

How to Use the Sudden Unexpected Infant Death Investigation Reporting Form

Sudden Unexpected Infant Death Investigation (SUIDI) Reporting Form: A Guide for Investigators

The SUIDI Reporting Form is a guide for all investigators of infant deaths. The form is designed to facilitate the collection of information in a consistent and sensitive manner. [Training materials](#) on how to complete the form are available.

Importance of the Reporting Form

- Contains key questions that medical examiners should ask before an autopsy is done.
- Guides investigators through the steps involved in an investigation.
- Improves classification of SIDS and other SUIDs by standardizing data collection.
- Produces information that researchers can use to recognize new health threats and risk factors for infant death so that future deaths can be prevented.

Improvements in the SUIDI Reporting Form

- Changed the U from unexplained to unexpected at request of the National Association of Medical Examiners.
- Reduced redundancy and streamlined existing questions.
- Color coded sections for ease.
- Clarified with instructions and definitions.
- Reordered and retitled sections.
- Updated existing questions.
- Added questions.
- Revised [Supplemental form](#) for collecting information about contacts and evidence are available for jurisdictions to consider using if equivalents are not available.

Filling out the SUIDI Reporting Form

This reporting form is designed as a questionnaire that can be read to the person being interviewed, or used to guide a more free flowing conversation. Questions can be answered by placing an “X” in the corresponding checkbox or filling in the blank provided. The 12-page form is divided into eight sections, described below.

Infant Demographics

This section is filled out first by the person (e.g., coroner, death scene investigator, law enforcement, or medical examiner) investigating the circumstances of the infant death. Some terms to note:

- **SS#.** Social security number.
- **Case number.** Jurisdictional or office internal case number.
- **Primary residence.** Place where the infant lived at time of their death.

Pregnancy History

This section is filled out by the person interviewing/consulting the biological mother, or someone who knows her and her history well (e.g., health care provider, medical record, or maternal grandmother).

Infant History

This section is filled out by the person investigating the infant death. Additional information may be obtained from the infant’s health care provider, medical record, or another caregiver.

Incident Scene Investigation

This section is filled out by the person investigating the infant death.



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Incident Circumstances

This section is filled out by the person interviewing the witness(es). This should be a careful documentation of the scene including documentation of the infant's airway when found. It includes:

- **Usual caregiver.** Person who took care of the infant more than 50% of the time.
- **Placed.** When the infant was originally put to sleep
- **Last known alive.** Where and when the infant was last observed to be alive (e.g., last time parent heard the infant cry).
- **Found.** When the infant was discovered to be not breathing or breathing but in distress.

Investigation Summary

This section is filled out by the person doing the bulk of the investigation and summarizes everything done as part of the investigation.

Investigation Diagrams

This section is filled out by the person investigating the infant death, and includes a scene diagram and a body diagram. It should supplement, and not be used instead of, the doll reenactment.

The investigator should indicate the following on the scene diagram:

- North direction.
- Windows and doors.
- Wall lengths and ceiling height.
- Location of furniture including infant's bed or sleep surface.
- Infant body location when found.
- Position of other persons or animals found near infant.
- Location of heating and cooling devices.
- Location of other objects in room.

The investigator should indicate the following on the body diagram:

- Discoloration around face, nose, or mouth.
- Secretions (drainage or discharge from anywhere on body).
- Skin discoloration (livor mortis).
- Pressure mark areas (pale areas, blanching).
- Rash or petechiae (small, red blood spots on skin, membranes or in eyes).
- Marks on body (scratches or bruises).
- Location of medical devices.
- Body temperature.

Summary for Pathologist

This section is filled out by the person investigating the infant death. This section summarizes all the information collected during the witness interview and investigation of the incident or death scene. Some terms to note:

- **Asphyxia.** Condition of severely deficient supply of oxygen to the body that can rapidly lead to unconsciousness and death (e.g., compression of infant's chest and/or neck due to wedging or a person lying on the infant, or obstruction of the nose and/or mouth).
- **Hyperthermia.** Life-threatening condition where core body temperature is abnormally high (e.g., above 40°C [104°F]).
- **Hypothermia.** Life-threatening condition where core body temperature falls below 35°C (95°F).
- **Apnea.** Condition where an infant stops breathing for a short period of time. Can occur in the delivery room or any time afterwards.