

North West Wales NHS Trust
Guideline for management of Sudden and Unexpected Infant Death



Title: C - Guideline for management of Sudden and Unexpected Death of an Infant or Child up to the age of 18 years

Rev	Date	Purpose of Issue / Description of Change	Planned Review Date	
A	September 2004	Initial Issue	September 2006	
B	December 2004	Reviewed	December 2006	
C	January 2006	Reviewed & amended: Highlighted paragraph on Page 9 'If no medium available....' Section 2 of table: Metabolic Investigation SUDI pack (in A&E) – c) skin biopsy added	March 2008	
D	March 2007	Decision made to change this document from an integrated care pathway which was shown not to adapt to this situation to a guideline offering advice and an aide memoir. Contact names and numbers have been updated Section 5 – amended in line with current advice from Biochemistry – skin biopsies are no longer carried out Section 9 – amended to reflect current arrangements	March 2009	
Author		Responsible Officer	Approved by	Date
Dr Teyrnnon Powell Consultant Paediatrician		Dr Teyrnnon Powell Consultant Paediatrician	Executive Directors	31 st March 2006

PROPRIETARY INFORMATION

This document contains proprietary information belonging to the North West Wales NHS Trust
Do not produce all or any part of this document without written permission from the Trust

CONTENTS (SECTIONS HIGHLIGHTED BLUE WILL BE STAPLED AND COLOURED SEPARATELY)

- 1 Introduction
- 2 General advice
- 3 Flow chart (Emergency Department)
- 4 Paediatrician: procedure checklist
- 5 Paediatrician: medical history
- 6 Paediatrician: examination
- 7 Paediatrician: body map
- 8 Paediatrician: investigations
- 9 Paediatrician: X-ray information
- 10 Immediate counselling: E.D. nurse and paediatrician
- 11 Arrangements for post mortem examination
- 12 Paperwork / communication (E.D. nurse)
- 13 Action for trust's named nurse/ doctor
- 14 The initial information sharing meeting
- 15 The final information sharing meeting
- 16 Follow-up with family (paediatrician)
- 17 References, Authors

Appendices

- A Contact numbers: social services and CP Register
- B Contact information: counselling and support
- C Leaflets of information
- D Form to be sent to paediatric appointment clerk
- E Consent for retaining medical samples
- F Information sharing meeting
- G CESDI referral

1. INTRODUCTION

There is no sadder death than the sudden unexpected loss of a baby or child. Helping parents or carers through this traumatic time while investigating the cause of death will test the most experienced of those who work with children.

All such deaths need to be investigated bearing in mind that a minority are caused non-accidentally. At the same time all parents, carers and their families will need considerable empathy and support.

This guideline is intended as both an aid in investigating the cause of the death and an aid to supporting bereaved families. It outlines details easily overlooked in the acute setting and procedures to be followed subsequently. It provides local contact information for staff, parents or carers.

This document is to be used for deaths presenting to North West Wales NHS Trust. Its content is similar to that of the current All-Wales guidelines but it has modifications for local use.

2. GENERAL ADVICE

If a child has died at home the investigating officer (police) and/or coroner's office and/or general practitioner must immediately inform the consultant paediatrician on call at the hospital (which triggers this care pathway). All such children whose residence was the catchment area of North West Wales NHS Trust must be brought to the Emergency Department at Ysbyty Gwynedd to be assessed and investigated medically by the on-call consultant paediatrician.

If a child has died in hospital the coroner, police and consultant paediatrician on-call must be notified.

Professionals must record the history and background information given by parents/carers in as much detail as possible. The initial accounts about the circumstances, including timings, must be recorded accurately and contemporaneously.

It is normal and appropriate for parents/carers to want physical contact with their dead child. In all but exceptional circumstances (such as when the parents are obvious suspects and crucial forensic evidence may be lost or interfered with) this should be allowed, albeit with observation by a professional (health or police).

The child's body should be handled with the same respect and dignity as when alive and should always be referred to by name.

All professionals need to take into account any religious and cultural beliefs or communication difficulties which may affect procedures. Such issues must be dealt with sensitively but it is stressed that the importance of preservation of evidence is paramount.

After the death of their baby, parents need to be consoled and supported. They need to understand the role of the coroner and the need for a detailed multi-disciplinary investigation which will include comprehensive medical and post mortem examinations as well as meetings between involved professionals. Parents and carers need practical advice on what happens to their baby, on funeral arrangements, and what to do with their other children. Parents need to be informed of the preliminary post mortem result and other information as it becomes available. They will need to know that the final cause of death may not be established for weeks or months. Parents or carers need to know to whom they can turn to for help and support in their bereavement.

The family also need to be made aware that a police investigation will take place and that it will be necessary for the police to speak to the family and to visit the scene of the child's death as soon as possible.

All sudden unexpected deaths in children are notified to the coroner and a full police/coroner investigation will take place. However there should be multidisciplinary and multi-agency approach to the sudden and unexpected death of a child.

All information needs to be brought together at the initial information sharing meeting and must be available to the pathologist (who may wish to attend the initial information sharing meeting) before the post mortem examination. Inadequate briefing may result in failure to carry out the tests that may lead to the identification of a cause of death, whether natural or unnatural.

North West Wales NHS Trust
Guideline for management of Sudden and Unexpected Infant Death

This briefing is best done by the paediatrician in consultation with the investigating police officer or coroners officer and should indicate a full medical report based on the history given by the parents in hospital, immediate examination of the child, information obtained during the home visit and consultation of all relevant medical and social records which may in babies include the obstetric records. Any video recording at the death scene or photographs of the child at presentation or in the ED should be viewed by the pathologist to have the opportunity to discuss these with the responsible paediatrician and the police officer prior to starting the post mortem.

Whilst most of the medical and social history will be obtained during the initial discussion with the parents in the E.D, a very careful and detailed account of the final 24-48 hours would be considerably supplemented by information collected at an initial home visit and close examination of the circumstances of death by the paediatrician.

The home interview and visit to the place where the baby died can be difficult but may be valuable in understanding the sequence of events leading to the death. Parents may find this interview both painful and helpful (the fact that the paediatrician is willing to spend time with them may help).

It is recommended that the paediatrician speak directly to the pathologist before and after the post mortem examination to identify any outstanding or unsuspected issues and to ensure accurate understanding of the information.

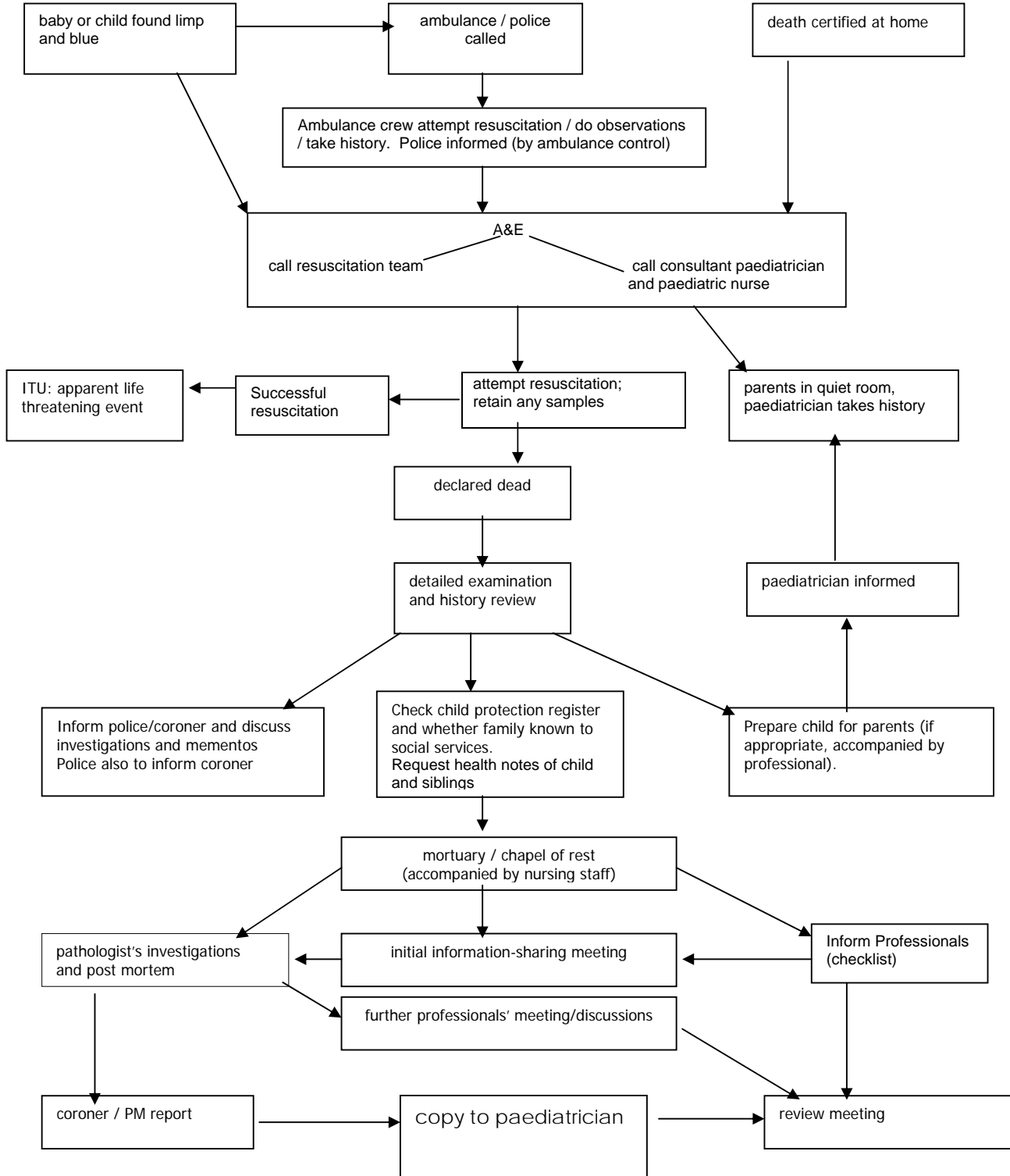
The attendance of the paediatrician at the post mortem may be invaluable. It is a parental right to be represented at the post mortem by a medical practitioner of their choice provided they have notified the coroner of their wishes.

If the child is a twin, the other twin should be admitted immediately for observation and /or investigation. It must be impressed on the family how important it is to admit the surviving twin to exclude the possibility of a medical condition which has affected both twins.

If the family decline the offer of admission, this should prompt urgent consideration of the family's needs and the surviving children's needs bearing in mind that the safety of children is paramount.

North West Wales NHS Trust
 Guideline for management of Sudden and Unexpected Infant Death

3 FLOWCHART



SUDI flow chart

Ref. RCPATH/RCPCH Report on SUDI, 2004, Fig. 1, p 46

North West Wales NHS Trust
Guideline for management of Sudden and Unexpected Infant Death

4. CHECKLIST (first page) FOR ON-CALL PAEDIATRIC CONSULTANT

See further **contact details** in Appendices A1 (social services) and A2 (counselling)

		Signature	Date
2.1	<p>Emergency Call (liaise with senior nurse, E.D)</p> <ul style="list-style-type: none"> • meet parent(s): initial history (section 3) • : counselling (section 6) • examination (section 4) • investigations (section 5); consent for samples (appendix D) • X-ray if considered urgent e.g. NAI (pathologist will do skeletal survey) • If a twin, admit the other twin <i>immediately</i> for observation / investigation • Liaise with the police (or already involved)? • Has the GP been informed? • Has the health visitor been informed? • Have social services been informed? (appendix A). Are siblings safe? 		
2.2	<p>Inform CORONER in working hours: 01286 672804 (preferable) else 01286 673387. The coroner decides by whom and where post mortem examination will be done (national standard specialist paediatric pathologist post mortem). More contact details in Section 7.</p> <p>Our coroner also welcomes communication by the medical team at any stage.</p>		

North West Wales NHS Trust
Guideline for management of Sudden and Unexpected Infant Death

CHECKLIST (second page) FOR ON-CALL PAEDIATRIC CONSULTANT

		<i>Signature</i>	Date
2.3	Early home visit by paediatrician (liaise with GP and health visitor) <ul style="list-style-type: none"> • complete history taking • support and counsel • assess the scene of death, environment and family 		
2.4	Inform trust named nurse for child protection (01248 384998) and trust named doctor (01286 684007) <ul style="list-style-type: none"> • to ensure they both know of the case • to decide with them whether or not there are 'child protection' concerns 		
2.5	If there are any concerns of a 'child protection' nature: <ul style="list-style-type: none"> • liaise immediately with social services (out-of-hours service if necessary) • Liaise with the general practitioner 		
2.6	Contact the pathologist <ul style="list-style-type: none"> • brief the pathologist before the post mortem examination • attend the post mortem if possible (otherwise arrange to get initial results) 		
2.7	Attend the initial multi-agency information sharing meeting (section 10)		
2.8	Attend final information sharing meeting (section 11)		
2.9	Arrange follow-up for parents for counselling (section 12)		
2.10	Communicate findings to the child's general practitioner		

5. Medical history checklist (paediatric consultant)

It may be inappropriate or impossible to obtain a full history from the parents or carers in the Emergency Department. A more detailed picture of the final 24-48 hours and circumstances of the death may be obtained by visiting them at home.

The baby or child

- place of death
- first name and family name (plus any other names by which the baby may be known)
- NHS number if possible
- Date of birth and place of birth

Mother

- Full name (plus any other names by which the mother may be known)
- Full address, including post code
- NHS number if possible
- Date of birth
- First Language
- Culture
- Any special needs
- Phone number (home number and mobile number) and phone number of any available close relative or friend (to facilitate making contact again)
- Address to which mother will be returning when she leaves the hospital, plus phone number there and the name of the person with whom mother will be staying.

Mother's partner and/or father of baby

- Full name (including any other names by which he may be known)
- Full address, including post code
- Date of birth
- Phone number (home number and mobile number) and phone number of any available close relative or friend (to facilitate making contact again)
- Address to which father/partner will be returning when he leaves the hospital, plus phone number here and the name of the person with whom he will be staying.

Other members of the household (present and in the recent past)

- Names
- Dates of birth
- Relationship to baby who has died.

Family medical history

- A detailed account of past medical and social history of all members of the immediate family and household.
- Particular note and detailed information (name, date of birth, place of birth) of any previous children.
- Also detailed information on any deaths in infancy or childhood of any offspring, siblings or other close relatives of any member of the current household (to include as much

information as possible concerning date of birth, age at death, place of death, cause of death and any known information.

Social and family history

- Detailed account of the social structure of the family and of the household, including detailed information on alcohol, tobacco and other drug use, together with information on any prescription or non-prescription medications that may have been present or in use in the household.
- Information on recent changes in composition of the household (e.g. who has come and who has gone, and for what reasons).

Detailed medical history of mother

- Details of past medical and social history of the mother, including any significant past illnesses or injuries.
- Detailed past obstetric history, including detailed information on the pregnancy leading to the birth of the baby who has died.

Detailed medical and developmental history of the baby who has died.

- gestation
- birth weight perinatal or neonatal problems
- type of feeding (and date and reason for changing type of feeding)
- growth, development and past assessments (e.g health visitor or GP routine, well-baby checks)
- immunisations
- any known contact with infection
- medication (either prescribed or over the counter)
- if possible, obtain the parent-held child health record to copy (return this to the parents after copying it); plot the weight record onto a centile chart.

A detailed narrative account of the baby's feeding, sleeping, activity and health over the two-week period prior to the death

This should include information on:

- changes in feeding or sleeping patterns
- changes in place of sleep
- changes in individuals responsible for providing care to the baby
- any social, family or health related changes in routine practices over the past two weeks
- any illness, accident or other major event affecting other family members in the past two weeks.

A detailed (hour-by-hour) narrative account of events within the 48 hours prior to the infant being found dead

A detailed description of:

- precisely where the baby was placed for sleep
- duration of sleeping period
- position at the end of the sleeping periods
- any changes in routine care or routine activity levels
- any disruptions to normal patterns
- information on the activity and location of all significant members of the household
- information on alcohol intake and recreational drug use by members of the household during this period.

The final sleep

A very careful description of when and where the baby was placed to sleep, including:

- the nature of the surface
- clothing
- bedding
- arrangement of bedding
- precise sleeping position
- who was sharing the surface on which baby was sleeping (e.g. bed or sofa)
- how often the baby was checked
- when he or she was seen or heard
- the time at which the baby awoke for feeds
- whether feeds were given
- whether they were taken well
- who else was in the room at each stage
- what were the activities of others in the room
- were they awake
- where, when and by whom was the baby found
- what was the position of the baby when found
- where was the bedding
- were there any covers over the baby
- had the covers and the position of the covers moved
- were there other objects in the cot or bed adjacent or close to the baby (e.g. teddies, dolls, pillows)
- was the heating on
- what type of heating was there
- were the windows and/or doors open?
- Room temperature if available - or whether a room thermometer was regularly used.

Action after baby was found

A detailed narrative account of events that followed the discovery of the baby collapsed or apparently dead, to include details of:

- when, how and by whom the emergency services were called
- who was with the baby at each stage
- was resuscitation attempted and if so by whom
- were any responses obtained from the baby
- how long did it take for the emergency services to arrive?

Further specific questions

In addition to the information outlined above, information should be collected on the parents' perception of:

- whether the baby was feeding as well as, or less well than, usual in the past 24-28 hours
- any vomiting
- any respiratory difficulty, noisy breathing, in-drawing of the ribs, wheezing or stridor
- excessive sweating
- unusual activity
- unusual behaviour
- level of alertness
- difficulty sleeping
- difficulty waking the baby

North West Wales NHS Trust
Guideline for management of Sudden and Unexpected Infant Death

- passage of stool and urine (how often and how much)
- were any healthcare professionals consulted within the past two weeks, the past 48 hours or the past 24 hours
- if so, who was contacted, what was the problem described to the healthcare professionals and what advice was given
- was the baby seen and assessed by any healthcare professional during the past two weeks?

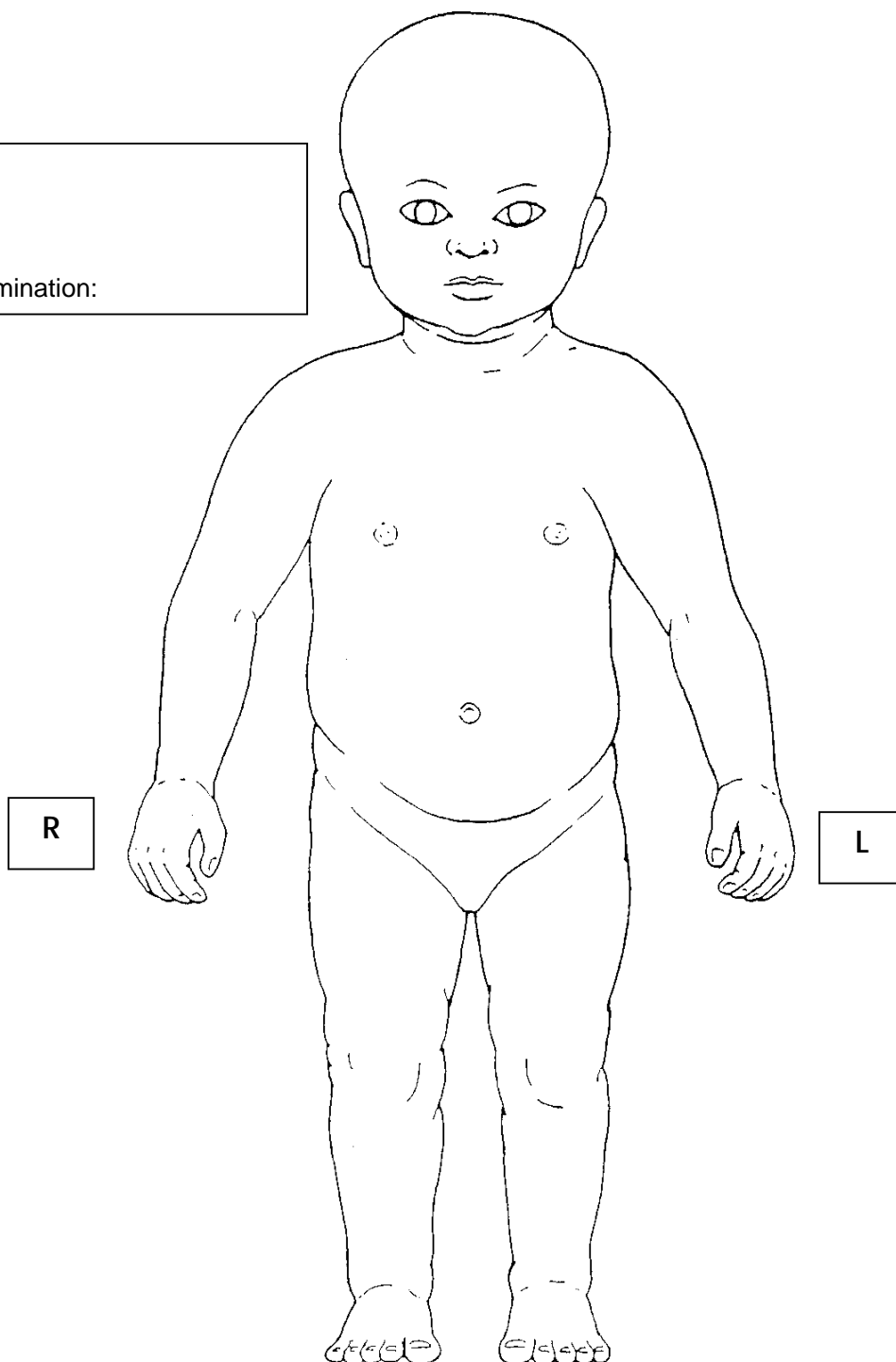
Some of the above information will need to be checked with other sources e.g. health visitor, GP, hospital records

6. Medical examination checklist (paediatric consultant)

- weight (kg), centile
- Supine length (cm), centile
- Head circumference (cm), centile
- nutritional state
- ear temperature (NB examine ear and record findings **before** taking temperature)
- general condition e.g. hygiene, nappy rash
- mouth, pharynx
(examine larynx ONLY if intubation attempted during resuscitation. There must be no laryngoscopy after death has been confirmed.)
- fundoscopy for retinal haemorrhages (preferably by an ophthalmologist)
- bruising, abrasion, laceration or rash
- enlargement of liver and spleen.
- document all injuries caused by medical interventions
- leave all inserted cannulae etc *in situ* for the pathologist.

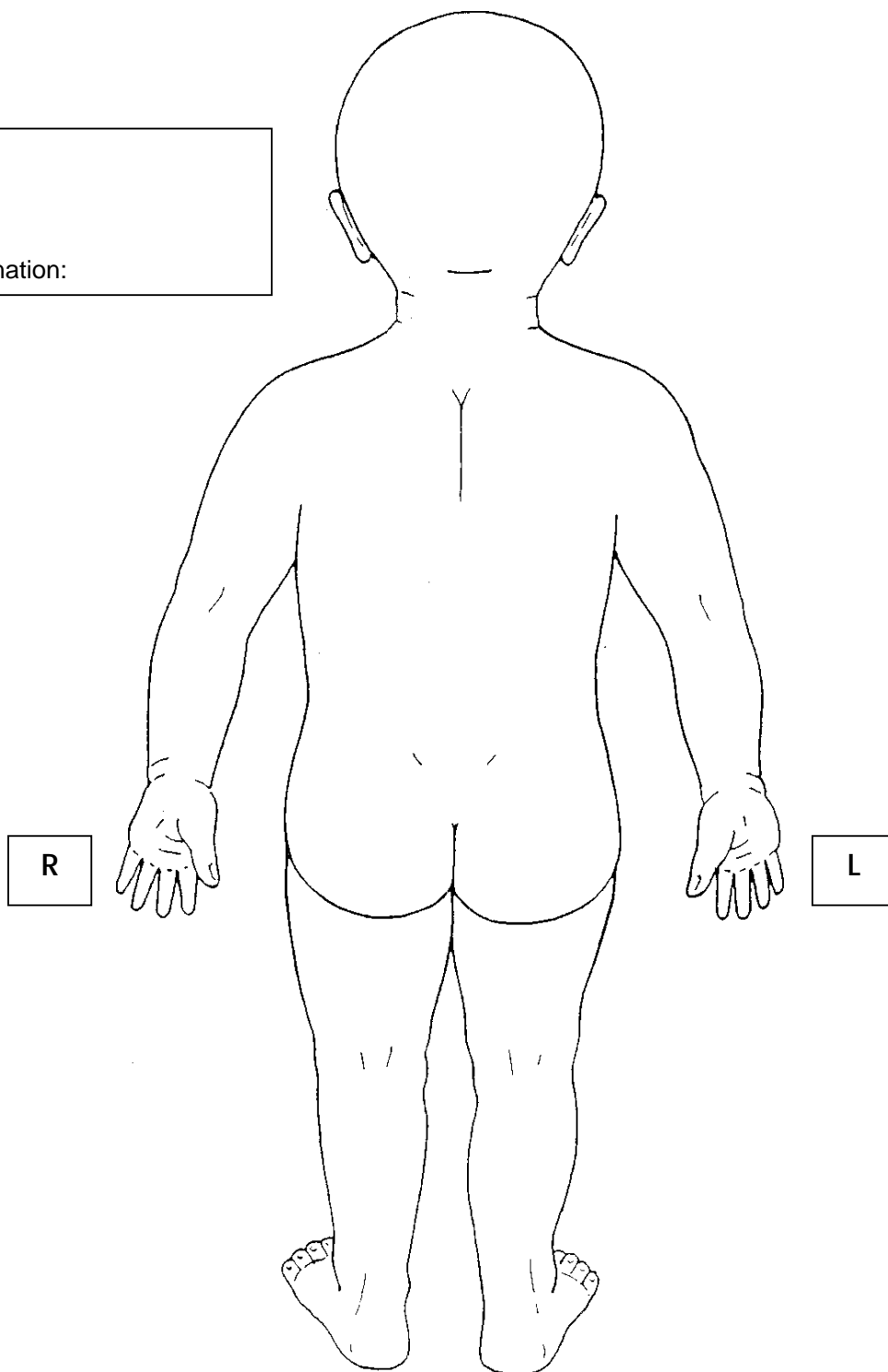
7. Body Map – FRONT

Name: _____
DOB: _____
Date of Examination: _____



Body Map – BACK

Name:
DOB:
Date of Examination:



8. Medical investigations

These samples are to be taken routinely immediately after all unexpected deaths in infancy. Take either venous or arterial blood; leave in the needle/cannula for the pathologist to see. Avoid cardiac puncture if at all possible (needle damage may hamper the pathologist). If you know that the post mortem is to be done within 24 hours of the death, consider whether or not it's better that the pathologist takes these samples.

Investigations for SUDI are in review by the Health Protection Agency. These are interim standard tests.

SAMPLE	SEND TO	HANDLING	TEST REQUESTED
Blood (serum)1-2ml	Clinical Chemistry	spin, store at -20°	toxicology
Blood Guthrie card	Clinical Chemistry	normal: fill rings; do not put in plastic bag	metabolic diseases
Blood Li hep 1-2 ml	Cytogenetics	normal; unseparated	chromosomes only if dysmorphic
Blood culture 1 ml aerobic + anaerobic	Microbiology	if sample small, priority is aerobic	C&S
CSF a few drops	Microbiology	normal	M, C&S
Nasopharyngeal aspirates (2)	1 Microbiology	normal	C&S
	2 Virology	normal	virus culture*, immunofluor'nce.. DNA amplification
Swab of any identifiable lesion	Microbiology	normal	C&S
Urine (if available)	Clinical Chemistry	spin, store supernatant at -20°C	toxicology; metabolic tests

* to be sent to a laboratory that can culture viruses.

Other tests to be discussed with specialist (e.g. if metabolic disease suspected)

1. Skin biopsy (fibroblast culture).
2. Muscle biopsy if you suspect a mitochondrial disorder from the history.

Forensic considerations

- Our coroner is happy for you to take samples subject to consideration as above.
- For all samples, document the site, label, and ensure an unbroken 'chain of evidence'. This may mean giving samples to the police or asking the laboratory technician to sign on receipt.
- Samples given to police or coroner's officer must be signed for by them (receipt).

9. X-rays

If you want immediate radiology to inform your investigation (e.g. if you suspect non-accidental injury), ask the radiographer to come to the E.D. department. The pathologist will in any case get a high-quality skeletal survey as part of the routine SUDI post mortem examination:

Pathologist's routine SUDI post-mortem skeletal survey:

- AP chest
- AP both upper limbs
- AP lower limbs
- Abdomen and pelvis
- Coned lateral of kneed and ankles
- Lateral of thoaco-lumber spine
- AP and lateral skull: add a Towne's view if there is occipital injury
- AP hands and feet if clinically suspicious]

10. Immediate counselling: checklist for ED nurse and paediatrician

- **discuss your findings with parents**
- arrange for family to have **access to baby** for grieving purposes in Emergency Department and/or in Mortuary's chapel of rest
- arrange for family to be given **items of remembrance** (pack available) e.g. a lock of hair, a print of hand or foot, a photograph
- offer to contact one of the **support groups** listed in appendix A. The agency could provide further help and information with:
 - funeral arrangements
 - counselling for siblings
- offer appropriate **information leaflets** (see appendix A2 and B)
- offer services of a **religious adviser** (hospital chaplain can refer relatives, if they wish, to a local minister or priest for follow up care).
- check that parents understand:
 - a **death certificate** will be issued by the coroner (and sent to the registrar of births and deaths at Town Hall, Bangor 01248 362568)
 - **coroner's post mortem** may be needed
 - the (coroner's) pathologist may **retain tissue /organs** for further tests.
 - **police investigation** will take place
 - **police will visit** (if not done already) the scene of death as soon as possible
- parents need (from e.g. paediatric nurse) **name + telephone number of a key worker** (e.g. consultant or consultant's secretary) for information /advice
- tell parents that **paediatrician may wish to visit them** at home soon
- obtain **contact telephone number of parents**
- is there **anything else** to help parents that we can do now?

Long term support to the parents will include the paediatrician:

- discussing the complete results of the post mortem
- the final conclusion regarding the cause of death and contributory factors
- addressing specific anxieties raised by the parents or other members of the family
- consideration of referral to clinical genetics for counselling about future pregnancies and genetic screening
- Discussion of other specific problems within the family related to the death of the baby or child.
- Raising the further support available from the foundation for the study of infant death and the CONI scheme.

11. Arrangements for post-mortem examination

The paediatrician must **inform the coroner**, Mr Dewi Prichard Jones, of the death **as soon as possible in normal working hours**. The post mortem examination will be arranged by the coroner.

If you need immediate advice about arrangements, the coroner's officer (Mr Dafydd Williams, who's base is Ysbyty Gwynedd's mortuary) is happy to be contacted at any time.

Coroner's Office: 01286 672 804 (direct)
01286 673 387 (shared number)

Coroner's Officer (Mortuary): Mr Dafydd Williams:
working hours: **4169 or 4170** at Ysbyty Gwynedd
out of hours: 01248 602737
or 07876 266993

Mr Dewi Prichard Jones, The Coroner, encourages the investigating medical team to communicate with him about any concerns at any stage of the investigation.

12. Paperwork and communication checklist (senior nurse, E. D.)

Please check with the responsible consultant paediatrician to ensure that all necessary communication has / will be completed (section 8).

- complete notification of death – send to mortuary as soon as possible, with case notes
- complete mortuary card to accompany body
- complete rapid response card if child under 1 year old (CESDI) – send to CESDI convenor
- contact appointment clerk in paediatrics (tel. 4374):
 - to cancel any hospital appointments
 - to update PiMS / child health system with details of death
 - to contact other hospitals/community/other agencies if necessary(Appendix C to be completed and sent to appointment clerk)
- ensure community sector office is notified of the death (for child health computer):
 - Ynys Mon:** Ty Derwydd, Llangefni: 01248 753 130
 - Gwynedd:** Bodwrdda, Caernarfon: 01286 684 000
 - Dwyfor:** Yr Ala, Pwllheli: 01758 701 000
 - Meirion:** Y Lawnt, Dolgellau: 01341 423 121

**13. Action by trust named nurse/ doctor
(in their absence, a member of the safeguarding children team)**

- Ensure that an information sharing meeting has been arranged as in section 10
- Liaise with social service
- Inform designated nurse or doctor (NPHS 01352 700227 Ext. 4097)
- Inform relevant named nurse/doctor if child is from another county in Wales (other than Môn and Gwynedd)
- Inform relevant designated nurse/doctor if child is from outside Wales

14. Initial multi-agency information sharing meeting

In every case of sudden unexpected death in an infant there should be an initial information sharing professionals meeting which should be arranged by the senior investigating police officer in association with the responsible paediatrician. This will normally be held in the emergency department at Ysbyty Gwynedd, preferably on the day that the child has died or certainly within 72 hours of the death.

Required invitees are as follows:

- senior investigating police officer
- responsible (on-call) consultant paediatrician
- senior officer from social services
- trust named nurse for child protection (Sharon A Thomas) ext 4998
- trust named doctor for child protection (Teyrnnon Powell) 01286 684007
- senior nurse representative from the Emergency Department
- pathologist
- Emergency Department consultant
- Community midwife if involved with family
- Health Visitor if involved with family
- School nurse if involved with family
- GP
- Representative of any other health service involved e.g. drugs and alcohol service
- Representative from education

See appendices E and F

If there are child protection concerns this meeting may become a strategy meeting under child protection procedures all further meetings would then be led by social services and would become strategy meetings. The designated professionals will be kept informed by the named professionals. The chair of the meeting will inform the LSCB that an unexpected death of a child has occurred.

Purposes	
1.	Share initial information
2.	Determine whether or not there are immediate child protection concerns. (If yes, meeting becomes a strategy meeting under child protection procedures)
3.	Plan (short term at least) support and counselling for parents
4.	Consider need for debrief or support of staff e.g. by bereavement officer or chaplain

There should be an additional meeting or sharing of information shortly after the post mortem examination to discuss findings. This meeting should include at least the paediatrician and the pathologist. When the final post mortem results have been received (usually a few weeks after the death of the child) there should be a multi-disciplinary, multi-agency review of the case. Unless there are ongoing suspicious circumstances this meeting will be convened either by the senior investigating officer or the responsible paediatrician (as decided at the second information sharing stage). In either case the coroner and pathologist must be invited.

**15. Final meeting (when initial results of post mortem* are known)
To be convened by the trust's named doctor for child protection**

See section 10 for list of invitees / communication of outcome.

Pathologists may be reluctant to issue post mortem results until investigations are complete. An ensuing delay of months may cause stress to parents or carers so aim to hold this meeting within 3 months of the death if interim post mortem results have been issued by the coroner or pathologist. The coroner (section 9) is normally happy to discuss the case at any stage with the responsible paediatrician or the trust's named doctor for safeguarding.

Final meeting:	
1.	Examine details of the death <ul style="list-style-type: none"> - agree likeliest cause of death - and contributory factors
2.	Have child protection procedures been instigated?
3.	If there are issues of concern, is there a plan to cover future pregnancies?
4.	Are support and guidance for family adequate? <ul style="list-style-type: none"> - Plan further counselling/support (needed also if non-accidental death) - Include siblings
5.	Has an accurate account of the findings been given to the parents/carers?
6.	Were there any deficiencies in professional care? If so how are they vbeing addressed? How
7.	Send a summary to: the child's family doctor the health visitor (or school nurse) social services the coroner the investigating officer (police) the NWW -Trust named nurse for safeguarding the North Wales designated doctor for safeguarding the North Wales named nurse for safeguarding
8.	File a copy of the summary of this meeting in the hospital case notes
9.	Note any aspect of this guideline that should be changed or improved

When a child dies the LSCB must conduct a **serious case review** in these circumstances:
[Local safeguarding children's board (LSCB) regulations, 2005 and 2008]

- any evidence of abuse (any category including neglect)
- suicide
- killed by a parent who has mental illness

16. Follow-up meeting between family and paediatrician

Liaise with GP, HV or HV for CONI beforehand: they may wish to accompany parents

Discuss:	
1.	results of post mortem (final results may not yet be available)
2.	conclusion about cause of death and contributory factors
3.	any specific anxieties expressed by parents or other family
4.	other family problems related to the death
5.	further available support, if appropriate e.g. FSIDS, CONI for twin/younger sib /future pregnancies
6.	Feedback on <i>our</i> management and support

17. References

1. All Wales best practice multi-agency guidelines for the management of sudden unexpected deaths, infants and children (SUDI) 2004: agreed between Coroners, Health organisations, police forces and local authorities in Wales.
2. Bacon CJ. Cot death: the responsibilities of the paediatrician. *Current Paediatrics* 10(2) 92-95.
3. Carty H. (recommended radiology after sudden infant or child death). *Clinical Radiology* 1999

Authors:

Teyrnnon Powell (NWW-Trust's named doctor for child protection)
Sharon A Thomas (NWW-Trust's named nurse for child protection)
Mair Parry (Ysbyty Gwynedd's named doctor for child protection)

Issue date: September 2004 (as an integrated care pathway)

Review date: Reviewed in December 2004 and January 2006
March 2007 - document modified into a practice guideline
August 2008

Next review date: March 2009

Revised to conform with Wales's national guideline: Nov 2008

Appendix A: contact numbers for social services and child protection register

ARFON / MEIRIONNYDD / DWYFOR	work hours	01286 679975	01758 704455
ARFON / MEIRIONNYDD / DWYFOR	out of hours	01286 717227	
MÔN	work hours	01248 752733	
MÔN	out of hours	01286 717227	
CONWY	work hours	01492 575111	
CONWY	out of hours	01492 515777	
DINBYCH – NORTH	work hours	01824 708300	
DINBYCH – NORTH	out of hours	01745 331103	
DINBYCH – SOUTH	work hours	01824 712400	
DINBYCH – SOUTH	out of hours	01745 331103	

Appendix B: contact information for counselling and support

Emotional and informational support for the family is required at point of arrival.

Initial 'counselling' is mainly supportive.

Immediately contact the duty senior paediatric nurse, children's ward: tel. 4444 or 4445

The following groups may also be contacted for support:

- hospital chaplain Rev. Wynne Roberts 01248 384095

The chaplain can refer relatives, if they wish, to a local minister or priest

-
- nurses and midwives willing to be called There is a list in the 100 bleep office / senior midwives' office
-

- the trust's bereavement officer Abigail Roberts 5958
-

- area social services

<i>Môn</i>	01248 752752
<i>Arfon:</i>	01286 682646
<i>Gwynedd</i> <i>Dwyfor:</i>	01758 704429
<i>Meirionydd:</i>	01286 675502
<i>Conwy</i> <i>Bae Colwyn</i>	01492 532184
<i>Llandudno</i>	01492 871444

Foundation for the Study of Sudden Infant Deaths (FSIDS)

It supplies support leaflets which should be given to the parents / carers

Address: Artillery House, 11-19 Artillery Row LONDON SW1

24 hour help-line: 0870 7870554

-
- Cruse Bereavement Care 0870 2402758
-

- Samaritans Bangor 01248 674985
-

- Child Death Helpline 0800 282986
-

Appendix C. Information Leaflets

- FSIDS Leaflet *'When a baby dies suddenly and unexpectedly'*
- FSIDS Phone-card
- trust bereavement booklet
- Cruse
- chaplain
- bereavement officer

Appendix D. For the paediatric appointment clerk:

Please forward a copy of this form for input to the child health computer in the relevant community sector office:

Mon: Ty Derwydd, Llangefni: 01248 753 130
Gwynedd: Bodwrdda, Caernarfon: 01286 684 000
Dwyfor: Yr Ala, Pwllheli: 01758 701 000
Meirion: Y Lawnt, Dolgellau: 01341 423 121

Sadly, the infant/child named below has died.

1. Please ensure that:
 - (a) all forthcoming appointments at this hospital are cancelled
 - (b) if known to have an appointment at another hospital or clinic, please ask them to cancel the appointment as soon as possible

2. Please amend hospital records and PiMS to indicate the child has died

name of child _____

date of birth _____

D number _____

address, postcode _____

date of death _____

family doctor _____

practice _____

other clinics with impending appointment (and name of specialist if known):

Appendix E. Consent for taking / retaining medical samples for investigation

name of infant

date of birth

address

Consent for taking / retaining medical samples for investigation

PARENT or GUARDIAN:

It is normal practice to test any infant who has died suddenly and unexpectedly to see if there was an illness such as a rare 'metabolic disease'. It can be important to find out, for example in case another member of your family could be affected.

To do these tests we need samples of blood, urine, and skin and these are best taken as soon as possible. So we'd like you to consider giving your consent for us to take these samples now. The doctor will explain further

CONSENT

I am the (please select): parent guardian

The doctor has explained to me the procedure and purpose of taking samples of urine, blood and skin from my child.. I agree to a doctor taking samples of urine, blood and skin from my child and that these can be kept for whatever tests the doctor feels are needed to try to find the cause of my infant's death.

signature ----- (parent / guardian)

date -----

DOCTOR

I confirm that I have explained to the infant's parent or guardian the procedure of sampling for blood, urine and skin, and that the samples will be taken for the purpose of investigating the cause of death.

doctor's
signature -----

date -----

Information sharing meeting: AGENDA

Date

Time

Location

Chair

1. Baby or child's name
2. Address
3. DOB
4. weight
5. gestation
6. DOD
7. Time of death
8. Mother's name
9. Address
10. DOB
11. Father's name
12. Father's address

Information sharing meeting: history from health team

Paediatrician

Emergency .Dept.

Ambulance

Midwife

Health visitor

GP

Information sharing meeting

History from police

History from social services

Date and time of post mortem

Other relevant information

Appendix G

**CONFIDENTIAL ENQUIRY INTO STILL BIRTHS
AND DEATHS IN INFANCY**

NOTIFICATION OF DEATH WHICH HAS OCCURRED WITHIN THE NORTH WEST WALES
NHS TRUST BETWEEN 20 WEEKS GESTATION AND ONE YEAR OF AGE

WARD/UNIT.....CONSULTANT.....

ADDRESSOGRAPH WITH HOSPITAL 'D' NUMBER (OR ADDRESS AND DATE OF BIRTH)

Circle as appropriate:-

Still Born Neonatal Death Miscarriage S.T.O.P Infant Death

DATE..... TIME.....

**Please forward immediately in a sealed envelope to:
Sister Sian Williams
Labour Ward
Ysbyty Gwynedd**