

# Ethnic disparity in risk of SIDS and other unexplained infant death is not due to deprivation; examining ethnic patterns may help to clarify aetiology

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We thank Professors Bartick and Tomori for their comments on our paper. [1] We entirely agree that unexplained death in infancy (UDI) in the (mainly White British) general population of England and Wales is strongly associated with deprivation, as shown by many previous studies. Clearly, any factor that is associated with deprivation among the White British group will be a risk factor for UDI in the general population.

However, our paper is about ethnic, not socio-economic, variation. [2] The finding of a nearly five-fold disparity in risk across ethnic groups in England and Wales is both striking and novel. Moreover, we demonstrate that this disparity is not explained by deprivation. Formal adjustment for deprivation (IMD quintiles) does not even slightly reduce the ethnic variation (see Table 2). A simple scatter plot of ethnic groups illustrates the lack of a relationship between deprivation and risk, with a virtually horizontal overall trend line (see Figure at <https://doi.org/10.5287/bodleian:XmE4XBaoZ>). For example, Black Caribbean babies have nearly triple the UDI risk of Black African babies, but similar levels of deprivation. The Indian, Pakistani and Bangladeshi ethnic groups each have around half the UDI risk of White British babies; the White British and Indian groups have similar (relatively low) levels of deprivation, and the Pakistani and Bangladeshi groups are the most deprived in England and Wales.

In the paper we discuss various potential mediators of the ethnic differences, including sleep practices [3] breastfeeding [4,5] and tobacco use [6], based on the ethnic-specific prevalence of these factors in prior survey data. We suggest that careful comparison of ethnic patterns of exposure and outcome might lead to a better understanding of the aetiology of these very distressing deaths.

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## Conflict of Interest

None declared