**NAME OF DOCUMENT**  
Death – Management of Sudden Unexpected Death in Infancy

**TYPE OF DOCUMENT**  
Procedure

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**KEY TERMS**  
Infant, sudden, death, unexpected, emergency, inpatient, maternity, child and family

**SUMMARY**  
The procedure outlines the mandatory requirements of managing an infant less than 12 months of age, whom has died suddenly and unexpectedly. It excludes those that die unexpectedly in misadventures due to external injury or accidental drowning.
1. POLICY STATEMENT
South Eastern Sydney Local Health District is responsible for ensuring all its sites have in place mechanisms to coordinate and provide a response for the management of sudden unexpected death of an infant less than 12 months of age that has died suddenly and unexpectedly, based on NSW Health policy directive Death - Management of sudden Unexpected Death in Infancy PD2008_070. The procedure includes the identification of those facilities where the service is available and aims to ensure all staff treating paediatric patients are educated in the use of this procedure.

Compliance with this procedure is mandatory and should be used:
- When there is an unexpected infant death during a hospital admission, including the delivery suite
- Following an unexpected death of an infant outside hospital, where the infant arrives in an Emergency Department.

2. BACKGROUND
The procedure is in line with up to date evidence and represents NSW Ministry of Health (MoH) policy directive (PD) PD2008_070 Death - Management of Sudden Unexpected Death in Infancy, developed in response to recommendations in the Child Death Review Team (CDRT) Sudden Unexpected Death in Infancy Report (2005). This procedure is designed to clarify recommendations within PD2008_070 and to facilitate its implementation across all SESLHD sites. A flow chart is provided to articulate each local sites procedural response and should be read in conjunction with this procedure.

When this procedure should be used
- When there is an unexpected infant death during a hospital admission
- Following an unexpected death of an infant outside hospital, where the infant is brought into an Emergency Department.

2.2 Definitions

Sudden unexpected death in infancy (SUDI) is the death of an infant:
- Less than 12 months of age
- That was sudden in nature
- That was unexpected.

Excludes: infants who die unexpectedly as a result of misadventure due to external causes (i.e. motor transport incidents) and accidental drowning.

3. RESPONSIBILITIES
The response to a SUDI is only one aspect of a multi-agency response, designed to complement the work of other agencies (police, ambulance, coroner and forensic pathologist).
The role as healthcare workers is to provide the healthcare and assessment of the family, remembering that the infant’s death will be investigated by external agencies. Support to the family/carers at this time is important and should be provided by staff that have the appropriate knowledge skills and sensitivity to allow the family to say goodbye to their infant.

3.1 Key Person:
This may be the Clinical N/MUM / Nurse Manager, RN in-charge of shift/senior RN, or After Hours Nurse Manager (AHNM). They are responsible for coordinating the immediate care of the parents/family until a Social Worker arrives, or the infant is transferred to SCH-R (Sydney Hospital ED or POWH ED only).

The Key Person will:

- Allocate an experienced RN to remain with the child at all times in the resuscitation room who has the appropriate knowledge, skills and sensitivity to support the family
- Receive handover from police regarding any post mortem objection and government contractor arrangements
- Retrieve policy directive/procedure and makes available to all staff involved in case
- Notify the Social Worker on-call
- Initiate care of the family
- Coordinate transfer of the infant to the morgue by the government contractor if Social Worker, CNUM or AHNM not available
- Fax medical records to morgue using the Fax Coversheet attached to PD2008_070.

3.2 Police:
If not already involved police must be contacted, as formal identification of the infant in the presence of a family member / Social Worker and notification to the coroner will be necessary. In addition, the police will generally notify the government contractors to arrange transfer of the infant to the morgue if not already contacted as above.

3.3 Social Worker:
The role of the social worker is to act as the conduit between the hospital, the forensic counsellor and the family. Between 5.00pm – 8.00am, Sydney Hospital utilises the POWH on call Social Worker. However, the on call Social Worker from Sydney Children’s Hospital (SCH) Randwick will assume care on the infant’s arrival in the SCH ED.
The Social Worker will:

- Provide care of the family according to PD2008_070 / SESLHDPR/634
- Assist at interview of the family with the senior medical officer
- Attend formal identification of infant with police if not already completed
- Coordinate ongoing care of the family with other health practitioners
- Responsible for paging Forensic Grief Counsellor and handover.

3.4 ED Staff Specialist / Supervisor / CMO

The medical officer’s role refers to the most senior medical officer available and will vary depending on the site. For example, at Sydney Hospital ED this may be the Career Medical Officer (CMO) or at other sites – the ED Registrar.

However, the ED Staff Specialist will:

- Follow PD2008_070 / SESLHDPR/634
- Certify extinction of life, informs the family/carer and completes SMR010515 “Notification of Death to Coroner” form
- Report to Child Protection Unit or Social Worker any concerns of child abuse
- Notify the families usual Paediatrician and or General Practitioner (GP) of the infant’s death.

3.5 Senior On-call Paediatrician:

The paediatrician may nominate the Paediatric Registrar to attend if they are not available.

The Paediatrician will:

- Follow policy directive PD2008_070
- Ensure extinction of life has been certified and SMR010530 completed
- Take a comprehensive medical history from family using SUDI Medical History Form SMR040.250 attached to PD2008_070, balancing the need for detail and sensitivity
- Ensure that this history is received by the forensic pathologist before the post mortem
- Be informed of any objection to post-mortem or cultural/religious practices put forward and discuss these further with the family and the Coroner
- Coordinate care of family according to Clinical Practice Guidelines including (as appropriate):
  - Investigation for long QT interval in surviving family members
  - Grief counselling services
  - Medical care of family (e.g. lactation advice)
3.6 Child and Family Health Nurses will:
- Call ambulance and police to home or clinic
- Provide basic CPR until the ambulance arrives
- Stay with family until transport to hospital occurs
- Liaise to find out which hospital the infant was transferred to
- Notify NUM and CNC
- Document in CHOC and report IIMS (SAC 1)
- Offer follow up support to family within 24 hours following the death.
- Offer cessation of lactation support and advice if required (see Appendix 6).

The Child and Family Health Nurse will be debriefed and encouraged to use EAP services as soon as possible after the incident. Clinical supervision will be provided if required.

3.7 Line Managers will:
- Ensure that all staff are made aware of the procedure and any updates, and that the procedure is adhered to at all times
- Ensure any related education resources and clinical protocols are readily available in the clinical environment and staff have completed same.

3.8 District Managers/ Service Managers will:
- Ensure the procedure is adhered to.

3.9 Medical staff will:
- Become familiar with this procedure and adhere to it at all times.

4 PROCEDURE
The procedure is to be used for a SUDI under the following circumstances:

- An unexpected death of an infant outside of hospital where the infant is brought to the Emergency Department of any SESLHD Hospital or;
- during an inpatient admission to the Child and Adolescent Unit, Special Care Nursery /NICU, Delivery Suite or post-natal ward(s)
- An unexpected death during a home visit by a Child and Family Health Nurse or at a Child and Family Health clinic.
The following Appendices outline all Procedural steps to be followed for each of the SESLHD sites:

4.1 **St George and Sutherland Hospital**
   - Appendix 1: Emergency Department
   - Appendix 3: Inpatient unit(s)

4.2 **Sydney / Sydney Eye Hospital**
   - Appendix 2: Emergency Department

4.3 **Royal Hospital for Women**
   - Appendix 3: Inpatient unit(s)

4.4 **Child and Family Health Services**
   - Appendix 4: Home visit or in clinic
   - Appendix 5: NSW Ambulance Service Matrix

4.5 **Appendix 5:**

4.6 **Appendix 6:** SESLHD Information Bulletin – *Breast Care When Your Baby Has Died*

5. **DOCUMENTATION**
   - PD2008_070 Death: Management of Unexpected Death in Infancy
   - SMR040.250 SUDI Medical History
   - SMR010515 “Notification of Death to Coroner”
   - PD2010_31 Children and Adolescents - Inter-Facility Transfers

6. **AUDIT**
   - Annual audit is required by each site.

7. **REFERENCES**
   - **PD2008_070 Death – Management of Sudden Unexpected Death in Infancy**
     - Hunter New England Local Health District Policy Compliance Procedure
8. REVISION AND APPROVAL HISTORY

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<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tr>
<td>7/2/ 2018</td>
<td>Original</td>
<td>Julie Friendship - Paediatric CNC SESLHD</td>
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<td>Approved by – Dr Daniel Challis, Staff Specialist RHW &amp; Stream</td>
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<td>Director Women and Children's Health</td>
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</table>
Infant dies suddenly and unexpectedly

Infant is transported to the Emergency Department and on arrival is taken to resus room by Triage Nurse whilst registered on FirstNet/iPM OR is allocated a temporary iPM MRN and provided admission labels

Triage Nurse advises CNUM and ED Staff Specialist / ED Supervisor

CNUM notifies SW on duty 0800—1630 OR on call 1630—0800 via switch and allocates a KP in the interim to stay with family

Family transported to / arrives in the ED and may remain with their child, supervised at all times, or placed in relatives room

Key Person / Social worker attends formal identification of infant with Police

Family are given the opportunity to spend time with their infant but always under supervision of SW/KP/RN. Some parents may want ink prints of their infant’s hands and feet, or a lock of hair, this can only occur after a forensic examination.

Paediatrician (in presence of Social Worker):
- meets family and informs them of the processes to take place including the post mortem
- takes full history and documents this on SMR040.250
- faxes history along with attached fax cover sheet letter requesting post mortem report to Forensic Pathologist, prior to post mortem exam on 02 9552 1613
- offers regular medical follow up to family or refers them back to usual paediatrician
- with consent of the family, notifies their General Practitioner of the infant’s death and future care plans

Paediatrician ensures extinction of life has been certified, discusses case with KP/SW and confirms no objection to post-mortem has been made. If family object, explain the necessity of examination, however the Coroner must be notified of any ongoing objections cultural, religious or other

Ongoing care of family is coordinated by the Paediatrician and SW including:
- Initial crisis intervention and grief counselling until handover to Forensic Counsellor is complete
- Services and medical care of family for e.g. screening for family history of long QT interval / inherited cardiac disorders

CNUM / Team Leader arranges with police for infant to be transported to Glebe Forensic Centre by the Government Contractors

SW/CNUM/Paediatrician contacts Lactation CMC / Midwife in charge for lactation consultation with mum before Mum leaves the ED if required.

NOTE: CNUM (Clinical NUM), RN (Registered Nurse), SW (Social Worker), KP (Key Person), GP (General Practitioner), ED (Emergency Department) ED Supervisor must be most senior MO in Charge
APPENDIX 2
Flowchart for the EMERGENCY DEPARTMENT Response to SUDI at SYDNEY/SYDNEY EYE HOSPITAL
PRIVATE VEHICLE ONLY

ASNSW SUDI response hospital for SSEH is SCH–R and as such, all infants enroute that meet SUDI criteria will be bypassed to SCH–R unless the infant requires an urgent airway intervention unobtainable by the ASNSW Paramedic and SSEH is the closer hospital (PD2010_031; Appendix 5)

Infant dies suddenly and unexpectedly

Infant is transported to the Emergency Department IN PRIVATE VEHICLE and on arrival is triaged as an ATS 1, taken to the resus room whilst registered on FirstNet / IPM OR is allocated a temporary IPM MRN and provided admission labels

Triage Nurse advises CNUM and ED SS / CMO

SHED CNUM:
* Notifies AHNM
* Allocates KP/SRN to remain with infant and family
* Meets family with SHED SS / CMO
* Contacts ASNSW for urgent transfer to SCH–R (see PD2010_031. pp2 @ 5.1; Appendix 6)

SHED SS / CMO:
* On arrival, commences or continues resuscitative measures if appropriate, until lack of response is clear, otherwise;
* Meets family and informs them of the process in transferring them and their infant to SCH–R
* Contacts SCH-R ED Admitting Officer via switch to notify of transfer (see PD2010_031. pp2 @ 5.1)

Family are given the opportunity to spend time with their infant always under the supervision of the KP / RN / CMO

NOTE:
CNUM (Clinical NUM), SRN (Senior Registered Nurse), KP (Key Person – this is a SRN, AHNM or Medical Officer), SCH–R (Sydney Children’s Hospital (Randwick), ED (Emergency Department), SHED SS (Sydney Hospital ED Staff Specialist), SCH–R (Sydney Children’s Hospital—Randwick), AHNM (After Hours Nurse Manager), SSEH (Sydney-Sydney Eye Hospital), CMO (Career Medical Officer), ASNSW (Ambulance Service of NSW).
APPENDIX 3 — Flowchart for the INPATIENT UNITS Response to SUDI - ROYAL WOMENS, ST GEORGE and SUTHERLAND HOSPITALS

Infant dies suddenly and unexpectedly on hospital ward (Paediatric, Maternity or Neonatal Intensive Care Units)

CNUM/CMUM / Team Leader:
- Notifies admitting / on call Paediatrician who attends ward urgently
- Nominates a Key Person to care for family until Social Worker arrives
- Pages Social Worker on duty 0830—1700 or On call 1700—0830 via switch who attends ward immediately
- Contacts local Police station and advises of SUDI

Family are moved to a single room where available, otherwise to quiet / relatives’ room with KP until SW arrives

Family are given the opportunity to spend time with their infant but always under supervision of SW/ KP/ RN/RM.
Some parents may want ink prints of their infant’s hands and feet, or a lock of hair this can only occur after a forensic examination.

Paediatrician:
- certifies extinction of life
- discusses case with Police, KP/SW
- meets family and informs them of the processes to take place including the post mortem
- If family object, explains the need of a post mortem examination in accordance with PD2008_070
- Notifies the Coroner urgently of any ongoing objections for cultural, religious or other reasons
- Further concerns—refer family to the CISP (Glebe) or DFM (Glebe) within business hours: 8584 7777 / 7800 or after hours: 8584 7821
- takes full history and documents this on SMR040.250
- faxes history along with attached fax cover sheet letter requesting post mortem report to Forensic Pathologist, prior to post mortem exam on 02 9552 1613
- offers regular medical follow up to family or refers them back to usual paediatrician
- with consent of the family, notifies their General Practitioner of the infant’s death and future care plans

Ongoing care of family is coordinated by the Paediatrician and SW including:
- Initial crisis intervention and grief counselling until handover to Forensic Counsellor is complete
- Services and medical care of family for e.g. screening for family history of long QT interval / inherited cardiac disorders

NOTE: CISP (Coronial Information & Support Program), DFM (Department of Forensic Medicine), SW (Social Worker), KP (Key Person), RM (Registered Midwife), CMC (Clinical Midwife Consultant), GP (General Practitioner), MUM (Midwifery Unit Manager), TL (Team Leader)
**APPENDIX 4— Flowchart for CHILD AND FAMILY HEALTH NURSES Response to SUDI DURING HOME VISIT OR COMMUNITY SETTING**

*Infant dies suddenly and unexpectedly at home visit or clinic*

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**Child and Family Health Nurse** contact Ambulance and Police - 000

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**CFHN** to provide Basic Life Support until ambulance arrives

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**CFHN:**
- stays with family until Infant is transported to hospital
- Liaise with ASNSW or Police to confirm hospital infant is to be transferred to

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Notify NUM and CNC

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**CFHN:**
- Offer follow up support to family within 24 hours following the infant’s death
- Offer cessation of lactation support and advice if required (see appendix 6)

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**NOTE:** CFHN (Child & Family Health Nurse), NUM (Nurse Unit Manager), CNC (Clinical Nurse Consultant), ASNSW (Ambulance Service NSW), CHOC (Community Health and Outpatient Care)
## APPENDIX 5

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<th>Specialities - NSW Ambulance Main Condition per PHCR</th>
<th>Clinical Allocation Number</th>
<th>ST VINCENT’S 91809</th>
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APPENDIX 6
Breast Care When Your Baby Has Died

The death of a baby is a difficult time and it is easy to lose yourself in grief. Caring for your breasts at this time is important as it can avoid other possible health complications. This leaflet offers information and practical suggestions.

From about 16 weeks of pregnancy, colostrum (the early or 'first' milk) is produced. Your hormones will cause your breasts to make milk even though you no longer have your baby. Your milk supply may cause a mixed range of emotions. Many women choose to suppress their supply using natural methods. There is also a medication that stops milk production if taken in the first 24 hours after birth. Your doctor can discuss this with you.

**KEEPING BREASTS COMFORTABLE**

To lessen any breast discomfort as they fill with milk, you might like to try the following:

- Wear a comfortable, supportive bra both day and night. Use breast pads if leaking occurs.
- Avoid excessive heat on your breasts from hot showers, heat packs etc.
- Apply cold relief to your breasts every few hours, e.g. wrapped icy cloths, gel packs, cold cabbage leaves. Gently hand express enough milk to relieve any fullness. This does not increase your supply as you are not emptying the breasts. It may be necessary to keep expressing for comfort for several days.
- Any lumps can be relieved by gently massaging the breast towards the nipple while expressing. If not relieved or you become unwell, seek medical advice.
- Take pain relief as required, according to the directions on the pack.

If your milk supply is established:

Your milk production will continue and may take some weeks to stop. During this time, maintain breast comfort using measures already described.

Gradually decrease how often and how much you express while keeping your breasts comfortable. Seek medical advice if you are feeling unwell or notice any tender red lumps that you can’t massage out.

**THE DAY OF THE FUNERAL**

This will be a long and emotional day. You may find the following helpful:

- wear a comfortable bra
- take pain relief as required, according to directions on pack
- express for comfort before the funeral
- take extra breast pads in case of leakage
- dark coloured or patterned tops are less likely to show wet patches
- A cardigan or jacket may also help.

**Contacts**

- Australian Breastfeeding Association Helpline Ph: 1800 686 268, 7 days a week, or visit www.breastfeeding.asn.au
- SIDSandKIDS 24 hour Bereavement Support Ph: (02) 9818 8400 or 1800 651 186 if outside the Sydney Metropolitan area.
- NALAG (National Association for Loss and Grief), Ph: (02) 6882 9222.