Infant deaths attributable to sudden infant death syndrome (SIDS) declined by 53% in the 10 years after the Academy recommended babies be placed to sleep on their backs in 1992. In recent years, however, the number of deaths due to SIDS has remained stagnant. Meanwhile, deaths attributable to accidental suffocation and strangulation in bed quadrupled between 1984 and 2004.

In response to these trends, the Academy has revised its policy statement on SIDS and released a technical report to more clearly address the risk factors and safe sleep practices associated with SIDS and other common causes of infant death during sleep.

Both the policy statement and technical report are titled *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*. The policy statement is available at http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2011-2284 and will be published in the November issue of *Pediatrics*. The technical report is online only (*Pediatrics*. 2011; 128:e1341-e1367).

“We want to emphasize that we are still concerned about SIDS, and it is still a huge issue, but we also want people to understand that there are other reasons babies may die while they are sleeping, including suffocation and entrapment,” said Rachel Y. Moon, M.D., FAAP, chair of the AAP Task Force on Sudden Infant Death Syndrome and lead author of the policy statement and technical report.

Although SIDS rates have dropped, SIDS still is the third leading cause of infant death and the main cause of postneonatal death.

“Some people think SIDS is a problem that has gone away, so people may have become complacent about safe sleep practices,” Dr. Moon said.

In fact, the media recently reported that SIDS is caused by accidental suffocation, which couldn’t be further from the truth, said Robert A. Darnall, M.D., FAAP, a member of the SIDS task force.

### Uncovering the risk factors

Research shows that up to 70% of infants who died from SIDS had abnormalities in their brain stem that could have prevented them from responding normally to stressors that may happen in their sleep.

Dr. Darnall said.

In addition, the technical report indicates that as many as 10% of SIDS deaths are attributed to cardiac arrhythmias.

“People need to understand that the concept of SIDS not only involves risk factors but also a vulnerable infant,” Dr. Darnall said.

These risk factors include stomach sleeping, soft bedding, lack of breastfeeding, incomplete immunizations, bed sharing, overheating, and exposure to maternal smoking, alcohol and illicit drug use. Unidentified causes comprise 20% to 30% of deaths.

### More data on reducing the risk

Following are some of the new data and information included in
• Studies suggest that immunizations and any breastfeeding provide some protection against SIDS.
• The difference between bed sharing and room sharing is clarified. Bed sharing puts infants at risk, while room sharing has been found to decrease the risk of SIDS by 50%.
• One-third of SIDS deaths could be prevented if mothers abstained from smoking during pregnancy.
• Pacifier use cuts the risk of SIDS in half.

Recommendations
The policy statement includes the following suggestions for health care personnel:
• Health care professionals and newborn nursery and neonatal intensive care unit staff should place newborns to sleep on their backs as soon as they are clinically stable to model proper infant sleep position for parents.
• The Back to Sleep campaign should be converted to a “safe sleep” campaign.
• Research should continue into the risk factors and causes of SIDS and other sleep-related infant deaths.