

APSAC ALERT



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Special Points of Interest:

- *Practitioners must comprehensively investigate sudden, unexplained infant death, including thorough autopsy, forensic testing, scene investigation, and review of medical history.*
- *Investigators need to consider that child abuse may be the cause of these deaths and that increasing numbers are being found to be due to external causes such as positional asphyxia or underlying medical conditions related to genetics, cardiac rhythm disturbances, or neurologic disorders.*
- *The investigation process and all the professionals involved can add to a family's stress and poor outcomes. Professionals need to be nonaccusatory toward parents and to support them in a number of ways during and after the investigation process to help begin the process of healing.*

Responding to Sudden Infant Death

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The sudden, unexpected death of an infant is a sentinel event that presents a difficult and stressful situation for everyone. Professionals must comprehensively investigate sudden unexpected infant deaths, they should use ancillary tests and forensic procedures to more accurately identify the cause of death, and parents deserve to be approached in a nonaccusatory manner during the investigation (U.S. Commission to Eliminate Child Abuse and Neglect Fatalities, 2016).

APSAC members play an important role at all stages of an investigation into the sudden unexpected death of an infant. This is not something that most of us frequently encounter, and there are opportunities to make real contributions that help correctly identify the cause of death while helping families grieve and heal during and after the process. As with many things in our professional life, it is helpful to prepare by reviewing current information and knowing best practices

before a sentinel event occurs. Our families and the children we serve deserve the best professional response during a time that will forever change their lives.

It is critical for all the professionals involved from differing disciplines to correctly determine whether the cause of death was natural or accidental, neglect or abuse. Several agencies and investigators will become involved to answer this question, potentially compounding the family's grief and stress. Child protective services will quickly have to decide if other children are at risk. Law enforcement authorities will have to decide if the place of death needs to be treated as a crime scene and whether evidence will be collected. Practitioners will obtain key elements of the medical history and exam to help separate Sudden Infant Death Syndrome (SIDS) from death due to maltreatment. All of this will occur before medical professionals have completed an autopsy or comprehensive forensic examination.

To provide guidance for pediatricians and others involved in this process, the

American Academy of Pediatrics (AAP) and the National Association of Medical Examiners (NAME) have published a joint clinical report that both renews their call for thorough assessment of infant fatalities and updates a prior clinical report from 2006 (Palusci et al., 2019). By reviewing current knowledge and our evolving understanding of SIDS and other causes of sudden unexpected deaths, this clinical report gives specific information about neurologic and cardiac causes as well as the ongoing discussion about the epidemiology and nomenclature applying to these deaths and how changes are occurring in death certification among medical examiners, public health statistics, and medical personnel (Goldstein, Blair, Sens, et al., 2019).

The report reiterates that missing a child abuse death can place other children at risk, and that inappropriately approaching a sleep-related death as maltreatment can result in inappropriate criminal and protective services investigations. National trends show decreases in deaths labeled as SIDS and increases in other identified causes (Erck, Lambert, Parks, & Mendoza-Shapiro, 2018; Shapiro-Mendoza, Tomashek, Anderson, & Wingo, 2006). Estimates of the incidence of infanticide among cases previously designated as SIDS have ranged from 1% to 10% (Milroy & Kepron, 2017). The report outlines elements of the history and examination that can assist in making a correct determination. While researchers have noted common patterns in child abuse deaths, the report recommends this thorough assessment because there may be only a small amount of discernable evidence when parents try to suffocate their infants and professionals may miss instances of abuse (Palusci & Covington, 2014).

Communities can learn from these deaths by using multidisciplinary child death reviews and other systems designed to integrate prevention into practice and create strategies for evidence-based response (Palusci & Haney, 2010; APSAC Prevention Taskforce, 2010). All states have child death review teams that evaluate child fatalities to improve case identification, provide services, and implement prevention strategies. The report recommends that these teams include pediatricians to improve community services that address the immediate and long-term effects of infant death. Medical professionals should support families during

investigation, advocate for and support state policies that require autopsies and scene investigation, and advocate for establishing comprehensive and fully funded child death investigations and reviews at the local and state levels. The report calls for additional funding for research to advance our ability to identify and prevent these deaths (Palusci et al., 2019).

While medical professionals and others play a critical role in addressing the needs of parents and surviving siblings after an infant's death, they often lack the training and skills to respond effectively. To help everyone explain the process to families, the report offers information on the postmortem examination, testing, imaging, and other forensic procedures that professionals use during investigations (Scientific Working Group for Medicolegal Death Investigation, 2012).

Grief and long-term effects are significant, especially for remaining children in the home (American Academy of Pediatrics, 2014; Wender et al., 2012). This may intensify as experts find more infant deaths that are not SIDS-related (Crandall, Reno, Himes, & Robinson, 2017). The management of sudden, unexpected infant death must include an understanding about how families can react and how best to address their needs. Parents deserve to be approached in a nonaccusatory manner during the investigation, and the ethical and professional response to every child death must be compassionate, empathic, and supportive. An expanded discussion of this will be available in a forthcoming NAME publication (Palusci, Devinsky, Drake, Kay, Landi, Bowen, & Crandall, 2019).

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