

SIDS and SUID

SIDS (sudden infant death syndrome) or crib death are terms used to denote the unexplained death of a healthy, sleeping infant less than one year old. The CDC reports that in 2014, about 3,500 babies died from Sudden Unexpected Infant Deaths (SUID). The three main types of deaths are:

- SIDS – 44% of the cases – about 1,500 deaths
- Unknown Cause- 31% about 1,085
- Accidental Suffocation and Strangulation in Bed- 25% about 875

Unknown cause is described is differentiated from SIDS by not being consistent with or not meeting the diagnostic criteria.

Risk Factors for SIDS

Statistics show that age, sex, race, family history, birth weight, prematurity, multiple births, and environment can all increase the risk of a SIDS death.

SIDS is the leading cause of death for infants 1 month through 1 year of age, with months 2 and 3 being the most critical. Male babies are more likely to die of SIDS than female babies. African American, American Indian, and Eskimo babies are at higher risk. Premature babies, low birth weight babies, or babies from multiple births (twins, triplets, etc.) are at higher risk, as are those with cousins or siblings who have died from SIDS.

Smoking in the home and mothers smoking during pregnancy elevate risk. Smoking is believed to affect an infant's serotonin levels, which affects breathing and arousal.

Other maternal risks during pregnancy include the age of the mother (younger than 20), the use of drugs or alcohol, and inadequate prenatal care.

Many experts believe multiple factors combine to result in SIDS deaths such as physical issues (low birth weight, multiple births, genetics), sleep environment, and illness. For example, a child with a low birth weight may be placed in bed on his stomach when suffering from a cold. These three issues combine: underdeveloped breathing and arousal, poor sleep position, and congestion.

Sleeping Positions and Conditions

Researchers report a dramatic decline in SIDS deaths due to the “Back to Sleep” campaign – the campaign that has encouraged parents to place on infants on their backs rather than their stomach or side to sleep. The campaign began in 1992. By the year 2000, the SIDS rate dropped by 50% in what seemed to be a corresponding decline to the rising rates of parents adhering to the back-sleeping practice.

It is interesting to note that around a quarter of U.S. parents do not place their infants on their backs to sleep, while that number among African American parents is around 50%. The SIDS rate for African Americans is double that for Caucasians, raising the question: is the higher incidence is due to a genetic predisposition or is it due to the infant’s sleeping position?

It is more difficult for babies to breathe when they are laid down on their stomachs or on their sides. The difficulty or danger is further increased if the surface is soft or the baby’s head is covered by a blanket. When an infant is lying with his face pressed against a surface, the oxygen level is lower than unobstructed sleep. An infant normally moves, gasps, lifts his head and resettles. If the infant’s brain is defective in regards to either breathing or arousal, the infant will slowly suffocate. Overheating is believed to affect arousal ability as well.

Waterbeds, soft plushy quilts, bumper pads, pillows, and plush

toys can add to any difficulty of breathing by obstructing the airway. To ensure unobstructed breathing, babies should be laid on their backs with pillows, toys, and plush blankets completely removed from the area. Once your baby is able to roll over (on both sides), sleep position is no longer an issue. If your baby rolls over onto her stomach, it is safe to leave her in this position.

Parents are warned to instruct caretakers, family members, or anyone caring for their child to follow these guidelines for safe sleeping.

Asphyxiation due to breathing or arousal abnormalities is not the only concern in SIDS cases. Cardiac function, control of inflammatory response, and genetic mutations are some of the concerns being researched.

Researchers do not agree on the association between vaccines and SIDS. While the CDC and a number of studies claim there is no association, other studies show an arguable association between SIDS and the DTP vaccine. During the 1960s, the national immunization campaign required multiple doses of vaccines for the first time. SIDS became an identified medical term in 1969. SIDS was added to the ICD (The International Statistical Classification of Diseases and Related Health Problems – the medical diagnostic classification manual) in 1973.

Co-Sleeping and SIDS

Read any article on SIDS and safe sleep practices and you will probably find a warning against co-sleeping (adults sharing a bed with their infant). The fear is that the infant will suffocate when the sleeping parent rolls over and puts weight on the infant or obstructs his or her airway. Other concerns are the infant being suffocated by pillows or by becoming wedged between the mattress and the wall or the mattress and the headboard.

Rather than recommending the child sleep in a separate room, the current recommendation by those who denounce co-sleeping is for the infant to sleep in a separate bed in the same room as the parents. Some suggest special cribs that are open to the bed on one side but provide a separate sleeping space.

Not all experts agree that co-sleeping is dangerous. Many studies suggest the opposite – that co-sleeping with a newborn actually helps the child regulate breathing, heart rate and body temperature, making sleep safer.

Both sides agree that parents who smoke, drink, or use drugs should never co-sleep with an infant. The danger of drinking or using drugs and co-sleeping cannot be emphasized enough, and this includes prescriptions drugs, antibiotics, over the counter drugs, and anything that can disrupt or impair the hormones, the brain, or sleep. SIDS deaths are higher on weekends and they spike on New Years Day – a 33% jump.

Another statistic worth noting – breastfed babies are 60% less likely to die from SIDS.

Conclusion

Like many issues, parents must make decisions for the safety of their babies. These decisions begin during gestation. There is clear evidence that smoking during pregnancy increases the risk of SIDS as well as smoking around the baby after birth. Drug and alcohol use greatly increases the risk. Placing a baby on the stomach or side for sleep greatly increases the risk.

Parents must decide whether or not to co-sleep with their babies and whether to vaccinate or whether to follow the vaccine schedule if they do vaccinate. And mothers need to know all the facts before they decide on breast or bottle.

Unfortunately, as we evaluate the risks of vaccination and co-

sleeping, conflicting studies will make these decisions more difficult. It is imperative for parents to consider the source as they do their own research and carefully review studies and articles about these issues before making their own decisions.

We at OLM do not recommend well vaccinated or medicated parents to cosleep with children. Cosleeping works when the people doing it are healthy. Anything that can disturb your natural hormones is dangerous with cosleeping. Eat right, don't take drugs, avoid toxins, and nature works better. On that note, we also recommend non-toxic mattresses and bedding that do not emit harmful gasses, which many suspect can contribute (and possibly even cause) SIDS.

Recommended Reading:

- *How To Detoxify and Heal From Vaccinations – For Adults and Children*
- *Circumcision, the Primal Cut – A Human Rights Violation*
- *Common Bad Parenting Advice You Should Ignore*

Sources:

- *Rethinking SIDS: Many Deaths No Longer A Mystery – NPR*
- *SIDS Risk Factors Vary for Older and Younger Babies – Live Science*
- *SIDS rate has declined, but 2,300 U.S. babies still die annually – The Washington Post*
- *A perspective on SIDS pathogenesis. The hypotheses: plausibility and evidence – PMC*
- *Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case-control studies – PMC*
- *Why SIDS Skyrockets on New Year's Day – Yahoo News*
- *Sudden infant death syndrome (SIDS) – Mayo Clinic*
- *SIDS Statistics – CJ Foundation for SIDS*
- *Babies sleeping with parents: case-control study of factors influencing the risk of the sudden infant death syndrome. CESDI SUDI research group. – PubMed*

- *Bed-sharing in the absence of hazardous circumstances: is there a risk of sudden infant death syndrome? An analysis from two case-control studies conducted in the UK. – PubMed*
- *Benefits of Co-Sleeping – Ask Dr. Sears*
- *Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity? – HET*