



Behavioral Problems from Sudden Infant Death Syndrome

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DESCRIPTION

Comparing rates for the general population, having a parent with any history of psychiatric inpatient treatment more than doubles the chance of Sudden Infant Death Syndrome (SIDS). In instance, they discovered a risk that was roughly 7 times higher when both parents had been admitted. Infants exposed to maternal-only vs. paternal-only admission did not appear to be at increased risk in general. The largest risk of SIDS, among the specific diagnostic categories they looked at, was shown to be associated with a parent's (mainly the mother's) admission for an alcohol- or drug-related condition. In comparison to other parental diseases that resulted in hospitalisation, the risk of SIDS was not higher in relation to schizophrenia and related disorders.

Although there was a little tendency to link this parental diagnostic category to a higher risk of SIDS, the lack of any discernible effects may have been owing to insufficient statistical power. Our results are broadly in line with other research linking parental psychological disorders to greater rates of postneonatal death, particularly SIDS. However, compared to prior Danish reports, they found only half the risk of SIDS in infants exposed to maternal admission for schizophrenia and similar illnesses. This discrepancy may be the result of reverse causality bias. Since the death of one's kid is a significant predictor of parental admission for schizophrenia and other illnesses, infants in that study were nonetheless categorised as being in the exposed group even if the initial maternal admission took place after the newborn had passed away.

Compared to the general population and infants exposed to other parental illnesses, infants whose mothers or fathers were admitted for alcohol- or drug-related disorders were at a greater risk of SIDS. Uncertainty surrounds the evidence linking the risk of SIDS with alcohol intake during pregnancy. After

adjusting for socioeconomic status and smoking, the Nordic Epidemiological SIDS Study found no correlation between maternal alcohol usage during pregnancy and the risk of SIDS. These unfavourable findings for moderate alcohol use during pregnancy have been confirmed by a second Danish investigation. Recent data from Native Americans, however, indicate a link between maternal binge drinking and SIDS, particularly when exposure occurs during the first trimester and periconception. Despite the fact that siblings of these newborns have been demonstrated to have a 10-fold increased risk of SIDS, our search of the literature turned up no specific evidence of a connection with foetal alcohol syndrome. Increased chances of SIDS and all-cause infant death have also been related to maternal heavy drug use during pregnancy, albeit the dangers are significantly greater if exposure persists into infancy. While mother substance abuse can have an impact on the infant both before and after birth, paternal alcohol or drug exposure only has an adverse effect on the baby after birth. However, coincidental mother usage during pregnancy without mental admission may be the source of the decreased but still significant higher risk associated with paternal admission for these diseases.

Another factor for the particularly high risk associated with drug- and alcohol-related disorders is the parents' hectic lifestyles and ensuing carelessness. SIDS is a specific risk for babies when two parents have severe mental illnesses or problems associated to alcohol or drugs. No conclusion could be drawn about this phenomena based on our data. This is probably a very selective group of parents with assortative mating, social drift in the wrong direction, and very bad psychosocial conditions. Such a high RR may be partially explained by the interaction of genetic and environmental risk factors. Additionally, if both parents are intoxicated while providing care for their child, there may be times when their levels of vigilance and ability to do so are extremely low.

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