

Variability in SUID determinations: resource limitations, perceptions of bias, or emotional factors influencing sleep-related infant death reporting in Florida

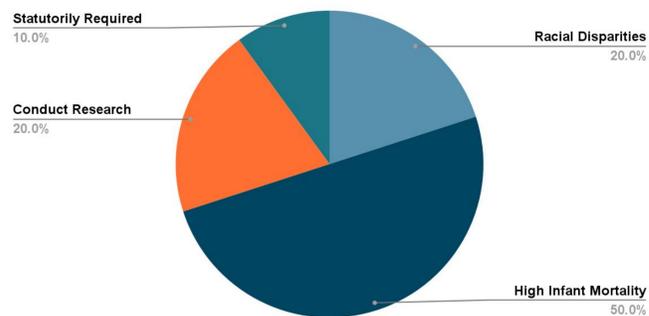
Genna Edwards, Dr. Meredith Marten, Department of Anthropology, College of Arts, Social Science and Humanities, University of West Florida



INTRODUCTION

Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID) are two of the top five causes of infant mortality in the United States (Kim 2011). SUIDS as a cause of infant death is based on a determination of exclusion given when the investigation leads to unknown causes. Although SIDS is commonly linked to sleep related deaths, it can also be cited when no other cause of death (CoD) can be established. These two determinations can be used by medical examiners when they have been unable to find a diagnosis in autopsy, laboratory testing, or investigative information gathered. Even though death investigation guidelines exist (Shapiro-Mendoza 2017), each medical examiner has a different threshold/tolerance when making this determination, meaning they will go to varying lengths to establish a finding. With inconsistent reporting, research and tracking of SIDS and SUIDS death is difficult to carry out.

Reason why the FIMR or CADR team was established in their jurisdiction

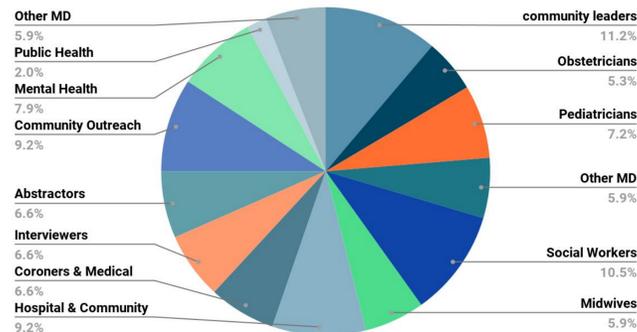


AIM

We seek to better understand what factors may influence investigators and medical examiners while determining the cause of infant deaths, particularly accidental suffocation, SIDS, and SUID.

We aim that our findings will influence future strategies for promoting standardized practices for SIDS classification

FIMR & CADR Teams are made up of:

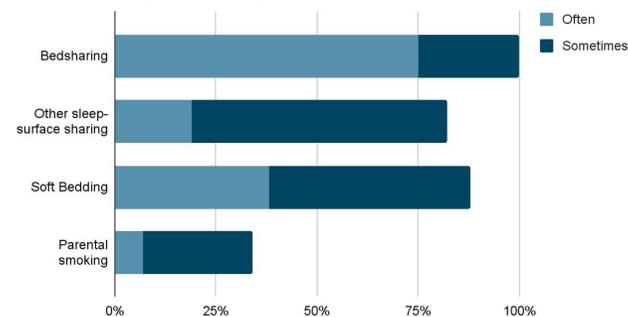


METHODS

Conducted two surveys among Florida Medical Examiner Office (MEO) personnel, and Fetal and Infant Mortality Review (FIMR) and Child Abuse Death Review (CADR) Directors in the state of Florida. The MEO survey asked respondents to describe the degree to which material resource limitations, institutional and personal bias, and emotional factors may influence CoD determinations for sleep-related infant deaths. The FIMR and CADR survey asked for perspectives on the circumstances surrounding their jurisdiction's SUID and sleep-related deaths, and their thoughts on the reasons that potentially undergird differences in how FIMR teams may interpret sleep-related deaths and how MEOs ultimately categorize and report them.

There is also an extensive ongoing literature of previous conducted research, as well as the process of determining infant deaths as SIDS and purpose of the SUID/SIDS Case Registry.

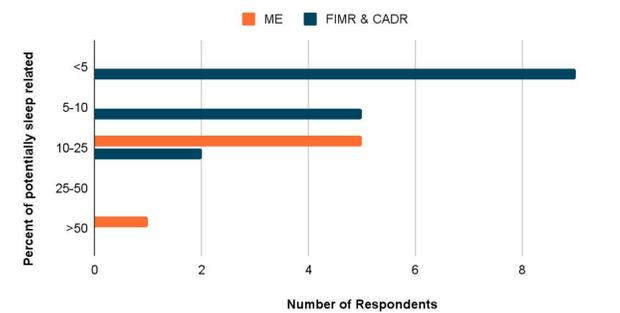
With the cases your (FIMR/CADR)team reviews, how often are the following contributing factors to sleep-related deaths?



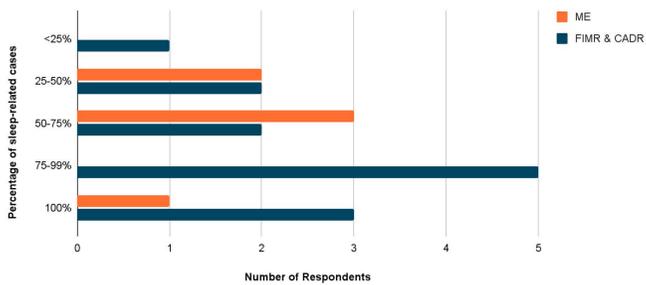
RESULTS

According to the FIMR & CADR directors, the two most prevalent influences on the reporting of infant deaths is racism and classism; however, the vast majority of people responded that there was no bias at all.

How many potentially sleep-related deaths does your district or team review each year out of the total number cases?

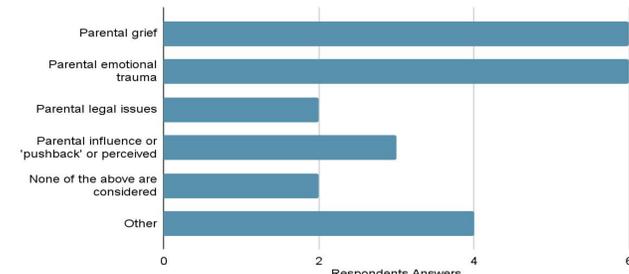


Approximately, the number of potentially sleep-related deaths are ultimately determined to be sleep-related in cause of death reporting, whether or not these are ultimately determined as such by the ME?

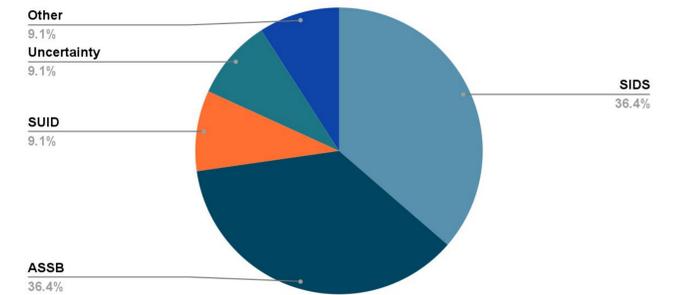


SIDS is often favored by MEOs if parental grief is a concern because "it is often not related to anything the parent did."
-Respondent C (FIMR/CADR)

Which of the following concerns about the parents are considered when your ME's office investigates sleep-related infant deaths?



Within the FIMR/CADR, which of the following is most often associated with attribution of blame according to public perception



"[Sleep-related death] is our number one cause of preventable infant death. It is critical to educate the public, pediatricians, nurses, grandparents, law enforcement, social workers, and all new parents on the importance of safe sleep for infants. It's also critical to understand the use or misuse of products and the role they play in the infant death cases." -Respondent A (FIMR/CADR)

CONCLUSIONS

As seen in our data, bedsharing is a prevalent contributor to sleep-related deaths. With this, counties in Florida should hold safe-sleep campaigns to educate not only parents but also caregivers, and health professionals.

As shown in our findings and literature review, there is a fragmented approach across departments. Several survey participants recommended an increase of staffing of various backgrounds in order to strengthen their teams. Furthermore, there are several other improvements departments can make to strengthen their investigation, reporting and determinations of infant deaths. Some of these improvements consist of consistent use and completion of SUIDI forms, consistent story recording and re-enactment with dolls, and increase of grief counselors to help parents during recreation of the infants' deaths.

Limitations in our research include: small sample size, missing data due to participants not answering every question.

"The public data shows the magnitude of this problem [sleep-related infant deaths]. That being said, there is definitely less public awareness about this issue than there should be"
-Respondent B (MEO)