

# HEALTH IN OUR HANDS!

The Arkansas State University Wellness Program Newsletter  
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## Sudden Infant Death Syndrome

### Overview

Sudden Infant Death Syndrome (SIDS) is a term that frightens all parents. A little over 2,000 infants die from SIDS in the United States each year. According to the Center for Disease Control and Prevention (CDC) SIDS is defined as sudden death of a baby less than one year old that cannot be explained after a complete investigation.

Although the cause of SIDS is not clearly known researchers have learned a great deal about this topic. Some experts believe SIDS occurs when an infant has an underlying vulnerability, such as an immature respiratory system or an abnormal heart function. Certain stressors, such as tummy lying may expose the vulnerability. Hopefully, in the future, more research will fully explain what causes SIDS, and how to prevent it.

### Risk Factors

Although Sudden Infant Death Syndrome is not fully understood researchers have identified a number of elements that may increase the risk of SIDS. The following is a list of these risk factors:

- Males are at greater risk than females, by a ratio of 1.5 to 1.
- Babies between two to three months of age are at greater risk.
- African American and American Indian infants are more than two times at risk to die from SIDS than Caucasian babies.
- Family history of SIDS increases the chance of SIDS.
- Secondhand smoke can contribute to SIDS.
- Premature babies and low birth weight increases the risk of SIDS.
- Suffering an apparent life-threatening event (ALTE) puts an infant in danger of SIDS.

There are maternal risk factors associated with Sudden Infant Death Syndrome. These risk factors are the following:

- Mothers younger than 20 years are more likely to have an infant die from SIDS.
- Mothers that smoke during pregnancy will increase their babies' risk.
- Mothers that use drugs or alcohol while pregnant are at greater risk to have a child die from SIDS.
- Mothers with insufficient prenatal care put their babies at risk of SIDS.

### How to reduce the risk of SIDS

There is not a definite way to avoid Sudden Infant Death Syndrome, but there are suggestions that may lower the risk. The American Academy of Pediatrics (AAP) developed the guidelines for infant sleep safety and SIDS risk reduction, and the following is a list of the guidelines:

- When babies are sleeping it is important to avoid placing them on their tummies. Placing an infant on his or her stomach increases the risk from 1.7 to 12.9 times the risk.
- Bedding also plays a major role in decreasing the risk of SIDS. Infants should sleep on firm, flat beds. Also avoid pillows, stuffed animals and extra blankets because this could lead to suffocation or strangulation. Only a fitted blanket under the baby is recommended during sleeping. If the mother is afraid the infant will get cold then she should dress the baby in warmer clothing, such as footed pajamas.
- Do not overheat or cover baby's head during bedtime and naptime.
- During the early months, parents should sleep in the same room with their infant. This does not mean share the same bed as the infant. Parents who share beds with infants put the baby at greater risk of suffocation, strangulation, or entrapment.
- Babies who receive all vaccinations have been shown to decrease their risk of SIDS.
- During pregnancy, mothers-to-be need to receive regular prenatal care.
- Breastfeeding may also lower the risk of SIDS.
- Some studies have also shown that giving an infant

a pacifier at bedtime or naptime might lower the risk of SIDS.

- Mothers-to-be should avoid alcohol and drug use during pregnancies.
- Mothers should avoid smoking around their infants.
- Supervised, awake belly time is recommended daily to assist in normal infant development.

### Coping after SIDS

After parents lose a baby from SIDS, it is important for them to have a strong emotional support team. Parents can seek counselling or support groups in the community or online.

### New Research

JAMA (the Journal of the American Medical Association) Pediatrics published the article, *Effects of Caffeine on Intermittent Hypoxia in Infants Born Prematurely*. The study was conducted at 16 NICUs in the United States. Premature infants formerly treated with caffeine were randomly selected into two groups. Infants in group one would continue to receive caffeine treatment and group two would discontinue caffeine and receive usual care. At the end of the study they concluded that the extended caffeine treatment decreased intermittent hypoxia in premature infants. Group two showed increased intermittent

hypoxia in premature infants after discontinuing caffeine.

### References

- <http://sids.org/>
- <http://www.babycenter.com/baby-sleep-safety>
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- <http://sids.org/wp-content/uploads/Rhein.Effectsof-Caffeine-on-Intermittent-Hypoxia-in-Infants-Born-Prematurely.publish-online.January-20.2014.pdf>
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### Other News:

\*\*If you have any suggestions for newsletter topics, please contact Dean Susan Hanrahan at [hanrahan@astate.edu](mailto:hanrahan@astate.edu).

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The Arkansas State University Employee Wellness Newsletter is published monthly during the academic year by the College of Nursing and Health Professions. Health questions can be addressed to Dean Susan Hanrahan, Ph.D., ext. 3112 or [hanrahan@astate.edu](mailto:hanrahan@astate.edu). Produced by Kayla James, graduate student in the College of Nursing and Health Professions, Physical Therapy Program.