



Published in final edited form as:

J Pediatr. 2018 July ; 198: 322–325. doi:10.1016/j.jpeds.2018.04.058.

Sudden unexpected infant death rates differ by age at death

Carrie K. Shapiro-Mendoza, PhD, MPH

Centers for Disease Controls and Prevention (CDC) Atlanta, GA 30345

Commentary

Bass et al show that SUID differs by age at death. Understanding factors related to age differences informs interventions. SUID rarely occurs in the neonatal period. Of the 4 million US births in 2015, SUID accounted for 108 deaths at 0–6 days and 314 deaths at 7–27 days. Fifty-one deaths were sudden unexpected postnatal collapse (SUPC), born >35 weeks' gestation, 10-minute APGAR >7, died before 7 days(1). The higher SUID rates in infants 7–27 days compared to infants 0–7 days likely reflect different underlying etiologies. The Centers for Disease Control and Prevention's SUID Case Registry (2) program works with child death review teams to better document the burden of SUID. Review teams are uniquely positioned to evaluate information about SUID, including SUPC in their jurisdictions. Teams review environmental and clinical factors from scene investigation, autopsy, and medical records for all SUID. Dissemination of review findings and recommendations assists jurisdictions in developing programs to improve infant health and well-being. Review teams collaborate with healthcare providers and parent education programs to encourage uptake of infant safe sleep recommendations (3). Ongoing surveillance of SUID rates by age at death is important to evaluate the impact of infant care interventions, identify new risk factors, and track progress towards reducing SUID mortality.

References

1. CDC, National Center for Health Statistics. Vital statistics data available online. 2015 Period Linked Birth/Infant Death Data Set. https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm#Period_Linked. Accessed March 18, 2018.
2. Shapiro-Mendoza CK, Camperlengo LT, Kim SY, Covington T. The sudden unexpected infant death case registry: a method to improve surveillance. *Pediatrics* 2012;129:e486–93. [PubMed: 22232303]
3. Moon RY, American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: evidence for 2016 updated recommendations for a safe infant sleeping environment. Technical report. *Pediatrics* 2016;138:e2016940.

Disclaimer:

The findings and conclusions in this paper are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.