

Pacifiers Prevent SIDS Deaths: Study



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THURSDAY, Dec. 8 (HealthDay News) -- A simple device that new parents often use to quiet and comfort their newborns can also reduce the risk of sudden infant death syndrome (SIDS) by 90 percent, a new study has found.

The device -- a pacifier -- also mitigated other risk factors for SIDS, the first time this has been shown, according to the study in the Dec. 10 issue of the British Medical Journal.

"It's another study that agrees that if you go back and look at women whose babies died of SIDS and compare them to a similar group who didn't, many more of the babies who died of SIDS weren't using pacifiers at that time," said Dr. Ian Holzman, chief of newborn medicine at Mount Sinai Medical Center in New York City.

"Almost every study is showing the same thing, which makes one think it may well be true. Pacifiers have got to be the cheapest medical intervention for something in a long time," he said.

A wide-ranging review conducted by the American Academy of Pediatrics (AAP) and published in November found that pacifier use reduced the risk of SIDS by 61 percent. The evidence was compelling enough for the AAP to include a recommendation about pacifier use in its updated SIDS guidelines.

The new study was cited in the AAP "meta-analysis," even though the data had not yet been published.

The rate of SIDS has declined in the United States, especially since the introduction of the "Back to Sleep" campaign, which encourages parents and caregivers to have babies sleep on their backs. But it is still one of the leading causes of infant mortality, claiming the lives of about 2,500 babies each year in the United States. And there continue to be large racial and economic disparities, with black mothers, young mothers, low-income mothers and women with less than a college education at higher risk of facing a SIDS death.

For the new study, the authors interviewed mothers or people who cared for 185 infants who had died of SIDS, along with 312 "control subjects," in 11 California counties.

Those interviewed provided information about pacifier use during the baby's final sleep or the sleep the night before the interview, as well as details on other environmental factors related to sleep and other SIDS risk factors.

Use of a pacifier during sleep was associated with a 90 percent reduced risk of SIDS, compared with babies who did not use a pacifier. This held true across every socio-demographic category and in every category of risk factors, the researchers found.

"Our study had the largest magnitude of reduction," said study author Dr. De-Kun Li, a senior research scientist in the division of research at Kaiser Permanente in Oakland, Calif. "Also, our study population was interracially diverse."

"No previous study has shown that a pacifier mitigates other risk factors related to the sleeping environment," Li added.

The potential drawbacks for pacifier use include dental problems, a slightly increased risk of ear infections and difficulty breast-feeding. None of these compare with the potential of sudden and unexpected death.

"I don't see a big downside" to using a pacifier, Holzman said.

The mystery of what causes SIDS continues, although there is some suggestion that it is related to airways and breathing, Holzman added.

Li theorized that the bulky handle of the pacifier provides a mechanical intervention, changing the configuration of the airway passage around the nose and mouth. In other words, it could prevent accidental suffocation by creating an air passage around the baby's face.

Whatever the reason for the apparent protective effect, the AAP recommends offering infants a pacifier at bedtime and naptime for the first year of life. The pacifier doesn't need to be reinserted if it falls out during sleep. And don't coat the pacifier with any sweet substances to entice the baby to take it. Breast-fed infants should not be given a pacifier until breast-feeding is well-established, usually at one month, the academy said.

More information

For more advice on preventing SIDS, visit the American Academy of Pediatrics.

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