
PROGENY



VOL XXII, NO 3

OCTOBER 2006

SUDDEN INFANT DEATH SYNDROME

In November of 2005, the American Academy of Pediatrics' Task Force on Sudden Infant Death Syndrome released an updated policy statement. SIDS is currently defined as, "The sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history." Most infant deaths attributed to SIDS occur in the first year of life. Occurrence is rare in the first month of life. It peaks between two and three months of age, then decreases. Researchers have consistently identified the following to be independent risk factors for SIDS: prone sleeping, sleeping on a soft surface, maternal smoking during pregnancy, overheating, late or no prenatal care, young maternal age, preterm birth, low birth weight, and male gender. In the United States, there is a higher incidence of SIDS in African American infants and those of American Indian and Native Alaskan descent. This issue of Progeny will provide a summary of the updated recommendations from the AAP developed to reduce the risk of SIDS in the general population. They are based on the current evidence, including recent research concerning SIDS-related issues.

RECOMMENDATIONS

Back to Sleep

- Infants should be placed "wholly on the back" for sleeping.
- Side-sleeping is no longer advised; one study has shown the risk of SIDS in the side-lying position to be similar to the risk of prone sleeping.

Use a Firm Sleep Surface

- The recommended surface is a firm crib mattress covered by a sheet.
- Infants should not be placed on soft materials such as pillows, quilts, comforters, or sheepskins.

Keep Soft Objects and Loose Bedding Out of the Crib

- This includes all of the things mentioned above, as well as stuffed toys and other soft objects.
- If bumper pads are used, they should be thin, firm, and well-secured.

- Instead of covering the infant with a loose blanket for warmth, sleep sacks and blanket sleepers are recommended.
- If using a blanket, position the infant so that his feet are able to reach the foot of the bed, and tuck the blanket around the mattress reaching only to the level of his chest.

Do Not Smoke During Pregnancy

- Maternal smoking continues to be a major risk factor for SIDS.
- In a few studies, smoke in the infant's environment *after* birth has also emerged as a risk factor.

A Separate But Proximate Sleeping Environment is Recommended

- This is defined as a crib or bassinet placed in the parents' bedroom.
- "...the task force concludes that the evidence is growing that bed sharing, as practiced in the United States and other Western countries, is more hazardous than the infant sleeping on a separate sleep surface and, therefore, recommends that infants not bed share during sleep."
- "There is growing evidence that *room sharing* (infant sleeping in the parents' room) without bed sharing is associated with a reduced risk of SIDS."
- Do not sleep with an infant on a couch or armchair; this is very dangerous.
- "Cosleepers" (infant beds that attach to the mother's bed) are not recommended, as safety standards have not yet been established.
- Co-bedding twins was not addressed in this policy statement.

Consider Offering a Pacifier at Nap Time and Bedtime

- Several studies have shown that using pacifiers at the time of sleep has a "protective effect" on the incidence of SIDS.
- The mechanism of this effect is not clear, but a lowered arousal threshold has been suggested.
- The task force recommends that pacifiers be used throughout the first year of life with the following guidelines:
 - Offer a pacifier when placing the infant down to sleep.
 - Do not reinsert the pacifier once the infant falls asleep.
 - If the infant refuses the pacifier, don't force her to take it.
 - Pacifiers should not be coated in any sweet solution.
 - Pacifiers should be cleaned often and changed regularly.
- For breastfed infants, wait until one month of age to introduce a pacifier.

Avoid Overheating

- The infant should be lightly clothed for sleep; avoid over-bundling.
- Keep the bedroom temperature comfortable for a lightly clothed adult.
- The infant should not feel hot to the touch.

Avoid Commercial Devices Marketed to Reduce the Risk of SIDS

- This statement refers to devices developed to maintain sleep position or to reduce the risk of rebreathing.
- *None* of these products have been proven safe or effective.

Do Not Use Home Monitors as a Strategy to Reduce the Risk of SIDS

- Cardiac/apnea monitors for home use may be of value for infants with “extreme cardiorespiratory instability.”
- There is no evidence that using home monitors decreases the incidence of SIDS.

Avoid Development of Positional Plagiocephaly

- Positional plagiocephaly refers to plagiocephaly without synostosis (PWS), and it has been associated with supine sleeping.
- The task force makes the following recommendations to avoid developing PWS:
 - Encourage supervised “tummy time” when the infant is awake and observed.
 - The infant should not spend too much time sitting in a car seat, bouncy seat, or swing where the occiput is flat against a surface; this contributes to PWS.
 - Encourage upright “cuddle time.”
 - Alter the supine head position during sleep: place the infant to sleep with the head to one side for a week then change to the other side.
 - Periodically change the orientation of the infant to outside activity, i.e. the door of the room.

Continue the Back to Sleep Campaign

- Public education should be intensified for secondary caregivers: child care providers, grandparents, foster parents, and babysitters.
- Healthcare providers should anticipate discharge for sick and well infants; these recommendations should be implemented well *before* that date.

CURRENT RESEARCH

The etiology of SIDS is still unclear. However, researchers have recently discovered unique deficits in the brainstems of infants who died of SIDS. These deficits may be the result of a maldevelopment or delay in maturation of the brainstem that affects arousal and the infant’s ability to respond to life threatening challenges during sleep. Why this is the case with certain infants and not others is yet to be determined. For more information on current research related to SIDS and the updated policy statement from the American Academy of Pediatrics, go on-line at <http://aappolicy.aappublications.org>.

REFERENCE

American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome (1 Nov 2005) “The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk,” *Pediatrics* 116(5): 1245-1255.

QUESTIONS OR COMMENTS: Contact Amy Sanborn, R.N. or Penny Smith, R.N.C; Statewide Perinatal Care Program, Department of Pediatrics, 200 Hawkins Drive, Iowa City, Iowa 52242-1083. Call (319) 356-2637 or FAX 319-353-8861.