

Facts about SIDS, Suffocation, and Sleep-related Infant Deaths

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1. SIDS, Suffocation, and other sleep-related infant deaths are *different* entities.
 - a. SIDS is a diagnosis of exclusion. SIDS is neither suffocation nor smothering.
 - i. Triple Risk Theory: Vulnerable baby; outside stressor; critical period of development[1].
 - ii. Incidence: More in males; most are between 1-6 months, peak between 2-4 months.[2, 3]
 - iii. Documented risk factors:
 1. Prenatal smoking (5-fold risk); any smoking in the household increases risk 2-17 fold.[4, 5]
 2. Prone position on any flat surface (possibly a form of asphyxia)[6]
 3. Formula feeding (53% higher risk)[7]
 - iv. SIDS is not related to sleep surfaces nor bedpartners. About 18% of cases occur in cribs, 18% alone on adult beds, and 16-20% in day care settings.[8]
 - b. Smothering is not SIDS. Most sleep-related infant deaths are smothering, not SIDS.
 - i. Highest risk: couches, sofas, recliners whether sleeping alone or with someone.[9] (*see 2b*)
 - ii. High risk: Sharing any sleep surface with a drunk or drugged human [10]
 - iii. High risk: Prone position on any surface (except on an awake human's body) [11]
 - c. SIDS and Sleep-related deaths are more prevalent when the baby is unattended – that is, out of visual and auditory distance of a responsible adult.[12]
2. There are significant methodological flaws in virtually all SIDS and SUDI research studies
 - a. SIDS vs. Smothering: definitions are mixed and poorly defined in many studies. Quality of studies is inconsistent; there are no well-defined control groups in most studies.
 - b. "Bed" is poorly defined and could be safe or unsafe surfaces including sofas or recliners. *Ohio data collection does not differentiate "bed" from "sofa" or other unsafe surfaces.*
 - c. "bed partner" could be the mother or others, including non-parents. Breastfeeding mothers sleep *differently* with their babies than anyone else.[13-15] *Ohio data collection is inconsistent in defining bedpartner(s).*
 - d. Alcohol use is often not reported, even though highly relevant. *Ohio data collection does not routinely include drug or alcohol screening on the deceased infant or adults in the household.*
 - e. Feeding method is often not reported, even though highly relevant. *Ohio data collection does not routinely collect current infant feeding method at a death scene.*
 - f. Smoking (prenatal or after) is often not reported, even though highly relevant. *Ohio data collection is inconsistent regarding maternal prenatal smoking and current smoking in the house at a death scene.*
3. "Co-sleeping" and "bedsharing" are different entities and poorly defined in research.
 - a. "Co-sleeping" can mean anything; usually means the infant is in the same room as another human; "bedsharing" usually means the infant is on the same sleep surface as another human. In neither case is the *safety* of the sleep surface or bedpartner consistently defined, nor the portion of the day or night that either occurs and the relationship to the time/situation of the infant's death.
 - b. SIDS rates are declining at the same time bedsharing related to breastfeeding is increasing.[16] At least 2/3 of breastfeeding mothers bedshare at least part of the night. About 1/3 of formula-feeding mothers bedshare at least part of the night.[16]
 - c. Warnings to "never bedshare" are often ignored entirely by the highest-risk groups. [17, 18]
 - d. When mothers are warned to "never bedshare," a high percentage will take their baby to the couch for naps and/or at night, thus increasing the risk. [19-21]
4. Formula-fed infants have significantly higher rates of SIDS and other causes of morbidity and mortality than partially-breastfed infants. Exclusively breastfed infants of nonsmoking parents have the lowest rates of SIDS and overall mortality. [7]
5. There are numerous federal initiatives currently underway to increase breastfeeding rates among black and other minority populations.[22] All "safe sleep" recommendations should be compatible with other health initiatives including but not limited to breastfeeding and maternity practice initiatives and campaigns.

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