Whereas, The rate of Sudden Unexpected Infant Deaths (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; totaling approximately 3,700, of which 25% were due to accidental strangulation or suffocation in bed;¹,² and

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;³ and

Whereas, The rate of bed-sharing from 1993 to 2010 has doubled, and bed-sharing increases the risk of infant death through suffocation;⁴ and

Whereas, Racial, socioeconomic, and geographic disparities exist in the rates of infant death, as black individuals display higher rates of bed-sharing and higher rates of infant death;³,⁴ 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 SUID;⁵ and

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;”⁶,⁷ and

Whereas, Baby boxes©, typically equipped with educational materials on newborn care and newborn supplies such as clothing and diapers, are cardboard boxes with a firm mattress that are designed to meet the AAP’s description of a safe sleeping environment for infants;⁸ and

Whereas, New Jersey, Alabama, Ohio, Colorado, Texas, and Virginia have developed statewide baby box programs which include a baby box and postpartum supplies, free of charge, upon completion of a 20-minute caretaker educational program;\(^8,9,10\) and

Whereas, Unpublished data has shown that when provided the education, bed-sharing is decreased and mothers are more likely to use a baby box as a sleeping place for their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;\(^11\) and

Whereas, The AAP stated concerns over a lack of safety research and “insufficient data on the role cardboard boxes play in reducing infant mortality;”\(^12\) therefore be it

RESOLVED, That our American Medical Association support the research of safe sleeping environment programs, which could include the study of the safety and efficacy of boxes for babies to sleep in as a potential initiative to decrease the incidence of Sudden Unexpected Infant Death in the United States. (New HOD Policy)

Fiscal Note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY:

**Infant Mortality in the United States H-245.986** - It is the policy of the AMA: (1) 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 (2) 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. Citation: BOT Rep. U, I-91; Modified by BOT Rep. 8, A-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmation A-07; Modified: CSAPH Rep. 01, A-17;

**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 prevalence 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) comparative 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. Citation: (Res. 410, A-10)

See also: Infant Mortality in the United States H-245.986; Infant Mortality D-245.994; Sudden Infant Death Syndrome H-245.977; Infant Mortality Statistics H-245.998


