Sudden infant death syndrome (SIDS)

Sudden infant death syndrome (SIDS) facts

- Sudden infant death syndrome is defined as the sudden, unexpected death of an infant younger than 1 year of age.

- It typically occurs associated with a period of sleep.

- SIDS is rare during the first month of life. Risk peaks in infants 2-4 months of age and then declines.

- SIDS is diagnosed once all recognizable causes of infant death have been ruled out, including infection, trauma, or a condition related to the heart, lungs, or central nervous system.

- SIDS risk can be reduced by following the guidelines of the "Safe to Sleep" campaign, including placing an infant to sleep on his/her back and avoiding objects within the sleep space that may interfere with normal breathing.

What is sudden infant death syndrome (SIDS)?

Sudden infant death syndrome (also known as SIDS) is defined as the sudden, unexpected death of an infant younger than 1 year of age. If the child's death remains unexplained after a formal investigation into the circumstances of the death (including performance of a complete autopsy, examination of the death scene, and review of the clinical history), the death is then attributed to SIDS. Sudden infant death is a tragic event for any parent or caregiver.

- SIDS is suspected when a previously healthy infant, usually younger than 6 months of age, is found dead following a period of sleep. In most cases, no sign of distress is identifiable. The baby typically feeds normally prior to going to sleep. The infant is then discovered lifeless, without pulse or respiration. Cardiopulmonary resuscitation (CPR) may be initiated at the scene, but evidence shows a lack of beneficial effect from CPR. The cause of death remains unknown despite a careful review of the medical history, scene investigation, and autopsy.

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  - About 90% of SIDS deaths occur in infants younger than 6 months of age.
Prevention

By Mayo Clinic Staff

There's no guaranteed way to prevent SIDS, but you can help your baby sleep more safely by following these tips:

- **Back to sleep.** Place your baby to sleep resting on his or her back, rather than on the stomach or side. This isn't necessary when your baby's awake or able to roll over both ways without help.

  Don't assume that others will place your baby to sleep in the correct position — insist on it. Advise sitters and child care personnel not to use the stomach position to calm an upset baby.

- **Keep the crib as bare as possible.** Use a firm mattress and avoid placing your baby on thick, fluffy padding, such as lambskin or a thick quilt. Don't leave pillows, fluffy toys or stuffed animals in the crib. These may interfere with breathing if your baby's face presses against them.

- **Don't overheat baby.** To keep your baby warm, try a sleep sack or other sleep clothing that doesn't require additional covers. If you use a blanket, make it lightweight.

  Tuck the blanket securely into the foot of the mattress, with just enough length to cover your baby's shoulders. Then place your baby in the crib, near the foot, covered loosely with the blanket. Don't cover your baby's head.

- **Baby should sleep alone.** Your baby's sleeping in the same room with you is a great idea, but adult beds aren't safe for infants. A baby can become trapped and suffocate between the headboard slats, the space between the mattress and the bed frame, or the space between the mattress and the wall.

  A baby can also suffocate if a sleeping parent accidentally rolls over and covers the baby's nose and mouth.

- **Breast-feed your baby, if possible.** Breast-feeding for at least six months lowers the risk of SIDS.

- **Avoid baby monitors and other commercial devices that claim to reduce the risk of SIDS.** The American Academy of Pediatrics discourages the use of monitors and other devices because of ineffectiveness and safety issues.

- **Offer a pacifier.** Sucking on a pacifier at naptime and bedtime may reduce the risk of SIDS. One caveat — if you're breast-feeding, wait to offer a pacifier until your baby is 3 to 4 weeks old and you've settled into an effective nursing routine.

  If your baby's not interested in the pacifier, don't force it. Try again another day. If the pacifier falls out of your baby's mouth while he or she is sleeping, don't pop it back in.