Preface

It was back in 1995 when the most tragic accident happened at our day-care center for infants. One of our children died of SIDS (Sudden Infant Death Syndrome) while staying at our nursery facility. I felt sincerely so sorry for the death, very sad with this accident and ashamed of myself. This was because I failed to fulfill my professional responsibility to the infant I had looked after in the trust of its parents. My responsibility as a professional caregiver is to ensure that children we look after will get back to their families as in a healthy and happy condition after staying at our facility as they came to our center.

Having an indescribable regret for the loss of the precious life and feeling sincerely sorry for the infant, who was taken to the Heaven, and its family, I almost lost, for a while, my energy to live. Later, however, I came to deeply realize that what I should do for the dead infant is to give to nurseries a wide range of correct knowledge and information on how to prevent SIDS and to help them prevent SIDS accidents from happening on their children they look after. Then, in 1996, I officially started to work for SIDS prevention.

My Activities to Instruct How to Prevent SIDS

In 1997, soon after my activities for SIDS prevention were introduced by papers, I received a storm of calls and/or inquiries from a great number of people who worked for infants and small children including nurses at hospitals, nursery caregivers and principals of publicly or privately certified kindergartens, nursery schools and unlicensed nursery organizations. They asked me to instruct them how to prevent
SIDS from happening on children they look after, saying “SIDS is a horrifying disease for infants, because its cause has not been clearly identified and its occurrence cannot be predicted. But we do want to protect our precious small lives from such a horrifying disease.”

At first, I introduced each of the inquirers over the phone how to prevent SIDS from happening on children at their facilities and how to detect a child falling into apnea when it happens. But later, I became frustrated, because I found it very difficult to give the inquirers all the correct knowledge and information merely through the phone. So I decided to urgently compile a set of written references covering a wide range of knowledge and information on SIDS prevention so that I would be able to send it to all the inquirers for their exact and better understanding on this dreadful disease. The references are currently available at “Knowledge on SIDS for Nursery Caregivers” in SIDS 2000 Website (http://www4.ocn.ne.jp/~sids2000/), and so you are all recommended to check them for details.

Child's Postures and SIDS-Occurring Situations
SIDS happens on children regardless of their sleeping postures: Even if they sleep on their stomach or on their back (in this posture, their mouth and nose are not blocked, but · · ·), SIDS tends to happen on them. Beside this disease does not accompany with any clearly abnormal expressive or physical signs of children right before or after their apnea. So it is almost impossible for a group of nursery caregivers to detect any SIDS risk coming on to a child immediately after his apnea even if they take care of the child in the same room. Medical studies have revealed that SIDS happens on a child even in a relatively short time after shift in posture from prone to supine. Many cases are that his caregivers come to notice his apnea in about 10 or 25 minutes after his posture shift.

SIDS is now one of the most common fatal diseases happening on infants. It happens on babies, and sometimes even on one-year-old children, during his sleep even if they are healthy. Its cause has not been clearly identified but several factors have been found to enhance the risks of the occurrence of SIDS. SIDS Prevention Campaign has been in operation since 1998 in Japan with much effort made for the prevention.
How to Prevent SIDS and How to Detect Apnea Quickly

Apnea prevention is one of the most important preventive measures against SIDS. When we detect a child falling into apnea, he has already come into a lower oxygen condition. One of the effective preventions to be conducted at a nursery school is to have children sleep supinely. Also strongly instructed is to have them sleep supinely immediately after their shift in posture from prone or recumbent posture for the purpose of reducing SIDS risks.

In order to detect a child falling into apnea as swiftly as possible after it happens, daily use of a timer is highly recommended and caregivers are strongly requested to use a timer and check babies’ breathing regularly. Its methodology is simple; just touch the body of each child. Thus, you can check their breathing and get yourself ready to prevent SIDS which may happen on them right after you check their breathing.

The standard shortest interval for the regular inspection on children who take a nap at a nursery organization is “Every Five Minutes,” but this interval can be changed or customized according to variances such as “Use or Non-use of Check Sheet for Napping Children,” “Number of Children at the Room,” or “Size of the Room,” etc. Therefore, you are all requested to establish your own optimized interval between the inspections at your organization, which you can surely keep everyday without fail. (For details, See “SIDS References Designed for Professional Caregivers” in SIDS 2000 Website). The above activities help you not only prevent SIDS and/or a sudden accident from happening on children, but also make an early detection on any change in their physical condition.

ALTE, Similar to SIDS in Occurrence Situations

There is another commonly seen disease, just like SIDS, happening on some children who take a nap at a nursery facility. It is called ALTE (Apparent Life Threatening Event). Since ALTE is similar to SIDS, “how to prevent ALTE” and “how to make actions against ALTE” are the same as in case of SIDS. However, we have to know a fact that a child who once suffered from ALTE may also suffer from its serious sequela even though his caregiver(s) noticed his apnea shortly (only a few minutes) after it happened. I also have committed myself to so many consultations on ALTE happening on children so far and regretfully there are only a few cases out of them that a child who once fell into ALTE has recovered well without any sequela.
Let’s Make First-Aid Actions to the Fullest in Emergency
SIDS may happen on a child even though we have proactively taken preventive measures against its possible occurrence. So, we also have to learn how to make first-aid actions to prepare any case in which SIDS happens on a child. At the same time, we also have to learn how to make cardiopulmonary resuscitation for a child in an emergency case. For this purpose, we have to repeat a rescue drill through which we practice making cardiopulmonary resuscitation for a child for a short time till a rescue squad arrives at your nursery. Thus, this drill and full knowledge on first-aid actions are compulsorily important for us to save children we look after.

I would like to recommend you to take a training course on first-aid action and also to buy DVDs or Videos on First-Aid Actions so that you can regularly review and memorize what you have learned. Without such visual guidance, we tend to forget what we have learned in the training as the time goes by, and so the review-after-training is a must to save the lives of children.

In case that you don’t know how to make rescuing actions for a child who has fell into apnea or other abnormal critical conditions, you should ask a professional for their medical advice on what to do to save him when you make an emergency call.

For Your Reference: Our NPO, “Society of Learning How to Make First-Aid Rescue for Infants” has been promoting the knowledge and information on how to make first-aid rescuing actions for infants/adults in emergency and how to prevent any critical accidents from happening on children by offering a visual material(currently DVD) on these matters. (Sales Price:@¥650.-, the postage:¥80.-)

Back in 1999, an article introducing the visual material (video film, but currently DVD) was put in Monthly Health Journal. This article also introduced our efforts to promote the knowledge and information on rescuing actions for infants/adults in emergency and also our activities to introduce such video to parties concerned in Akita City through the courtesy of Public Relations, Akita City Office. When we were staying in Akita, many nursing teachers at local elementary schools requested us to make a video on how to make rescuing actions for low-graders at elementary school. Their request led us to the nation-wide promotion of the above-mentioned visual material (video film/DVD) which we decided to officially start in 2003. We are very pleased that our visual material has been helpful to a great number of people since our start to promote it.
Investigation on SIDS Occurrence in the Beginning Period after Children Start to be Looked After a Nursery Organization:

In 2004, The American Academy of Pediatrics (AAP) released the result of their investigation on SIDS cases which happened in USA in a year. Out of all the SIDS cases (2,500 cases) in USA, 500 cases happened when children were looked after by other caregivers (including professional nursery teachers) than their own parents. One third of such 500 cases happened in a week after children started to be looked after at nursery organizations, and 50% of the cases happened on the first day when children was taken to and looked after nursery organizations. I told this fact to Dr. Hiroshi Nishida, a former professor at Tokyo Women's Medical University. Then, Dr. Nishida requested me to make a domestic survey on SIDS cases happening in Japan in cooperation with Mr. Kazuo Ito, president of Master Works Co., Ltd., and explain the domestic investigation result in comparison with the released data by AAP at 2006 SIDS International Conference. Mr. Ito and I found 31 cases of SIDS which happened at nursery organizations in the past 15 years. We made hearing investigation with these organizations for analysis. As a result, we found out that many SIDS cases happened on the first day and within one week after children were taken to and started to be looked after at nursery organizations. The result of our domestic investigation is very similar to that of AAP’s investigation. Based on our research, we published a thesis on SIDS in Journal of Child Health in 2006 (¶1).

61% of the 31 cases were that children were sleeping on their belly when they were detected to suffer from SIDS. This shows that the risk of SIDS is very high when children sleep on their belly. On the other hand, 35% of the cases were that children were sleeping on their back when SIDS happened on them. Therefore, we strongly realized the significance of regular breathing inspection on children and concluded that caregivers compulsorily must check their breathing regularly during their nap in the afternoon in whatever posture they take at that time.

We also found that 67% of children who suffered from SIDS were not feeling well on the day of SIDS occurrence. Nursery organizations always expect that any of the children they look after there may become sick during a day and so they take care of children to keep them healthy. We have to keep deeply in mind that SIDS happens on children despite their such effort.
Chart 1: SIDS Occurrence Risk is highest within a month after children started to be looked after at a nursery organization. Especially, the risk is the highest on the first day as shown in the chart, followed by the second highest risk in '2nd day to 1 week.' We also found several cases of ALTE happening on children, even though the data for ALTE is not included in this above chart. Just like in case of SIDS, most of the ALTE cases happened within a month after children started to be looked after at a nursery organization.
Chart 2: As shown in this chart, SIDS Occurrence Risk Level for only the first month after children started to be looked after at a nursery facility is four times higher than that between the first and the second months, and is 17 times higher than that between the second and the 12th month. This data shows that a certain type of stress happens on children immediately and/or a while after they are subject to change in their surroundings and this stress must be mainly responsible for the occurrence of SIDS.

SIDS Occurrence Risks caused by Change in Children's Surroundings
Currently, three factors, which are responsible for SIDS occurrence, have already been notified to nursery organizations across the country. Together with these three factors, the author thinks, based on her own domestic SIDS investigation and anti-SIDS activities, that another SIDS occurrence risk brought by any change in children's surroundings is as an significant factor as them. In the United States, the number of SIDS occurrence cases was greatly reduced by the nationwide SIDS prevention campaign, but the number of SIDS happening on children while they are looked after at nursery facilities hasn't been reduced. This has become a major
problem in the States.

Dr. Sadao Yamanami at Kawaguchi Municipal Medical & Health Center (Saitama, Japan) contributed to Mother & Children Health Information (Vol.53), the feature of which is SIDS, his paper titled “SIDS and Nursing Environment” ( p. 2 ). Dr. Yamanami describes SIDS occurrence situation as follows, based on papers published in the States; Reports indicate that SIDS tend to more often happen on children when they are at a nursery organization or under the care of caregivers different from their own parents than when they are under the care of their own parents at home. Researches by Moon, et al show that there were no significant differences between children’s houses and their nursery organizations in terms of frequency of recumbent posture taken by children, use of improper bedclothes and other variances. Therefore, they think there may be any other factors which are responsible for SIDS occurrence.

“Any other factors,” mentioned in the above stand for the stress caused by any change in children’s surroundings for a while after they start to be looked after at a nursery organization. This is what I came to further recognize both from the investigation result in the U.S.A. and from our domestic one.

Instruction Adopted in Nursing Principles and Warning by Dr. Nishida
Last spring (2008), Ministry of Health, Labor and Welfare published Nursing Principles at Nursery Organizations. Based on our thesis on SIDS occurrence and prevention, they put the following instruction in its SIDS Chapter: Observation on children must be performed very carefully especially in the initial months after they start to be looked after at any nursery organization. Soon after this publication, an article based on the above SIDS prevention principle was in several papers. This article introduces the fact that the highest risks of SIDS occurrence are expected in initial months after children start to be looked after at a nursery organization. This instructive article contains the following warning by Dr. Nishida: “Recent investigations and studies found out that any change in infants’ surrounding is responsible for increasing the risks of SIDS occurrence. Nowadays, with many mothers working outside for a living, the use of nursery organization has been in great demand and natural course of the times. Therefore, we, all the persons responsible for childcare should fully recognize that SIDS occurrence risks are the highest particularly in several days after children start to be cared at a nursery
organization and that we must pay our most careful and fullest attention to our children during such initial days to prevent SIDS from happening on them.” Thus, Mr. Nishida made such instructive comment that any change in children’s surroundings cause highest risks of SIDS occurrence.

Information and knowledge on the highest risks of SIDS occurrence in the initial period after infants (children) start to be looked after have not notified to all the nursery organizations across the country. I strongly hope from the bottom of my heart, however, that such information and knowledge as well as the warning by Dr. Nishida will be fully spread to every person responsible for childcare all over Japan.

Ready to Consult Your Cases:
In case that a child or an infant you look after at your daycare facility is sent to hospital due to his/her apnea, you are forced to make swift judgments and arrangements of things and make prompt responses to his/her parents and/or other family members, the police, the press, guardians of other children you care, all other parties concerned to your facility and other people respectively. Your initial responses to them have a great influence on your consultations with the child’s family, and so careful attention should be paid in everything you have to do after the accident. Plus, the fact that the causes of SIDS occurrence have not been clearly identified yet makes it more difficult for you to have a good consultation with the child’s family.

Especially if a child suffers from SIDS in initial days after he/she just started to be cared at your facility, you may not have well-established a very good trust relationship with their family, and so you have to have a very severe consultation with their family in such a mutual relationship. This situation goes for ALTE occurrence.

I myself have received and committed myself to over 60 cases of consultation related to SIDS occurrence from professional nursery caregivers and families of the children who suffered from this disease. From my experiences, I really feel that the earlier I receive your consultation on problems after SIDS occurrence, the better I may help them to have a good consultation with each other’s side to solve the problem. Therefore, when your nursery organization or others nearby has any SIDS or ALTE problem, you are all strongly requested to contact me swiftly at the
following phone / fax number or at the e-mail address.

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**Epilogue**

Through this paper, I have introduced you the information on SIDS which happens on children caregivers look after at nursery facilities mainly in Japan. Some of you may feel that SIDS is horrifying and dangerous. But what is really dangerous is that you care your children everyday without knowing the fact about SIDS or how to prevent this disease. I would like to request you to start SIDS preventions from the moment you are through this paper before this disease happens at your daycare facilities for the purpose of protecting the precious lives of our children. Finally, I would like to express my sincere gratitude to all the caregivers and other people those who have kindly helped me with my SIDS investigation by understating my desire “not to scarify any lives of children and not to make anyone feel sad over the loss of such lives.

**Reference**

(1) Thesis adopted in Journal of Child Health:
“The Correlation between SIDS Risk Factors and the Initial Stress of Being Looked After at a Daycare Facility”
*This thesis is available at the following website:

(2) Sadao Yamanami,  SIDS and Nursing Environment
Mother & Children Health Information, Vol.53, p16
Featuring: Sudden Infant Death Syndrome: Its History and Current Situation
*This thesis is available at the following website:
http://www.aiiku.or.jp/aiiku/syuppan/boshi53.htm

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