

SIDS Training for Public Health Professionals and Emergency Responders California SIDS Program Fairfield, California. April 26, 2019





Sudden Infant Death Syndrome: Research and Safe Infant Sleep



CALIFORNIA DEPARTMEN OF PUBLIC HEALTH MCAH

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No Conflicts of Interest to Disclose

California SIDS Program











Kay Evans



Candace Anderson





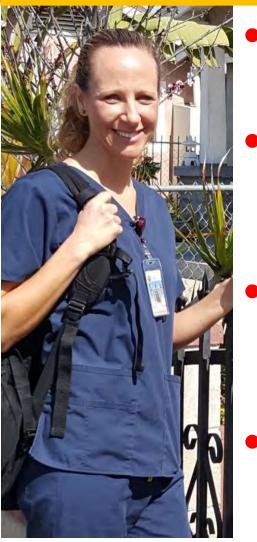
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MCAH





Why is This Talk So Important for You?





- The grief of SIDS parents is complicated by guilt.
- Because there is no explanation for the death, parents often believe that they killed their baby.
- Explaining SIDS to reduce guilt is *the most important thing* a PHN does to support SIDS parents.
- You must understand the science of SIDS to reduce guilt.

Stastny, P.F., et al. Publ. Health Nurs., 33: 242-248, 2016

"And this woman's son died in the night ..."

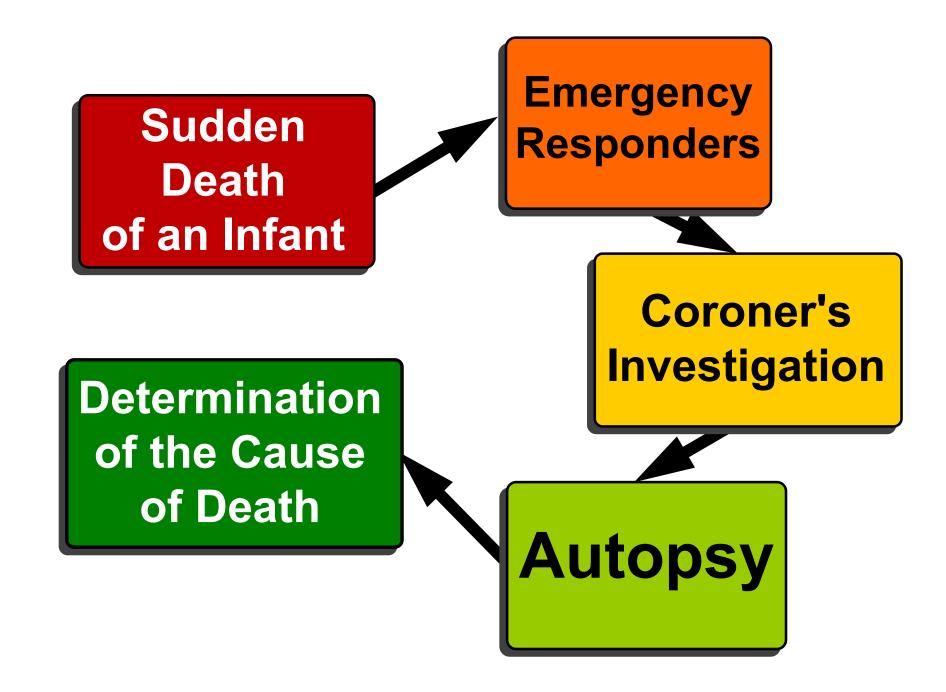
1 Kings 3: 19 (950 B.C.)

Antoon Claeissens, The Judgment of Solomon, ~1600.



Figure Courtesy of Doctor Maria Valdes-Dapena







Sudden Infant Death Syndrome



The sudden unexpected death of an infant, under one-year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy, and review of the circumstances of death and the clinical history.



Krous, H.F., J.B. Beckwith, R.W. Byard, T.O. Rognum, T. Bajanowski, T, Corey, E. Cutz, R. Hanzlick, T.G. Keens, and E.A. Mitchell. *Pediatrics, 114:* 234-238, 2004.



What Shall We Call them?



- From blaming parents, Ancient Greece and Rome through the Middle Ages.
- To natural causes, Late 1800's and early 1900's.
- To blaming parents again, Early to mid 1900's.
- To natural causes again, Late 1900's and early 2000's.
- Now to unsafe, accidental causes.



Russell-Jones, D.L. Arch. Dis. Child., 60: 278-281, 1985.





- Second International Conference on the Cause of Sudden Death in Infants, 1969
- This original definition of *SIDS* was developed by pathologists for two reasons:
- (1) to give a consistent name to the group of babies which were receiving widely disparate diagnoses at that time;
- (2) to focus research activities on these babies in an attempt to find a cause and/or cure.

Bergman, A.B., J.B. Beckwith, and C.G. Ray, eds. Proceedings of the second international conference on the causes of sudden death in infants, Seattle Washington. University of Washington Press, 1970.
Russell-Jones, D.L. Arch. Dis. Child., 60: 278-281, 1985.
Cutz, E. JAMA Pediatr., 170: 315-316, 2016.



Different Coroners Use Different Diagnoses for these Infants



Coroners' Curriculum Development Committee California State Coroners Association







- Coroners and Pathologists from around California attended.
- Working conferences to explore whether or not it is possible to achieve better consistency between counties on diagnosing the cause and manner of death in babies dying suddenly and unexpectedly.
- Attendees voted on cause of death and manner of death on a number of cases, to bring out areas of common ground and of difference.

California State Coroners Association. SIDS Summit 1; Studio City, California. October 19, 2011. SIDS Summit 2: Indian Wells, California. September 23-24, 2016.







"Pristine SIDS" Case

Cause of Death	%	Manner of Death	%
SIDS	56	Accidental	0
Undetermined	22	Homicide	0
SUID	16	Natural	63
Asphyxia	6	Undetermined	38

Some pathologists were persuaded to use "SUID" because it is recommended by the Center for Disease Control and Prevention.

California State Coroners Association. SIDS Summit 2011. Studio City, California. October 19, 2011.





- Other cases were reviewed which had a variety of findings.
 - Complete consensus was not achieved on any case, but those with a positive finding had better agreement.
- The conference illustrated the complexity of cases Coroners currently see.
 - Increased observations revealed more questions.
 - Difficult to come to a definitive diagnosis.
 - Achieve "probable cause" or "certainty"

California State Coroners Association. SIDS Summit 2011. Studio City, California. October 19, 2011.



Different Coroners Use Different Diagnoses for these Infants



When diagnosing the cause of death in an individual infant, the following terms are considered synonymous:

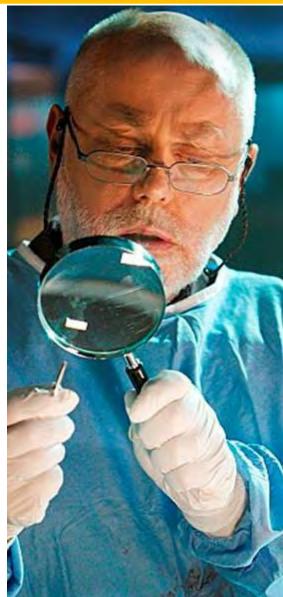
• SIDS

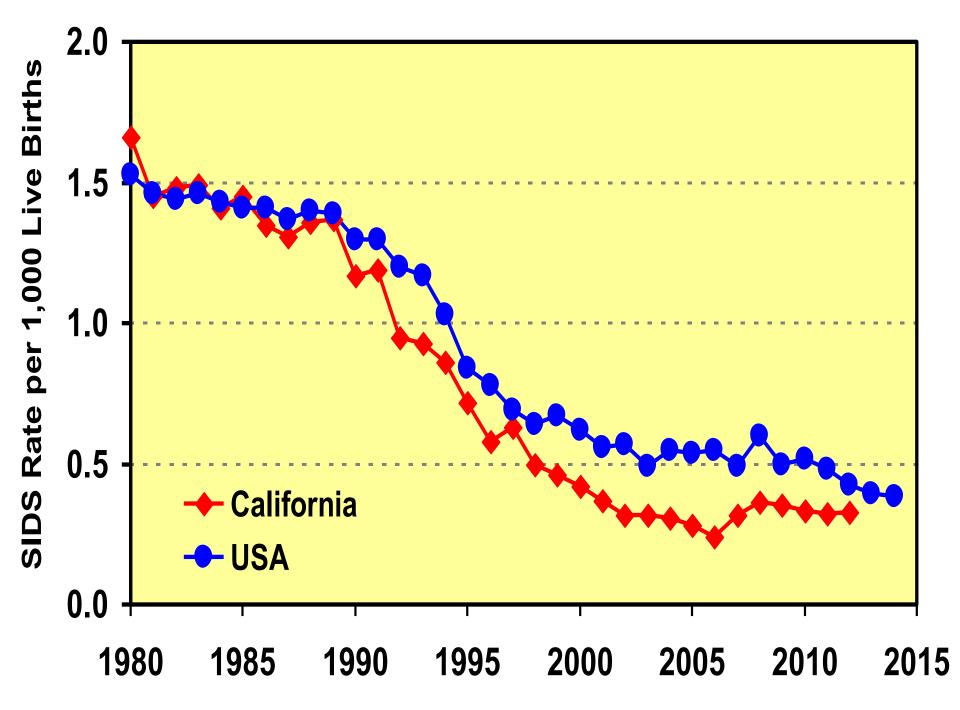
- SUID
- SUDI

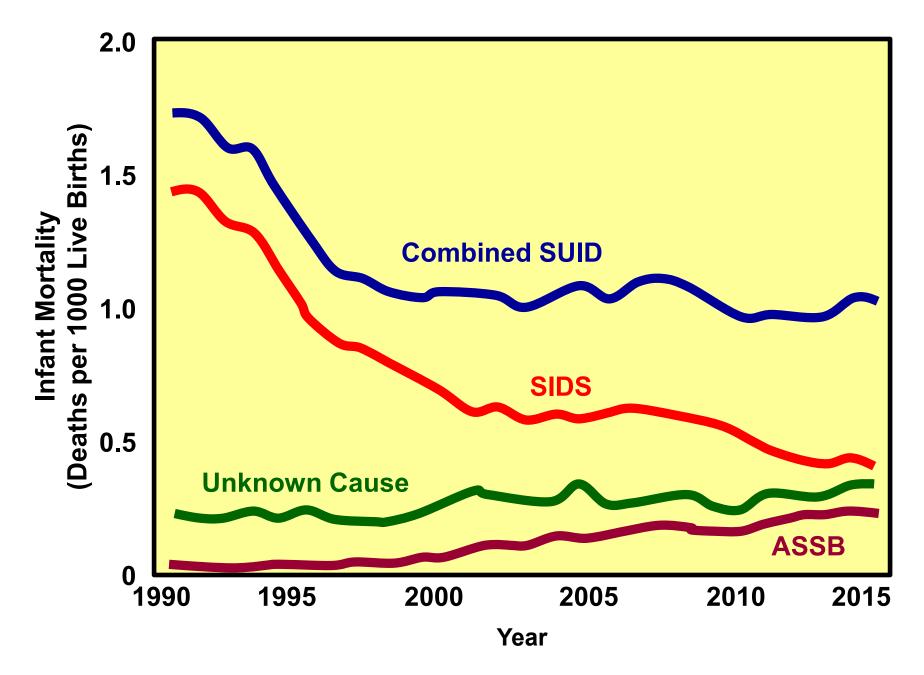
• Undetermined

They all mean the same thing; that the infant's death is *unexpected* and *unexplained*.

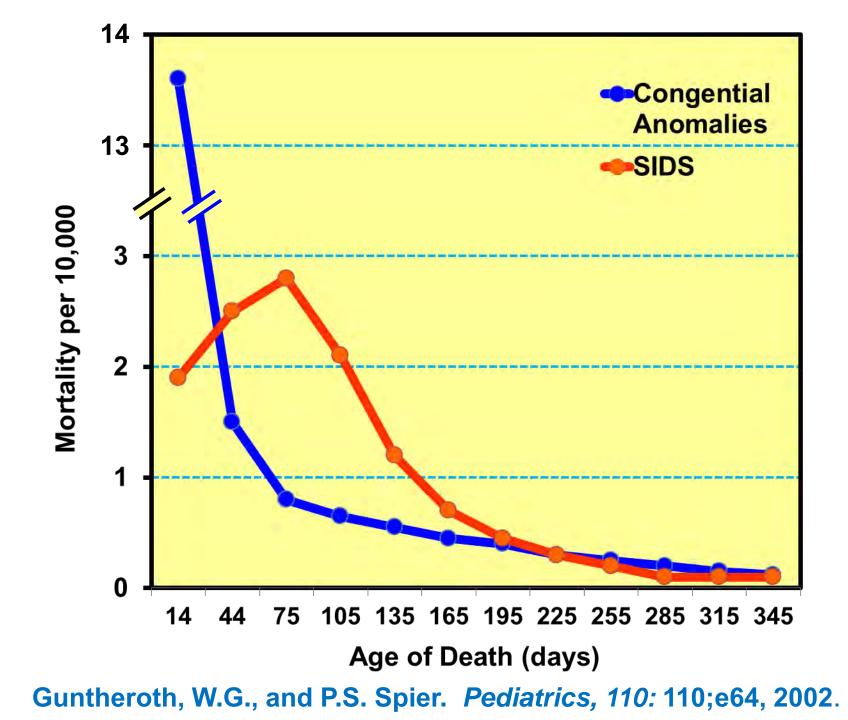
Cutz, E. JAMA Pediatr., 170: 315-316, 2016.

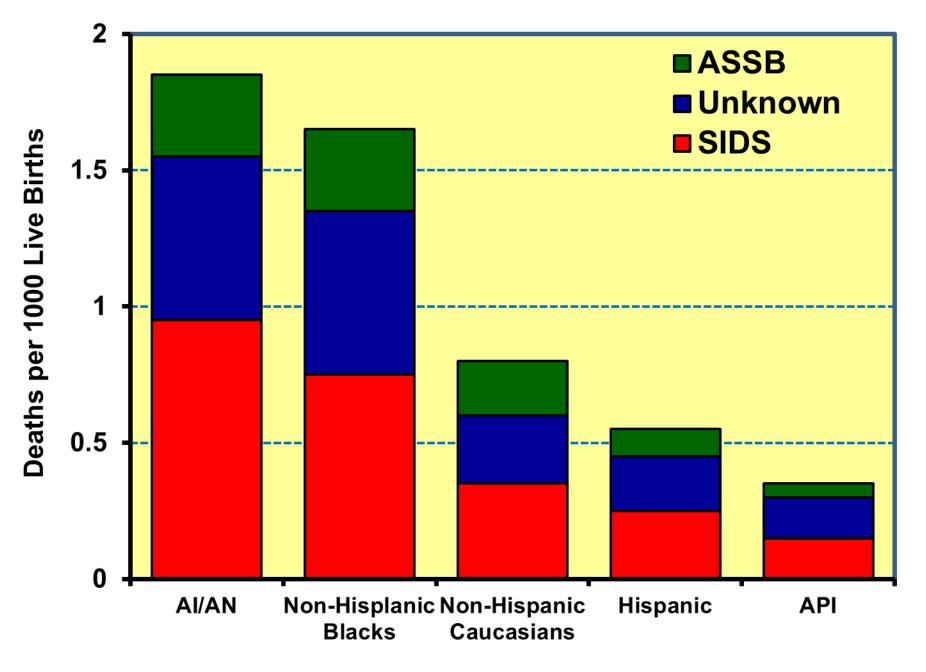






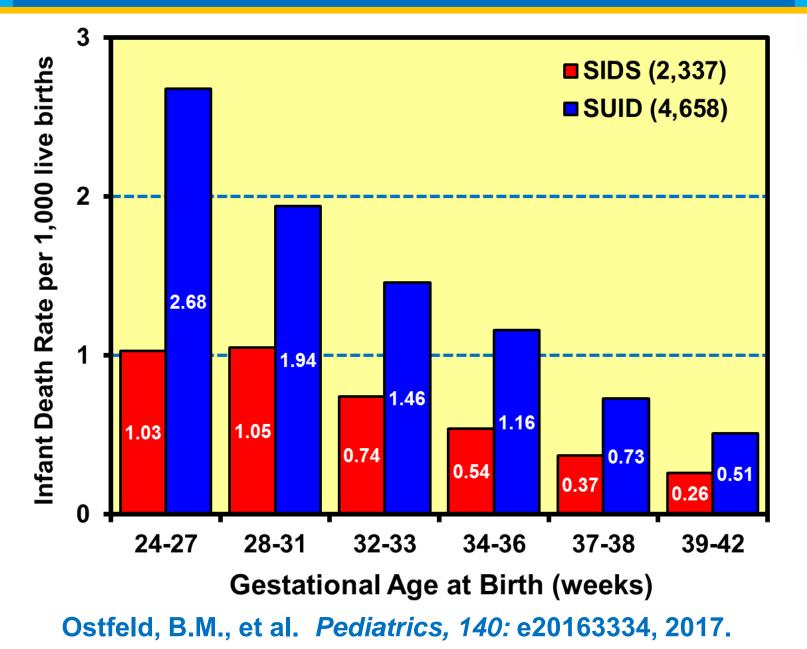
Erck Lambert, A.B., et al. *Pediatrics, 141: doi:10.1542/peds.2017-3519*, 2018.





https://www.cdc.gov/sids/data.htm







SIDS Autopsy Findings



No identifiable cause of death.

- No signs of severe illness.
- No signs of significant stress.
- Diagnosis of exclusion

USC University of Southern California



Courageous.

With the perseverance

Ambitious.

"Here are provided seats of meditative joy, Where shall arise again the destined reign of Troy." Virgil, *Aeneid*

of Trojans

Faithful

Scholarly.

Skillful.





Imagine a car driving up a steep mountain road. The car has stopped. Why can't the car continue up the hill?

Modified after Professor Jacopo P. Mortola. McGill University.





Imagine a car driving up a steep mountain road. The car has stopped. Why can't the car continue up the hill?

Medical Model.
There is a flat tire.
Identify the problem.
Find a solution to the problem.
Fix the problem.

Modified after Professor Jacopo P. Mortola. McGill University.



Medical Model of SIDS



- Cardiac causes.
- Respiratory causes.
- Arousal disorders.
- Metabolic disorders.
- Infections.
- Vitamin deficiency.
- Environmental toxins.



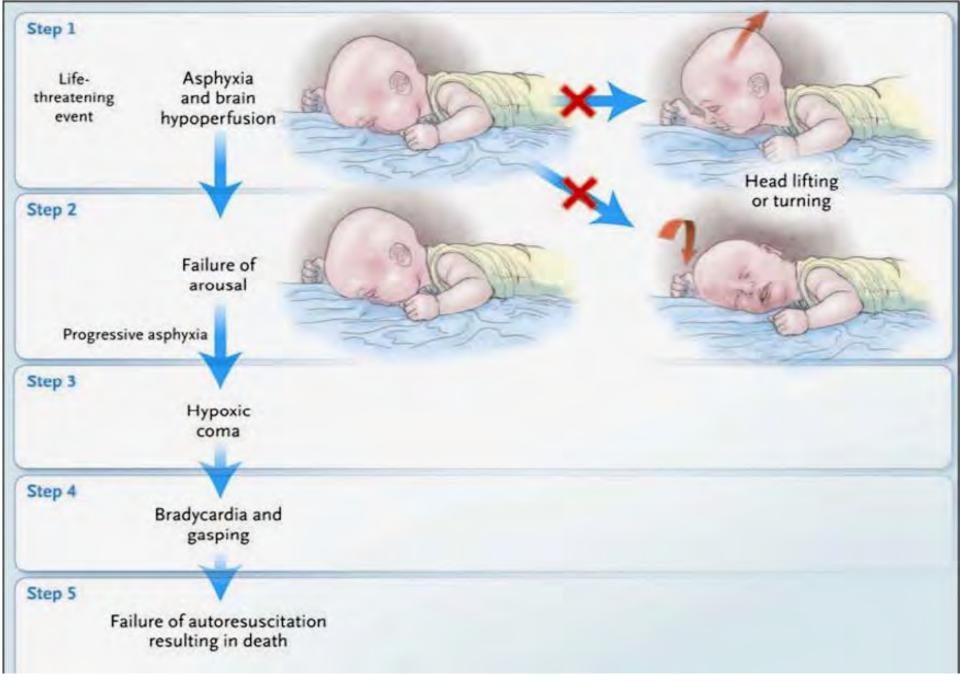




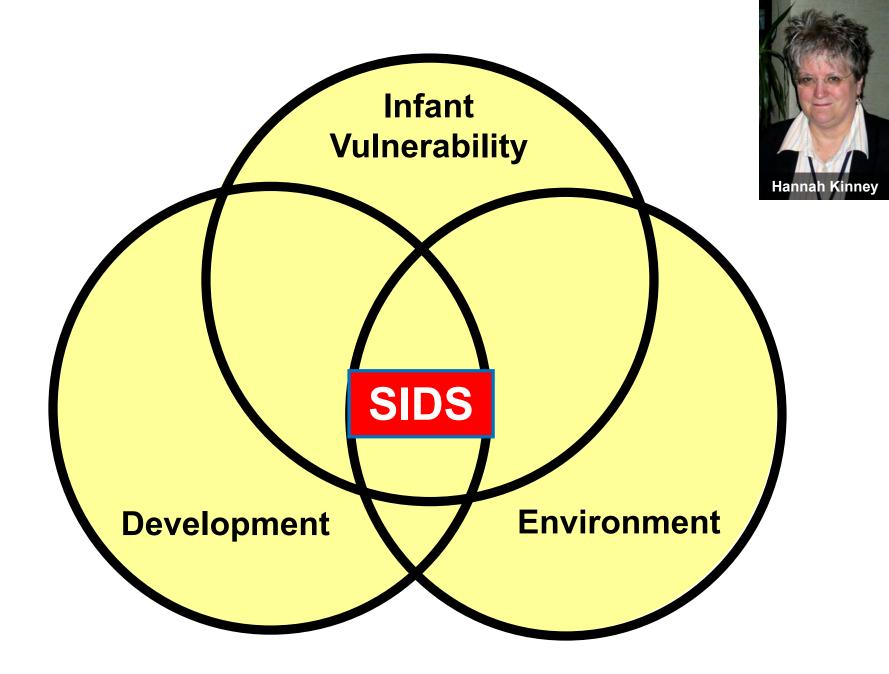
Imagine a car driving up a steep mountain road. The car has stopped. Why can't the car continue up the hill?

A New Way of Thinking.
There are too many passengers.
The engine is not powerful enough.
The road is too rocky.
The road is too steep.

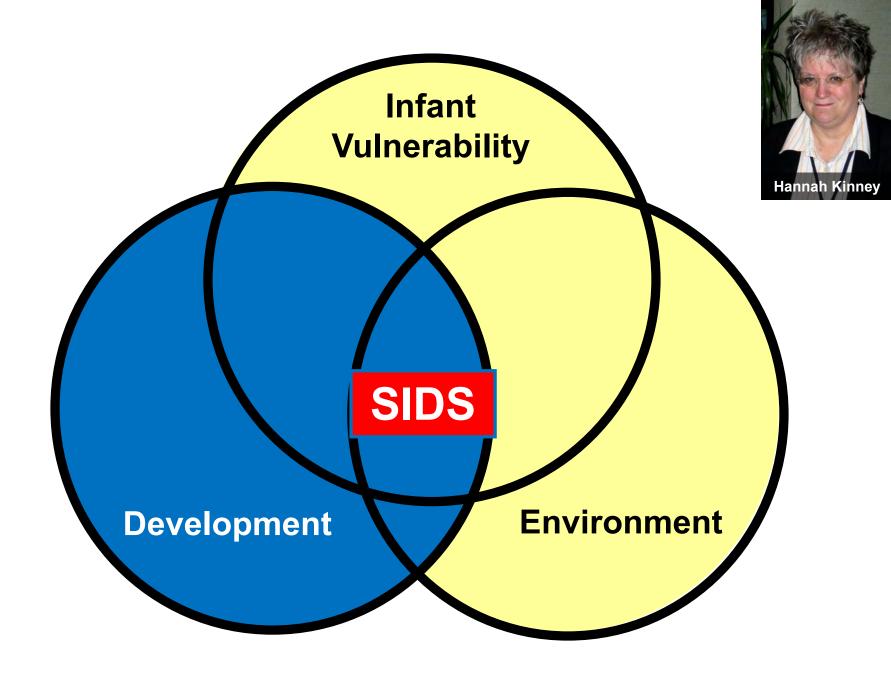
Modified after Professor Jacopo P. Mortola. McGill University.



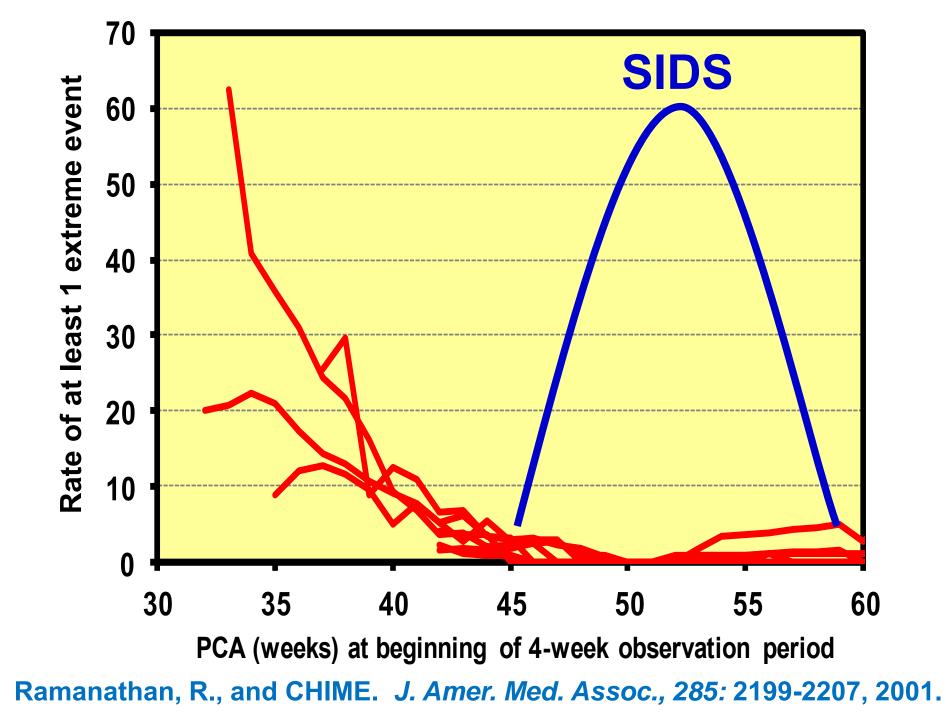
Kinney, H.C., and B.T. Thach. *N. Eng. J. Med.,* 361: 795-805, 2009.

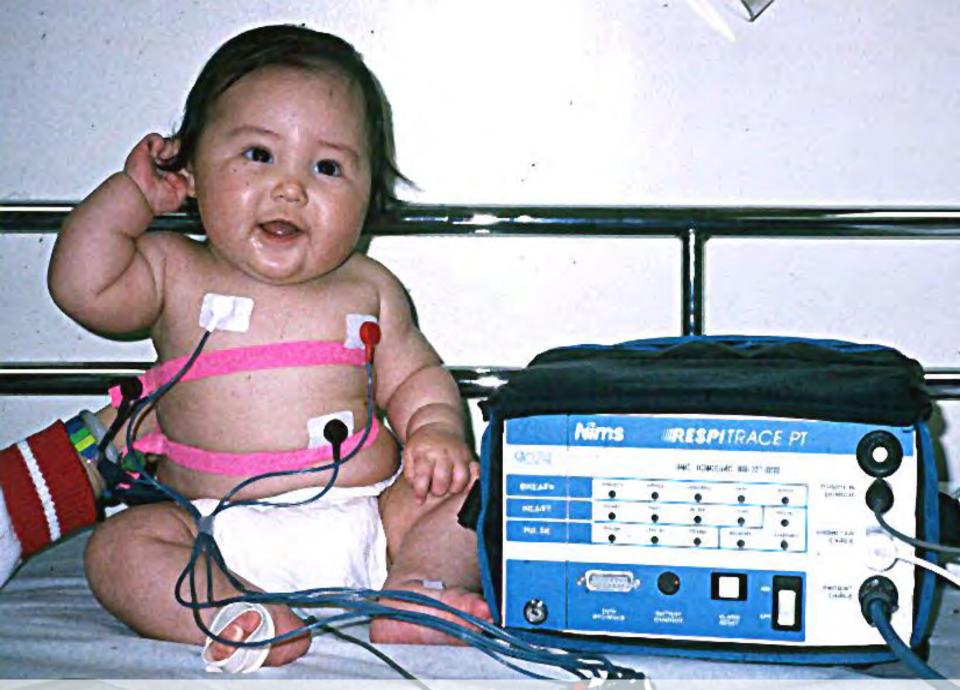


Filiano, J.J., and H.C. Kinney. *Biol. Neonate, 65:* 194-197, 1994.



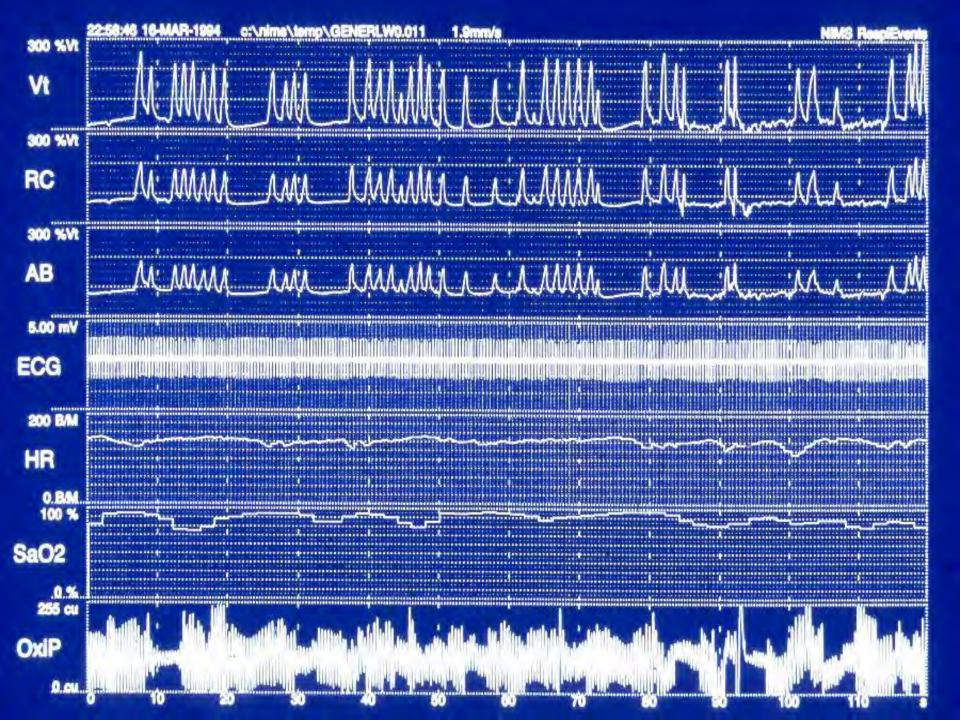
Filiano, J.J., and H.C. Kinney. *Biol. Neonate, 65:* 194-197, 1994.

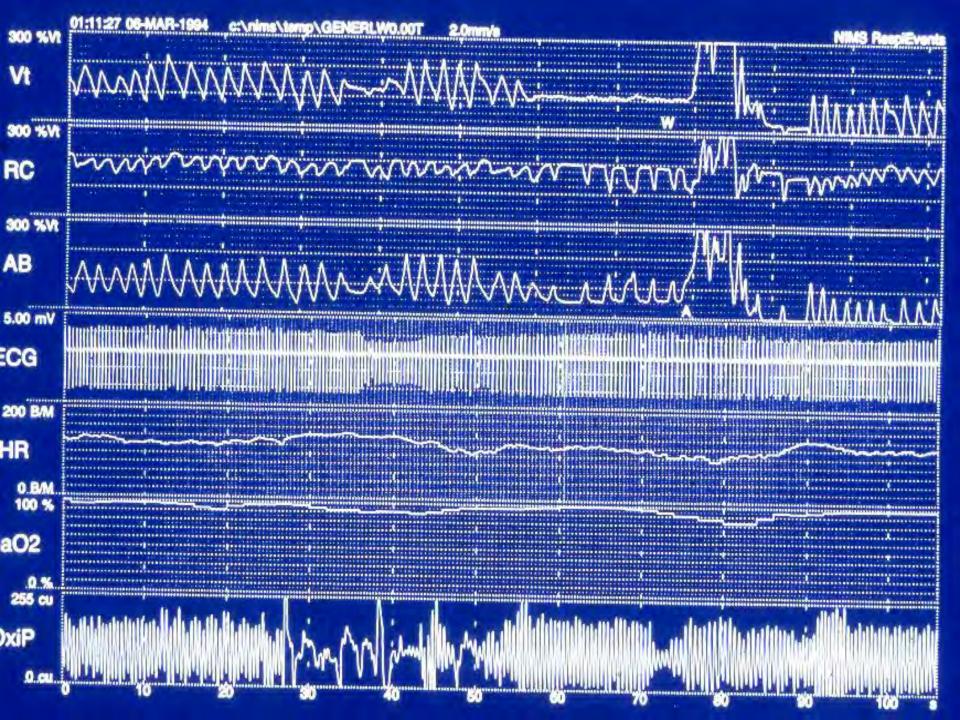




Neuman, M.R., et al., and CHIME. Physiol. Meas., 22: 267-286, 2001.

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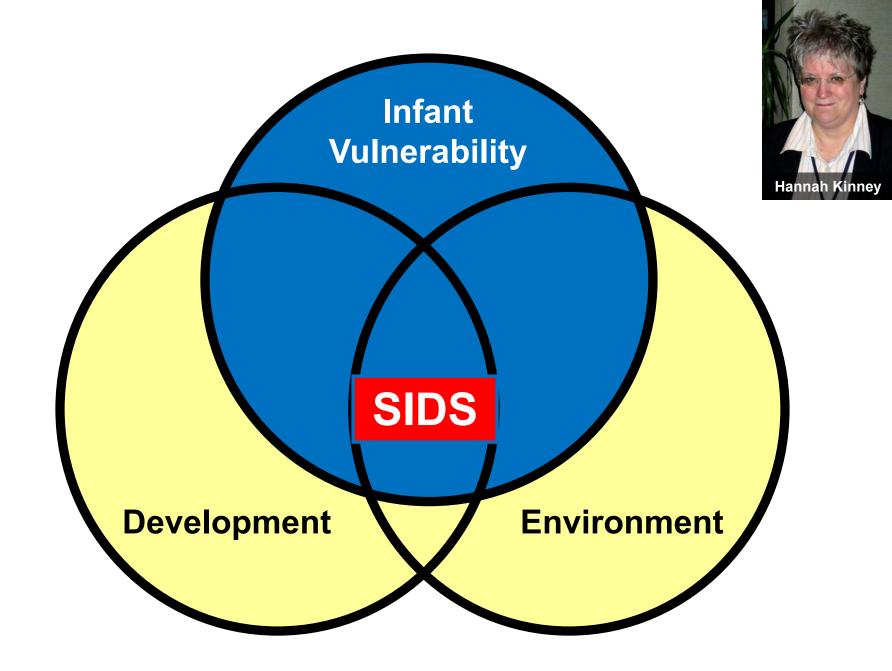




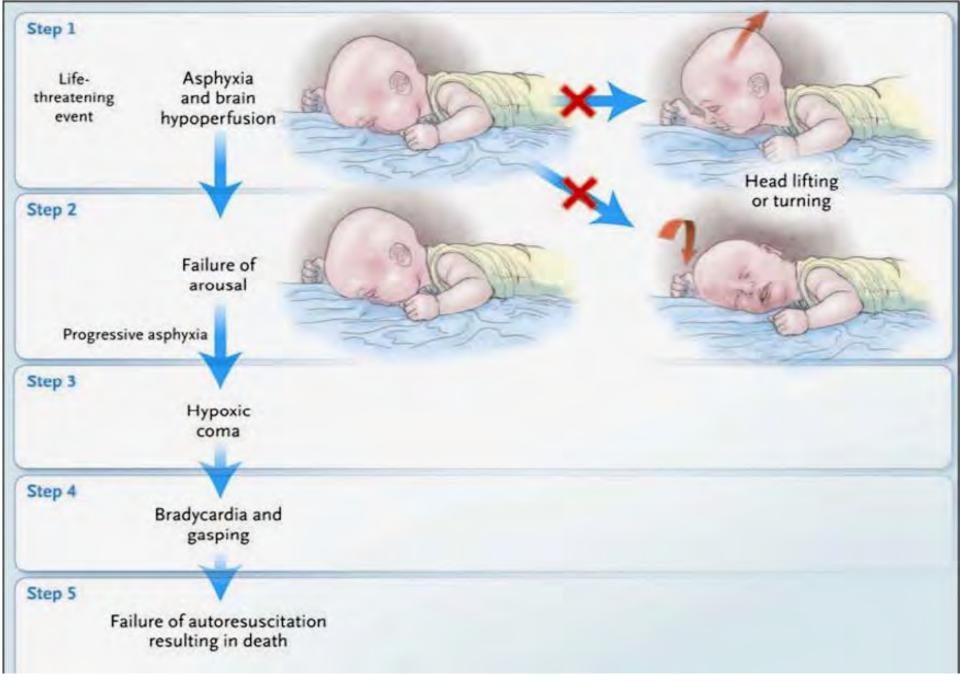
Is SIDS a Catastrophic Physiologic Crisis?



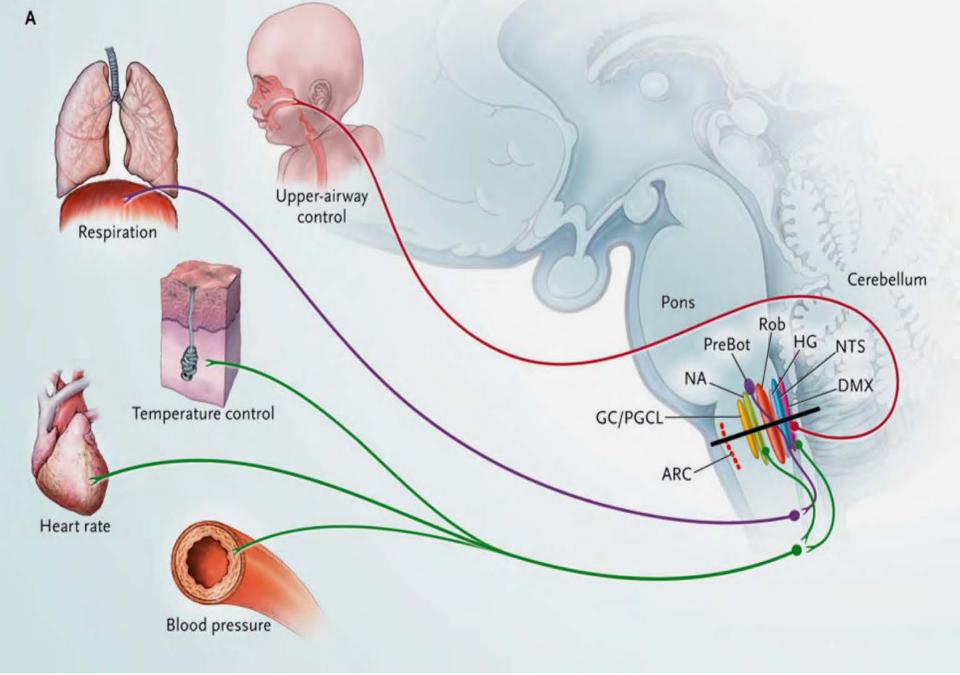
- If normal infants do not precisely control breathing, heart rate, and oxygenation ...
- Then SIDS may not have to be a catastrophic physiological crisis.
- Maybe it just needs to be a small problem which nudges or pushes a vulnerable infant over the edge.



Filiano, J.J., and H.C. Kinney. *Biol. Neonate, 65:* 194-197, 1994.



Kinney, H.C., and B.T. Thach. *N. Eng. J. Med.,* 361: 795-805, 2009.



Kinney, H.C., and B.T. Thach. *N. Eng. J. Med., 361:* 795-805, 2009.



Brainstem Neurotransmitters in SIDS

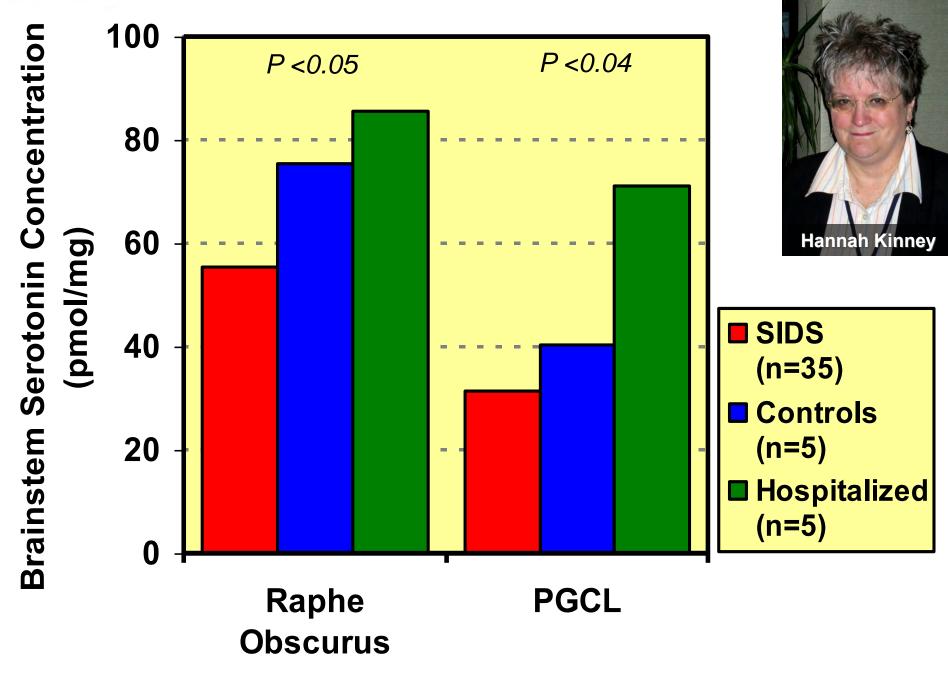




Hannah Kinney, M.D. Neuropathologist. Harvard Medical School.

- Brainstem is the *life support* portion of the brain.
- Autopsy studies found decreased serotonin (5-HT) and serotonergic neurotransmitter receptor binding activity in brainstems of SIDS vs controls infants.

Panigrahy, A., et. al. J. Neuropath. Exp. Neurol., 59: 377-384, 2000.
Kinney, H.C., et al. J. Neuropath. Exp. Neurol., 60: 228-247, 2001.
Kinney, H.C., et al. J. Neuropath. Exp. Neurol., 62: 1178-1191, 2003.
Paterson, D.S., et al. J. Amer. Med. Assoc., 296: 2124-2132, 2006.
Duncan, J.R., et al. J. Amer. Med. Assoc., 303: 430-437, 2010.
Randall, B.B., et al. Pediatrics, doi: 10.1542/peds.2013-0700. 2013.
Goldstein, R.D., et al. Pediatrics, 137: e20154661, 2016.



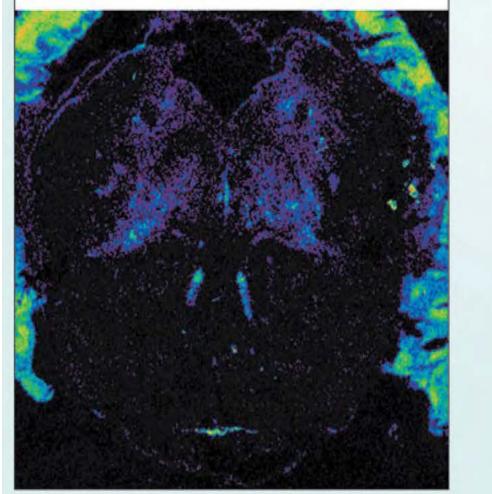
Duncan, J.R., et al. J. Amer. Med. Assoc., 303: 430-437, 2010.

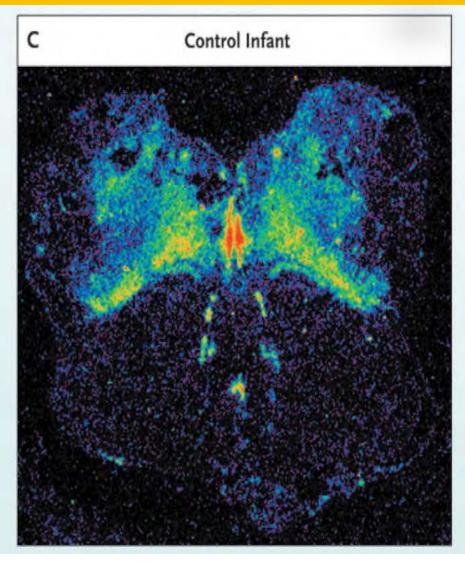


5-HT_{1A} Receptor Binding Density in the SIDS Mid-Medulla



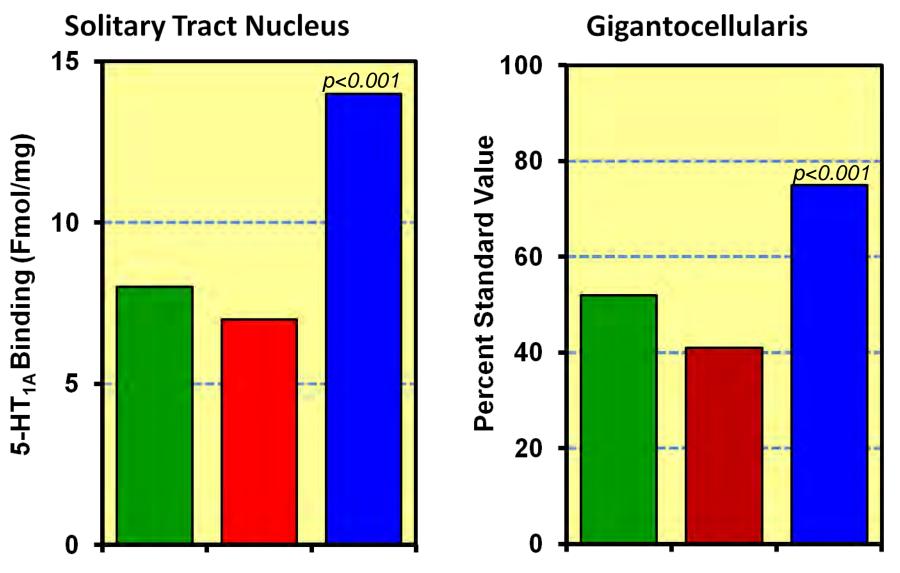
B Infant with Sudden Infant Death Syndrome



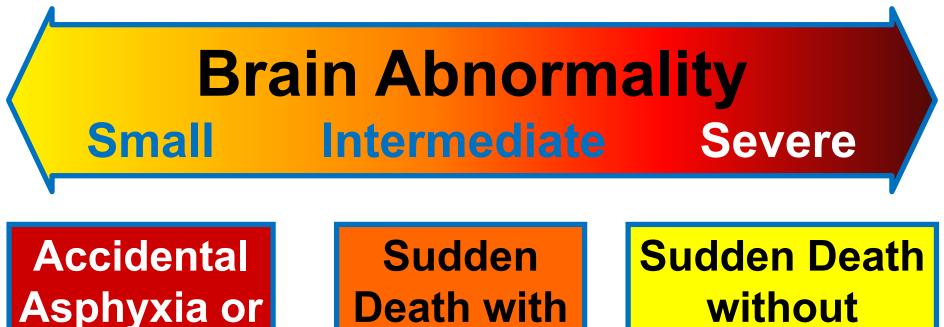


Paterson, D.S., et al. J. Amer. Med. Assoc., 296: 2124-2132, 2006.

Sudden death without Asphyxia Sudden death with Asphyxia Known Cause of Death



Randall, B.B., et al. *Pediatrics*, doi: 10.1542/peds.2013-0700. 2013.



Asphyxia

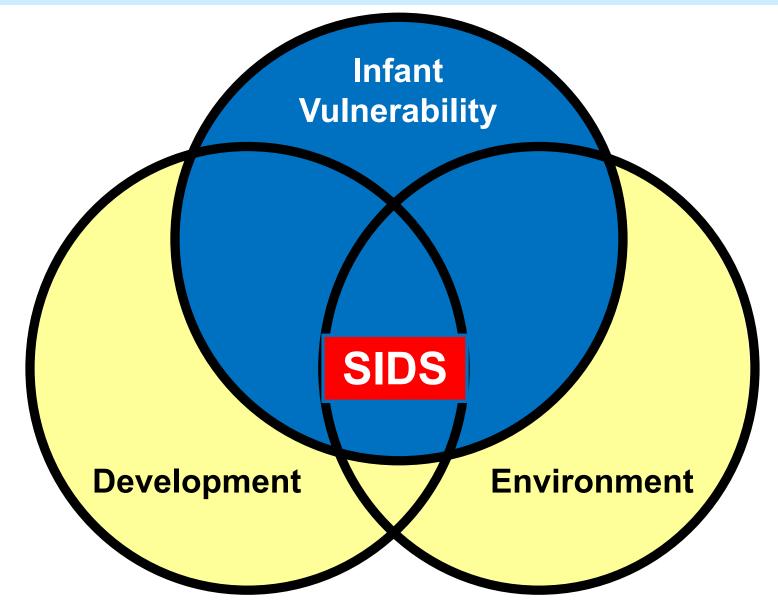
Suffocation

without Asphyxia

Asphyxial InsultSevereIntermediateSmall

Randall, B.B., et al. *Pediatrics,* doi: 10.1542/peds.2013-0700. 2013. Goldstein, R.D., et al. *Pediatrics,* 137: e20154661, 2016.

Infant Vulnerability may have Many Causes



Filiano, J.J., and H.C. Kinney. *Biol. Neonate*, 65: 194-197, 1994.





Imagine a car driving up a steep mountain road. The car has stopped. Why can't the car continue up the hill?

A New Way of Thinking:

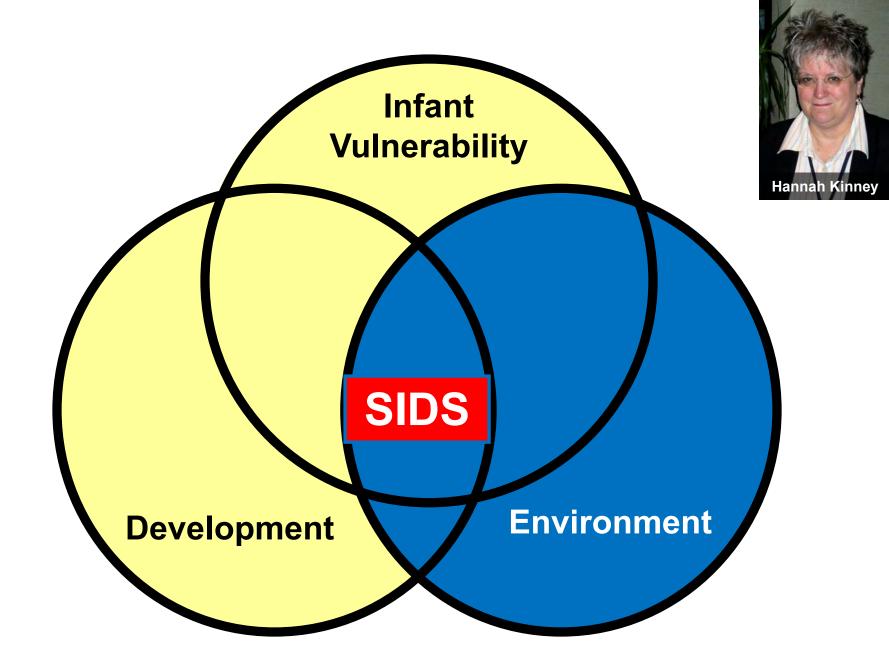
Some cars are Ferrari's.

Some cars are Jeep's.



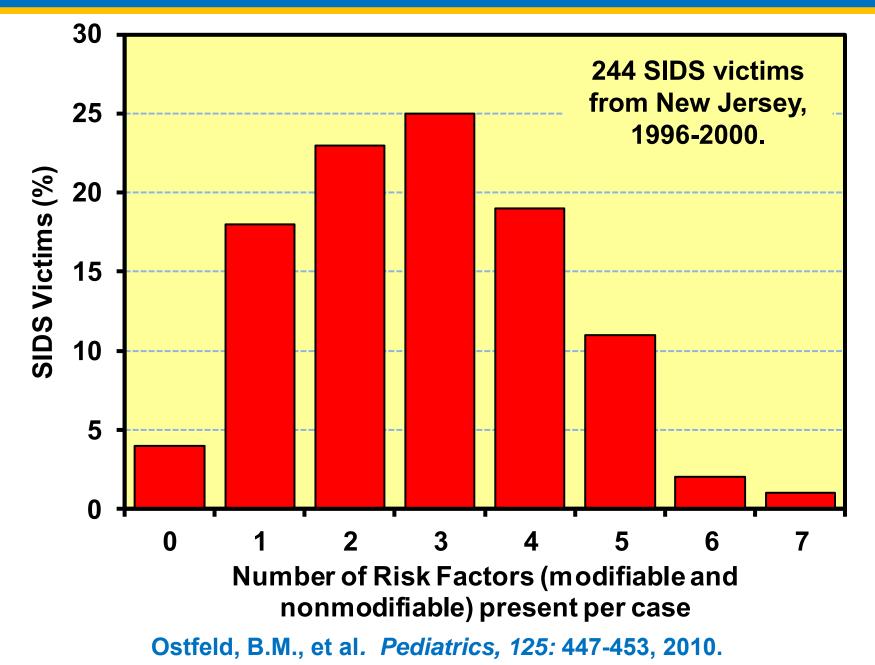


Modified after Professor Jacopo P. Mortola. McGill University.

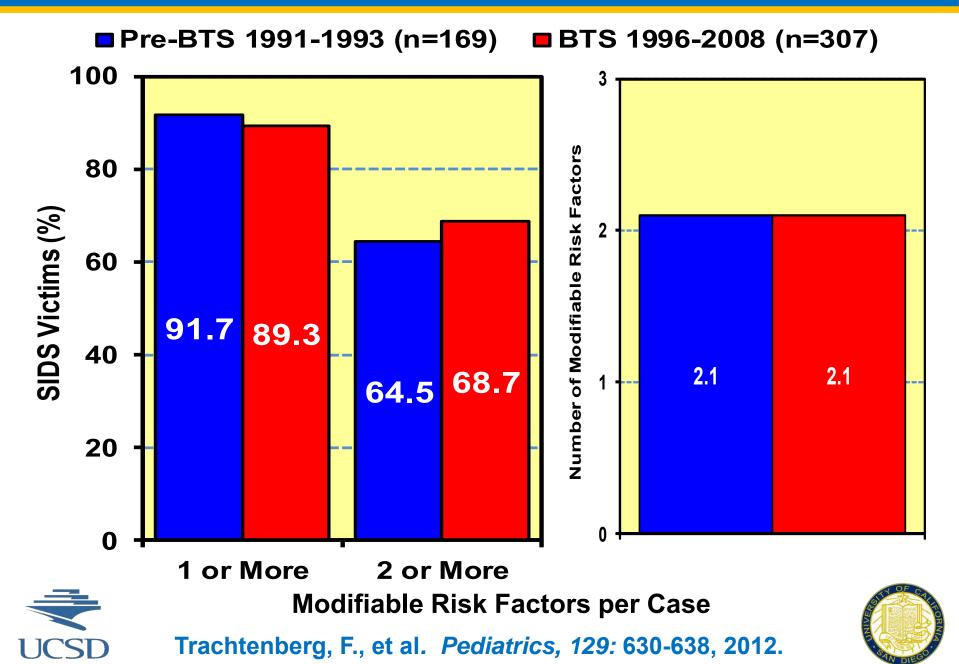


Filiano, J.J., and H.C. Kinney. *Biol. Neonate, 65:* 194-197, 1994.

The majority of SIDS victims have ≥1 Risk Factor



The majority of SIDS victims have ≥1 Risk Factor



How can we, as a population, reduce them is the state of the state of













Risk Factors *‡* Causes

- Most infants with risk factors will not die from SIDS.
- Some infants without risk factors will die from SIDS.
- However, infants with risk factors are at increased risk of dying from SIDS.



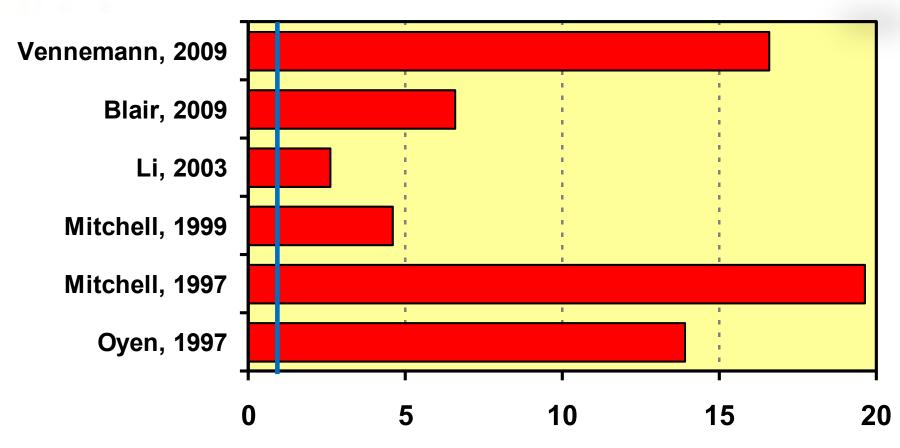
Babies Should Sleep on their Backs for Every Sleep



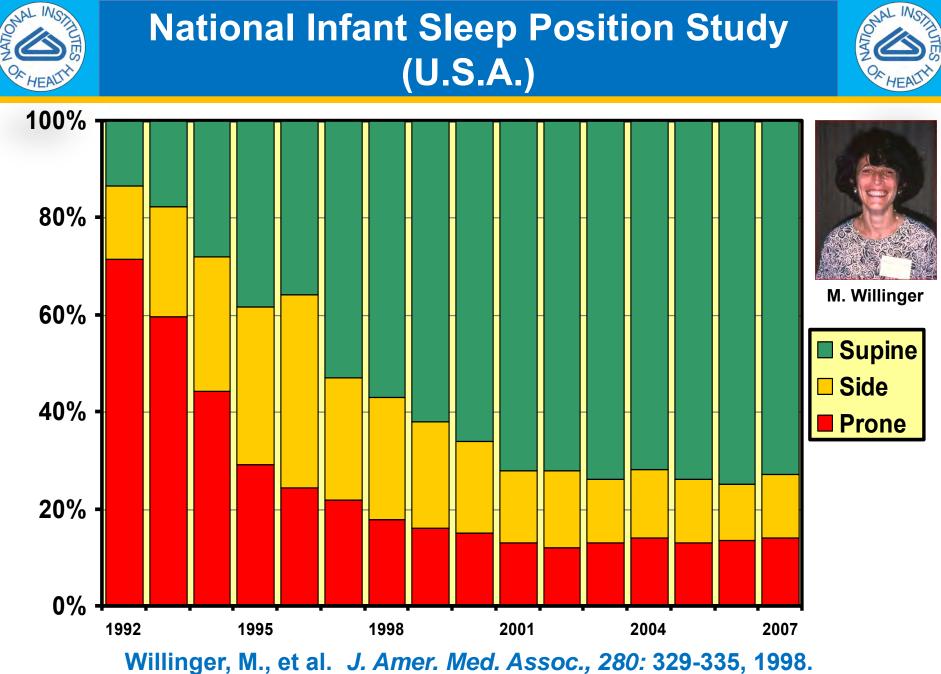


Prone Sleeping and SIDS (Odds Ratios *vs* Non-Prone Sleeping)



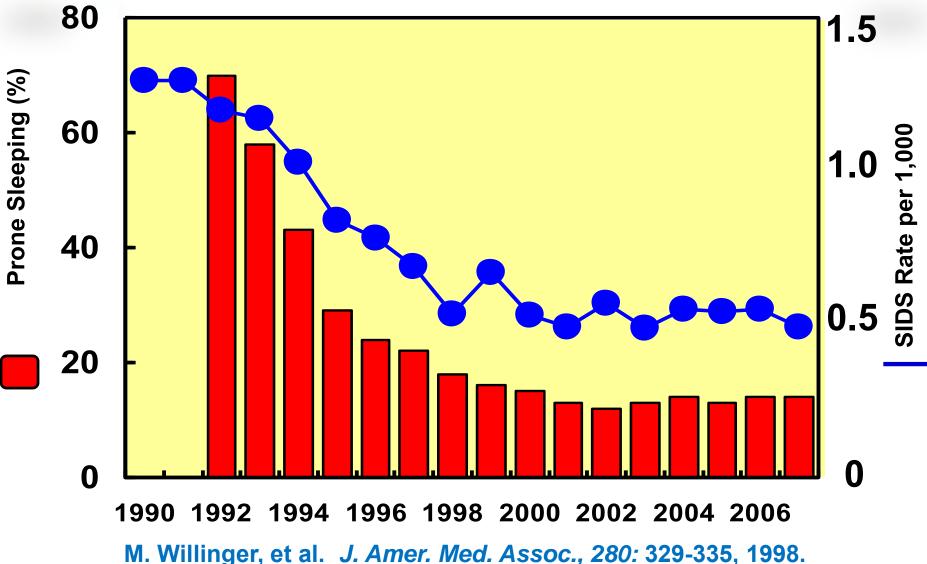


Vennemann, M.M., et al. *Pediatrics, 123:* 1162-1170, 2009.
Blair, P.S., et al. *B.M.J., 339:* b3666, 2009.
Li, D-K, et al. *Am. J. Epidemiol., 157:* 446-455, 2003.
Mitchell, E.A., et al. *Arch. Pediatr. Adolesc. Med., 153:* 1136-1141, 1999.
Mitchell, E.A., et al. *Pediatrics, 100:* 835-840, 1997.
Oyen, N., et al. *Pediatrics, 100:* 613-621, 1997.

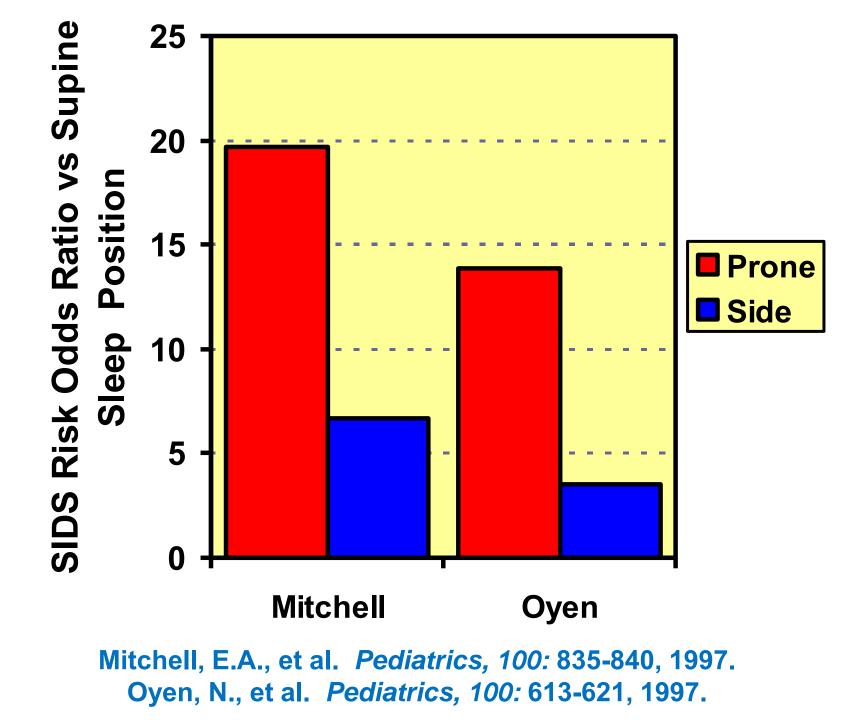


Colson, E.R., et al. Arch. Pediatr. Adolesc Med., 163: 1122-1128, 2009.



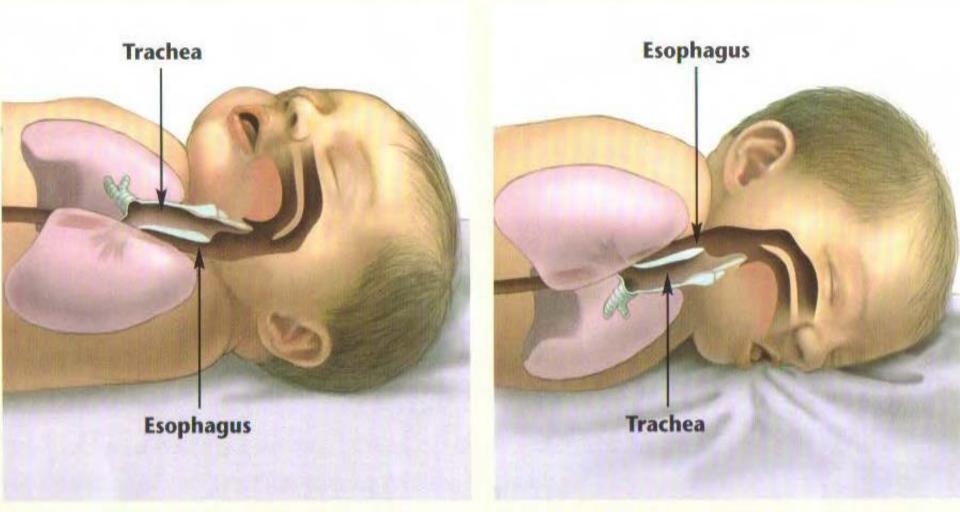


Colson, E.R., et al. Arch. Pediatr. Adolesc Med., 163: 1122-1128, 2009.



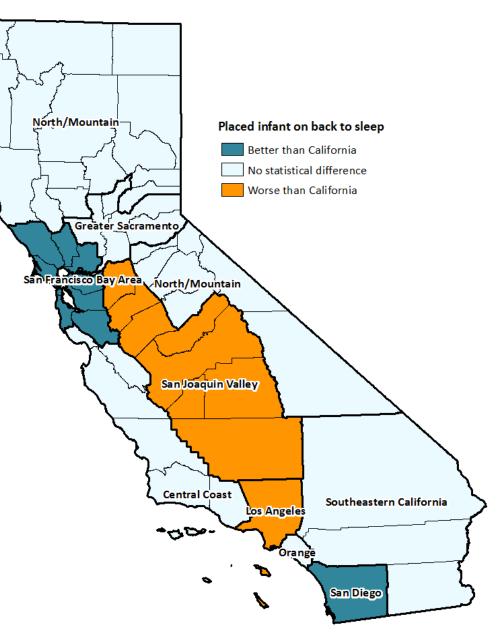
Supine

Prone



SIDS Risk Reduction: Curriculum for Nurses, NICHD, 2006. NIH Publication No. 06-6005.

California Infants Placed on the Back to **Sleep:** 76.1%



Maternal and Infant Health Assessment Survey Prepared by: Maternal, Child and Adolescent Health Program, Center for Family Health, California Department of Public Health http://www.cdph.ca.gov/data/surveys/MIHA/MIHAComparisonMaps/CompareRegSleepPos2012.pdf

Use a Firm Sleep Surface. Firm Crib Mattress and Fitted Sheet





Sitting Devices are Not Recommended for Routine Sleep







Roomsharing, Without Bedsharing, is Recommended.



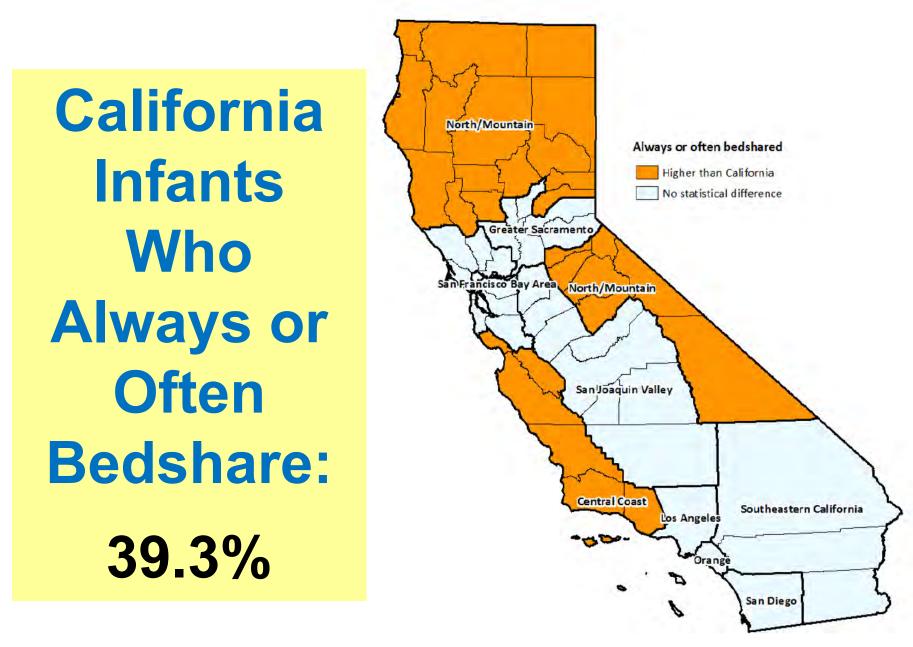
Early Study of Maternal Overlaying

 In 1892, a Scottish police surgeon, Templeman, first drew attention to the potential role of excessive alcohol consumption and overlaying.

258 cases of suffocation in infants. More than half of deaths occurred Saturday night.

Postulated that intoxication impaired arousal responses of parents sleeping with infants, thus increasing the risk of accidental suffocation.

Templeman, C. Edinburgh Med. J., 38: 322-329, 1892.



Data Source: Maternal and Infant Health Assessment Survey Prepared by: Maternal, Child and Adolescent Health Program, Center for Family Health, California Department of Public Health http://www.cdph.ca.gov/data/surveys/MIHA/MIHAComparisonMaps/CompareRegBedshare2011.pdf



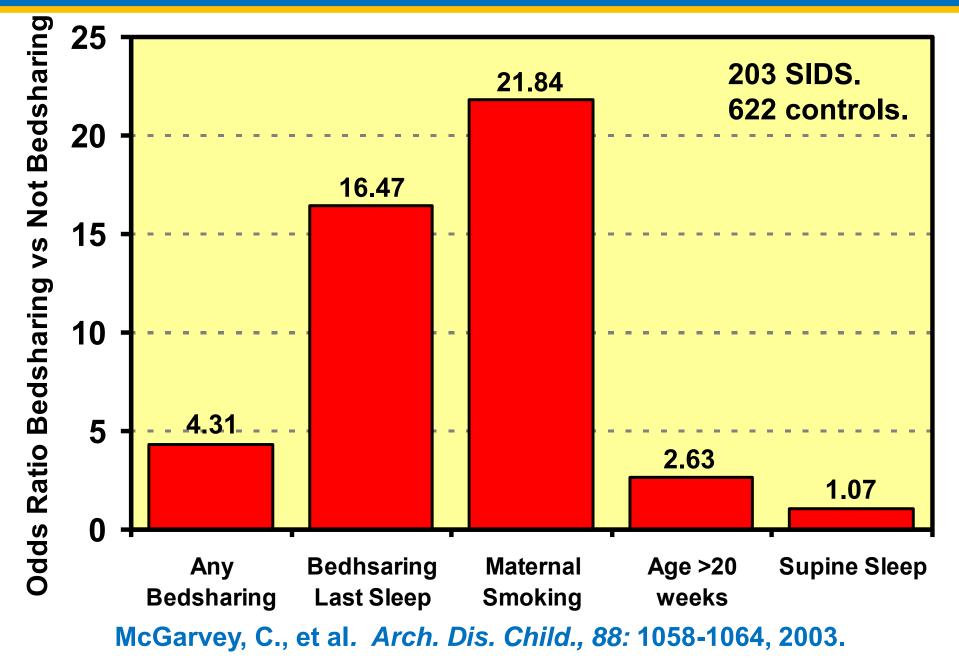
Bedsharing, Breathing, and Infant Sleep



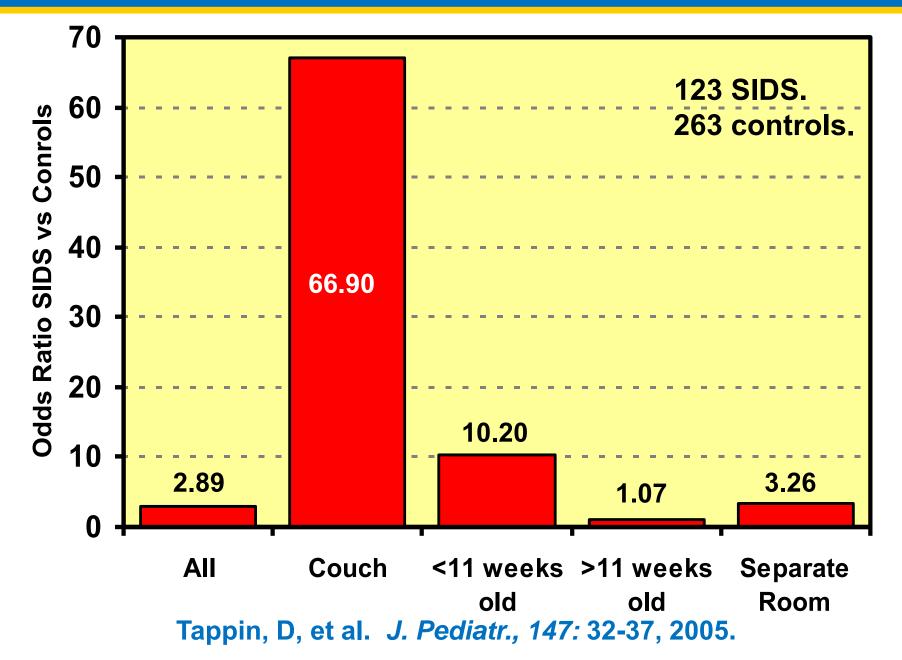
- Increased breastfeeding, but not when compared to room-sharing.
- No decrease in apnea.
- No stimulation of breathing.
- Increased arousals (baby wakes mother).
- Decrease in deep sleep.
- No apparent physiological protection.

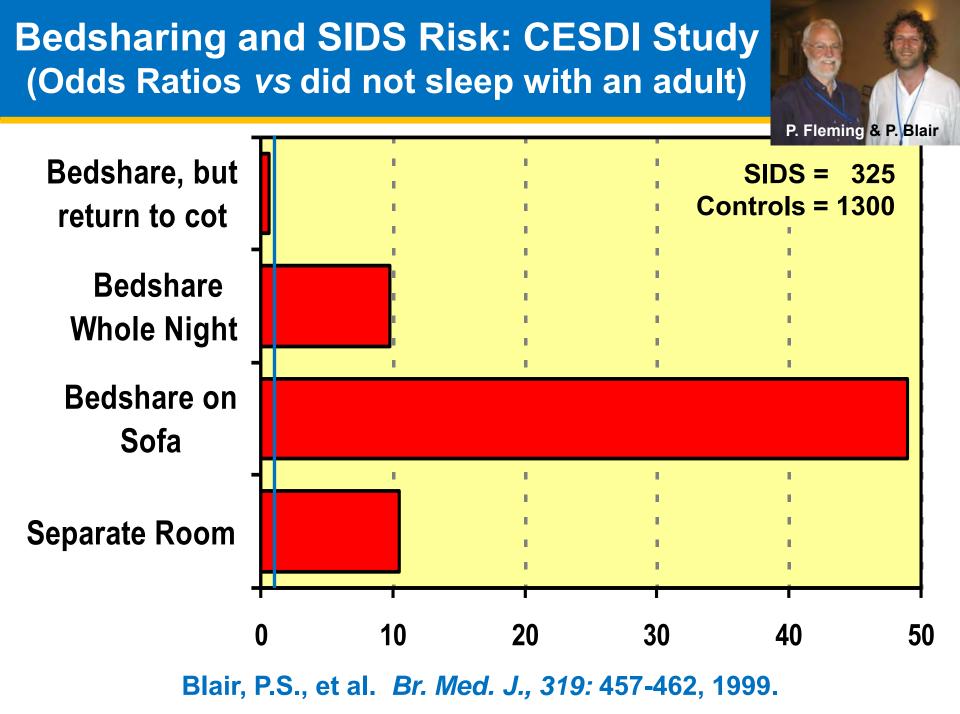
Richard, C., et al. *Sleep, 19:* 685-690, 214-219, 1996. McKenna, J.J., et al. *Pediatrics, 100:* 214-219, 1997. Mosko, S., et al. *Am. J. Physical Anthropol., 103:* 315-328, 1997. Richard, C.A., et al. *J. Appl. Physiol., 84:* 1374-1380, 1998. McKenna, J.J., and T. McDade. *Paediatr. Respir. Rev., 6:* 134-152, 2005. Ball, H.L., et al. *Arch. Dis. Child., 91:* 1005-1010, 2006.

Bedsharing and SIDS in Ireland, 1994-1998

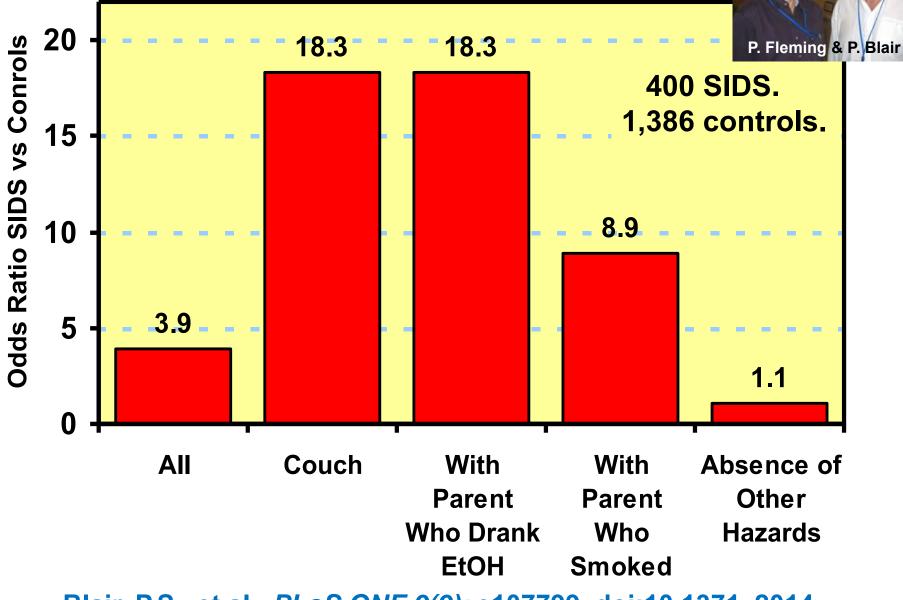


Bedsharing and SIDS in Scotland, 1996-2000





Bedsharing and SIDS in the U.K.



Blair, P.S., et al. *PLoS ONE 9(9):* e107799. doi:10.1371, 2014.



Roomsharing

- Infant's crib or bassinet should be placed in the parents' bedroom close to the parents' bed.
- Infant can be brought to bed for breastfeeding, but then returned to the crib.

Devices promoted to make bedsharing "safe" are not recommended.

AAP Policy Statement. Pediatrics, 138: e20162938, 2016.



Bedsharing is Especially Unsafe with:



- Infant <3-months of age.</p>
- Parent cigarette smoking.
- Parent is excessively tired; such as sleep deprivation (<4-hours sleep the previous night).
- Parent depressant medication or alcohol use.
- With non-parent or multiple persons.
- Soft or unsafe bed.
- Duvets, pillows, or soft covers.
- Sleeping on a sofa, armchair, or couch.

AAP Policy Statement. *Pediatrics, 138:* e20162938, 2016.





- Roomsharing, with the infant in a crib in the parents' room next to the adult bed, is safest, and is safer than bedsharing.
- Infants brought to bed for breastfeeding should return to a separate crib.
- Do not bedshare if parents smoke cigarettes.
- Do not bedshare if the parents' arousal is depressed (alcohol, drugs, sleep deprived <4hours sleep the night before).
- Do not sleep with an infant on a sofa or chair.

AAP Policy Statement. *Pediatrics, 138:* e20162938, 2016.



Keep Soft Objects and Loose Bedding Out of the Crib









Consider Offering a Pacifier at Nap Time and Bedtime



AAP Policy Statement. Pediatrics, 138: e20162938, 2016.



Avoid Cigarette Smoke Exposure During Pregnancy and After Birth



AAP Policy Statement. *Pediatrics, 138:* e20162938, 2016.





Avoid Overheating and Head Covering; Infants should not feel hot to touch.



AAP Policy Statement. *Pediatrics, 138:* e20162938, 2016. http://www.medscape.com/features/slideshow/safe-sleep-principles?



Infants Should be Immunized according to AAP and CDCP Advice.



AAP Policy Statement. *Pediatrics, 138:* e20162938, 2016. http://healthlevelup.com/vaccinations-and-children/



Avoid Alcohol and Illicit Drug Use During Pregnancy and After Birth.



AAP Policy Statement. Pediatrics, 138: e20161889, 2016.



Avoid Use of Commercial Devices Inconsistent with Safe Infant Sleep





AAP Policy Statement. Pediatrics, 138: e20162938, 2016.



Encourage *Tummy Time* when the Infant is Awake and Observed.



AAP Policy Statement. *Pediatrics, 138:* e20162938, 2016. http://www.medscape.com/features/slideshow/safe-sleep-principles?



No Evidence to Recommend Swaddling to Reduce the Risk of SIDS



AAP Policy Statement. Pediatrics, 138: e20162938, 2016.



Infant Swaddling







Infant Swaddling

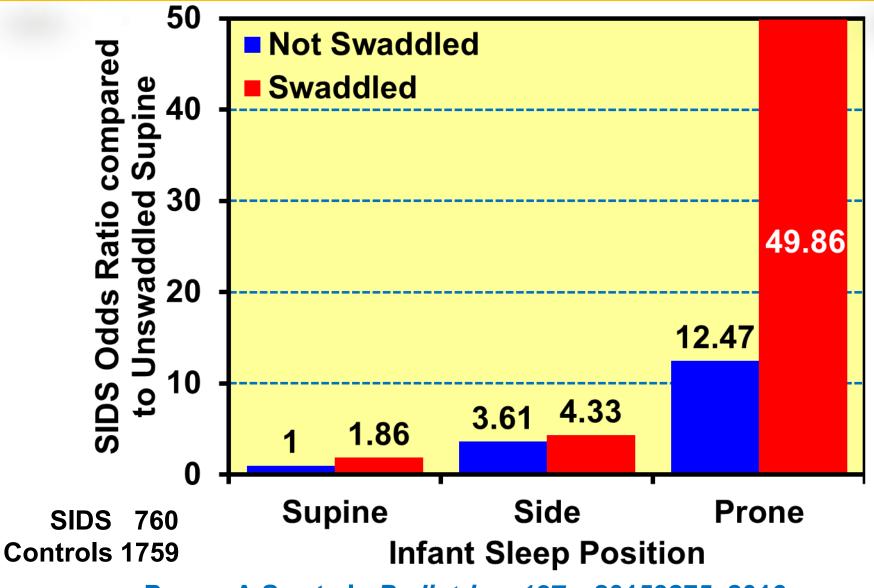






Swaddling and SIDS





Pease, A.S., et al. *Pediatrics, 137:* e20153275, 2016.



Avoid Swaddling if ...

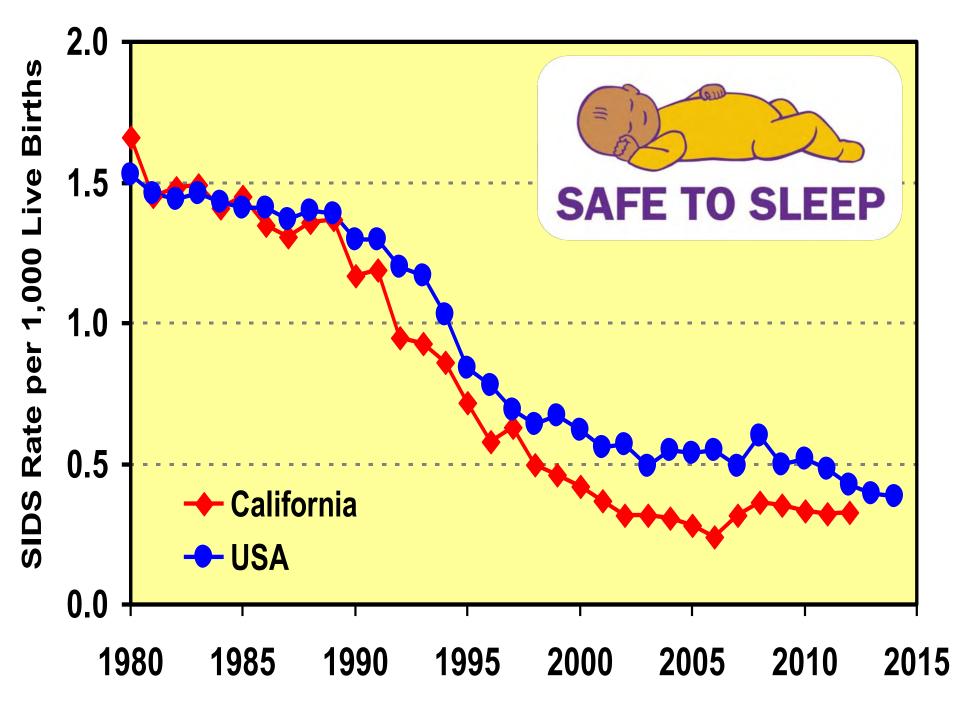




- Prone sleeping position.
- Thick blankets.
- Face covered.
- For infants older than 3months.

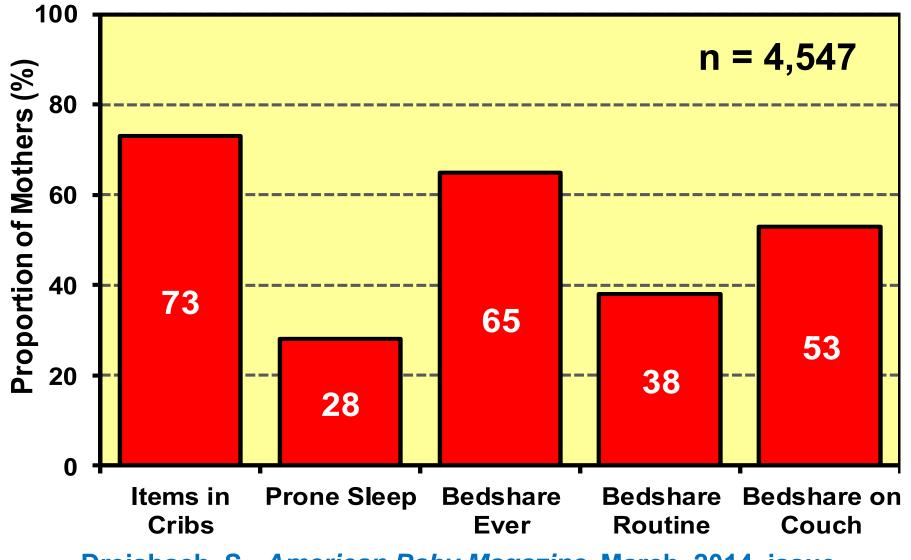
There is a danger when infants begin to roll from supine to prone, the swaddled infant can not regain the supine position.

Ponsonby, A.L., et al. *N. Eng. J. Med., 329:* 377-382, 1993.
Wilson, C.A., et al. *J. Paed. Child Health, 30:* 506-512, 1994.
L'Hoir, M.P., et al. *Eur. J. Pediatr., 157:* 681-688, 1998.
Van Sleuwen, B.E., et al. *Pediatrics, 210:* e1097-e1106, 2007.
Pease, A.S., et al. *Pediatrics, 137:* e20153275, 2016.
AAP Policy Statement. *Pediatrics, 138:* e20161889, 2016.



Parents Ignore Safe Infant Sleep Recommendations





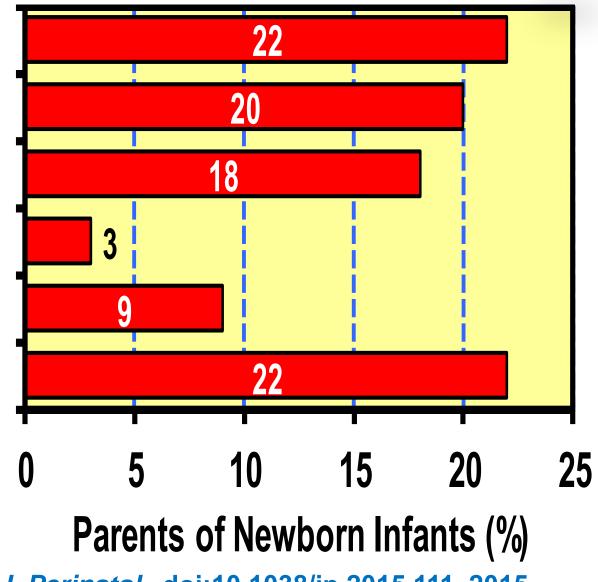
Dreisbach, S. American Baby Magazine, March, 2014, issue. http://www.parents.com/baby/safety/nursery/how-safe-is-your-babys-sleep/?page=3





Prone or Side Sleep Do Bedshare Do Not Breastfeed Smoke Cigarettes Do Not Immunize Put Soft Items in Crib

n = 121 parents

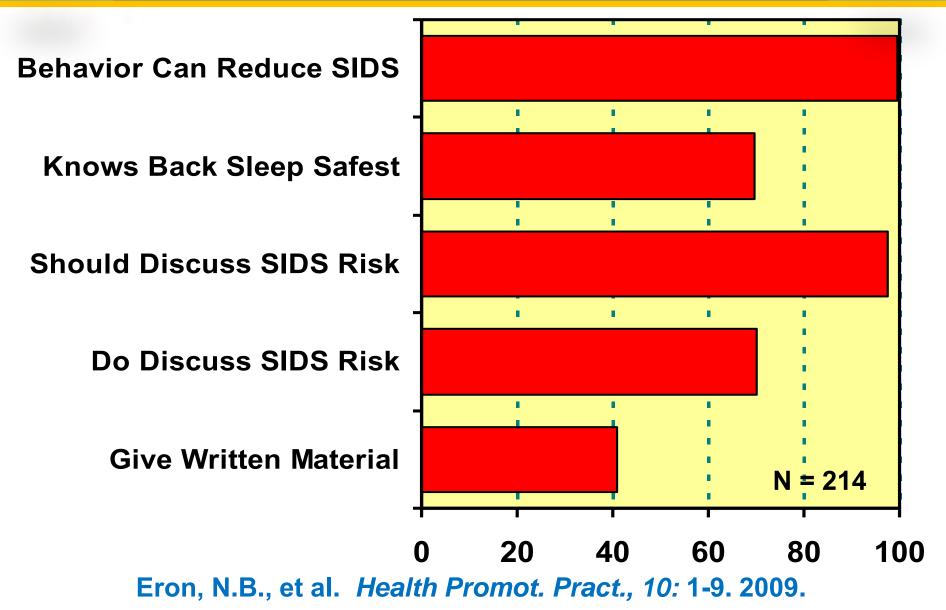


Varghese, S., et al. J. Perinatol., doi:10.1038/jp.2015.111, 2015.



Primary Care Physicians Do Not Discuss SIDS Risk Reduction



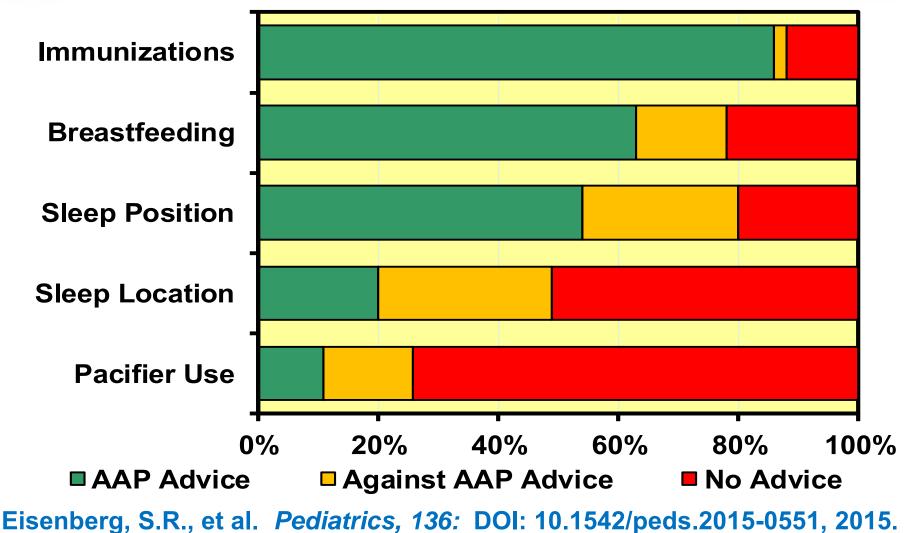




Mothers Commonly Receive No Advice on Infant Care Practices



Advice from Physicians

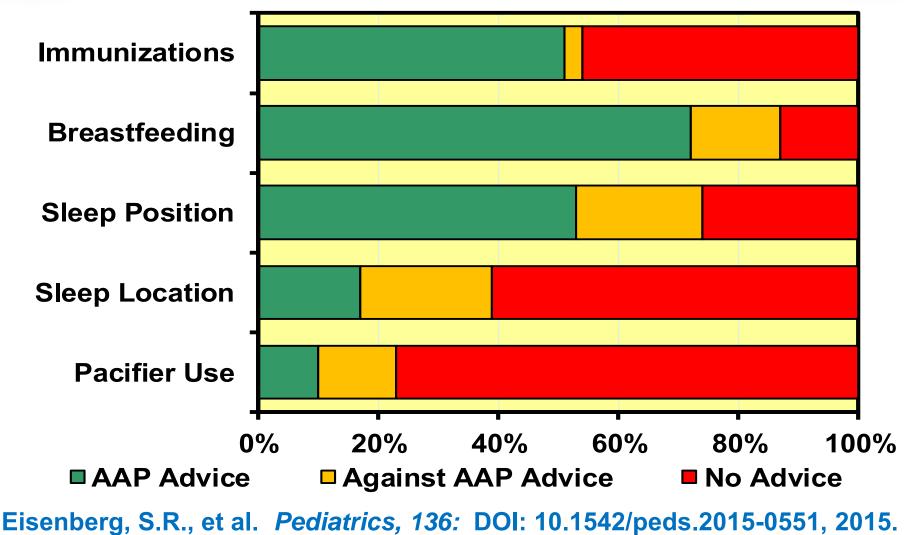




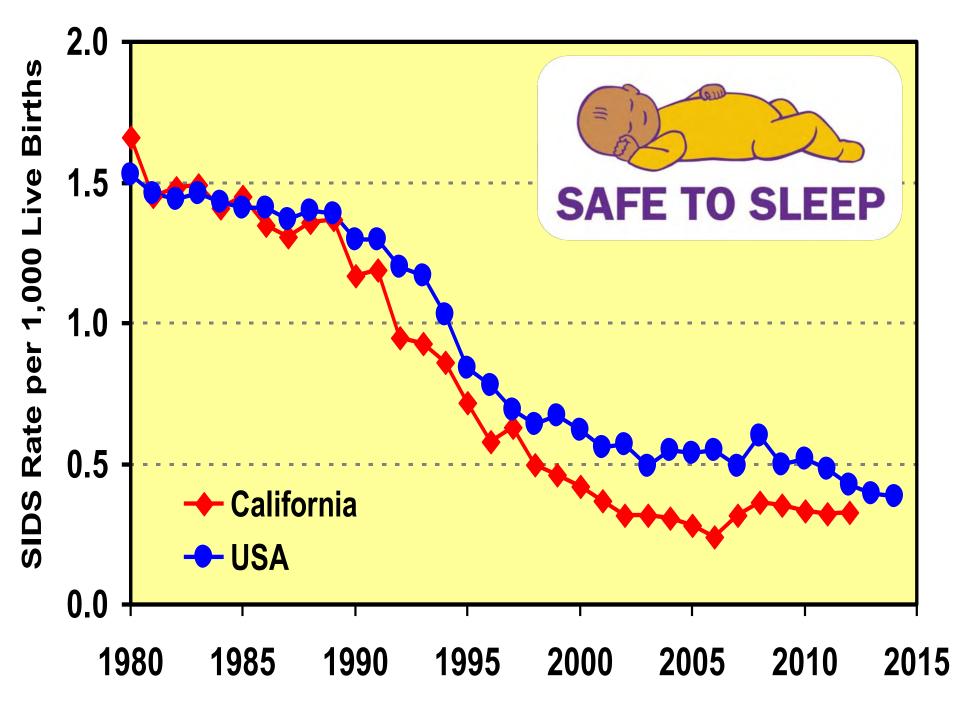
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Advice from Nurses



Supine Alone Firm mattress Empty crib



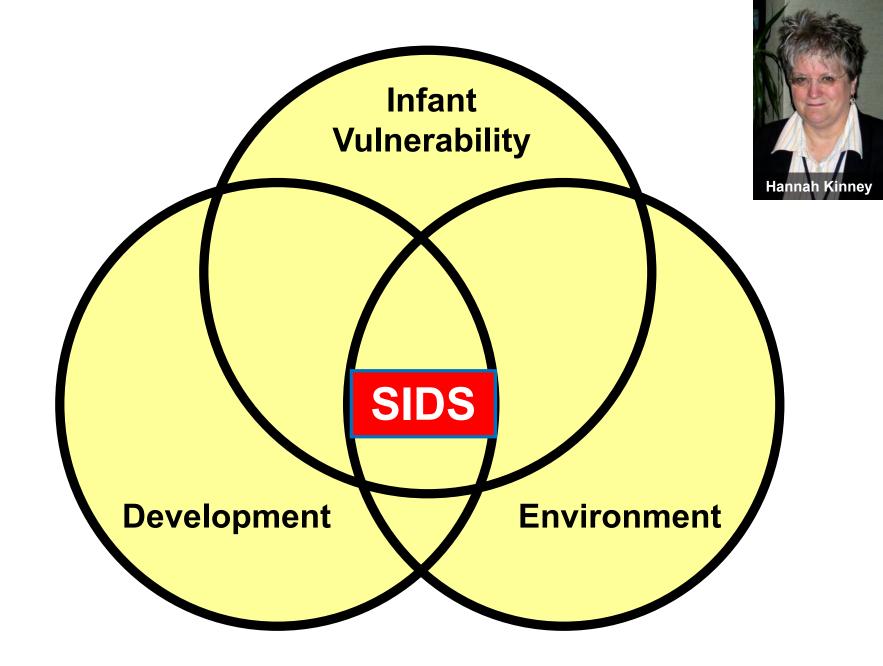


Are We Reducing SIDS or Suffocation?



- Safe infant sleep recommendations create a safer infant sleep environment.
- Should reduce accidental infant deaths during sleep.
- Triple Risk Hypothesis suggests SIDS is an interaction between age, intrinsic vulnerability, and environment.
- The only thing we can affect is the environmental stress.

The cause of SIDS is not yet known. This information has not been proved to be the cause of SIDS. However, I have attempted to give you some idea about some current directions of SIDS research.



Filiano, J.J., and H.C. Kinney. *Biol. Neonate, 65:* 194-197, 1994.



Sudden Infant Death Syndrome



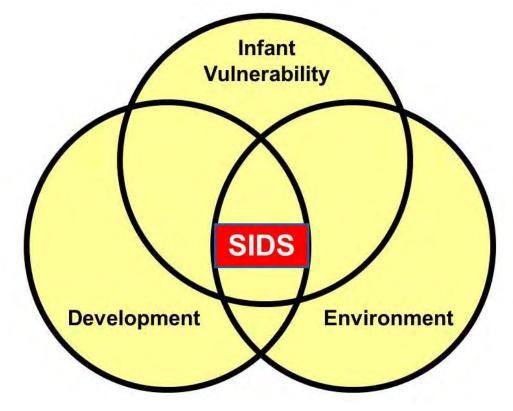
- Most common cause of sudden infant death between the ages of 1-month and 1-year.
- Cause remains unknown.
- Can not be predicted in infants prior to death.
- Reduction in SIDS in populations through public health intervention.
- SIDS has not been eliminated.



Sudden Infant Death Syndrome



Explaining the Triple Risk Model to SIDS parents is a powerful way to reduce guilt.



Stastny, P.F., et al. Publ. Health Nurs., 33: 242-248, 2016

