

# **Section 16 SIDS or SUDI 'Cot Deaths'**

## **SECTION 16**

### **DEATHS WHICH MAY BE CATEGORISED AS DUE TO (SIDS) OR (SUDI), KNOWN ALSO AS 'COT DEATHS'**

Deaths which may be categorised as due to Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death in Infancy (SUDI), known formerly as 'Cot Deaths', must be investigated by the Procurator Fiscal. All deaths of children where further investigation is required must be referred to VIA. See Section 26.

In relation to the deaths of children, the following categories require to be reported to the Procurator Fiscal:

- any death of a newborn child whose body is found
- any death which may be characterised as sudden unexplained
- death in infancy (SUDI) or the like;
- any death of a child from suffocation including overlaying;
- any death of a child in foster care;
- any death of a child in the care of a Local Authority;
- any death of a child on a Local Authority "at risk" register.

When a SUDI is reported, the Procurator Fiscal instructs a police report outlining the facts and circumstances surrounding the death. It is not considered necessary that parents be seen in all cases as such interviews can create extra strain on some parents. Parents will be seen where they have expressed specific concerns about the circumstances of the death, or where reports indicate that they may hold such concerns.

### **Victim Information and Advice (VIA) service**

All deaths of children where further investigation is required must be referred to the Victim Information and Advice (VIA) service, established by the COPFS in 2004 to assist bereaved families and relatives. The service includes the provision of updates on the progress of the case and advice about other agencies which could provide relevant support.

## **Post mortem examination**

1. On receipt of the police sudden death report, the Procurator Fiscal decides if post mortem examination is necessary.
2. When it is believed that a SUDI has occurred, a post mortem examination must be conducted unless there are clear and compelling reasons for not doing so.
3. Where a post mortem examination is to be carried out, the child's parents or carers will be advised.
4. In the case of a Sudden Unexpected Post Natal Collapse where the infant subsequently dies from sequelae of the collapse, but the initial cause of collapse is unknown, the death should be investigated.
5. Local procedures with the police and pathologists should seek to avoid the parents having to formally identify their child prior to the post mortem examination.
6. If the parents wish to undertake the identification, Procurators Fiscal will seek to encourage those responsible to arrange that this be done in as sympathetic surroundings as possible.
7. Post mortem examinations should be conducted by a paediatric pathologist although the Procurator Fiscal is responsible for deciding the form of the examination subject to advice from investigating police officers, medical experts and other expert advisers.
8. In Scotland at present there is not a paediatric pathologist in each health board. If a post mortem is instructed the infant's body may then have to be transferred to a specialist mortuary perhaps some distance away. Parents should be informed of this.

## **Retention of Samples**

Medical samples retained at post mortem examination may be of value to the continuing medical research into the cause of SUDI. Where Procurators Fiscal are advised of any organ or tissue retention by the pathologist, the Procurator Fiscal should discuss with them whether there is any desire to retain any sample for the purposes of research. Where there is such a wish on the part of the pathologist, the Procurator Fiscal should, in the course of discussions with the family in relation to the retention and disposal options, raise with the family the possibility of consenting to the retention of samples for research purposes.

## **Retention of Personal items**

It is important that any information which might help determine why an infant has died, is gathered. Police may therefore remove some of the infant's belongings, such as clothing, bedding and prepared bottles. Procurators Fiscal should enquire what items have been taken. If clothing and bedding have been taken, it should be clarified whether forensic analysis is required and whether these items require to be retained. Once all tests have been concluded and there is no further need for items to be retained, they should

be returned to the family as soon as possible, after liaison with the police involved in the case.

### **Inter-professional communication**

A copy of the post mortem examination report should be provided, on request, to paediatricians or other members of the medical profession involved in counselling parents following a SUDI. Where bereaved parents request a copy of the post mortem examination report, efforts should be made to arrange for their GP to receive the report and discuss its contents with the parents. However, if the parents do not wish to involve their GP, the Procurator Fiscal should provide them with a copy of the report.

### **Information provided by the Procurator Fiscal**

To ensure that parents are given the best possible initial support and follow up, each COPFS death unit/ office should contact the healthboard SUDI paediatrician for their area when a case is reported to them.

This nominated SUDI paediatrician:

1. assumes overall responsibility for local implementation of guidance ensures that the SUDI is investigated in a thorough manner
2. ensures that those involved are aware of such guidance to avoid duplication of questioning of parents by health and police professionals
3. oversees the process where information is shared to provide the police with the necessary information to report to the procurator fiscal with a timely response
4. effectively acts as a link, and is a key point of contact for health professionals involved.

### **Timescales around the investigation of SUDI**

Each case is unique, so there is never an absolute timescale to follow. However, there are some milestones which may be useful to share with the parents:

1. The police will provide the procurator fiscal with a Sudden Death report as soon as possible,
2. Medical records will be requested by the police on behalf of the procurator fiscal, and given to the pathologist prior to post mortem
3. A post mortem examination will be requested and normally take place within 48 hours,
4. The paediatrician following up the case will meet with the parents after 1-2 weeks to discuss the preliminary findings of the post mortem. The pathologist may also attend this meeting
5. The final post mortem report will 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 a SUDI Review meeting to take place, once the final post mortem report is available.

7. Healthcare Improvement Scotland will co-ordinate the meeting as soon as is convenient for those who should attend.

### **SUDI Review**

The SUDI Review is a multi disciplinary meeting to discuss all aspects of the death, including possible causes or contributing factors. It enables professionals to identify what lessons can be learned and to plan support for the family, in particular during and after any future pregnancies. It is held shortly after the final post mortem report is available. A copy of the post mortem report should be provided, on request, to Healthcare Improvement Scotland.

To enable Healthcare Improvement Scotland to co-ordinate the SUDI review, Procurator's Fiscal are required to complete the card return notification and send to Healthcare Improvement Scotland in the return envelopes provided as soon as it has been confirmed that it is appropriate to hold such a meeting. The main participants are:

- Paediatrician,
- Pathologist
- GP
- Community Midwife
- Community Health Visitor
- Social workers

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.

### **Provision of Support and Information to Bereaved Families**

The Scottish Cot Death Trust (SCDT) is a charity which offers support and information for families who have suffered the sudden and unexpected loss of a child. COPFS has agreed to assist SCDT in supporting such families by providing details of such families, where appropriate, in order that the SCDT can contact them to offer help and advice. Where the death of a child is reported to the Procurator Fiscal and where there is clearly no evidence or suspicion of any criminality, a Model Letter should be sent to the family within two or three days of the death advising that it is proposed to provide their details to the SCDT, unless they object. This letter should be accompanied by a Scottish Cot Death Trust Leaflet. These leaflets have been distributed to each office although further copies can be obtained from the Scottish Cot Death Trust, Royal Hospital for Sick Children, Yorkhill, Glasgow, G3 8SJ. The letter meets the requirements of the Data Protection Act 1998 by advising the families of our intention to pass their details to SCDT - as this involves the disclosure of "personal information".

Procurators Fiscal should ensure that arrangements are in place to provide information about the services offered by the SCDT to families and to forward

their contact details to the Trust unless we are asked not to do so. Details of the services that are offered by the Trust are provided in Annex 1. In all cases involving the death of a child under two years of age where the investigation of the death concludes with the post mortem examination there should be referral to the SCDT as soon as possible after receipt of the post mortem examination findings – unless the family requests the Procurator Fiscal not to do so. (For the avoidance of doubt, there is no need to delay referral pending receipt of the written post mortem report). In such cases there is likely to be contact with the family in relation to organ retention. Local practice will differ as to the method of providing information about organ retention. However, there are concerns about providing information about the support available from the SCDT in a letter that also deals with organ retention. The latter point is very emotive and advice from health care professionals is that parents need to deal separately with these issues. Accordingly, separate correspondence should be provided as regards the aspect of organ retention. Regardless of the method of providing information about organ retention, written information about SCDT support must be provided and a SCDT leaflet should be supplied (Scottish Cot Death Trust Leaflet).

Where the enquiries are ongoing, Procurators Fiscal should consider referral to the SCDT unless there is concern that doing so may prejudice the ongoing enquiry. It is considered that the risk of such prejudice is unlikely, but cases of doubt or difficulty may be referred to Crown Office Policy Division if further advice is necessary.

### **Provision Of Referrals To The Scottish Cot Death Trust**

Annex 2 provides a model letter to be used when providing the SCDT with contact details for families to enable the Trust to offer support.

The letter should be sent as soon as a parent/carer contacts the office to indicate that SCDT contact will be welcome, or on the expiry of 14 days from the date of writing to the parent/carer, where no contact is received. It will be necessary to operate a bring up system to facilitate this. Every effort should be made to avoid any delay in providing notification to the SCDT. Procurators Fiscal should also provide the Trust with contact details for the family's General Practitioner if this is available. Such information can be helpful where there is difficulty in contacting the family.

In some cases the death report or another source may include information that might be relevant to the support needs of the parent/carer. However, unless the parent/carer has been advised of the possible disclosure of such information, or has specifically authorised its disclosure, such information should not be provided – because of issues of confidentiality, Article 8 ECHR considerations and Data Protection Act requirements.

For the purpose of referral of cases to the SCDT by the Procurator Fiscal, a sudden unexpected infant death includes:

- The sudden unexpected death of a child under two years of age

which is initially unexplained but where the post mortem examination provides a clinical diagnosis and where criminality is excluded or consideration of a FAI will not be pursued.

This will include cases where the cause of death is found in an underlying medical condition.

- The sudden unexpected death of a child under two years of age

where the death remains unexplained following post mortem examination but where the Procurator Fiscal does not intend to pursue further investigation with a view to either criminal proceedings or a FAI.

This category of death may be certified by pathologists using a variety of terms:

- Sudden unexpected death in infancy.
- Sudden unexpected infant death.
- Sudden infant death syndrome
- Unascertained pending results of further investigation.
- Undetermined pending further laboratory investigations.