



California Sudden Infant Death Syndrome Advisory Council

July 21, 2020, Meeting
Video Conference Call via ZOOM

Members of the Council

Thomas G. Keens, M.D.,
Chair, Physician

Lorie Gehrke,
Vice Chair, SIDS Parent

Kathleen Beichley, SIDS Parent

Kris Concepcion,
SIDS Parent & First Responder

Dawn Dailey, R.N., P.H.N., Ph.D.,
Public Health Nurse

Heather Griffiths, Coroner

James K. Ribe, M.D., J.D.,
Medical Examiner

Kitty Roche, R.N., P.H.N., B.S.N.,
M.S.W. *Public Health Nurse*

Jeri Wilson, L.C.S.W., Vice
President, Southern Calif. Regional
SIDS Council

Laurie Lawson, President,
Northern Calif. Regional SIDS
Council

Mission Statement

The mission of the California SIDS Advisory Council is to advise the California Department of Public Health and energize Californians to:

- Alleviate the impact of SIDS, SUID, and other sleep related infant deaths on families by enhanced grief support from public health professionals and SIDS parent peer support.
- Reduce the number of SIDS, SUID, and other sleep related infant deaths by promoting safe infant sleep education by public health agencies and health care professionals.
- Reduce the racial-ethnic disparity in SIDS, SUID, and other sleep related infant death rates by developing innovative education strategies to address communities with increased infant death rates.
- Enhance public education about SIDS, SUID, and other sleep related infant deaths.
- Support research to identify the cause of and decreases SIDS, SUID, and other sleep related infant deaths.

“SIDS” includes all babies who die suddenly and unexpectedly without an identified cause, including SIDS, SUID, SUDI, Undetermined, ASSB, etc. diagnoses.

Council Chair

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Participants

Members Present: Kris Concepcion; Lorie Gehrke, N.C., *Vice-Chair*; Heather Griffiths; Thomas G. Keens, M.D., *Chair*; James K. Ribe, M.D., J.D.; Kitty Roche, R.N., P.H.N., B.S.N., M.S.W.; and Jennifer A. Su, M.D.

Members Absent: Kathleen Beichley and Laurie Hollins.

State MCAH and CSU, Sacramento: Candace Anderson, Cythnia Chase, Christopher Borges, Carrie Florez.

Guests Jessika Almiranez, M.S.N., R.N., P.H.N.; Brooke Biechman, R.N., P.H.N., M.P.A.; Lucy Chaidez; Stella Clingmon, M.P.H., C.L.E.S.; Trista Collins; Jane Cong-Huyen; Donna Dichirico, R.N.; Jamie Felice B.S.N.,



R.N., P.H.N., I.B.C.L.C.; Karen S. Gray, P.H.N., J.D.; Tawny Grossman; Michelle Herrera; Daniel Hershey, M.D., S.F.H.M., F.A.AP.; Shoghig Khadarian; Joey Kiang; Jen Moreland, R.N., B.S.N., P.H.N.; Robin L. Qualls, P.H.N., M.P.H.; Mariya Rabovsky-Herrera, B.S.N., R.N., P.H.N., C.L.E.C.; Jackie Smith; Penny F. Stastny, B.S.N., R.N., P.H.N.; Sylvia Stratford, P.H.N. II, C.L.E.C.; Brandy Valentine; Julie Vinson; Jacalyn Washington-Ansley; and Char Weiss-Wenzel.

The meeting was held by Zoom. Seven of nine Council members were present. The meeting was called to order at 1:30 PM, on July 21, 2020.¹

A Roster of California SIDS Advisory Council members is appended to these Minutes.

Introductions

Council members, state staff, and guests introduced themselves. California's *Bagley-Keene Open Meeting Act 2004* mandates that people may participate in the conference without identifying themselves in the Minutes.

Report from the Council Chair

Providing education and grief support to families of Sudden Unexpected Death in Children (age 1-18 years).

For County SIDS Coordinators on the call: What would you do if your Coroner notified you that a 15-month old baby died suddenly and unexpectedly, and the investigation showed no cause of death? What about a 15-year old child? If the child was a baby less than one-year of age, under California's SIDS Legislation, you would attempt to contact the family to provide SIDS education and grief support. There is no question that is what you would do. Nationally, there are ~300 children, above the age of one year and under 18-years of age, who die suddenly and unexpectedly, and in whom a thorough death investigation does not reveal a cause of death. These families go through similar grief struggles, questioning, guilt, etc., as SIDS parents. It seems to me that they should receive the same grief support and education that SIDS families do. These children are called "Sudden Unexpected Death in Childhood," or SUDC. The SUDC rate is ~0.02 per 1000 live births compared to a SIDS/SUID rate of 0.68 per 1000 live births². There were 392 SUDC deaths in 2018; 59% were under 4-years of age. Assuming California has 10% of the U.S. population, we would expect to see up to 40 SUDC children per year in California; which is less than one per health jurisdiction.

¹ Many terms are used to describe babies who die suddenly and unexpectedly during sleep in whom the cause can not be determined. These terms include SIDS, SUID, SUDI, Undetermined, and some accidental diagnoses. In these Minutes, the term "SIDS" or "Sudden Infant Death Syndrome" will be used to describe all these babies. These terms all mean the same thing when used to diagnose an individual infant: the death was *unexpected* and *unexplained*. In epidemiological studies, the term "SUID" is often used as an inclusive term which includes SIDS, Undetermined, and Asphyxiation Suffocation, and Strangulation in Bed (ASSB). An international group of acknowledged SIDS experts at the *3rd International Conference on Unexplained Death in Infants and Children*, held November 26-27, 2018, reinforced and encouraged use of the term "SIDS" for babies who die suddenly and unexpectedly, and they discouraged the several other acronyms that have been suggested (SUID, SUDI, etc.). The California SIDS Advisory Council also endorsed use of the term "SIDS" on January 21, 2020, and recommended that "SIDS" be used..

² Data based on ICD10 codes R95 – R99 in the CDC Wonder Database.

The California SIDS community has the training and infrastructure to provide this support without overwhelming existing resources. Public health nurses are trained to make these visits, and many jurisdictions have robust communication between the Coroner/Medical Examiner and public health. There is an organization, the SUDC Foundation (sudc.org), who provides information, education, performs research, and can provide educational materials for public health nurses, other health professionals, and families. Thus, we do not need to re-invent the wheel. Information and resources are already available. I would like to suggest that we consider adding this group of SUDC children, whose families have similar needs to SIDS, to what we offer.

During general discussion, SIDS Coordinators agreed that it would be appropriate to provide grief support to these families, and that the SIDS community already has the infrastructure and expertise to provide this support. It is anticipated that the numbers of these children would be quite low, and therefore not likely to add a burden to current PHN activities. *Chris Borges* questioned if this required a change in policy or legislation. I suggested that we just do this at the local level, and that we not attempt to enact legislation, policies, or mandates at the State level to require this. Most SIDS Coordinators on the call seemed to agree, and they felt they could work with their Coroners to receive these referrals.

2020 Senator Daniel E. Boatwright Award "for extraordinary public service on behalf of Californians touched by SIDS."

The *Senator Daniel E. Boatwright Award* was established in 1991 as an opportunity for the California SIDS Community to publicly acknowledge, and to proclaim its appreciation and gratitude, to an individual, who has performed exemplary public service for SIDS, above and beyond the call of duty. It is the most prestigious SIDS service award which a Californian can receive. The inscription on the award says it all:

*For extraordinary public service on behalf of Californians
touched by Sudden Infant Death Syndrome.*

The *Senator Daniel E. Boatwright Awardee* is selected each year by the California SIDS community, and it is awarded at the Annual California SIDS Conference. The history and importance of this award is recited each year when the award is given to its honoree. I am asking members of the California SIDS community to nominate someone you believe is worthy of this honor. Please send me the name of your nominee and a short description why you think this person is worthy. You can send it to my email at tkeens@gmail.com by the end of this month --- July 2020. Previous awardees are not eligible to receive the award again, as we believe there are many in California who perform important service to the SIDS community.³ Many of



Senator Daniel E.
Boatwright

³ Previous Boatwright Awardees: 1991, Senator Daniel E. Boatwright; 1992, Dr. Thomas G. Keens, Pediatrician/Researcher; 1993. Barry Brokaw, SIDS Parent; 1994. Chris Elliott, SIDS Parent; 1995, Dr. Norman Lewak, Pediatrician; 1996, Margot Martin, Coroner; 1997, Dr. Boyd Stephens, Medical Examiner; 1998, Penny Stastny, Public Health Nurse; 1999, Dr. Henry Krous, Pathologist/Researcher; 2000, Linda Leisen, Public Health Nurse; 2001, Dawn Dailey, Public Health Nurse; 2002, Dr. Ronald Ariagno, Neonatologist/Researcher; 2003, Debbie Gemmill, SIDS Parent; 2004, Gwen Edelstein, California SIDS Program Director; 2005, Lorie Gehrke, SIDS Parent; 2006, Maureen Chavez, SIDS Parent; 2007, John Mack, SIDS Parent;

you are doing great things in California. Please consider nominating one whom you believe is contributing to SIDS services, education, and /or research in California.

Dawn Dailey, R.N., P.H.N., Ph.D.

This morning, *Dawn Dailey* submitted her resignation as a Public Health Nurse member of the California SIDS Advisory Council. She has served as a valuable member of the Council since 1998, and she was awarded the 2001 Senator Daniel E. Boatwright Award "on behalf of Californians touched by SIDS." We will miss her contributions for the benefit of the California SIDS Community, which have been monumental. She often saw the big picture and reminded us to take the broader view of issues, when we might have been focusing on the trees and not seeing the forest. For 22 years, *Dawn* has faithfully served the California SIDS Community, not only as a member of the Council, but in everything she does, especially serving as the SIDS Coordinator for Contra Costa County for decades. We wish *Dawn* the very best in her future and wherever life takes her. In additional recognition of her dedicated service, I awarded her the California SIDS Advisory Council's *SIDS Lifetime Achievement Award* today. Thank you so much, *Dawn* for all you have given us.



Dawn Dailey

Dawn's resignation opens a vacancy on the California SIDS Advisory Council. She was a public health nurse member of the Council. I would like to invite public health nurses, who may be interested in serving on the California SIDS Advisory Council, to send me (tkeens@gmail.com) and Mari Taylan (Mari.Taylan@cdph.ca.gov) a letter expressing your interest in the position, including your background in the SIDS community and any vision you have for improving the California SIDS Community. Please send this to us by August 31, 2020. We are happy to consider all public health nurses interested in serving on the Council. Please note, members of the Council are appointed by the Director of the California Department of Public Health.

Thank you!

The California SIDS Community is a robust and vibrant group of people dedicated to helping SIDS families, trying to reduce the number of SIDS deaths by promoting safe infant sleep education, advancing public education about SIDS, and supporting research. I am so proud to be associated with this group of people. More than others, you exemplify the best in the human condition. You support each other and the SIDS Community. I would like to thank you for everything that you do.

California SIDS Program

Christopher Borges and Candace Anderson reported on State updates and SIDS activities of the California Department of Public Health, Maternal, Child, and Adolescent Health Division of the and CSU at Sacramento.



Administration

- Title V - Local MCAH/SIDS Funding; Title V report due date extended to September. Currently working on the new five-year work plan. Finalizing the document in phases and preparing document for review and approval.
- California SIDS Program resides within CDPH/MCAH; CSUS and SIDS Council are integral partners.
- Please provide SIDS Coordinator updates to Chris Borges at sids@cdph.ca.gov. CDPH/MCAH will house the most updated version of the list.
- MCAH Division Chief position (Leslie Kowalewski's vacant position): interview stage.
- MIH Chief position (Megan River's vacant position): applications review and scheduling of interviews stage.

COVID-19

- State Staff – All managers are ensuring coverage at State Office; Program staff are teleworking until further notice.
- COVID-19 updates are available on the CDPH website: www.cdph.ca.gov/COVID-19

New Staff Member at CSUS

- Cynthia Chase

Infant Safe Sleep Strategies document

- In December, 2019, the Center for Family Health in CDPH released a document, [Infant Safe Sleep Strategies: Family Centered Approach](#). This document had been reviewed by SIDS and breastfeeding stakeholders. A copy can be found on SIDS website at www.cdph.ca.gov/SIDS.
- Dr. Connie Mitchell briefing will be held on August 7th. The briefing will be to discuss next steps, particularly on what tools and resources MCAH and WIC plan to develop to support implementation by local agencies.
- MCAH met with WIC on July 16th. MCAH and WIC first met in early March to move forward with the project; however, COVID-19 hit soon after and discussion stalled. After the July 16th meeting, we will be moving forward with a phased approach. Phase One: information gathering, looking at best practices; Phase Two: stakeholder involvement, working with MCAH

COMMS Team on module development, Advisory Council review, approval and posting to MCAH SIDS Website.

California Hospitals and Licensed Midwives letter

- This letter is to inform/remind all California hospitals of HSC Section 1254.6. This Health and Safety Code requires all hospitals and licensed midwives in California to provide SIDS risk reduction information to all parents or guardians of each newborn, upon discharge from the hospital.
- Letter is currently in the document review process and once approved will be sent electronically.
- Currently working with the Medical Board of California to have them do electronic mailing for Licensed Midwives since private e-mails are confidential information.

Annual California SIDS Conference (Candace Anderson)

- Speakers
 - Interviewing keynote speakers on the topic of grief:
 - Lori Martini – neonatal, miscarriage, still birth
 - Clara Hinton – child loss, not just infancy
 - Jennifer Hepton – miscarriage (late term)
 - Tom Golden – men's grief, referred by First Candle website
 - Also checking in with Dr.'s Moon and Goldstein regarding any new papers/data needed.
 - Theme is complete (graphic available), "Supporting Positive Change for Parents"
- On-line platforms
 - Researching new platform, purchased by CSUS, which may be a better fit for larger conferences "On24".
 - Still have Zoom as an alternative.
- "Save the Date"
 - Sent out – not for registration purposes.
 - Lead time for on-line events is shorter. A registration push will be done later.

SIDS Home Visit Handbook

- Chris Borges, Carrie Florez and Cynthia Chase have done the initial edit of the document.

- Next step: to have the Nurse Review Team (NRT) review. The NRT consists of Deja Castro, Luz Arboleda-Babcock, Sylvia Stratford, Jamie Felice, Mariejoy Supapo, Kitty Roche and Danielle Sees.
- The State SIDS Advisory Council review is currently scheduled to be from September 2nd – 16th.
- Timeline moving forward is to have the SIDS Coordinator Handbook along with the SIDS Home Visit Handbook released by the Annual SIDS Conference.
- Documents will be electronic and housed on the MCAH SIDS Website.

Five Year Plan for the California SIDS Advisory Council in Addressing SIDS Issues in California

The five-year cycle for Title V funding of the California Department of Public Health is up, and a new cycle begins. The Maternal Child and Adolescent Branch of CDPH is actively planning what needs to be accomplished in California in each public health area, including the SIDS Program. There are problems with respect to SIDS in California yet to solve. At our October 16, 2019, meeting the *Council* identified needs and tasks were generated. A number of individuals volunteered to work on these projects. As a general finding, the COVID19 pandemic has postponed work on many projects. However, progress reports on the projects were given as outlined below.

How to Make a SIDS Home Visit Video (Danielle Sees' Presentation at the SIDS Coordinator Meeting October 16, 2019).

Christopher Borges, Mari Taylan-Arcoleo and Carrie Florez. This video has been put on the MCAH/CDPH website, and it is available for new SIDS Coordinators and PHNs to watch prior to making a SIDS Home visit. Link to [SIDS Home Visit Video](#) is available through the SIDS website (www.cdph.ca.gov/SIDS).

Revised Death Scene Investigation Protocol: Review and Approval by the California State Coroner's Association.

Carrie Florez, Heather Griffiths, and Thomas Keens. *Heather Griffiths* has been working with the California State Coroner's Association (CSCA) on a draft of the Death Scene Investigation protocol. This has been finalized, and it was sent to *Carrie Florez* for final formatting. The final version will be reviewed by *Heather Griffiths and Tom Keens*. We will then send this out to 4-5 county coroners to pilot the form, and hopefully identify any glitches. After receiving their suggestions, we will submit this to the State for final approval. This current form is shorter than the previous versions, but it contains all of the information we believe is necessary. *Doctor Ribe* offered to submit it to the Los Angeles Coroner's Office, and ask them if they'd be willing to pilot it.

Practical Guide to the SIDS Home Visit.

Please see the MCAH/CDPH report by *Chris Borges* above. A near-final version is being edited by State staff, and will then be sent out to a number of SIDS Coordinators for their review. Following this, and any edits from them, it will be reviewed by members of the California SIDS Advisory Council. It is hoped

that this will be completed by the 39th Annual California SIDS Conference on October 29, 2020. It will be distributed in electronic format.

PHN Mentors for New SIDS Coordinators, Publicize and Include on Website.

Chris Borges is trying to organize a system where new SIDS Coordinators are identified as soon as they are appointed or hired. A number of experienced SIDS Coordinators have agreed to serve as mentors for new SIDS Coordinators. They are currently listed on the CDPH SIDS Program website, but it is difficult to find. Rather than ask new SDS Coordinators to find these resources, it may be best to have them identified by MCAH/CDPH. Then they could be connected with an experienced SIDS coordinator. *Chris Borges and Kitty Roche* will work on developing a system to make this happen, and report back at our next meeting.

Data on How Many SIDS Parents Receive Visits from Public Health Nurses.

Carrie Florez has begun work on this project. Preliminarily, only ~16% of SIDS families received a PHN home visit according to the PHSR forms returned by PHNs. However, these forms are often completed when the PHNs are notified of the infant death, and this may be before a home visit is made. The PHSR says that it should be submitted to MCAH/CDPH within 30-days of the infant death, which is often before a home visit is made. There was a fair amount of discussion about how to get around this. *Carrie Florez* asked that SIDS Coordinators send her information about home visits made even after the PHSR is submitted (this can just be a simple email to her). In addition, *Carrie Florez* will review 2019 data, which may give us some idea of how often home visits are being made. It was further clarified that a home visit need not be in-person, but could it be by telephone or ZOOM support.

SIDS Curriculum for Coroner Investigators.

Heather Griffiths James K. Ribe, and Tiffany Williams. Given the COVID19 pandemic, no progress was made on this.

Reviving SIDS Parent Peer Support.

Lorie Gehrke and Penny Stastny reported on this issue, and considerable progress has been made. *Lorie Gehrke* has the infrastructure in place for an ongoing, monthly, virtual SIDS support group (Zoom) and is in the process of identifying SIDS families who may want to participate. *Penny Stastny* reported that she has been hosting a SIDS Parent Support group in Orange County, which became virtual in March 2020, due to COVID19. She now hosts virtual meetings monthly using ZOOM. She reports that this has worked extremely well. Parents are comfortable using this platform. In fact, in her experience, many parents may feel more comfortable online than in person. Of course, this obviates the need for travel, getting babysitters, etc. Her next meeting is scheduled for the July 27, 2020 at 7 pm. *Penny and Lorie* talked about collaborating to develop methodologies and practices to make this happen across the State. *Lorie* is planning her first meeting on August 15, 2020, at 11 am. *Michelle Herrera* also expressed enthusiasm for this. The broader vision would be that we might be able to have a number of online support groups in California. It was decided that there probably should not be more than 6-8 families per meeting, as more than that number would not give enough people time to share. *Jennifer Su* also expressed interest in learning more about this. This is a tremendous first step toward revitalizing SIDS Parent Support in California.

Sylvia Stratford, Madera County SIDS Coordinator, reported that *Hinds Hospice* has released this recording, *Understanding Grief Workshop*, facilitated by Kathy Cromwell, LCSW. She was one of our speakers at our last SIDS Conference. The [Understanding Grief Workshop](#) recording can be found through Hinds Hospice website www.hindshospice.org.

This is an opportunity to support others in understanding grief, whether it is their own or someone else's.

SIDS Parent Peer Support Training.

See *Candace Anderson*'s report above. The California SIDS Program is hoping to have a SIDS Parent Peer Support training virtual by ZOOM on Wednesday, October 28, 2020. This would run concurrently with the SIDS Coordinator meeting on the same day --- day before the *39th Annual California SIDS Conference*. Details are still being worked out, but a few resources to provide the training have been identified.

Closing SIDS Rate Disparities in the African-American Community.

Robin Qualls, Black-Roberts, Meaghan Neary, Laurie Hollins, and Christal Jack. This is probably the most ambitious of all the projects the SIDS community is currently undertaking. *Robin Qualls* reported that there has been no recent progress. She would like to invite more interested people to this workgroup since we no longer have *Dawn Dailey* and *Natalie Adolf* as members.

This group previously got together on November 4, 2019 (*Dawn Dailey, Vella Black-Roberts, Meaghan Neary, and Robin Qualls*), and they accomplished a lot in the beginning.

Given the importance of this issue, the group came to a consensus that we need broader representation from members of the SIDS Advisory Council, Black families, and other interested parties.

- a) Engage hospitals and medical providers serving black families in order to increase/enhance education efforts related to safe sleep practices.
- b) Engage black families, whether or not they have experienced an infant loss related to SIDS/SIUD in order to validate their experience as it relates to receiving safe sleep information during maternal and pediatric medical visits/appointments. Include Laurie Hollins and Christal Jack as part of the workgroup.
- c) Review CDPH-MCAH safe sleep guidance upon release.
- d) Engage AAP, ACOG, CPSP, RPPC, MCAH Action, CCLHO, WIC Directors, Regional Child Care Providers.
- e) How do we ensure that equity and issues related to racism remain at the forefront of this project?
- f) Ensure that all Home Visiting Programs are incorporating safe sleep messaging with families (BIH, NFP, HFA, AFLP).
- g) How do we ensure that the newly funded MCAH Perinatal Equity Initiative intervention efforts (Doulas, Fathers, Partners) include safe sleep education?

- h) How do we embark upon a media campaign to increase awareness and provide consistent messaging?
 - 1) Where do vital registries come into play?
 - 2) Action Items: Robin – Followed up with Mari Taylan on the following:
 - a) CPSP – the inclusion of safe sleep information at the upcoming Spring CPSP annual meeting.
 - b) MCAH Safe Sleep Guidance release date – January 2020.
 - c) Status of new MCAH SIDS Consultant – Chris Borges has been hired in this position.
 - d) SIDS Advisory Council member participation.
 - e) Cielo Avalos, MCAH RPPC Consultant – RPPC SOW and Annual Report is adding language on safe sleep for 2019-2022 reporting periods – will share with workgroup
 - 3) Meaghan – will consult with AAP colleague 3.
- i) SIDS/FIMR alignment & involvement: reviewing all African-American fetal and infant deaths, making recommendations & bringing to the community to develop an action plan. Inviting maternal & child health equity leaders from the community such as Dr. Venise Curry winner of the Fresno State's 2019 Health & Human Services Hero for Advocating for health equity to be part of the conversation
- j) Incorporating more discussion about culture, disparities, equity, racism, implicit bias, & respectful care into safe sleep presentations
- k) Identify potential partnerships: Best Baby Zone, Black Child Legacy, Preg. Care & support group, African American Infant Mortality Blue Ribbon Panel, GLOW, etc.
- l) Develop relationships with partners and participate in community events such as baby showers and health fairs
- m) Review the current curriculum of group facilitators and home visiting programs. Make recommendations at the local, state, & national level.
- n) Train the Trainer classes: have SIDS leaders/ safe sleep educators reflect the community
- o) Develop a needs assessment to hear from the community directly
- p) Next meeting – TBD

SIDS Curriculum for California Medical Schools and Nursing Schools.

Thomas Keens and Kitty Gay. We plan to begin with medical schools and osteopathic medical schools in California. Tasks to be completed are to:

- Assemble a list of all medical schools and osteopathic medical schools in California.
- Identify the appropriate contact persons within each school. Should it be the Dean, Curriculum committee, etc.? This is unclear to me at the moment.
- Our first step should be to survey these schools to see what teaching they currently do. In such a survey, we will also ask if they would like more, and if so what.
- *Kitty Gay* already sent out an email to all County SIDS Coordinators asking them for the identity of any medical schools, osteopathic medical schools, and nursing schools in their counties.

Nothing has been accomplished since the last meeting due to the COVI19 pandemic.

Safe Infant Sleep in Hospitals: PAC/LAC Report

Donna Dichirico, R.N., PAC/LAC: RPPC Program Manager 93SCELA, reported on activities of PAC/LAC (Perinatal Advisory Council: Leadership, Advocacy and Consultation). PAC/LAC is contracted with the State of California through Regional Perinatal Programs of California (RPPC). It is a key component of California's community-based comprehensive perinatal health system. It's a system that encompasses prenatal care, delivery care, postpartum care, and neonatal and infant care services that have been demonstrated effective in preventing or reducing maternal, perinatal, and infant mortality and morbidity

Approximately seventy RPPC hospital site visits are almost completed via Zoom as in-person site visits were suspended in March 2020 due to COVID. PAC/LAC regions include Southern Inland Counties: Santa Barbara Counties, Northern/Southern Los Angeles Counties and the Coastal Counties with the exception of Orange County. There were seven key questions the State inquired about this year including:

1. Did RPPC share the AAP 2016 Safe Sleep Guidelines with each hospital?
2. How does the hospital promote safe sleep with caregivers at time of discharge?
3. Does the hospital promote Safe Sleep by modeling safe sleep position for caregivers?
4. Does the hospital promote safe sleep with written materials?
5. Does the hospital provide educational videos for the parents?
6. How often does the hospital require staff to update Safe Sleep Training?

It was great to hear Chris Borges' report on the development of messaging with various tools/resources and media formats, like Video and Social Media. This will be a great resource.

Honored to have Dr Dan Hershey from San Diego shares his team's, "Safe Sleep Toolkit" at PAC LAC's *September 17th* webinar series at noon. His team has shared and implemented the toolkit with area San Diego hospitals. Their toolkit provides standardization for nurse training and recommendations for parent education resources.

Dr Keens and Dr Hershey reminded the group that one of the ranking criteria for the *US News & World Report*, which conducts an annual influential ranking of hospitals across the country, has now included safe infant sleep guidelines as part of the criteria for determining a hospital's ranking. The specific requirements are shown below.

Providing the following elements of a "Safe Sleep" program (F8.1):	Points
Mandatory Safe Sleep Education for NICU Staff	4
Required documentation that Safe Sleep has been discussed with family prior to discharge	4
Policy in place for use of devices (swings, infant seats, etc.)	4
NICU-based written criteria for Safe Sleep within NICUs	4
Engaging in Safe Sleep auditing to ensure that patient sleep environment and position is appropriate for safe sleep practice (F8.2)	1
Monitoring compliance with NICU-based Safe Sleep policy at least weekly or at least bi-weekly (F8.3)	1

Methodology, *U.S. News & World Report*, Best Children's Hospitals 2019-20, Table 9 on p 70.

Hospitals across the country strive to achieve the highest ranking they can, so including safe infant sleep as part of the criteria may motivate more hospitals to adopt rigorous safe infant sleep policies and programs.

2020 International SIDS and Still Birth Conference

"After thoughtful deliberations, the Organizing Committee of the International SIDS and Stillbirth Conference, along with the respective Boards of Directors of ISPID and ISA, has made the difficult but necessary decision to postpone the Conference to November 11-13, 2021. The 2021 Conference will be in Brisbane, Australia.

This decision was not made lightly. There was concern that there will still be widespread travel bans and states of emergency for several months, making conference planning difficult, both for the planning committees and for potential attendees. We also do not take the severity of this pandemic lightly, and there was a strong feeling that it is our responsibility to protect the health and safety of our attendees, exhibitors, sponsors, and staff.

We appreciate that this is disappointing news to all of you who were looking forward to coming to Brisbane later this year to share and advance the scholarship in the areas of stillbirth and sudden unexpected death in infancy. However, we do look forward to an excellent Conference in 2021.

We are very grateful for your support of ISPID. Please stay safe and well.

With our best regards,
The ISPID Board of Directors"

Southern California Regional SIDS Council Southern California Regional SIDS Council

Kitty Roche, President of the Southern California Regional SIDS Council, reported on activities of her Council.

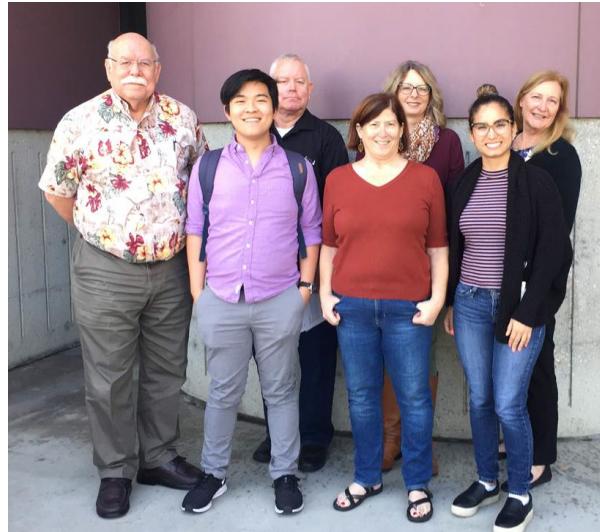
Our last meeting was held May 14, 2020, via Zoom. We discussed how the field PHNs are handling SIDS visits during the COVID emergency priorities and the restrictions on home visits. PHNs still prioritize SIDS visits using mail, telephone calls and texts. Peer support mentors are using the same methods of communication, but they also use Facebook. Reports from the Coordinators continue to include risk factors that are present at the time of infant death, and the majority still include bedsharing.

Since that time, we have two new SIDS Coordinators in Southern California, and we welcome both to their new roles. Jessika Almiranez is a Supervising Public Health Nurse from Orange County. San Diego County has a new Coordinator in Jamie Felice, replacing Shelley Parker. Jamie has been an excellent SIDS PHN for several years, and I am personally happy to see such a good fit for the position.

I look forward to collaborating with Danielle Sees and Dr. Keens to complete the Home Visit Guidelines for PHNs. I am also participating in the planning for the Conference.

Our next meeting is August 6, 2020, via Zoom.

Kitty Roche (phone: 760-390-4576; Kittyr065@gmail.com)



Southern California Regional SIDS Council
February 20, 2020

Northern California Regional SIDS Council

Laurie Hollins Lawson, President of the Northern California Regional SIDS Council, was not on the call. Therefore, there was no report on activities of the Northern California Regional SIDS Council.

California SIDS Advisory Council Meetings 2020-21

2021 California SIDS Advisory Council Meetings.

The Council decided on the following dates for its meetings in 2021:

- Tuesday, January 19, 2021; 1:30–3:30 pm, via Video Conference Call via ZOOM.
- Tuesday, April 20, 2021; 1:30–3:30 pm, via Video Conference Call via ZOOM.
- Tuesday, July 20, 2021; 1:30–3:30 pm, via Video Conference Call via ZOOM.
- In-person meeting will be the day before the *40th Annual California SIDS Conference*, date and location are yet to be determined.

2020 California SIDS Advisory Council Meetings.

The remaining meeting of the *California SIDS Advisory Council* in 2020 is a virtual online meeting on Wednesday, October 28, 2020, 3:00–5:00 pm. This is the day before the *39th Annual California SIDS Conference*.

By California's *Bagley-Keene Open Meeting Law 2004*, meetings of legislatively mandated advisory councils are open to the public. Therefore, anyone interested in participating in *California SIDS Advisory Council* meetings is welcome and encouraged to attend.

Final Thoughts

Tom Keens noted that this was a very productive meeting, as evidenced by the involvement of so many people working hard to address issues and challenges to the California SIDS community. He expressed deep gratitude for all the work that everyone is doing to make California better for SIDS families. Thank you all so much.

Adjournment

The meeting was adjourned at 3:11 PM.

Respectfully submitted,

Lorie Gehrke
Vice Chair, California SIDS Advisory Council

Thomas G. Keens, M.D.
Chair, California SIDS Advisory Council



Infant Safe Sleep Strategies

Family-Centered Approach
California Department of Public Health
Center for Family Health

This document is for public health staff and local practitioners who work with families to inform and support parents and caregivers about infant safe sleep practices and to respond to the results of the joint state and national stakeholders for family-centered and culturally sensitive risk reduction information. The following is the joint approach that has been outlined by the California Department of Public Health - Center for Family Health and will guide implementation of the recommendations.

1. Promote the 2016 American Academy of Pediatrics (AAP) Recommendations for a Safe Infant Sleeping Environment. The nineteen (19) evidence-based AAP recommendations were developed to reduce the risk of SIDS and other sleep-related infant deaths, such as suffocation, strangulation, and suffocation. Information in this document identifies eight of the nineteen 2016 AAP recommendations on safe infant sleep environment. For a full description of the 2016 AAP recommendations, click on the link or use the resources provided in this document.

2. Address safe sleep disparities by helping families understand the AAP recommendations and why the recommendations are important:

- Acknowledge generational and cultural practices and beliefs.
- Solicit and include parent and community involvement in the promotion of a safe sleep culture.
- Promote the use of a family-centered approach to promote safe sleep environments.
- Identify and build upon community resources to assist families with any needed resources to promote safe sleep.

3. Model family-centered safe sleep conversations. Provide individualized health education and counseling that takes into account the context of each family's needs and beliefs. Use a conversational approach to inform families about safe sleep practices and answer their questions. Encourage questions about safe sleep environments to explore individual understanding and circumstances.

- Be open and nonjudgmental with families about their sleep practices.
- Ask families to talk about their beliefs in terms of spirituality, religion, safety threats, and homeostasis.
- Conversations should also include the additional health risks of tobacco, alcohol, and drug use.
- Assess the family's unique strengths and how a family can use those strengths in the communication process.
- Approaches should be developed to avoid reinforcing stereotypes.

4. Promote and support breastfeeding:

- Promote and support breastfeeding, including reducing the risk of sudden unexpected infant death.
- If infants are brought to the adult bed for feeding or care, all soft items and bedding from the area should be removed and infants should be returned to their own sleep space as soon as feasible.
- If the infant is born preterm, the recommendation is to keep the infant in the hospital sleep area until the parental awake.
- Crib mattresses, car seats, and portable cribs are unsafe for infants, especially if the parent(s) fall asleep. Do not breastfeed with a baby in a couch, chair, or sofa unless the mother is wide awake and unlikely to fall asleep.

* Anne et al., 2014

Infant Safe Sleep 12/2019

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[Infant Safe Sleep Strategies Family-Centered Approach](http://www.cdph.ca.gov/SIDS) can be found on SIDS website at www.cdph.ca.gov/SIDS.

California SIDS Advisory Council



Kathleen Beichley



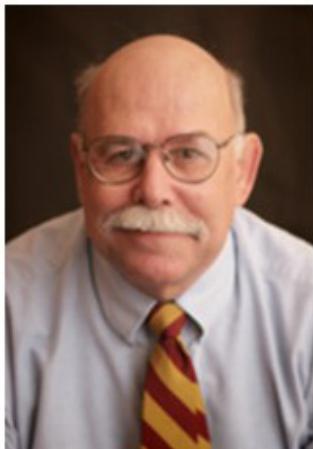
Kristian Concepcion



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Heather Griffiths



Tom Keens



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California Sudden Infant Death Syndrome Advisory Council

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