

Incident Details

Document Number: **H1130043A**

Report Number: 20100830-0F702-1168161

Affiliation / Who You Are: Consumer

Incident Type Reporting: an incident where a product acted in a dangerous or unsafe manner.

Incident Description: Caller is local program manager for her county for National Center for Child Death Review. She is reporting [nursing pillows] normally used to support infant while breast feeding but believed to have been misused resulting in the deaths of two children in one year. One three months old and the other five months. Identification of infants if approved by parents can be obtained if requested.

Agency is to report to CPSC if Question; "Is the death a consequence of a consumer product?" can be answered "yes". Product was not used properly in either case, babies were placed in crib and bassinet with baby still on [the pillow].

Safety labels attached to product warning that they are not to be used for sleeping babies.

The five month old male died 08/30/10 and the three month old female died 10/09/2010

Date of Incident: 8/30/2010

Location of Incident: United States

Victim Details

First Name:

Last Name:

Severity: Death

Victim is of
Hispanic/Latino origin?:

Race: Black/African American

Other Race/Ethnicity:

Source of Race
Information: Respondent - Other

Primary Injury: Internal (use with aspiration and ingestion) - Unspecified

My Relationship to Victim: No relationship

Gender: Male

Age when incident
occurred: Years 5 Months

Address: United States

E-mail:

Phone Number:

First Name:

Last Name:

Severity: Death

Victim is of
Hispanic/Latino origin?:

Race: Unspecified

Other Race/Ethnicity: Caucasian

Source of Race
Information: Respondent - Other

Primary Injury: Internal (use with aspiration and ingestion) - Unspecified

My Relationship to Victim: No relationship

Gender: Female

Age when incident
occurred: Years 3 Months

Address:

E-mail:

Phone Number:

Product Details

Product Description: Pillow for Breast Feeding

Product Category: Toys, Kids & Baby

Product Type: Nursery Equipment & Supplies

Brand Name: [1st victim - unknown, 2nd victim XXXXXXXXXX]

Model Name or Number:
Serial Number
Manufacturer or Importer
Name
Date Manufactured
Manufacturer Date Code
Manufacturer Address:
Retailer Product
Purchased From
State Retailer Is Located Ohio
Purchase Date
I still have the product in
my possession No
The product was No
damaged prior to the
incident
The product was No
modified prior to the
incident (e.g.)
Have you contacted the No
manufacturer?
If not, do you plan to No
contact them?

Your Contact Information

First Name:
Last Name:
Address:
E-mail
Phone Number:

