THE TARGETED PREVENTION OF UNEXPECTED INFANT DEATH (SUID):

an experience from Piedmont Region, Italy

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INTRODUCTION

Since 2004, the Piedmont Region has an active epidemiological surveillance of the SUID, carried out through the regional reference SIDS Center in Regina Margherita Children Hospital of Turin and the regional Public Health Services. The surveillance activity has shown that infants born in foreign family are at a high risk of developing SUID. This category of infants likely identifies situations of poverty, social disadvantage and isolation which are more difficult to reach by the health system and by basic prevention programs. A targeted intervention was therefore designed aimed at identifying and reporting such situations.

METHODS

The neonatology departments and the SIDS Center of the children's hospital identify and report newborns at risk to the SUID referent of the local public health services. In particular, in addition to the well-known category newborn siblings of infants who died from SIDS, they highlight those infants who, in addition to presenting a particular clinical risk that could lead to a sudden and unexpected death, come from socially fragile families.

Table 1: clinical and environmental criteria for selecting patients to be referred to the targeted prevention program

Clinical criteria	
Newborn siblings of infants who died from SIDS	
Preterm newborns/full-term newborns with cardio-respiratory immaturity	**+** *1 or more familiar and socio-environmental criteria:*
Infants who presented an episode of ALTE-BRUE	
	- Foreign citizenship and/or recent immigration history - Infants from families already known to social services / with mothers followed by mental health services - Infants from families living in communities or family-style residential facilities. - Newborns of young and/or single mothers - Overcrowded or unsanitary living conditions. - Lack of employment or precarious/undeclared work of the parents.

Subsequently, the contact with the family takes place through the local SUID referent; home visits are organized to evaluate the context of life and interventions are prepared to remove the risk conditions, for example through the activation of social services and through the support by SUID&SIDS parents association.

RESULTS

N. cases	N. cases	*Care admission criteria.*		
69	45	Newborn siblings of infants who died from SIDS	65,22%	
	24	Social fragilities	34,78%	*Health conditions*
				ALTE episode
				Preterm/congenital condition
N. cases	**N. cases**	***Outcome/Action (some examples)***		
69	26	Home visit or at a reception facility.	37,68%	**Exclusive and vicarious*
	6	Activation of family pediatrician*	8,70%	
	10	Activation of social services and/or pediatric associations/consultants.	14,49%	
	28	Home Cardiorespiratory monitoring	40,58%	
	5	Home Cardiorespiratory monitoring refused	7,25%	

Note: All cases have been monitored and reported by the SIDS center to the regional coordination.The family pediatrician has been involved in a greater number of cases, but the on-site inspection took place jointly with the personnel from the regional or local center/referral.

69 interventions were carried out on cases of familiarity for SIDS and other situations of fragility and the average per year of cases followed has gradually increased over time.

CONCLUSIONS

The preventive intervention in the few cases carried out has given good results but further observations are obviously necessary to draw some indication from this prevention activity which is still in progress

HOPES FOR THE FUTURE

It is desirable that the targeted prevention program in the future can be extended to all newborns with specific family and/or socio-environmental vulnerabilities, in addition to those who are referred to the regional reference center due to clinical risk factors. However, this will require more financial and human resources, as well as widespread training programs for both lay and healthcare personnel who may encounter these situations in various capacities.