



REPORT

FIRST AUSTRALIAN SIDS PATHOLOGY WORKSHOP

**Adoption of a National Consensus for the
Definition of SIDS and Autopsy Approach
to Unexpected Infant Death**

Canberra

March 22-23, 2004

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SPONSORS

SIDS and Kids is extremely grateful to the following sponsors for their generous support

Department of Health and Ageing (Commonwealth Government)

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ACT Pathology at The Canberra Hospital

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FOREWORD

On 22 and 23 March 2004, SIDS and Kids hosted the first Australian Sudden Infant Death Syndrome (SIDS) Pathology Workshop in Canberra.

At this Workshop paediatric and forensic pathologists from each state and territory came together for the first time to discuss problems and issues related to diagnosis and forensic management of sudden infant death in Australia.

The Workshop had ambitious goals:

- To reach a national consensus about the definition for SIDS and;
- To discuss the development of a nationally accepted SIDS autopsy protocol.

The meeting, in fact, far exceeded these goals. Extensive progress was also made towards the development of an agreed Australian SIDS Autopsy Protocol.

Following the sudden and unexpected death of an infant, bereaved parents want answers to the question ‘why did our baby die’. While the causes of SIDS are still a mystery, their question remains unanswered. Excellence in pathology and research are the only real ways available for bereaved parents to make some sense of the loss of their infant’s life and to contribute to the elimination of sudden infant death. It is in support of excellent pathology and research that the SIDS and Kids organization is committed to the work of the First SIDS Pathology Workshop and to ongoing advocacy to improve forensic procedures following sudden infant death.

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SIDS and Kids received the support of many sponsors who contributed financially and in-kind to the organization of the Workshop. To these sponsors we extend our thanks for their generosity and foresight. Their contribution will continue to make a difference for Australia’s infants.

Historically, SIDS and Kids has been almost totally self-funded with only several small government grants received by some member organisations. However, we are most grateful for the support given to us by various government departments, both Federal and State/Territory, to assist with the Workshop. We are hoping that this support will continue as we move towards our goal of standardisation of state/national services involved in the sudden and unexpected death of infants and young children.

Participants’ feedback about the SIDS and Kids Pathology Workshop gives some indication of the importance of the event to the pathologists involved and of the effectiveness of the Workshop process. These are just a few of their comments.

“I must congratulate you on undertaking this amazing step and involving both forensic and Paediatric pathologists in this important work.”

“...thanks for organizing such an enjoyable, instructive and informative meeting – I am grateful to have been invited and was able to learn much of interest.”

"It was a privilege to be in on the 'ground floor' of such an important initiative."

"Thank you and congratulations on the very successful conference. I enjoyed it. I learned a lot. I met old friends and new people and came away with the feeling that things are pretty good in the 'SIDS scene'."

"It was a real pleasure to work in such a professional operational group".

SIDS and Kids, as an organisation with its origins in grass-roots, bereaved parents, mutual-aid, is proud and privileged to have hosted this first Australian SIDS Pathology Workshop.

SIDS and Kids is grateful for the guidance and support of Professor Roger Byard, the significant contribution of Professor Henry Krous from the USA and the highly effective chairmanship of Associate Professor David Ranson. SIDS and Kids thanks and congratulates all the participants for contributing to the success of the meeting. Thanks also to Dorothy Ford who prepared this report and to Carolyn Fawcett and Kim Laybutt for their contribution to organising the Workshop.

The Grandparents Support Group from SIDS and Kids ACT provided plentiful morning and afternoon teas that put all the participants in an excellent frame of mind to contribute brilliantly.

SIDS and Kids lends its support to efforts to educate the community about the importance of autopsies and also the value of pathology, not only to find the causes of infant death, but also to improve the health and survival of children.

To all of our sponsors and those involved in the first national SIDS Pathology Workshop we extend our sincere thanks and look forward to continuing strong relationships. This Pathology Workshop was successful in achieving its aims, but there is still much to do. The Workshop is the first step and provides important directions for future work to save babies lives.



JAN CAREY

PROJECT MANAGER
SIDS and Kids Pathology Workshop

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CHAIRMAN
CEO Committee, SIDS and Kids

1 July 2004

PREFACE

Reduction in the incidence of SIDS in Australia

SIDS is still the largest cause of death of infants, aged between one month and one year of age, in Australia.¹ This is so despite the dramatic success of the *SIDS and Kids Safe Sleeping* health promotion program to reduce the risk of SIDS. This program was introduced in 1991 by the National SIDS Council of Australia Ltd trading as SIDS and Kids and resulted in reduction of SIDS deaths in Australia of 73% in the decade 1991 to 2000. In 1989, 500 infants died of SIDS in Australia, a rate of 1.97 per 1000 live births. By 2000, the number had reduced to 134 SIDS, a rate of 0.55 per 1000 live births.² In 2001 there were 101 SIDS deaths³ and, in 2002, 119 infants died of SIDS,⁴ SIDS rates of 0.41 per 1000 live births and 0.47 per 1000 live births respectively. The *SIDS and Kids Safe Sleeping* program has saved the lives of over 4000 babies in Australia.

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SIDS and Kids Safe Sleeping health promotion program

Epidemiological research during 1980s and 1990s discovered a number of modifiable risk factors for SIDS. These included infant sleeping position, high risk bedding arrangements and exposure to tobacco smoke during pregnancy and in infancy. The *Reducing the Risk of SIDS* health promotion program was initiated and developed by SIDS and Kids, in close consultation with SIDS researchers, paediatric and public health experts in Australasia and throughout the world. SIDS and Kids funds and maintains the program through Red Nose Day fundraising.

The recommendations to reduce the risk are based on strong scientific evidence. SIDS and Kids convened Scientific Forums, in 1997 and in 2000, to review the risk factors for SIDS. These forums were attended by SIDS researchers, paediatric and public health experts, health professionals and people from associated disciplines. The risk reduction recommendations are based on consensus decisions of the forums. Research conducted in Australia in 1980s and 1990s,^{5,6,7} reported the contribution of unsafe sleeping environments to infant fatalities. In 2002, SIDS and Kids incorporated recommendations, to prevent fatal infant sleeping accidents, into the *SIDS and Kids Safe Sleeping* health promotion program.

¹ Personal communication with Peter Burke, Manager Health and Vitals, Australian Bureau of Statistics, June 2004

² Australian Bureau of Statistics. *SIDS in Australia 1981-2000: A statistical overview*. Canberra, ABS, 2003

³ Australian Bureau of Statistics. *Cause of Death Australia 2001*, Cat. 3303.0, table 1.4, pages 18-19 (2001 SIDS statistics are based on data for the year of occurrence.)

⁴ Australian Bureau of Statistics. *Cause of Death Australia 2002*, Cat. 3303.0, table 1.4, pages 18-19 (2002 SIDS statistics are based on data for the year of registration.)

⁵ Byard RW, Beal S & Bourne AJ. Potentially dangerous sleeping environments and accidental asphyxia in infancy and early childhood. *Arch Dis Child* 1994; 71: 497-500

⁶ Watson W *et al.* Nursery furniture injuries. *Hazard* 1998; 37: 1-15

⁷ Feldman KW, Simms RJ. Strangulation in childhood: Epidemiology and clinical course. *Pediatrics* 1980; 65: 1079-85

To create a safe sleeping environment for infants in line with recommendations from the SIDS and Kids Safe Sleeping program:

- Put baby on the back to sleep, from birth;
- Sleep baby with face uncovered;
- Avoid cigarette smoke, it is bad for babies, before birth and after; and
- Use a safe cot, safe cot mattress, safe bedding and a safe sleeping place.

Indigenous Australians

Despite the dramatic reduction in infant deaths in the non-indigenous population, a similar reduction in sudden infant deaths has not been achieved in the Aboriginal and Torres Strait Islander population. Between 1991-2000, the Indigenous SIDS rate was 4.49 per 1000 live births compared to the non-indigenous rate of 0.73.⁸

Higher risk and ‘hard to reach’ families

The risk reduction recommendations have been promoted comprehensively to new parents. However, some families remain at higher risk and are harder to reach with health promotion information and support. These include families with a large number of non-modifiable risk factors. To cite some examples:

- Young age of the mother;
- A number of pregnancies at a young age;
- Non-attendance at antenatal classes;
- Cigarette smoking during pregnancy, opiate and barbiturate abuse; and
- Use of unsafe sleeping environments for infants.⁹

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Families who are at high risk of SIDS are also at higher risk of accidental deaths and many other health and safety problems.

Unexplained deaths – SIDS and ‘unascertained or undetermined’

SIDS is a diagnosis of exclusion. The pathologist undertakes the post-mortem to rule out other causes of death. When no cause of death is found a SIDS diagnosis may be used. More recently, and often in association with environmental factors such as co-sleeping, the diagnoses of ‘Unascertained’ or ‘Undetermined’ have been used.

In the twenty years 1981 to 2000, 128 deaths were listed as ‘ill defined and unknown causes of death’ in children under one year of age. Of these 128, 67 (52%) were diagnosed in the four years 1997 to 2000.

⁸ Australian Bureau of Statistics, 2004 *op.cit.* page 5

⁹ Ponsonby AL, Dwyer T, Kasl SV *et al.* The Tasmanian SIDS Case-Control Study: univariable and multivariable risk factor analysis. *Paediatr Perinat Epidemiol.* 1995; 9:256-72

The SIDS Pathology Workshop

The SIDS Pathology Workshop was organized in response to the changing profile of SIDS and a growing awareness of significant problems and dilemmas with the diagnosis. The need for a consensus definition of SIDS and consistent practices and protocols in the investigation of sudden infant death was an urgent matter that was impacting on bereaved parents.

In March 2004, SIDS and Kids hosted the First National SIDS Pathology Workshop in Canberra. The Workshop brought together, for the first time, paediatric and forensic pathologists from each state and territory to discuss SIDS diagnosis. This report has been prepared by SIDS and Kids for sponsors and those interested in these issues and outlines the deliberations of the Workshop.

EXECUTIVE SUMMARY

The goals of the Australian SIDS Pathology Workshop were to obtain a consensus among paediatric and forensic pathologists in Australia for a common definition of SIDS and a recommended standard autopsy protocol for infant deaths.

Australia is well placed to achieve consensus, as it benefits from exceptional leadership and professionalism in this field and has a relatively integrated approach to SIDS pathology, unlike the UK and USA, where diversity and fragmentation make consensus positions considerably more difficult to achieve.

Nineteen paediatric and forensic pathologists attended to represent pathology units conducting infant autopsies nationwide. Professor Roger Byard, Forensic Science Centre, South Australia facilitated the meeting. Associate Professor David Ranson from the Victorian Institute of Forensic Pathology chaired the meeting. Professor Henry Krous, Department of Pathology, Children's Hospital San Diego, was an invited speaker

OUTCOMES

The Workshop achieved national consensus on the definition of SIDS and initiated the development of agreed upon autopsy guidelines.

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The definition of SIDS that was accepted was:

"The sudden and unexpected death of an infant under 1 year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy, and review of the circumstances of death and the clinical history." (Krous et al 2004)

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The Workshop agreed on a common term for cases where alternative diagnoses of natural or unnatural conditions were equivocal, including cases without postmortem examinations. These cases will now be termed *Unclassified Sudden Infant Death (USID)* (Krous et al 2004)

The Workshop agreed on the need for common autopsy guidelines and achieved significant progress towards this, with a revision of the 1992 International SIDS Autopsy Protocol for the investigation of infant and young child deaths.

The Workshop was the first opportunity for paediatric and forensic pathologists nationwide to meet and consider advances in the knowledge and practice of the investigation and diagnosis of the causes of sudden infant death.

SIDS and Kids Board of Directors formally endorsed the Pathology Workshop definition of Sudden Infant Death Syndrome and the initiation of autopsy guidelines for infant and young children.

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SIDS and Kids has formed a National Scientific Advisory Group to provide advice on research developments and research initiatives to SIDS and Kids. The group will continue work and advocacy for improvements of forensic procedures. This will incorporate event scene investigation (ESI) following sudden infant death

FUTURE DIRECTIONS

The results of the SIDS Pathology Workshop will be presented to the Royal College of Pathologists of Australasia (RCPA) for endorsement. A subcommittee, (The Drafting Group) was formed at the Workshop to prepare a draft on behalf of the larger group.

Professor Roger Byard will present the outcomes of the Workshop to the International SIDS Conference in Edmonton, Canada in July 2004.

Professor Roger Byard will also present the results of the Workshop to the Coroners' Conference, in Darwin, in December 2004.

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SIDS and Kids Future Workshops

SIDS and Kids intends to maintain the momentum created by the Workshop and will hold annual Pathology Workshops to progress other important issues around the investigation of infant death by holding annual Workshops with the following proposed topics:

2005 – Event Scene Investigation

2006 – Clinical History Review/Multidisciplinary Committee Review

2007 – Forensic/pediatric pathology workshop integrating sudden infant death and stillbirth

SIDS PATHOLOGY IN AUSTRALIA PRIOR TO MARCH 2004

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SIDS as a diagnosis

Diagnosing causes of sudden infant death is a task faced daily by pathologists. The accurate diagnosis of SIDS is a particular challenge. SIDS has been called by some a 'diagnostic dustbin'¹⁰ and shares pathological features with asphyxiation. Recent infant deaths in Australia and overseas include some instances where inflicted death has been misdiagnosed as SIDS. Meadow's¹¹ research found that in 42 instances homicides had been misdiagnosed as SIDS. In the UK, the application of 'three strikes and you are out' principle, i.e. 'one infant death is tragic, two deaths are suspicious and three deaths are murder'¹² has been applied.

SIDS pathology and the legal process

Pathologists work in a complex medico-legal environment and face 'situations in court having to defend a diagnosis of SIDS with no diagnostic features. In some jurisdictions deaths of infants under one month and over one year are viewed with suspicion.

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A standard definition for SIDS has not been used in Australia despite the existence of an internationally accepted definition. Similarly, there is an International SIDS Autopsy Protocol but this has not necessarily been used in the conduct of autopsies. Event Scene Investigations (ESI) are not performed in all cases of sudden infant death.

While the law seeks simplification, the professional investigation and diagnosis of death is a complex matter. The legal context of forensic pathology is a major factor impacting on professional practice. There is greater cause for optimism in developing understanding of medical problems when general standards and protocols can be developed.

Community attitudes to autopsy

Recent controversy about unlawful and unethical tissue retention has focused negative community awareness towards autopsies. In some jurisdictions autopsies in cases of sudden infant death are not compulsory. There is little community awareness of the contribution of pathology to the improvement of medical care and the health and survival of infants.

¹⁰ Emery, JL. Is sudden infant death syndrome a diagnosis? *BMJ* 1989, 299: 1240

¹¹ Meadow, R. Unnatural sudden infant death. *Arch Dis Child* 1999; 80: 7-14

¹² Currently known as 'Meadow's law', as cited in Marks, N. An expert witness falls from grace. *BMJ* 2003; **327**: 110. Original source: DiMaio, DJ & DiMaio, VJM. *Forensic pathology*. Elsevier, New York, 1989: 291

SIDS DEFINITIONS AND PROTOCOLS IN AN INTERNATIONAL PERSPECTIVE

Currently, there are at least six definitions of SIDS internationally. These definitions vary in terms of age limits and association with sleep and reporting requirements.

Seattle definition: In 1969 at the Second International Conference on Causes of Sudden Deaths in infants it was proposed that SIDS was:

“The sudden death of any infant or young child which is unexpected by history, and in which a thorough post-mortem examination fails to demonstrate an adequate cause of death.”

Beckwith J. Discussion of Terminology and Definition of the Sudden Infant Death Syndrome. Seattle: University of Washington Press; 1970

NICHHD definition: In 1989 the National Institute of Child Health and Human Development (NICHD) convened an expert panel to re-examine the issue of definition. They proposed that SIDS was:

“The sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

Willinger M, James LS, Catz. Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel convened by the National Institute of Child Health and Human Development. *Paed Pathol*, 1991, 11:677-84

Stavanger Definition: In 1994 it was proposed at the Third International SIDS Conference, Stavanger, Norway, that SIDS was:

(i) *“Sudden death in infancy occurring in close temporal association with sleep and lacking explanation after a post mortem examination.”*

Cordner SM, Willinger M. The definition of the sudden infant death syndrome. Ch3. In: *Sudden Infant Death Syndrome. New Trends in the Nineties*, ed. Rognum, T.O.Oslo: Scandinavian University Press, 1995, pp.17-20.

(ii) *“Sudden death in infancy unexplained after review of the clinical history, examination of the circumstances of death and postmortem examination.”*

As cited in Rognum TO. Definition and pathologic features. Ch 2. In: *Sudden Infant Death Syndrome – Problems, Progress and Possibilities*. Eds: Byard RW, Krous HF. Arnold, London, 2001, p12.

Other proposed definitions are:

“The sudden infant death syndrome should be diagnosed in every case of cot death fulfilling the classical clinical criteria for the syndrome (a 1 month to 1 year old infant, clinically well before the death or with only minor illness, is put to sleep and found dead, with a subsequent classification according to the main postmortem findings (for example, the sudden infant death syndrome with myocarditis).”

Rambaud C, Guilleminault C, Campbell PE. Definition of the sudden infant death syndrome (letter) *Brit Med J* 1994; 308:1439.

“The sudden and unexpected death of an infant most often occurring between 2 weeks and 9 months of age, which remains unexplained after a thorough investigation of the death scene environment, which excludes asphyxial and thermal abnormalities, a review of the clinical and family history emphasizing pregnancy, delivery and maturity, and a complete autopsy encompassing toxicology, chemistry, microbiology and history, the latter failing to reveal any substantial acute disease processes.”

Sturmer WQ. SIDS redux: is it or isn't it? *Am J Forensic Med Pathol* 1998; 19:107-8

These definitions are often inadequate as they are frequently applied too generally or too restrictively and, thus, may exclude relevant cases. Definitions fail to incorporate established features, such as apparent association with sleep and characteristic age range.

Recent international developments in SIDS pathology

There have been two recent international meetings to discuss SIDS definition and pathology. The first was at Soria Moria, Oslo, Norway in November 2003 and more recently, a meeting in San Diego, California, USA in January 2004.

The meetings were held in response to research needs to develop a consistent definition and protocols for SIDS. The lack of a common definition may have resulted in great discrepancies in the percentage of deaths diagnosed as explained, or as, SIDS in many research papers.

A NEW GENERAL SIDS DEFINITION

The new general definition of SIDS was developed at the 'The SIDS Redefinition Conference', January 8-9, 2004 San Diego. This definition was proposed as the consensus position for the SIDS Pathology Workshop in Canberra. The Workshop participants adopted this general definition of SIDS as the consensus definition of SIDS in Australia.

*"The sudden and unexpected death of an infant under 1 year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy, and review of the circumstances of death and the clinical history."*¹³

The aims of a new definition of SIDS were to:

- Be inclusive;
- Facilitate uniform diagnoses;
- Increase knowledge of current cases;
- Enable effective use of accumulated data;
- Provide opportunities to evaluate new theories;
- Provide a baseline for future modifications in the definition of SIDS.

Sub-sets of the definition

The definition developed in San Diego has a number of sub-sets. These were discussed extensively at the Workshop but were not agreed upon as consensus positions with the exception of the Unclassified Sudden Infant Death (USID). The sub-sets were, however, considered to be a valuable instrument for researchers.

Unclassified Sudden Infant Death (USID) was agreed to and would be used instead of the currently ill-defined terms, 'unascertainable' and 'undetermined'.

More information about the sub-sets can be found in an upcoming edition of *Pediatrics*.¹⁴

Unclassified Sudden Infant Deaths (USID)

Deaths which do not meet the criteria for SIDS but where alternative diagnoses of natural or unnatural conditions are equivocal.

Includes cases without postmortem examinations.

¹³ (Krous *et al* 2004).

¹⁴ Henry F. Krous, J. Bruce Beckwith, Roger W. Byard, Torleiv O. Rognum, Thomas Bajanowski, Tracey Corey, Ernest Cutz, Randy Hanzlick, Thomas G. Keens, and Edwin A. Mitchell. Sudden Infant Death Syndrome and Unclassified Sudden Infant Deaths: A Definitional and Diagnostic Approach. *Pediatrics* **114** (1) 2004

SIDS AUTOPSY GUIDELINES

Purpose of guidelines

Guidelines have a number of advantages for pathology practice. They permit more comprehensive evaluation of cases of sudden infant death, improved diagnostic accuracy, enable better survivor-support services. The data collected can also contribute in a systematic way to public education regarding safe infant care and by facilitating research. Protocols may also contribute to improved outcomes in civil and criminal litigation.

The International SIDS Autopsy Protocol (ISAP) is an offshoot of the Californian protocol and it is undertaken in conjunction with an ESI protocol.

At this time, the ISAP requires revision to accommodate advances over the last decade. There are major areas in the ISAP which require review including: for example neuropathy and metabolic screening etc.

Protocols and the Californian Experience

Autopsy protocols came about in California following the death of a Senator's infant from SIDS. Four pieces of legislation were immediately passed. Bereaved parents were involved in lobbying and presentation to committees to discuss legislative proposals.

The Californian SIDS Autopsy Protocol is enshrined in legislation (SB 1069 Autopsy Statute). The autopsy and ESI are standardised, and a SIDS diagnosis is made on the basis of agreed-upon criteria.

Protocols were created by a multi-disciplinary committee that involved para-professionals, epidemiologists, parents, MEs, Coroners, police, paediatricians and pathologists. The protocol itself is simple but lengthy and is used as a checklist.

Evaluation of the Californian Experience

The initial acceptance of the Californian protocol was highly variable. Small sites that undertook few infant autopsies expressed the greatest frustration with the protocol. However, acceptance of the protocol improved over time as data collected was seen to be important. There have been improvements in the performance of ESI and post mortems.

Support for Guidelines

The meeting considered the concept of protocols, their usefulness and authority in comparison with guidelines. **The SIDS Pathology Workshop gave consensus support to the development of Australian SIDS Autopsy Guidelines.**

Discussion of guidelines inevitably raises issues related to limitation of resources and practical constraints. Participants at the Pathology Workshop were encouraged not to allow obstacles of implementation to cloud a focus on scientific knowledge, professional practice and experience in pathology. The aim was to arrive at an outcome that 'mirrored the knowledge base and experience of pathologists in Australia and would give meaning to the term Sudden Infant Death Syndrome and which could be understood by parents, doctors and pathologists and the community.'

Guidelines are an accepted feature of pathology practice and exist for many complex components of the field. Guidelines are based on strong scientific evidence and reflect the professional experience and practice of pathologists in the area. In the complex environment of SIDS pathology, agreed autopsy guidelines create consistency and credibility to the field.

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Guidelines make clear the resource limitations in some jurisdictions and provide a strong support for efforts to improve diagnosis of sudden infant death. There are real dangers if pathologists working with a lack of resources contort professional practice to meet unreasonable fiscal constraints.

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Guidelines are understood by the public and, indeed, expected by the public. A community concerned for the protection of infants expects that diagnosis of cause of sudden infant death is comprehensive and painstaking.

REVISION OF THE 1992 SIDS AUTOPSY PROTOCOL

The participants in the Workshop expressed an immediate need to have effective consensus on autopsy guidelines. It was decided to revise the 1992 Australasian SIDS protocol, within the Workshop, to provide workable and concise autopsy guidelines. Detailed discussion of each point in the 1992 SIDS Autopsy Protocol was undertaken and a consensus was either reached or agreed arrangements were made to obtain necessary information and consultation. The progress of the Workshop to revise and develop Australian SIDS Autopsy Guidelines was an unanticipated outcome of the meeting.

ACTION PLAN

1. Submission to the Royal College of Pathologists of Australasia

The results of the SIDS Pathology Workshop will be presented to the Royal College of Pathologists of Australasia (RCPA) for endorsement. A subcommittee, (the Pathology Committee Drafting Group) was formed at the Workshop to prepare a draft on behalf of the larger group.

Membership of the Drafting Group

David Ranson (will prepare an initial draft of the autopsy guidelines for discussion)
Peter Campbell
Guy Lampe
Tony Bourne
Jane Dahlstrom
Roger Byard

Administration of the Drafting Group

The Drafting Group will communicate with the workshop members to generate a document for presentation to the RCPA.

Process for the RCPA submission

The guidelines will be submitted to the Chief Executive Officer (CEO) of the Royal College of Pathologists of Australasia (RCPA). The CEO will distribute them to the appropriate advisory committees (including the Forensic, Paediatric and Anatomical Pathology Advisory Committees) for comment. Following recommendations from these advisory groups the document will then be submitted for endorsement by the executive council of the RCPA.

2. Submission to the Coroners' Conference

Professor Byard will present the results of the Workshop to the Coroners' Conference in Darwin in September 2004.

3. Publication

The consensus definition is 'in press' for the July edition of *Pediatrics*.

A summary of the Pathology Workshop Canberra meeting has also been prepared for publication.

4. International links

Professor Byard will present the outcomes of the Workshop to the International SIDS Conference in Edmonton, Canada in July 2004.

Jan Carey will also present to the same international conference on the importance of the outcomes for Australian SIDS organizations.

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