SUDIC PROCESSES AND PROCEDURES

Dr Alison Share

CONSULTANT COMMUNITY PAEDIATRICIAN

LEEDS COMMUNITY HEALTHCARE NHS TRUST

OUTLINE



WHAT IS SUDIC



BACKGROUND



STEPS INVOLVED IN THE PROCESS



SUPPORT

BACKGROUND











SUDIC/SIDS/SUDC

- Working Together 2026 (Chapter 6 pg 154-159) defines this as:

‘The death of a child (less than 18 years old) that was not anticipated as a significant possibility 24 hours before the death; or where there was an unexpected collapse or incident leading to, or precipitating, the events that lead to the death’.

- Unexpected/expected(an underlying chronic/life-limiting illness)
- SIDS- Sudden Infant Death Syndrome/ Unascertained-<1yr
- SUDI- Sudden unexpected death in Infancy- 1-2yrs
- SUDIC/SUDC- Sudden Unexpected Death of a Child

Guidance



The Royal College of Pathologists
Pathology: the science behind the cure

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Sudden unexpected death in infancy and childhood

Multi-agency guidelines for care and investigation

The report of a working group convened by The Royal College of Pathologists and endorsed by The Royal College of Paediatrics and Child Health

Chair: The Baroness Helena Kennedy QC

Notification of SUDIC

- Emergency Department.
- Paediatric intensive Care.
- Police.
- Maternity services for unwitnessed stillbirths.

- Child death review flow chart

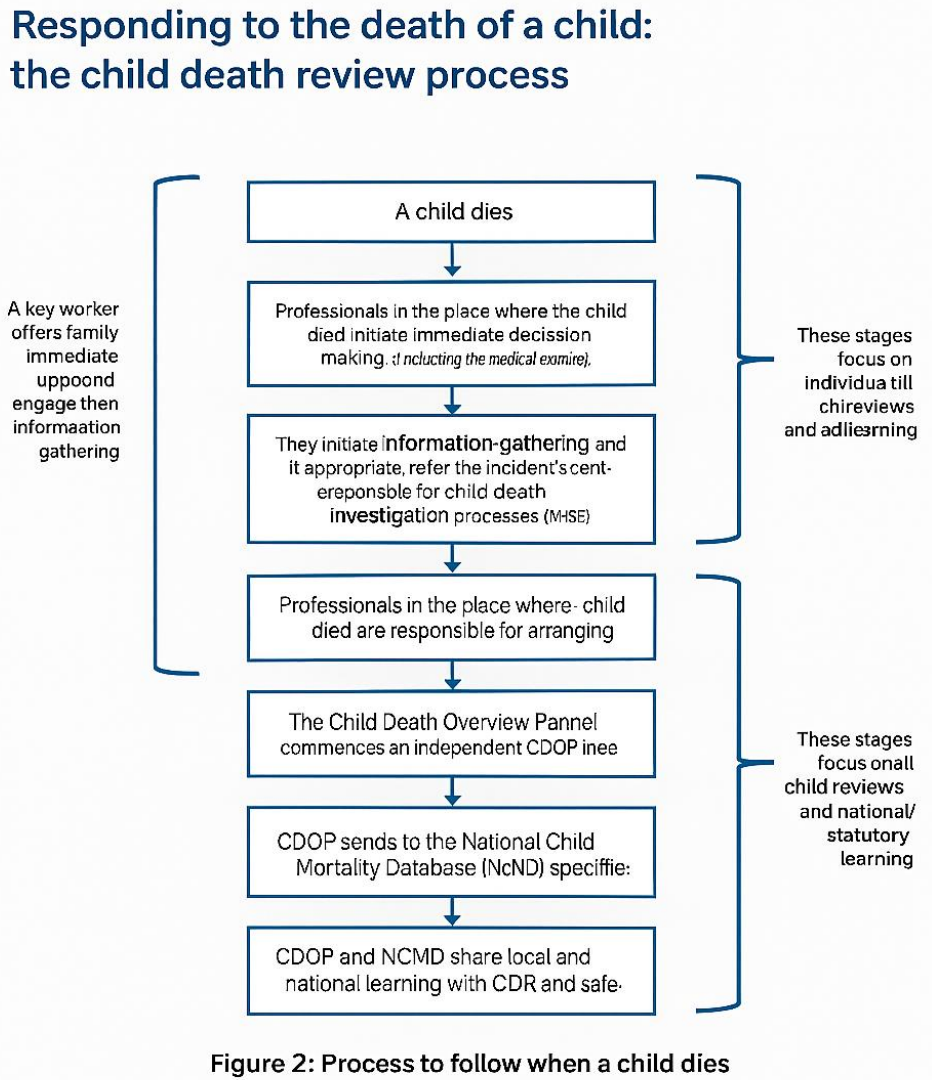


Figure 2: Process to follow when a child dies

IMMEDIATE PROCEDURES

- Confirming /Certifying death - scene/hospital- Emergency teams
- All must be brought to A/E- exceptions SUDIC samples.
- Discussion with coroner/inform medical examiner
- Discussion with police colleagues- Best history ever taken. With focus on last 24 hours
- - Joint examination, Blood sampling , Ophthalmology, Skeletal survey. PM (forensic/Non-forensic)
- Arranging memory making/ Mortuary visits

Table 1. Routine suggested samples to be taken immediately after sudden unexpected deaths in infancy and childhood

Note that such samples in most cases will fall under the jurisdiction of HM Coroner, and hence communication with the coroner's office is important. Before the infant is certified to have died and/or during the resuscitation period, various samples may have been collected. These samples should be clearly documented, the coroner's officer informed, the samples secured and the results forwarded to the pathologist as soon as possible. The samples listed in this table should be taken in all SUDI cases.[34,35,39] [B]

In unexpected deaths in older children, the appropriate clinical samples will be guided by the circumstances of the death and the clinical findings. [C]

Sample	Send to	Handling	Test
Blood (serum) 1–2 ml	Clinical chemistry	Spin, store serum at –20°C	Toxicology if indicated*
Blood cultures – aerobic and anaerobic 1 ml	Microbiology**	If insufficient blood, aerobic only	Culture and sensitivity
Blood from Guthrie card	Clinical chemistry	Normal (fill in card; do not put into plastic bag)	Inherited metabolic diseases
Blood (lithium heparin) 1–2 ml	Cytogenetics	Normal – keep unseparated	Genetic testing (if indicated)
Cerebrospinal fluid (CSF)	Microbiology***	Normal	Microscopy, culture and sensitivity
Nasopharyngeal aspirate	Virology#	Normal	Nucleic acid amplification techniques**
Nasopharyngeal aspirate	Microbiology	Normal	Culture and sensitivity
Swabs from any identifiable lesions	Microbiology	Normal	Culture and sensitivity
Urine (if available)	Clinical chemistry	Spin, store supernatant at –20°C	Toxicology if indicated, inherited metabolic diseases

Notes

* Toxicology has a low yield in routine practice, and its use and coverage of substances varies according to coronial practice. Each case should be assessed individually. [C]

** Appropriate interpretation of microbiological and virological results after SUDI remains difficult, with significant variation by group and individual.[40] [B]

*** If indicated based on clinical history or examination. [C]

\# Samples must be sent to an appropriate virological laboratory. [C]

1a Additional samples to be considered after discussion with consultant paediatrician [C]

- Skin biopsy for fibroblast culture in all cases of suspected metabolic disease.
- Muscle biopsy if history is suggestive of mitochondrial disorder.
- In suspected carbon monoxide poisoning, blood sample for carboxyhaemoglobin.

1b Forensic considerations [C]

HOME VISIT

- Interview with parents/carers at home or hospital - to meet family, jointly with police for the purposes of information gathering, and signposting for immediate bereavement support.
- Honesty is the best policy.
- Keyworker –statutory role
- PM explanation
  - Why a PM is needed
  - Differences between a normal and a forensic PM

SCENE VISIT

- Jointly with Police, SOCO and Health. Preserving evidence.
- General condition of the house and garden.
- Is it tidy or cluttered. Clean or dirty. Pets.
- Alcohol/smoking/drug misuse/safeguarding concerns
- Child’s sleeping arrangements and sleeping area.
- Temperature settings- overheating/ventilation
- Food in the cupboards and fridge. Appropriate toys.
- Safety gates and plug protectors, safe storage of medicines

Joint Agency/Professionals meeting

- **Initial** Joint Agency Response Meeting is within 3-5 days or as practicable
- Quoracy- depending on the circumstances /cause of death
- Chaired by SUDIC paediatrician
- Documentation- minutes/formal report to HM Coroner.
- **Final meeting**, contact with family

Liaison

- Family

  - support and signposting

  - information about contacts, memory making, funeral plans

  - Bereavement

- Coroner

  - 28 day report

  - Post-mortem report and final SUDIC report.

  - Inquest

Liaison

- Leeds Teaching Hospitals Trust

  -Emergency department

  -WARD/PICU

  - ADULT ITU

  - AUTISM/LEARNING DISABILITY
- Mortuary.
- GP
- 0-19 Team/Midwifery
- Social care- strategy meeting
- Police
- Education

A parent’s perspective

- Sudden, unexplained death in childhood: A message for GPs

- Child death review flow chart

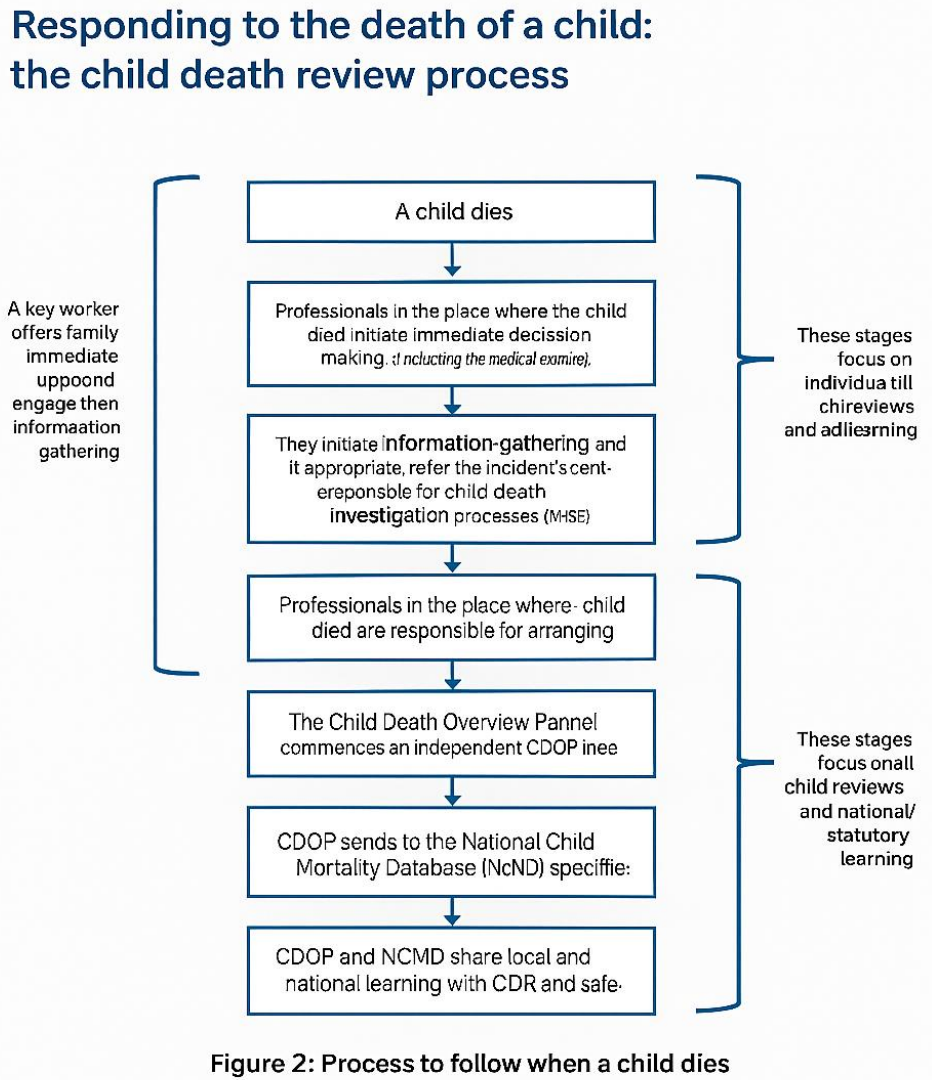


Figure 2: Process to follow when a child dies

Child Death Overview Panel.

- When PM has returned and the Coroner's Inquest is completed.
- CDOP is local to where the child lived.
- Its purpose is to look at the circumstances and decide if this death could have been prevented and were there any modifiable factors.
- Advise on changes.
- Back to Sleep Campaign
- Patterns of death eg drowning in cold water in heatwaves, hanging.

Child Death Overview Panel.

- All deaths are considered.
- Made up of the Local Authority, Health Partners (Acute and Community Trusts) Police, Social Care. Designated Dr for SUDIC, Public Health, nursing or midwifery services, GP and a lay representative.
- Consider all the information that is available
- Categories of Death and decides if the death is Modifiable.
- Publishes an Annual report and works closely with the NCMD.

Child Death Review Data Release: Year ending 31 March 2025

Contents

1. Introduction
2. Child death notifications
Infant deaths
Neonatal deaths
3. Child death reviews by CDOPs
4. Technical information
5. Acknowledgements



CHILD DEATH DATA – 31st March 25(NCMD)

Total deaths notified was - 3,492

28.7 DEATHS/100,000

3,345 deaths were reviewed in CDOP with 48% of cases due to modifiable causes.

Most common category of cause of death in age groups

<1 Perinatal/neonatal

1-9YRS- Chomosomal/genetic

10-17yrs- Acute medical/surgical

Most common cause of death

33% Perinatal/neonatal event

23% Chromosomal/genetic

9% Acute medical/surgical

Infant deaths <1yr- 61%, infant death rate was 3.9/1,000. Parental smoking and High Maternal BMI

Infant death rates for children of Black ethnicity (6.8/1,000)is more than double for children of white ethnicity(3.2/1,000)

Childhood deaths (1-17yrs)- highest in 1-4(16.1/100,000) & 15-17(19.3/100,000) age groups

Death rates of children from Black and Asian Pakistani ethnicity were higher than for children of White British.

History of Seizures in the 1-17yrs age group with unexplained child death

SUMMARY

- JOINT WORKING
- PEER SUPERVISION /SUPPORT
- ACCESSING LOCAL PROCEDURES
  - Know your SUDIC paediatrician/team
  - Attend the CDOP panel

RESOURCES

ncmd-programme@bristol.ac.uk

NCMD
National Child Mortality Database

Knowledge, understanding and learning to improve young lives

UK Government

Working Together to Safeguard Children 2026

A guide to multi-agency working to help, protect and promote the welfare of children

March 2026



This Photo by Unknown Author is licensed under CC BY-NC

LEEDS DATA

	Under 1yr	Under 5s	5-12	Teenage	Number			Male	Female	Number
2022/23	10	7	5	9	31		2022-23	19	12	31
2023/24	6	5	2	4	17		2023-24	10	7	17
2024/25	6	0	4	4	14		2024/25	9	5	14
2025/26	5	2	5	9	21		2025/26	11	10	21
Total	27	14	16	26	83		Total	37	24	83