

SUDDEN INFANT DEATH SYNDROME

What is it?

Sudden Infant Death Syndrome (SIDS) is also known as 'cot death'. It is the sudden unexpected death of an apparently well baby aged from birth to two years, although most deaths from SIDS occur during the first six months.

Why does it happen?

No definitive cause of SIDS has yet been found. A thorough investigation into the cause of death is carried out after a sudden death. Causes found after investigation have included an infection, a problem that the baby was born with (congenital abnormality) or carbon monoxide poisoning.

But in more than half of cot deaths a specific cause of death is not found, even after a post mortem examination. When the cause of death remains unexplained after investigation, the death is registered as SIDS. A baby's death is not considered SIDS when a specific cause is found.

It is thought that many SIDS deaths are caused by a breathing failure, but how or why this failure occurs is not known. Possible causes include suffocation, overheating and choking, but none of these has been proven. Further research is taking place into the causes of SIDS.

Babies who die from SIDS die painlessly in their sleep, and there are no signs of struggling - the baby is often found in the same position as when he or she was put down to sleep. It usually happens when the baby is asleep in their cot, but can also happen during any other period of sleep such as in the pram or even in a parent's arms. Occasionally, babies are found blue and not breathing - although if they are close to death they can be successfully resuscitated.

Certain risk factors have been identified:

- unexpected death happens more often in boy than in girl babies
- it is more common in winter than in summer
- premature babies are at greater risk
- those whose previous siblings have died from SIDS are also at greater risk.

Researchers have recently identified early warning signals that were more common in babies who died from cot death. They found that these infants were more likely to have been irritable, cold, pale and sweaty.

There is also believed to be a connection between the baby's sleeping position and the risk of cot death. Infants sleeping face down are more likely to suffer a cot death.

Prevention

Sleeping Position

Babies should be laid to sleep on their back, with their feet touching the foot of the cot. Sheets or thin blankets should be tucked in and made up so that they come no higher than the baby's shoulders, to prevent them wriggling under the covers. Do not let your baby sleep on a sheepskin, or use duvets, pillows, cot bumpers or quilts for infants aged under one year, as these increase the risk of cot death. Do not overcrowd the cot with soft toys.

Recent findings have also shown that a child using a dummy when they sleep has a reduced risk of cot death. In fact, the study found a 92% reduction in the risk. One possible theory is that the bulky handle of the dummy may help air to get to the child's airways, even when the child has bedclothes over their face. Using a dummy may also help to strengthen the nerves that control the child's upper airway.

Try to keep your baby at the right temperature – between 16 and 20 degrees. Do not let your baby sleep with a hot water bottle, next to a radiator, heater or fire or in direct sunshine. Do not let your baby sleep in a draught, eg next to an open window. Dress your baby in a nappy, vest and babygro for sleeping. In hot weather, just a nappy and vest may be enough. Take off the baby's outdoor clothes as soon as you get inside.

Babies are more likely to die if they sleep in a separate room from their parents. The Department of Health recommends that babies sleep in a cot or crib in their parents' room for the first six months.

Falling asleep on the sofa with your baby has also been shown to increase the risk of cot death.

Smoking

A recent study found that the biggest risk to babies comes from smoking in the home, combined with bed-sharing. The risk of cot death to very young babies (under 8 weeks old) is doubled if they share their parents' bed, even when the parents are non-smokers.

Do not expose your baby to tobacco smoke.

Get medical advice if you are concerned, but particularly if your baby:

- is wheezy or is having trouble breathing
- is being sick
- feels hot and/or sweaty
- is pale
- has a rash (particularly if also seems unwell)
- is not responding to you normally.

Future Pregnancy

SIDS deaths are rare and extremely unlikely to occur twice in the same family.

Parents who have lost one baby to SIDS may have fears during subsequent pregnancies and after the birth. A heightened need to be protective when the new baby is born is to be expected and parents will probably check their baby's breathing frequently. Other members of the family will have similar fears for the new baby and it may help to discuss these together.

A GP or health visitor can give advice to women who have another baby. Care of the next infant (CONI) schemes are available in many areas, run by FSID (see below) and the NHS. These offer advice, support, increased monitoring for the new baby, and frequent check-up visits.

Further Information

The Foundation for the Study of Infant Deaths (FSID) is the UK's leading charity working to prevent sudden deaths and promote health. FSID funds research, supports bereaved families and promotes safe baby care advice.

Tel: 020 7233 2090

Website: www.sids.org.uk

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