

## STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

#### Office of the Secretary

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Patsy A. Hardy, FACHE, MSN, MBA Cabinet Secretary

October 25, 2010

The Honorable Earl Ray Tomblin, President West Virginia Senate State Capitol Building 1, Room 227-M Charleston, West Virginia 25305

The Honorable Richard Thompson, Speaker West Virginia House of Delegates State Capitol Building 1, Room 228-M Charleston, West Virginia 25305

Dear President Tomblin and Speaker Thompson:

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, 2008. This report is provided by the Office of Maternal, Child and Family Health's Sudden Infant Death Syndrome Prevention Project. The SUID cases on this report are those referred in the SUID Project from the State Medical Examiner's Office.

If you have any questions or concerns, please feel free to write or call Anne Williams, Interim Director, Office of Maternal, Child and Family Health, 350 Capitol Street, Room 427, Charleston, West Virginia 25301-3714, telephone (304) 558-5388, or e-mail Anne.A.Williams@wv.gov.

Sincerely,

Patsy A. Hardy Cabinet Secretary

PAH/vc

Enclosure

cc: Chris Curtis
Nancye Bazzle
Anne Williams
Gregory M. Gray
Darrell Holmes

## Sudden Unexplained Infant Death (SUID) West Virginia 2008









September 2010



West Virginia Bureau For Public Health Office of Maternal, Child and Family Health 350 Capitol Street, Room 427 Charleston, WV 25301

> Joe Manchin III, Governor Patsy A. Hardy, Cabinet Secretary

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# SUDDEN UNEXPLAINED INFANT DEATH (SUID) ANNUAL REPORT

January through December, 2008

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, 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 2008, there were thirty-five (35) deaths attributed to SUID in West Virginia.

Medical examiner investigators identify risk factors for SUID, including hazardous sleeping environments such as co-sleeping, very soft or uneven bedding surfaces and heavy bedding, as well as other known risk factors such as maternal smoking during pregnancy; and record those findings on death certificates and in autopsy reports, to be available to public health and safety professionals.

The following tables offer summaries of the demographics and identified risk factors of those deaths occurring in West Virginia during calendar year 2008. 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

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mother, prenatal care information, co-sleeping information, prematurity, low birth weight, and breast feeding. Research shows that breast feeding, 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 with the infant can be effective preventive measures in reducing both SIDS and SUID. In particular, adult co-sleeping, a very prevalent caretaker behavior, appears to pose very significant risk 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 in disseminating pertinent, current information about other risk factors such as co-sleeping, early prenatal care, maternal smoking during pregnancy, etc. The Office 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.

WE	est v										REP	orti
					DEATI	HS BY	MONT	H				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
0	3	3	3	3	4	2	3	2	2	3	7	35

DEATHS	BYSEXIC	FINFANT	Î	DEATHS	BY RACE	of infant	4
Male	Female	Total	White	Black	Bi-Racial	Unknown	Total
18	17	35	32	2	1	0	35

		DEATHS BY	(COMPLY O	RESIDEN	CE.	,
Berkeley	Boone	Cabell	Clay	Harrison	Jackson	Kanawha
3	1	3	1	1	1	4
Logan	Marion	Mason	McDowell	Mercer	Monongalia	Nicholas
1	5	1	1	2	1*	2
Ohio	Putnam	Raleigh	Randolph	Taylor	Wood	Wyoming
1*	1	1	1	1	1	2

<sup>\*</sup>birth county - out of state death certificate

		DEATHS	Y AGE OF I	NEANIT IN M	ONTHS	
<1	1-2	3	4-5	6-7	8-12	Total
5	15	7	5	1	2	35

	DEATHS BY BIRTH	WEIGHT	
Normal	Low	Unknown	Total
33	2	0	35

<sup>\*</sup>Normal: >=2500 grams Low: <2500 grams

DEATHS BY CESTATION							
Full Term	Premature	Unknown	Total				
23	11	1	35				

<sup>\*</sup>Full Term: >=37 weeks Premature: <37 weeks

	DEATHSIBY COESI	EEPING	
Co-Sleeping	No Co-Sleeping	Unknown	Total
22	11	2	35

	DEATHS/BYTYREOF	PRENATAL	CARE	
Early Prenatal Care	Late Prenatal Care	No Care	Unknown	Total
21	12	0	2	35

	DEATHSBY	TYPEOFFEED	NG	
Breast Feeding	Bottle Feeding	Both	Unknown	Total
0	32	1	2	35

	DEATHS BY TYPE O	EEDDING!	
Appropriate Bedding	Hazardous Bedding	Unknown	Total
1	32	2	35

<sup>\*</sup>any bedding other than crib without risks considered hazardous

DEATHS BY POSITION OF INFANT AT TIME OF DEATH							
On Back	On Side	On Stomach	Unknown	Total			
18	10	5	2	35			

DEATHS BY SMOKING STATUS OF MOTHER DURING PREGNANCY								
Smoking	Non-Smoking	Unknown	Total					
22	12	1	35					