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NEW AMERICAN ACADEMY OF PEDIATRICS RECOMMENDATIONS ON SIDS:

The American Academy of Pediatrics published its most recent recommendations last week in its journal, *Pediatrics*. The recommendations focus on ways to reduce the risks of SIDS. The entire article is worth reading, and it is appended to these minutes. In summary, the recommendations are:

1. Infants should be placed to sleep on their backs. Side sleeping is not as safe as supine sleeping. *The new part of this recommendation is wholly endorsing back sleeping, and indicating that side sleeping is no longer an acceptable or safe alternative.*
2. Use a firm sleep surface. Water beds, quilts, etc., should be kept out of the crib. *This is not new from the previous AAP recommendation.*
3. Keep soft objects and loose bedding out of the crib. *This is not new from the previous AAP recommendation.*
4. Do not smoke during pregnancy. Do not expose babies to second hand smoke after birth. *These are not new recommendations.*
5. A separate, but proximate, sleeping environment is recommended. That is, room-sharing is to be encouraged, but not bedsharing. *This is new. Epidemiologic studies suggest that having the baby in the same room, but not in the same bed, as the parents is the safest sleeping environment.*
6. Consider offering a pacifier during sleep. A pacifier should not be reinserted if it falls out after the infant is asleep. The pacifier should not be coated with sweet liquids. Pacifiers should be washed and replaced regularly. *This is new, and it is based on epidemiologic data best summarized in a recent article by Fern Hauck and coworkers. The strength of evidence supporting pacifiers are protective is reasonably strong. However, there seems to be virtually no risk to pacifier use. Thus, on balance, it is a reasonable recommendation to reduce the risk of SIDS. Considerable discussion occurred, especially from advocates of State programs to encourage breast-feeding. They viewed this recommendation as "anti-breastfeeding". However, it does not appear that it is in conflict with the establishment of breastfeeding. There is a specific recommendation to delay introduction of the pacifier in those infants in whom breastfeeding needs to be established. It is interesting that breastfeeding is not recommended as a strategy to reduce the risk of SIDS, as epidemiologic studies suggest that any "protective" effects of breastfeeding were actually due to associated behaviors.*
7. Avoid overheating. *This is not new.*

8. Avoid commercial devices marketed to decrease the risk of SIDS; such as wedges to maintain an infant's position or "flow-through" mattresses designed to eliminate rebreathing. *This is a new recommendation, with which I wholeheartedly agree.*
9. Do not use home monitors as a strategy to reduce the risk of SIDS. *This is new in the AAP's recommendations on SIDS, but not new in the previous AAP recommendations on Infant Apnea and Home Monitoring.*
10. Avoid the development of positional plagiocephaly (flat heads). "Tummy time" and alternating the sleeping direction of the head is recommended. *This is new, though obviously not something which will impact the SIDS risk per se. The genesis of this recommendation arises from several practices suggesting that head helmets or surgery are required to deal with flat heads. In fact, most resolve spontaneously by age 2-years. However, to the extent that anyone may not adhere to "back to Sleep" because of fear of flat heads, this is an important recommendation.*
11. Continue public education of these "Back to Sleep" recommendations, especially to populations where this is underutilized (African-Americans, Child care providers, Native Americans, and Hospital Nursery Nurses). *This is a new emphasis on those groups currently not adhering to the above recommendations as much as the general population.*

On balance, I believe the new AAP recommendations are an advance in the field. They are published in:

Task Force on Sudden Infant Death Syndrome. The changing concept of sudden infant death syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables in consider in reducing risk. *Pediatrics*, 116: 1245-1255, 2005.

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