



**SIDS**  
RESOURCES

Welcome to SIDS Resources:  
Reducing the Risk of Sudden  
\* Infant Death Syndrome (SIDS)  
- First Responder *training*

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**SIDS**  
RESOURCES

**OUR MISSION:**

To promote safe practices which reduce the risk of infant death and to provide bereavement support for families who have lost babies.

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**SIDS**  
RESOURCES

**WHO WE ARE:**

- Missouri-based non-profit (founded in 1974)
- St. Louis, Kansas City, Springfield
- Solely focused on Sudden Infant Loss
- Education and Bereavement

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**WHAT WE DO:**

- Bereavement
  - Home Visits
  - Individual and Family Bereavement Support
  - Peer-to-Peer contact
  - Support Groups
  - Commemorative Events

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**WHAT WE DO:**

- Education
  - Community Parents/Families
  - Child Care Providers
  - Parent Educators
  - Nurses/Medical staff
  - Emergency Personnel

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**HOW WE OPERATE:**

- Funding
  - Our services are always FREE!
  - Grants, Donations, United Way
  - Special Events and Fundraisers

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**Infant Mortality**

**SIDS/SUDI** is the **#1 cause**  
of infant mortality  
from one month to one year of age

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**What is SIDS?**

Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an apparently healthy infant, under one year of age, which remains unexplained after a complete medical history review, death scene investigation, and postmortem examination.

*SIDS is often called "crib death", even though it is not the crib that causes the death.*

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**SIDS Risks**

*Risk Factors associated with Pregnancy*

- Low birth weight babies (less than 5 lb.)
- No prenatal care or well baby care
- Premature babies (less than 37 weeks)
- Mothers who smoke during pregnancy (3x greater risk)
- Babies exposed to smoke (2<sup>nd</sup> & 3<sup>rd</sup> hand smoke)
- Babies of multiple birth (twin or triplets)
- Babies born within 18 months between births
- Babies of younger mothers (younger than 18)

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## SIDS Risks

### *Risk Factors associated with Infants*

- African Americans and American Indian infants (2-3x greater risk)
- Infants of mothers who smoke during pregnancy (3x greater risk)
- Infants who breathe secondhand smoke (2.5x greater risk)
- Infants who sleep in positions other than supine (on their backs) or unsafe sleep environments

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## What SIDS IS

### *Myths vs. Facts*

- Leading cause of death in infants from one month to one year of age
- Occurred as frequently in the 18<sup>th</sup> & 19<sup>th</sup> centuries
- Cannot be predicted or prevented
- Victims appear to be healthy prior to death
- Death occurs very rapidly, usually during a period of sleep

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## What SIDS is NOT

### *Myths vs. Facts*

- NOT caused by DPT shots or other immunizations
- NOT caused by a sleeping parent rolling over on the infant
- NOT contagious
- NOT caused by lack of love
- NOT caused by suffocation
- NOT caused by vomiting and choking

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### Current SIDS Research

90% of all SIDS deaths occur between 0-6 months of age. The peak age of SIDS (70%) is in the 2-4 month age

Many changes occur during this time in the neurophysiology of infants. Changes in homeostatic control such as sleeping, waking, breathing, heart rate, blood pressure & temperature

The baby presents with a subtle defect that cannot be detected at this time. Theories include: brainstem defect or central nervous system malfunction

A challenge that the vulnerable infant does not respond to i.e. upper respiratory infection, sleep environment, cig. smoke, etc.

**SIDS**

**Critical Development Period**

**Vulnerable Infant**

**Outside Stressors**

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### Current SIDS Research

*Most research points to a malfunction in the lower part of the brain, which may result in a baby being unable to:*

- Respond to a lack of oxygen
- Respond to elevated levels of Carbon Dioxide
- Control blood pressure
- Control heart rate
- Regulate body temperature
- Keep airway open

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### Current SIDS Research

*Serotonin levels may be an indicator!*

- Babies who had succumbed to SIDS had 25 percent less serotonin in their lower brainstem
- Levels of binding to the serotonin receptors were 50 percent lower in the SIDS babies
- A serotonin defect in the brainstem was most likely involved in the death of these babies.

Journal of the American Medical Association, Feb. 2010  
Dr. Hannah Kinney, Harvard Researcher

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## Statistics

*Did you know....*

- Annually, there are 3,434 SUDI deaths in U.S.
- Annually, there are 1,575 SIDS deaths in U.S.
- Higher among Males (60% Male vs. 40% Female)
- SIDS affects babies of all races, religions, & socioeconomic groups (Af. Am./Am. Indian higher rates)
- Most deaths occurs in the winter & fall months
- 90% occur before 6 months of age (peak 2-4 mo.)

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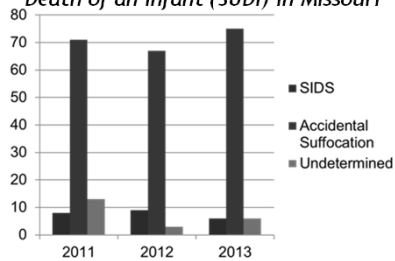
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## What's Happening?

*Causes of Sudden and Unexpected Death of an Infant (SUDI) in Missouri*



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## What's Happening?

*2011 Missouri Sleep-related Deaths*

In 2013, **90** infant deaths were determined by the county CFRP panels to be sleep-related, of which **6** were diagnosed as SIDS, **3** as natural, **6** as undetermined manner, and **75** as suffocation. In summation, **81** infant deaths may have been preventable, if safe sleep practices had been followed.

2011 Missouri Child Fatality Review Program Annual Report

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### Why do parents/caregivers not use the back sleeping position?

- Lack of awareness
- Conflicting beliefs/cultural practices
- Peer and family pressure
- Misconceptions about sleep position

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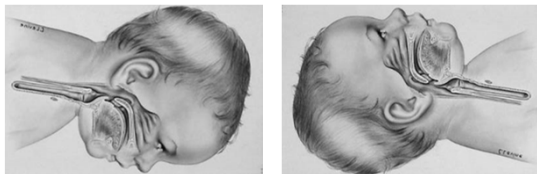
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### Anatomy and Physiology

*Dispelling the fear of aspiration/choking:*



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### Avoid Accidental Deaths

Babies have died accidentally in adult beds and sleeping with adults on other surfaces from:

- Being trapped under someone (overlay)
- Suffocation
- Wedging
- SIDS
- Falls



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## SAFE SLEEP



Always place babies on their **BACK** for sleep - night and nap time



The AAP 2005 update: *“wholly”* on the back. Side sleep increases the risk **two-fold**.

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## SAFE SLEEP

- NO soft quilts or comforters
- NO pillows
- NO bumper pads
- NO stuffed animals
- NO hanging toys
- NO wedges or rolled blankets or other positioning devices
- Consider a sleeper or sleep sack instead of a blanket



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## SAFE SLEEP

- Avoid overheating
- Keep baby’s head uncovered
- Never cover baby’s head with a blanket
- Keep room temperature comfortable
- Do not overdress baby
- Use of a fan may reduce the risk

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## SAFE SLEEP

- Do not have more than one baby per crib
- Pacifier may be protective (offer after breastfeeding is well established)
- Do not allow babies to sleep in a house where smoking is allowed
- Do not smoke in a car with baby



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## SAFE SLEEP

- Remove all fluffy or loose bedding
- Use a fitted sheet and no blanket
- Use a firm, tight fitting mattress in a safety approved crib, portable crib or bassinet
- IF a blanket is needed, tuck all 3 sides under mattress (baby's feet at one end of bed)

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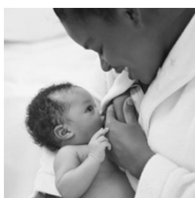
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## SAFE SLEEP

### Breastfeeding

- Breastfeeding is considered a protective factor for SIDS -reducing the risk
- Support mothers who breastfeed and express milk for baby



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## SAFE SLEEP

- At approx. 4-5 months babies will assume their own sleep position (first 3 times, reposition baby to back)
- Change baby's direction of sleep to lessen any chance of "flat head"
- Place baby on BACK for sleep
- Use a sleeper or sleep sack (fleece vs. cotton)
- Swaddling is OK (less than 3months old)



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## Investigation And Reporting



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## First Responders: Responding to a Sudden Infant Death Call

- Physical Characteristics of a Probable SIDS Infant:
  - Skin may appear to be blue, mottled, or gray.
  - Skin may appear to be bruised (lividity)
  - Frothy, blood-tinged mucous draining from infant's mouth or nostrils
  - Rigor Mortis-occurs faster (as soon as 30 minutes) in an infant

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### Typical SIDS Infant and Scenario

- Almost always occurs when the baby is asleep
- Usually healthy prior to death
- May have had a recent cold or Upper Respiratory Infection (URI)
- Usually placed down for a nap or for the night and is found not breathing, from 10-20 minutes to several hours later.
- Report not hearing any signs of struggle even if within hearing distance at all times.

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### Priorities

- Begin resuscitation as appropriate, per local EMS Agency or local Department Policies and Procedures
- If death is obvious, respect wishes to not administer CPR
  - Make sure family or caregiver is told that the baby has died, nothing more can be done
- Document findings

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### Perform an Environmental Check

- Observe the Scene
  - Observe the location of infant upon arrival, in the crib, on the bed, floor, etc.
  - Observe for presence of objects in the original area where the baby was found.
  - Observe any unusual conditions, such as high room temperature, odors in the environment
  - Observe presence of all medications and take all medications to the hospital
  - Observe other adults and children in the household and note their appearance and interaction

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## Documentation

- Failure to document accurately may result in unnecessary additional investigations and significant emotional stress to the parents, caregivers or First Responders.
- Only the medical examiner can diagnose a SIDS case. However, medical examiners are more closely scrutinizing all infant deaths and not readily diagnosing unexplained infant deaths as SIDS.
- Medical examiners and death scene investigators are becoming more reliant on the police officer's scene investigation as a basis for their final diagnosis.

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## Evidence

Items to look for:

- Medication
- Formula
- Bedding/Blankets
- Clothing
- Toys

Photographs (Dept. ID Officer)

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## Practical Exercise

- What should be included in your police report?
  - Death Scene Investigative Checklist for Child Fatalities - see handout
- Did you note the small things?
- KEY POINT: DOCUMENTATION!!!

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## Investigation

- Explain to the family what you will be doing:
- Investigation
- Medical Examiner
- Provide Transportation
- Contact clergy and other family members

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## Obtain History/Inquiry

Interview Tactics:

- Elicit a brief history
  - Pedigree, History of Baby, Time frame
- Use the baby's name
- Avoid using "Why" or "Did you..."
- Use a non-accusatory tone
- Use non-leading and open-ended questions...

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## Possible Questions

- What happened?
- Who found the baby and where? In what position?
- What did he/she do?
- Had the baby been moved?
- What time was the baby last seen alive?
- How was the baby last placed down to sleep?
- What is the baby's usual sleep position?
- How was the baby that day or during the past few days?
- Had the baby been sick?

*These are not specific questions to be asked; they are what needs to be asked*

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## Medical Examiner

### Medical Examiner Requirements:

- Do Not Let Anyone Handle the Baby Prior to the Medical Examiner's Arrival
  - Exception: Don't create a confrontation over it
  - Stay with the person; report all circumstances to Medical Examiner
- In Cases Where The Caregiver is Still Holding the Baby
  - Sit them down
  - Stay with them...don't leave them alone

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## Autopsy

- An autopsy is done on all infant deaths
- The exam is difficult because infants present differently than adults
- Suffocation is very difficult to determine
- An autopsy will rule out other causes of death or be able to provide one

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## Provide Transportation

- *Optimal:*  
One officer at scene; one officer at hospital with family
- DO NOT LET THE FAMILY DRIVE THEMSELVES

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## Conclusion

- Do not jump to conclusions just because an infant has died. Be open-minded and collect as much information and evidence as possible.
- Look at the scene and document *everything*. Use this to write an **effective** and **complete** police report.

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## Conclusion, con't

- Provide support and comfort to the family and/or caregiver
  - How you deal with them will effect how they heal from the loss
  - Also, it will effect how you handle this type of call
- By taking extra care and effort on a SIDS investigation, you can make a difference to these families and the effort to one day eliminate SIDS.

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## Do First Responders Make a Difference - Parents Say Yes

- "Professional and caring"
- "Very supportive and helpful. I was given pamphlets on the spot."
- "Very sympathetic and stayed until we called our relatives and did not leave until the police officer arrived."
- "Helped me realize my other child was terrified."

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### Do First Responders Make a Difference - Parents Say Yes

- “They really, really tried.”
- “It helped that they were very nice and came immediately.”
- “Did everything in their power.”
- “Very compassionate; they cried and stayed at the hospital.”
- “Very kind and gentle with me and my six year old daughter.”

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### Do First Responders Make a Difference - Parents Say Yes

- “It helped when they said it was not our fault.”
- “They tried to settle down my neighbors.”
- “Their efficiency was wonderful.”
- “They put themselves in our position.”
- “When I got to the hospital, he took my keys and parked my car.”

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### Do First Responders Make a Difference - Parents Say Yes

- “They stayed.”
- “They didn’t accuse.”
- “They offered to help in any way they could.”
- “They came to our son’s memorial service.”

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## Family/Caregiver Responses

- Denial
- Anger
- Hysteria
- Avoidance
- Intense Guilt
- No visible response
- May or may not accept death as “real”
- Repetitive Questions
- Requests to initiate or stop care/resuscitation
- Questions regarding the cause of death

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## If the Infant Cannot be Revived

- Shift your attention to the caregiver(s)
- If you are unable to revive the infant, clearly state that the baby is dead (“I’m sorry, (the baby’s name) has died”)
- Allow the parent/caregiver to hold the baby if possible

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## If the infant cannot be revived, con’t...

- Provide explanations regarding transport and location of baby
- Do not let the parents drive
- Provide telephone number of appropriate person(s) to contact with questions
- Reassure parents or caregivers that appropriate steps will be taken to determine cause of death.
- Call SIDS Resources’ toll-free number to report the death (1-800-421-3511)

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### Support of Parents, Caregivers, and Children at the Scene

- Use a calm and directive voice
- Be clear with instructions
- Use the baby's name
- Handle the baby with care
- Assist the family in finding transportation to the hospital
- Allow parents/caregivers to accompany the baby to the hospital if possible
- Provide explanations about treatment
- Be aware of children/sibling response, remove them from scene, if possible

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### Helping a Family Cope with Death: What to Say or Not Say

- Listen: Just let the family talk about the baby
- Support the family's own way of grieving
- Say a heartfelt "I'm Sorry".
- Use the baby's name
- Do not use cliché's or try to make the family feel better
- Avoid minimizing, i.e.:
  - *"It was God's will"*
  - *"You can have another baby"*
  - *"There is a reason for everything"*

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### Clichés to Avoid

- "I don't know how you do it; if it were me, I would....."
- "It was God's Will" or "God never gives you more than you can handle"
- "At least you have other children or can have other children"
- "Time heals" or "Are you feeling better yet?"

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## Helping Children Cope with Death

Children have barriers to understanding and grieving, based on their developmental age:

- Barriers of definition
- Barriers of developmental stage
- Barrier of magical thinking
- Ability to understand emotions
- Ability to express emotions
- Secondary losses and fears
- Understanding through experience and play
- Grieving across developmental stages



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## Talking With Children: Language Barriers

- Avoid confusing phrases: “We lost the baby”; “God took the baby”; “He/she can still see you from above”.
- Use actual words (ie: The baby has died or is dead)
- Explain that death means the body stops working
- Explain heaven in concrete terms, as much as possible

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## Talking With Children: Open Communication

- Allow the child to ask questions, and answer truthfully
- Be prepared to answer repeated questions
- Ask the child open-ended questions to find out if there are discrepancies with actual happenings
- Have the child draw pictures to depict their view of heaven (if appropriate) or express emotions

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### Talking with Children: *Consistent Communication*

If you are a friend of the family:  
Make sure you check with the child's parents to determine the *terminology* the family is using. This will ensure that the child receives consistent messages.

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### Scenario Discussion

- When you arrive at the scene, the baby is found in an adult bed. There is a crib nearby, full of laundry and toys. How might you determine where the baby usually slept (through interview questions)? How might you phrase these questions?

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### Scenario Discussion

- When you arrive at the scene, there is a small child, approximately 2-3 years old, standing in a corner of the room where emergency medical professionals are performing CPR. What do you do?

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### Scenario Discussion

- When you arrive at the scene, you notice there is a small amount of blood tinged mucous near the baby's mouth. The mother asks you "Do you think she/he might have choked?" What is your response?

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### Helping Yourself Cope

- An infant's death touches all of us in a personal way.
  - The death of an infant is unexpected
  - Feelings of loss of safety
  - "Hitting close to home"
  - Balancing professional obligation and boundaries with personal feelings



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### An Officer's Story

"My involvement with SIDS began on August 9<sup>th</sup>, 2000 when I responded and investigated a SIDS death involving a 4-month old boy. During this call, I took part in the resuscitation efforts as well as the initial contact with the caregiver who was taking care of the infant."

-Officer Michael Ryffel

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### An Officer's Story - continued

"We both watched as this infant responded to nothing the paramedics tried. I've seen these same paramedics bring back 90 year old people with every health condition in the world and nothing would work on this perfectly healthy infant."

-Officer Michael Ryffel

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### An Officer's Story Continued

"For days and months after my experience I could not stop thinking about this child. I knew there was nothing I could have done differently but I couldn't rationalize why it happened...I couldn't get the images out of my head."

-Officer Michael Ryffel

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### An Officer's Story Continued

#### Helpful Opportunities

- Volunteering at SIDS
- Meeting parents who's babies had died suddenly and unexpectedly
- Learning from parents what is helpful and not helpful as a first responder

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### Helping Yourself Cope

- Use your own personal support system
- Realize the need to step away or take a break when emotion hits
- Remember that compassion makes us stronger individuals and professionals

[www.sidsresources.org](http://www.sidsresources.org)

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### First Responders

- Being in close contact with loss gives a unique perspective
- First responders are seen as strong, but it takes time to develop a comfort with the emotional demands that are accompany professional duties
- It is crucial to support each other, especially during difficult calls and situations.
- Being honest with yourself and your honest responses to each situation takes strength

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### Critical Incident Stress Debriefing

- Signs and Symptoms of Stress
  - Recurring dreams
  - Anger
  - Physical illness
  - Depression
  - Change in eating and sleeping patterns
  - Mood changes
  - Inability to concentrate
  - Avoidance

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## Debriefing Process

- Allow yourself to grieve & acknowledge your emotions
- Obtain assistance & contact SIDS Resources when talking to children and other parents
- Talk to others and receive support (peers, professionals, or clergy)
- Become educated about SIDS and SUDI
- Exercise, plan leisure time, limit overtime hours, get adequate rest, and eat a balanced diet.

[www.sidsresources.org](http://www.sidsresources.org)

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## Resources

- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- SIDS Resources, Inc. [www.sidsresources.org](http://www.sidsresources.org)
- First Candle [www.firstcandle.org](http://www.firstcandle.org)
- CJ Foundation [www.cjsids.org](http://www.cjsids.org)
- Consumer Product Safety Commission [www.cpsc.gov](http://www.cpsc.gov)



[www.sidsresources.org](http://www.sidsresources.org)

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### Thank You!



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