

SECTION 17 – CHILD AND INFANT DEATH INVESTIGATIONS

I. Introduction

The county coroner shall investigate the circumstances surrounding any death of an infant or child in which the medical history does not document a previous diagnosis of natural disease that could account for the death. Very often there will be multiple agencies involved in a child death investigation, increasing the logistical challenges surrounding an already complex investigation. Also contributing to the difficulty of the investigation are the high emotions associated with an infant or child death and possible multiple scene locations (e.g., at the hospital and where the child was discovered unresponsive or ill).

When the C/DC is notified of the death of an infant or child within a healthcare setting, he or she should ascertain prior or ongoing law enforcement or child services (DCS) involvement with the family or caregivers. Information provided by these agencies about circumstances prior to admission or transport to the hospital can direct the investigation and determination of jurisdiction for legal purposes. Hospital response by the C/DC is dependent on circumstances of death and coroner jurisdiction. If the C/DC accepts jurisdiction for the death, and initiates an investigation, the location of the original call/insult is where the investigation should initiate. However, if injury occurred at another location or the infant or child was found unresponsive at another location, that scene should also be investigated.

II. INVESTIGATION

In cases due to trauma, the investigation focuses on correlating the history of how the injury was reported to have occurred to the findings at the scene, the child's developmental abilities, and the injuries identified at autopsy. A high degree of suspicion for child abuse should be maintained, as evidence of external trauma on the body is often minimal to none.

All hospital records, including radiology, laboratory, and any consultation reports, should accompany the body to the regional forensic center for review by the pathologist. Antemortem blood samples taken at the time of hospital admission should be acquired if available.

Sudden Unexpected Infant Death (SUID), is defined as a death in a child below the age of one year whose death occurs suddenly and unexpectedly, with no known or apparent cause, and which remains unexplained after the performance of a complete investigation, including a thorough scene investigation, review of medical history, and an autopsy.

Neglect versus failure to thrive due to natural causes can be difficult to discern based solely on autopsy findings, except in extreme cases. Determination of neglect often entails investigation into the home environment, health of siblings, and reviewing the medical chronology of growth and medical interventions.

C/DC interviews with family, caregivers, etc. should be completed in conjunction with law enforcement's investigation. Two fillable reporting forms, the SUIDI (Sudden Unexplained Infant Death Investigation) and SUCD (Sudden Unexplained Child Death Investigation) are available .

When investigating a child/infant death, and completing the SUIDI or SUDC, consider the following:

- Attend all scenes (emergency room, home of decedent, etc.) in partnership with law enforcement.
- Obtain medical and social history of decedent.
- Locate medical records for both decedent and mother, including labor / delivery, prenatal care records, well baby records, pediatrician/vaccination records, and newborn metabolic screening results.
- Document any history of Child Protective Services involvement with the family.
- Be familiar with developmental milestones of infants and children and at what age or stage of development these occur. Remember some children achieve some of the milestones earlier than others. Review of pediatrician records is important.
- Consider whether the explanations, history, and information obtained from caregivers, mother, father, significant other of parents, and grandparents, etc. are all consistent, and whether they corroborate with the clinical history and findings of how an injury occurred. Caregivers should be interviewed separately.
- Consider whether any injuries on the child corroborate with the findings at the scene. Scene photographs and diagrams can be very important.
- Document any evidence of drug or alcohol abuse at the scene.
- In cases of failure to thrive, documentation of medical consultations and follow-up should be recorded. Presence or absence of formula or food in the cabinets, refrigerator, or freezer should be documented.
- Infants can be significantly more sensitive to infections, toxins (carbon monoxide), and environments than older children and adults. The proximity of the infant to heating sources should be noted.
- Perform a doll re-enactment, preferably as soon as possible after the death. Photographs should be taken to document the doll re-enactment and should include images of the position of the child when last seen alive and when found.
- In a possible SIDS/SUID/SUCD investigation, the bedding should be examined along with the sleep surface, and a complete history of sleep position, bed sharing, recent illnesses, and/ prior sibling death(s) documented.

All emergency medical technicians and professional firefighters receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training includes the importance of being sensitive to the grief of family members.

A Forensic Pathologist must perform any autopsy on an infant or child under the authority of the postmortem act. The child death pathologist is a board-eligible or board-certified forensic pathologist who agrees to follow the autopsy protocol for child death investigation as prescribed by the state chief medical examiner. At a minimum, the autopsy and report should include:

- Complete external examination;
- Radiographs of the body prior to autopsy in cases of sudden unexpected death in infants;
- Complete autopsy, defined as at a minimum:
 - *In situ* examination and removal and dissection of organs from the cranial cavity, neck, thoracoabdominal cavities, and pelvis;
- Completion of a written narrative autopsy report, which must include:
 - descriptions of pertinent positive and negative external and internal findings;
 - external and internal injuries;
 - a review of organ systems, including histologic examination of major organ systems;
 - a summary of case findings or list of diagnoses, including review of medical record;
 - opinion regarding cause and manner of death; and
 - completed Sudden Unexplained Infant Death Investigation (SUIDI) reporting form or Sudden Unexplained Death of a Child (SUDC) reporting form as is appropriate for the age of the decedent

These guidelines are based on the Forensic Autopsy Performance Standards issued by the National Association of Medical Examiners, which can be accessed below:

<https://netforum.avectra.com/public/temp/ClientImages/NAME/684b2442-ae68-4e64-9ecc-015f8d0f849e.pdf>

III. LIVE BIRTH VS FETAL DEATH

A Report of Fetal Demise is to be filed in cases of spontaneous intrauterine fetal demise, meaning the fetus was born without any signs of life, if the body weighs 350 grams or more or is of 20 completed weeks of gestation or more. If a stillbirth as defined above occurs outside a medical institution, the physician in attendance at or immediately after the delivery shall prepare and file the report. However, if there is no medical attendance at or immediately following delivery, the C/DC shall investigate the case and file the report.

For induced terminations of pregnancies, regardless of gestational age or fetal weight, the physician in charge of the termination shall file a report with the office of vital records.

If signs of life are present at birth but the baby subsequently dies, both a birth certificate and death certificate are to be filed with the office of vital records.

IV. DISPOSITION OF FETAL REMAINS

Authorization for final disposition of a dead fetus, requires a cremation permit only if the fetus meets the definition and criteria listed above. Below 350 grams and/or 20 weeks the remains are considered products of conception and do not require a Report of Fetal Demise nor a cremation permit.

EXTRAORDINARY/HIGH-PROFILE DEATH INVESTIGATIONS

Extraordinary or high profile death investigations present special challenges for the C/DC. Examples of extraordinary or high profile deaths include deaths in mass shootings, deaths resulting in mass casualties, terror-related fatalities, deaths of elected public officials or celebrities, deaths in custody or police-related deaths. These types of deaths can generate a great deal of outside scrutiny and media attention. Coroner offices should have policies and plans in place to ensure they are able to effectively manage these investigations. A high-quality comprehensive investigation and autopsy are necessary in these cases.

There can be high interest among members of the media in extraordinary or high-profile deaths. C/DC are public officials; thus there is an expectation and demand from the media and general public for access to the public information generated by their investigations. A measure of availability, tact, diplomacy, and finesse will enhance the professionalism of the C/DC and promote the objectivity and reliability of the Coroner to the community.

Cooperation with local law enforcement is essential in preparing effective communication with the media. Statements and press releases should also be carefully worded such that the reporter or editor clearly understands the content and intent of the C/DC.