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News

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Pediatrics professor to
present comprehensive
studies of "crib death"
at UTHSCD.

DALLAS--Last year in Dallas 42 babies died for no apparent reason. Commonly called "crib death," sudden infant death syndrome (SIDS) is the term used by doctors to describe this situation.

The possibility of sudden infant death continues to frighten thousands of parents of newborn babies. But a five-year study undertaken by Dr. Alfred Steinschneider, professor of pediatrics at University of Maryland Hospital in Baltimore, promises a comprehensive effort toward finding the cause and eliminating this mysterious tragedy.

Sponsored by a grant from National Institute of Child Health and Development, the Baltimore team of psychologists, social workers, pediatricians, obstetricians, statisticians and other health professionals are examining many factors, including known predictors of risk in newborns.

Dr. Steinschneider will present a seminar "SIDS: Is it predictable and preventable?" at The University of Texas Health Science Center at Dallas Nov. 9 at 4 p.m.

It has been found that some babies are more likely than others to die without apparent cause. Among several indicators of risk of sudden infant death, the most widely accepted is the tendency of a baby to hold his or her breath for long periods of time.

At University of Maryland Hospital newborns are monitored for this breath-holding tendency. The families of babies with the tendency toward breath-holding (apnea) are offered a machine to take home so that the baby's breathing may be monitored at all times with an alarm sounding whenever the baby holds its breath.

When this occurs, the parent uses methods taught him by his physician to stimulate the infant to begin breathing again. The parent first tries tickling the baby's feet. As a last resort, he uses mouth-to-mouth resuscitation.

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Dr. Steinschneider's group is studying both the effectiveness and the disadvantages of monitoring these high-risk babies in the home. He can cite instances of the machines saving babies' lives. But he is also finding that the presence of the machines in homes may produce a disruption in the family. Team psychologists and social workers find depressed mothers, tired and overwrought fathers and siblings experiencing guilt brought about by the responsibility of listening for the alarm.

In addition to the breath-monitoring study, the group is studying the condition of mother and fetus during pregnancy for prenatal conditions which may cause a baby to have a higher risk of SIDS. They are checking the mother's biochemistry and hormone levels and the baby's heart rate and other physiological responses in the womb.

During the neonatal (newborn) period babies are checked in individual "nursery-labs" for physiological conditions, including subtle abnormalities of the cry and breathing patterns during feeding. A high-risk baby may have a "peculiar" cry, indicating a problem with the voice box or with the breathing mechanism. At-risk babies may hold their breaths during feeding and "forget" to start breathing again. The individual "nursery-labs" are staffed with full-time physicians and nurses.

Another factor being investigated is the baby's immunity. According to Dr. Alan Beer, professor of cell biology and professor of obstetrics/gynecology at UTHSCD, sudden infant death occurs most often in the first four months of life when the baby is developing his or her own immunity. The death could be caused by a violent immunity attack. Dr. Steinschneider and his group are also studying this possibility and hope to determine if the breast-fed child is less at risk for SIDS.

Neurologists on the Baltimore team check for abnormalities in the brain cells of babies who died suddenly with no apparent cause. Immaturity of the central nervous system may be involved. This is indicated by the patterns of sleep apnea (breath-holding) with a slowing of the heart rate as well as by the higher incidence of sudden infant deaths among premature babies.

Texas Guild for Infant Survival will host Dr. Steinschneider while he is in Dallas. Guild President Nina Copp met him last year at a national conference on infant survival.

According to Ms. Copp, the pediatrician understands parents and puts a lot of emphasis on their mental outlook. She says this is very important because a parent who has the experience of an infant's death may feel guilty and responsible for the death even though there was nothing the parent could do.

"Sometimes a mother tries to play God. She thinks she can protect the infant from death, and, of course, she can't," said Ms. Copp. The guild provides service and counseling to parents who have the experience of losing a baby.

"This kind of death is very mysterious and frightening, and sometimes it helps to know that other parents have had the same experience and lived through it," she said.

Dr. Steinschneider served his pediatrics residency and internship at Upstate Medical Center in Syracuse, New York, where he also received his M.D. degree. He was awarded a Ph.D. in experimental psychology from Cornell University in 1955 and an M.A. from the University of Missouri in 1952 in the same field.

He has served as director of nurseries and director of newborn nursery house staff training at Crouse-Irving Memorial Hospital in Syracuse.

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NOTE: Dr. Steinschneider will be available to the press at UTHSCD from 1:30-3 p.m. Wed., Nov. 9. Please call the Office of Medical Information if you wish to talk with Dr. Steinschneider.

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