When the American Academy of Pediatrics (AAP) released the first guidelines on preventing sudden infant death syndrome (SIDS) in 1992, the SIDS rate was 1.2 deaths per 1,000 live births. According to the National Institute of Child Health and Human Development, since the launch in 1994 of the public health campaign Back to Sleep, which promotes the supine position as best for infant sleep, SIDS rates have declined more than 50%, to 0.49 deaths per 1,000 live births (according to data from 2004). Recently, the AAP’s Task Force on Sudden Infant Death Syndrome revisited the guidelines and in October released an update (www.saap.org/ncepr/sids.htm).

The newer guidelines reiterate the importance of supine positioning for sleep and recommend against the side-sleeping position. In its policy statement, the AAP cites studies showing the importance of following this practice consistently, since infants who usually sleep in the supine position are at especially high risk for SIDS when they are placed in the prone position instead. It attributes disparities in SIDS rates between black and white infants (in 2001 the rate of SIDS among black infants was more than double that of whites) to differences in positioning: black infants were almost twice as likely to be placed in the prone position to sleep. And the October 18, 2005, New York Times reported that many parents are deliberately disregarding the “back to sleep” mnemonic because their infants don’t seem to be as comfortable or to sleep as well when supine.

New to the recommendations is the suggestion that parents give infants a pacifier when they’re put down to sleep (beginning at one month of age in breastfed infants; the delay allows for breastfeeding to become established). Recommendations against the use of soft sleeping surfaces, pillows, and other soft bedding remain, as does a warning against bed sharing, which is common in the United States, even though the task force acknowledged that “studies offer a strong case for its effect in facilitating breastfeeding.” The AAP noted that infants who slept in their mother’s room but in a separate bed had lower risk of SIDS and so suggests a sleeping arrangement in which the baby is nearby but separate.

La Leche League International, the breastfeeding advocacy group, takes issue with the AAP’s positions on bed sharing and the use of pacifiers, arguing that they might make a mother’s attempts to breastfeed more difficult. That opinion is echoed by the Academy of Breastfeeding Medicine (ABM), a physician group dedicated to promoting breastfeeding. It recommends that parents be educated on safe and unsafe bed-sharing practices rather than warned away from bed sharing altogether. The ABM’s recommendations on bed sharing are available at www.bfmed.org/protocol/cosleeping.pdf.—Fran Mennick, BSN, RN

2005: The Year in Review
AJN looks back at the major health stories that marked the year.

There were so many news stories of such significance in 2005 that it has been difficult to discern which had the biggest impact on U.S. health care and nursing. The list is daunting: the devastation wrought during the busiest and deadliest hurricane season on record; the march of avian influenza A (H5N1) across Asia and into Europe; the politics of the flu vaccine supply and drug approvals (or nonapprovals, as in the case of emergency contraception); the changes to the Medicare and Medicaid systems and a prescription drug plan for which the government had to mount a public relations campaign; hospitals closing or cutting back services because of dwindling reimbursements; and the recognition of an underserved population with unique needs and poor access to care—long-term cancer survivors.

AJN briefly explores what it considers the top stories, chosen because of their profound impact on nursing.

The U.S. health care system in crisis. The number of uninsured Americans in 2004 was at a new high, 45.8 million, according to a November 1 report in *Health Affairs*. The rates of obesity, especially in children and adolescents, portend another American generation fraught with type 2 diabetes, heart disease, hypertension, and kidney disease—mostly preventable diseases. Newspapers and medical journals sport more frequent headlines on the growing disparities and high costs in health care, as well as on those who simply go without health care because they can’t afford it. What’s still missing is a coordinated, long-term strategy from national leaders.

Katrina, the mother of U.S. disasters. Hurricane Katrina realized many people’s fears: that despite the millions of dollars spent on preparedness since 2001, our ability to respond to catastrophic disaster is frightfully inadequate. Cumbering chains of command paralyzed decision making, while insufficient communications systems and deficient leadership compounded the suffering of many. While most health care professionals in the stricken areas made herculean efforts to get patients to safe ground, at least one nursing home in Louisiana was charged with negligent homicide, and there is an investigation of reported euthanasia in a New Orleans hospital.

For returning Gulf Coast residents, health care access is a problem: thousands of health care workers have left the area. By mid-November, New Orleans still had nine hospitals inoperable, including the city’s major trauma center and hospital for the indigent, Medical Center of Louisiana New Orleans–Charity Campus. More than 66,000 people in Louisiana and Mississippi were still living in government emergency housing, and thousands more had fled to 44 other states. Among the casualties of the flooding were medical records. The goal of developing a nationally networked, coordinated electronic medical record has taken on new momentum.

The fear of flying . . . birds. World leaders and medical experts have us perched on the precipice of an influenza pandemic. They’re anticipating the widespread transmission of a particularly virulent and aggressive strain: the A (H5N1) virus that crossed species to humans in 1997 in Hong Kong and that caused deaths in Asia in 2004 and 2005. Migrating birds carried the virus westward into Romania in October, and a mild strain (not the strain) of the H5N1 virus has surfaced in Canadian mallards.

The nursing shortage. It endures, especially in schools of nursing, where students are turned away because of a lack of faculty. But in a win that’s likely to bolster retention efforts, state nurses associations were successful in passing ergonomics legislation to protect nurses in New York, Ohio, and Texas. Other stories to watch include the success of nurses in California in beating back a governor-supported plan to undo legislated staffing ratios and the initiatives of the American Association of Colleges of Nursing to change the education level required of advanced practice nurses.—Maureen Shawn Kennedy, MA, RN, news director

Klevert Bergeron, Sr. will leave his home of 45 years in St. Bernard Parish, Louisiana, because of the damage left by 12 ft. of flood water in his house after Hurricane Katrina.
Vaginal Delivery After Cesarean Section

It appears to be safe, if not always successful.

According to the Centers for Disease Control and Prevention, the rate of cesarean section in the United States rose 6% in 2004, to more than 29%, the highest rate ever recorded; the rate is up more than 40% from that in 1996. Strategies to lower it are being explored, such as encouraging women who undergo a cesarean section to attempt to deliver subsequent babies vaginally. A recent multisite study of 11,587 women who attempted a “vaginal birth after cesarean” (VBAC) revealed that 78% of those who delivered before the estimated due date had a successful vaginal delivery, compared with 69% of women who delivered at 40 weeks or later. After 41 weeks of pregnancy, the rate for successful VBAC decreased to 65%.

Although VBAC was found less likely to be successful as pregnancy lengthened, the relative risk of uterine rupture or of morbidity from any cause was not significantly higher. In all three groups, elective cesarean delivery was associated with a higher risk of morbidity; the highest risk of morbidity was seen with cesarean section after a failed VBAC.—Fran Mennick, BSN, RN

FROM THE NATIONAL INSTITUTE OF NURSING RESEARCH

Rest Helps Parents and Colicky Infants

A program to reduce irritability and crying.

An infant with colic will cry inconsolably, sometimes for hours each day, exhausting the infant and frustrating parents and providers. New theories frame colic as a consequence of a poorly developed ability to regulate the “sleep–wake cycle,” the movement through different states of arousal. In one effort to address this problem, pediatric nurses conducted a series of home visits over a four-week period to help families cope with infant irritability and promote the infant’s regulation of the sleep–wake state. The program is called REST, which stands for Regulation, Entrainment, Structure, and Touch.

Nurses tested the protocol in 121 families with colicky infants between the ages of two and six weeks. Infants received a physical examination to rule out a physical cause of their irritability, and the parents received instruction in the REST protocol. The nurses taught the parents about infant cues, establishing daily activity patterns and rituals, and holding and rocking and other soothing contacts. The parents also received information about infant irritability and instructions to provide a period of quiet for themselves to promote rest and recovery.

At entry into the study, parents reported that the infants cried between five and six hours per day. At eight weeks, families receiving the intervention reported average crying times of less than an hour a day, while families in the control group, who received standard care, reported four hours of crying per day.


Draft Guidelines on Hand Hygiene in Health Care have been released by the World Health Organization (WHO) at the launch of its Global Patient Safety Challenge. “Clean Care is Safer Care” was initiated to reduce nosocomial infections, which are costly and cause illness and death in millions of patients around the globe each year. The guidelines will be field-tested in each of the WHO’s six regions before being finalized. Go to www.who.int/patientsafety/information_centre/en and scroll down for the link to the guidelines.

“Lost in Transition” describes the 10 million cancer survivors in the United States, according to a new report released by the Institute of Medicine and the National Research Council. The report, From Cancer Patient to Cancer Survivor: Lost in Transition, points to a lack of knowledge and coordination of care as the primary source of difficulties once cancer patients finish treatment. Among the recommendations made in the report are for all cancer survivors to receive a detailed cancer treatment summary and plan for follow-up care and the development of clinical practice guidelines for screening for, and treating, the effects of cancer and its treatment. The report is online at www.iom.edu/report.asp?id=30869.

Polio eradication campaign declared successful in 10 African countries, according to the World Health Organization (WHO). The program ended in November, after no new cases had been reported since June in 10 affected countries in west and central Africa. However, a maintenance program will continue, in order to keep the disease in check. More intense efforts are continuing in northern Nigeria, where outbreaks are still occurring. Nigeria accounts for 37% of cases worldwide, according to the November report from WHO’s Global Polio Eradication Initiative.

In Minnesota, however, officials are trying to track the source of poliovirus in four Amish children, none of whom has experienced paralytic symptoms. (None had been vaccinated against polio, either.)
Will the 75% Rule Become the 50% Rule?
A new bill would keep a 50% compliance requirement for rehab facilities.

Last July both houses of Congress proposed bills to suspend the enforcement of the “75% rule,” which would have required inpatient rehabilitation facilities and freestanding rehabilitation clinics to have 75% of their patient population have one of 13 specific medical conditions in order to receive Medicare and Medicaid coverage. Set forth by the Centers for Medicare and Medicaid Services (CMS), the conditions include, among other conditions, stroke, spinal cord injury, congenital deformity, hip fracture, neurologic disorders, and burns. Now, a bill entitled “Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2005” (HR 3373 and S 1405) proposes to extend the current 50% compliance threshold for two years.

The bill has dismayed some organizations and delighted others. The National Center for Assisted Living (part of the American Health Care Association, one of the country’s leading long-term care organizations) would like to see the 75% rule reinstated, arguing that many patients currently treated in rehabilitation facilities could be receiving care of similar quality in skilled nursing facilities—for a fraction of the price.

But other organizations, such as the American Association of People with Disabilities, believe that many patients who have conditions not included on the CMS list would still benefit from the level of care and attention offered in a rehabilitation facility. The 75% rule, they say, imposes a quota, and the same patient might be admitted to a rehabilitation facility one month but not the next, simply because of space constraints. The Association of Rehabilitation Nurses, which opposes the 75% rule, likewise favors the proposed bills. As of this writing, the outcome had not been determined.—Dalia Sofer

A National Survey of Nurses

The National Council of State Boards of Nursing will be mailing a practice analysis survey to 20,000 randomly selected RNs beginning this month. The results of the survey will be used to describe the practice activities of experienced nurses in order to investigate whether there is a core set of nursing competencies for all RNs in all settings. The researchers encourage all selected nurses to participate.

From Experts to Mindless Clerks

Each year, the Center for Nursing Advocacy (www.nursingadvocacy.org) gives out its Golden Lamp Awards in recognition of portrayals of nursing—both good and bad—in the media. Here are some notable winners from 2005.

The Best
Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nursing and Patient Care, by Suzanne Gordon. Ithaca, NY, ILR Press. This book’s powerful analysis of the nursing crisis offers many ideas on turning things around.

“Critical Care: The Making of an ICU Nurse,” the Boston Globe, October 23 through 26, by Scott Allen. The award is shared with Massachusetts General Hospital. The hospital urged the Globe to create this unusually detailed account of nursing expertise.

“Number of Philippine Nurses Emigrating Skyrockets,” by Michael Sullivan, National Public Radio, February 3. The report examined the threat the nursing shortage poses to global health.

The Worst
Grey’s Anatomy, “A Hard Day’s Night” (March 27) and “The First Cut Is the Deepest” (April 3), Shonda Rhimes, creator, ABC television. The word “nurse” is an insult to the female interns on this physician-centered show.

House, “Three Stories” (May 17), David Shore, executive producer, Fox television. Brilliant physicians do the nursing, and the rare nurse characters are mindless clerks.

“Doctors Emerging as Heroes of Katrina,” by Marilyn Marchione, September 9, Associated Press. Apparently, only physicians did anything of importance at hospitals after the hurricane. —