

Learning About SUIDS/SIDS

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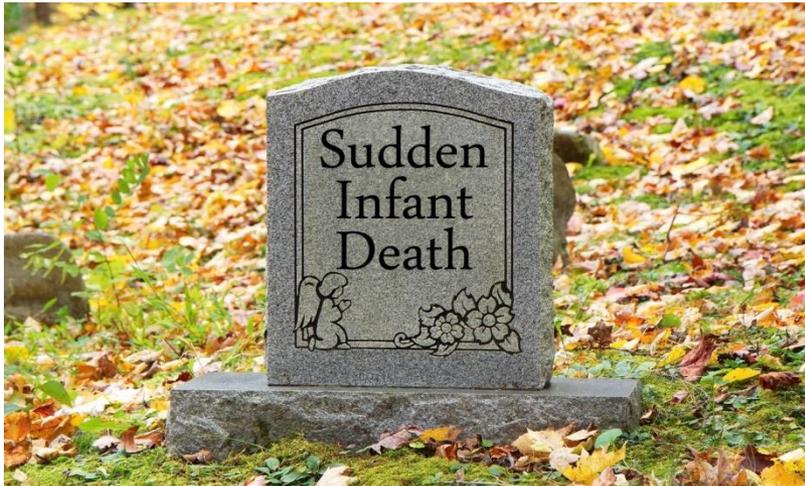
Definition of SIDS/SUIDS

- * According to the American Academy of Pediatrics (AAP) and the Task Force on Sudden Infant Death, Sudden Unexpected Infant Death (SUIDS), also known as sudden unexpected death in infancy, or SUDI, is term used to describe any sudden unexpected death, whether explained or unexplained (including, Sudden Infant Death-[SIDS] and ill-defined deaths), occurring during infancy in the first year of life.
- * SIDS is a subcategory of SUID and is a cause assigned to infant deaths that cannot be explained after a thorough case investigation
- * The Center for Disease Control and Prevention (CDC) defines SIDS as the “sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of clinical history.”

Important Definitions

- * **Bed-sharing:** Parent(s) and infant sleeping together on any surface (bed, couch, chair)
- * **Co-sleeping:** Parent(s) and infant sleep in close social or physical contact of each other, meaning that each can tell that the other is nearby
- * **Room-sharing:** Parent(s) and infant sleeping in the same room on separate surfaces

Why Care?



- * Approximately 3,500 infants die annually in the United States from sleep-related deaths, including SIDS, ill-defines deaths, and accidental suffocation and strangulation in bed.

Recommendations for Safe Sleep Environment

- * AAP recommends a safe sleep environment that can reduce the risk of all sleep-related infant deaths.
 - * **Supine position “Back to sleep for every sleep” by every caregiver**
 - * Supine position does NOT increase the risk of choking and aspiration in infants, even those with gastroesophageal reflux, because infants have airway anatomy and mechanisms that protect against aspiration.
 - * Hospitalized preterm infant should predominantly be kept in supine position, at least from the postmenstrual age of 32 weeks onward, so that they become acclimated to supine sleeping before discharge. NICU personnel should endorse safe sleeping guidelines with parents of infants from the time of admission to NICU.

Recommendations for Safe Sleep Environment (cont.)

- * **Use of Firm Sleep Surface (example: mattress in a safety-approved crib)**
 - * A firm surface maintains its shape and will NOT indent or conform to the shape of the infants head when the infant is placed on the surface
 - * A crib, bassinet, portable crib, or play yard/pack and play that conforms to the safety standards of the Consumer Product Safety Commission (CPSC), is recommended.
 - * Parents should also check and ensure that the product has not been recalled especially if given second hand/used.
 - * Bedside sleeper are attached to the side of the parental bed. The CPSC has published safety standards for these products and they may be considered by some parents as an option. However, there are no CPSC safety standards for in-bed sleepers. There are no studies examining the association between these products and SUIDS/SIDS, unintentional injury and death, including suffocation.

In-Bed Sleeper VS Bedside Sleeper



Recommendations for Safe Sleep Environment (cont.)

* **Room-sharing without bed-sharing**

- * There is evidence that sleeping in the parents' room but on a separate surface decreases the risk of SIDS by as much as 50%
- * This arrangement is most likely to prevent suffocation, strangulation, an entrapment that may occur when the infant is sleeping in the adult bed.
- * Infants crib, portable crib, play yard, or bassinet should be places in the parents' room until the child's first birthday, the first 6 months are crucial, because the rates of SIDS and are highest in the first 6 months.

Additional Recommendations

- * **Avoidance of exposure to smoke, alcohol, and illicit drugs**
- * **Breastfeeding**- unless contraindicated mothers should breastfeed exclusively or feed with expressed milk for 6 months, in alignment with recommendations of the AAP
- * **Routine immunizations**
- * **Use of pacifier**- the mechanism is yet unclear, studies have reported a protective effect of pacifiers on the incidence of SIDS, the protective effect is observed even if the pacifier falls out of the infant's mouth. It should be used when placing the infant for sleep, it does not need to be reinserted once the infant falls asleep. If the infant refuses, they should not be forced to use it.
 - * For breastfed infants, pacifier introduction should be delayed until breastfeeding is firmly established

Additional Recommendations

- * **Keep soft objects and loose bedding away from the infants sleep area**
 - * Examples include: pillows, pillow-like toys, quilts, comforters, sheepskin, and loose bedding, such as blankets, and non-fitted sheets-ALL can obstruct an infant's nose and mouth
 - * Infant sleep clothing also known as a “sleeper” or “wearable blanket” is preferred to keep the infant warm while reducing the chance of head covering or entrapment

Sleeper VS Loose Bedding



Additional Recommendations

- * **Avoid overheating and head covering infants**
 - * Infants should be dressed appropriately for their environment, with no greater than 1 layer more than an adult would wear to be comfortable in that environment
 - * Parents and caregivers should evaluate the infant for signs of overheating, such as sweating or the infants chest feeling hot to touch
 - * No sufficient evidence to recommend the use of a fan as SIDS risk reduction

Additional Recommendations

- * **Supervised, awake tummy time is recommended to facilitate development**
 - * Helps prevent flattening of the head
 - * Helps to facilitate development of the upper shoulder girdle strength necessary for timely attainment of certain motor milestones



Additional Recommendations

- * **No evidence to recommend swaddling as a strategy to reduce risk of SIDS**
 - * Swaddling is often used to calm the infant and encourage the use of supine position
 - * However, there is a high risk of death if a swaddled infant is placed in or rolls to the prone position
 - * If swaddled, should always be placed on their backs
 - * Swaddling should be snug around the chest but allow for ample room at the hips and knees to avoid exacerbation of hip dysplasia
- * **Avoid the use of commercial devices that are inconsistent with safe sleep recommendations**
 - * Examples include: wedges & positioners, for the purpose of positioning or separating the infant from others in the bed
- * **Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS**
 - * Their usage has not been documented to decrease the incidence of SIDS

How do we at Healthy Start/Nurse Family Partnership help?

- * We complete education with parents through initial contacts via telephone calls, home visits, or face to face visits in providing the necessary education to better inform the public of safe sleep practices

