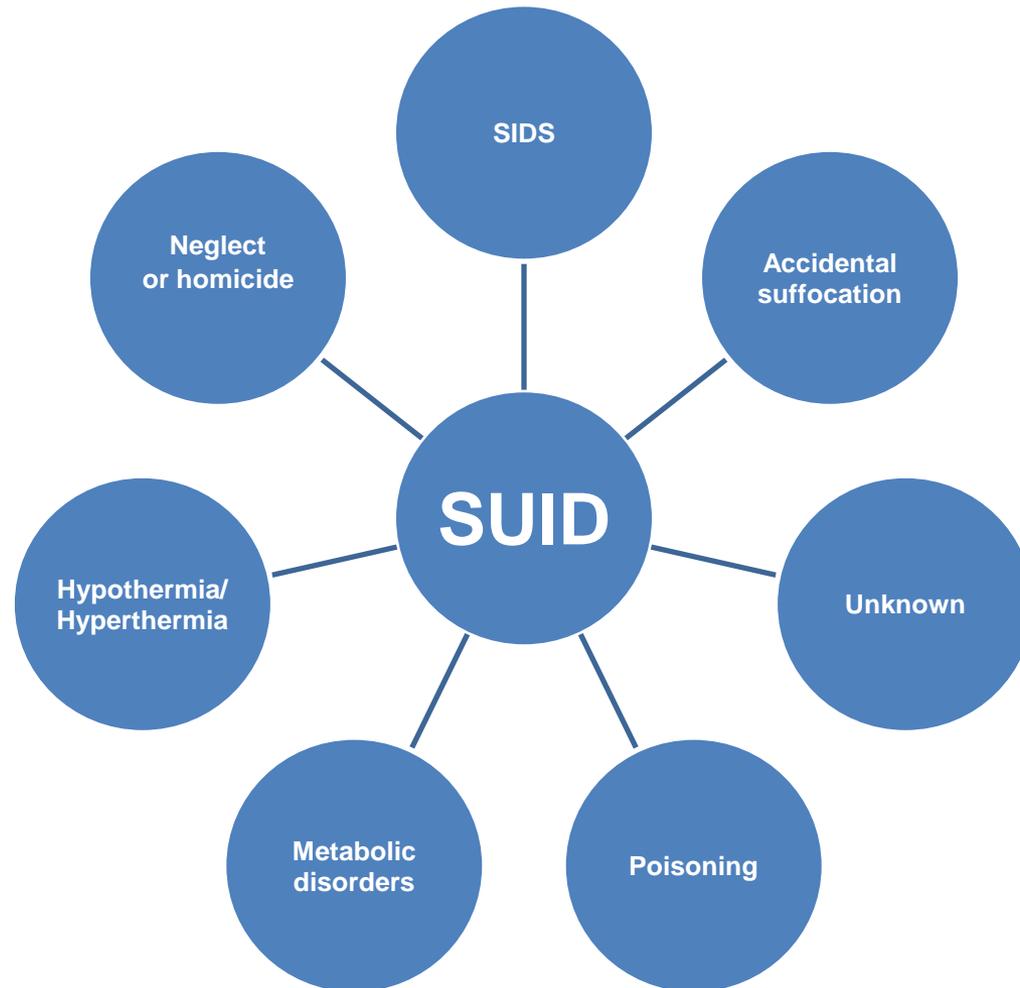




# Sudden and Unexpected Infant Deaths



# SUID Subtypes





# SUID

## Sudden & Unexpected Infant Death

### Explained

- Poisoning
- Head injury
- Metabolic disorder
- Neglect or homicide
- Hypo or hyperthermia
- Accidental suffocation

### Unexplained

- SIDS
- Cause unknown or unspecified
- SIDS, but cannot rule out suffocation from unsafe sleep environment



# SIDS

## Sudden Infant Death Syndrome

We don't know...

After a complete autopsy, death scene investigation and review of medical history

# Sudden Unexpected Infant Death by Race/Ethnicity

## *Nationwide: 2010 - 2013*

<b>Sudden Unexpected Infant Death by Race/Ethnicity</b> <b><i>Nationwide <u>Per 100,000 live births</u>: 2010 - 2013</i></b>	
American Indian/Alaskan Native	190.5
African American	171.8
White	84.4
Hispanic	50.8
Asian/Pacific Islander	34.7
<i>Source: CDC/NCHS, National Vital Statistics System</i>	

# Montana SUID Infant Deaths (<1 year) 2010-2014

<b>Sudden Unexpected Infant Death by Race/Ethnicity</b> <i>Per 100,000 live births: 2010 - 2014</i>			
	Total Live Births	Number SIDS Deaths	Rate/100,000 live births
American Indian/Alaskan Native	7354	13	**
White	51469	32	62
<p><i>Source: Office of Vital Records Death Certificate Data</i></p> <p><i>** Rate cannot be computed because it is based on fewer than 20 events</i></p>			



# **Group Exercise:**

## **Identify SUID Risk Factors**



# Established Risk Factors

- Stomach/side sleep position
- Maternal smoking during pregnancy
- Maternal drug use during pregnancy
- Environmental tobacco smoke
- Overheating
- Soft sleep surface
- Bed sharing
- Late or no prenatal care
- Young maternal age
- Prematurity and/or low birth weight
- Male sex
- African American
- American Indian

# Accidental Suffocation & Strangulation in Bed (ASSB)

- **Suffocation by soft bedding, pillow, waterbed mattress**
- **Overlaying** (rolling on top of or against baby while sleeping)
- **Wedging or entrapment** between mattress and wall, bed frame, furniture
- **Strangulation** (infant's head and neck caught between crib railings)















**It is more difficult for babies to breathe on their stomachs, side – lower oxygen levels**





# Adult & Infant Bed Sharing Risks

- Overheating
- Soft bedding, pillows, comforters
- No safety standards for adult mattresses
  
- Risk of entrapment
- Overlay
- Multiple bed sharers



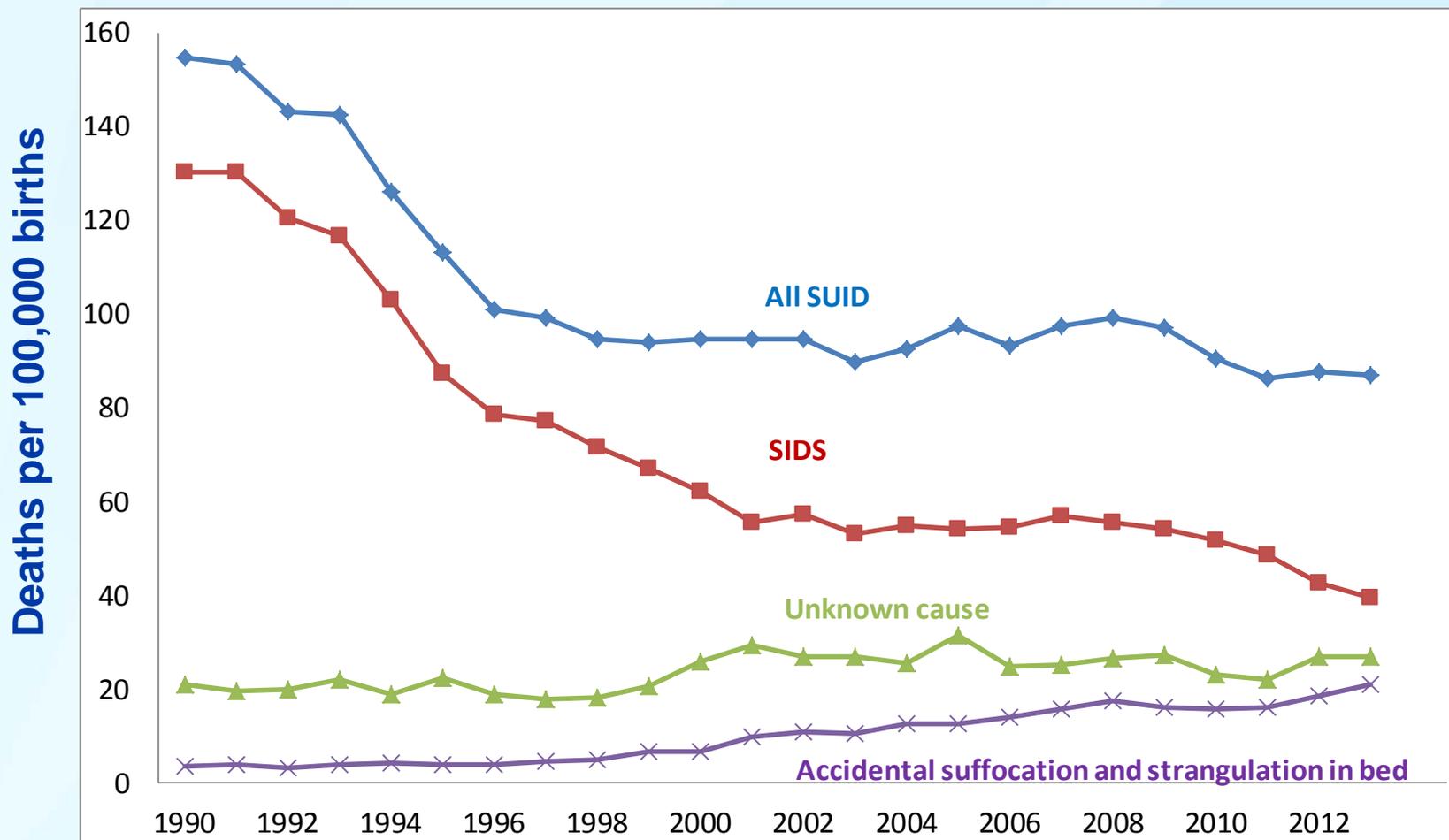
# Adult & Infant Bed Sharing Risk

## *continued*

- Returning the infant to his/her own crib is not associated with increased risk
- No studies have ever shown a protective effect of bed sharing on SIDS

# Impact of National Back to Sleep Campaign

Surveillance: SUID-specific infant mortality rates, US, 1990-2013



Source: Shapiro-Mendoza CK, Tomashek KM, et. al., Am J Epidemiol, 2006 and CDC WONDER, Mortality Files



## 2011 AAP

# 18 SIDS Prevention Recommendations

1. Baby on Back for **every** sleep by every caregiver until 1 year of life
2. **Use a firm sleep surface: firm crib mattress covered by a fitted sheet**
3. Keep soft objects, loose bedding, toys, bumper pads out of the crib to reduce the risk of:  
*SIDS, suffocation, entrapment, & strangulation*

# Baby on Back – Every time

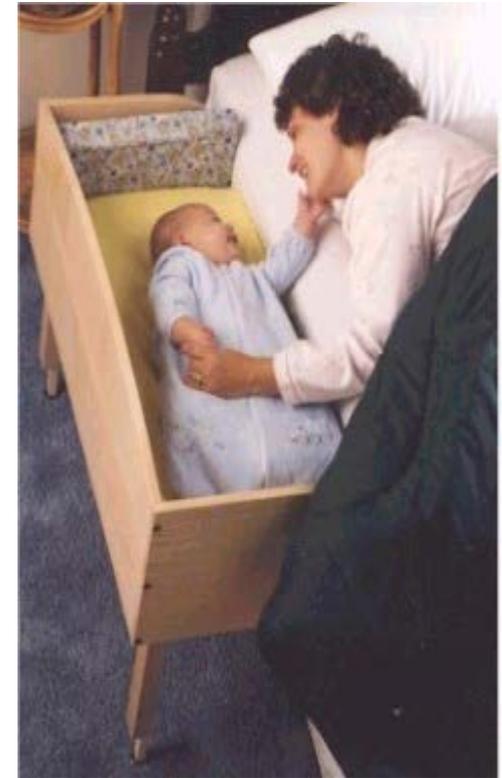


# 2011 AAP

## 18 SIDS Prevention Recommendations

4. Room sharing not bed sharing is recommended.

Evidence that room sharing decreases the risk of SIDS by as much as 50%.





## 2011 AAP

# 18 SIDS Prevention Recommendations

5. Pregnant women receive regular prenatal care

**6. Avoid smoke exposure during pregnancy & after birth**

7. Avoid alcohol and illicit drug use during pregnancy and after birth





## 2011 AAP

# 18 SIDS Prevention Recommendations

8. Breastfeeding is recommended as it is associated with a reduced risk of SIDS
  - Protective effect increases with exclusivity-  
not mixing in formula
  - **AAP recommends 6 months exclusivity if possible**
  - Any breastfeeding has been shown to be more protective against SIDS than no breastfeeding



# Bottle feeding

Not all mothers can breastfeed.

## Safety Tips:

- NO BOTTLE PROPPING - the bottle against something –caregiver needs to hold & control the bottle
- **Caregiver's need to know the nipple needs to be retracted so it won't block the babies nose while breathing**
- Caregivers should hold the baby up in a sitting position, support the neck & rub the back
- **Important to be able to tell when your baby is having a hard time breathing while eating. Coordinating breathing while eating is new to a newborn, so:**

- .....
- a) Take breaks so your baby can coordinate the two
  - b) Burp frequently
  - c) Expect your baby to spit up milk as their stomach isn't fully developed



# 2011 AAP 18 SIDS Prevention Recommendations





## 2011 AAP

# 18 SIDS Prevention Recommendations

### 9. Consider offering a pacifier at nap time and bedtime

Although it isn't crystal clear exactly how pacifiers help reduce the risk of SIDS, studies report a protective effect of pacifiers decreasing the incidence of SIDS. This continues throughout the sleep period even if the pacifier falls out.

- Don't need to be re-inserted once the infant falls asleep
- **Don't force it – try it again when the infant is a little older**
- Don't hang a pacifier around the neck, or use any kind of string attached to the pacifier
- **Don't introduce the pacifier until breast feeding is firmly established**



## 2011 AAP

# 18 SIDS Prevention Recommendations

### 10. Avoid overheating

- Infants should be dressed appropriate for the environment with NO more than 1 layer more than an adult would wear to be comfortable

### 11. Infants should be immunized with AAP and CDC recommendations

- Regular well child checks





## 2011 AAP

# 18 SIDS Prevention Recommendations

12. Avoid commercial devices marketed to reduce the risk of SIDS such as wedges, positioners, special mattresses, etc. There is no evidence that these devices reduce the risk of SIDS or suffocation or that they are safe!

13. Don't use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS --there's no evidence it does

## 2011 AAP

# 18 SIDS Prevention Recommendations

14. Supervised tummy time on a daily basis, early as possible to:

- Promote motor development, facilitate development of the upper body muscles
- And minimize development of flat head syndrome (plagiocephaly)

15. Health care professionals, staff in newborn nurseries and neonatal intensive care nurseries & child care providers should endorse and model the SIDS reduction recommendations from birth.

## 2011 AAP

### 18 SIDS Prevention Recommendations

16. Media & manufacturers should follow safe sleep guidelines in their messaging and advertising

17. Expand the national campaign to reduce the risk of SIDS educating all caregivers who take care of the infant:  
grandparents, aunts, other family members, babysitters, etc.

18. Continue research on the risk factors, causes, and pathophysiological mechanisms of SIDS & other sleep related deaths



# Resources

Learn the 6 Steps to Always Safe Sleep Baby  
BIRTH TO ONE YEAR



- 1 Sleep baby ALONE.
- 2 Sleep baby on his BACK.
- 3 Sleep baby in a CRIB. ALWAYS!
- 4 Put nothing in baby's sleep area.
- 5 Do not overdress baby.
- 6 Do not smoke anything around baby.

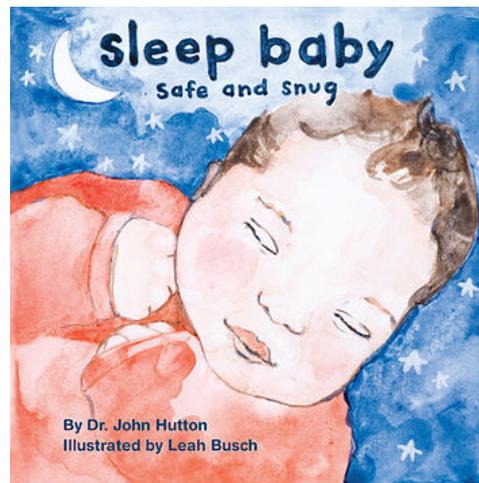
Safe Sleep Baby  
ALONE BACK CRIB  
ALWAYS!



**SLEEP:**  
*What Every Parent Needs to Know*

Find it on shopAAP **GO**



sleep baby  
safe and snug

By Dr. John Hutton  
Illustrated by Leah Busch



**Healthy Native Babies**  
Project Workbook and Toolkit

# SUID PREVENTION

**I want to Live!**

**Don't sleep with me in a bed, sofa or chair.  
I need to sleep alone in my crib.**

**Don't smoke anywhere near me.  
I need clean air.**

***Share only your love.***



Delaware DOJ Initiated Safe Sleep Bus board and Billboard Campaign

# Contact Information

Kari Tutwiler: FICMMR Coordinator: 444-3394

Ann Buss: MCH Supervisor: 444-4119

Department of Public Health & Human Services  
Family & Community Health Bureau



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services