preterm infants weighing less than 1750 g (3.8 pounds) at birth, and healthy term infants. Approximately 30% of infants with ALTE were born at less than 37 weeks' gestation (Hunt and Hauck, 2016). The researchers concluded that many infants experience apnea and bradycardia yet do not die. Furthermore, it was reported that apnea does not appear to be an immediate precursor to SIDS and that cardiorespiratory monitoring is not an effective tool for identifying infants at greater risk for SIDS (American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome, 2011). CHIME data indicate that infants with ALTE did not have some of the typical characteristics associated with SIDS infants; these include fewer infants with low birth weight and who are small for gestational age at birth, fewer teenage pregnancies, and a younger infant age at the time of ALTE. The researchers concluded that despite some similar characteristics between ALTE and SIDS, the differences warrant a separate focus on ALTE events (Esani, Hodgman, Ehsani, et al, 2008).

Diagnostic Evaluation

An essential component of the diagnostic process includes a detailed description of the event, including who witnessed the event; where the infant was during the event; and what, if any, activities were involved (e.g., during or after a feeding, riding in a car seat restraint, presence of siblings or any minor children, what clothing the infant was wearing). In addition, a prenatal and postnatal history must be obtained. A short period of observation in the emergency department may be appropriate to observe the infant's respiratory pattern and response to feeding. A careful evaluation of late preterm and preterm infants in the car seat restraints currently in use is essential; upper airway occlusion and subsequent apnea and cyanosis may occur if the infant is not positioned properly. Reported diagnoses in infants with ALTE include a neurologic event, such as a seizure (10% to 20% of cases seen); GI problem, including gastroesophageal reflux (48%); respiratory conditions (20% to 30%); cardiac conditions (10% to 20%); and other concerns such as ear, nose, and throat (ENT) abnormalities, ingestions, Munchausen syndrome by proxy, or child abuse (each <5%) (Chu and Hageman, 2013). In some cases, multiple diagnoses may be made.