Solomon's Wisdom

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SUDDEN INFANT DEATH SYNDROME (SIDS) has been known since the beginning of recorded history. It was the subject of the Old Testament's documentation of the wisdom of Solomon in 1 Kings 3:16–28.¹ Solomon dealt with the argument between two mothers. One of their babies was found dead during the night. Solomon offered to cut the surviving infant in half with his sword. The true mother, of course, begged him not to.

Decades have been spent trying to determine the cause of SIDS. The major progress has been in terminology, including the additions of SUID, which is sudden unexpected infant death, and ASSB, which is accidental suffocation and strangulation in bed. A clear association has been established with prematurity, and also with hazardous sleeping, like couches and lounge chairs. Maternal factors such as smoking, drinking, and use of illegal drugs are also correlated. The “back to sleep” campaign² in 1992, which established prone sleeping as the culprit, has been credited with dropping SIDS rates from 78.5 per 100,000 births in 1996 to 54.5 per 100,000 births in 2006; rates have since plateaued.³

Consistently, rates have been low among breastfed infants, including in the landmark study, the Sheffield Intervention Program⁴ in 1983, that established the critical importance of sleeping on the back. The outcome was equally dramatic for breastfeeding as for back sleeping, but the Committee chose to ignore the value of breastfeeding in its education campaign.

The present focus is on co-sleeping in an effort to further reduce the incidence of SIDS and

SUID. This is appropriate for obese mothers, impaired mothers, and formula-fed infants who are at high risk for SIDS.⁵ Mothers who breast-feed frequently nurse their infants in bed, and many sleep with their infants.

This is the source of the disagreement between the SIDS Task Force and the breastfeeding community. On May 19, 2014, a small group of recognized breastfeeding advocates was invited to the National Institutes of Health in Bethesda, MD, to meet with the Task Force for a few hours. A well-planned program was provided by Task Force members, who presented selected data on co-sleeping, breastfeeding, and SIDS. No breastfeeding advocates were invited to speak. Plenty of discussion was encouraged, including during a breakout session.

When challenged, the Task Force indicated they had no information about medical disease, including heart disease, among SIDS victims. They were unaware of the Critical Congenital Heart Disease (CCHD) campaign of the last 5 years. It is mandatory in New York State and operational in 26 of the 50 states. CCHD screening is the measurement of oxygen saturation levels in all newborns before discharge home from the hospital. It especially targets ductal-dependent congenital heart lesions. In two hospitals in Rochester, NY, that deliver 5,000 infants in total in a year, just four infants have failed the test in 2 years, requiring cardiac work-up that revealed issues.

Rochester has struggled for 20 years over the death of a healthy, full-term, breastfed 3-month-old infant in an appropriate crib

sleeping on his back at 4:00 p.m. in the afternoon. Why, oh why! Twenty years later, his sibling had a near-death experience and was diagnosed with Q-T syndrome. A screening of the family identified a sister and the infant's father with Q-T syndrome.

The science of SIDS is not complete. Follow-up of the thousands of infants screened in the CCHD program would be a start. Follow-up of the neonatal metabolic screening that is performed on all newborns before discharge (or at 2 weeks of age, whichever comes first) is another opportunity. Not all states require the full screening for 14 diseases available (required in New York State), but perhaps that could be required across the country.

The final report of the SIDS Task Force should be available by the time this editorial appears in print. The Task Force shared with the guest breastfeeding advocates at the meeting in May that their campaign would be vigorously against co-sleeping. There are no plans of the Task Force to encourage breastfeeding. The breastfeeding community can encourage the instillation of the CCHD program in their hospitals. Breastfeeding advocates can encourage the expansion of the metabolic screening program in all states to include all tests available. The breastfeeding community can encourage breastfeeding to minimize the effect of formula feeding on the incidence of SIDS. Together, perhaps real

progress can be made on the real causes of SIDS and its prevention.

References

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