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| **ISA ISPID  Abstract Submission  Nº: 189**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Oral** | | **Do SIDS deaths where accidental asphyxia is potentially indicated have the same epidemiological risk profile as other SIDS deaths?** | | **Blair, PS**1; **Pease, AS**1; **Fleming, PJ**1 *1 - University of Bristol.* | | **Introduction** Some co-sleeping SIDS deaths occur in particularly hazardous situations when the parent sleeping beside the baby has consumed alcohol, taken illegal drugs or used an inappropriate sleeping surface. On a case by case basis it is often difficult to establish whether these deaths are accidental (overlaying or asphyxia-related) and quite rightly in the absence of good evidence are labelled SIDS. However on a population level we need to establish whether these deaths have the same epidemiological risk profile as other SIDS deaths. The objective is to compare the demographic and risk profile of deaths classified as SIDS where accidental asphyxia or overlaying are potentially implicated (defined as co-sleeping deaths when the infant slept next to an adult who consumed more than 2 units of alcohol, took illegal drugs such as Cannabis. Cocaine or Methadone, co-slept on a sofa or a combination of these factors) with other SIDS deaths.  **Material and Methods** Data from 2 English SIDS case-control studies conducted in 1993-6 and 2003-6 where the deaths were classified by a multi-disciplinary panel. The control data from both studies of age-matched infants were used as a reference.  **Results** Of 405 SIDS deaths in the combined studies we had information on the specific sleeping environment for 400 (98.8%). Of these 64 (16%) were identified as deaths where accidental asphyxia or overlaying could be implicated, 336 were not. Amongst the 1386 control infants where data were available just 19 (1.6%) were found in a similarly hazardous environment. For many of the demographic factors the two groups of SIDS deaths were not dissimilar. In particular the 4 factors used to define high risk groups suggested high prevalence of maternal smoking, poor levels of education, younger mothers and larger families in both SIDS groups (p=0.49 using 3df).  Low birthweight and prematurity were slightly less common amongst the suspected accidental SIDS deaths compared to the remaining SIDS deaths but were significantly more common than in controls. Placing infants on their side to sleep, swaddling and infants being found with head covered were not markedly different between the two SIDS groups.  Significant multivariate predictors of suspected asphyxia-related SIDS deaths included younger age (p=0.01), fewer being found prone (p=0.03), use of duvet (0.02) and absence of a dummy on the last night of sleep (0.04). Breastfeeding rates were higher and there was an absence of male preponderance amongst the suspected accidental SIDS deaths although neither variable remained significant in the multivariable analysis.  **Conclusions** Infant deaths where overlaying or accidental asphyxia are implicated but not proven are sometimes labelled as ‘unascertained’ but should be classified as SIDS. Further research, especially in terms of pathological tests to determine asphyxia as as a causal pathway, is needed to determine whether these deaths can be re-classified as accidental deaths. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **PS** | | Lastname: | **Blair** | | E-mail: | **p.s.blair@bris.ac.uk** | | Country: | **UK - United Kingdom** | | Institution | **University of Bristol** | | Cellphone: | **07875127562** | | City: | **Bristol** | |