

# National Hub for reviewing and learning from the deaths of children and young people

## 7-minute briefing for GPs - SUDI process



### 1

An infant's death is termed a SUDI (sudden unexplained death in infancy) where there is no known pre-existing condition which would make the death predictable. The causes of death are unknown (or unascertained), and therefore defined as SUDIs until more information is available.

SUDIs account for the largest number of infant deaths in those aged 2-6 months. As noted in our report, [Sudden unexpected death in infancy audit 2015-2018](#), there are on average 25 SUDIs a year in Scotland. There is a reduction in incidence beyond the age of 12 months, with a few cases per year for infants aged between 12-24 months.

### 2

Since the cause of death is not known, a death certificate cannot be issued, and the death cannot be registered. All SUDIs are reported to the Procurator Fiscal, on whose behalf Police Scotland will act. Police Scotland will automatically be informed of the death by the Scottish Ambulance Service or emergency department. Investigations, which include a post-mortem examination may take several months.

In some cases, a cause of death may be found during post-mortem examination, but for many the post-mortem examination will not explain the death.

### 3

The bereaved family and any other carers might rely on you as their GP for support. This can be the case during the initial stages of a SUDI and also for years after in offering ongoing support and planning for any further pregnancies.

### 4

The National Hub for reviewing and learning from the deaths of children and young people aims to ensure all SUDI cases are reviewed. We also work to promote consistent practices and to improve services by:

- helping ensure the deaths of all live born infants are subject to a quality review.
- Providing SUDI [guidance and support](#) for professionals and for [families and carers](#).
- collecting and analysing national data to identify trends and risk factors.

### 5

Around nine to 12 months after the death, the postmortem is sent to the SUDI paediatrician by the Procurator Fiscal. After this, the child death review can proceed.

The SUDI paediatrician might invite you to contribute to the child death review. This is a multidisciplinary case discussion to look at all aspects of the death, including possible causes or contributing factors to see what lessons can be learned and to plan support for the family.

### 6

At the review, it should be agreed who will feedback to the family. This is often a named key contact from the child's NHS board of residence, who would normally be the person in closest contact with the family. The board of residence is usually the organisation that takes responsibility for conducting the child's review and submitting a core review data set to Healthcare Improvement Scotland.

### 7

In addition to the SUDI-specific resources linked at section 4, see the National Hub's leaflet, [Supporting families in Scotland with the child death review process](#). It contains clear information about the review process when a child dies, including what to expect and where to find bereavement support.

Find out more about the National Hub on the Healthcare Improvement Scotland [website](#) or email the team at [his.cdrnationalhub@nhs.scot](mailto:his.cdrnationalhub@nhs.scot)