

Each year in the United States, more than 4,500 infants die suddenly of no obvious cause. Half of these sudden, unexplained infant deaths (SUIDs) are due to sudden infant death syndrome (SIDS), the leading cause of SUIDs and of deaths among infants aged 1 month to 1 year. Only sudden infant deaths that remain unexplained after a thorough examination of the death scene, a review of the clinical history, and an autopsy should be classified as SIDS. However, since 1999, some deaths due to SIDS are classified as due to an unknown cause or to accidental suffocation. Inaccurate or inconsistent classification of causes of infant deaths impedes prevention efforts because researchers cannot monitor national trends, determine risk factors, or evaluate prevention programs.

To standardize investigations of, and reports on, the causes of sudden infant deaths, the Centers for Disease Control and Prevention (CDC) collaborated with organizations who investigate infant deaths to 1) revise the 1996 Sudden, Unexplained Infant Death Investigation Reporting Form and 2) develop a training curriculum and materials for investigators of infant deaths. We are now disseminating the reporting form and conducting train-the-trainer classes throughout the United States.

See www.cdc.gov/SIDS.

The New SUIDI Reporting Form is Important for Several Reasons:

- It contains 25 questions that medical examiners must ask before an autopsy is done.
- It guides investigators through the steps involved in an investigation.
- It allows investigators to document their findings easily and consistently.
- It improves classification of SIDS and other SUIDs by standardizing data collection.
- It produces information that researchers can use to recognize new health threats and risk factors for infant death so that future deaths can be prevented.

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Improvements in the SUIDI Reporting Form:

- It now contains only questions to which answers will 1) establish cause and manner of death and 2) support investigators' findings in court.
- It contains new questions about recently recognized risk factors.
- Answers to the questions can be checked off quickly, which allows for easy, consistent data collection.
- The questions are in a sequence that works well for infant-death investigations.
- The form is divided into sections, with each section being the responsibility of a particular member of the death investigation team.
- Supplemental forms for collecting information about contacts and evidence are available for jurisdictions that do not have their own.

SUIDI Reporting Form: a Guide for Investigators

The SUIDI reporting form is a guide for novice and veteran investigators of infant deaths. The form is designed to ensure that all information is collected in a consistent, sensitive manner. Training materials on how to complete the form are available.

How to use the SUIDI Reporting Form

The form is designed as a questionnaire, that is, you can read it to the person you are interviewing. Most questions can be answered by placing an "X" in the corresponding checkbox or filling in the blank provided. The 8 page form is divided into eight sections.

Investigation Data

This section is filled out first by the person interviewing the witness.

- **Military time.** Time based on a 24 hour clock which begins each day at midnight (e.g., midnight = 0000, 2 p.m. = 1400)
- **SS#.** Social security number.
- **DOB.** Date of birth.
- **Primary residence.** Place where the infant lived at time of their death.
- **Incident address.** Place where the infant died or where the final injury occurred.
- **Witness.** Person who knows the circumstances surrounding the infant's death. They may be the person who 1.) last placed the infant in or near the area where he was found not breathing or breathing but in distress, 2.) last observed the infant alive, or 3.) found the infant not breathing or breathing but in distress.

Witness Interview

This section is filled out by the person (e.g., coroner, death scene investigator, law enforcement or medical examiner) interviewing the witness.

- Usual caregiver. Person who took care of the infant more than 50% of the time.
- **Placed.** Put in or near the area where he was found not breathing or breathing but in distress (e.g., placed in a crib).
- **Last known alive.** Observed to be alive (e.g., parent heard the infant cry).
- **Found.** Discovered not breathing or breathing but in distress (e.g., mom found infant not breathing).
- **Wedging.** Compression of the infant's body or face into a narrow space resulting in interference with chest wall movements and normal breathing (e.g., infant found wedged between mattress and bed frame).

Infant Medical History

This section is filled out by the person investigating the infant death. This information may be obtained from the infant's healthcare provider, medical record or caregiver.

- **Birth defect.** A physical or functional abnormality that the infant had at birth (e.g., spina bifida, congenital heart defect, Down's syndrome).

Pregnancy History

This section is filled out by the person interviewing the biological mother or someone who knows her and her history well (e.g., healthcare provider, medical record or maternal grandmother).

- **Biological mother.** Woman who gave birth to the dead infant.

Incident Scene Investigation

This section is filled out by the person investigating the infant death.

Scene Diagrams

This section is filled out by the person investigating the infant death. It includes a scene diagram and a body diagram. The investigator indicates the following on the scene diagram:

- North direction
- Windows and doors
- Wall lengths and ceiling height
- Location of furniture including infant's bed or sleep surface
- Infant body location when found
- Position of other persons or animals found near infant
- Location of heating and cooling devices
- Location of other objects in room

The Investigator Indicates the Following on the Body Diagram:

- Discoloration around face/nose/mouth
- Secretions (drainage or discharge from anywhere on body)
- Skin discoloration (livor mortis)
- Pressure mark areas (pale areas, blanching)
- Rash or petechiae (small, red blood spots on skin, membranes or in eyes)
- Marks on body (scratch or bruises)
- Location of medical devices
- Body temperature

Summary for Pathologist

This section summarizes all the information collected during the witness interview and investigation at the incident or death scene. This section is completed last by the person investigating the infant death.

- **Asphyxia.** Condition of severely deficient supply of oxygen to the body that can rapidly lead to unconsciousness and death (e.g. compression of infant's chest due to wedging or a person lying on the infant).
- **Overlying.** Situation where someone or something is placed on or over the infant.
- **Hyperthermia.** Condition where core body temperature is abnormally high (e.g., above 40°C (104°F) is considered life-threatening).
- **Hypothermia.** Life-threatening condition where core body temperature falls below 35°C (95°F).