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| **ISA ISPID  Abstract Submission  Nº: 155**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Oral** | | **Co-sleeping: Is there an increased risk of Sudden Unexplained Deaths in Infancy (SUDI) if no other risk factors are present? An analysis of 11 years of SUDI deaths in Queensland, Australia 2004-2014** | | **Hamill, Kelly** 1; **Young, Jeanine**1; **Shipstone, Rebecca**1 *1 - School of Nursing and Midwifery, University of the Sunshine Coast, QLD .* | | **Introduction** There is much debate about co-sleeping and sudden infant death and whether, independent of other risk factors such as smoking, drug and alcohol use, co-sleeping is a risk for sudden infant death. Co-sleeping has many documented benefits including longer duration of breastfeeding, less crying, improved sleep and more responsive parenting. Since the first Australian “Back to Sleep” campaign in 1991, there has been an 86% reduction in SUDI deaths. The risk factors involved in recent SUDI deaths and the families affected has also changed, with those affected being predominantly low socioeconomic families with other vulnerabilities, such as smoking, drug and alcohol issues. Definitions used and information gathered from the SUDI death scenes have changed over time, making it difficult to determine from older studies, if a complex issue such as co-sleeping is an independent risk factor for SUDI.  Objectives: To determine prevalence of shared sleep environments in a cohort of deaths attributed to SUDI. To identify risk factors associated with infant deaths occurring in a shared sleep environment, including vulnerable populations most affected by SUDI. To determine SUDI risk in shared sleep environments in absence of other known risk factors.  **Material and Methods** An analysis of a retrospective cohort study of all SUDI deaths in Queensland between 1 January 2004 and 31 December 2014. Birth and death records from the Queensland Child Death Register, maintained by the Queensland Family and Child Commission (QFCC), were linked with the State’s Perinatal Data Collection, the Hospital Admitted Patient Data Collection and Emergency Department Information System Database. This study involved univariate and multivariate analysis of both proximal and distal epidemiological factors relating to the infant, parents and the environment involving quantitative analysis of these 11 years of coronial records of SUDI deaths.  **Results** This cohort comprises 507 SUDI cases from a population of approximately 4.6 million people. Preliminary analyses of the most recent three-year data period 2012-2015 demonstrates that there were 112 deaths classified as unexplained SUDI. Of these, 49(44%) were sharing a sleep surface with one or more people at the time of death. Indigenous babies, babies born in regional/remote areas, and/or into low and very low socio-economic areas, and those known to the child protection system are over-represented in SUDI deaths. Smoking (27/49,55%), and/or drugs and alcohol use (20/49,41%) were common risk factors for deaths occurring during shared sleep. There were two deaths (2/49,4%) in which shared sleep was the only risk factor reported.  **Conclusions** Most SUDI deaths in co-sleeping environments involved at least one other risk factor. Parents of healthy, breastfed babies in low risk, non-smoking environments are at very low risk of SUDI. We recommend that discussions between health professional and parents about safe sleep focus on risk minimisation. Risk factors such as smoking, alcohol and drug use, and sofa sharing should be targeted. Vulnerable families with risk factors associated with social determinants of health are more likely to need support to reduce their risk of SUDI.   Funding source: Department of Health, Australia, General Practice Academic Registrar term. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Kelly** | | Lastname: | **Hamill** | | E-mail: | **khamill44@gmail.com** | | Country: | **Australia** | | Institution | **University of the Sunshine Coast, QLD** | | Cellphone: | **+61 425373653** | | City: | **Bellingen** | |