

Summary

Sudden Infant Death Syndrome (SIDS) is defined as “the sudden unexpected death of an infant less than one year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after thorough investigation, including performance of a complete autopsy and review of circumstances of death and clinical history.”¹

Sudden Unexpected Death in Infancy (SUDI) is used to refer to all unexplained deaths (or collapse leading to death) in infancy, which would not have been reasonably expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent. This can include SIDS or fatal sleeping accidents as well as cases in which a cause is ultimately found (explained).²

The rate of sudden infant deaths has fallen significantly in recent years, but it remains the most common cause of post-neonatal death (between 28 days and one year) in the developed world.³ Reduction in the number of sudden infant deaths can be attributed to greater understanding of the risks and safer sleep campaigns like that of the [Lullaby Trust](#).⁴

Risk factors⁵

- Age – babies under the age of one year, young mothers
- Birth weight – low birth weight (under 5lb 5oz)
- Poverty – families of a lower socioeconomic group
- Prematurity – less than 37 weeks gestation
- Smoking – mothers who smoke during pregnancy or smoking in the home
- Sleeping habits – placing baby to sleep on front or side or in a room alone * Bed sharing/co-sleeping – especially if parent(s) is a smoker, under the influence of drugs/alcohol or is very tired * Overcrowding where this affects sleeping habits * Overheating – room temperature, overwrapping or having objects in the cot that may increase heat.

Preventing SIDS⁵

- Antenatal education for parents on safer sleeping
- Reducing smoking in pregnancy and exposure to smoking in home and cars
- Encouraging breastfeeding

- Focusing prevention on families most at risk
- Training carers in rescue and resuscitation
- Review practices and address gaps, ensuring – leadership for multi-agency protocols * accountability and mechanisms for information sharing * training for staff in contact with families * awareness raising and education about SIDS * support to affected parents.

Bereaved parents often blame themselves and feel guilty about sudden infant deaths due to the lack of explanation for them. A recent study indicated that parents want health professionals to explain the role of risk factors in SIDS, despite concern among professionals that this might induce feelings of self-blame.⁶ It was also noted that self-blame is a common feature of grief.

A useful model for understanding risk factors in SIDS is the Triple Risk Hypothesis. This illustrates accumulative impact of risk factors: a **vulnerable baby** (intrinsic risk factors – e.g. pre-term, smoking in pregnancy, low birth weight, unidentified abnormality/dysfunction) in a **critical period of development** (i.e. under one year, but especially under 6 months) exposed to **external stressors** (e.g. prone position, overheating, co-sleeping, upper respiratory infection) may die of SIDS.⁷

Safe sleeping advice focuses on removing as many risk factors as possible in the baby’s environment in the first year of life, as it is not currently possible to identify all vulnerable babies.

For more information on the Islands Safeguarding Children Partnership for Guernsey and Alderney please contact: David Foote, ISCP Business Manager – david.foote@gov.gg.

Or visit the [ISCP website](#) for relevant local information and guidance: [ISCP.GG](#).

¹ Byard, R.W. (2004) *Sudden death in infancy, childhood and adolescence* (2nd ed.). Cambridge: Cambridge University Press.

² Kennedy (2016) *Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation* (2nd ed.). London: The Royal College of Pathologists.

³ Carpenter, R. McGarvey, C. Mitchell, E. Tappin, D. Vennemann, M., Smuk, M. and Carpenter, J. (2013) “Bed sharing when parents do not smoke: is there a risk of SIDS? An individual analysis of five major case control studies.” *BMJ Open*. doi:10.1136/bmjopen-2012-002299.

⁴ The Lullaby Trust (2017) *Safer sleep advice* [online]. Available at: <https://www.lullabytrust.org.uk/safer-sleep-advice/>.

⁵ Public Health England (2015) *London child safety update – sudden unexpected deaths in infancy: advice for people working with children, young people and families*. London: PHE publications.

⁶ Garstang, G., Griffiths, F. and Sidebotham, P. (2016) “Parental understanding and self-blame following sudden infant death: a mixed methods study of bereaved parents’ and professionals’ experiences.” *BMJ Open*. doi:10.1136/bmjopen-2016-011323.

⁷ Red Nose. National Scientific Advisory Group (NSAG) (2016). The Triple Risk Model [online]. Available at:

<https://rednose.com.au/article/the-triple-risk-model>.