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SUDDEN INFANT DEATH SYNDROME (SIDS)

WHY IS SIDS IMPORTANT FOR MATERNAL AND CHILD HEALTH?

Sudden Infant Death Syndrome (SIDS), which often also includes Sudden Unexpected Death in Infancy (SUDI), is the leading cause of mortality world-wide for infants aged 1 month to 1 year.

The causes of SIDS are considered multifactorial; removing known modifiable risk factors will reduce the overall risk of SIDS. Important modifiable risk factors include unfavourable sleep position (prone or side) and prenatal and postnatal tobacco smoke exposure.

Placing infants on their back (supine) to sleep removes common respiratory stress factors an infant experiences while sleeping. Sleeping supine reduces the risk of airway compression, improves free air circulation around the mouth and nose, and promotes normal awakening responses. Infants placed on their backs to sleep for every sleep by every caregiver until 1 year of age have a reduced risk of SIDS.

While it is not clear if **bed-sharing** (sharing a sleep surface with an infant) is a risk factor by itself, bed-sharing increases risk for SIDS when combined with other risk factors including sleeping on the stomach (prone), on a soft surface, with a sibling or non-caregiver, and with a parent/caregiver who smokes, is overly tired, or has taken substances that impair awakening.



WHY IS SIDS IMPORTANT IN NU?

Nunavut has **the highest rate** of infant mortality in Canada at 14 per 1,000 live births, 3 times the national average. *SIDS is the leading cause of infant mortality in Nunavut* (almost half of all cases).

Premature infants are at **increased risk** for SIDS. *Nunavut has the highest rate of preterm birth in Canada.*

In the 2006 Canadian Maternity Experiences Survey of Nunavut mothers, **only 46% of women from Nunavut reported placing their infants to sleep on their backs**, compared to 77% for the rest of Canada.

Results from the 2006 Aboriginal Children's Survey suggest that **Inuit infants who bed-share are significantly less likely to be placed on their backs (supine) to sleep**.

Approximately **80% of Nunavut women report smoking during pregnancy**, which is 5 times the national average of 16%.

GOOD NEWS / SUCCESS STORY

In 2011, a series of multigenerational focus groups were held throughout Nunavut*. These focus groups explored current and traditional infant sleep practices. Information from these focus groups highlights the importance of mothers, mothers-in-law, and grandmothers in guiding and teaching new moms in caring for their babies.

- Many mothers did not know the meaning of SIDS, but had heard of crib-death and thought it only occurred when infants slept in cribs.
- Most mothers learned about safe sleep practices from their mothers, mothers-inlaw, and grandmothers.
- Most mothers reported that they bed-shared with their infants, but did not always know about the safest ways to bed-share.

Campaigns to increase breastfeeding may also help protect families from SIDS. There are high reported rates of exclusive breastfeeding at 6 months of age in Nunavut.



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SUPPORT MOTHERS AND FAMILIES IN YOUR COMMUNITY

During prenatal and well-baby visits, ask about the sleep plan for the baby. Discuss the importance of sleep environment, tobacco smoke exposure, and breastfeeding. Instruct mothers on how to prepare a safe place for baby to sleep.

Advise that infants be placed on their backs for every sleep by every caregiver until 1 year of age. Once infants are able to roll from their back to their stomach, and their stomach to their back (usually at 5 to 6 months of age), it is not necessary to reposition them onto their backs during sleep.

Infants should always be in a smoke-free environment.

Prenatal and postnatal tobacco smoke exposure increases the risk of SIDS. Prenatal



tobacco smoke exposure is also associated with reduced lung function in infants. Encourage pregnant mothers to quit smoking or reduce the amount of smoking during pregnancy to less than 10 cigarettes per day. Quitting offers the best protection against SIDS.

Infant overheating should be avoided. Heavy blankets, warm room temperatures, and heavy or multiple layers of clothing increase the risk of SIDS.

Infants should be placed to sleep on a flat, firm surface. Loose bedding or soft items like pillows, bumper pads, duvets, quilts, and stuffed animals increase the risk of suffocation.



Whenever possible, engage family members in conversations about sleep practices and tobacco smoke exposure.

Research suggests that any **breastfeeding** may have a protective effect for SIDS. Exclusive breastfeeding for the first 6 months may reduce the risk SIDS by up to 50%.

Preterm infants are at increased risk for SIDS. Preterm infants should be transitioned to supine (back) sleep position before being discharged from the hospital. Ensure that families understand that once discharged home, *preterm infants should always be placed to sleep on their backs.*

Although **bed-sharing** is not recommended, inform parents/caregivers about ways they can reduce risk when sharing, which includes:

- Always placing baby to sleep on his or her back.
- Never bed-sharing with someone who smokes or has consumed alcohol or drugs that decrease arousal.
- Sleeping on a firm surface so that baby doesn't roll.
- Keeping baby's area free from loose bedding, pillows and areas where baby can become trapped (i.e. between wall and mattress).
- Never bed-sharing with non-caregivers or children.
- Never placing baby to sleep on a sofa, armchair, or other soft surface, either alone or with an adult or children.

To reduce SIDS, the safest place for an infant to sleep is on their backs, alone, on a firm surface with no loose bedding present and with a caregiver in the same room.

Work with mothers and families to help create the safest sleep environment possible, at home, travelling, and while out on the land.



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HEALTH CARE PROFESSIONALS: LINKS TO NHIS

Until now, there was no source of reliable longitudinal information on SIDS-related risk factors and their contribution to the high rate of SIDS in Nunavut.

To help address this gap and inform prevention strategies, **please make sure you correctly complete prenatal and well baby records**, **including the following sections**.

Prenatal Record – Part 1 A

1ST TRIMESTER

- 18a. Exposures
- Cigarettes? ON Ves
- Date Quit (dd/mm/yy): _____
- Amount (cig/day): ____
- # People smoking in the house: __

Prenatal Record – Part 3 A

2ND & 3RD TRIMESTER

18b. Exposures (SINCE 1st or 2nd TRIMESTER VISIT)

Cigarettes? ON Ves

Date Quit (dd/mm/yy): ____

Amount (cig/day):

Well Baby Record: 2 month & 6 month visits

SLEEP PRACTICES

What position do you put baby to sleep in?	
back (supine)	□crib
stomach (prone)	child bed
side	foam mattress
other:	adult bed
	mattress on floor
	sofa
	other:

Does baby sleep alone/in own bed?

- No Yes Sometimes
- → Baby shares with: ____

ENVIRONMENT

Maternal Smoking: No Yes

Amount (cig/day): ____

Location of smoking: Inside Outside

- # People smoking in the house: __
- # People living in the house: _____
- # Bedrooms in the house: _____

BREASTFEEDING

Do You <u>Currently</u> Breastfeed? (only check one)

- Never Breastfed
- No, Discontinued at: _____ mths
- Yes, Breast milk only

Since: birth 7 days ago other:

Yes, Breast milk <u>and other feeds</u> (including water). In the past 7 days, how many feeds of other liquids/food per day? □ 1-2 □ ≥3







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ADDITIONAL RESOURCES

The Canadian Foundation for the Study of Infant Deaths <u>http://www.sidscanada.org/</u>

Safe Sleep - Public Health Agency of Canada http://www.phac-aspc.gc.ca/hp-ps/dcadea/stages-etapes/childhood-enfance 0-2/sids/index-eng.php

Recommendations for Safe Sleeping Environments for Infants and Children. <u>http://www.cps.ca/english/statements/cp/cp04-02.htm</u>

Safe Sleep Environment Guidelines for Infants 0 to 12 Months of Age. <u>http://www.perinatalservicesbc.ca/NR/rdonlyres</u> /D799441C-3E00-49EE-BDF7-2A3196B971F0/0/HPGuidelinesSafeSleep1.pdf

Looking to the Future: Report on prevention of SIDS in Inuit regions. (ITK/UBC: 2011). <u>http://www.itk.ca/sites/default/files/2011-</u> <u>Report-Sleep-Practices-among-Inuit-Infantsand-the-Prevention-of-SIDS.pdf</u>

*Funding for the multigenerational focus groups on sleep practices was provided by Health Canada. The views expressed herein are solely those of the authors and do not necessarily reflect the official position of Health Canada.

CANADA PRENATAL NUTRITION PROGRAM (CPNP)

CPNP helps pregnant women and new parents make healthy choices for their babies.

For more information, contact your local CPNP program or <u>cpnp@gov.nu.ca</u>



WHAT IS THE NHIS?

Nutaqqavut 'Our Children' Health Information System (NHIS) allows us to identify and address maternal/child health issues in Nunavut. The NHIS collects data from conception to 5 years of age, including health status, exposures, food security, and nutrition.

The information from the NHIS will allow enhanced evaluation of programs and projects that attempt to address maternal/child health concerns. It will identify healthy practices that can be better encouraged and identify areas in need of support and resources. Ultimately, the NHIS will assist in using limited human and other resources effectively for the promotion of maternal/child health.

For more information contact: <u>NHIS@gov.nu.ca</u>





