

Child Safety  
Commissioner

promoting  
the safety  
and wellbeing  
of children

Working together to reduce the risk of SIDS and fatal infant sleeping accidents in vulnerable families

*Office of Child Safety Commissioner (OCSC)  
'SUDI/SIDS Working Group'*

Presented by: Natalie Duma- Office of the Child Safety Commissioner  
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## *SIDS - One Component of Sudden Unexpected Death in Infancy (SUDI)*

- **SUDI** includes both explained and unexplained deaths
- **SIDS** is an unexplained death
- **SUDI** includes:
  - \* SIDS
  - \* Other sudden death cause unknown (autopsy performed)
  - \* Other ill defined and unspecified causes of mortality (no autopsy performed)
  - \* Suffocation whilst sleeping (including asphyxiation by bedclothes and overlaying)
  - \* Intentional child death
  - \* Causes are undetermined

## *Sudden And Unexpected Deaths Of Infants Aged Under 12 Months In Victoria 2005*

- Number of Infants who died in their first year of life 329
- Total SUDI in 2005 26
- Explained 10  
(Infection 5, Genetic Disorder 1, Intentional Injuries 2, Aspiration Pneumonia 1, Asphyxia (entrapment in a cot) 1))
- Total SIDS in 2005 16

2005 Annual Report of the Consultative Council on Obstetric and Pediatric Mortality and Morbidity(CCOPMM).

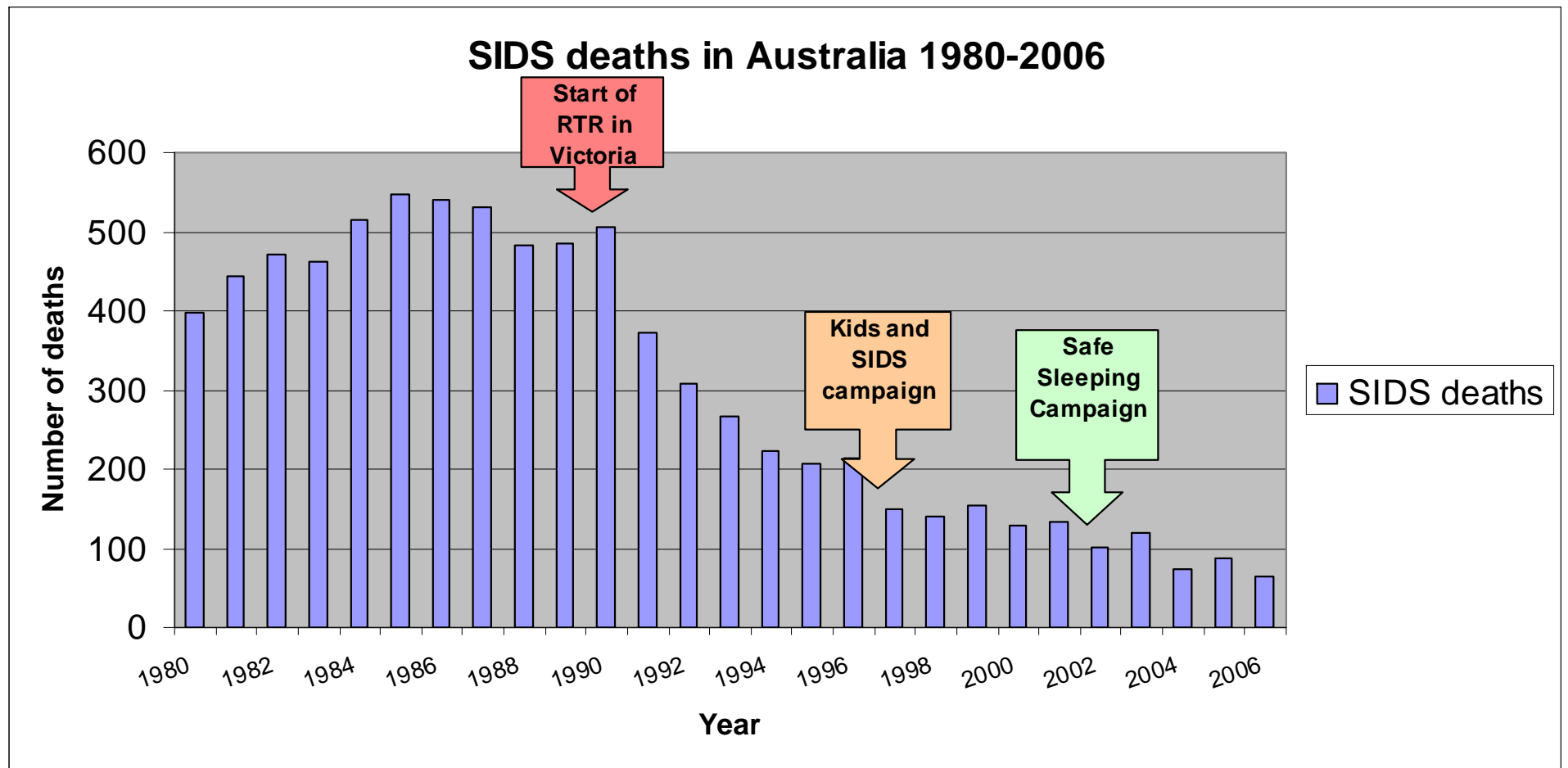
## *Definition of SIDS*

“The sudden and unexpected death of an infant under 1 year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy, and review of the circumstances of death and the clinical history.”

*(Krous et al 2004)*

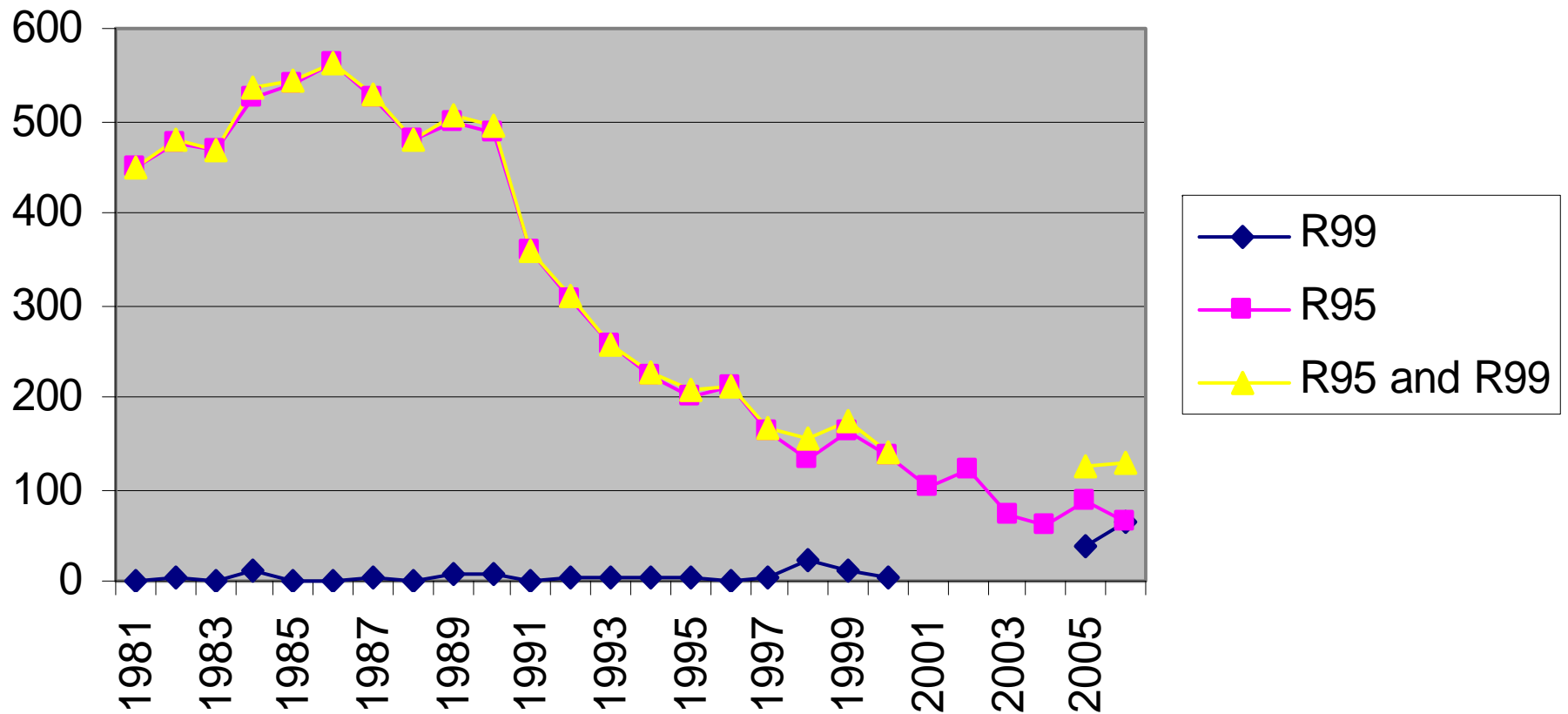
*(First Australian SIDS Pathology Workshop: Canberra March 2004)*

# Decline in SIDS deaths



# *SUDI and SIDS statistics*

## Australia. SIDS and SUDIs combined. 1981-2006



## *Characteristics of SIDS 2001-2006*

- Co sleeping increased 12% - 50%
- Proportion of deaths in families from deprived socio-economic backgrounds has increased from 47% – 74%
- Prevalence of maternal smoking in pregnancy increased 57% - 86%
- Proportion of pre-term infants 12% - 34%
- First born SIDS the largest group
- Fewer are breast fed

Source: Blair PS, Sidebotham Pet al (2006) *Major epidemiological changes in sudden infant death syndrome; a 20 year populaton – based study in the UK*. The Lancet, Vol 367, January 28,2006

## *How to reduce the risk of SIDS and sleep baby safely*



- The cot must meet the Australian Standard for cots
- Use a firm, clean, well fitting mattress
- Sleep baby in its own safe sleeping environment next to the parents bed for the first 6-12 months

*Unsafe sleeping environments account for over 90%  
SUDI's*



## *Unsafe Sleeping Environments*

Always do up the restrains when baby is in a pram, stroller, bouncinette or any other baby/toddler equipment.

**Always supervise your baby**



## *Unsafe Infant Sleeping Environments*



An ill fitting mattress creates a gap between the mattress and the cot wall

## *Unsafe sleeping environments for infants*

**Makeshift bedding arrangements infants may fall out of bed or become wedged between the wall and the mattress**



*An Unsupervised Adult Bed May Be Unsafe For  
Babies Or Toddlers*



*Working together to reduce the risk of SIDS and fatal infant sleeping accidents in vulnerable families*

- Tackling SIDS/SUDI-a community responsibility
- SUDI working group

## *Working together to reduce the risk of SIDS and fatal infant sleeping accidents in vulnerable families*

### The Tackling SIDS report found:

- the need for consistent routine modelling of infant safe sleeping
- unplanned discharge of high risk families
- the need to sight the infant's sleeping environment during home visits
- drug, alcohol and smoking exposure to infants
- crowded and clustered shared care arrangements
- unsuitable cots that do not fully meet safety standards
- the importance of educating extended family members on SIDS safe sleeping
- working with young mothers
- concerns that infants are still being placed in unsafe sleeping situations with doonas, pillows, toys and fluffy bumpers
- the dangers of infants co-sleeping with adults who may be substance affected
- the need to find innovative ways to educate vulnerable/hard to reach families

*Working together to reduce the risk of SIDS and fatal infant sleeping accidents in vulnerable families*

Health Promotion Strategy:

1. Multidisciplinary training for Service Providers
2. SIDS Training Information to the Aboriginal community
3. Discharge Planning
4. Brokerage/ Material Aid
5. General Practitioners
6. Pharmacy
7. Health Promotion

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SUDI working group:

- Training with pharmacists on SIDS and safe sleeping
- Training and professional development
- Retail stores
- Discussions with Aboriginal peak organisations
- Changes in Child Protection practice guidelines
- Maternal and Child Health Checklist
- Safe Sleeping Policy

# Contact Details

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