Social media is used by organizations these days, but even with the accessible information, there are still various controllable and uncontrollable factors that are still obstructing the decline of Sudden Death Infant Syndrome (SIDS). These factors are limiting beliefs, genetic differences, and exposure to smoke. Addressing these factors may therefore further reduce the mortality rate of the syndrome.

The use of social media and educational campaigns are low-cost methods to disseminate health information. The World Health Organization in 2012 began a global e-Health strategy to promote, develop, and evaluate population health through the use of social media sites such as Twitter and Facebook which endorses interactive science distribution to encourage healthy behaviors (Ref-A1B2C3). It is also beneficial to increase awareness to the community (Ref-D4E5F6). The Safe to Sleep Campaign uses the aforementioned social media platforms to raise awareness for a baby’s ideal sleep environment. A Toolkit is provided by the educational campaign that contains different materials about SIDS such as flyers, photo frames, and photo galleries. Moreover, social media posts are encouraged using the hashtags #SafeToSleep, #SafeSleep, #InfantSafety, #SafeInfantSleep, etc. They are found in the “Example of Social Media Posts” section of the Toolkit. Instructional materials are also given to the parents and to the elderly who have problems navigating social media platforms (Ref-G7H8I9). This resulted in a decreased percentage of SIDS. From 130.27 in one hundred thousand deaths during 1990, to 33.3 per one hundred thousand deaths in 2019 (Ref-J0K1L2). Therefore, the use of social media and educational campaigns were effective and showed a significant decline of the syndrome.

According to the study of Mim and Jameelah (Ref-A1B2C3) on the perceptions of African American women, 64% of the participants do not see SIDS as a hopeless condition and thinks that they have the capacity to reduce the mortality risk of a baby with SIDS (pp. 97). However, there were still 37% who were unsure and were in favor that it was a condition that was hopeless. The study also showed that women who have vocational or college degrees appeared to have lesser perceived limitations compared to women who had none. The study then concluded that there should be a focus on spreading educational campaigns to African American communities in the lower socioeconomic status (Ref-D4E5F6). In addition, numerous African American mothers believed that there was no link between SID and sleep positions as they know that there is no known cause of SID. Most of the mothers believed that death manifested itself randomly through “God’s will.” They believe that the sole way for prevention is vigilance (Ref-G7H8I9).

There are genetic factors that could affect the infant, and example of this is cardiac channelopathies which is the cause of 10% SIDS cases. Brownstein et al. (Ref-G7H8I9) stated, Several variants of SNTAI is the main cause of the changes in the properties of sodium channels (pp.714). Even so, much research is needed to comprehend the link between genetic variants and SIDS. Inflammatory genes such as Interleukin-10 (IL-10) are suspected to be associated with SIDA, and genes responsible for the development such as variants in PHOX2B, which is included in the development of the nervous system, may be associated with SIDS since it is also involved with autonomic dysfunction. However, like the variant SNTA1, the two genes require more research. These in a combination of the infant’s vulnerability and critical developmental period could explain the different complications in which SIDS still happen. Moreover, an overlap of a degree is suggested between SIDS, cardiac death, and SUDEP and is found in an infant’s genomic complexity. However, more collaborative research is needed (Ref-J1K2L3).

Moreover, 40% of cases of SIDS also found an association between it and abnormalities of 5-hydroxytryptamine, 5-HT, also known as serotonin. It was reported in a study that 5-HT levels are elevated in 31% of the cases of SIDS which was significantly higher compared to the two standard deviations above the mean of control which consequently explaining that a significant set of cases of SIDS had and increased levels 5-HT (Ref-AB1CD2). Lastly, the nicotine concentration of infants who died due to SIDS was larger compared to infants who did not die due to the syndrome. (Ref-EF3GH4). Moreover, exposure to cigarette smoke showed changes to the GFI1 expression which are understood to be linked with SIDS (Ref-IJ5KL6). Uncontrollable factors, therefore, contribute to SIDS mortality rate.

In closing, the mortality rate for SIDS decreased dramatically through the years because of educational campaigns on social media. The limiting benefits about the topic hindered the progess. The genetic makeup of a child is an uncontrolled factor that affects the number of deaths. However, factors that can be controlled, such as smoking, also contribute to its worsening.