

Consumer Product Safety Commission
Crib Bumper Expert Panel Presentation to Commissioner Adler
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Andrea C. Gielen, ScD, ScM
Professor and Director
Johns Hopkins Center for Injury Research and Policy

Thank you for the opportunity to contribute comments on this important topic. I am here today on my own behalf as an injury prevention researcher, and not on behalf of my University. As a Professor and the Director of the Johns Hopkins Center for Injury Research and Policy, I submitted a letter in support of the Maryland Department of Health and Mental Hygiene's crib bumper ban after reviewing the evidence, and concurring with their findings that the "small but real and unreasonable risk of serious injury significantly outweighs the unproven and lesser benefits of baby bumper pad use". I am here today to re-state that opinion in response to the recent Staff Briefing Package on crib bumpers.

In addition to the points made by my colleagues on today's panel, there are three additional considerations from an injury prevention perspective that I would like to share with you.

First is the notion of what's called the precautionary principle, which states that the potential threat of harm, even in the absence of definitive cause and effect relationships, should be sufficient for action.¹ While the precautionary principle has its roots in environmental risks, I and other scholars find it useful for policy decision-making in injury prevention. In fact, Dr. Barry Pless, Professor of Paediatrics, Epidemiology and Biostatistics at McGill University, Director of the Injury Prevention Program at the Montreal Children's Hospital, and former President of the Ambulatory Paediatric Association stated "Indeed, this principle should be the bedrock of most injury prevention efforts."² This principle is particularly relevant in the present case of crib bumpers because there are no countervailing benefits to their use.

Second, the first and best injury countermeasure has always been to eliminate the hazard when possible. That is why we no longer have drawstrings on children's clothing for instance. The same thinking should apply here, which would save the lives of countless innocent infants.

Third, the last choice for an injury countermeasure should be relying on constant vigilance by human beings to protect themselves because it is difficult and often ineffective. Many injury prevention messages are not understood by large proportions of people because they are communicated without consideration of literacy and cultural issues, and many safety recommendations that are understood are simply ignored, forgotten, or intermittently followed because of poor communication strategies or because after all, all human beings are fallible. When an ethical and feasible alternative exists, as in the case of banning unsafe crib bumpers, we should eschew approaches that put the burden for infant safety on parents. If the CPSC were to adopt messages that run counter to what every major child safety organization recommends, the burden on parents would be exponentially greater.

Finally, I'd like to share some preliminary data from a safe sleep study currently underway in Baltimore, a study that started after the ban of crib bumpers in Maryland. I am the principal investigator on the "Safe Start" randomized controlled trial that is funded by the National Institute of Child Health and Development. We enroll parents of newborns being seen at the Johns Hopkins Harriet Lane Clinic, which

¹ Pless, IB (2003) Expanding the precautionary principle, *Injury Prevention*, 9:12 doi:10.1136/ip.9.1.1

² Pless, I.B. (2007). Protecting children from dangerous products: fundamental change needed. *Inj Prev*, 13(5), 290. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2610626/>.

serves a mostly African-American, medical assistance population. Our health educator intervention group is compared to a group that receives standard of care in the well child clinic. To date, we have conducted follow-up home visits with 118 moms when their babies are about two months old.

Concern was raised in the briefing documents that if crib bumpers were banned, parents would put other soft objects in the crib. Of our 118 parents, 27 said their babies had slept in a crib (the remainder were sleeping in pack 'n plays or bassinets). We observed 3 cribs with bumper pads in them, and all of them also had other soft objects in them – blankets, toys, a pillow or a positioner. Among the 24 cribs that did not have bumper pads in them, one-half had other soft objects in the crib. None of the cribs in our intervention group had soft objects or bumper pads in them. All of the cribs we observed met the standard for safe distance between crib slats. While our data do not directly address whether the soft objects we observed were substitutes for bumper pads and our numbers are small, the data do suggest that banning bumper pads and educating families about may be an effective strategy to protect newborns. We will be following up these families again when their babies are about four months old, and will have more data to report at a later date.

In sum, I believe that when it comes to crib bumpers, the evidence is still on the side of real and unreasonable risk to infants, and we have seen no evidence that the ban in Maryland has resulted in higher rates of other unsafe sleep practices. In fact, the ban may have contributed to the reductions in sleep related deaths in Baltimore as a result of the comprehensive approach that is being taken there – combining the ban with a strong educational program and increased access to safe pack 'n plays.

Thank you for the opportunity to share this information with the Commission.