July 28, 2011

Joshua M. Sharfstein, M.D.
Secretary
Department of Health and Mental Hygiene
201 W. Preston St.
Room 512
Baltimore, MD 21201

Dear Dr. Sharfstein:

Thank you for providing JPMA and scientific experts the opportunity to testify before you and your selected advisory panel on Wednesday, July 13. As we stated, and as we believe the evidence shows, there is no demonstrated direct causal connection between the use of traditional bumper pads and any substantial increase in risk to infants.

JPMA is urging the State of Maryland to refrain from banning traditional bumper pads as a hazardous substance. No state, local or federal government has taken such action, and Maryland should likewise not do so, upon the record before it.

JPMA is extremely concerned about the unintended consequences of banning this product. Data has demonstrated that caregivers have used unsafe alternatives in the sleeping environment to create a soft sleeping surface for babies or placed babies in altogether unsafe “soft” sleep environments. This is highly risky behavior to be discouraged. Various safe sleep advocacy groups, including the JPMA, continue to promote the need for information and education on safe sleep practices (see for example our cited “Naptime to Nighttime” program as well as our Web site www.cribsafety.org). Our fear is that the elimination of bumpers from the marketplace will encourage parents to use towels, adult blankets or pillows as a protective barrier from the hard wooden surface of the crib slats. Data demonstrates that the message is not reaching the child rearing population or perhaps is being ignored. As a result, we are concerned that any regulations that eliminate safe useful products specifically designed for infant use will result in alternative makeshift hazardous product use. This in turn will result in severe harm to our most vulnerable citizens. Experience in cities such as Milwaukee, Baltimore and Chicago suggests that this is a significant problem that needs to be addressed.

Many juvenile products exist today to help aid parents in the challenges that come with raising children. For example, strollers and high chairs are products that assist parents with everyday tasks that would otherwise be much more difficult to achieve. Car seats (CRS) with similar restraints keep babies safe in automobiles. These products have restraint straps that if not used properly can cause potential harm. As a result, warnings exist to assist parents in understanding the risk that subsists when restraint straps are not used. No one would consider banning these products. Similarly, bumper pads create a utility for parents. In addition to the information provided during our hearing regarding
traditional use of such pads to help prevent limb entrapment, fractures, lacerations and contusions, parents use this product to create a nurturing environment for their babies.

As identified in our comments and during our testimony, Exponent’s report concludes that investigations into sleep environments of infants consistently fail to identify traditional crib bumpers as a unique or separate direct source of serious injury or death to sleeping infants. Studies focusing efforts on evaluating sleep-related hazards generally, and crib bumpers explicitly, similarly do not find traditional crib bumpers to present a significant risk. Additionally, significant methodological problems related to Thach, et al’s selection of incidents for inclusion and the analytical treatment of this data raises concern as to the validity of any scientific conclusion that use of such products is hazardous. This fact has been similarly confirmed by CPSC staff review.

We also collected data from a number of manufacturers including the four largest manufacturers of bumpers. Total sales over the last ten years equates to 16,366,655 units (under reported). We estimate that parents use bumpers for one child, for four months sleeping in a crib once per day. That results in 1,963,998,600 uses of the product with almost no increased risk to baby. We encourage you to consider this safety record. Please also note that in fact in the entire State of Maryland, as confirmed by your own designated Medical Examiner, there was only one reported tragic fatality cited, which was not directly caused by use of traditional crib bumpers and actually involved confounding factors (i.e., the entire crib was highly elevated, the infant suffered from reflux, other bedding was present in the sleep environment) consistent with the testimony provided by the experts at Exponent. There is currently no reliable evidence supporting a causal connection between crib bumper pad use and increased risk of infant mortality.

JPMA remains fully supportive of safe sleep education and standard development. JPMA is very open to discussions on steps that we can take short of banning the product to help educate caregivers on safe sleep practices and to develop effective voluntary standards for crib bumpers. One recommendation may be to require retailers to only sell product that meets the current ASTM standard for infant bedding. JPMA urges you to implement regulations in a consistent manner based on sound research principles and scientific data.

We would welcome the opportunity to meet with you and discuss positive steps which can be taken to increase infant safety. Thank you for your consideration.

Sincerely,

Lauren Pfeiffer
Assistant Executive Director

cc: D. Robert Enten, Esquire