

BERNARD C. "JACK" YOUNG MAYOR

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HB 989

March 2, 2020

TO: Members of the House Health and Government Operations Committee

FROM: Nicholas Blendy, Deputy Director of Government Relations

RE: House Bill 989 – Hospitals - Care of Infants After Discharge

POSITION: SUPPORT

Chair Pendergrass, Vice-Chair Pena-Melnyk, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill 989.

To prevent sleep-related infant deaths, HB 989 requires all labor and delivery hospitals in Maryland to provide all parents and/or legal guardians of newborns with instructions for how to put their infant(s) to sleep safely every night and for every nap, and to ensure the newborn has a safe sleep environment after discharge from the hospital. The bill requires that hospitals ask each parent and/or legal guardian to sign a form confirming that these instructions were provided.

This bill is based on recommendations from the American Academy of Pediatrics. This leading scientific organization states that to reduce the risk of sleep-related infant deaths, infants should sleep in a supine position, on a firm sleep surface, sharing a room and not a bed with a caregiver, avoiding any soft bedding or toys, and avoiding overheating. Additional recommendations include avoiding any exposure to smoke (tobacco, vaping, or marijuana), including during pregnancy, breastfeeding, routine immunization, and using a pacifier.

These clear, simple recommendations are based on epidemiologic studies of infants up to one year of age. Therefore, recommendations for sleep position and sleep environment, unless otherwise specified, are for the first year after birth.

Twenty percent of infant deaths in Baltimore City are related to the infant's sleep environment. Known familiarly as SIDS, sleep-related infant deaths are the leading cause of infant death after a baby leaves the hospital. Sleep-related infant deaths have been trending downward in Baltimore City from a high of 27 in 2009 when B'more for Healthy Babies launched,

Baltimore's successful citywide initiative to reduce the infant mortality rate. Baltimore reached a low of 7 sleep-related infant deaths in 2016 and its second lowest year of 11 in 2019. This decline in sleep-related infant deaths is primarily responsible for the 32% decline in infant mortality in the City and the 36% decline in the disparity in deaths between Black and White babies. Although Baltimore has achieved this marked reduction, unless sustained attention is paid, and policies are adopted, to ensure all providers remain on message, we put our infants at risk of dying unnecessarily.

B'more for Healthy Babies has shown that saturating a community with messaging about following the ABCDs of Safe Sleep—that babies should be put to sleep Alone, on their Backs, in Cribs, no smoking (Don't Smoke), and no exceptions—can prevent infant deaths. The initiative targeted all seven birthing hospitals in Baltimore City to successfully pilot the postpartum education efforts outlined in this bill. Unlike other jurisdictions in the state, due to this infant safe sleep campaign, Baltimore City has seen a declining trend in infant sleep-related deaths. While Baltimore has demonstrated that hospitals play a crucial role in preventing sleep-related infant death, it is vital to scale this effort up statewide for additional and sustained impact. This bill will allow for the institutionalization of this critical pediatric guideline.

This bill requires no financial or material outlay by Maryland's hospitals for compliance. Evidence-based guidelines from the AAP and free educational materials based on those guidelines are readily available. The only effort required by any hospital will be its determination of where to implement education protocol and place materials in the flow of patient discharge. A favorable response on this bill will ensure that, with minimal effort, hospitals will help prevent numerous, unnecessary infant deaths in our State.

For these reasons, we request a **favorable** report on House Bill 989.