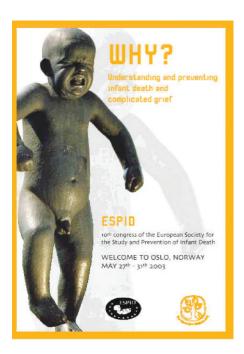
CO-SLEEPING SHOULD BE DISCOURAGED!

Torleiv Ole Rognum, executive chairman of European society for the study and prevention of infant death, ESPID

Discouraging co-sleeping was the conclusion by several presenters when 180 researchers, health personel and parents met for the 10th ESPID congress in Oslo in May 2003.

Combined meetings for researchers and parents is a great challenge but turned out to be wery fruitful. Only the demonstration of slides with dead infants caused reactions amoung parents. However, aggreement was achived that the chasairpersons or the presenters should warn the audience before such pictures were shown.



During the opening ceremony the Norwegian minister of health, Dagfinn Høybråthen, stressed the importance of the efforts by voluntary organisations. In the case of SIDS, he recognised the power of grief energy in the strive for solving the enigma.

Infant and child mortality in a global

and a European perspective Globally the child mortality rate has been reduced from 160 per 1000 live births in 1954 to 70 deaths per 1000 in 1999. However there is a large discrepancy between Africa – which still has more than 160 deaths per 1000 live births - and Europe with 20 deaths per 1000. Even within Europe there is a variation from almost 40 deaths per 1000 live births to 5 deaths per 1000 live births. Yldiz Perk from Istanbul stressed that for Turkey the most important policy to fight infant death is to enlighten the community, families and basically women who are deprived of their rights (polygamy, lack of antenatal care, education . . .).

Professor Ola Didrik Saugstad, Oslo, claimed that implementation of simple ways of resuscitating newborns, may globally save 100-200.000 lives annually.

Should ESPID focus on unexplained stillbirths?

There are some similarities between SIDS and unexplained stillbirths. Professor Ruth Frets from Harvard Medical School presented American data showing that unexplained stillbirths are 4 times more common than SIDS. There is however no current strategy for prevention.

Dr. Marianne Arnestad from Institute of Forensic Medicine in Oslo presented epidemiological data on SIDS and unexplained stillbirths. Maternal smoking during pregnancy is a common risk factor whereas maternal age, maternal overweight, parity and gender of fetus infant differs between the two groups.

A common definition of sudden unexplained stillbirths is highly needed!

Dr. Fredrik Frøen, Oslo, proposed the following definition:

Sudden intrauterine death (SIUD): The intrauterine death before the onset of labour of a fetus of ≥ 22 completed weeks of gestation or $\geq 500g$ body mass, which is unexpected by history, and in which a thorough autopsy of the fetus together with gross and histological examination of the umbilical cord, placenta and membranes fails to demonstrate an adequate cause of death.

It remains to be seen if this definition will be widely accepted.

Ethics an autopsy

Professor Jem Berry from Bristol outlined the situation concerning autopsies in infants and children in the UK.

Pediatric pathology and morphological research in infants have experienced a serious set back due to autopsy scandals. Prof. Berry proposed wery strict rules for the use of organs for diagnostic purposes and for research.

Research on parents and death scene investigation

Grief is always there, Kari Dyregrov said, you cannot rip it up. Psychologist Unni Heltne reported that the death scene investigations performed by Institute of Forensic Medicine in Oslo hve helped the parents in the grief pro-

From risk factors to death mechanisms

Prone sleeping position is not the cause of death! The increased risk of prone sleeping, may however help us to disclose the death mechanism. Disturbed temperature regulation, rebreathing,



Ethics and autopsy - professor Jem Berry stated that the ways we perform autopsies and inform about autopsies has to stand the tabloid test.

the role of immunological factors, toxigenic bacterias and the role of cytokines were discussed by Paul Johnson, Christian Poets, Åshild Vege, Fredrik Frøen and Caroline Blackwell. The most intriguing paper however, was presented by professor Toshiko Sawaguchi, who demonstrated a relationship between sleep apnea and seretonergic receptors in the brain.

Consensus document on ALTE

During the conference paediatricians and physiologists managed to reach consensus on apparent life threatening events (ALTE). The consensus document will be published in a European journal, and an abstract will be put on the website <ESPID.net>.

Workshop on death scene investigation

One of the most interesting workshops for forensic pathologists was on death scene investigation. Several presenters stressed the importance of doing standardised highly professional death scene investigations. Project co-ordinator



Professor Toshiko Sawaguchi from Tokyo demonstrated the relationship between seretonergic receptors in the brain and physiological information of sleep apnoea in SIDS victims.

Lisbeth Sveum from Institute of Forensic Medicine in Oslo demonstrated a new scoring system developed for evaluating risks involved in infant environment.

The enigma of SIDS not solved!

As long as the enigma of SIDS is not solved - the strive to understand and prevent these deaths will have to continue. Dr Peter Blair and other presenters stressed that we should include all cases of sudden unexpected infant death (SUDI) in our work and research.

Should also unexplained stillbirths be included?

Not at least the knowledge about loss, grief and complicated grief may be important for helping parents who experience unexplained stillbirths.

Should ESPID be ISPID?

During the meeting in Oslo, a merge of the Global Strategy Task Force, SIDS International and ESPID was agreed upon in principle. Two delegates from each organisation will work out the structure of a new organisation which name may be ISPID (International society for the study and prevention of infant death).