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| **A look back at sudden unexpected death in infancy (SUDI) in west of Scotland regional paediatric pathology centre – has anything changed in the last decade?** |
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| **Background:** The numbers of SUDI in Scotland each year (one every nine days) remains unacceptably high. Reviews of SUDI were first piloted 2001-2004 and later resumed in 2011. In the intervening years of this audit, no reviews were conducted.  **Objectives:** To examine information available in cases of SUDI between 2005-2010 and determine whether any changes had occurred during the introduction of a refreshed reduce the risk “public health campaign” in 2005. We aimed to highlight missing data and the importance of SUDI Review in data collection.  **Methods:** 98 randomly selected SUDI cases were retrospectively reviewed from post-mortem, police, and limited primary care health records available.  Inclusion criteria were: 1) age - birth up to 24 months and 2) following post-mortem where cause of death remains unexplained.  **Results:** 22 infants were sleeping alone at death; 48 sharing a sleep surface (SSS). Of the SSS, 33 infants were found between two persons. 52 babies had been placed supine but data on position at final sleep were missing in 30 cases. Of 35 shared adult bed cases, 26 routinely bed shared. 23 infants were preterm, of whom 11 were SSS cases. Whilst 21 infants were low birth weight and of these 12 were SSS cases, there was no birthweight data in 25 cases. 48 infants were aged eight weeks or less at death (32 were SSS). Parental smoking was reported in 55 cases (23 for SSS), but 45 cases (20 SSS) had no data on this factor. There was a paucity of data on parental alcohol use, drug use (prescribed or illicit) and environmental factors such as room temperature and bedding, using this review process e.g. parental alcohol use in the 12 hours before infants death was noted for 20 cases (15 in the SSS cases), but was missing in 74 cases including 32 SSS incidences.  **Conclusions:** This study has demonstrated that the absence of contemporaneous case review results in a critical data dearth.Ongoingeducation is required to ensure all babies are placed supine to sleep (76% supine in this study), and sleep position must be recorded in every SUDI. 49% babies were sharing a sleep surface where contributing factors made this parenting choice unsafe for baby (including lying between two persons). Safe sleep advice ought to state when SSS may be hazardous. The peak incidence of SUDI is generally between two and four months of life. This study shows that 67% of SSS cases involved infants aged eight weeks or less (92% 16 weeks and less). Current safe sleep advice does not caution against bed sharing with babies under a specific age. Information on contributing factors that may affect parenting choices as well as the health of an infant should be recorded in every SUDI to inform; the evidence base, education and public health messages. When compared with a previous 2001-2004 study there was a reduction in infants being placed prone (17% in the earlier study versus 6% in this study) but no other demonstrable differences.  **Funding source:** Zero funding. |
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