The SIDS Center of New Jersey's Commentary on the Safety and Efficacy of Baby Boxes

The purpose of this communication is to provide commentary by the SIDS Center of New Jersey regarding a cardboard baby box designed for infant sleep that is presently distributed via a project sponsored by the New Jersey Child Fatality and Near Fatality Review Board.

The commentary provided by the SIDS Center has been derived after reviewing the Safe Infant Sleep Guidelines of the American Academy of Pediatrics (AAP), the standards of the Consumer Product Safety Commission, commentary by Dr. Rachel Moon, Chair of the AAP Taskforce on Sudden Infant Death Syndrome, and the potential impact of the cardboard box in areas of high use.

First, the following quote expresses the position of the AAP regarding a safe-sleep product: "A crib, bassinet, portable crib, or play yard that conforms to the safety standards of the Consumer Product Safety Commission (CPSC), including those for slat spacing less than 2-3/8 inches, snugly fitting and firm mattresses, and no drop sides, is recommended. In addition, parents and providers should check to make sure that the product has not been recalled. This is particularly important for used cribs. Cribs with missing hardware should not be used, nor should the parent or provider attempt to fix broken components of a crib, because many deaths are associated with cribs that are broken or with missing parts (including those that have presumably been fixed). Local organizations throughout the United States can help to provide low-cost or free cribs or play yards for families with financial constraints. Bedside sleepers are attached to the side of the parental bed. The CPSC has published safety standards for these products, and they may be considered by some parents as an option. However, there are no CPSC safety standards for in-bed sleepers. The task force cannot make a recommendation for or against the use of either bedside sleepers or in-bed sleepers, because there have been no studies examining the association between these products and SIDS or unintentional injury and death, including suffocation." (1)

As noted in its statement, the AAP does not make a recommendation for or against the use of a product without studies examining their safety and efficacy. Dr. Moon has noted that, "Currently the AAP Task Force on SIDS does not believe that there is yet enough evidence to say anything about the potential benefit or dangers of using...baby boxes." (2)

Secondly, the SIDS Center refers interested parties to the Consumer Product Safety Commission to determine if a product for sleep, through mandatory testing, has met safety standards for designation as a safe crib or bassinet. A product may meet the standard for containing safe material, such as being lead-free, but that does not indicate that it has met the criteria for a safe sleep product. If a product either fails to meet the standards or does not submit to testing, then no CPSC statement can be made. We have been advised no CPSC safety standards yet exist specific to a baby box.

Finland, a country with a long history of box distribution, has experienced a very low infant mortality rate, which has been used to support the box's efficacy. However, all industrialized countries have shown similar dramatic falls, including the U.S., and any disparities between countries are associated with variations in population-based factors such as socioeconomic heterogeneity. Moreover, many factors improved in Finland over the same time period, including access to prenatal care, that contribute to declines in infant mortality.

In the most recent data available for national comparison, New Jersey's rate of sleep-related sudden unexpected infant deaths is the lowest in the U.S. These improvements are associated with New Jersey's extensive safe sleep education initiatives and its work with health, social service and child care partners throughout the state. We are therefore supportive of the educational program provided to parents in conjunction with baby box distributions. For, while research has demonstrated that education offered by the physician or nurse has the biggest

impact, it is also evident that multiple presentations of this information are helpful in increasing compliance.

In summary, based on the information noted above, the SIDS Center of New Jersey calls attention to the commentary by the AAP Task Force on SIDS that there is not yet enough evidence to say anything about the potential benefit or dangers of using this product. We encourage research on the box's safety and efficacy and recommend that potential distributors or users design protocol-driven clinical investigations.

(1) *AAP Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics 2016;138:e20162938, pg. 4)*
(2) ASIP-SUID-listserv, Jan. 30, 2017

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