Sudden Infant Death Syndrome (SIDS) is defined as the unexpected death of healthy infants that remains unexplained after complete necropsy. Until the 1980s, SIDS was the main cause of death in the United States for patients younger than one year of age, for an estimated 3-5 deaths per 1,000 livebirths. The incidence of SIDS is higher during cold months and from 2 to 4 months of age. There are few cases reported for the first month of life or after six months of age.1

Despite the great advancements in the area of medicine during the last few years, the cause of SIDS is still not well understood. Necropsy reports have presented evidence of indirect signals of hypoxia or asphyxia before the death of the infant. These findings suggest that SIDS may be related to a respiratory failure. Many earlier studies were aimed at investigating respiratory abnormalities in siblings or in the parents of SIDS victims by assessing their sensitivity to CO2 or to hypoxia. Moreover, numerous studies also tried to identify abnormalities in infants who were attended to at healthcare services after being resuscitated at home due to apnea or episodes of bradycardia and cyanosis. In spite of concentrated efforts towards investigating SIDS, a consistent hypothesis regarding the causes of this syndrome is yet to be established.

During the mid-1980s, studies investigating the death scene of victims of SIDS indicated that the majority of infants who died of SIDS were sleeping prone at the moment of death. Based on these studies, pediatrics academies from around the world started educational campaigns to instruct parents to have their babies sleep supine, at least until the sixth month of life, as a means to prevent SIDS. The results of these campaigns were impressive, presenting an important reduction of SIDS in different countries. In the United States, for example, recent data indicated that the incidence of SIDS has dropped from 3 per 1,000 livebirths, in 1985, to 0.87 per 1,000 livebirths in 1995. In Norway, in turn, the decrease in SIDS was even more significant: from 3.5 per 1,000 livebirths, in 1985, to 0.3 per 1,000 livebirths in 1995.2

In Brazil, there are no statistics regarding the incidence of SIDS except for isolated reports based on anecdotal evidence. Most of the states in Brazil, moreover, have to face high mortality rates during the first year of life due to infectious diseases; in this sense, a probable incidence of 2 to 3 per 1,000 livebirths of SIDS victims may not be considered important.

This issue of the Jornal de Pediatria includes what is probably one of the first publications in Brazil regarding SIDS, with results from a study carried out in the state of Rio Grande do Sul. The authors of the referred study investigated 355 deaths of infants based on the review of coroner’s reports and questionnaires applied to families of SIDS victims from 1997 to 1998. Results indicated that 21 of these deaths were compatible with the diagnosis of SIDS. In this sense, firstly, the study presents important data indicating that none of the 21 deaths had officially been reported with SIDS as the cause of death. Secondly, the study reports that SIDS does exist in Brazil and that pieces of evidence related to the death of these infants were similar to those found by others in countries in which SIDS has been widely studied. The incidence of SIDS reported in the study is low in comparison to data found in the literature. It may, however, be underestimated due to the limitation of the study in surveying only deaths that occurred at home.3

The study answers the question of whether SIDS occurs in Brazil in a definitive manner and the survey carried out by the authors must now be reproduced in other regions of Brazil. Consequently, we believe that SIDS should be included as one of the possible causes of death to be reported in postmortem examinations by pathologists who, in turn, must be aware of this possibility.

As to what concerns the prevention of SIDS, it is vital that healthcare professionals, doctors, nurses, assistants, and all of those involved with the care of infants be aware of the importance of having babies sleep supine during the first months of life. There is still, however, a misguided consensus in some places that babies should sleep prone.

It is also vital that educational campaigns be established for the population in general. Parents, grandparents, and friends, based on their own personal experience, can be of great influence as to what concerns the care of babies. Moreover, the media can also be extremely helpful in the sense of broadcasting educational campaigns and, thus, the importance of the means of communication should be taken into consideration. Medical associations, including the Brazilian Society of Pediatrics (SBP) should be actively involved towards establishing the simple, but very effective, measure of educational campaigns.

References