



Fetal, Infant, Child, Maternal Mortality and Prevention Newsletter

VOLUME 3, ISSUE 3

JULY 2014

CONTACT INFORMATION

Main Line: 444-4572

Fax: 444-2750

Ann Buss: 444-4119
MCHC Supervisor

Lori Rowe: 444-3394
FICMMR Coordinator

Blair Lund: 444-0276
MCH Specialist

INSIDE THIS ISSUE:

Safe Kids: Preventing Heat-stroke 2

3 Ways Dads Can Help Baby Sleep Safe 2

Red Thumb Campaign Kicks Off At Bozeman High School 3

Safety Tips When Using Inflatable Bounce Houses 4

FICMMR Reminders! 4

FICMMR News

Thank you for those who attended the FICMMR Trainings in June. It was a huge success! “Thank You” for those who volunteered to play a part during the mock reviews. Everyone did an outstanding job role playing! Many FICMMR Coordinators expressed they now have more confidence on how to facilitate, collect the data, and come up with recommendations when holding a team review meeting.

Here are some of the tips for an effective review we discussed at training:

- * Be prepared. Every team member should bring reports when they have the information.
- * Share, question, and clarify all information
- * Do not blame, address conflict
- * Focus on risk factors, system improvements, services, and prevention
- * Who will take the lead on prevention? Follow up at next review meeting.
- * Table case when more information is needed.
- * Celebrate your successes

I would also like to personally thank Teri Covington from the National Child Death Review & Prevention Center for coming out to help with training and traveling 1600 miles across the state of Montana in 5 days.

As promised, here are some reminders about what is coming due for MCHBG and topics of discussion for our next conference call.

- ⇒ **August 15, 2014** FICMMR Operational Plans or County MOU’s should be submitted. Please send me your information. If you need an extension please call or email prior to the due date. This is also a good time to have your team members sign their annual confidentiality statement!
- ⇒ **September 10, 2014** will be the next FICMMR call at 9am. Please remember to look at the fetal screening tool so we can update it. We will also discuss the Fetal CDR Entry Guidance Sheet and make any changes necessary.
- ⇒ **December 31, 2014** all 2013 fetal, infant, and child deaths must be reviewed and entered into the CDR. All maternal deaths for 2013 must be reviewed and submitted. If you need an extension on this deadline please contact me by December 1st.

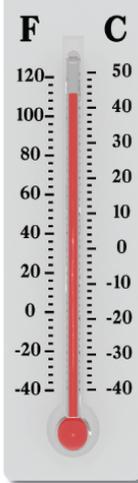
—Lori Rowe
FICMMR Program Coordinator



Safe Kids: Preventing Heatstroke

CHILDREN OVERHEAT FOUR TIMES FASTER THAN ADULTS

Even in 70° weather the vehicle can reach life-threatening temperature in just minutes. And leaving a window open does not help.



Click here to download the 2014 Heatstroke Toolkit from Safe Kids Worldwide.

On July 8, 2014 the Huffington Post wrote an article "[Child Heatstroke Death on the Rise.](#)" The article states 15 induced heatstroke fatalities have been reported for 2014 and the U.S has barely started into the hot summer months.

Most of these deaths often followed the same trend: parents not following their usual routines or leaving their children with someone not normally involved in caretaking.

Safe Kids Worldwide released a [2014 Heatstroke Toolkit](#) to help raise awareness across the U.S. The tool kit provides tip sheets, posters, press release samples, public service announcements, videos, and general posts for Facebook users.

Help protect kids from a preventable fatality by remembering to "ACT".

- A: Avoid heatstroke related injury and death by never leaving your child alone in a car, not even for a minute. Make sure to keep your car locked so kids don't get in on their own when you are not in the vehicle.
- C: Create reminders by putting something in the back of your car next to your child such as a briefcase, a purse or cell phone that is needed at your final destination.
- T: Take action! If you see a child alone in a car, call 911 immediately. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.

If there is a person in your community who did "ACT", consider honoring their action by presenting them with an award and get the media involved to raise awareness.

Other prevention tips:

- Parents should use the drive-thru services when possible while running errands
- Educate family members and other caretakers before leaving children in their hands.
- Keep car keys out of sight and reach from children.

For more information on heatstroke prevention visit the Safe Kids World Wide at www.safekids.org

3 Key Ways Dads Can Help Baby Sleep Safe

Today more dads are caring for their children as dads did 50 years ago. According to the *Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)* they are making sure dads with infants know how to reduce the risk of Sudden Infant Death Syndrome and other sleep-related causes of infant deaths by addressing 3 keys ways.

1. Always place your baby on his or her back for sleep. This includes naps and bedtime. This is the most effective way to protect a sleeping baby from SIDS and other sleep-related causes of infant death. Babies are not more likely to choke if placed on their backs to sleep, even if they vomit or drool while sleeping.

2. Share your room, not your bed. Room sharing reduces the risk of SIDS by as much as 50% and helps prevent accidental suffocation or strangulation. Your baby should sleep in your room, but in his or her own separate sleep area. Baby should not sleep in an adult bed, on a couch, or in a chair alone, with you, or with anyone else.
3. Use a firm sleep surface, such as a mattress in a safety approved crib, covered by a fitted sheet. Remove all bumpers, blankets, loose bedding, and soft toys from the sleep area. Do not use car seats, baby carriers, swings, and other sitting devices as baby's routine sleep area.

To learn more about what dads can do to create a safe sleep environment for their children visit: <http://safetosleep.nichd.nih.gov>

For more information about crib safety visit: <http://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs/>



3 KEY WAYS DADS CAN HELP BABY Sleep Safe

Dads today spend triple the time caring for their children as dads did 50 years ago. Making sure dads with infants know how to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death is more important than ever. Dads everywhere can help baby sleep safely by following 3 keys ways.

1. Always place your baby on his or her back for sleep. This is the most effective way to protect a sleeping baby from SIDS and other sleep-related causes of death. Babies are not more likely to choke if placed on their backs to sleep, even if they vomit or drool while sleeping.
2. Share your room, not your bed. Room sharing reduces the risk of SIDS by as much as 50% and helps prevent accidental suffocation or strangulation. Your baby should sleep in your room, but in his or her own separate sleep area. Baby should not sleep in an adult bed, on a couch, or in a chair alone, with you, or with anyone else.
3. Use a firm sleep surface—such as a mattress in a safety approved crib—covered by a fitted sheet. Remove all bumpers, blankets, loose bedding, and soft toys from the sleep area. Do not use car seats, baby carriers, swings, and other sitting devices as baby's routine sleep area.

Learn more about other dads can do to create a safe sleep environment for babies at <http://safetosleep.nichd.nih.gov>

© 2014 Safe Kids Worldwide, Inc. All rights reserved. Photo: iStockphoto.com/Robert Schmitt

Click here to download "Dads-Help Baby Sleep Safe" infographic

Red Thumb Campaign Kicks Off at Bozeman High School



Two nursing students from the Montana State University's Accelerated Nursing Program collaborated with the Gallatin City-County Health Department and Bozeman High School to implement a campaign against distracted driving, focusing on texting and driving.

A booth was setup on June 5th, 2014, a week before the end of the school year during the students lunch hour for one day to spread the word about the dangers of texting and driving. These nurses engaged students as they moved through the hallway on their way to or from lunch by painting their thumb red. They also targeted groups of students sitting together in the cafeteria. Education was provided on the Red Thumb Campaign and why it's so important to not be distracted while driving. In one of brochures handed out, the nursing students addressed what individual students could do to help the campaign (i.e. speak up when somebody else is texting while driving, pledge not to ever text and drive, and spread the message). They also provided samples of phone Apps that will block or read messages aloud, and will even reply to text messages with a set response when activated.

These nurses were at the high school for 3 hours and reached about 150-250 students. The nursing students were not able to obtain a concrete estimate number of the students reached due to the tracking mechanism used.

During their visit, nail polish was handed out to several teachers who were willing to convey the message and allow students to paint their thumbnails in their classrooms. With the cooperation of these engaged teachers, many more students were able to be reached and educated.

The high school students were encouraged to post pictures of their red, or black, thumbnails on Facebook and add the hashtag *#redthumbbozeman*. The idea was to be able to view these pictures and obtain a better estimated count of how many students were reached. However, no students used the hashtag given, and the nursing students were unable to determine a better estimate of how many students were reached.

At the end of the day, the nurses spoke to a Driver Education instructor and were asked to deliver a presentation to 125 students on distracted driving. During the presentation personal short stories were shared, Steve Babcock's video on red thumb reminder was shown, and the driving students were asked to provide examples of distracted driving. Throughout the presentation the driving students were attentive and eager to interact; even the instructors mentioned they had never seen students so engaged in their classes. After the presentation the students were asked to join the campaign by painting their thumbnail with the red nail polish. Several students participated and asked the adjacent student to assist him/her.

The nursing students have been invited back by the Driver Education instructor to present to the next cohort of driver education classes in July. It was also mentioned the possibility of presenting our work at the state conference for driver education instructors to share the resources we utilized during their presentation.

For more information on the Gallatin County Red Thumb Campaign, contact Tami Cavanaugh at tami.cavanaugh@gallatin.mt.gov

To view the short video on Red Thumb visit: redthumbreminder.com





Quick FICMMR Reminders!

- ◆ **TASK ORDERS:** FICMMR Operational Plans or County to County Agreements are due by August 15th! Please email or fax them to Lori Rowe at lrowe@mt.gov or fax 444-2750.
- ◆ Remember to have all of your FICMMR Team members sign their annual confidentiality statement!
- ◆ All 2013 Child and Maternal Death Reviews are due by December 31, 2014.
- ◆ Next FICMMR Call is scheduled for September 10th at 9 am.
- ◆ In August look for the 3rd FICMMR Quarterly Report.
- ◆ Contact Lori at 444-3394 or lrowe@mt.gov if you need password reset in the CDR.
- ◆ If you receive a missing information letter, make the corrections and return them to the FICMMR Program. Do not enter your corrections into the CDR.
- ◆ Remember, if there is a change in the FICMMR Team Membership, update the Operational Plan and submit it to the FICMMR Program. Make sure you have all new members sign a confidentiality statement!
- ◆ Does your FICMMR Team need more copies of the CDR questionnaire or CDR Program Manuals for Child Death Review? The FICMMR Program has lots on hand. Submit your request to lrowe@mt.gov
- ◆ Don't forget to check out the FICMMR website for tools and resources: <http://www.dphhs.mt.gov/publichealth/cdrp/index.shtml>

Safety Tips When Using Inflatable Bounce Houses



What child doesn't love bouncing around in the inflatable bounce houses? They are great source of entertainment and exercise. However they can also lead to serious injuries.

According to the [Child Injury Prevention Alliance \(CIPA\)](#), every 45 minutes a child is treated at the emergency room for an inflatable bounce house related injury such as broken bones and concussions.

Listed below are injury prevention tips to keep in mind before allowing children into the inflatable bounce house.

- Inflatable bouncer should be placed on a flat surface away from tree branches, power lines, and wall if indoors.
- Remove all sharp objects from pockets, take off shoes, and remove all jewelry, including eyewear.
- All children must be supervised by an adult. The inflatable bouncer should be monitored by an adult trained on safe bouncer use.

- A good practice is to limit the bouncer use to children 6 years of age or older.
- The safest way to use a bounce house is to only have one child on it at a time. If more than one child will be in the bouncer at the same time, ensure that the children are about the same age and weight.
- Stay away from the entrance or exit and the side walls of the inflatable bouncer while inside to avoid falling out.
- There should be no rough play, tumbling, wrestling, or flips done while in the inflatable bouncer.
- If there is a loss of air, parents need to stop play immediately and carefully exit the children from the inflatable bouncer.

For more information on inflatable bouncer safety and download bouncer tip sheet visit:

www.childinjurypreventionalliance.org

