



Information Statement

HOME MONITORING

Monitors are not indicated for normal healthy babies and toddlers.^{1,2}

- There is no scientific evidence that using any type of monitor will prevent a sudden unexpected infant death.⁴
- Some manufacturers of home monitors make false claims that they prevent sudden death
- Monitor use is disruptive for most families and unnecessary for most babies
- Monitor use is helpful for some babies and some families.^{2,5}
- Monitors should only be used under the supervision of a doctor or nurse

Many new parents, aware of the risk of sudden infant death and wanting to provide the best possible care for their child, may consider the purchase of a home monitoring system for their baby.

Parents who are expecting a subsequent baby following the sudden and unexpected death of a baby may also be considering the use of a monitor to detect the possibility of cessation of breathing.

However all alarm systems are associated with false alarms and babies have been found dead despite the monitor alarming. Many babies experience apnoea (prolonged pause in breathing) and slow heart rate exceeding the alarm thresholds and do not die. A link has not been established between prolonged apnoea and SIDS.³

There are four main types of monitoring systems

Audio

Some parents find it reassuring to have a monitor between rooms. It enables them to hear unusual noises from a baby's room. They do not monitor breathing or sleeping position. Please note that room-sharing with a baby is recommended for the first 6-12 months of life as this infant care practice has been shown to reduce the risk of sudden unexpected infant death.

Movement Monitors

A mat monitor records baby's movement and alarms after a pause in movement of 15 to 20 seconds. This monitor is placed beneath the bedding in the baby's cot and can only be used on a flat surface in a cot or bassinette. Monitors sold commercially in baby stores do not have approved standards.

A movement monitor attaches to the baby's tummy with tape or to the baby's clothing and alarms when there has been a pause in movement of the baby's tummy for over 20 seconds. This type of monitor is more portable and can be used while traveling, feeding and holding a baby. Please note that some babies have still died while these monitors were in use.

Heart and Breathing Monitors

Heart and breathing monitors register chest movement and the electrical activity of the heart with two electrode dots attached to the chest. The heart alarm is usually set at a slow heart rate of 80 beats per minute for a very young baby or 60 beats per minute for older babies.

The alarm for the apnoea or prolonged pause in breathing is set to go off after a delay between breaths of 20 seconds. These monitors have a rechargeable battery and are portable. A number of these monitors have an event linked computer chip in which the alarm is recorded and a readout is available to assess how significant an event which has caused an alarm has been.

Oxygen measurement monitors and Oximeters

Oxygen measurement monitors are frequently used in hospital but are rarely used at home. Despite recent developments there are many false alarms. These monitors alarm when the oxygen percentage in the skin falls below a set limit, which is often set around 92%.⁶

Specialists supply some babies with monitors at home in special circumstances. These circumstances may include:

- After an 'Apparent Life Threatening Event' (ALTE) which is when a baby is found not breathing, is blue or white, floppy and needs resuscitation by a carer.^{4,7}
- Some very premature babies have persistent episodes of prolonged pauses in breathing and slow heart rate which may persist up to three weeks plus the expected date of delivery.^{4,8}
- Babies with rare medical conditions that could lead to severe breathing problems, eg. Babies with Pierre Robin Sequence who have holes in their palates and small jaws; babies with tracheostomies (surgical openings) into their main breathing tube; and some babies who stop breathing or have very shallow breathing persistently and go blue due to an underlying brain problem.^{4,8}
- The few babies who require oxygen all the time such as those with chronic lung disease⁸

Monitors should only be used under medical supervision. The advantages associated with monitor use are minimal.⁸ The monitor is only an alarm, it is not a life saving device. The carer needs to respond to the alarm and know how to resuscitate the baby.

A monitor may be very disruptive for the family. False alarms may occur if the baby is breathing shallowly, rolls off a mat, or there are technical problems with the machine.

Some manufacturers of home monitors make false claims that they prevent sudden death. There is no evidence to support these claims.

A significant episode in which the baby stops breathing, e.g. an apparent life threatening event or an unwell baby that stops breathing needs to be seen by a doctor as there may be an underlying illness present.⁴

Many authorities do not recommend a monitor after an ALTE or a previous SIDS. Monitors are not recommended for preventing sudden and unexpected infant death, including SIDS, by the SIDS and Kids National Scientific Advisory Group, the American Academy of Pediatrics or the Public Health Association of Australia.

Parents should seek the advice of their General Practitioner, paediatrician or child health nurse before purchasing and using a monitor.

To Reduce the Risks of Sudden Unexpected Deaths in Infancy (SUDI), including SIDS and Fatal Sleep Accidents:

1. Sleep baby on the back from birth, not on the tummy or side
2. Sleep baby with face uncovered (no doonas, pillows, lambs wool, bumpers or soft toys)
3. Avoid exposing infants to tobacco smoke before birth and after
4. Provide a safe sleeping environment (safe cot, safe mattress, safe bedding)
5. Sleep baby in their own safe sleeping environment next to the parent's bed for the first six to twelve months of life

The SIDS and Kids Safe Sleeping program is based on scientific evidence and was developed by Australian SIDS researchers, paediatricians, pathologists, and child

health experts with input from overseas experts in the field. The 87% drop in SIDS deaths and the 5,000 lives that have been saved is testament to the effectiveness of the program.

For further information visit the SIDS and Kids website at www.sidsandkids.org or phone us on 1300 308 307.

References:

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