What is SUID?

Sudden Unexpected Infant Death (SUID) is an overarching term used to define any death in infants:
- less than 1 year of age
- that occurs suddenly and unexpectedly
- whose cause of death are not immediately obvious before formal investigation.

After a thorough investigation, many SUID cases can be attributed to suffocation, infection, poisoning or overdose, metabolic diseases or trauma (accidental or non-accidental). Sudden Infant Death Syndrome (SIDS) is a subset of SUID, and should only be used to refer to the sudden death of an infant less than 1 year of age:
- in a safe sleep environment
- that cannot be explained after a thorough investigation including a complete autopsy, examination of the death scene, and review of clinical history.

Major Risk Factors for SUID

- Side (2 times higher risk) or stomach (2.6 times higher risk) sleep positions
- Infants unaccustomed to stomach sleeping placed on stomach by other caregivers
- Infant bed sharing (sometimes referred to as co-sleeping; 2.9 times higher risk)
- Unsafe sleep surfaces (i.e., car seats, infant carriers, strollers, swings, and infant slings)
- Pillows, quilts, comforters, sheepskins, and other soft surfaces under infant or loose in sleep area (5 times higher risk)
- Bumper pads, wedges and other sleep positioning devices that increase the risk of suffocation
- Smoking during pregnancy and around infant after birth
- Caregivers’ illicit drug use and/or alcohol use after infant’s birth
- Overheating

*Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.
Infant Sleep Position Varies within Nebraska

How is sleep position measured in PRAMS?

PRAMS asks: *In which one position do you most often lay your baby down to sleep now?* Mothers can answer: “on his or her side”, “on his or her back”, “on his or her stomach”. “*Multiple Positions*” refers to a small number of moms who select more than one answer indicating sleep position.

Back sleeping has consistently been the dominant sleep position. Between 2004 and 2011, the prevalence of new mothers laying their babies down in the back sleep position increased significantly.

From 2004 to 2011, Non-Hispanic White, Non-Hispanic Asian/Pacific Islander, Hispanic and Non-Hispanic Black mothers showed a significantly increasing prevalence of laying babies to sleep on their back. Non-Hispanic Black mothers showed the greatest increase.

As of 2011, Non-Hispanic Black (62.5%) and Hispanic (70.3%) infants were not meeting the Healthy People 2020 goal of 75.9% back sleeping. Non-Hispanic Black infants have the highest prevalence of stomach sleeping (14.2%), followed by Non-Hispanic Native American infants (8.0%).

Older mothers are more likely to lay their baby to sleep on their back. Mothers under the age of 20 are the most likely to lay their baby down in a non-back sleep position. Infants of younger mothers also have the highest prevalence (16.6%) of side sleep position.
The prevalence of *never* bed sharing increased significantly between 2004 and 2011 (18.0% increase). The prevalences of sometimes or rarely having an infant share a bed, and always or often having an infant share a bed, decreased similarly between 2004-2011 (10.3% and 7.7% decreases, respectively).

Older mothers are more likely to *never* have their infant share a bed. Mothers under the age of 20 are most likely to report that their infant ever shares a bed while sleeping. Among young mothers, 22.2% of infants bed share (always/often/almost always), compared to 16% of infants among mothers 20-29 years old and 14.8% of infants among mothers 29 years and older.

Hispanic infants have the highest prevalence of always bed sharing (19.7%) followed by Non-Hispanic Asian/Pacific Islander (18.4%), Non-Hispanic Native American (16.1%), and Non-Hispanic Black (12.3%). Non-Hispanic Native American infants have the highest prevalence of ever sharing a bed while sleeping (68.4%), followed by Non-Hispanic Asian/Pacific Islander (67.4%).

Mothers with less than a high school diploma have the highest prevalence of having an infant always share a bed with them or someone else (17.4%). As maternal education level increased, the prevalence of an infant ever sharing a bed decreased.
National Attention to SUID
The Back to Sleep Campaign was launched in 1994, to address the importance of back (or “supine”) sleeping to reduce the risk of SIDS. Recently, the shift in classifying fewer SUID cases as SIDS, and more as unintentional suffocations, has generated a focus on broader infant safe sleep practices.\(^2\) The Back to Sleep Campaign has re-launched as the Safe to Sleep Campaign, expanding to reduce sleep-related deaths from causes such as suffocation.\(^1,3\) The campaign website includes resources and brochures for reducing SUID. Visit the Safe to Sleep Website: http://www.nichd.nih.gov/SIDS/Pages/sids.aspx.

Reducing SUID: Recommendations and Resources

**Comprehensive explanations of SUID**
- http://www.cdc.gov/sids/
- http://dhhs.ne.gov/publichealth/Pages/sids_suid.aspx

**Recommendations for reducing the risk of SUID**
- http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html

**Continuing education opportunities**
- For Nurses: http://www.nichd.nih.gov/SIDS/Pages/sidsnursece.aspx
- For Pharmacists: http://www.nichd.nih.gov/SIDS/pages/PharmacistCE.aspx

**Sleep surface recommendations**
- Crib Safety: http://www.cdc.gov/sids/Parents-Caregivers.htm

**NE SIDS Foundation bereavement support**

**Free printable handouts**
- http://dhhs.ne.gov/publichealth/Pages/sids_resources.aspx
- http://babyblossomsomaha.org/resources/safe-sleep

**Child care providers information**
- http://www.education.ne.gov/oec/train/safe_with_you.html

Safe Sleep Education for Parents & Caregivers
Talking with all parents can include: planning for safe sleep prior to the birth of a new infant; providing information, recommendations, and resources for safe sleep environments; and encouraging discussions with potential caregivers and family members about safe sleep.\(^4\)

References:

Completed in collaboration with and the kind assistance of:
Members and staff of the Omaha Baby Blossom Collaborative, Centers for Disease Control and Prevention/PRAMS program, Nebraska Department of Education, Fred LeRoy Ponca Health & Wellness Center, Loup Basin Public Health Department, Lincoln-Lancaster County Health Department, Nebraska Children and Families Foundation, and the Central District Health Department.

Supported in part through funding from the Health Resources and Services Administration (HRSA) Graduate Student Epidemiology Program (GSEP). Special acknowledgement to Avanthi Jayasuriya