immunization visits provide excellent opportunities to educate parents on these matters.

Research findings have important implications for practices that may reduce the risk of SIDS, such as avoiding smoking during pregnancy and near the infant; using the supine sleeping position; avoiding soft, moldable mattresses, blankets, and pillows; avoiding bed sharing; breastfeeding; and avoiding overheating during sleep. Nurses must continue to take every opportunity to advocate for infants by providing information for parents and caretakers about the modifiable risk factors for SIDS that can be implemented to prevent its occurrence across all sectors of the population.

Care of the Family of a Sudden Infant Death Syndrome Infant

Loss of a child from SIDS presents several crises with which the parents must cope. In addition to grief and mourning the death of their child, the parents must face a tragedy that was sudden, unexpected, and unexplained. The psychologic intervention for the family must deal with these additional variables. This discussion focuses primarily on the objectives of care for families experiencing SIDS rather than on the process of grief and mourning, which is explored in Chapter 17.

The first people to arrive at the scene may be the police and emergency medical service personnel. They should handle the situation by asking few questions; giving no indication of wrongdoing, abuse, or neglect; making sensitive judgments concerning any resuscitation efforts for the child; and comforting the family members as much as possible. A compassionate, sensitive approach to the family during the first few minutes can help spare them some of the overwhelming guilt and anguish that commonly follow this type of death.

The medical examiner or coroner may go to the home or place of death and make the death pronouncement; until then, the sleep environment should remain as it was when the infant was initially found. If the infant is not pronounced dead at the scene, he or she may be transported to the emergency department to be pronounced dead by a physician. Usually there is no attempt at resuscitation in the emergency department. While they are in the emergency department, the parents are asked only factual questions, such as