

Apnoea Monitors

Summary Provides advice to clinicians that there is no objective scientific evidence that home apnoea monitoring devices are of any value in preventing Sudden Infant Death Syndrome (SIDS).

Document type Guideline

Document number GL2012_002

Publication date 24 January 2012

Author branch Health and Social Policy

Branch contact 9391 9475

Review date 24 February 2021

Policy manual Patient Matters

File number 11/1912

Previous reference N/A

Status Review

Functional group Clinical/Patient Services - Baby and Child

Applies to Local Health Districts, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Public Health Units, Public Hospitals

Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres

Audience Clinical staff;nursing;early childhood health;administration

APNOEA MONITORS

PURPOSE

This Guideline replaces GL2005_069 Apnoea Monitors. It provides advice to clinicians that there is no objective scientific evidence that home apnoea monitoring devices are of any value in preventing Sudden Infant Death Syndrome (SIDS).

KEY PRINCIPLES

There is no objective scientific evidence that home apnoea monitoring devices are of any value in preventing Sudden Infant Death Syndrome. However, it is acknowledged that there is considerable community anxiety about Sudden Infant Death Syndrome and that home monitoring devices are available to the general public. It should be noted that there is no indication for apnoea monitoring for the general population.

It is recommended that only infants deemed to have had serious apnoea by a specialist paediatrician should be placed on apnoea monitoring and this should be accompanied by appropriate advice, training and support for parents. It is recommended that apnoea monitoring devices are only used in the following context:

- (a) Adequate counselling before and during home monitoring by appropriately trained personnel;
- (b) Adequate training in the use of monitor and resuscitation techniques;
- (c) Continuous availability of medical, technical and emotional support services.

These aims may be most readily achieved if the management of an infant undergoing home monitoring is supervised by a hospital or other facility with appropriate specialised staff, including paediatricians and social workers.

REVISION HISTORY

Version	Approved by	Amendment notes
January 2012 (GL2012_002)	Deputy Director-General Population Health	Updated. Replaces GL2005_069
August 2005 (GL2005_069)	Director-General	Replaces GL2005_040
December 1996 (GL2005_040)	Director-General	Originally issued as Circular 96/107