

Infant Death Investigation: Tips and Tools for Investigators

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Why Are We Here?

- Investigating an infant (or child) death is very different than investigating an adult death
- Infant death investigations that don't include key information result in inaccurate cause and manner of death
- A wrong determination may miss a crime or identify one when there wasn't one

Objectives

- Understand the importance of consistent, thorough SUIDI
- Learn important interviewing skills for use in high stress infant death scenes
- Develop the skills to do doll reenactment with caregivers
- Learn how to best share information with other team members involved in death investigation

Causes of Death in Infants (28 days to 11 months)

1. SIDS
2. Congenital anomalies
3. Unintentional injuries
4. Diseases of the circulatory system
5. Gastritis
6. Homicide

Most Common Causes of Death in Infancy by Manner

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| <ul style="list-style-type: none"> • Natural <ul style="list-style-type: none"> – Prematurity – Infectious Disease – Congenital, Chromosomal, Genetic & Hereditary Disorders – (SIDS) • Accident <ul style="list-style-type: none"> – Asphyxiation (positional, overlay, wedging) – Fire, Carbon Monoxide – Traffic – Exposure (overheating) – Drowning | <ul style="list-style-type: none"> • Homicide <ul style="list-style-type: none"> – Abusive head trauma – Physical abuse (smothering, beating, strangling) – Drowning/poisoning – Neglect resulting in death • Undetermined <ul style="list-style-type: none"> – SUID – SIDS |
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SUID or SUDI

- SUID: Sudden Unexpected Infant Death
- SUDI: Sudden Unexpected Death of an Infant
- SIDS: Sudden Infant Death Syndrome
- SUID ≠ SIDS *but*
- *If you write SUID or SUDI on a death certificate, it is officially coded as SIDS!!!*

SUID

Unexplained

- SIDS
- Undetermined

Explained

- Medical conditions
- Abusive/inflicted trauma
- Suffocation

Co-Sleeping, Bed Sharing and Positional Asphyxia

- Co-sleeping: Sharing a room with a baby
- Bed-sharing: Sharing a sleep surface with a baby
- Positional asphyxia: Death as a result of asphyxia due to positioning

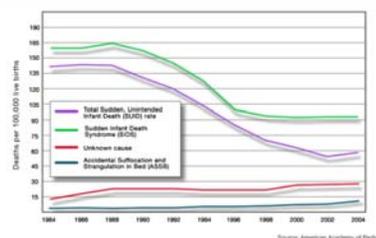
Back to Sleep

- Campaign to change babies' sleep position to supine *every sleep cycle*
- But won't my baby choke?



Changes in Cause of Death

Total and Cause-Specific SUID Mortality Rates: 1984 - 2004



“The Top 25”

- Case Information
- Asphyxia
- Sharing sleep surfaces
- Change in sleep conditions
- Hyperthermia/hypothermia
- Environmental hazards (CO, chemicals, etc)
- Unsafe sleeping condition
- Diet
- Recent hospitalizations
- Previous medical diagnosis
- History of acute life threatening events
- History of medical care without diagnosis
- Recent fall or other injury
- History of religious, cultural, or ethnic remedies
- Cause of death due to natural causes other than SIDS
- Prior sibling deaths
- Previous encounters with police or social service agencies
- Request for tissue or organ donation
- Objection to autopsy
- Pre-terminal resuscitative treatment
- Death due to trauma (injury), poisoning, or intoxication
- Suspicious circumstances
- Other alerts for pathologist's attention
- Description of circumstances (what happened?)
- Pathologist Information (name/agency/phone)

The Interview

- **All** contacts need an interview
 - EMS, first responders
 - Law enforcement
 - Caregivers
 - Parents
 - Scene witnesses
 - Other interested parties

Interviewing 101

- Interview: A “planned conversation” with a specific goal in mind
- Interrogation: A “controlled conversation” designed to elicit information from someone who may have an interest in being untruthful

Interviewing Reminders

- Families can and will talk after the death of their child, *if* the person asking the questions is appropriate and sensitive
- Remember your tone and phrasing—even parents who did nothing wrong will feel guilt and will listen for blame in your voice and words
- Open ended questions yield the highest quality data, only present options to clarify or when open ended questions don’t work

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Interviewing Reminders

- Develop a routine on how you will work with your co-investigators
- Often helpful to have one person asking questions while the other is “processing” the answers (recording, watching non-verbals)
- Ask easy questions first, build to the events surrounding the death

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Interviewing Reminders

- Use the baby’s name whenever possible
- ALWAYS use the right gender, babies are never IT
- Chronologic histories are easy ways to build rapport and make more sense in story telling
 - Pregnancy
 - Birth
 - Neonatal course

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Infant History

- Diet
- Recent hospitalization
- Previous medical diagnosis
- History of apparent life-threatening events (ALTEs)
- History of medical care without diagnosis
- Recent falls or other injuries
- History of religious, cultural, or other remedies
- Cause of death due to natural causes other than SIDS

Family Information

- Prior sibling deaths
- Previous encounters with police or social service agencies
- Requests for tissue or organ donation
- Objection to autopsy

Investigator Insights

- Description of circumstances
- Suspicious circumstances
- Other alerts for pathologists attention

Good Questions to Ask

- Tell me the last time you saw your baby completely, totally normal. When was that?
- What were they doing then that made you think everything was ok?
- Thinking back, is there anything that you worry about now that you didn't think was that important at the time?
- Is there anyone you have ever worried about when they cared for your child?

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Good Questions to Ask

- When you found your child, what did you do? Show me.
- What did (the baby) do when you did that?

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Reminder on Interviews

- Try to record data objectively—and pass it on objectively
- Subjective assessments and opinions can influence decision making from that point forward

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SCENE INVESTIGATION

Scene Investigation

- Documentation of scene and body
- Document items removed from the scene prior to arrival of investigator
- Collection of evidence

Sleeping Environment

- Asphyxia
- Sharing of the sleep surface
- Change in sleep condition
- Hypothermia or hyperthermia
- Environmental hazards
- Unsafe sleep conditions

Scene Photography

- Remember MACRO and MICRO shots
- Use a scale—rulers, size standards, coins
- Consider lighting conditions
- Each photo has a purpose!
- Documentation of evidence
- Use identifiers in photos

DOLL REENACTMENT

Doll Reenactment

- Essential to understanding the death event
- Explain the process and goal
- Use with both placer and finder if different people
- Photograph reenactment
- Debrief family member(s) or caregiver

Doll Reenactment

- The doll is a tool
- Don't surprise caregivers with it
- Treat it with respect
- Explain that this may be hard but it is going to help us figure out what happened
- Explain the need for pictures

Closing

- Don't forget
 - Is there anything else I need to know?
 - Do you have any questions for me?
 - This is what will happen next
 - This is who I am and where you can contact me
 - Thank you so much for your time, I know this was hard but this is going to help

Successful SUIDI

- Cooperation and collaboration improve infant death investigation
- Improved death investigation is the key to understanding and prevention

Other Ways to Improve Investigation

- Ask your pathologist if you can attend the autopsy
- Participate in fatality review teams
- Ask for help, look for expertise
- Know your strengths and your colleagues strengths

Need Help? Have a Question?

- Center for Safe and Healthy Families at Primary Children's Medical Center
 - 801-662-3606 M-F 8-5
 - 801-662-1000 and ask for the provider on call for Safe and Healthy Families
 - Antoinette.laskey@imail.org