

Sudden Infant Death Syndrome (SIDS)

This component links to:

- Smokefree Environment
- Breastfeeding.

Sudden Infant Death Syndrome (SIDS)

The New Zealand Cot Death Study defined a number of risk factors for SIDS which were then classed as either modifiable or unmodifiable. It is entirely possible that other risk factors are also involved which have not yet been identified.

Currently it is assumed that modifying risk factors will reduce the incidence of SIDS and that most success in modifying risk factors is achieved through health promotion/education activities.

Pregnancy and infancy should be seen as key opportunities to act for change to be supported.

Known risk factors for SIDS include:

- ‘modifiable’:
 - maternal smoking
 - lack of breastfeeding
 - prone sleeping position
 - co-sleeping if maternal smoking, drug and alcohol use or obesity
- ‘unmodifiable’:
 - young age at first pregnancy
 - age of mother
 - parity of mother
 - low socio-economic status
 - low attendance at antenatal and well-child contact
 - low birth weight
 - prematurity
 - low maternal educational attainment.

While the ‘unmodifiable’ group is unmodifiable for a specific newborn it may be modifiable for the community as a whole, through community health development.

Age(s) of child

For parents and caregivers, family and whānau of children birth to 1 year.

Information and anticipatory guidance should be provided in accordance with the Well Child/Tamariki Ora National Schedule and at other times in response to identified needs.

Purpose

To provide information and support to families to prevent sudden infant deaths.

Personnel

All providers delivering the Well Child/Tamariki Ora National Schedule - this includes the Lead Maternity Carer (obstetrician, midwife or general practitioner) and Well Child Provider team.

Recommended procedure

For individual children and their families the procedure is aimed at reducing the 'modifiable' risk factors. These are :

- maternal smoking
- lack of breastfeeding
- prone sleeping position – management of plagiocephaly
- co-sleeping if there is smoking, recreational drug and/or alcohol use, or obesity
- Provide care in a culturally appropriate manner
- Assess family/whānau need for information and support, including identification of risk factors
- Provide relevant health promotion information and anticipatory guidance to parents/caregivers
- Document findings and health gains identified including in the *Well Child-Tamariki Ora Health Book*
- Use appropriate referral pathway
- Facilitate access to specific support services as necessary eg, smoking cessation, breastfeeding support.

Educational preparation needs to include:

- SIDS prevention including knowledge of risk factors and research to back up interventions
- sleep position and management of plagiocephaly
- communication skills
- documentation of specific information provided
- local social and health agency networks
- behaviour change management.

Resources

- Written and other resources produced by the Ministry of Health, are available from public health services and www.healthed.govt.nz
- Written resources are available from community agencies eg, Cot Death Society.

Referral pathway

Steps include:

- SIDS risk education in the context of the family/whānau setting and close to where the family/whānau live
- assessment of high-risk families
- targeted intervention with additional resources, including increased contacts, social and welfare supports, early medical review and referral to other agencies.

Rationale

Appropriate delivery of messages about the modifiable risk factors has been shown to be associated with a dramatic decrease in the rate of SIDS. This positive impact has not been universal, arguably because of inappropriate messages, messengers and methodology. Further evaluation is awaited.