Complete Summary

GUIDELINE TITLE

Distinguishing sudden infant death syndrome from child abuse fatalities.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics, Hymel KP, Committee on Child Abuse and Neglect, National Association of Medical Examiners. Distinguishing sudden infant death syndrome from child abuse fatalities. Pediatrics 2006 Jul;118(1):421-7. [74 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

- Sudden infant death syndrome (SIDS, also called crib or cot death)
- Fatal child abuse

GUIDELINE CATEGORY

Diagnosis
Management

CLINICAL SPECIALTY

Emergency Medicine
Pathology
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Emergency Medical Technicians/Paramedics
Hospitals
Nurses
Other
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To provide professionals with information and suggestions to help avoid stigmatizing families of sudden infant death syndrome victims while allowing accumulation of appropriate evidence in potential cases of death by infanticide
- To address deficiencies and to update recommendations in the 2001 American Academy of Pediatrics policy statement of the same name

TARGET POPULATION

- Healthy infants younger than one year old who die suddenly and unexpectedly
- Parents of sudden infant death syndrome victims

INTERVENTIONS AND PRACTICES CONSIDERED

1. Complete autopsy (i.e., postmortem examination)
    - Toxicologic tests
    - Radiographic skeletal surveys
    - Metabolic screening
2. Examination of the death scene, including interviewing of household members
3. Exclusion of other causes of death
4. Consultation with medical specialists by medical examiner and coroner
5. Medical history, prior to and at the time of death
6. Supportive, unbiased, non-accusatory approach to parents
7. Case review

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The following are important conclusions in the evaluation of sudden, unexplained infant deaths:

- Accurate history taking by emergency responders and medical personnel at the time of death and immediate transmission of this historical information to the medical examiner or coroner
- Prompt investigation of the scene (Centers for Disease Control and Prevention, 1996; Bass, Kravath, & Glass, 1986) at which the infant was found lifeless or unresponsive and careful interviews of household members by knowledgeable individuals with the legal authority and mandate to conduct such investigations
- Appropriate consultations with available medical specialists (e.g., pediatrician, pediatric pathologist, pediatric radiologist, and/or pediatric neuropathologist) by medical examiners and coroners
- Complete autopsy performed by a forensic pathologist within 24 hours of death, including examination of all major body cavities including cranial contents, microscopic examination of major organs, radiographic examination, and toxicological and metabolic screening
- Collection of medical history through interviews of caregivers, interviews of key medical providers, and review of previous medical charts
- Maintenance of an unbiased, nonaccusatory approach to parents during the death-review process
- Consideration of intentional asphyxia in cases of unexpected infant death with a history of recurrent cyanosis, apnea, or apparent life-threatening events (ALTEs) witnessed only by a single caregiver
- Use of accepted diagnostic categories on death certificates as soon as possible after review
- Prompt imparting of information to parents when results indicate Sudden Infant Death Syndrome (SIDS) or accidental or medical causation of death
- Review of collected data by locally based infant death-review teams (Granik, Durfee, & Wells, 1991) with participation of the medical examiner or coroner

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- An appropriate professional response to a child's sudden death that is compassionate, empathetic, supportive, and nonaccusatory while at the same time results in a thorough investigation
- Accurate reporting of the circumstances surrounding unexpected and unexplained infant death may result in a reduction of associated risk factors (i.e., prone positioning, bed sharing, passive smoke exposure) through identification and education of new parents

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

End of Life Care

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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death syndrome from child abuse fatalities. Pediatrics 2006 Jul;118(1):421-7. [74 references] PubMed

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Feb (revised 2006 Jul)

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Child Abuse and Neglect

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Child Abuse and Neglect, 2004-2005: Robert W. Block, MD, *Chairperson*; Roberta Ann Hibbard, MD; Carole Jenny, MD, MBA; Nancy D. Kellogg, MD; Betty S. Spivack, MD; John Stirling, Jr, MD; Kent P. Hymel, MD, Past Committee Member

Liaison Representatives: David L. Corwin, MD, American Academy of Child and Adolescent Psychiatry; Joanne Klevens, MD, MPH, Centers for Disease Control and Prevention

Staff: Tammy Piazza Hurley

National Association of Medical Examiners: Randy Hanzlick, MD; Michael Graham, MD; Tracey S. Corey, MD

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

ENDORSER(S)

National Association of Medical Examiners - Professional Association

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GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Policy Web site.

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on September 17, 2001. The information was verified by the guideline developer as of December 5, 2001. This summary was updated by ECRI on August 14, 2006. The updated information was verified by the guideline developer on September 1, 2006.

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