### 6.2 Medical History Guide – Sudden Unexpected Death in Infancy (SUDI)

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<thead>
<tr>
<th>Medical History Guide - Sudden Unexpected Death in Infancy (SUDI)</th>
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<tr>
<td>The unexpected death of an infant is a tragedy for the parents/carers. Investigating infant deaths can be difficult as the situation is highly charged and emotional, and so it requires a unique and sensitive approach.</td>
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<td>This guide includes high level of detail about the infant’s health, the infant’s family and events in the hours before the infant’s death, including the infant’s exact position and the parent/carer behaviour and use of alcohol or drugs. While these questions may feel intrusive, they relate to known risks for infant mortality, help determine why the infant died and can be asked in a sensitive way.</td>
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<td>A detailed medical history will help the forensic pathologist determine a cause of death, including whether the infant may have suffocated, or died from an undiagnosed medical problem. The history is also important in determining the presence of risk factors for Sudden Infant Death Syndrome (SIDS) and any potential child protection concerns.</td>
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<td>The following points may assist you with the discussion:</td>
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<td>• Where possible, have another clinician, such as a social worker or nurse, with you during the discussion with the family to provide support. If you choose to include the Police as observers while you take the history, agree on roles before starting.</td>
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<td>• To build trust with the parents/carers start with less sensitive questions including contact information, general family history, the mother’s pregnancy and health, psychosocial aspects and the infant’s health, before moving onto the events leading up to the infant’s death.</td>
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<td>• Use the infant’s name whenever possible. The Medical History Guide – Sudden Unexpected Death in Infancy (Section 6.1) uses [infant’s name] as a prompt.</td>
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<td>• A suggested introduction is:</td>
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<td>‘I am so sorry about your loss. Some people describe feeling that it is not quite real, like a nightmare. I would like to help make sense of what has happened. I would like to find out why [infant’s name] died and help you understand why. To do that I would like to find out as much as possible about your pregnancy, [infant’s name] general health and sleeping and feeding patterns. I also need to ask some questions about you and your health as it will help us understand why some young babies die suddenly. Please let me know if you are uncomfortable with any of these questions.’</td>
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1. Identification
   - Infant's name
   - Date of birth
   - Date of death
   - Sex M/F
   - Ethnicity/Aboriginal/Torres Strait Islander
   - Address
   - Postcode

2. Personal information
   - Name of mother (and address if different from infant)
   - Date of birth
   - Name of father (and address if different from infant)
   - Date of birth
   - Consanguinity (degree of relatives)

3. Healthcare providers
   - Name of doctor completing the medical history
   - Social worker
   - Hospital contact person
   - Other professionals
   - Interpreter present
   - GP name and address

4. Information retrieved from medical record
   - As relevant, hospital, GP, midwife, infant’s personal health record (‘Blue Book’)
   - Ambulance staff
   - Include growth chart in copy of medical record
### Medical History Guide - Sudden Unexpected Death in Infancy (SUDI)

#### 2. Details of transport of infant to hospital
- Place of death, home address as above/another location (specify)
- Time found
- Time arrived in emergency department (triage time)
- Resuscitation carried out
- At scene of death – police/ambulance/emergency department/hospital
- By who? Parents/carers/GP/ambulance paramedic/hospital staff/other (specify)
- Confirmation of death
- By who
- Time and date
- Location

#### 3. Medical history
- Taken to emergency department/hospital by
- History given by
- Relationship to infant

##### Family history
- Details of family and household members, including names, dates of birth, health, any previous or current illnesses including mental health, medications, occupation
- Maternal parity and obstetric history
- Parental relationships
- Children, including children by previous partner
- Household composition
- Any previous childhood deaths in the family

##### Social history
- Type and nature of housing
- Major life events
- Wider family support networks
- History of family involvement with Family and Community Services
- Domestic and family violence
- Smoking, alcohol use

##### Infant’s medical history
- Pregnancy and delivery, perinatal history, feeding, growth, behaviour and development
- Health and any previous or current illnesses, hospital admissions, medications
- Routine checks and immunisations
- Body systems review

##### Detailed narrative account of last 24 – 48 hours
- (To include details of all activities and carers during the last 24-48 hours)
- Any alcohol, medication consumed by parents/carers
- Any medication given to infant
- Details of infant’s last sleep, including where and how placed to sleep
- Details of feeding and care given
- Further details of previous 2-4 weeks, including infant’s health, any changes to routine, when infant last seen by a health professional

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#### Events surrounding death
- When infant was last seen alive and by who
- Who found the infant, where and when, appearance when the infant found
- Details of sleep environment, type of surface, mattress, bedding, objects, overwrapping or over-heating. Face or head covered. Co-sleeping. Alcohol or drugs consumed by carers.
- Who called emergency services
- Details of any resuscitation at home, by ambulance and in hospital
- For accidental/traumatic deaths, details of circumstances around the death, witnesses

#### Any other relevant history
- May vary according to the age of the infant, nature of the infant’s death

#### Genetic or metabolic disease
- For concerns about genetic or metabolic disease, contact the paediatric metabolic specialist for advice about investigations required
- For concerns about a condition that may have implications for other family members, for example cardiac dysrhythmia, contact the relevant specialist for advice about investigations required

#### Child protection and wellbeing
- If you have any concerns about non-accidental injury or neglect, follow usual child protection procedures

#### 4. Conclusion

##### Cause of death
- From this history do you have an impression of the possible cause of death?