

## Physical and Emotional Reactions to SIDS

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

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



### **Teach parents 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 upset the parent. They have to tell themselves over and over again until they 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 the parent and the family. Sometimes a mild sedative can be prescribed by the family’s physician. Bad dreams involving death and the deceased infant 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. A mother may comment that her stomach feels like “it is tied in knots” or she may feel an unfamiliar pain in her heart area. Usually just knowing that others have those same feelings is a comfort.

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

Mothers have continued to get up at night to check the baby, have heard their baby crying, have continued to prepare the 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. They find it especially disturbing to be left alone in the same house or apartment where the baby died. Many have a friend or relative come and stay with them when the husband is at work. The classic example is of the 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. Parents merely eat because they know that they must. As mentioned above, the stomach may feel like it is “tied in knots.” You can suggest they 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.**

Parents, rather than outwardly clinging to the remaining children, may be irritated by their behavior. Their “tolerance level” of naughty behavior may be very low. At the same time, they may feel overly concerned for their children’s safety and may want to escape the weight of responsibility for them. Being irritated by friends and relatives, often leaves the parent feeling guilty again for resenting those who are trying to help.

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

Children are very aware of the emotional tone of the family and will be affected in some way by such a death. 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 his parents and do naughty things to get their attention. The older child may have his own guilt feelings and should be encouraged to talk about the death and the infant whenever he wants to. Parents 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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