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BRAZELTON

Understanding SIDS is first step for parents

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Bedtime and the rituals that accompany it are important opportunities for parents and children to interact with each other — to share the love each one has saved up all day.

The chance to cuddle, to read and to sing together are events that no child or parent ever forgets.

Separating from a child at night can be difficult — especially for parents who have been away at work all day. One of the most frightening things about this separation is the specter of sudden infant death syndrome — the sudden, unexplained death of a baby during sleep. Also called "crib death," it can occur in infants who appear to be healthy.

Though the number of SIDS cases in this country has decreased in recent years, it is still the leading cause of death for young infants, with most cases occurring between the ages of 2 and 4 months and some as late as 18 months.

For this reason, every parent should be aware of SIDS as well as the steps they can take to try to prevent it.

Studies of babies who have died unexpectedly have found no clear single cause — though premature infants or infants born after very difficult deliveries may be at greater risk.

But many SIDS victims don't fall into these categories.

Often it appears that a victim may have slept in bedclothes that prevented him from getting enough oxygen.

If a baby's mattress is too soft or sags like a hammock, he can sink down or burrow his head and face into it, trapping his own exhaled carbon dioxide. The same thing can happen if blankets or other bed coverings bunch up near his face.

If the baby rebreathes his own air, the level of carbon dioxide in his blood will gradually rise. When it gets above a certain level, it becomes a brain depressant. The baby becomes weak and doesn't fight to get enough air. He may then die from lack of oxygen to his otherwise normal brain.

To help prevent this, parents should be sure that an infant always sleeps on a firm, flat crib mattress, with no soft bedding that could move near his face.

A one-piece sleeper is preferable to blankets, and pillows should never be used in a crib.

If the baby likes to sleep with a special "lovey" (such as a stuffed animal), be sure it can't interfere with his breathing.

Some parents choose to have the baby sleep in their bed with them. Again, the mattress should be firm, and bedclothes must be kept from entangling the child. Parents need to be sure not to roll over on or too near the baby, which could block his oxygen intake.

(Never bring a baby into bed with you if you have taken medication, alcohol or drugs, which can make you sleep more deeply.)

To help protect against some of these dangers, parents should try using a "sidecar" crib that attaches to the bed.

The American Academy of Pediatrics recommends that infants be placed on their backs for sleeping. Extensive studies have shown that the incidence of SIDS is reduced when babies sleep in this position. But this isn't always easy to do.

Some infants seem to prefer sleeping on their stomachs, probably because it helps to keep their arms and legs still whenever they startle. This makes the startles — a normal part of a baby's light sleep cycle — less likely to disturb their sleep.

These babies may have difficulty comforting themselves when they are on their backs. They may wake more often and require more attention at night.

Although setting babies on their backs can make life more difficult for parents, it can also make a real difference in preventing SIDS. In the 10 years since the "Back to Sleep" campaign was started by a group of health organizations to teach parents about the importance of having babies sleep this way, there has been more than a 50 percent drop in the SIDS death rate.

Once parents learn the ways to reduce the risk of SIDS, they should share that information with grandparents, day-care providers and anyone else who may be caring for their child.

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