

# General Practice

The following sections will help general practitioners (GPs) respond appropriately to a SUDI. Other professionals involved may have addressed some of the issues, but you should not assume that they have. The information may also be useful to other professionals interacting with the GP through their involvement following a SUDI.

GPs may be relied upon by the family not only during the initial stages following a SUDI, but also for years after in offering ongoing support and planning for any further pregnancies.

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## Interactive timeline and flow chart

The interactive timeline demonstrates the role and responsibility of a GP in relation to other professionals involved, and in the subsequent SUDI Review meeting. The scenario illustrated in the flow chart highlights some of the key points but does not aim to show everything that may arise in what is a unique circumstance for each case of SUDI.

[View example scenario \(flow chart\) »](#)

## What to do if you are first on the scene

1. Ensure the ambulance has been called for, if not contact them (Scottish Ambulance Service control room will notify the police).
2. Resuscitation following the UK Resuscitation Council basic or advanced paediatric guidelines should always be attempted and continued en route to hospital, if there is any chance that the infant could be resuscitated.
3. If it is quite clear that the infant is dead and cannot be resuscitated it is best to inform the parents sympathetically.
4. If the infant is dead, you may confirm death in the home or you can leave this to the hospital.
5. In all cases the infant should be taken to the nearest paediatric Emergency Department if available (or nearest general Emergency Department) and not straight to the mortuary. This allows immediate examination and investigations to be carried out and provides a more supportive environment for the family.
6. Explain that the police have a role to investigate **every** SUDI, as instructed by the Procurator Fiscal, to try to establish the cause of death. It is normal for the police to be notified and it **does not** mean parents are under suspicion.  
  
– **If there is evidence of criminality:** If it is apparent that resuscitation is inappropriate and there is evidence of criminality, the child should be left as found and contact made with the police immediately.
7. Take a brief immediate history from the parent(s)/ carer(s) and record the circumstances of the death (eg position when found, bedding etc.). Your notes will be very helpful to the paediatrician who will record information to pass onto the police. **NB It is not necessary for you to ask these questions but it may help if you note observations.**
8. Spend time listening to the parents. Mention the infant by name and don't be afraid to express your

sorrow.

9. Explain that a paediatrician may wish to see the baby and parents when they get to the Emergency Department.
10. If the infant is a twin, suggest that the surviving twin should be admitted to hospital for observation.
11. You may wish to accompany the family to the hospital.
12. The parents may wish you to contact relatives or friends or to arrange for someone to meet them at the hospital.

## **What to do if informed that a SUDI has occurred**

1. You may be informed of the infant's death by a member of staff from the Emergency Department.
2. Emergency Departments may call the out of hours GP service to ask that you be notified the following morning.
3. Remember that **all** sudden and unexpected deaths will require police notification and investigation. GPs can reassure parents that this is **normal practice**.
4. You will be asked for background information about the infant and the mother/father or carer. There has been agreement from the General Medical Council that due to the investigations that require to be carried out by the police on behalf of the Procurator Fiscal, information should be shared between agencies. It is recognised that duplication of questioning of parents through lack of information sharing, would add to their upset. The wide variety of questions enables as full a history as possible to be taken as quickly as possible.
5. You may be contacted at several stages of the process to share relevant information.
6. Try to see the family as soon as possible. Parents greatly appreciate the contact and time taken.
7. Enquire whether mementoes have been requested. If not encourage, for example, the taking of photographs, lock of hair, hand and foot prints. Try to also take into account any cultural sensitivity.
8. Discuss the care of siblings. Explain the need to involve them according to their age.
9. Check whether spiritual help is required, and arrange appropriate contacts through local hospital chaplaincy if appropriate.
10. Ensure that the parents understand the legal position regarding the Procurator Fiscal and the arrangements for registering the death.
11. Ensure that any questions the parents have about police involvement are answered, as they may not have taken in all the explanations given in the Emergency Department. Reassure parents that the **police involvement is normal for a SUDI** and that this **does not** imply suspicion of wrong -doing by the parents. Inform them that bedding and other items may be taken away for testing. This again is to try and find out if there is any known cause for why the infant died.
12. Discuss the need and legal requirement for a post-mortem examination. Reassure the parents that their baby will look presentable afterwards.
13. Liaise with other members of the practice, especially the health visitor or midwife (if involved) to support the family and staff.
14. If mother is breastfeeding discuss suppression of lactation.
15. Spend time listening to parents and ask them to tell you what happened.
16. Mention that some funeral directors make no charge. Mention that it may be possible to claim a Funeral Payment. Advise that the child benefit book will need to be returned.
17. Offer to attend the funeral (if you can).
18. Ask if the parents would like to be put in touch with any family support.
19. Tell them they are welcome to contact you at any time.

## Other things you can do to help

1. Make contact with the nominated SUDI paediatrician as soon as possible, if they have not already contacted you.
2. The police will request the medical case notes for the infant and possibly the mother and/or father, in particular any maternity notes for the mother. The police will require the original notes, so make copies of all to keep locally until the originals are returned. These notes will be requested within a day or two of the infant's death to allow completion of the police Sudden Death Report to be submitted to the Procurator Fiscal, and also to provide the paediatric pathologist carrying out the post-mortem examination to have as much information as possible.
3. The paediatric pathology post-mortem examination is a specialist service. The infant may, therefore, be transferred to another mortuary for this examination.
4. Inform other departments so no further computer generated appointments for immunisation or developmental checks are sent out. Also inform the hospital medical records department to ensure no clinic appointments are sent.
5. Discuss with the paediatrician who should meet with the family to explain the findings of the post-mortem examination.
6. Be available to discuss anything mentioned in the post-mortem report either with the Procurator Fiscal and/ or the paediatric pathologist.
7. In liaison with the health visitor visit the family as frequently as seems appropriate to offer support, answer questions and to check on the welfare of other siblings. Leave enough time for the contact to be meaningful.

## Ongoing involvement

1. You may be asked to take part in a SUDI Review.
2. Make sure that information about SUDI and risk reduction information is included in parenthood sessions and health promotion clinics.

## The role of Child Protection

Child protection underpins **all** investigations following SUDI. **It is standard practice for a child protection team to be contacted in all cases to make them aware of the infant's death.** The degree of involvement of a child protection team will vary for each SUDI, from maintaining a very peripheral role and concluding their part in the investigation as soon as the initial post-mortem findings are known, to providing ongoing support to the family and staff involved, if child protection issues are raised. Child protection teams include professionals from health care, social work and police.

Child protection staff collaborate with health care professionals, social workers and police to:

1. Initiate and maintain good communication between all agencies involved to ensure clarity of roles.
2. Gather relevant background information.
3. Provide support to primary care colleagues regarding access to medical notes, interviews with members of the police etc.
4. Support the management of a SUDI until post mortem findings are known.
5. Advise as well as develop policies and practice in child protection.
6. Ensure that the bereaved family understands that child protection involvement is **standard practice in all SUDIs.**
7. Provide the necessary support packages available for the family should they be required.

## Child Protection team involvement

1. The child protection team in the hospital is notified by Emergency Department staff when a SUDI occurs.
2. There is interaction with relevant hospital and primary care colleagues, police and social work, as appropriate and an agreement on who makes contact with the following:
  - lead paediatrician for the area
  - clinical director for children's services
  - executive director with responsibility for child protection
  - nurse consultant for vulnerable children
  - designated doctor for vulnerable children
  - the Child Health Commissioner
  - chief nurse for the area
  - family health visitor for pre-school children.
3. The advisor involved with the case will assess and decide on the level of engagement with maternity and child health services, background history including any previous child protection concerns.
4. The team will remain involved with the case until the outcome of the post-mortem examination is known.
5. The parents/family are informed by Emergency Department staff or a paediatrician it is standard practice that initial information gathered regarding the circumstances of the death will be shared with the local child protection team.
6. The parents/family should be reassured that this **does not** imply suspicion or criticism of their care of the deceased infant.

## Support during the next pregnancy

If a family has previously experienced a SUDI, then the following actions may help provide support.

1. Acknowledge the previous death using the infant's name.
2. Aim for continuity of care and involvement in the choices available, eg community care if appropriate.
3. Note anniversaries when the parents may need additional support,
4. Discuss with the NHS board's SUDI paediatrician plans for providing extra support for the care of the next infant, such as provision of an apnoea monitor.
5. Whenever appropriate discuss risk factors such as sleep position and smoking.
6. In some areas a designated member of staff may co-ordinate the plan for additional support that a family may require for future pregnancies, working with a SUDI paediatrician/ GP/ Community Midwife/ Community Health Visitor to ensure that additional appointments are offered and that any additional screening is offered if appropriate.

## Staff support

The professionals involved may require support. Some professionals may have prolonged involvement in the investigative process and will have no experience of SUDI. This toolkit provides information on staff support.

## Steps and timelines around the investigation of SUDI

Each case has unique circumstances which require investigation so there is never an absolute timeline to follow. The following steps should occur:

1. The police will provide the Procurator Fiscal with a Sudden Death report the next lawful day (Monday if the death occurs over the weekend).

2. Original medical records will be requested by the police on behalf of the Procurator Fiscal, and given to the pathologist prior to the post-mortem examination.
3. A post-mortem examination will be requested and normally take place within 48 hours.
4. The paediatrician following up the case will offer to meet with the parents after 1-2 weeks to discuss the process to date and offer ensure appropriate support is available for the family
5. The final post-mortem examination report can take several months as further examinations of samples will need to be concluded.
6. The Procurator Fiscal will confirm with Healthcare Improvement Scotland that it is appropriate for the SUDI Review meeting to take place once the post-mortem examination report is available, assuming there is no suspicion of criminality. Healthcare Improvement Scotland will liaise with SUDI paediatrician for the NHS Board.

## **The SUDI Review**

The SUDI Review is a multidisciplinary meeting at which the case is discussed. The meeting is held shortly after the final post mortem examination report is available, which may be several months after the infant has died. The purpose is to discuss all aspects of the death, including possible causes or contributing factors, to see what lessons can be learned and to plan support for the family, in particular during and after any future pregnancies.

Participants may include:

- paediatrician
- pathologist
- general practitioner
- community health visitor
- community midwife
- social worker.

The meeting will be held at a suitably convenient time and place for all involved. The SUDI Review meeting will **not** take place if there is any suspicion of criminality or if a Significant Case Review has to take place through Child Protection.