One way to reduce the risk of SIDS

Few tragedies affect a family more than loss of a child. SIDS (sudden infant death syndrome) is the leading cause of death for infants from 1 month to 1 year old, claiming around 2,000 deaths each year in the United States. The lack of answers regarding its cause is especially frightening.

But the risk can be greatly reduced by following one highly recommended step: **Place infants on their backs when they sleep.**

This idea (the Back to Sleep campaign) began in 1992 when striking evidence emerged about the correlation between stomach sleeping and crib deaths. In the two decades since the American Academy of Pediatrics made its recommendation for supine (back) sleeping, the rate of SIDS has dropped by more than 50%.

Just the same, some remain reluctant to follow this sound advice. Parents, grandparents or caregivers may be concerned about a baby’s choking or vomiting; however, there is no increased risk of this for healthy infants who sleep on their backs.

Others are afraid babies will develop a flat spot on the back of the head from spending too much time lying on their backs. This can happen, but it is easily treatable by changing a baby’s position often and allowing more “tummy time” while awake. (Putting infants on their sides to sleep isn’t good because they can roll over onto their stomachs.)

Other ways to reduce the risk of SIDS: Put a child to sleep in a crib only; avoid soft bedding materials; offer a baby a pacifier at bedtime; never give a young child honey.

**Prayer:** Everlasting God, be with those whose child dies suddenly as they struggle with anger and grief. Help me, too, God, to be truly present with these grieving parents. Amen.

**Resources:** advocatehealth.com • cdc.gov/sids • sidsillinois.org • firstcandle.org • sidsfoundation.org • sidscenter.org

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**Practical Guide to the Health Care System:** Prepare for being discharged

The day we get to go home after a hospital stay for illness or surgery is a happy day. But because hospital stays have become shorter over the years, it is more important than ever to be well prepared as you are being discharged.

Hospitals work very hard to reduce the unplanned readmission rate (which hovers around 20% nationally). Toward that end, Medicare created an excellent discharge checklist for everyone to use (medicare.gov/publications/pubs/pdf/11376.pdf). This site also provides special instructions for those on Medicare, a drug list and a list of resources for long-term care decisions.

Keep these steps in mind as you prepare for your discharge:

**Start a notebook** (if you have not already done so). Your hospital will certainly give you many papers and may give you a notebook. Keep everything together. Take the notebook to all doctor visits. Store doctor names, lab results and instructions here.

**Carefully review your medications list** – old and new – with your nurse or doctor. Have the hospital fax your final medication list to your primary care physician (if he/she has not taken care of you during this stay). To minimize confusion, use only one pharmacy.

**Prepare for follow up.** Before you leave, ask your nurse or case manager to make the follow up appointment for you so that you can abide by your doctor’s recommendation. Ask your doctor for red flags to look out for and what to do if they occur. Get specific phone numbers in case a problem arises.

While hospitals are responsible for getting you the best information so that you can continue recovering at home, keeping track of it is up to you. An organized, written notebook helps considerably. A loving family member or helping friend serving as your advocate is a blessing indeed.

**Coming in November:** How to visit someone in the hospital