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SIDS IS NOT HOMICIDE BUT...

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The Death of Innocents (Firstman and Talan, 1997) raises some important issues regarding current practice and the diagnosis of Sudden Infant Death Syndrome (SIDS). This book reports cases of infanticide which were labeled as SIDS. One case, Waneta Hoyt whose five children died, made headlines in 1994 when she confessed to suffocating two of her children who had been diagnosed as SIDS victims. We now believe that multiple cases of SIDS are extremely unlikely and this tragic case dramatically demonstrates the complexity in making a SIDS diagnosis.

For sudden unexpected deaths in infants less than one year of age, current standards developed by the U.S. Public Health Service recommend that the diagnosis of SIDS be made only after a thorough death scene investigation, an autopsy and a review of the medical history (Willinger, James, and Catz, 1991; Centers for Disease Control, 1996). In the absence of any other cause, the diagnosis of SIDS is made. Because the etiology is not known, some diagnostic errors are possible. Thus it is imperative that each case be completely investigated, reviewed and the recommended standards followed to rule out such things as congenital anomalies, genetic conditions, metabolic disorders, as well as child abuse (Committee on Child Abuse and Neglect, 1994). These diagnoses can result in multiple infant and child deaths.

The current publicity that SIDS is a missed homicide has had a tragic backlash for innocent families who are still shocked that their apparently healthy infant died. Some have feared that their neighbors, family, and friends may believe that they killed their baby while others have faced the accusations of the local police officers. The community of SIDS professionals, parents and researchers advocate for a thorough investigation of all sudden infant deaths in a caring, sensitive manner.

Parents who experience the sudden unexpected death of a child need compassion, support, and accurate information. Those responsible for determining the cause of death must have both technical skills and sensitivity as they go about the difficult task of interviewing grief stricken parents. A knowledgeable and sympathetic approach will contribute to gathering necessary information while also supporting parents in crisis.

The Nationwide Assessment of SIDS Services (Brooks, Shaefer, McClain, and Hoffman, 1994) reported that neither these skills nor a standard diagnostic practice are universal or routinely included in training curriculum for first responders or medical examiner investigators. The death of an infant is a tragedy to the community which should not be compounded by accusations of innocent victims. In light of the current news reports of SIDS and homicide, each Maternal Child Health Director is urged to be proactive and examine how the SIDS diagnosis is made and to identify training needs of those professionals who respond to sudden infant deaths in the community. Model curricula (McClain, Shaefer, Fernbach, and White, 1996), publications (O'Loughlin, 1994) and protocols (Valdes-Dapena et al, 1993) are available. Local discussions on these issues will provide an opportunity to promote the current risk reduction campaign (i.e., back sleeping, a smoke free zone around the baby and pregnant mother.) and assess its use. These risk reduction efforts have been effective in decreasing the number of SIDS deaths nationally (Task Force on Infant Positioning and SIDS, 1996).

For more information on training materials call or write the Association of SIDS and Infant Mortality Programs, 630 W. Fayette Street, Room 5-684, Baltimore, Maryland 21201, 410-706-5062. Materials for the Back to Sleep campaign can be obtained by calling 1(800) 505-CRIB.

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