



Reviewing sudden infant deaths

Dr Paul Martiquet, Medical Health Officer



In August 2007, five infants died during a single month in a small geographical area

on Vancouver Island and apparently all under similar circumstances. This pattern of sudden infant deaths was quickly identified by the Child Death Review Unit (CDRU) of the BC Coroners Service.

The CDRU is mandated to review both individual and overall trends in deaths of all children aged 18 years and younger in BC. They conduct comprehensive reviews of child deaths to understand why the death occurred and to help prevent other deaths.

This spate of sudden infant deaths in 2007 triggered a deeper look into the issue. The result was *Safe and Sound: A Five Year Retrospective of sudden infant deaths in sleep-related circumstances*. The CDRU reviewed infant deaths from January 2003 to December 2007 and culled 113 that fit the pattern out of a total of 340 deaths. These were investigated more closely.

The “Safe and Sound” report does not answer the biggest questions: What causes sudden infant death? And, how do we prevent them? There is unlikely to be one simple answer, but the place to start is with good quality, comprehensive data. The review does a good job of describing and comparing the 113 cases.

About two-thirds of sudden infant deaths involved males (73 out of 113 infants) and peaked between two and four months of age; 85 percent occurred by the age of six months. Thirty percent of the deaths involved Aboriginal infants (four times their share of population). Researchers discovered that about a

quarter of infants had viral symptoms within 48 hours of their death. Sudden infant death is not exclusively a night-time event as almost 40 percent occurred during the day.

It is recommended that babies are put to sleep on their backs (supine position); among the 113 cases, fewer than half were reported as being placed in that position for sleeping. Regardless of their position or sleep location, the majority of infants were placed in spaces cluttered with duvets, blankets, stuffed animals or bumper pads.

Almost half of infants were bedsharing at the time of death, most on an adult mattress; fewer than a third were in a crib, cradle or bassinette. And more than half of the infants who died were exposed prenatally to cigarette smoke, something more common among young mothers.

These facts only describe the situation, they do not provide conclusions. However, they do point to more action. The CDRU report makes a number of important

recommendations. They do call for multi-level action in a number of target areas: Prenatal care, public education, training of health professionals, infant death classification, social determinants of health, consumer

product safety, home visiting, research and Aboriginal infants.

Understanding sudden infant death is not a simple task. More research and ongoing attention to the apparent multiple factors will help.

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