

Dealing With Unexpected Infant Death As an EMS Professional

You arrive at work, a bit early to go get a cup of coffee, then you plan to do your morning vehicle check, when the worst call you can think of is paged... Unit One Class 1 Emergency (or however dispatch brings desperate cases to your attention). **Infant found not breathing.** CPR in progress. You and your partner jump into the vehicle and head for the incident.

You are met at the door by a frantic mother, who leads you to the infant's bed where the father IS performing CPR, as prompted by the Dispatcher who took the call.

At this point you have the paramedic's first thought (words not appropriate for this article). You then take over CPR and notice that morbid rigidity has already taken effect on the infant.

You call your base/medical control to speak with the on-duty Emergency room physician to decide if resuscitation efforts should be continued, as this is a very hard decision for you to make.

The Doc decides that you should continue efforts at resuscitation and expedite transport to the Hospital, he also advises you to have one of the parents, preferably the mother accompany you.

In this situation, you may feel that a parent might get in your way, and cause problems. In today's EMS world, having family around during resuscitation, is not considered a bad thing. We are now being taught in CPR, ACLS, PALS, and other advanced field therapy classes, that involving the family is the right thing to do. If your ambulance is large enough for you to work in the back, and there is extra room to put someone in the crew jump seat (buckled up) do so. If not and your rig is outfitted with patient compartment cameras, then putting them in the passenger seat with full view of the screen would be another good choice, keeping the family as involved as you can without jeopardizing therapy.

or

The Doc decides that you should discontinue resuscitation. Now it seems that the world has fallen apart for both the EMS crew and the family of the infant. Law Enforcement may arrive with or after you. At this time the Coroner/Medical Examiner will have to be contacted and it will probably be necessary to ask the family which funeral facility they want to use.

At this time, it MAY be considered a crime scene, so do your best to NOT disturb the area while doing YOUR job.

Allow the law enforcement personnel to do their job as long as it does not interfere with YOUR job and vice versa. Do your best to preserve the area where the infant was found.

Under both scenarios above you should look at the infant's surroundings at the time they were found. Were they in a crib? If so did the crib have blankets pillows, toys, and Bumper pads? Were they sleeping in the parent(s)' bed with them? Was the crib empty of everything other than a fitted sheet on the mattress and was the infant dressed for the room conditions?

All of this should be noted but DON'T take time out of resuscitative procedures to check. But try to remember this information and include it in your written report.

Something that may be of assistance to the family at this time, will be things like allowing the mother and other family to hold the infant for as long as they desire or as long as possible.

Other things that may help, if possible, is to turn off the emergency lights on the vehicle. They can be very disturbing to one who has lost a child.

Do your best to comfort the family. Avoid using such phrases as: "It was Gods plan"; "You will get over it"; "You can have more children"; etc. These are things that can be upsetting to a family who has lost a child.

Information both for yourself and the families can be acquired through SIDS Resources, Inc. (an agency serving the entire state of Missouri): 1) Brochures, describing the services available, which you can give to the families who have had a baby (under 1 year of age) die of sudden and unexpected causes (not just SIDS) can be provided to you. 2) Training is available for emergency responders on understanding these deaths, assisting you to be supportive to families who have gone through this loss and in dealing with these deaths personally. There is no charge for any services provided by SIDS Resource, Inc.

You can call SIDS Resources, Inc. at 314-241-SIDS (7437) and let them know of a death. We would be happy to talk to the families about the services we can provide. Nothing is ever forced on anyone. It is important to do this whether or not you can give us identifying information, as families will often not be able to make the call themselves. We are often able to make contact with the family if we know the death occurred in a specific county or city.

As the family's support system arrives you may now leave. If possible, it is good idea to take a break at this time. You need down time and time to talk through the incident. If you have a critical incident debrief team/ person/ counselor THIS is the time to utilize them. I know that some in your department may think that this is not needed, but without the time to talk through difficult incidents with others and/or a CIDT, your time in EMS may be LIMITED.

Reduce the Risk of SIDS (Sudden Infant Death Syndrome) and Other Sleep-Related Causes of Infant Death by:

- [Placing your baby on his or her back to sleep, for nights and naptime](#)
- [Using a firm sleep surface, on a mattress in a safety-approved crib, covered by a fitted sheet.](#)
- [Room sharing—keeping baby in his/her crib in the same room where you sleep.](#)
- [Keeping soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area.](#)
- -----
- To reduce the risk, mothers should:
 - [See the doctor regularly during pregnancy, and](#)
 - [Not smoke, drink alcohol, or use illegal drugs during pregnancy or after your baby is born.](#)
- [Do not allow smoking around the pregnant women, in your household or anywhere around the baby.](#)
- [Breastfeeding your baby also reduces the risk of these deaths.](#)
- [Give your baby a dry pacifier that is not attached to a string when laying them down to sleep – nighttime and nap time.](#)
- [Do not let your baby get too hot during sleep. We recommend 68 – 72 degrees.](#)
- [Follow your health care provider's guidance on your baby's vaccines and regular health checkups.](#)
- [Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.](#)
- [Use of a home heart/breathing monitors does not reduce the risk. It is alright for parents who have had a baby die, and feel it will help them to be comfortable using one of the devices.](#)
- [Give your baby plenty of Tummy Time when he/she is awake, and there is someone is w/atching.](#)

About the Authors:

Sara and Timothy Tamburrino are both SIDS parents of 23 years.

Sara works as a program coordinator for SIDS RESOURCES of Missouri.

STamburrino@sidsresources.org 573-364-5900

Tim now retired, has been on BOTH sides of the issue. He began as an EMT in 1979, and worked in EMS for more than 30 and was Nationally Registered EMT-P.

The leading paragraph in this article is nearly what he experienced when their 20 day old son died of SIDS.