

of a death; family child care providers must notify their licensing worker immediately.

The child care provider can not have his/her license revoked solely because a SIDS death has occurred in their care. However, as required by state regulation, all deaths which occur in a licensed facility, including child care, are routinely reviewed by the county child mortality review panel within 60 days of the death.

Where can I get help?

Family, friends, clergy, co-workers, and your local public health nurse can all be important sources of support following a SIDS death. Another resource is the Minnesota Sudden Infant Death Center at Children's Hospitals and Clinics of Minnesota. This statewide program provides a variety of services including information, counseling support, education, public awareness, and research. The SID Center can help providers deal with their feelings and other unique issues, such as:

- Communicating with the baby's parents;
- Providing accurate information to the parents of other children in their care; and
- Learning age-appropriate ways of helping other children understand what has happened.

Providers may be surprised by the intensity and depth of their reactions. Seeking support, information, and counseling can often be the beginning of healing and recovery.

Sudden Infant Death Syndrome (SIDS) is the sudden death of an apparently healthy infant, usually under one year of age. The only way to identify SIDS is to eliminate other causes of death.

There are no warning signs and no way to identify which infants will be affected. Death occurs suddenly and silently during sleep.

Why should I know about SIDS?

SIDS is the major cause of death in infants ages 1 month to 1 year with 90 percent occurring under 6 months.

In Minnesota approximately 25–40 infants are affected each year. Some of them in child care settings.

Research has found that healthy babies placed on their backs for sleep are at the lowest risk for SIDS. Since the *Back to Sleep* campaign began, the SIDS rate in the United States has decreased more than 50%.

Researchers have also found that babies who usually sleep on their backs are at 19% increased risk for SIDS if they are then placed on their tummies to sleep.

It is more important than ever for child care providers to have accurate information about SIDS and to follow the current infant care practices recommended to reduce the risk of SIDS.

SIDS

and the

*Child Care
Provider*

Minnesota Sudden Infant Death Center

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Minneapolis, MN 55404
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1-800-732-3812
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What causes SIDS?

While the cause of SIDS is unknown, research shows it may be linked to a developmental defect in the central nervous system. The most likely cause is a combination of factors, possibly developmental, anatomical, or biochemical. SIDS is not due to suffocation, choking, child abuse or neglect, infection, or immunizations.

How can I reduce the risk of SIDS?

SIDS appears to be unpredictable. However, research shows that there are things that can be done to help reduce the risk. The American Academy of Pediatrics in partnership with other health organizations has launched a public education campaign, *Back to Sleep*, with *Safe Sleep Top 10* recommendations.

Sleep Position: Healthy babies should always be placed on their backs for sleep. If baby has a medical reason that requires him to sleep in a position other than the back, obtain a letter from the baby's health care provider stating the medical reason and what position baby should sleep in.

Tummy Time: When baby is awake and playing, place baby on the tummy to encourage motor skill development and upper muscle strength.

Bedding and Crib: Place baby on a firm mattress in a crib that meets Consumer Product Safety

Commission safety standards. Do not use fluffy blankets or comforters over or under the baby. Keep pillows, stuffed animals, toys, and bumpers out of the crib

Temperature: Babies should be kept warm, but they should not be allowed to get too warm. Keep the temperature in the baby's room so that it feels comfortable to you.

Smoke Free: Create a smoke-free zone around the children in your care. Babies and young children exposed to cigarette smoke have more colds and other upper respiratory tract infections, as well as an increased risk of SIDS.

Safe Sleep Space, Separate but Close:

Place baby in his own crib, bassinet or play yard. Baby should not sleep in a bed, on a sofa, armchair or recliner with an adult or other children. Parents are encouraged to sleep baby in same room with them.

Pacifier: Think about using a clean, dry pacifier when placing baby for sleep but don't force baby to take it.

No Products: Avoid commercial products that claim to reduce the risk of SIDS.

No Monitors: Do not use home monitors to reduce the risk of SIDS. For questions about using monitors for other conditions, talk with baby's health care provider.

Keep in mind that SIDS is complex and that although these recommendations may reduce the risk of SIDS, they may not completely eliminate its occurrence.

What happens if a SIDS death occurs in my child care?

If you are alone and find an unresponsive baby, initiate one minute of CPR, call 911 and return to CPR efforts. If another responsible person is present, send them to call 911 while you begin CPR. Although SIDS is irreversible, another condition may be affecting the baby for which CPR may be life saving.

In the days following a baby's death, the child care provider may experience intense feelings of sadness and depression; appetite and sleep disturbances; and the inability to concentrate or make decisions. Many may feel guilty and angry or become fearful of caring for other children. It is important to remember that SIDS is no one's fault. Most providers return to child care within several days of the death and, with support, become comfortable and confident in their skills again.

When anyone dies suddenly, the county medical examiner will investigate the cause of death. Protocol requires that parents and child care providers be interviewed to obtain as much information about the baby as possible, such as his or her activity on the day of death and how he or she seemed to be feeling. Medical records will be obtained, pictures of the crib or room where the baby was found may be taken, and items such as bed linen, infant medication, and the baby's last bottle may be removed for further examination. All of this information, along with an autopsy, contributes to the diagnosis.

Minnesota rules state that child care centers must notify the Licensing Division of the Department of Human Services within 24 hours

