

Bloomberg School of Public Health

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May 9, 2011

Marsha R. Smith, MD, MPH
Director, Perinatal and Reproductive Health
Center for Maternal and Child Health
Family Health Administration
Department of Health and Mental Hygiene
201 W. Preston Street, Room 312
Baltimore, MD 21201

Dear Dr. Smith:

I am writing in response to your email request of April 8, 2011 for comments on the use of bumper pads in infant cribs. We have experience dealing with this issue through our Children's Safety Centers. Our three safety centers include two in the Johns Hopkins Hospital and a mobile safety center, which is a 40 foot truck that travels throughout the City. These centers are designed to replicate a home environment where hazards and safety precautions can be demonstrated and visitors can receive free personalized education and low cost safety products. In preparing this response, I consulted with the injury prevention educators in the safety centers and read the Journal of Pediatrics article by Dr. Thach, which was cited in Maryland Register.

Information provided in our safety centers is based on the best available evidence and consistent with guidelines provided by such national resource organizations as the American Academy of Pediatrics and the Consumer Product Safety Commission. We recommend strongly that bumper pads not be used and that caregivers follow the ABC recommendations for safe sleep environments: Alone (nothing else in the crib), Back (place baby on her back), and Crib (in a safe crib). Our recommendation on bumper pads, consistent with that of the leading national organizations, is based on the findings that there are no known benefits to using bumper pads because cribs have been redesigned with narrower slats; there is no evidence that infants can be seriously injured by the absence of bumper pads; and there are documented cases of infants dying due to asphyxiation and strangulation related to the use of bumper pads.

It is difficult to imagine how labeling could reduce the risk because it is not a problem of incorrect use leading to injury or death. At a minimum, however, a label could be used to communicate the AAP recommendations on safe sleep environments. I am not aware of any efforts to redesign bumper pads to make them safe, nor can I suggest any way to do so given the mechanism by which they lead to asphyxiation.



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I hope this information will be helpful to your deliberations. I do not know enough about the criteria that DHMH uses or previous examples of similar actions by DHMH to comment on the other questions you raised (i.e., providing input to the CPSC, issue warnings, and classifying a product as "hazardous material"). However, we would be happy to discuss these issues further.

Thank you for your efforts on behalf of child health and safety. Please let me know if we can be of any further assistance.

Sincerely,

A handwritten signature in cursive script, reading "Andrea Gielen". The signature is written in black ink and is positioned above the printed name and title.

Andrea C. Gielen, ScD, ScM
Professor and Director
Johns Hopkins Center for Injury Research and Policy