

Guidelines for Determining Child Maltreatment in Section 15 for Sleep-Related Sudden Unexpected Infant Deaths (SUIDs)



Background

For every death reviewed and entered into the National Fatality Review-Case Reporting System (NFR-CRS), child death review (CDR) teams are asked to consider if child maltreatment played a role in the death (Section 15). For a public health-focused CDR process, child maltreatment is defined as an act or failure to act on the part of a parent or caregiver, regardless of intent. This determination is based on available information and professional opinions and is *strictly prevention-focused with no legal ramifications*.

For sleep-related SUIDs, determining through CDR if child maltreatment contributed to the death is complex and often inconsistent. The following guidelines were developed to help CDR teams more consistently and equitably classify child maltreatment for sleep-related SUIDs based on incident circumstances, reducing subjectivity and the role of personal bias and judgment. If the guidelines result in a child maltreatment classification for Question 15a that the CDR team disagrees with, the team can make the determination at their discretion.

Guidelines

In numerical order, follow the below steps to determine a child maltreatment classification in Question 15a.

STEP 1: Determining if the Death is a Sleep-Related SUID

To be considered a sleep-related SUID for purposes of these guidelines, the death must meet all four of the below criteria:

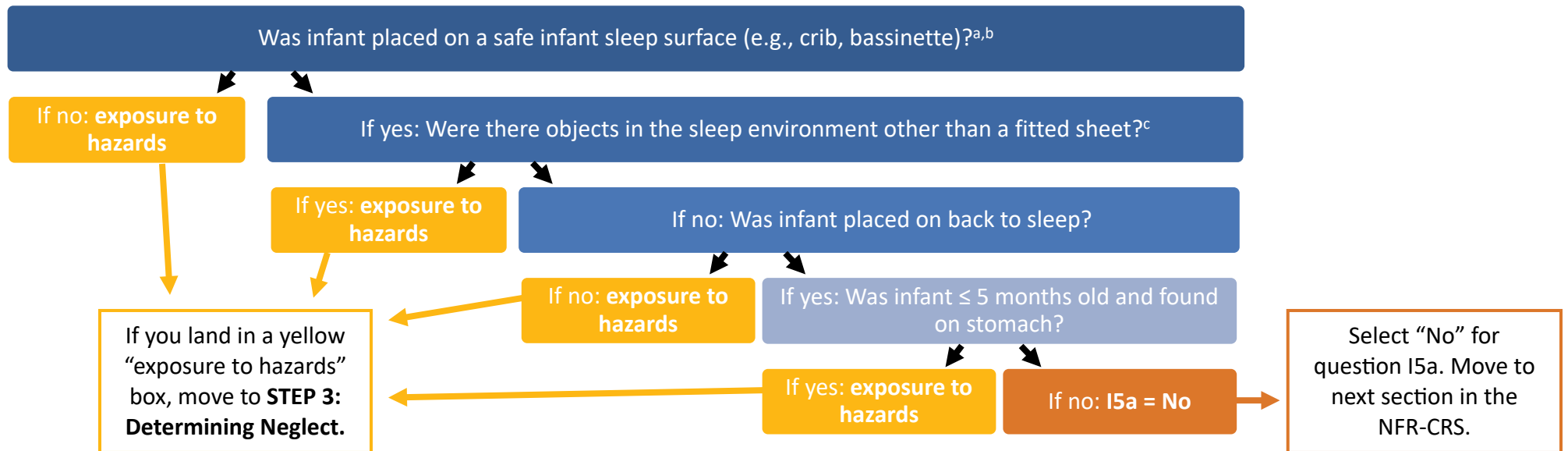
- Child is an infant (has not reached their first birthday)
- "Child never left hospital following birth" checkbox is *not* selected (Case Definition section) → Child never left hospital following birth
- Infant death was sleep-related (Question I2)
- Cause of death selections match the definition of SUID (Question G6):
 - External cause of injury: asphyxia, undetermined, or unknown; or
 - Medical condition: SIDS, undetermined medical cause, or unknown; or
 - Undetermined if injury or medical cause; or
 - Unknown.

If you can check all four boxes above, move to **STEP 2: Determining Exposure to Hazards**.

If you cannot check all four boxes, please stop here and consult the Data Dictionary for assistance completing Section 15.

STEP 2: Determining Exposure to Hazards

Start with the first question below and follow the arrows until you land in a yellow or orange box.



- The American Academy of Pediatrics (AAP) recommends the use of a firm, flat, non-inclined sleep surface.¹ In the NFR-CRS, safe infant sleep surfaces in Question I2a include crib and bassinet. If the death you are reviewing involves an alternative sleep surface, refer to the June 2021 Consumer Product Safety Commission rule to determine if the infant sleep product meets federal safety standards.²
- Some American Indian/Alaska Native communities use cradleboards as an infant sleep surface. The National Institute of Child Health and Human Development (NICHD) suggests cradleboards as a culturally appropriate infant sleep surface.³ If you are reviewing a death that involves a cradleboard, you may answer "yes" to this question and continue down the guidelines.
- Other objects in the sleep environment may include adult, child, animal, comforter, blanket, pillow, nursing or U-shaped pillow, positioner, bumper pads, clothing, or toy.

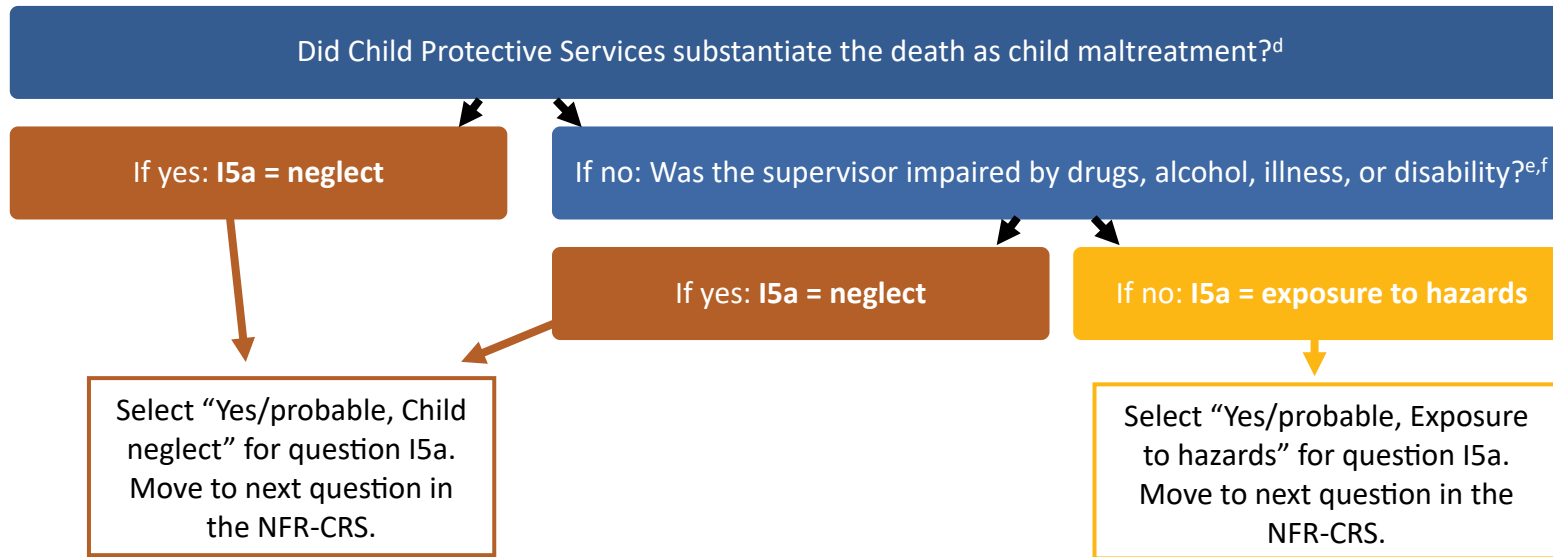
¹ Moon RY, Carlin RF, Hand I, Task Force on Sudden Infant Death Syndrome. Sleep-related infant deaths: updated 2022 recommendations for reducing infant deaths in the sleep environment. *Pediatrics*. 2022;150(1).

² Consumer Product Safety Commission. Safety standard for infant sleep products. 2021. Retrieved from: <https://www.federalregister.gov/documents/2021/06/23/2021-12723/safety-standard-for-infant-sleep-products>.

³ National Institute of Child Health and Human Development. National Institutes of Health. U.S. Department of Health and Human Services. Healthy Native Babies: Project workbook and toolkit. 2010. Retrieved from: https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/healthy_native_babies_workbook.pdf.

STEP 3: Determining Neglect

Start with the first question below and follow the arrows until you land in a yellow or orange box.



- d. It is critical to recognize that for several reasons, such as racial bias and discrimination, racial and ethnically minoritized populations are overrepresented throughout the child welfare system, compared with the general population.^{4,5,6} However, for purposes of public health surveillance, the NCFRP believes that it remains important for NFR-CRS users to make a selection in Question I5a that is consistent with a substantiated finding made by Child Protective Services. This leads to a more complete understanding of deaths where child maltreatment caused or contributed, above and beyond those where the child welfare system was involved.
- e. Drug and/or alcohol impairment is being under the influence to a degree that would impair a person's ability to care for the infant or ensure a safe infant sleep environment at the time of the incident. Determining drug or alcohol impairment does not require a positive toxicology, blood alcohol, or breathalyzer test.
- f. Being impaired by an illness or disability refers to a physical illness, mental illness, or condition that renders a person incapable of effectively caring for an infant at the time of the incident. This is not meant to place blame. Rather, noting impairment by illness or disability is critical to inform prevention, such as making sure systems are designed to better support parents and caregivers with an illness or disability.

⁴ Cénat JM, McIntee SE, Mukunzi JN, Noorishad PG. Overrepresentation of Black children in the child welfare system: A systematic review to understand and better act. *Child Youth Serv Rev.* 2021;120:105714.

⁵ Edwards F, Wakefield S, Healy K, Wildeman C. Contact with Child Protective Services is pervasive but unequally distributed by race and ethnicity in large US counties. *Proc Natl Acad Sci.* 2021;118(30):e2106272118.

⁶ Edwards F, Beardall TR, Curtis H. American Indian and Alaska Native overexposure to foster care and family surveillance in the US: a quantitative overview of contemporary system contact. *Child Youth Serv Rev.* 2023;11:106915.