Although the cause of SIDS is unknown, autopsies reveal consistent pathologic findings (such as, pulmonary edema and intrathoracic hemorrhages) that confirm the diagnosis. Consequently, autopsies should be performed on all infants suspected of dying of SIDS, and findings should be shared with the parents as soon as possible after the death. Postmortem findings in SIDS and accidental suffocation or intentional suffocation, such as in Munchausen syndrome by proxy (see Child Maltreatment, Chapter 13), are practically the same. Individuals with less experience and training in performing autopsies, such as coroners instead of medical examiners, may not correctly identify some deaths as SIDS. Therefore, mortality statistics can vary in different regions.

Infant Risk Factors

Certain groups of infants are at increased risk for SIDS:

- Low birth weight or preterm birth
- Low Apgar scores
- Recent viral illness
- Siblings of two or more SIDS victims
- Male gender
- Infants of American Indian or African-American ethnicity

No diagnostic tests exist to predict which infants, including those in the aforementioned groups, will survive, and home monitoring is no guarantee of survival. Whether subsequent siblings of one SIDS infant are at increased risk for SIDS is unclear. Even if the risk is increased, families have a 99% chance that their subsequent child will *not* die of SIDS. A review of sibling deaths attributed to SIDS in England failed to ascertain a precise risk of recurrence; previous studies suggested a recurrence risk range of 1.7 to 10.1, yet the researchers concluded the studies had too many methodologic flaws to draw any firm conclusions (Bacon, Hall, Stephenson, et al, 2008). *Home monitoring is not recommended* for this group of children, but it is often used by practitioners and may even be requested by parents (American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome, 2011). There is no evidence that home apnea monitoring prevents SIDS (Strehle, Gray, Gopisetti, et al,