



Sudden Infant Death Syndrome and Sleep

Sudden Infant Death Syndrome (SIDS) is the unexpected, sudden death of an infant under one year of age that remains unexplained even after an autopsy and thorough medical investigation. SIDS is the leading cause of death in children between one month and one year of age, and in most cases the infant was believed to be healthy immediately before the death.

The risk for SIDS peaks between 2 and 3 months of age, and it occurs more often in male infants than in females. The annual incidence of SIDS has declined since 1992.

While the cause of SIDS has not yet been discovered, some common factors that contribute to an increased risk of SIDS have been identified. They include:

Infant sleeping in the prone position (stomach sleeping)

Use of soft bedding or unsafe beds (couches, daybeds, waterbeds)

Use of loose bedding materials such as blankets and pillows

Overheating due to clothing, blankets or room temperature

Mother's age younger than 20 years

Mother smoking during pregnancy

Mother receiving late or no prenatal care

Premature birth or low birth weight

Exposure to second-hand smoke

Research suggests that SIDS occurs when an infant's body has difficulty regulating breathing, cardiovascular functions, and/or body temperature because of an underlying developmental delay or problem in parts of the brain controlling those activities. For example, some infants who succumb to SIDS are born with an abnormality in regions of the brain that control breathing and the normal arousal response. Infants born with other brain defects, possibly due to genetics, exposure to a toxic substance or lack of oxygen to the foetus (due to cigarette smoking during pregnancy, for example), may also be more susceptible to SIDS.

Scientists believe that while these developmental defects or delays alone may not cause SIDS, sudden infant death syndrome may occur when these vulnerabilities combine with other events, such as difficulty breathing due to an infection, decreased oxygen intake resulting from bedding that covers the infant's face. For instance, infants who are sleeping on their stomachs and begin re-breathing air that is trapped in their bedding normally wake up and cry. An infant with a brain abnormality may not send the protective wake up signal. Similarly, an infant sleeping on his or her stomach whose head becomes covered by bedding may begin to overheat; while the brain usually

triggers the infant to wake up and move to free his or her head, the overheating may inhibit the brain's protective wake up signal.

A seasonal component has also been noted in SIDS, as SIDS deaths tend to occur more frequently during the winter months. This may be linked to using excess clothing and bedding to keep infants warm, and to the increase in respiratory infections that occur during the winter.

TREATMENT

There is no treatment for SIDS. However, there are things that can be done to reduce the risk of SIDS. While the exact cause of SIDS is unknown, researchers have identified steps that can be taken to reduce the risk of SIDS. Starting during pregnancy, mothers can reduce their children's risk of SIDS through frequent medical check-ups, proper nutrition and avoiding tobacco, alcohol and drug use.

When caring for an infant, the following steps can also reduce the risk of SIDS:

Place the baby to sleep on his or her back.

Make sure the baby sleeps on a firm mattress, in a safety-approved cot.

Soft mattresses, sofas, waterbeds, sheepskins or other soft sleeping surfaces increase the risk of SIDS.

Remove soft, fluffy bedding, pillows and stuffed toys from the baby's sleep area.

Make sure the baby's head and face stay uncovered during sleep.

If you do use a blanket, keep it away from the baby's mouth and nose. To use a blanket, make sure the baby's feet are at the bottom of the cot, that the blanket is no higher than the baby's chest, and the blanket is tucked in around the bottom of the cot mattress.

Ensure that your baby does not become overheated. Keep the baby's room at a temperature that is comfortable for adults, and avoid too many layers of clothing or blankets.

Do not allow smoking around your baby.

MYTHS

Immunizations cause SIDS. There is no connection between immunizations and SIDS, according to a 2003 study by the Institute of Medicine's (IOM) Board on Health Promotion and Disease Prevention (USA).

Infants are at a greater risk for choking when sleeping on their backs. Doctors have found no increase in choking or other problems in infants who sleep on their backs.

Side sleeping is just as safe as back sleeping. Side sleeping is not as safe as back sleeping. Infants who sleep on their sides can roll onto their stomachs, putting them at a greater risk for SIDS.

It is never safe for an infant to be placed on his or her stomach. Infants can be placed on their stomachs when they are awake and someone is watching the child. This "tummy time" is good for the baby because it can help develop neck and shoulder muscles.

COPING

Losing a child to SIDS is a tragedy that can cause intense reactions of disbelief, denial, confusion, guilt, anger and depression among parents and other family members. This depression often affects sleeping, eating, the ability to focus and overall energy level. Many parents experience unreasonable fears that other family members may also be in danger, and may over-protect surviving children or have fears for future children.

Surviving siblings may also fear that other family members will suddenly die, or they may feel guilty about the sibling's death. Signs that children are suffering include increased clinging to parents, difficulties in school, misbehaving and disturbed sleep. It helps to talk to surviving children about the death, explaining that the baby died because of a medical problem that only occurs in infants.

DISCLAIMER: While every effort is made to ensure medical accuracy, this paper should not be used to diagnose or treat a sleep disorder. In all cases the advice of a properly qualified medical practitioner should be sought.

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