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| **ISA ISPID  Abstract Submission  Nº: 224**   |  | | --- | | Topics: **SIDS/SUID** | | Type: **Oral** | | **Findings from the New Zealand SUDI study, 2012 to 2015** | | **Thompson, John**1; **Elder, Dawn**2; **Taylor, Barry**2; **Baker, Nick**3; **Mitchell, Edwin**1; **SUDI, Nationwide Study Group**1 *1 - University of Auckland. 2 - University of Otago. 3 - Nelson-Marlborough District Health Board.* | | **Introduction** **Background**: Prior to the introduction of the back to sleep campaign in the early 1990’s New Zealand had one of the highest SIDS rates in the world (1989: 4.08/1000 live births). With the introduction of the back to sleep campaign and other risk factor messages the rate of SIDS/SUDI fell dramatically in New Zealand to approximately 0.65 per 1000 live births currently.. . The Maori population and other socially deprived populations continue to have higher rates.  **Objectives**: To determine risk factors for SUDI in the current New Zealand environment.  **Material and Methods** A case-control study was carried out from 2012 to 2015 across New Zealand. All cases were eligible and controls were randomly selected group matched for hospital, ethnicity and date of birth. There were a total of 155 SUDI deaths over the study period, for which data was able to be collected on 140 SUDI cases (90% response rate) and 258 control subjects (40% response rate).  **Results** In the control population the prevalence of being placed prone to sleep was 4.7%, smoking 35.3%, bed sharing 17% and 69% sharing the parental bedroom. In multivariable analyses there was a marginally significant risk associated with prone sleep position (OR=3.3; 95%CI=0.9, 11.8), whilst the risk of side sleeping position did not reach statistical significance (OR=1. 6; 95%CI 0.7, 3.7). Smoking during pregnancy was associated with an increased risk of 3.8 (95%CI=1.9, 7.4), as was sharing the parental bed (OR=5.2; 95%CI=2.7, 10.1). Sharing the parental bedroom was associated with a decrease in risk (OR=0.5 (0.2, 0.9); 95%CI=0.21, 0.77). An interaction of maternal smoking and bedsharing was significant (p=0.0006), with the risk for those in whom the mother smoked and shared the parental bed being 23.9 (95%CI=9.1, 62.5).  **Conclusions** Despite the decrease in SUDI rates in New Zealand over the last 25 years, the risk factors associated with SUDI in New Zealand at the time of peak SIDS/SUDI rates still apply today, although the prevalence of some of these risk factors have decreased. This emphasizes the need to continue to work to communicate the risk prevention messages to these hard to reach populations. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **John** | | Lastname: | **Thompson** | | E-mail: | **j.thompson@auckland.ac.nz** | | Country: | **New Zealand** | | Institution | **University of Auckland** | | Cellphone: |  | | City: | **Auckland** | |