

## Physical and Emotional Reactions to SIDS

### **You will have emotional “ups and downs” for awhile.**

It is common to have mood swings for quite awhile. One day you feel that you are finally getting back to normal, and the next day you are “down in the dumps” again. Often the anniversary of your baby’s death, finding an item belonging to the baby, seeing another infant, walking through the baby department, etc. will be enough to bring on depression.



### **Learn to turn off the “if onlys.”**

Every parent goes through a series of “if only” I had gotten him up sooner, had put him to sleep in his own bed, had gotten up to check him, had covered him at midnight, etc. These thoughts have to be turned off or they continue to be upsetting. It may help to tell yourself over and over again until you believe it, that “SIDS cannot be predicted or prevented.”

### **Insomnia and bad dreams are common.**

Sleep is difficult but essential for the well-being of parents and families. Sometimes a mild sedative can be prescribed by your family physician. Bad dreams involving death and your baby are frequent and may be upsetting, but seem to be a normal part of adjustment.

### **Somatic complaints are frequent (stomach ache, “heart” ache, etc.)**

These complaints are common. You may feel like your stomach is “tied in knots” or you may feel an unfamiliar pain in your heart area. Usually just knowing that others have those same feelings is a comfort.

### **It takes time to accept reality.**

We know that mothers have continued to get up at night to check their baby, even reported to have heard their baby crying, have continued to prepare their bath and fix the baby’s food for some time after the death. This is fairly common and again this fact may be reassuring.

### **It is common not to want to be left alone.**

This is a very common feeling for mothers. It is especially disturbing for mothers to be left alone in the same house or apartment where their baby died. Many have a friend or relative come and stay with them when their husband is at work. The classic example is of a young mother who sat out in the middle of the back yard on a tree stump whenever she was left alone at home.

**It may be difficult to concentrate for any length of time.**

Mothers especially, complain of feeling that they were “going crazy,” because they could not concentrate or do routine tasks that they had done all of their lives. Reading is difficult because the mind seems to wander.

**Loss of appetite is common.**

There is no appetite. You may find you merely eat because you know that you must. As mentioned above, the stomach may feel like it is “tied in knots.” Try eating small amounts of easily digested food frequently, rather than three large meals.

**Parents may be irritated by children and yet overly concerned for their welfare at the same time. Well meaning friends and relatives may be irritating.**

You may find you are like other parents, who, rather than outwardly clinging to their remaining children, may be irritated by their behavior. Your “tolerance level” of naughty behavior may be very low. At the same time, you may feel overly concerned for their safety and may want to escape the weight of responsibility for them. Being irritated by friends and relatives, can leave you feeling guilty again for resenting those who are trying to help.

**Children may need help in adjusting to your infant's death.**

Children are very aware of the emotional tone of the family and will be affected in some way by the death of your baby. The very small child (toddler) is too young for an explanation and merely needs lots of love and affection for his own security. He may have some frightening thoughts that he cannot express: “The baby died in his sleep, maybe I will too.” “I wished they would take the new baby back, and now he’s gone.” He may cling to you and do naughty things to get your attention. An older child may have his own guilt feelings and should be encouraged to talk about the death and the baby whenever he wants to. You should be alert for any problem which might relate to the death: difficulty at school, reverting to bed wetting, nightmares, etc.

*Adapted from comments prepared by Margaret Pomery, R.N., B.S. and the National Sudden Infant Death Syndrome Foundation, Inc. by the California Sudden Infant Death Syndrome Program.*



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