

# Sudden Infant Death Syndrome (SIDS)

- I. Introduction
  - a. Sudden Unexpected Infant Death (SUID) – all unexpected deaths, including SIDS
  - b. Types of SUID
    - i. Sudden Infant Death Syndrome (SIDS)
    - ii. Unknown Cause – sudden death of an infant less than one year of age that is unexplained and is not consistent with or does not meet the criteria for a diagnosis of SIDS
    - iii. Accidental Suffocation and Strangulation in Bed
      - 1. Suffocation by soft bedding
      - 2. Overlay – another person rolling on top of an infant
      - 3. Wedging or entrapment
      - 4. Strangulation (e.g., getting trapped in the crib railings)
- II. The Importance of SIDS Training
- III. What is SIDS?
  - a. Definition – the diagnosis given for the sudden death of an infant, 1 month to 1 year of age, that remains unexplained after a complete investigation which includes an autopsy, an examination of the death scene, and a review of the victim's medical and family history
  - b. Remains the leading cause of death for infants in Texas
  - c. Highest in the metropolitan areas but occurs everywhere
  - d. Occurrence – appears to occur after an infant has been put down to sleep. They appear healthy before the incident.
  - e. Demographics – 91% of SIDS deaths occur before the age of six months. SIDS affects all races and socioeconomic groups.
- IV. SIDS Facts
  - a. Statistics
    - i. About 3500 US infants die suddenly and unexpectedly each year. These deaths are referred to as sudden unexpected infant deaths (SUID)
    - ii. About 1500 infants died of SIDS in 2014
  - b. What SIDS is **not**
    - i. Caused by suffocation
    - ii. Caused by vaccines, immunizations or shots
    - iii. Contagious
    - iv. The result of neglect or child abuse
    - v. Caused by cribs
    - vi. Caused by vomiting or choking
    - vii. Completely preventable, although there are ways to reduce the risk
- V. Child Care and SIDS
  - a. 2/3 of infants in US are in non-parental child care – 32% of those are in child care full-time
  - b. 1990s
    - i. In 1990, SIDS rates in child care – 15-20% of SIDS occurred in child care

- ii. Most deaths associated with unaccustomed sleep positions
    - iii. Back to Sleep campaign introduced in 1994
  - c. Present
    - i. In 2014, SIDS rates in child care decreased (although still high)
    - ii. 1/3 of deaths in first week, 1/2 on first day in child care
- VI. Risk Factors
  - a. Mother less than 20 years of age
  - b. Late or no prenatal care
  - c. Premature infants
  - d. Low birth weight infants
  - e. Drug and alcohol use during pregnancy
  - f. Exposure to cigarette smoke (either in the womb or environment)
- VII. Reduce the Risk
  - a. Always place babies on their backs to sleep for every sleep
  - b. Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet
  - c. Have the baby share your room, not your bed. Babies should not sleep in an adult bed, on a couch, or on a chair alone, with anyone
  - d. Keep soft objects, such as pillows and loose bedding out of the baby's sleep area
  - e. Do not smoke around the area
  - f. Moderate room temperature (70 degrees is ideal)
- VIII. Pacifiers at Naptime
  - a. Linked to a lower risk of SIDS
  - b. Use when placing the infant to sleep
    - i. Does not need to be reinserted if it falls out after baby is asleep
    - ii. Do not force pacifier use
  - c. Do not hang pacifier around infant's neck
  - d. Do not use pacifiers that attach to infant clothing
  - e. Objects such as stuffed toys, which may present a suffocation or choking risk, should not be attached to pacifiers
  - f. For breastfed infants, delay pacifier introduction until breastfeeding is firmly established, usually by 3-4 weeks of age
- IX. Benefits of a Safe Sleep Policy
  - a. May save babies' lives
  - b. Shows parents that baby's health and safety is your #1 priority
  - c. Educates staff
    - i. Consistent care
    - ii. Educate parents
    - iii. Professional development
  - d. It empowers child care providers
  - e. If followed, helps reduce your risk of liability



# Shaken Baby Syndrome

1. What is Shaken Baby Syndrome?
  - a. SBS, a form of abusive head trauma (AHT) and inflicted traumatic brain injury (ITBI), is a preventable and severe form of physical child abuse
  - b. SBS may result from both shaking alone or from impact (with or without shaking)
2. Consequences of SBS
  - a. Death
  - b. Blindness
  - c. Mental retardation or developmental delays
  - d. Cerebral Palsy
  - e. Severe motor dysfunction (muscle weakness or paralysis)
  - f. Spasticity (condition in which certain muscles are continuously contracted causing tightness or stiffness)
  - g. Seizures
3. SBS Signs and Symptoms
  - a. Significant changes in sleeping patterns or inability to be awakened
  - b. Vomiting (more than usual)
  - c. Convulsions or seizures
  - d. Increasing irritability
  - e. Uncontrollable crying
  - f. Inability to be consoled
  - g. Inability to nurse or eat
4. Risk Factors
  - A. Being less than one year of age
  - b. Infant prematurity or disability
  - c. Being one of a multiple birth
  - d. Inconsolable and/or frequent crying
  - e. Prior physical abuse or prior shaking
  - f. Most SBS victims are male
5. Caregiver Risk Factors
  - a. Frustration or anger resulting from an infant's crying
  - b. Being tired
  - c. Having limited anger management or coping skills
  - d. Limited social support
  - e. Young parental age
  - f. Unstable family environment
  - g. Low socioeconomic status
  - h. Unrealistic expectations about child development and child-rearing
  - i. Rigid attitudes and impulsivity
  - j. Feelings of inadequacy, isolation, or depression
  - k. Being a victim of or witness to intimate partner violence, or
  - l. Negative childhood experiences, including neglect or abuse
- I. Diagnosing SBS
- II. Information for Caregivers
  - a. Crying is normal for babies
    - i. Crying is one way babies communicate
    - ii. Excessive crying is a normal phase in infant development
      1. Babies cry most between 2 and 4 months
      2. Prolonged, inconsolable crying generally lessens when babies are around 5 months old

3. Most babies who cry a great deal are healthy and stop crying spontaneously
  - iii. You are not a bad caregiver if the baby continues to cry after you have done all you can to calm him or her
  - iv. Remember, this will get better
- b. When a baby cries, there are steps you can take to try to comfort him or her
  - i. Check for signs of illness or discomfort like a dirty diaper, diaper rash, teething, fever, or tight clothing
  - ii. Assess whether he or she is hungry or needs to be burped
  - iii. Rub his/her back, gently rocking him/her; offer a pacifier; sing or talk; take a walk using a stroller
  - iv. Call the parent if you think the child is ill
  - v. Remember you are not a bad caregiver if the baby continues to cry after you have done all you can to calm him or her
- c. When you feel frustrated, angry, or stressed while caring for a baby, take a break !
  - i. Call a co-worker for support
  - ii. Put the baby in a crib on his or her back, make sure the baby is safe, and then walk away for a bit, checking on him or her every 5 to 10 minutes
  - iii. Remember, this will get better
- d. Be aware of signs of frustration and anger in yourself and others caring for babies
  - i. See a health care professional if you have anger management or other behavioral concerns
  - ii. Ensure others caring for the baby see a health care professional if they easily become angry or frustrated around your baby



This Safe Sleep policy will be reviewed annually with all staff and outside families in the form of a program to determine how well the program's sleep policies for infants and to generate their recommendations.

Safe sleep and feeding practices reduce the risk of Sudden Infant Death Syndrome (SIDS) and the spread of contagious diseases. SIDS is the unexpected death of a seemingly healthy infant under one year of age the while no cause of death can be determined. It is the leading cause of death in children that can be treated, months of age. The chance of SIDS according to higher when an infant first starts to crawl.

In order to maintain safe sleep practices, these guidelines and procedures will be followed.

**Infant Sleep Practices and Environment:**

1. Healthy infants will always be put to sleep on their backs. Back sleeping is not as safe as bed sleeping, and is not allowed. Research shows that putting an infant to sleep on his back does not cause him to choke or aspirate.
2. If a parent/guardian requests that their child be put to sleep in a position other than on their back, the parent must provide a Physician's Request Form that explains how the infant should be put to sleep and the medical reason for this position. This note will be kept in the child's medical file and all staff will be notified of the infant's prescribed sleep position.
3. Infants will be placed to sleep on a firm mattress that fits tightly in a crib that meets Consumer Product Safety Commission safety standards. The sheet will fit the mattress snugly.
4. The crib should contain pillows, crib bumpers, positioning devices, toys, blankets, or other items that are not recommended by a health care provider or state health department.
5. If a blanket is used for extra warmth, the infant will be placed in the feet-toe position with the infant's feet up against the foot of the crib with a blanket that reaches only as far as the infant's chest and is placed under the infant's arms and tucked around the waist. The blanket prevents the blanket from slipping up over the infant's face or the infant's sleeping under the blanket.
6. If the infant requires additional warmth, a blanket sleepers will be used, if available.



## The Letters in **PURPLE** Stand for

<b>P</b>	<b>U</b>	<b>R</b>	<b>P</b>	<b>L</b>	<b>E</b>
<b>PEAK OF CRYING</b>	<b>UNEXPECTED</b>	<b>RESISTS SOOTHING</b>	<b>PAIN-LIKE FACE</b>	<b>LONG LASTING</b>	<b>EVENING</b>
Your baby may cry more each week. The most at 2 months, then less at 3-5 months	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

Presented by Candice Alexander,  
Registered Master Trainer #1969