



# Responding to a Sudden, Unexpected Infant Death: The Professional's Role

## National Sudden Infant Death Syndrome/ Infant Death Resource Center

Parents and families who experience the sudden, unexpected, and unexplained death of an infant are faced with an enormous sense of loss, sorrow, and confusion. Immediately after the baby's death and in the weeks and months that follow, parents, other family members, and caregivers will interact with many health and social service professionals. Some of these individuals—police, fire, rescue squads, and emergency medical technicians—respond to the emergency call for help. Others—emergency room doctors and nurses, medical examiners, pathologists, and coroners—try to find out why the baby died. Still others—funeral directors, clergy, public health nurses, and bereavement counselors—are there to help the parents and other family members get through the sad and difficult days that follow the death of an infant. It is not surprising that at times, having to deal with these individuals can be quite overwhelming. This fact sheet provides a brief overview of the various professionals involved when a sudden infant death occurs, as well as their responsibilities and how these professionals can help.

### First on the Scene

When a parent or caregiver finds an unresponsive baby, he or she usually phones "911" for help. Most often, the first responder is a police officer, firefighter, or other emergency medical services personnel—sometimes all three. Whoever arrives first will examine the baby and may start cardiopulmonary resuscitation. They also examine the baby's surroundings and take notes that help in determining the cause of death. Bedding, potentially hazardous objects, medicines, formula, and other items may be collected. Depending on the community, the infant may be transported to the nearest hospital emergency department or remain at home until the medical examiner or coroner arrives.



## At the Hospital

When efforts to revive the infant are unsuccessful, emergency room staff (usually a doctor or nurse) is responsible for telling the parents and/or family members that the baby has died. Because the death is such a devastating event, nurses and/or special counselors at the hospital often provide emotional support and guidance.

## Autopsy

In many communities, the law requires an autopsy in cases of sudden and unexpected death. Although it may be emotionally difficult for parents, an autopsy may help answer questions

about what caused the baby's death. An autopsy is very important when a sudden infant death syndrome (SIDS) death is suspected because a final diagnosis cannot be made without a thorough postmortem examination.

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*Sudden Infant Death Syndrome is the sudden death of an infant under 1 year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history (Willinger et al., 1991).*

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Some ethnic and religious groups forbid autopsies. In these situations, the family may wish to talk with their clergy, spiritual leader, or a mental health counselor. These individuals may be able to help the parents and other family members reconcile the need for an autopsy with their cultural beliefs, values, and practices.

In most cases of sudden, unexpected infant death, the cause and manner of death are determined by the medical examiner or coroner for the county, district, or State where the death occurred. The autopsy is conducted or supervised by a specialist (pathologist) who reviews the medical aspects of the death. If possible, parents are notified of the preliminary autopsy results within 24 to 48 hours of the death. Once the autopsy report is available, the doctor should explain the results of the autopsy to the family, often reassuring them that the baby's death could not have been predicted.

## Death Scene Investigation

Staff from the medical examiner/coroner's office or law enforcement agency will collect information about the location and circumstances at the time of the infant's death. The investigator will try to learn as much as

possible about the events leading up to the death—even at the very moment the death occurred. The investigator will interview individuals who were caring for the baby. Some typical questions that are asked include, "What time was the baby put to bed?" "Had the baby been ill recently?" "When did the baby fall asleep?" "Were the covers over the baby's head?"

Answers to these questions will help investigators find out what happened when the baby died, hopefully shedding light on the cause of death. It is very important to remember that the investigator is not trying to blame anyone for the baby's death, but is simply trying to determine how the baby died.

## The Days Ahead

Sudden, unexpected death—especially the sudden, unexpected death of an infant—strikes at the heart of everyone's sense of order and security. The grief and

### Coroner

A coroner is an appointed or elected public official in a particular community, county, or region. The coroner is responsible for making inquiries into certain types of deaths but does not have to be a physician. The coroner verifies the cause of death and may employ physicians, pathologists, or forensic pathologists to perform autopsies.

### Medical Examiner

A medical examiner is the physician responsible for the investigation and examination of victims whose deaths are sudden, unexpected, or violent. The medical examiner is expected to use his or her medical training and expertise to evaluate the medical history, circumstances of the death, and autopsy examination.

### Pathologist

A pathologist is a physician specially trained in diagnosing disease and determining the cause of death by laboratory examination of body fluids, cell samples, and tissues. Usually, the pathologist (or forensic pathologist) conducts the autopsy.

### Forensic Pathologist

A forensic pathologist examines victims whose deaths are sudden, unexpected, or violent. The forensic pathologist is an expert in determining cause and manner of death.

sorrow felt by the parents, other family members, friends, and other caregivers are normal responses to the death. It can take a long time for the family to regain the desire and energy to move on.

Some communities have responded to these challenges by developing an outreach program for families whose baby has died suddenly and unexpectedly. These programs provide professional case management, counseling, referral, and support services. In some locales, a community health nurse, social worker, or trained community outreach worker visits the family in their home. In some States, the program works with the medical examiner or coroner, contacting the family immediately after the death. Families can contact their local health department about these types of services in their community.

During the grieving process, a mental health professional (psychiatrist, social worker, psychologist, or grief counselor) can help the parents and family express feelings that need to be released. These professionals can answer questions and help parents cope with the changes in their lives caused by the loss of their child. Some families may seek the help of their clergy, specially trained pastoral counselors, or other spiritual guidance.

## **For More Information, Please Contact**

**National SIDS/Infant Death Resource Center (NSIDRC)**  
2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
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Phone: (703) 821-8955 (local)  
Fax: (703) 821-2098  
Email: [sids@circlesolutions.com](mailto:sids@circlesolutions.com)  
[www.sidscenter.org](http://www.sidscenter.org)

## **Other Resources**

**American Board of Medicolegal Death Investigators**  
Room 512  
1402 South Grand Boulevard  
St. Louis, MO 63104  
Phone: (314) 268-5970  
Fax: (314) 268-5695  
<http://www.slu.edu/organizations/abmdi>

## **Association of SIDS and Infant Mortality Programs (ASIP)**

c/o New York Center for SIDS  
School of Social Welfare, Stony Brook University  
Stony Brook, NY 11794-8232  
Phone: (631) 444-3690  
Fax: (631) 444-6475  
<http://www.ASIP1.org>

## **The Compassionate Friends**

PO Box 3696  
Oak Brook, IL 60522-3696  
Phone: (877) 969-0010  
<http://www.compassionatefriends.org>

## **First Candle/SIDS Alliance**

Suite 210  
1314 Bedford Avenue  
Baltimore, MD 21208  
Phone: (800) 221-7437  
[www.sidsalliance.org](http://www.sidsalliance.org)

## **MISS: Mothers in Sympathy and Support**

PO Box 5333  
Peoria, AZ 85385-5333  
<http://www.misschildren.org>

## **National Association of Emergency Medical Technicians**

PO Box 1400  
Clinton, MS 39060-1400  
Phone: (800) 34-NAEMT  
<http://www.naemt.org/>

## **National Association of Medical Examiners**

430 Pryor Street SW  
Atlanta, GA 30312  
Phone: (404) 730-4781  
Fax: (404) 730-4420  
<http://www.thename.org/>

## **National Funeral Directors Association**

13625 Bishop's Drive  
Brookfield, WI 53005  
Phone: (800) 228-6332  
<http://www.nfda.org/>

**National SIDS & Infant Death Program Support Center  
(NSIDPSC)**

Suite 210  
1314 Bedford Avenue  
Baltimore, MD 21208  
Phone: (800) 638-7437  
Fax: (410) 415-5093  
www.sids-id-psc.org

**National Fetal and Infant Mortality Review Program  
(NFIMR)**

PO Box 96920  
Washington, DC 20090-6920  
Phone: (202) 863-2587  
Fax: (202) 484-3917  
www.acog.org/goto/nfimr

**SHARE Pregnancy and Infant Loss Support, Inc  
National Share Office**

St. Joseph Health Center  
300 First Capitol Drive  
St. Charles, MO 63301-2893  
Phone: (800) 821-6819  
Fax: (636) 947-7486  
Email: share@nationalshareoffice.com  
www.nationalshareoffice.com

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