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SENATE MEMORIAL

51ST LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2014

INTRODUCED BY

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

A MEMORIAL

REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A SUDDEN UNEXPECTED INFANT DEATH TASK FORCE TO EVALUATE NEW MEXICO'S CURRENT APPROACH TO COMMUNITY-BASED PREVENTION OF SUDDEN UNEXPECTED INFANT DEATHS AND TO DEVELOP STRATEGIES FOR SUDDEN UNEXPECTED INFANT DEATH PREVENTION.

WHEREAS, sudden unexpected infant death, including sudden infant death syndrome, is the leading cause of infant deaths after the first month of life in the United States and New Mexico; and

WHEREAS, about four thousand infants die each year of sudden unexpected infant death in the United States; and

WHEREAS, in New Mexico, over one hundred deaths from sudden unexpected infant death occurred between 2009 and 2012; and

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1 WHEREAS, the vast majority of sudden unexpected infant
2 deaths occur before the victims' fourth month of life; and

3 WHEREAS, national data show little decline in sleep-
4 related sudden unexpected infant deaths since 2000; and

5 WHEREAS, new evidence suggests that environmental risk
6 factors may contribute to sudden unexpected infant death; and

7 WHEREAS, these risk factors include unsafe sleeping
8 surfaces and shared beds; and

9 WHEREAS, the United States centers for disease control and
10 prevention has provided a grant to the state department of
11 health's office of injury prevention to aid the department in
12 collaboration with the office of the state medical investigator
13 in case registry and standardized collection of information
14 related to circumstances in which infant deaths occur; and

15 WHEREAS, the office of the state medical investigator has
16 made significant efforts to train death scene investigators,
17 and those efforts have yielded improved and important evidence
18 about sudden unexpected infant death in New Mexico, including
19 findings consistent with extensive research primarily
20 associating sudden unexpected infant death with unsafe sleeping
21 arrangements; and

22 WHEREAS, partnership among New Mexico state agencies is
23 necessary to collaborate and coordinate efforts to support
24 prevention of sudden unexpected infant death through home
25 visiting programs; and

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1 WHEREAS, by uniting strengths, resources and knowledge
2 across the public and private health sectors' community-based
3 programs, reduction in sudden unexpected infant death can be
4 achieved with minimal changes to current service delivery
5 models;

6 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE
7 OF NEW MEXICO that the secretary of health be requested to
8 convene a task force to evaluate the state's approach to
9 community-based sudden unexpected infant death prevention and
10 recommend effective changes to the state's approach; and

11 BE IT FURTHER RESOLVED that the secretary of health invite
12 representatives from the New Mexico legislative council, the
13 department of health, the human services department, the
14 children, youth and families department, the Indian affairs
15 department, the department of public safety, universities and
16 colleges involved in training of prenatal and postnatal health
17 care providers, the federal Indian health service, tribal
18 infant health and injury prevention programs, interested
19 members of the public, the New Mexico pediatric society and
20 health care delivery organizations; and

21 BE IT FURTHER RESOLVED that the task force be requested to
22 meet regularly to examine community awareness of the risks
23 posed by unsafe infant sleeping conditions, to examine
24 approaches for supporting families and care providers in
25 protecting newborn infants from sudden unexpected infant death

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1 and to explore issues related to families' access to and use of
2 safe sleeping equipment such as cribs; and

3 BE IT FURTHER RESOLVED that the sudden unexpected infant
4 death prevention task force be requested to provide a
5 comprehensive written report and present its findings and
6 recommendations to the legislative health and human services
7 committee by November 2014; and

8 BE IT FURTHER RESOLVED that the task force be requested to
9 include in its report a section on current approaches to
10 raising awareness of sudden unexpected infant death for
11 professionals and families, including the number and location
12 of people reached, a detailed list of expenditures in raising
13 awareness, information on outreach and education practices and
14 recommendations, such as a public dissemination forum, for
15 raising awareness of sudden unexpected infant death; and

16 BE IT FURTHER RESOLVED that the task force be requested to
17 include in its report a section on current and recommended
18 statewide and local public outreach and education on sudden
19 unexpected infant death; and

20 BE IT FURTHER RESOLVED that the task force be requested to
21 include in its report a section on currently available
22 community-based sudden unexpected infant death prevention
23 programming at the state and local level; access to and
24 participation in current programming; an evaluation of this
25 programming's effectiveness; a local and statewide needs

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1 assessment; and recommendations for effective change; and

2 BE IT FURTHER RESOLVED that the task force be requested to
3 include in its report a section on evaluation measures for
4 sudden unexpected infant death prevention programs tracked by
5 the department of health and other state agencies, with public
6 accessibility to data that may assist in obtaining funds and
7 recommendations for effective change; and

8 BE IT FURTHER RESOLVED that the sudden unexpected infant
9 death prevention task force be requested in its report to place
10 special emphasis on raising awareness about risks of unsafe
11 sleeping arrangements, increasing access to evidence-based
12 community programming, and establishing short- and long-term
13 recommendations to reduce sudden unexpected infant deaths by
14 implementing cost-effective measures; and

15 BE IT FURTHER RESOLVED that copies of this memorial be
16 transmitted to the governor, the secretary of health, the
17 secretary of human services, the secretary of children, youth
18 and families, the secretary of Indian affairs and the secretary
19 of public safety.