



logopädieaustria



# Take destiny in your hands

Initiative for precautions against Sudden Infant Death







# Foreword

## Dear Parents,

SIDS (Sudden Infant Death Syndrome) is a cause of worry for many parents. Between social taboos and downright fateful occurrences, it seems unexplainable and practically mythical to parents.

SIDS Austria has been dealing with this topic since 1986 to reduce suffering through supporting affected families and prevention. In particular, it is our goal to provide information to reduce fears and prevent avoidable cases.

Thanks to intensive research, we know today more than ever that SIDS is usually the result of a tragic chain of various factors. **This knowledge, as well as observing preventive measures, offers the chance to break this chain.** Fortunately, through increased awareness and preventive measures, the frequency of SIDS has been reduced to a fraction of what it once was over the last 25 years.

With this brochure, we hope to boost your knowledge and confidence so you can genuinely enjoy – without unnecessary fear – the time together with your baby.

For unanswered questions, consult your attending expert. You will find additional contact addresses on the last page of this booklet.

Sincerely,

**Maria S. Tischler, MSc.**

Clinical psychologist/psychotherapist  
Chairwoman SIDS Austria Vienna  
[www.praxis-tischler.at](http://www.praxis-tischler.at)



# Current Austrian expert recommendation

Sudden infant death is not necessarily a fated occurrence. Risk factors and preventive measures have been identified through extensive research and have been summarized for Austria by a panel of experts. The panel consists of members from pediatrics, children's dentistry, ENT and developmental psychology and is supported by midwives, concerned parents and members of „SIDS Austria“. All those involved have pooled their experience and latest knowledge to provide sound information for parents dealing with this difficult subject. Together they developed an **up-to-date expert recommendation** to serve as a basis for **SIDS precautions** for parents and doctors alike. After international studies had repeatedly shown that the **use of soothers when going to sleep reduced the risk of SIDS**, these measures were included in the list of preventive measures in 2006. In order to deal with the questions and concerns of parents relating to soother use, an "operating manual", selection criteria and tips for the correct handling of soothers were included in the expert recommendation.

Unfortunately, there are always cases of SIDS that cannot be prevented despite all of these measures. However, by following the precaution measures you can take destiny in your hands and reduce the risk for your child to a minimum.



## Univ.-Prof. Dr. Reinhold Kerbl

Director of the SIDS Clinic, Head of the Department of Pediatrics and Adolescent Medicine, Regional Hospital Hochsteiermark/Leoben (Austria)

"Only by strictly following precautionary measures can parents reduce the risk of SIDS for their baby. The current recommendations reflect the state of the art of medical science."

# SIDS-risk

Some babies have a higher risk of SIDS from the start. If you are concerned or unsure, contact your pediatrician or a SIDS clinic in your area.



## Children with a higher risk of SIDS are:

- Premature babies with complications during pregnancy.
- Children with a low birth weight.
- Babies with health problems during their first weeks.
- Children who were exposed to nicotine, alcohol or drugs during pregnancy.
- Babies from a family in which a child has previously died from SIDS.
- Children with previous life-threatening events or after an incident of lifelessness.



### Max Wellan, Pharmacist

President of the Austrian Chamber of Pharmacists

“The time after the birth is exciting and unique, but for new parents it can also bring a lot of uncertainty. There are competent professionals at the pharmacy ready day and night to assist parents with health related questions.”

# Recommended precautionary measures

Around the world, SIDS is researched extensively, which constantly brings new scientific findings. For example, the correct recommended sleeping position has changed several times over the past few years. The following measures reflect the latest scientific findings and should be followed to keep your child's risk as low as possible.

- Children should always be put in bed lying **on their back** for sleeping. Front and side positions increase the risk of SIDS. Children should sleep in suitable **baby sleeping bags**. These must always be the correct size for the child. Do not use blankets as they may slide over the face.
  - Use a **firm, breathable mattress** in good condition and do not place any plastic liners between the sheet and mattress.
  - Babies should sleep in the parents' bedroom, but in **their own cot**, which should have a duckboard. Do not place cots in front of radiators or windows.
  - In the cot: **no lambskin, no nests and pillows** and no fluffy animals.
  - The temperature in the bedroom should remain between **18 and 20 degrees Celsius**.
  - The baby's **clothing** should be **suitable for the temperature of the surroundings**. Parents tend to dress their children too warmly. In the sleeping bag a body stocking or thin pyjamas are sufficient – no socks, no hats, etc. The higher the surrounding temperature, the less the baby should wear.
- Babies should **not be left alone**. Stress caused by being alone, restlessness and emotional tensions are risk factors for SIDS.
  - When possible, babies should be **exclusively breastfed** during the first months of life. If your baby is not breastfed, you should choose formula milk according to age and offer the baby sufficient physical contact.
  - **Smoking** during pregnancy and in the baby's environment **is to be absolutely avoided**. Every cigarette not consumed by mother and child (actively and passively) reduces the risk of SIDS. Newborns who were exposed to nicotine during pregnancy are very often underdeveloped and have a lower birth weight.
  - If you have chosen to give your baby a **soother**, you should **use it every time your baby goes to sleep during the first year of life**. Soothers should only be used after breastfeeding is fully established. There are, however, babies who will not accept a soother. Particular attention should then be paid to the other preventive measures.

**Go to your regular maternity passport check-ups.**





# Precaution measures: Soothers when going to sleep

International research has shown that giving the baby a soother when going to sleep reduces the risk of SIDS. Consequently, in 2006 a panel of experts **officially recommended for the first time that babies should use a soother when going to sleep**. If your baby does not accept a soother, you should follow the other precaution measures more carefully. Soothers should only be used after breastfeeding is fully established (normally at the latest at the end of the first month of life).

## Proper use – no side effects

If soothers are used correctly and weaned off in time, they will usually have little or no negative effects on your child's development. It is also very important to **choose the right soother**. Only top-quality, symmetric and orthodontic soothers will prevent your baby from developing tooth and jaw malocclusions.

Your baby should only be given a soother when it really needs it: if it wants to sleep, needs comfort or to relax. As soon as your baby is doing better, the soother should be removed. In principle, **soothers should be given for short periods of time** and not be left permanently in the baby's mouth.

Take care not to have too many soothers lying around your home so that your child is not tempted to have one when it's not actually needed. Soother use should be gradually reduced as soon as children start to speak. Your baby can only learn to speak understandably and correctly with nothing in its mouth.

**Consult your dentist or pediatrician!**









# SIDS precautions test

Answer the following questions to the best of your knowledge. Perhaps you will find some things you can change in order to reduce your child's risk of SIDS.

1. Which sleeping position is best for your child?

2. Does anyone smoke in your home or in the presence of your baby?

3. Where does your baby sleep and what is the room temperature?

4. Do you breastfeed or plan to breastfeed your baby?

5. What does your baby's cot look like?

6. What does your baby wear for sleeping? How do you cover your baby?

7. Does your baby take a soother or are you intending to give your baby a soother?







# Recommended SIDS precautions

Here you will find the recommended measures for the individual questions. By carefully following them, you can reduce your child's risk to a minimum. For questions and details, contact your pediatrician or a SIDS clinic in your area. You can also take this test with you on your next visit and discuss it with your pediatrician.

## **1. Your baby must sleep in the supine position, as long as it cannot turn around by itself.**

Sleeping on the side is not stable enough and the prone position is a major risk for SIDS. While awake though, you should let your baby lay on its tummy as long as you are right there.

## **2. Never smoke in your baby's sleeping area.**

Smoking during pregnancy also has negative effects on the development of your baby. Children from families who smoke have a higher risk of dying from SIDS. You should also avoid "bringing" nicotine in your clothes or hair into the baby's environment. Every cigarette not consumed actively and passively by mother and child reduces the risk of SIDS.

## **3. Babies should sleep in their parents' bedroom, but in their own cot.**

The crib should not be placed next to a window or radiator. Room temperature should be between 18 and 20 degrees Celsius. Overheating increases the risk of SIDS.

## **4. When possible, babies should be exclusively breastfed for the first four to six months of life.**

Breast milk is the best for your child, prevents allergies and provides plenty of physical contact. Breastfeeding reduces the risk of SIDS. If your baby is not breastfed, you should choose formula milk according to age and offer the baby lots of physical contact.

## **5. The cot should have a firm, breathable mattress in good condition.**

Do not put pillows or stuffed animals in the cot. Nests around the cot bars should not be used as they could cover your baby's face and prevent it from breathing freely. Do not use a plastic liner between the sheet and mattress – this might overheat the baby. Moleton sheets are recommended for protecting the mattress. The cot should have duckboards.

## **6. You should use a proper size baby sleeping bag from the beginning instead of a blanket.**

Your baby should wear light clothes inside the sleeping bag – a body stocking or light pyjamas are enough. There are sleeping bags in different materials for both summer and winter. Be sure to avoid overheating your baby. The higher the surrounding temperature, the lighter the sleeping bags and clothing required.



**7. Scientific studies have shown that using a soother when going to sleep can greatly reduce the risk of SIDS.**

If parents decide to use a soother, they should give their babies an orthodontic soother suitable for their age every time they put them to sleep. Soothers should, however, only be used after breastfeeding is fully established (normally at the end of the first month of life).





# SIDS & breastfeeding

**When possible, babies should be exclusively breastfed for the first four to six months.** In the first months of life, breast milk is the best food for your baby. Breastfeeding prevents allergies and ensures your baby has plenty of physical contact.

However, **correct breastfeeding has to be learned**, as incorrect breastfeeding often leads to sore nipples. Expecting mothers should prepare themselves for breastfeeding before birth. Attendance at birthing courses or visiting a lactation consultant is recommended. After birth and in case of breastfeeding problems a visit to a breastfeeding outpatients' clinic or joining a breastfeeding group may be helpful. These offer support for breastfeeding problems, good advice by experienced lactation consultants and you will hear how mothers in the same situation are feeling.

**During the first days** of life your **baby should be put to the breast as often as possible** in order to adapt your breasts to feeding and to stimulate milk production. During the entire breastfeeding session you should let your baby decide when it wants to drink. However, resting phases of approximately two hours should soon be established so that your baby has time to digest and the breasts can produce more milk.

Mothers often believe they have too little milk, because the baby wants to keep drinking. Many newborns have a **very strong need for sucking which cannot be satisfied by feeding alone**. Once breastfeeding is established, a soother is a sensible compliment. However, do not use a

soother to postpone breastfeeding sessions or to change your breastfeeding routine, as this might lead to reduced milk production.

If you do not breastfeed your baby, you should choose a formula milk according to age and provide plenty of physical contact for your baby. If you bottle-feed your baby, hold it as if it was being breastfed. This means as close as possible to your body so it can feel your warmth and heartbeat.

For most healthy newborns, switching between bottle and breast is not a problem. Very often, even premature babies can be breastfed after a period of tube feeding. Babies are quite able to distinguish between the breast and a soother and accept both. **Soothers and breastfeeding are therefore not mutually exclusive, but can actually complement each other quite well with appropriate use!**





**Univ.-Prof. Dr. Karl Zwiauer**

Head of the Department of Pediatrics and Adolescent Medicine, University Clinic St. Pölten (Austria), Chairman of the Nutrition Commission of the Austrian Society of Paediatrics and Adolescent Medicine

“Breastfeeding reduces the risk of Sudden Infant Death and prevents allergies. Breastfeeding and pacifiers are not a contradiction, but an ideal combination for reducing the risk of SIDS.”





# SIDS & breastfeeding

The first days and weeks after birth are something special for the mother and newborn baby. A bond is developed during this time that can lay the foundation for a lifelong love between mother and child. First-time mothers especially find themselves in “new territory”, just like their babies. A key contribution during this phase is the **start of breastfeeding**. Therefore, it is very important to pay great attention to it.

Midwives hear over and over: “Breastfeeding is the most natural thing in the world”, or “Every woman can breastfeed.” And yet we know that this is not always the case. Breastfeeding has to be learned.

In our fast-paced world, we sometimes forget to give ourselves to a little time off. But this is exactly what is so important for a young mother in the first weeks after giving birth. Treat yourself to some rest so you can **establish a good breastfeeding relationship** you can enjoy.



**Petra Welskop**

President of the Austrian Midwives Council

“You can thoroughly familiarise yourself on the topic of breastfeeding during pregnancy. The more information you have, the better you can understand the signs your child gives you.”

Breast milk is the healthiest and best food for babies. Breastfeeding means much more, however. It provides intimate skin contact between mother and child so it is also food for the soul. Your child perceives you with all senses, **building a basic trust that will be important for a lifetime**.

As midwives, we advise and accompany you through pregnancy, the birth and in the weeks that follow. You can receive practical and valuable information – also about breastfeeding – in prenatal classes which many midwives offer.

**Tip:** Find a midwife in your area by using the midwife-search on the Austrian Midwives Council website [www.hebammen.at](http://www.hebammen.at).









# Correct handling of the soother

**Timely weaning off from the soother is important. At the latest on their third birthday** children should have completely stopped using the soother. If you notice beforehand that your child has developed a protruding upper jaw or an open bite (i.e. there is a space between the upper and lower incisors when biting down), you should visit your dentist. An open bite can correct itself if the soother is given up quickly. An open bite is not only unattractive, it also prevents the child from biting correctly and can cause problems when speaking and swallowing.



**Dr. Petra Drabo**

President of the Austrian Society for Pediatric Dentistry

“If pacifiers are used correctly, i.e. for falling asleep, for calming and comforting, no tooth or jaw malformations should occur. However, pacifiers have to be suitable for the child’s age and should be orthodontic.”

**Please follow the rules below for soother use right from the start:**

- Soothers should only be given when necessary and never without a reason. You can offer a soother when your child needs comforting, relaxing or to calm down. As soon as your baby is doing better, remove the soother. When offered for long periods of sucking, as with calming, a soother is much better for the teeth than a baby bottle, which increases the risk of caries considerably.
- **During the first year, soothers should be always used when putting your baby to sleep** as a precaution against SIDS. Remove the soother if your baby loses it while sleeping. Do not put it back in the mouth.
- Babies very often have a strong need for sucking which cannot always be satisfied by feeding. Instead of letting your baby suck on the thumb or other objects, you should offer a soother. Soothers cause less damage to the teeth than thumbs. And besides, it’s much easier to wean off a soother than a thumb. Sucking with the mouth closed on a soother with an anatomically shaped shield promotes breathing through the nose.



# Tips for weaning

- Pay attention from the outset that the soother is used sparingly and prudently!
- **Never talk with a soother in your mouth!** From the very first words, get your child used to removing the soother when talking to you.
- A soother is specifically for calming and is not a plaything! It should only be used when your child really needs it.
- **Gradually weaning off** the soother: At first, the soother should only be used when going to sleep and not during the day. The soother can be given up completely in the next step.
- To make weaning easier, your child can **exchange the soother for some other special item**.
- Appropriately themed children's books can also be used to help with weaning.



## Bianca Happenhofer-Bileck

Director Competence Centre Public Relations for **logopädieaustria**, professional speech therapist, Vienna

"A soother should be handled responsibly from day one. This includes using it as sparingly as possible and carefully considering in which situations your child actually needs it. At the latest, parents should think about weaning off the soother once children learn to speak and it is used mainly out of habit. The soother inhibits correct pronunciation and makes it difficult for others to understand."

# Selection criteria for suitable soothers

## Material

- The material of the teat should be as soft as possible so that the soother can adapt perfectly to the unique jaw of your child.
- Soothers must conform to European Safety Standard EN 1400.
- Both latex and silicone are suitable from the beginning.

## Teat shape

- Soothers should have a symmetric teat to individually adapt to every mouth. Symmetric soothers cannot be put into the mouth upside-down, which could negatively affect your child's dental health.
- Cherry-shaped soothers (round teat) should never be used, as they are not orthodontic and cause tooth and jaw malocclusions.

## Size

- A soother has to suit the size of the baby's mouth. The child's jaw grows rapidly during the first months of life. Therefore, please follow the manufacturer's age recommendations.
- Soothers which are too small have fewer negative effects on your child's development than ones that are too large. Do not switch too quickly to the next larger size.

## Shield

- The soother shield should be anatomically shaped. The curve should adapt to the shape of the child's mouth to avoid malocclusions.
- An anatomically shaped soother presses the shield to the lips over the teeth and prevents them from being pushed too far forward.



### Ventilation holes

- Big ventilation holes enable your baby to breathe even if the entire soother gets into the mouth. Additionally, the skin around the mouth is sufficiently aired and saliva can dry off.

### Knob

- A knob keeps the baby from pulling the soother out by chance. Furthermore it is not possible to attach strings or linen diapers on the knob, which could lead to strangulation. Please attach only special soother leashes on soothers and never make them longer.



#### **Univ.-Prof. Dr. Hans-Peter Bantleon**

Head of the Department of Orthodontics,  
University Clinic of Dentistry Vienna (Austria)

“Something so near to your child like a pacifier should be carefully selected and used.”





# What is SIDS Austria?

SIDS Austria is a parents' initiative against Sudden Infant Death with a scientific background. Through SIDS Austria, concerned parents can share with each other and try to cope with their experience together. Specialists in the fields of psychology and pediatrics as well as others concerned are there for your support.

## **Please contact us:**

**SIDS Outpatient Clinic, Graz University Hospital of Pediatrics,  
kkschlaf@klinikum-graz.at, [www.sids.at](http://www.sids.at)**

## **Masthead**

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