

## [More information about alternatives to toxic mattresses](#)

### **Holistic Pediatric Association**

Crib Death (SIDS) Factors

Jane Sheppard

---

*Jane Sheppard is the Executive Director of the Holistic Pediatric Association and editor and publisher of Healthy Child Online at [www.healthychild.com](http://www.healthychild.com). Jane is a child health advocate, parent educator, and the author of *Super Healthy Kids: Strengthening Your Child's Resistance to Disease*, helping to empower parents to make informed choices to protect the health of their children. She lives with her daughter in Northern California.*

*By Jane Sheppard*

*Published on 07/18/2004*

An overwhelming amount of evidence shows that toxic gases in crib mattresses may be the cause of crib death (SIDS). Recent research is explored and safe alternatives are addressed.

---

### **Has The Cause of Crib Death (SIDS) Been Found?: Parents Denied Crucial Findings**

Sudden Infant Death Syndrome. These four words can incite a considerable amount of terror in a parent of an infant. Sudden infant death syndrome (SIDS), also known as crib or cot death, is the number one cause of death for infants from one month to one year of age. 90% of all SIDS deaths are in babies under six months old. Ongoing SIDS research occasionally leads to discoveries of risk factors associated with these deaths, but after almost 50 years, researchers say they still do not know how or why it happens. The prevailing official viewpoint on SIDS is that the cause is unknown (SIDS Alliance 2001).

It may seem inconceivable that over a million babies have died of this "syndrome", and after almost half a century and many millions of dollars spent, no one in this age of science and technology can tell us why. But what parents are virtually oblivious to (through no fault of their own) is that a highly convincing explanation for this tragedy has been found, along with a simple means of eliminating it. This explanation is backed by a significant amount of evidence, but has been and continues to be completely ignored by SIDS organizations, the medical community, and the government - for a variety of reasons, including politics, financial liability, and vested interests. Publication of these findings continues to be denied and suppressed. The result is that babies continue to be at risk from deaths that may easily be prevented.

### **Toxic Gases in Mattresses**

Dr. Jim Sprott, OBE, a New Zealand scientist and chemist, states with certainty that crib death is caused by toxic gases, which can be generated from a baby's mattress. Chemical compounds containing phosphorus, arsenic and antimony have been added to mattresses

as fire retardants and for other purposes since the early 1950's. A fungus that commonly grows in bedding can interact with these chemicals to create poisonous gases (Richardson 1994). These heavier-than-air gases are concentrated in a thin layer on the baby's mattress or are diffused away and dissipated into the surrounding atmosphere. If a baby breathes or absorbs a lethal dose of the gases, the central nervous system shuts down, stopping breathing and then heart function. These gases can fatally poison a baby, without waking the sleeping baby and without any struggle by the baby. A normal autopsy would not reveal any sign that the baby was poisoned (Spratt 1996).

In spite of denial and opposition from orthodox SIDS organizations, no research has disproved this gaseous poisoning explanation for crib death. No valid criticism of this explanation has ever been provided. This logical finding explains every factor already known about crib death, and is backed by scientific research (Spratt 1996, 2000) and eight years of practical proof consisting of a crib death prevention campaign that continues in New Zealand.

Ongoing research continues to support these findings. A four and a half year study by the Scottish Cot Death Trust published in the British Medical Journal (November 2, 2002) has shown that the re-use of infant mattresses triples the risk of cot death (Tappin 2002). Dr. Spratt explains that the risk of death increases when mattresses are re-used from one baby to the next because the fungus has already had a chance to establish itself in the used mattress. When the next baby uses the same mattress, the fungus is soon active. Toxic gas production begins sooner and is generated in greater volume. It is known that crib death rates increase markedly from the first baby in a family to the second, and from the second to the third, and so on (Mitchell 2001). Dr. Spratt warns, however, that new mattresses can also be unsafe because fungal growth can quickly become established in a new mattress once a baby begins sleeping on it (Spratt 2003).

The fundamental solution is urgent action to eliminate all sources of phosphorus, arsenic and antimony from all mattresses. But this is not happening now, and is not likely to happen anytime soon, so exposure to these gases must be prevented. The intervening solution is to prevent babies from being exposed to the gases by wrapping mattresses in a gas-impermeable cover made from high-grade polyethylene and ensuring that bedding used on top of a wrapped mattress does not contain any phosphorus, arsenic or antimony.

A 100% successful crib death prevention campaign has been going on in New Zealand for the past eight years. Midwives and other healthcare professionals throughout New Zealand have been actively advising parents to wrap mattresses. During this time, there has not been a single SIDS death reported among the over 100,000 New Zealand babies who have slept on mattresses wrapped in a specially formulated polyethylene cover. The number of crib deaths in New Zealand that have occurred since mattress-wrapping began in 1994 is about 550. The number of crib deaths that have occurred in New Zealand on a properly wrapped mattress is zero.

In early 2002, a German doctor published the results of the New Zealand mattress-wrapping campaign, including statistical analysis carried out in conjunction with the

University of Munich (Kapuste 2002). The statistics showed that the proof of the validity of mattress-wrapping for crib death prevention was one billion times the level of proof generally accepted by the medical community as proving a scientific proposition.

Prior to the commencement of mattress-wrapping, New Zealand had the highest crib death rate in the world (2.1 deaths per 1000 live births). Following the adoption of mattress-wrapping by many parents in New Zealand, the New Zealand crib death rate has fallen by 48% (NZHIS), and the Pakeha (non-Maori) crib death rate has fallen by an estimated 75% (King 2001). Pakeha parents have adopted mattress-wrapping with enthusiasm. "These reductions cannot be attributed to orthodox cot death prevention advice," said Dr Sprott. "There has been no material change in that advice since 1992. The only significant change in cot death prevention advice, which has occurred since 1994, is the nationwide dissemination of my recommendations to wrap babies' mattresses."

## **Parents Are Denied Findings**

So why isn't this profound and critically important information making the headlines of major newspapers or all over the evening news? Why aren't crib death researchers and the government of the United States telling parents to wrap babies' mattresses? Why are the manufacturers still adding fire retardants and other chemicals to mattresses?

There are various reasons, but one possible reason is that mattress manufacturers are required to use fire retardants through government regulations. Admitting that these chemicals are causing deaths would mean admitting to major liability...

Furthermore, crib death research has been a significant source of funding for medical researchers in the U.S. Crib death research funding has nearly stopped in New Zealand as more people become aware that mattress-wrapping is easy, cheap and 100% successful in preventing this tragedy. Unfortunately, the ongoing complex and expensive research that leads to the discovery of "risk factors" for a so-called "syndrome" has pushed aside the simple and inexpensive solution of mattress-wrapping; a solution that can do no harm.

The Cot Death Cover-Up? (Penguin books, NZ, 1996), by Dr. Jim Sprott, reveals the amazing story of denial on the part of crib death researchers and the medical community, and the failure of these entities to accept such a simple explanation. Dr. Sprott first suggested a toxic gas theory for crib death in 1986, and in 1989 Barry Richardson of Britain, also a consulting chemist acting independently, publicized outstanding research proving the finding. In response, the British government set up expert committees to investigate the findings. One committee published the Turner Report, which recommended the removal of the chemicals from baby mattresses and for babies to be tested for antimony. A second committee published the 1998 Limerick Report, which is frequently cited by SIDS organizations as finding no evidence to substantiate the claim that toxic gases cause crib death. Contrary to this publicity, the Limerick Report did not disprove the theory (Fitzpatrick 1998) - in fact, it provides further confirmation of it (Sprott 2000).

The main orthodox crib death prevention recommendation is to put babies to sleep on their backs. We know that babies do still die when sleeping on their backs, although face-up sleeping does reduce the risk. The gases are denser than air and tend to settle in a thin layer directly on top of the mattress, so babies sleeping face-down are more likely to inhale a lethal dose of the gases. The gases are also absorbed through babies' skin, and this is one of the major reasons why face-up sleeping provides only partial protection against crib death (Sprott 1996).

However, no babies have died sleeping on a properly wrapped mattress. This is crucial information for parents. Eight babies continue to die every night in the United States from SIDS. Parents should be provided with the information so that they are able to decide for themselves whether they want to wait for the SIDS research organizations or the government to endorse mattress-wrapping or to "play it safe" as many parents have done in New Zealand. As Dr. Sprott points out and no one has denied, "All New Zealand crib deaths since mattress-wrapping began in late 1994 have occurred when parents have not wrapped their babies' mattresses. An inexpensive, non-toxic protective cover can surely do no harm."

The assumption that our government agencies do everything they can to protect our children is naive. The U.S. Consumer Products Safety Commission has stated that BabeSafe mattress covers do not constitute any safety risk to babies. These covers (manufactured in New Zealand) are the only mattress covers designed to protect babies from toxic gases generated in mattresses. Yet even though BabeSafe products are simple, inexpensive, and safe, the FDA requires the manufacturer to go through the expensive, complex, time-consuming procedure of obtaining pre-market approval in order for BabeSafe covers to be bulk imported into the U.S.

Instead of putting unnecessary hurdles in the way of a harmless and potentially life-saving product, why don't the authorities endorse mattress-wrapping in the U.S. to see if the results achieved in New Zealand could be duplicated here? The score in New Zealand is now 550 deaths (orthodox crib death prevention advice) to none (mattress-wrapping). With so many more babies born in the U.S. than in New Zealand, the potential to save lives is dramatically greater - thousands every year. Why should even one baby be denied something that could potentially save his or her life? Fortunately, parents can still order the mattress covers to have them sent directly from New Zealand to their home.

### **[More information about alternatives to toxic mattresses](#)**

#### **References**

Fitzpatrick, M.G. 1998. SIDS and The Toxic Gas Theory (letter), New Zealand Medical Journal, October 9, 1998.

Kapuste, H. 2002. Giftige Gase im Kinderbett ("Toxic Gases in Infants' Beds"), Zeitschrift fuer Umweltmedizin No. 44; January-April 2002:18-20

King, M.P. and Hon, A.F. 2001. New Zealand Minister of Health, correspondence, April.

Mitchell, P.R. 2001. Analysis of Official UK Statistics for Cot Deaths and Infant Deaths by Other Causes, 1996-1999.

New Zealand Health Information Service (NZHIS), Official New Zealand Cot Death Statistics.

Richardson, B.A. 1994. Sudden Infant Death Syndrome: A Possible Primary Cause. Journal of Forensic Science Soc. Jul-Sep; 34(3):199-204.

SIDS Alliance. 2001. [www.sidsalliance.org](http://www.sidsalliance.org)

Sprott, T.J. 2000. Critique of the 1998 UK Limerick Report. [www.cotlife2000.com](http://www.cotlife2000.com)

Sprott, T.J. 1996. The Cot Death Cover-Up? Auckland, New Zealand: Penguin Books.

Sprott, T.J. 2000. Personal communication with an officer of the Ministry of Health. August 11, 2000.

Sprott, T.J. 2000. Research Which Confirms and Supports the Toxic Gas Theory For Cot Death

Sprott, T.J. 2003. The Cause of Cot Death and How to Prevent It, Cot Life 2000, March 2003

Tappin et al, Used infant mattresses and sudden infant death syndrome in Scotland: case-control study, British Medical Journal 2002; 325:1007



Ph. 1.800.547.8120