



SIDS Information Update

~ Summer 2005 Insert: Revised from Syracuse Healthy Start Newsletter

SIDS Redefined

In 1989, the National Institute of Child Health and Human Development (NICHD) proposed a definition for SIDS. It is “the sudden and unexpected death of an infant less than one year of age which remains unexplained after a thorough case investigation, including the performance of a complete autopsy; examination of the death scene; and review of the clinical history.”

Since then, much has been learned about the nature and the set of factors that contributes to SIDS. This new information has shown a need for a change in terminology. SIDS stands for Sudden Infant Death Syndrome. Using the term “syndrome” implies that there was a combination of signs that seemed to occur together with some predictability, but this is not the case with SIDS.

The Triple Risk Theory

Untangling the reasons that an infant may die from SIDS has eluded researchers and medical professionals for centuries. Until recently it was thought infants that died from SIDS were completely healthy and no medical explanation existed for the death. Recent findings indicate this may not be accurate. Researchers discovered an abnormality in the brainstem in a significant percentage of babies who died from SIDS. The brainstem is the part of the brain that controls our autonomous nervous system, the center that works without our conscious effort (breathing, heart rate, temperature control, etc.). It is theorized that that this abnormality may leave the baby vulnerable to a sudden and unexpected death.

Filiano and Kinney developed a triple-risk model in an attempt to describe a possible series of events that may occur when a baby dies of SIDS:

1st element: *The Critical development period*, typically, (but not always), the first six months of life. This is when the baby is growing and



developing very rapidly. This rapid growth can cause a systemic instability in the infant.

2nd Element: *The Vulnerable Infant* describes a baby with an underlying abnormality in their brainstem.

3rd Element: *The External Stressors*, which a healthy baby can easily overcome and survive, but a newborn or vulnerable baby may not. Stressors such as second-hand smoke, tummy sleeping, rebreathing air due to soft bedding, or an upper respiratory infection by themselves may not cause death for healthy infants, but could trigger a sudden, unexpected death in a vulnerable infant.

According to this model, all three elements must come together for SIDS to result. Unfortunately, at this time, there is no way to identify which babies are at increased risk. Therefore, all infants need to be kept as risk free as possible by using the measures we describe in this newsletter.

New Definition and Terms

The result of these developments has led to a new term for SIDS. For now, as we try harder to identify the cause of these deaths, they may be characterized as **Sudden Unexpected Death of Infancy (SUDI)**. Another term you may hear is SUDC. **Sudden Unexplained Death in Childhood (SUDC)** occurs in children over the age of twelve months.

SIDS has been sub-classified into several different categories to facilitate research into sudden infant





death. Another category, defined as **Unclassified Sudden Infant Deaths (USID)**, was introduced for cases that do not meet the criteria for a diagnosis of SIDS and for which alternative diagnoses of natural or unnatural conditions were equivocal. This includes cases where autopsies have not been performed. It is anticipated that these new definitions will be modified in the future to accommodate new understanding of SIDS and sudden infant death.

Infants found in extremis who are resuscitated and later die (“temporarily interrupted SIDS”) may be included in the above categories depending on the fulfillment of relevant criteria.

What Can We Do?

Medical providers are in a perfect position to talk about safe sleep environments for babies. In local focus groups, conducted by Syracuse Healthy Start (SHS), participants reported that when their medical provider gave them advice on baby care it was taken seriously. Some research showed that new parents more often choose to follow the advice from their doctor, even when senior family members have given different advice. This is good news for medical professionals who sometimes feel that their clients disregard the information they give.

Other Health and Human Service Providers may see parents in their homes, or see them more frequently than their medical providers. They may have more opportunities to tailor a message to parents, senior family members and other caregivers.

Free Training on SIDS/SUDI

The NYS Center for SID and SHS have developed a professional inservice that can be delivered to your staff, at your convenience, free of charge. The power point presentation and video can be shown in 45 minutes (a lunch break!) leaving time for questions and discussions. A comprehensive notebook with professional articles and teaching materials and the video will be left with your staff for on-going and/or additional training. If you would like more information or you want to schedule an inservice, call the Central Regional Office of the NYS Center for SID at 634-2191.

Stay Up-to Date with SIDS/SUDI Information

It is important for anyone who works with parents and infants to educate themselves about safe/unsafe sleep environments for babies and other risk factors for SIDS. It is equally important to provide this same information to parents and other caregivers in a clear and consistent manner.



The NYS Center for SID and SHS have developed a professional inservice that can be delivered to your staff, at your convenience, free of charge. (see box in lower left corner)

Repeat the Message:

SIDS education involves repeating safety messages during an 18-month period. The conversation about a baby’s sleep environment should begin during the expectant mother’s last trimester of care. This is when parents are having baby showers and mentally and physically preparing whatever sleep environment they have envisioned for their child. They need information regarding safe sleeping arrangements, safe crib items, the relationship between smoking and SIDS/SUDI, and the benefits of breastfeeding. The conversation should happen again in the hospital. During the hospital stay, nurses need to demonstrate, not just describe, the “back to sleep” position and give instruction about a safe sleep environment to parents and other family members.

Reinforce Safe Sleep Practices as Baby Grows:

New parents often hear “your baby will sleep longer on his/her tummy”. With “new parent fatigue,” putting baby on the tummy for longer stretches of sleep becomes tempting. Parents need to know that **changing a baby’s sleep position from back to tummy between 2-4 months of age dramatically increases the risk of SIDS/SUDI**. The health and human service providers should re-enforce this teaching and other safety messages about SIDS/SUDI at all baby visits during the first year.

Don’t Forget About Childcare Providers:

Encourage parents to speak with their childcare provider about a creating a safe sleep environment and the correct sleep position for their baby. This is particularly so if childcare takes place in an unlicensed situation or home day care.





How Do We Start the Talk?

Simple questions can begin the conversation and allow the provider to understand more about the cultural context of the family and where more infant care information is needed. **“Have you thought about where your baby will sleep during his/her first 6 months?”** This question may take you into information about breastfeeding, bed sharing, infant sleep patterns, etc. Ask if they have a crib or bassinet. If not, you may need to talk about a social service referral. Remember that the sleep environment is a very complex and sensitive topic for parents and professionals alike. It can encompass issues around breastfeeding, cultural beliefs, customs, and economic factors.

The safe sleep environment for infants

- Infants who sleep on their own sleep surface.
- Infants that share a sleep surface.

Medical professionals must identify risk factors and offer safer options for families from both categories.

Separate Sleep Surface (crib or bassinet), best practice recommendations are:

- Place babies on their backs from birth through 1 year for sleep. When they are able to roll themselves over, no need to re-position, but still place on back.
- All furniture (new and used) must meet current consumer product safety commission standards.
- Mattress must be firm, no ‘hollows’ and snug to frame, (1 finger of room, or less, between mattress and frame)
- Sheet is tucked and fits snugly.
- No soft bedding, toys, bumpers, foam wedges, or pillows in the crib with the baby.
- Dress infants in clothing appropriate to the temperature instead of using a blanket. (See picture)



- The infant is safest with crib or bassinet in the room with parents.

If parents tell you that they will be sharing a sleep surface (bed sharing) with their infant, explain **research** has shown babies who share a sleep surface with others can be at increased risk of accidental death. If they choose to continue bedsharing, focus on the following safety tips:

Shared Sleep Surface best practice recommendations are:

- Never place babies to sleep on waterbeds, sofas, chairs, etc. **with or without parents** (sofas/chairs increase the risk of accidental death by up to 60%)
- Beds must not be against a wall (babies can become wedged)
- Mattress must be firm and flat (no pillow topped mattresses), no hollows, sheet tightly fitted
- Never allow babies to share a sleep surface with other children
- Beds must have a light blanket only, no pillows
- Consider placing a stiff-sided baby basket on the bed instead of sharing a sleep surface with the infant
- Babies must never be placed in-between 2 people, (unless using a baby basket)

Advise parents that there are times they must never share a sleep surface with their baby, such as:

- After using medications that may make you sleepy.
- If they are overtired.
- After drinking alcohol or use of any illegal substances.
- If either or both are smokers.

Anticipatory Guidance:

Certain situations in the hospital nursery require the staff to anticipate a parent’s questions or concerns. For example, if premature infants or babies under phototherapy are placed on their tummies to sleep, parents may interpret this as the correct sleep position for their baby at home. It is essential that staff explain the reason for this position in the hospital. They should point out the monitoring equipment that detects life threatening events, discuss the transition to the back sleep position before discharge, and finally, educate about correct sleep position and the importance of “tummy time” at home.





Keep Your Baby Safe

Back to Sleep & Clutter Free!

You can help protect your baby from Sudden Infant Death Syndrome (SIDS)

- Keep your home and car smoke free
- Lay your baby on his or her back for sleep
- No pillows, blankets, bumper pads & toys, JUST BABY
- Keep the baby's room temperature around 68 degrees
- Be sure to tell your childcare provider to do these things, too!
- Breastfeed your baby
- Take your baby to all doctor appointments
- Talk to your doctor or nurse for more ideas

Just Baby!

Sudden Infant Death Center: 634-2191
Funded by the New York State Department of Health, Division of Family Health

SIDS Outreach Campaign

You may have seen pictures on Bus Shelters, Inside and Outside of Buses that look a lot like these posters.

Family Ties Network collaborated with Syracuse Healthy Start, NY State Center for SID, the Syracuse SIDS Golf Classic, and others on the SIDS Outreach Committee to produce these and other outreach materials to inform families how to reduce the risk of SIDS.

The committee wanted to go beyond the usual message of "Back to Sleep" and focus more on the concept of keeping the crib a safe by keeping it free of clutter. All you need is "Just Baby."

In addition to the Bus Campaign, posters and flyers were produced to tie in with the look and slogan of the campaign.

If you are interested in obtaining posters or flyers for your work space, call Family Ties Network at (315) 424-0009 and ask for Wendy.

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Resources about SIDS & Other Infant Death:

Local

- Syracuse Healthy Start ...435-2000
- NY State Center for SID ...634-2191
- Family Ties Network ... 424-0009

National

- Association of SIDS & Infant Mortality Programs (ASIP) ... (631)-444-3690
- Back to Sleep (to order free materials) 1-800-505-2742
- First Candle/ SIDS Alliance (resources for parents & professionals) ... 1-800-505-2742

Websites:

- www.cjsids.com
- www.sids.org.uk/fsid
- www.sids.org

