

## SIDS stands for ‘Sudden Infant Death Syndrome’. It is also known as ‘cot death’ or ‘crib death’.

Its full definition is:

*The sudden and unexpected death of a child under 12 months of age that occurs during sleep and remains unexplained after a careful analysis of the case which includes the conduct of a full autopsy, a review of the circumstances of death and an assessment of the victim’s medical history.*

SIDS are much more than just disease. They are tragic events that suddenly take away a healthy child. Parents tell us their dramatic stories: a well child who falls asleep and then dies not long afterwards, without any sign to warn the parents about the coming danger.

### How common is SIDS

SIDS are about 80% of sudden infant deaths. The other 20% have an identifiable cause.

SIDS occur in the first year of life and the science of epidemiology tells us that there are more in the first 6 months, and that most of these happen between 2 months and 4 months. Death usually happens during sleep.

In developed countries about one child in 2000 will die of SIDS. It affects more boys than girls. About 2/3 of SIDS are boys.

But SIDS are decreasing: there are half the deaths from SIDS compared to 20 years ago. This is because information campaigns explained to parents how to reduce risks.

### The reasons for SIDS

Even if we don’t know the precise cause of SIDS, we understand why it happens.

In the first months of life, the baby’s body is changing very fast. This is true for the way the body controls breathing and the heartbeat. Because of this fast change, it is more unstable.

## How to reduce the risk of SIDS

- ★ During pregnancy, don't smoke, drink alcohol or take drugs



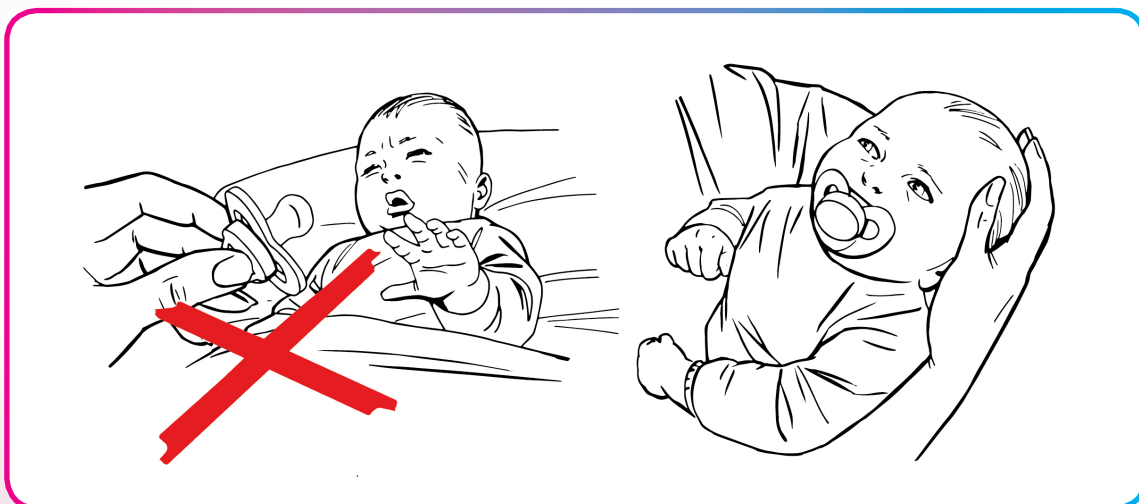
- ★ Breastfeeding reduces the risk of SIDS



- ★ Don't smoke or take drugs and limit your alcohol consumption during breastfeeding

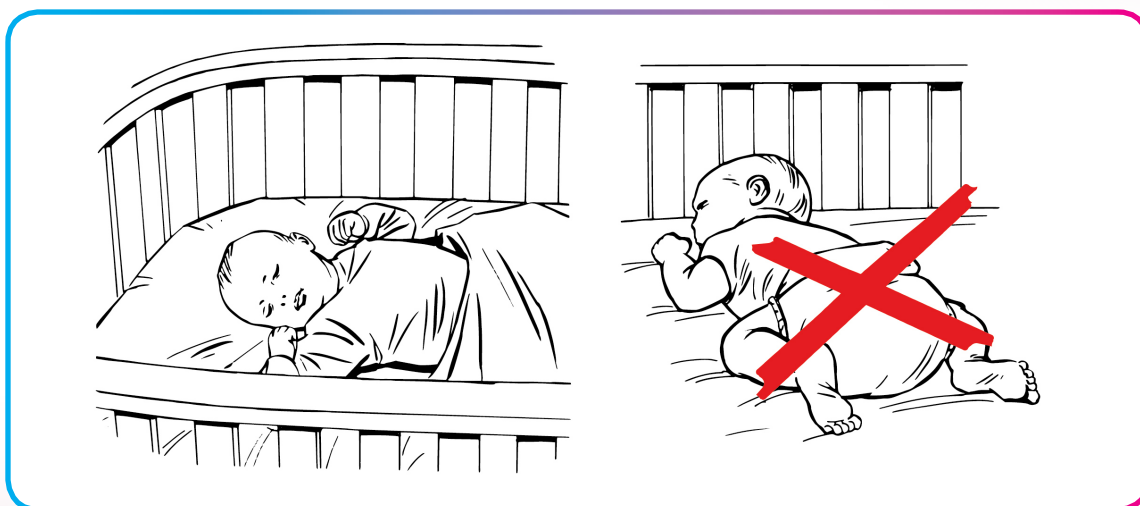


- ★ Use a pacifier, which can have a protective effect, but



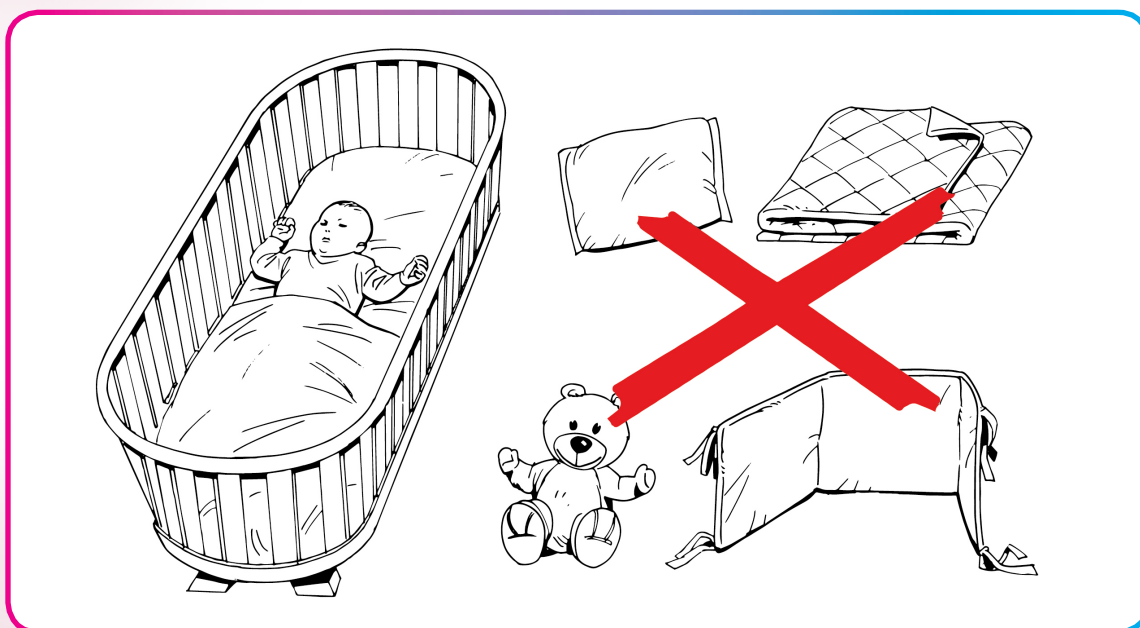
- don't insist if your baby doesn't accept it
- don't propose the pacifier during the first month because it can interfere with breast-feeding

- ★ In the cot, put baby to sleep on the back (not on the stomach) from the first days of life, and



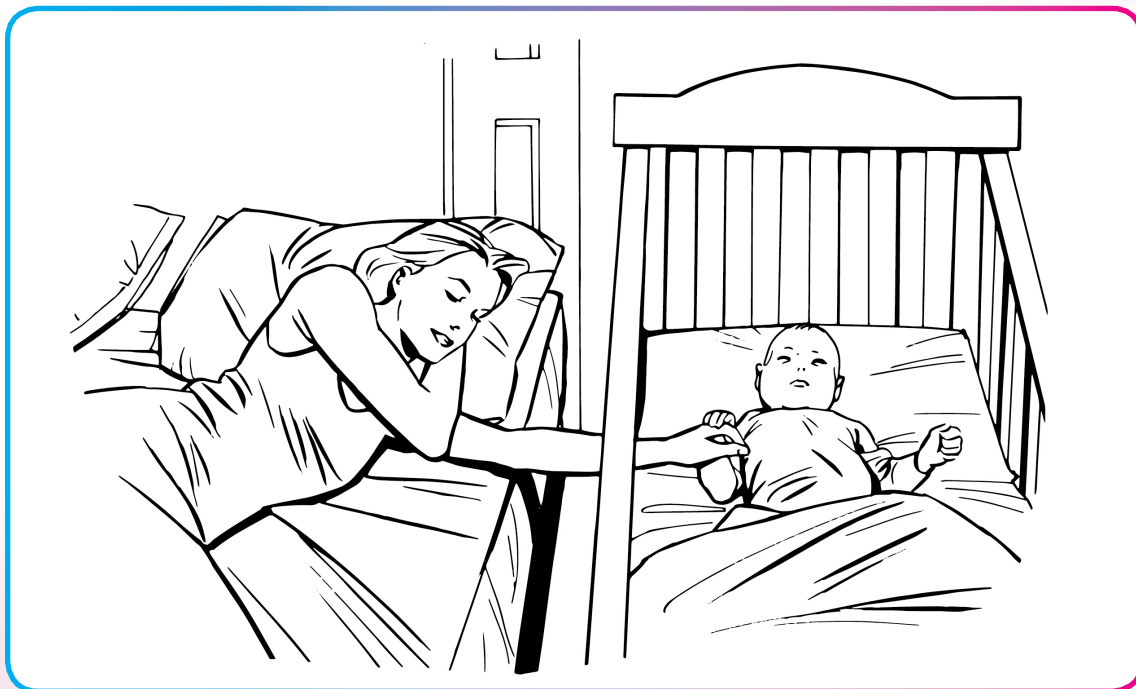
- make sure the baby's head and face are not covered
- use a hard mattress that is the right size for the cot

- ★ don't use a duvet, and

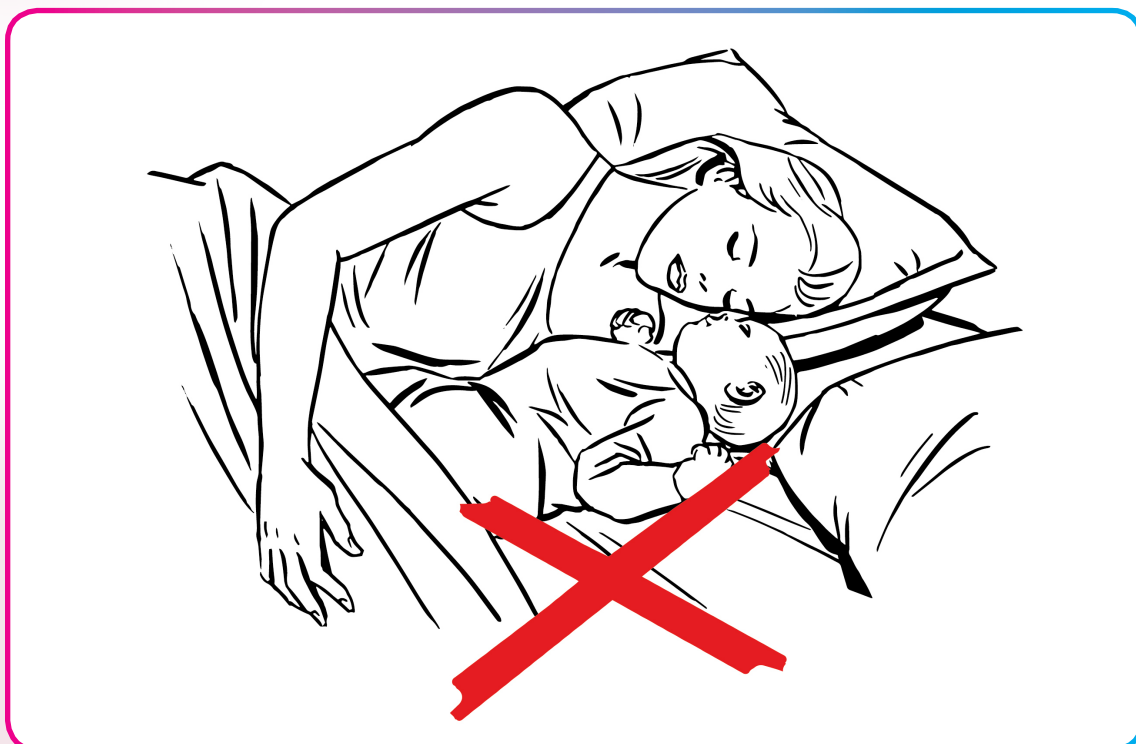


- don't use soft bedding materials, and
- don't use pillows or padding
- don't put soft toys in the cot

★ You can sleep in the same room as your baby

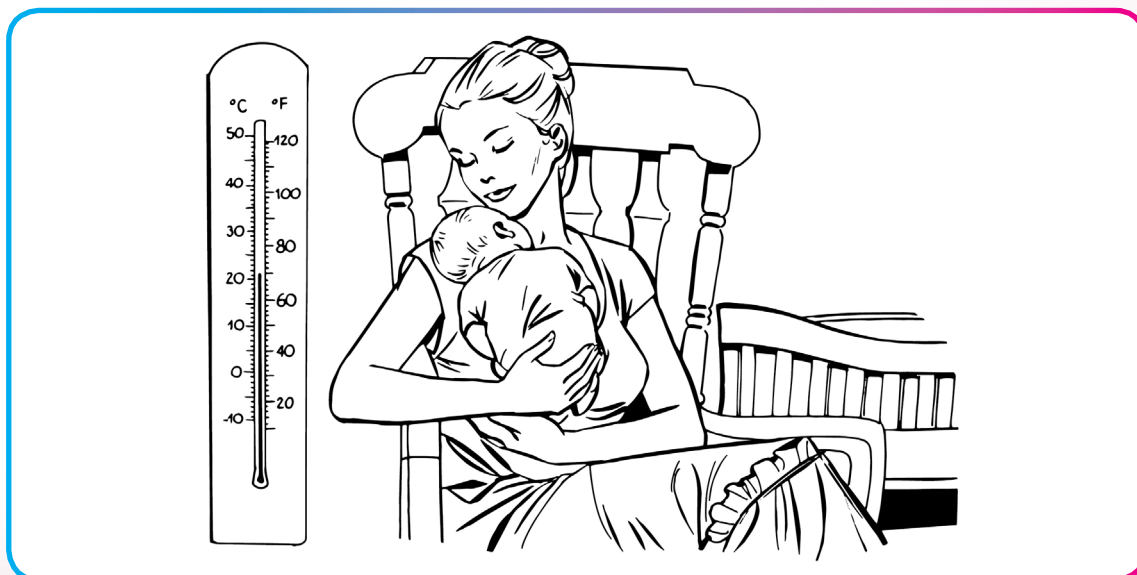


★ Don't put the baby to sleep in your bed (but you can use a Pepi Pod)

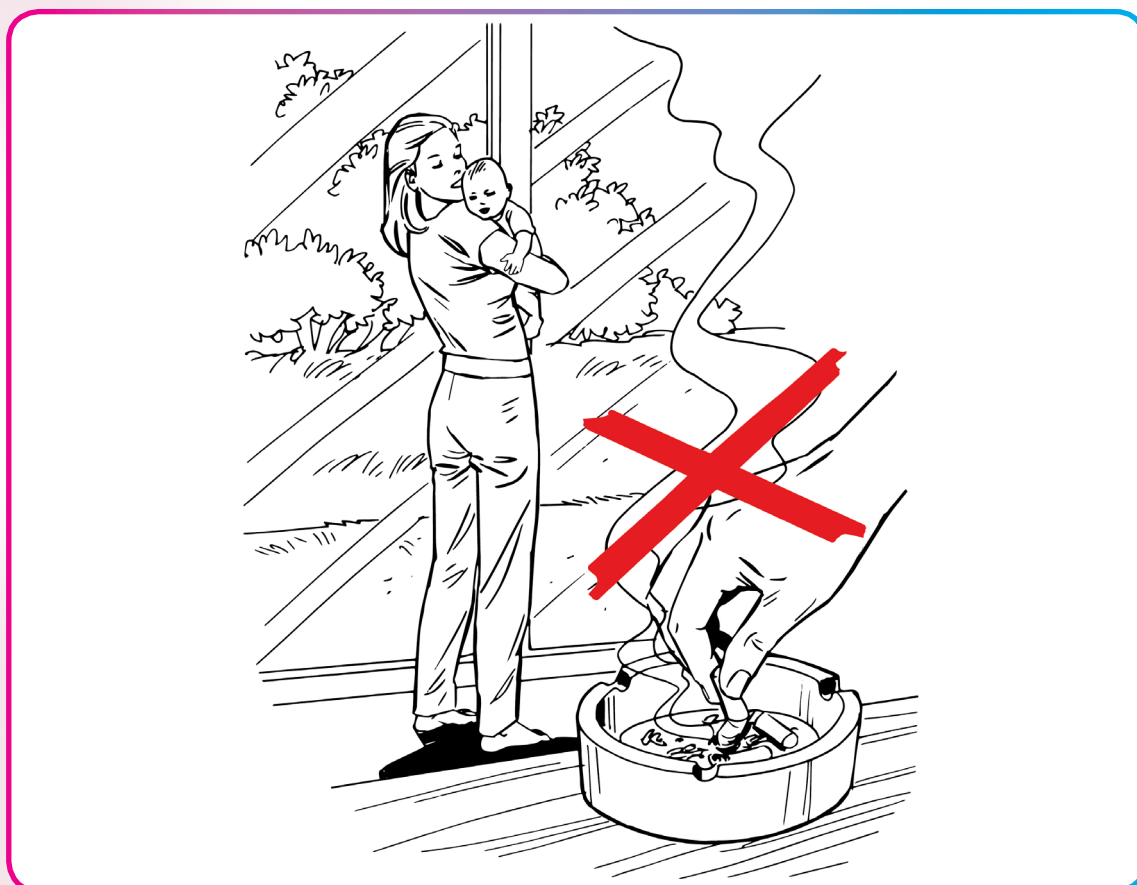




- ★ Keep the temperature around 21°C (70°F)



- ★ Don't smoke in the house and don't keep your baby in rooms where people have been smoking



The term **Sudden Unexpected Postnatal Collapse** (SUPC) covers both ALTE and SUEND.

**ALTE** (*Apparent Life-Threatening Events*) covers life-threatening events, which often mean stopping of breathing, change in skin colour and muscle tone.

**SUEND** (*Sudden Unexpected Early Neonatal Death*) affects healthy babies and occurs in the period immediately after birth.

SUPC episodes have dramatic consequences: death in about half the cases and serious neurological disability in most of the survivors.

SUPC episodes are rare: about 3-8 newborn babies in every 100,000.

About a third of SUPC events occur in the first 2 hours of life.

About 30-60% of SUPC cases are caused by underlying condition: typically a heart, brain, lung or metabolic disease.

In many cases, it is impossible to identify a specific cause. But we know that risk increases in these situations:

- First pregnancy, due to the mother's inexperience
- Behaviour that may hinder breathing: prone position (lying on the front); *skin-to-skin* in a wrong position where there is a risk of blocking the mouth or nose; covering the baby too much
- Sedation or tiredness of the mother
- Difficult birth
- Mother and baby left alone (without other family members present)
- Distraction (e.g. using the phone or other device by the mother or her helpers)
- Inadequate medical supervision
- Night-times (reduced staff, less light)

Pay attention to all these factors to prevent behaviour that exposes babies to risk of SUPC.

Medical personnel should remain particularly vigilant during the first few hours of life.



## Advice to the Mother and Family



- ★ Put your baby in a safe position where there will be no risk to breathing
- ★ Avoid all distractions, especially during skin-to-skin contact and breastfeeding
- ★ Watch your baby for breathing, position, activity, and colour at all times
- ★ Be especially careful when you hold it, during breastfeeding, and when you have *skin-to-skin* contact
- ★ Know the difference between normal sleep and risky sleep:
  - normal sleep has regular chest movements 35-50 times per minute, pink lips and easy breathing
  - risky sleep has shallow chest movements, pale or blue lips, laboured breathing. Some babies do not struggle or respond
- ★ Lay your baby on its back in the crib when the mother is sleepy

