TITLE: Interventions for the Prevention of Sudden Infant Death Syndrome: Guidelines

DATE: 13 June 2016

RESEARCH QUESTION

What are the evidence-based guidelines regarding interventions for the prevention of sudden infant death syndrome in the community?

KEY FINDINGS

Nine evidence-based guidelines were identified regarding interventions for the prevention of sudden infant death syndrome in the community.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, CINAHL, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. The search was also limited to English language documents published between January 1, 2011 and May 30, 2016. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.
Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>All infants (ages 0 to 1) in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Interventions for SIDS prevention (e.g., harm reduction strategies for SIDS, sleep environment modifications or requirements, child monitors, etc.)</td>
</tr>
<tr>
<td>Comparator</td>
<td>No comparator</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Guidelines and recommendations for interventions and harm reduction strategies for SIDS prevention in the community (e.g., recommended interventions, implementation of interventions, recommendations for sleep environment, etc.)</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Evidence-based guidelines</td>
</tr>
</tbody>
</table>

SIDS = Sudden Infant Death Syndrome.

RESULTS

Rapid Response reports are normally organized so that the higher quality evidence is presented first; however, reports primarily interested in evidence-based guidelines will only include this evidence-type in the main body of the report. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented in the appendix.

Nine evidence-based guidelines were identified regarding interventions for the prevention of sudden infant death syndrome (SIDS) in the community.

Additional references of potential interest are included in the appendix.

OVERALL SUMMARY OF FINDINGS

Nine evidence-based guidelines\(^1\)\(^-\)\(^9\) were identified regarding interventions for the prevention of SIDS in the community. While the evidence appears to indicate an association between pacifier use and a reduced risk of SIDS, the existing evidence is insufficient to support a recommendation that pacifiers should be used to reduce the risk of SIDS\(^1\),\(^5\),\(^6\),\(^8\),\(^9\) Parents and caregivers should be supported when making informed decisions about pacifier use.\(^3\) If an infant had been using a pacifier while sleeping, the use should not be suddenly stopped within the first 26 weeks of life.\(^5\)

It is recommended that mothers and their partners should be provided with information regarding the association between co-sleeping and a potentially increased risk of SIDS at each post-natal appointment.\(^3\) One guideline recommends that, at every appointment or contact, health care professionals assess women, their partners, and other caregivers for factors associated with a higher risk of infant injury or unexpected death while sleeping.\(^4\) Risk factors associated with an increased in SIDS include: smoking, alcohol and substance abuse, inadequate pre-natal care, parental mental illness, low socioeconomic status, and personal beliefs that are in opposition to safe sleep recommendations.\(^4\)

Parents should be educated regarding safe sleep positions,\(^2\),\(^6\)-\(^9\) safe sleep surfaces,\(^3\),\(^5\)-\(^7\),\(^9\) safe sleep attire and coverings,\(^6\) and the risks of sharing a sleeping surface with their baby.\(^3\),\(^5\),\(^7\) Parents and caregivers should be educated regarding the benefits of sharing a room, but not a sleep surface, with their infant for at least the first six months of life.\(^4\),\(^6\),\(^9\) Parents should remain alert and careful while feeding infants while seated on a couch or armchair.\(^5\),\(^6\)

Health education should be provided to parents and caregivers before and after birth to highlight the role of the following factors in relation to the risk of SIDS:
• Smoking during pregnancy\textsuperscript{2} and while caring for an infant\textsuperscript{2,4-7,9} increase the risk of SIDS,
• Alcohol and substance abuse during pregnancy and while caring for an infant\textsuperscript{3-5,9} increase the risk of SIDS,
• Breastfeeding should be promoted as a protective factor against SIDS,\textsuperscript{7-9}
• Information regarding routine immunizations as a protective factor\textsuperscript{4,9} against SIDS should be provided.
REFERENCES SUMMARIZED

Guidelines and Recommendations

   See: Pacifiers and Sudden Infant Death Syndrome


   SIDS mentioned throughout


   See: 3.3.1 Bottle and pacifier use, page 33;
   Posture, page 52;
   Appendix B: Infant feeding evidence statements, page 104 onwards

   PubMed: PM22007004

PREPARED BY:
Canadian Agency for Drugs and Technologies in Health
Tel: 1-866-898-8439
www.cadth.ca
APPENDIX – FURTHER INFORMATION:

Systematic Reviews and Meta-Analyses


Clinical Practice Guidelines – Methodology Not Specified

   PubMed: PM24627654
   See: Thermoregulation;
   Control of Breathing;
   Preparing for Discharge;
   Recommendations


   See: 1.2 Appropriate sleep surface, page 2;
   1.5 Crib Environment, page 3

   SIDS mentioned throughout

   SIDS mentioned throughout

Review Articles


Additional References


