Sudden Infant Death Syndrome: Can We Reduce the Risks of Infantile Tragedy?
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**Introduction:**

Sudden infant death syndrome (SIDS) is exactly what the name suggests: abrupt, intense and terribly tragic.

This syndrome consists of the sudden unexplained death of an infant under one year of age. It’s something that many individuals learn about through the grapevines of their familial conversations, yet is there enough tangible education out there regarding SIDS?

**Risk Factors:**

- Infants who sleep in a prone (face down) position are at an increased risk for death because of disrupted arousability and heat restriction
  - Infants release heat from their head and face when they are left facing down → heat stress (Bartick & Tomori, 2019)
- Soft bedding in an infant’s crib poses an increased risk for suffocation
  - Unable to lift their head or turn themselves over → soft bedding, blankets, or stuffed animals could potentially block their airflow if they were to roll over (Bartick & Tomori, 2019)
- Maternal postpartum smoking effects an infants’ thermoregulation system, hypoxia and hypercapnic recovery as a result of its impact on serotonin release (Bartick & Tomori, 2019)
  - Antepartum smoking is correlated to low birth weight and premature birth which are both contributors to SIDS on their own

**Cultural Impact:**

- **American Indian & Alaskan Native**
  - Have the highest rate of SIDS rate of 1.17 per 1,000 live births/year
  - AI/AN infant’s often face low birth weight and preterm birth which significantly contribute to the development of SIDS
- **African American**
  - Has the second highest rate of SIDS, at 1.07 per 1,000 live births/year
  - Least breastfed throughout their initial 6 months
- **Hispanic**
  - 0.28 per 1,000 live births/year
  - Only 9.5% of Hispanic mothers reported prenatal smoking while 6.4% reported antepartum smoking (during pregnancy) (Provini et al., 2017)
- **Asian Culture: Korean**
  - In Korea, floor sleeping, or hard surface sleeping is common
  - Use of ondol floors (floor heating systems) leading to hyperthermia

**Implementation:**

- Take prenatal vitamins and access adequate prenatal care
- Quit smoking before pregnancy and refrain from smoking or drinking alcohol during pregnancy
- Cease smoking postpartum as well, as smoking after pregnancy increases infants’ exposure to secondhand smoke
- Maintain breastfeeding for at least two months of age, even if the breastfeeding is not exclusive, it will still provide protection
- Ensure that the infant always utilizes a pacifier while sleeping
- Reduce swaddling
- Always place the baby on their back
- Remove all padding, cushions, pillows, blankets, and toys from the baby’s crib
- Utilize a hard mattress for the crib
- Ensure that the infant’s crib is places in the parents’ room so they could monitor their breathing throughout the night
- Never sleep with your infant in the same bed as you

**How Can We Do Better?**

- Current information available in free pamphlets (available in multiple languages) in locations where pregnant women are likely to be
- Have the most current practices be showcased in movies and television
- Products that inflict possible harm for infants should come with a large warning label to allow parents to gauge for safety issues (i.e., infant pillow, infant swaddles, infant carriers, toys, and blankets)
- Physicians should also be keeping up to date with the current practices about breastfeeding or pacifier use
- Education regarding the use of folic acid in everyday vitamins should be given to all women of reproductive age so they could be proactive in their health.

**Resources:**
