

# **Infant / Child Deaths**

## **Questions to ask Mom/Dad**

### **Pregnancy:**

When did mom find out she was pregnant, did she have prenatal care, prenatal vitamins?  
Any complications during pregnancy (HTN, Gestational Diabetes, etc.)?  
Did mom have any illnesses during pregnancy? Hospitalizations? Any medications (OTC or prescription?)  
Did mom have any injuries during pregnancy?  
Did mom use cigarettes, alcohol, or drugs during pregnancy? Any use now and/or the day/night of the death?

### **History:**

How many pregnancies, live births, any deaths, miscarriages, abortions?  
Any history of cardiac related deaths in any family members under the age of 50?  
Any child in the family diagnosed with heart, blood, respiratory or other conditions; on medications?  
Sibling's health status - obtain their DOB and where they go to school.

### **Birth:**

Where was baby born?  
How many weeks gestation; full term vs. preemie?  
Vaginal or C-section?  
Birth weight and length?  
Spontaneous labor or induction?  
Any complications during birth for mom or baby?  
Any NICU stay for baby? Any supports (ex: Supplemental O<sub>2</sub>) or medications?

### **After Birth:**

Since going home, how has baby been doing?  
Breast fed?- How long? How often?  
Formula? - How often? How many oz? What brand? Any formula brand switches?  
Cereal? Table food?  
Any problems with excessive spit up or constipation?  
Has baby been sick? Fevers?  
If sick, how many wet diapers?  
Any exposure to illness? Have parents or siblings been sick?  
Any injuries since birth? Recent?  
Any complaints, infections, illnesses, diagnosed w/ heart, blood, respiratory or other conditions?  
Pediatrician's name - last visit? Up to date on shots?  
Who are primary caregivers? Daycare? Babysitters? What school does child go to?  
Where does infant normally sleep? Swaddled?  
How are they normally placed?

### **Event:**

How were they last placed? Time? How found? Time?  
Is infant able to roll over? Crawl? Stand? Is description appropriate to infant's age?  
CPR by family? What did they attempt/do?  
Names, dates of birth for all present at time of incident.

Mom's name, DOB, address, phone, email, occupation - Info for all of mom's kids.

Dad's name, DOB, address, phone, occupation

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## **Scene information:**

Condition of home - Is it safe? General cleanliness? Is there electricity? Heat?

Temperature in the home? Photograph thermostat, air conditioner, fans, heaters, etc.

Document and photograph every room and contents of refrigerator.

Note sleep surface in detail - condition, # of blankets, mattress (firm/soft), measure mattress (crib or adult)

Is there a crib? Note it's condition. Is it sturdy or safe? Measure it.

Blankets? Secretions?

Note condition of other children in the home. Do they appear malnourished or dirty? Injuries?

Note infant supplies, toys, food in the home.

Evidence of cigarettes, alcohol, drugs, or poisons?

Any Hazards? - buckets of water, pills on floor, small objects of danger to a toddler, chemicals in reach

If infant was trapped - measure the space.

If sleeping with others document approximately height and weight of everyone

\* Take last bottle and any medications or consumer products related to the death

\* Doll reenactment - document position placed and found. Names of people involved.

## **Body information:**

Does the infant appear well fed? Clean and well cared for?

How was infant dressed? Check diaper.

Signs of dehydration - skin tenting?

Infant's temperature

Frenulum (upper & lower) - intact?

Fontanelle - intact?

Petechial hemorrhages?

Any injury?- if so, explain!

## **Back at office:**

Call Bureau of Child Welfare and document

Order full body X-rays.

Call District Attorney if Co-sleeping

Order birth records from hospital of birth

Order Newborn Metabolic Test Screening Panel from the State Lab of Hygiene

Call infant's primary care physician

Ask on call doctor about possible tissue donation or any restrictions.

## **Remember:**

Blood from infant's mouth does not necessarily mean trauma.