHS BY CO-SLEEPING/BED-SHARING								
Yes Co-Sleeping/Bed- Sharing	No Co-Sleeping/Bed- Sharing	Unknown*	Total					
16	17	4	37					

^{*4} out of state deaths - no death scene investigation information available

DEATHS BY TYPE OF PRENATAL CARE								
Early Prenatal Care*	Early Prenatal Care* Late Prenatal Care No Care Unknown** Total							
22	13	0	2	37				

^{*}entered first trimester

^{**2} out of state births

DEATHS BY TYPE OF FEEDING									
Breastfeeding	Breastfeeding Bottle Feeding Both Unknown* Total								
2	28	2	5	37					

^{*}includes 4 out of state deaths - no death scene investigation information available

DEATHS BY TYPE OF BEDDING								
Appropriate Bedding Hazardous Bedding* Unknown** Total								
0	33	4	37					

^{*}any bedding other than crib without risks

^{**4} out of state deaths – no death scene investigation information available

DEATHS BY POSITION OF INFANT PLACED TO SLEEP									
On Back On Side On Stomach Unknown* Total									
20	7	5	5	37					

^{*}includes 4 out of state deaths - no death scene investigation information available

	DEATHS BY POSITION OF INFANT WHEN FOUND									
On Back	On Back On Side On Stomach Unknown* Total									
16	6	10	5	37						

^{*}includes 4 out of state deaths - no death scene investigation information available

DEATHS BY SMOKING STATUS OF MOTHER DURING PREGNANCY					
Smoking	Non-Smoking	Unknown	Total		
26	11	0	37		

DEATHS BY SMOKING STATUS IN THE HOME						
Smoking	Non-Smoking	Unknown*	Total			
28	5	4	37			

^{*4} out of state deaths - no death scene investigation information available

DEATHS BY BIRTH SCORE*					
Low	High	Unknown	Total		
18	13	6**	37		

^{*}scores above 99 considered high
**includes 5 out of state births – no birth score information