
Infant Death Syndrome (SIDS)

Sudden infant death syndrome (SIDS) is the early death of an infant that is less than a year. Sudden infant death syndrome is important to all the domains of development because it tells us some factors that will put infants at extra risk. It is the most common type of death that has happened during the infant's first year of life. It occurs quick and unnoticed and the cause of death is considered one of the most mysterious disorders in medicine. Sudden infant death syndrome has been a major problem. I am interested in this topic (SIDS) because it tells us some factors that might put babies at extra risk. For example, from the article sudden infant death tells us that, maternal risk is one of the ways SIDS can occur because the mother might be a teenager that is less than twenty years of age, it also says that if the parents have low education, lower socio-economical status, poor prenatal care maternal smoking during pregnancy and after birth use of illicit substances it can lead to SIDS. If also identified measures you can take to help protect your child from SIDS. One of the Example according to the article Poli, Md, &Michelle,

Msn, and Rn, (2014), in the 28 volumes of their, stated that, "sleeping practice: the spine position should be used during every sleep by every caregiver until one year. side sleeping should not be advised because it is not safe (AAp,2011)". It is very important to place your child back when they sleep. As an early childhood educator. It is important to learn and understand SIDS because you have to know how to take care of children that are in your care and to avoid SIDS. The term "sudden infant death syndrome" it is used to describe all such deaths. It is estimated that among cases of sudden infant death, the incidence of infanticide due to intentional suffocation is less than 5%. Although intentional suffocation with a soft object (e.g., a pillow) is virtually impossible to distinguish from SIDS at autopsy, the likelihood of such a cause may be suggested by the death of an infant over the age of 6 months, a history of recurrent life-threatening events in the infant under the care of the same person, and a history of a previous death of an infant with the same caretaker.

A causal role for mild infection in sudden infant death is suggested by reports that in approximately half of SIDS cases, the infants have a seemingly trivial infection around the time of death, as well as mild tracheobronchial inflammation and altered serum immunoglobulin or cytokine levels and the presence of microbial isolates at autopsy. In infants who die unexpectedly of infection, the given organism may precipitate a lethal cytokine cascade or toxic response. If all specific causes of infant death are delineated, the designations SUID and SIDS will no longer be needed. The term "sudden and unexpected infant death" (SUID) is used to describe all such deaths, regardless of cause. Cases of SUID that remain unexplained after a complete autopsy and review of the circumstances of death and clinical history are classified as

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SIDS. Thus, SIDS is one of the causes of SUID and accounts for 80% of such deaths.

Approximately 20% of SUID cases have a clear cause, including severe, unequivocal infection. In the past 25 years, two causes of death have been defined in a small but important percentage of the SUID population. These are inherited disorders of fatty acid oxidation, particular mutations in the medium-chain acyl-coenzyme A dehydrogenase (MCAD) gene (accounting for approximately 1% of SUID cases), and genetic cardiac channelopathies" (accounting for 5 to 10% of SUID cases). In these disorders, metabolic or molecular testing in combination with autopsy provides the specific diagnosis. Some investigators have suggested that once a specific cause is identified, such cases should no longer be classified as either SIDS or SUID but, rather, as explained deaths.

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