

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 909
(I-19)

Introduced by: Resident and Fellow Section

Subject: Decreasing the Use of Oximetry Monitors for the Prevention of Sudden Infant Death Syndrome

Referred to: Reference Committee K
(, Chair)

1 Whereas, A causal relationship between prolonged apnea and sudden infant death syndrome
2 has not been established; and

3 Whereas, Studies have failed to document any impact of home cardiorespiratory monitoring for
4 apnea and/or bradycardia on the incidence of sudden infant death syndrome; and

5 Whereas, Home cardiorespiratory monitoring with medical-grade pulse oximeters may be
6 warranted for infants who have unstable airways, rare medical conditions affecting regulation of
7 breathing, symptomatic chronic lung disease, or require respiratory support; and

8 Whereas, Home apnea monitors cause unnecessary worry due to false alarms; and

9 Whereas, Parents may actually feel more fear and anxiety if they often use medical equipment
10 to check on their healthy baby, which can lead to increased parental depression; and

11 Whereas, The most effective ways to reduce the risk of sudden infant death syndrome is to
12 place baby prone on a firm crib mattress with nothing else in the crib; and

13 Whereas, A recent study in JAMA found that non-FDA regulated oximetry monitors, such as the
14 Owlet Sock and Baby Vida, performed inconsistently in detecting hypoxemia and also displayed
15 falsely low pulse rates; and

16 Whereas, False readings from these commercially-available, non-FDA regulated, pulse oximetry
17 monitors can lead to increased unnecessary use of the medical system; and

18 Whereas, Commercial monitors, such as the Owlet Smart Sock, retails for over \$200, and is
19 often a recommended baby item by most store baby registries; therefore be it

20 RESOLVED, That our American Medical Association oppose the sale and use of oximetry
21 monitors to prevent sudden infant death syndrome. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 09/04/19

References:

- 1 American Academy of Pediatrics. Apnea, sudden infant death syndrome, and home monitoring. Committee on Fetus and Newborn. *Pediatrics* 2003; 111(4): 914-916.
- 2 Bonafide CP, Localio AR, Ferro DF, Orenstein EW, Jamison DT, Lavanchy C, Foglia EE. Accuracy of pulse oximetry-based home baby monitors. *JAMA* 2018; 320(97):717-719.
- 3 Eichenwald EC. Apnea of prematurity. *Pediatrics* 2016; 137(1).
- 4 "The truth about home apnea monitors for SIDs." *Healthy Children*. 22 August 2017
<<https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Home-Apnea-Monitors-for-SIDs.aspx>>.

RELEVANT AMA POLICY

Standardization of Newborn Screening Programs H-245.973

Our AMA: (1) recognizes the need for uniform minimum newborn screening (NBS) recommendations; and (2) encourages continued research and discussions on the potential **benefits** and harms of NBS for certain diseases. (CSAPH Rep. 9, A-06; Reaffirmed in lieu of Res. 502, A-09)

Early Hearing Detection and Intervention H-245.970

Our AMA: 1) supports early hearing detection and intervention to ensure that every **infant** receives proper hearing screening, diagnostic evaluation, intervention, and **follow-up** in a timely manner; and 2) supports federal legislation that provides for the development and **monitoring** of **statewide** programs and systems for hearing screening of newborns and infants, prompt **evaluation** and **diagnosis** of children referred from screening programs, and appropriate medical, educational, and **audiological** interventions and follow-up for children identified with hearing loss.

Citation: (Res. 514, A-11; Reaffirmed: CMS Rep. 6, I-15)

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.
5. Our AMA encourages further research of infant safe sleeping environment programs, including, but not limited to, the study of the safety and efficacy of boxes.

Citation: (Res. 414, A-95; Reaffirmed: CSA Rep. 8, A-05; Reaffirmed: CSAPH Rep. 1, A-15; Appended: Res. 429, A-16; Appended: Res. 407, A-18)

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 preterm 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)