



## NATIONAL SIDS/INFANT DEATH RESOURCE CENTER

Publications added to NSIDRC collection for September 2004

**Accession  
Number**

**Title**

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**PA-01139**

**Avoir un autre enfant suite a la mort dun bebe victime du SMSN [Having another Child after a SIDS Death].**

The Canadian Foundation for the Study of Infant Deaths  
Toronto, Ontario : The Canadian Foundation for the Study of Infant Deaths. 2001, 8 p.

This pamphlet addresses the issue of having another child after a sudden infant death syndrome (SIDS) death. Topics discussed are readiness for another baby, the possible death of a new baby, fear of loving another baby, the birth of and first days home with a new baby, the desire to be a perfect parent, sensitivity to criticism, siblings fears about death, overprotectiveness toward other children, and the feelings of grandparents about a new baby. Basic information about SIDS is included. For English version refer to PA-00347.

Distributed by:  
The Canadian Foundation for the Study of Infant Deaths  
586 Eglinton Avenue East, Suite 308  
Toronto , M4P 1P2  
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sidsinfo@sidscanada.org, <http://www.sidscanada.org>

**PA-01140**

**Sudden Infant Death Syndrome and the Childcare Provider: Sample Parent Letter and Sleep Position Waiver.**

National SIDS/Infant Death Program Support Center  
Baltimore, MD : National SIDS/Infant Death Program Support Center. 2004.

Includes sample parent letter and sleep position waiver letter.

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kathleen.graham@firstcandle.org, [http://firstcandle.org/health/health\\_human.html](http://firstcandle.org/health/health_human.html)

**PA-01141**

**Gaby D. a mother's journey through grief.**

O'Neill, K.  
Lincoln, NE : iUniverse, Inc.. 2004, 71 p.

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Gaby D. is a journal chronicling a mother's journey through grief in the years following the sudden death of her young daughter Gabrielle.

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book.orders@iuniverse.com, <http://www.iuniverse.com>

**PA-01142**

**Grief Therapy.**

Katafiasz, K.  
St.Meinrad, IN : Abbey Press. 1993, 35 p.

The death of a loved one has a powerful and significant impact on a person's life. But the surrounding world often expects survivors to move quickly beyond their loss, to "just snap out of it." A wise and sensitive dissenting voice, Grief therapy demonstrates how the grieving process takes time and deserves attention. With succinct, meaningful guidelines and hope-filled illustrations, it reassures those who grieve that out of their pain can come profound, transforming healing. Sources of additional help are identified which includes books, a magazine on bereavement.

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**SIDS-06991**

**Second-Trimester Maternal Serum Levels of Alpha-Fetoprotein and the Subsequent Risk of Sudden Infant Death Syndrome.**

Smith, GCS, Wood, AM et al.  
N Engl J Med , 351 (10 ): 978-86, Sep 2, 2004  
For Full text: <http://content.nejm.org/>

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Background: Unexplained stillbirth and the sudden infant death syndrome (SIDS) share some features. A raised maternal serum level of alpha-fetoprotein during the second trimester of pregnancy is a marker of placental dysfunction and a strong predictor of the risk of unexplained stillbirth. It is unknown whether alpha-fetoprotein levels also predict the risk of SIDS. Method: We linked a prenatal-screening database for women in western Scotland with databases of maternity, perinatal death, and birth and death certifications to assess the association between second-trimester levels of maternal serum alpha-fetoprotein and the subsequent risk of SIDS. Results: Among 214,532 women with singleton births, there were 114 cases of SIDS (incidence, 2.7 per 10,000 births among women with alpha-fetoprotein levels in the lowest quintile and 7.5 per 10,000 births among those with levels in the highest quintile). When the lowest quintile was used as a referent, the unadjusted odds ratios for SIDS for the second through fifth quintiles were 1.7 (95 percent confidence interval, 0.8 to 3.5), 1.8 (95 percent confidence interval, 0.9 to 3.7), 2.5 (95 percent confidence interval, 1.3 to 4.8), and 2.8 (95 percent confidence interval, 1.4 to 5.4), respectively (P for trend = 0.001). The risk of SIDS varied inversely with the birth-weight percentile and the gestational age at delivery; after adjustment for these factors, the odds ratios for SIDS were 1.7 (95 percent confidence interval, 0.8 to 3.5), 1.7 (95 percent confidence interval, 0.8 to 3.5), 2.2 (95 percent confidence interval, 1.1 to 4.4), and 2.2 (95 percent confidence interval, 1.1 to 4.3), respectively (P for trend = 0.01). Conclusions: There is a direct association between second-trimester maternal serum alpha-fetoprotein levels and the risk of SIDS, which may be mediated in part through impaired fetal growth and preterm birth.

**SIDS-06993**

**Bereavement Counseling for Sudden Infant Death Syndrome (SIDS) and Infant Mortality: Core Competencies for the Health Care Professional.**

Association of SIDS and Infant Mortality Programs (ASIP)  
: Association of SIDS and Infant Mortality Programs (ASIP) , 2004.

This Guide presents core competencies essential for the health care professional to provide appropriate and effective bereavement counseling and support for a family. Part I focuses on understanding and using infant mortality statistics. It lists various data sources like National Center for Health Statistics (NCHS), Title V Information System (TVS), Peristats by March of Dimes, State Health Facts Online by Henry J. Kaiser Family Foundation, and Infant Mortality Knowledge path developed by Georgetown University's National Center for Education in Maternal and Child Health (NCEMCH). Lists leading causes of Infant Mortality and current trends in Infant Mortality. Part II includes risk reduction for SIDS and Infant Mortality. Part III focuses on bereavement counseling for SIDS and Infant Mortality. It lists steps while counseling the bereaved parents, counseling children about death and grief, counseling grandparents, and counseling day care providers and foster parents. Part IV covers the impact of grief counseling on the health care professional. Also includes references and suggested reading list on infant mortality statistics, risk reduction education, bereavement counseling support, helpful books for children, list of ASIP publications and collaborating organizations. Includes list of organizations dealing with grief and bereavement.

Distributed by:  
Association of SIDS and Infant Mortality Programs (ASIP)  
8280 Greensboro Dr., Ste 300  
McLean , VA 22108  
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**SIDS-06994**

**Cannabinoid receptor expression in peripheral arterial chemoreceptors during postnatal development.**

**Accession  
Number**

**Title**

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McLemore GL, Cooper RZ et al.  
J Appl Physiol , 97 (4 ): 1486-95, Oct 2004  
For Full text: <http://jap.physiology.org/cgi/content/abstract/97/4/1486>

Prenatal exposure to tobacco smoke increases risk of sudden infant death syndrome (SIDS). Marijuana is frequently smoked in conjunction with tobacco, and perinatal exposure to marijuana is associated with increased incidence of SIDS. Abnormalities in peripheral arterial chemoreceptor responses during sleep may be operative in infants at risk for SIDS, and nicotine exposure adversely affects peripheral arterial chemoreceptor responses. To determine whether marijuana could potentially affect the activity of peripheral arterial chemoreceptors during early postnatal development, we used in situ hybridization histochemistry to characterize the pattern and level of mRNA expression for cannabinoid type 1 receptor (CB1R) in the carotid body, superior cervical ganglia (SCG), and nodose-petrosal-jugular ganglia (NG-PG-JG) complex in newborn rats. We used immunohistochemistry and light, confocal, and electron microscopy to characterize the pattern of CB1R and tyrosine hydroxylase protein expression. CB1R mRNA expression was intense in the NG-PG-JG complex, low to moderate in the SCG, and sparse in the carotid body. With maturation, CB1R gene expression significantly increased ( $P < 0.01$ ) in the NG-PG-JG complex. CB1R immunoreactivity was localized to nuclei of ganglion cells in the SCG and NG-PG-JG complex, whereas tyrosine hydroxylase immunoreactivity was localized to the cytoplasm. Exposure to marijuana during early development could potentially modify cardiorespiratory responses via peripheral arterial chemoreceptors. The novel finding of nuclear localization of CB1Rs in peripheral ganglion cells suggests that these receptors may have an, as yet, undetermined role in nuclear signaling in sensory and autonomic neurons.

**SIDS-06995**

**Urinary tract diseases revealed after DTP vaccination in infants and young children: Cytokine irregularities and down-regulation of Cytochrome P-450 enzymes induced by the vaccine may uncover latent diseases in genetically predisposed subjects.**

Prandota J.  
Am J Ther , 11 (5 ): 344-53, Sep-Oct 2004  
For Full text: <http://www.americantherapeutics.com>

Prophylactic vaccinations may sometimes shorten the incubation period of some illnesses and/or convert a latent infection/inflammation into a clinically apparent disease. Cytokines play a major role in mediating the inflammatory process in various clinical entities and represent a potential source of tissue damage if their production is not sufficiently well controlled. It seems that irregularities in production of proinflammatory cytokines may be responsible for the abnormalities associated with full-blown clinical symptoms of various urinary tract diseases observed after DTP vaccination in 13 infants and young children hospitalized over the past 24 years. On admission, upper respiratory tract diseases, atopic dermatitis, and/or latent urinary tract infection/inflammation were found in these children. It is suggested that the whole-cell pertussis present in DTP vaccine, acting as an excessive stimulus in these patients, produced symptoms reminiscent of biologic responses to circulating proinflammatory monokines such as IL-1beta, TNF-alpha, and IL-6 because earlier it was reported that in vitro the whole-cell vaccine induced significantly more such cytokine production than did the acellular pertussis or diphtheria-tetanus-only vaccine. Analysis of the cellular immune disturbances previously reported in urinary tract infection/inflammation (increased serum and/or urinary IL-1alpha, IL-1 receptor antagonist, IL-6 and IL-8), steroid-sensitive nephrotic syndrome (increased IL-2, IFN-gamma, TNF-alpha, and decreased or increased IL-4, depending on the cells studied), and atopic dermatitis (decreased IFN-gamma and increased IL-4 production), may suggest that similar subclinical chronic cytokine-mediated abnormalities produced in the course of latent diseases revealed in our patients, combined with those caused by DTP vaccination stimulus, were responsible for the pathomechanism of these clinical entities. This speculation is in agreement with the reports on the long-lasting induction of cytokine release and down-regulation of hepatic cytochrome P-450 isoenzyme activities after administration of DTP vaccine to mice and may be supported by the fact that TH1 phenotype is associated with the up-regulation of intercellular adhesion molecule-1 and RANTES, whereas TH2 phenotype is associated with the up-regulation of the vascular cell adhesion molecule and P-selectin, which are key players in the migration into inflamed tissues and localization of lymphocytes and other allergic effector and inflammatory cells. Because several inflammatory cytokines down-regulate gene expression of major cytochrome P-450 and/or other enzymes with the specific effects on mRNA levels, protein expression, and enzyme activity, thus affecting the metabolism of several endogenous lipophilic substances such as steroids, lipid-soluble vitamins, prostaglandins, leukotrienes, thromboxanes, and exogenous substances, their irregularities in the body may eventually lead to the flare of latent diseases in some predisposed subjects. Also, interleukin genetic polymorphisms, especially the constellation of TNF-alpha and IL-6 genetic variants, might predispose some infants with infection to a more than usually intense inflammatory response in the kidneys after vaccination. It seems that the aforementioned pathomechanism may also be responsible for some cases of sudden infant death syndrome, which is often preceded by infection/inflammation.

**SIDS-06996**

**The effect of hypertensive disorders in pregnancy on small for gestational age and stillbirth: A Population based study.**

Allen, VM, Joseph KS et al.

BMC Pregnancy and Childbirth , 4 (17 ): 1-8,

For Full text: <http://www.biomedcentral.com/1471-2393/4/17>

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Background: Hypertensive disorders in pregnancy are leading causes of maternal, fetal and neonatal morbidity and mortality worldwide. However, studies attempting to quantify the effect of hypertension on adverse perinatal outcomes have been mostly conducted in tertiary centres. This population-based study explored the frequency of hypertensive disorders in pregnancy and the associated increase in small for gestational age (SGA) and stillbirth. Methods: We used information on all pregnant women and births, in the Canadian province of Nova Scotia, between 1988 and 2000. Pregnancies were excluded if delivery occurred < 20 weeks, if birthweight was < 500 grams, if there was a high-order multiple pregnancy (greater than twin gestation), or a major fetal anomaly. Results: The study population included 135,466 pregnancies. Of these, 7.7% had mild pregnancy-induced hypertension (PIH), 1.3% had severe PIH, 0.2% had HELLP (hemolysis, elevated liver enzymes, low platelets), 0.02% had eclampsia, 0.6% had chronic hypertension, and 0.4% had chronic hypertension with superimposed PIH. Women with any hypertension in pregnancy were 1.6 (95% CI 1.5–1.6) times more likely to have a live birth with SGA and 1.4 (95% CI 1.1–1.8) times more likely to have a stillbirth as compared with normotensive women. Adjusted analyses showed that women with gestational hypertension without proteinuria (mild PIH) and with proteinuria (severe PIH, HELLP, or eclampsia) were more likely to have infants with SGA (RR 1.5, 95% CI 1.4–1.6 and RR 3.2, 95% CI 2.8–3.6, respectively). Women with pre-existing hypertension were also more likely to give birth to an infant with SGA (RR 2.5, 95% CI 2.2–3.0) or to have a stillbirth (RR 3.2, 95% CI 1.9–5.4). Conclusions: This large, population-based study confirms and quantifies the magnitude of the excess risk of small for gestational age and stillbirth among births to women with hypertensive disease in pregnancy.

**SIDS-06998**

**Sudden infant death syndrome and breastfeeding: A selected annotated bibliography.**

National SIDS/Infant Death Resource Center  
McLean, VA : National SIDS/Infant Death Resource Center , 2004, 25 p.

This bibliography provides information about breastfeeding and relationship with sudden infant death syndrome. The entries in the bibliography are from technical journals, books, and other publications in the English language. Each entry includes a bibliographic citation and abstract of the article. The record number indicates the order of entry into the National SIDS/Infant Death Resource Center database system. Most of the books and journal articles listed in bibliography is available at a public, medical or university library or through interlibrary loan.

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sids@circlesolutions.com, <http://www.sidscenter.org>

**SIDS-06999**

**Sudden infant death syndrome and immunization: A selected annotated bibliography.**

National SIDS/Infant Death Resource Center  
McLean, VA : National SIDS/Infant Death Resource Center , 2004, 10 p.

This bibliography provides information about immunization and relationship with sudden infant death syndrome. The entries in the bibliography are from technical journals, books, and other publications in the English language. Each entry includes a bibliographic citation and abstract of the article. The record number indicates the order of entry into the National SIDS/Infant Death Resource Center database system. Most of the books and journal articles listed in bibliography is available at a public, medical or university library or through interlibrary loan.

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**SIDS-07000**

**Sudden infant death syndrome in the hispanic community: A selected annotated bibliography.**

National SIDS/Infant Death Resource Center  
McLean,VA : National SIDS/Infant Death Resource Center , 2004, 8 p.

This bibliography provides information about Hispanic Community and their relationship with sudden infant death syndrome. The entries in the bibliography are from technical journals, books, and other publications in the English language. Each entry includes a bibliographic citation and abstract of the article. The record number indicates the order of entry into the National SIDS/Infant Death Resource Center database system. Most of the books and journal articles listed in bibliography is available at a public, medical or university library or through interlibrary loan.

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**SIDS-07001**

**Sudden infant death syndrome and smoking: A selected annotated bibliography.**

National SIDS/Infant Death Resource Center  
Mclean, VA : National SIDS/Infant Death Resource Center , 2004, 41 p.

This bibliography provides information about smoking and their relationship with sudden infant death syndrome. The entries in the bibliography are from technical journals, books, and other publications in the English language. Each entry includes a bibliographic citation and abstract of the article. The record number indicates the order of entry into the National SIDS/Infant Death Resource Center database system. Most of the books and journal articles listed in bibliography is available at a public, medical or university library or through interlibrary loan.

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**SIDS-07002**

**Sudden infant death syndrome and sleep position: A selected annotated bibliography.**

National SIDS/Infant Death Resource Center  
McLean, VA : National SIDS/Infant Death Resource Center , 2004, 76 p.

This bibliography provides information about sleep position and their relationship with sudden infant death syndrome. The entries in the bibliography are from technical journals, books, and other publications in the English language. Each entry includes a bibliographic citation and abstract of the article. The record number indicates the order of entry into the National SIDS/Infant Death Resource Center database system. Most of the books and journal articles listed in bibliography is available at a public, medical or university library or through interlibrary loan.

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**SIDS-07003**

**Sudden Infant Death Syndrome and Risk Reduction: A Selected Annotated Bibliography.**

National SIDS/Infant Death Resource Center  
McLean, VA : National SIDS/Infant Death Resource Center , 2004, 17 p.

This bibliography provides information about risk reduction and their relationship with sudden infant death syndrome. The entries in the bibliography are from technical journals, books, and other publications in the English language. Each entry includes a bibliographic citation and abstract of the article. The record number indicates the order of entry into the National SIDS/Infant Death Resource Center database system. Most of the books and journal articles listed in bibliography is available at a public, medical or university library or through interlibrary loan.

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**SIDS-07005**

**Sleep Position in Israeli Jewish infants following the "back to sleep" campaign.**

Tauman R, Reisner SH, et al.  
Isr Med Assoc J , 6 (9 ) : 540-5, Sep 2004



Background: Prone sleeping has been recognized as a risk factor for sudden infant death syndrome. Ten years ago, non-prone sleeping was recommended in many countries around the world including Israel. The rate of infants sleeping prone and the rate of parents' adherence with the recommendations have not been studied. Objectives: To study infants' sleep position and parents' adherence to recommendations, and to identify risk factors for prone sleeping following the campaign to prevent prone sleeping in the Israeli population. Methods: We conducted a longitudinal telephone survey with the parents of 608 randomly selected 2 month old infants, repeated at 4 and 6 months. Results: Non-prone sleeping decreased from 75% to 67% and 63% at 2, 4 and 6 months respectively. There was a significant relationship between prone positioning and the use of a home apnea monitor at 2 months ( $P = 0.038$ , odds ratio 1.37, 95% confidence interval 0.94-2.15). Other risk factors for prone sleeping were the level of religious practice, with ultra-Orthodox Jews having the highest prevalence (2 months: OR 2.78, 95% CI 1.75-4.55) and higher parity - especially in families with more than five children ( $P = 0.041$ ). Conclusions: The prone sleeping position is relatively high in Israel. Groups at high risk were closely associated with the level of religiousness and parity. Efforts to promote supine sleeping should be directed towards identifiable groups. 25 references.

**SIDS-07006**

**Cost-effectiveness of neonatal ECG as a screening for Long QT-syndrome: A decision analysis approach.**

Quaglini S, Rognoni C, et al.  
Medinfo , ( ): 1821,

Using the decision tree formalism, we built a probabilistic model for predicting costs and benefits of a neonatal screen-ing for Long QT-syndrome (LQTS) on the Italian population. The syndrome is a major cause of sudden death in the young and contributes significantly to Sudden Infant Death Syn-drome. The economic evaluation has been performed from the National Healthcare System point of view. According to the model, the proposed screening strategy would save about 14 lives per year, and it seems to be cost-effective, leading to a cost per life year saved around to 32000 euro.

**SIDS-07007**

**A reflectable case of Obstructive Sleep Apnea in an infant with Crouzon Syndrome.**

Mitsukawa N, Satoh K, et al.  
J Craniofac Surg , 15 ( 5 ): 874-78, Sep 2004

Obstructive sleep apnea has recently drawn attention as a cause of sudden death among infants. Life-threatening obstruction of the upper airway is encountered in patients with syndromic craniosynostosis. Early definitive management of obstructive sleep apnea can conquer this critical situation. Although early tracheostomy can solve the problem, successful early midfacial distraction has been reported. In this report, a reflectable case of sudden death caused by a severe obstructive sleep apnea attack at home just before the midfacial distraction, during the waiting period for the surgery of midfacial distraction, is described. The authors stress the importance of preoperative care of the upper airway and the early definitive treatment using distraction osteogenesis for midfacial hypoplasia in infantile syndromic craniosynostosis.

**SIDS-07008**

**Air pollution and sudden infant death syndrome: A literature review.**

Tong S, Colditz P.  
Paediatr Perinat Epidemiol , 18 ( 5 ): 327-35, Sep 2004

For Full text: <http://www.blackwell-synergy.com/>

Summary: Although the rate of sudden infant death syndrome (SIDS) has been reduced with the 'Back to Sleep' campaign, SIDS is still a common cause of death in infancy. A range of environmental factors may interact to contribute to the adverse health conditions conducive to SIDS. Nine studies have evaluated the association between exposure to air pollution and the incidence of SIDS. The available evidence is inadequate to come to any conclusion about a relationship between air pollution and SIDS, although the body of evidence appears to suggest that air pollution (especially particles and some gaseous pollutants) may play a certain role in the occurrence of SIDS. We suggest that future studies should focus on the research design, role of indoor air quality and the effect of smaller particles, particularly those in the ultrafine range

**SIDS-07009**

**Mortality due to sudden infant death syndrome in Northern Italy, 1990-2000: A baseline for the assessment of prevention campaigns.**

Montomoli C, Monti MC, et al.

Paediatr Perinat Epidemiol , 18 (5 ): 336-43, Sep 2004

For Full text: <http://www.blackwell-synergy.com>

Summary: The aim of this paper is to estimate the infant mortality rate and the incidence of sudden infant death syndrome (SIDS) in Lombardy, Northern Italy, in the period 1990-2000 and to provide basic information for a subsequent comparison of the SIDS incidence before and after the risk-intervention campaign. A retrospective epidemiological study was carried out using all deaths of resident infants occurring up to 1 year of age as recorded by the health districts mortality registries of the Lombardy region, between 1990 and 2000. The infant mortality rate was 4.1 per 1000 live births, with a significant decreasing trend. This decrease is mainly due to the fall in mortality for congenital malformations and perinatal diseases. The SIDS incidence rate was 0.13 per 1000 live births; the annual incidence of SIDS during the study period decreased significantly by 60% from 0.20 to 0.08 deaths per 1000 live births ( $P = 0.001$ ). When 'possible SIDS deaths', not directly labelled as SIDS, were also considered, the rate of SIDS was 0.54 per 1000 live births. The incidence of SIDS in Northern Italy appears much lower than anticipated. SIDS remains the single leading cause of death in the first year of life after the early neonatal period.

**SIDS-07010**

**Discerning differences: Gastroesophageal reflux and gastroesophageal reflux disease in infants.**

Henry SM

Adv Neonatal Care , 4 (4 ): 235-47, Aug 2004

For Full text: <http://www2.advancesinneonatalcare.org/>

Gastroesophageal reflux (GER) is a frequently encountered problem in infancy; it commonly resolves spontaneously by 12 months of age. Caregivers are challenged to discriminate between physiologic GER and the much less common and more serious condition of pathologic gastroesophageal reflux disease (GERD). Pathologic GERD may require more extensive clinical evaluation and necessitate treatment. GERD may be primary or secondary; secondary GERD is associated with a number of genetic syndromes, chromosomal abnormalities, birth defects, or a host of neurologic conditions frequently seen in the newborn intensive care unit. This article reviews the unique anatomic, physiologic, developmental, and nutritional vulnerabilities of infants that make them susceptible to GER and GERD. The North American Society of Pediatric Gastroenterology and Nutrition have recently developed a comprehensive evidence-based clinical practice guideline that structures the diagnostic approach and treatment option in infants with suspected and confirmed GERD. These guidelines provide clear definitions of GER and GERD to aid the clinician in distinguishing between the 2 conditions. They emphasize the use of history and physical examination and discuss the indications for the use of other diagnostic procedures, such as upper gastrointestinal studies, nuclear medicine scintiscan, esophagogastroduodenoscopy with biopsy, and esophageal pH probe monitoring. Management of GERD begins with a nonpharmacologic approach; the emphasis is on positioning, a trial of a hypoallergenic formula, and thickening of feedings. When these measures fail to control symptoms, a trial of either histamine(2) antagonists or a proton pump inhibitor may be indicated. Finally, surgical treatment may be needed if all other management measures fail. New sleep recommendations for infants with GERD are now consistent with the American Academy of Pediatrics' standard recommendations. Prone sleep positioning is only considered in unusual cases, where the risk of death and complications from GERD outweighs the potential increased risk of sudden infant death syndrome (SIDS). The nursing care of infants with GER and GERD, as well as relevant issues for parent education and support, are reviewed and are essential elements in managing this common condition.

**SIDS-07011**

**Prenatal screening and diagnosis for Pediatricians.**

Cunniff C, et al.

Pediatrics , 114 (3 ): 889-94, Sep 2004

For Full text: <http://www.pediatrics.org>

The pediatrician who cares for a child with a birth defect or genetic disorder may be in the best position to alert the family to the possibility of a recurrence of the same or similar problems in future offspring. The family may wish to know about and may benefit from methods that convert probability statements about recurrence risks into more precise knowledge about a specific abnormality in the fetus. The pediatrician also may be called on to discuss abnormal prenatal test results as a way of understanding the risks and complications that the newborn infant may face. Along with the increase in knowledge brought about by the sequencing of the human genome, there has been an increase in the technical capabilities for diagnosing many chromosome abnormalities, genetic disorders, and isolated birth defects in the prenatal period. The purpose of this report is to update the pediatrician about indications for prenatal diagnosis, current techniques used for prenatal diagnosis, and the status of maternal screenings for detection of fetal abnormalities. 42 references.

**SIDS-07012**

**Sudden infant death-focus subject of medico-legal research.**

Saternus KS.

Forensic Sci Int , 144 (2-3 ): 247-53, Sep 10, 2004

For Full text: <http://www.sciencedirect.com>

The compilation of research activities concerning SID in the field of legal medicine could only choose those out of a great abundance of high-quality examinations which represent applied research. By this they have contributed either to the clarifying of the aetiology which has not been cleared up or to the prophylaxis. For this looking through in a widest sense the basic approach was to consider SID being the result of an intrinsic and/or extrinsic disturbance of the modulation of respiratory regulation of the infant. This namely means a metabolic disturbance of respiratory neurons. One must not share this opinion even if it is given a certain plausibility by newer physiological examinations.

But this also means that some examinations did not receive the acknowledgement which they would have received if there had been an immunological approach. The compilation was completely done without a presentation of the primary crisis intervention and the long-term care as being a fundamental medico-legal approach. Altogether may be summarized that legal medicine has completely fulfilled its duty to take care of the problem SID and that the examinations did not remain without success.

**SIDS-07013**

**In utero nicotine exposure causes persistent, gender-dependant changes in locomotor activity and sensitivity to nicotine in C57B/6 mice.**

Pauly JR, Sparks JA et al.

Int J Dev Neurosci , 22 (5-6 ): 329-37, Aug-Oct 2004

For Full text: <http://www.ingenta.com>

Maternal cigarette smoking during pregnancy can result in a wide variety of adverse fetal outcomes, ranging from preterm delivery and low birth weight, to sudden infant death syndrome. In addition, in utero tobacco smoke exposure is associated with delayed or impaired neuropsychological development. Although the causative agent in tobacco smoke that leads to these aberrations is not known, some studies have concluded that nicotine may play an important role. Many studies using animal models of prenatal nicotine exposure have supported the hypothesis that nicotine may directly and/or indirectly cause impairments in fetal and neonatal development. However, in many of the animal studies nicotine has been administered acutely to naive dams, which could lead to significant fetal hypoxia; some routes of drug administration are also very stressful to pregnant dams, and changes in stress hormones could also create an unfavorable fetal environment. In this study, pregnant mice were exposed to chronic nicotine via the drinking solution; locomotor activity and sensitivity to nicotine were evaluated in the offspring. We have previously shown that oral nicotine administration produces behavioral and physiological changes that resemble those seen following other routes of nicotine administration. Although oral nicotine exposure did not significantly alter any aspect of the pregnancy, dams drinking a nicotine-containing solution consumed approximately 20% less volume, compared to saccharin controls. All animals were cross fostered to nicotine naive lactating dams, immediately after birth. On PN40 and PN60, male mice exposed to in utero nicotine demonstrated significant locomotor hyperactivity in an open field arena. Although female animals did not show any signs of hyperactivity, they did have a significant attenuation of their hypothermic response to acute nicotine challenge. These results suggest that oral nicotine delivery to pregnant mice causes persistent, gender-dependant changes in behavior and sensitivity to nicotine. This model may be very useful for future studies that try to more accurately define the windows of sensitivity for nicotine exposure and the possible underlying neurochemical mechanisms involved.

**SIDS-07014**

**The fifty percent male excess of infant respiratory mortality.**

Mage DT, Donner EM

Acta Paediatr , 93 (9 ): 1210-5, Sep 2004

For Full text: <http://www.ingenta.com>

Aim: To test whether infant mortality from clearly respiratory causes has a consistent male excess that is different from the male excess in most cardiac conditions. Methods: Analysis of male excess in infant mortality data from the United States and from north European countries. Data are analyzed for the period 1979-2002 in autopsied and unautopsied cohorts. Results: Several modes of respiratory death in infancy are characterized by an approximate 50% male excess. This common excess is demonstrated in vital statistics for infant respiratory distress syndrome, sudden infant death syndrome, inhalation of food and other objects causing obstruction of respiratory tract or suffocation, congenital pneumonia, viral pneumonia, bronchiolitis and bronchitis, and accidental drowning. Results are presented for these and other respiratory causes of mortality in all United States infant deaths from 1979-1998 and for sudden infant death syndrome from the United Kingdom and Scandinavia. In sudden infant death syndrome, the common male excess appears to exist only for the autopsied post-neonatal cases. Comparisons are made to the male excess mortality from congenital cardiac anomalies showing a similarly large male excess for those conditions resulting in severe hypoxic and ischemic hypoxia. Conclusion: Because these respiratory disease conditions are quite different, it is proposed that their common approximately 50% male excess implies a common terminal hypoxic condition and mechanism of death reached via the different pathways. We hypothesize that an unknown X-linkage may be responsible for this consistent male excess in infant mortality.

**SIDS-07015**

**A novel technique to measure position-dependent resistance changes in the vertebral arteries postmortem: new insights into the aetiology of SIDS?**

Wald M, Klupp N et al.  
Acta Paediatr , 93 (9 ): 1166-71, Sep 2004  
For Full text: <http://www.ingenta.com>

Aim: A central respiratory regulation disturbance--triggered by impaired oxygen supply to the brainstem--is being discussed as an aetiological factor in sudden infant death syndrome. In this experimental study, further insight was sought into how far cervical spine movements may induce critical narrowing of the vertebral arteries. Methods: In 10 infant bodies, the vertebral arteries were cannulated close to their origin and perfused with a fluid bolus of 5 ml in 2 s. The intravascular peak pressure created was memorized. Individual resistance indices were computed for every vertebral artery by relating the average pressure maximum from 10 measurements each with maximal rotation of the neck to either side alone and then with additional hyperextension of the cervical spine to the average peak pressure in neutral head position. Results: Alterations of position-induced pressure changes occurred in the vertebral arteries of all children. Considering exclusively the combined movements of rotation plus extension, resistance increased ipsi- and contralaterally--no matter which side the head was turned--in three infants. A further three reacted with resistance surges only contralateral to the direction of rotation, and one only ipsilateral. Double contralateral associated with only one-directional ipsilateral rise was observed twice, and vice versa once. Conclusion: The presented method enables crude quantification of postmortem dynamic resistance alterations in the vertebral arteries. How far such measurements reflect authentic circulatory conditions during life remains to be assessed.

**SIDS-07016**

**A genetic reason for male excess in infant respiratory mortality?**

Finnstrom O.  
Acta Paediatr , 93 (9 ): 1154-5, Sep 2004  
For Full text: <http://www.ingenta.com>

**Accession  
Number**

**Title**

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Male infants have a 50% higher risk of death from respiratory diseases and a number of congenital heart diseases that can lead to cerebral hypoxia. The most important of these diseases are infant respiratory distress syndrome and sudden infant death syndrome. Conclusion: The mechanism behind the excess peri-mortality rate in male infants is not known. A genetic factor leading to reduced tolerance to hypoxia is possible.

**Total no: of records added: 27**