

# Race, Ethnicity, and SIDS

Richard D. Goldstein, MD,<sup>a,b,c</sup> Hannah C. Kinney, MD<sup>c</sup>

In the United States, race and ethnicity predict different outcomes in known diseases. Race and ethnicity also predict different outcomes in sudden infant death syndrome (SIDS) and sudden unexpected infant death (SUID), categories of mortality that are arguably as yet undiscovered diseases. It is important to monitor disparities affecting the health of children and to understand the impact of interventions aimed at them. In this issue of *Pediatrics*, Parks et al<sup>1</sup> make a significant contribution to our understanding of the racial and ethnic factors in SUID trends after the introduction of the Back to Sleep campaign. In “Racial and Ethnic Trends in Sudden Unexpected Infant Deaths: United States, 1995–2013,” the authors examine whether all children have shared equally in the decreases in SIDS/SUID that are attributed to the Back to Sleep campaign.

The relative ranking of SUID rates by race and ethnicity remained constant throughout the 1995–2013 study period. But the authors also report that racial and ethnic trends in SUID rates since the Back to Sleep campaign were distinct for each racial/ethnic group, with varying significance in the declines. Their major public health message emphasizes that strategies to reduce risk must consider these trends, and that culturally-appropriate approaches for these unique racial/ethnic populations must be developed. This is a significant message.

It is essential to look closely at racial disparities in this area and investigate their basis. The closer we look, however, the more clouded the picture becomes. Although the authors acknowledge that genetic

factors influence the risk of SIDS/SUID overall, they present their results with an implication that they represent the impact of Back to Sleep. This framing is supported by important previous research in which prone sleeping was found to be a significant risk factor for SIDS in a primarily African American sample, and approximately one-third of the SIDS deaths were attributed to “un-safe” sleep.<sup>2</sup> The AAP Taskforce on SIDS has consequently and correctly recommended a focus on “differences in the prevalence of supine positioning and other sleep environment conditions among racial and ethnic populations.”<sup>3</sup> It is important to think about how this current research relates to our profession’s strong messaging in SIDS/SUID prevention.

The authors found that the most significant declines in SUID occurred in the group whose implementation of Back to Sleep recommendations has been most problematic, specifically non-Hispanic African American infants, and not in groups with greater adherence to sleep environment recommendations. Reconciling the fact that the group historically identified to have the greatest difficulty embracing Back to Sleep recommendations was the same group whose SIDS rates had the most significant improvements during the study period is worthy of attention. Recommendations to improve prevention messaging may only go so far.

One aspect to consider is that the biological contribution to SIDS/SUID, the underpinnings of disease, was also influenced during the study period. We have shown elsewhere that trends in declining SUID mortality are not simply due to Back to Sleep, but reflect

FREE

<sup>a</sup>Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, Massachusetts; and Departments of <sup>b</sup>Medicine and <sup>c</sup>Pathology, Boston Children’s Hospital, Harvard Medical School, Boston, Massachusetts

Opinions expressed in these commentaries are those of the author and not necessarily those of the American Academy of Pediatrics or its Committees.

**DOI:** 10.1542/peds.2017-0898

Accepted for publication Mar 20, 2017

Address correspondence to Richard D. Goldstein, MD, Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, D2008, 450 Brookline Ave, Boston, MA 02115. E-mail: richard\_goldstein@dfci.harvard.edu

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2017 by the American Academy of Pediatrics

**FINANCIAL DISCLOSURE:** The authors have indicated they have no financial relationships relevant to this article to disclose.

**FUNDING:** No external funding.

**POTENTIAL CONFLICT OF INTEREST:** The authors have indicated they have no potential conflicts of interest to disclose.

**COMPANION PAPER:** A companion to this article can be found online at [www.pediatrics.org/cgi/doi/10.1542/peds.2016-3844](http://www.pediatrics.org/cgi/doi/10.1542/peds.2016-3844).

**To cite:** Goldstein RD and Kinney HC. Race, Ethnicity, and SIDS. *Pediatrics*. 2017;139(6):e20170898

changes in medical care influencing biological risk for SIDS.<sup>4</sup> We agree with the authors when they point out that there is limited evidence that race or ethnicity in themselves directly predict outcomes. But there is no reason to be overly narrow in our understanding of this area of disease and not fully consider the complex models we have for disparities in other diseases. Such models incorporate both genetic and racial factors, as well as biological effects from increased exposure to the adverse risks and stresses that can accompany minority status, including poverty or differential access to care.

In this important research, the authors provide further evidence that we may be complacent when we treat SIDS/SUID as a tragic mishap due

only to risk in the sleep environment and tend to ignore the possibility that it is the consequence of biological vulnerabilities in at least some of these infants. The elimination of any disparities and ultimately the elimination of SIDS is the goal. This may require increased efforts at biomedical discovery in addition to more effective messaging about reducing risk factors. "Racial and Ethnic Trends in Sudden Unexpected Infant Deaths: United States, 1995–2013" provides important reasons to examine our premises.

#### ABBREVIATIONS

SIDS: sudden infant death syndrome

SUID: sudden unexpected infant death

#### REFERENCES

1. Parks SE, Erck Lambert AB, Shapiro-Mendoza CK. Racial and ethnic trends in sudden unexpected infant deaths: United States, 1995-2013. *Pediatrics*. 2017;139(6):e20163844
2. Hauck FR, Moore CM, Herman SM, et al. The contribution of prone sleeping position to the racial disparity in sudden infant death syndrome: the Chicago Infant Mortality Study. *Pediatrics*. 2002;110(4):772–780
3. Moon RY; Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*. 2011;128(5). Available at: [www.pediatrics.org/cgi/content/full/128/5/e1341](http://www.pediatrics.org/cgi/content/full/128/5/e1341)
4. Goldstein RD, Trachtenberg FL, Sens MA, Harty BJ, Kinney HC. Overall postneonatal mortality and rates of SIDS. *Pediatrics*. 2016;137(1):e20152298

## Race, Ethnicity, and SIDS

Richard D. Goldstein and Hannah C. Kinney

*Pediatrics* 2017;139;

DOI: 10.1542/peds.2017-0898 originally published online May 15, 2017;

### Updated Information & Services

including high resolution figures, can be found at:  
<http://pediatrics.aappublications.org/content/139/6/e20170898>

### References

This article cites 3 articles, 2 of which you can access for free at:  
<http://pediatrics.aappublications.org/content/139/6/e20170898.full#ref-list-1>

### Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):  
**Fetus/Newborn Infant**  
[http://classic.pediatrics.aappublications.org/cgi/collection/fetus:newborn\\_infant\\_sub](http://classic.pediatrics.aappublications.org/cgi/collection/fetus:newborn_infant_sub)  
**SIDS**  
[http://classic.pediatrics.aappublications.org/cgi/collection/sids\\_sub](http://classic.pediatrics.aappublications.org/cgi/collection/sids_sub)

### Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:  
<https://shop.aap.org/licensing-permissions/>

### Reprints

Information about ordering reprints can be found online:  
<http://classic.pediatrics.aappublications.org/content/reprints>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since . Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2017 by the American Academy of Pediatrics. All rights reserved. Print ISSN:

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

## **Race, Ethnicity, and SIDS**

Richard D. Goldstein and Hannah C. Kinney

*Pediatrics* 2017;139;

DOI: 10.1542/peds.2017-0898 originally published online May 15, 2017;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/139/6/e20170898>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since . Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2017 by the American Academy of Pediatrics. All rights reserved. Print ISSN:

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

