

## Sudden Unexplained Infant Death Investigations (SUIDI) and Fetal demise

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### Policy

Infant deaths without an immediately obvious cause of death are investigated following the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation guidelines. A SUIDI may be conducted on a child with developmental disabilities up to two (2) years of age.

The Coroner must be contacted following initial report of the death.

The Medicolegal Death Investigator shall conduct the following:

1. If the death occurred at a hospital, contact law enforcement agency with jurisdiction to coordinate response to the hospital and incident scene.
2. Respond to the location of death and complete the following:
  - a. Examine, document, and photograph the infant.
  - b. Note lividity patterns and impressions on the body and photograph. These are especially important to photograph as they are subject to change prior to autopsy.
  - c. Collect clothing and diaper (if removed) and place with body.
  - d. Interview the individual who placed the infant to sleep ("place") and the individual who found the infant unresponsive ("finder") separately.
  - e. Document information on the SUIDI Reporting Form (see attached) and explain the SUIDI process to the family emphasizing the importance of the doll reenactment in determination of the cause and manner of death.
    - i. Inform them that an autopsy will be performed and that several tests will be run following the examination. Determination on the cause and manner of death can take 5 or more months to determine.
  - f. If hospital death, collect all admission samples from the hospital lab.
  - g. Use the infant carrier to remove the infant from the scene.
3. Respond to the incident scene and complete the following:
  - a. Document the location of the scene, e.g., home, daycare, or vehicle.
  - b. If the scene is a residence, document the general appearance and state of repair of the exterior and interior.
  - c. Document the presence of cigarettes, alcohol, illegal drugs, and drug paraphernalia.
  - d. Document the presence of prescriptions (take note of patient name and relation) and over-the-counter medications.
  - e. Document the presence/absence of infant formula, bottles, baby food, and care items such as diapers wipes, ointments.
  - f. Photograph and measure the sleep environment (s)
    - i. Bassinet, crib, or potential play pen
    - ii. Adult bed
      1. Size and arrangement
      2. Layers of bedding
      3. Items on the bed
      4. Areas of discoloration on bedding
    - iii. Measure stains in relationship to the head and edge of the bed.

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- g. Conduct a doll reenactment
  - i. Ask the "Placer" to place the doll in the position the infant was last placed (last know alive). Ensure the "placed" placard is in each photograph.
  - ii. Obtain detailed photos of the position of the head, neck, nose, and mouth.
  - iii. When co-sleeping has occurred, ask the appropriate individual to take the original position on the sleep surface with the doll.
  - iv. Have the "Finder" place the infant in the found position. Place the "found" placard next to the doll and photograph the sleeping area.
- 4. Upon returning from the scene
  - a. Contact Child Protective Services (CPS) and inform them of the death. Document any involvement with the family.
  - b. Request the following reports/records:
    - i. EMS run sheet
    - ii. Police report
    - iii. Hospital records and clinic records
      - 1. Labor and Delivery records (birth)
      - 2. Any hospitalizations
      - 3. If death occurred in the hospital, request the records for that admission.
      - 4. Pediatrician visits/immunizations
      - 5. Mother's prenatal records
  - c. Complete the SUIDI Reporting Form (typed).
    - i. Scan and upload to MDI log.
    - ii. Place the completed form in hard case file.
  - d. Complete all required fields in MDI log as well as detailed summary of the circumstances and any important findings. Final report shall be completed in 48 hours.
  - e. Update the on-call supervisor regarding the case.

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### Fetal Demise

According to RCW 70.58A.010:

*"Fetal death" means any product of conception that shows no evidence of life, such as breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles after complete expulsion or extraction from the individual who gave birth that is not an induced termination of pregnancy and:*

- (a) Has completed twenty or more weeks of gestation as calculated from the date the last menstrual period of the individual who gave birth began, to the date of expulsion or extraction; or*
- (b) Weighs three hundred fifty grams or more, if weeks of gestation are not known.*

The Coroner's Office is required to document the fetal demise in MDI log using the *Fetal Demise* worksheet. If the fetal demise was caused by non-natural means (drugs, trauma), then the investigator needs to contact the assigned supervisor for further involvement and instructions.

If Jurisdiction is accepted:

1. Request placenta be placed in a bucket of formalin and be left associated with the fetus but not in the body bag.
  - a. If the placenta had already been sent to pathology, request a copy of the surgical pathology report on the placenta.
2. Send the umbilical cord and/or meconium for toxicology testing
3. Acquire measurements of the fetus including length of the right foot.
  - a. Make sure this is recorded in the report and in MDI log pathology notes section.
4. Consult with contracted board-certified forensic pathologist regarding scheduling of an autopsy.