



Updates, SUID Categorization, & Priority Variables

Chase Foster | SDY Coordinator

Overview

- State Updates
- Criteria for SUID Case Registry Categorization
- Categorization Using the Algorithm
- Database Entry
- Priority Variables

State Updates

- **Staff Changes**

- Rachel Heitmann, MS
 - Deputy Director for Child Health and Injury Prevention
- Ashley Moore, MPH
 - Injury Prevention and Detection Section Chief
- Chase Foster, BS
 - Child and Infant Fatality Program Director
- SDY Coordinator Position to be filled on 6/1/2023

- **Grant Application**

- Sudden Unexpected Death (SUID) and Sudden Death in the Young (SDY) Case Registry with The Centers for Disease Control and Prevention

SUID Case Registry

Reminders for SUID Case Registry Categorization

- SUID/SDY Categorization **DOES NOT** change the COD!
- **Always** follow the algorithm from the top to bottom
- SUID Categorization is for a child less than 1 year of age who dies **sudden and unexpectedly**
- Typical COD on Death Certificate
 - Unknown
 - Undetermined
 - SIDS/SUID
 - Asphyxia

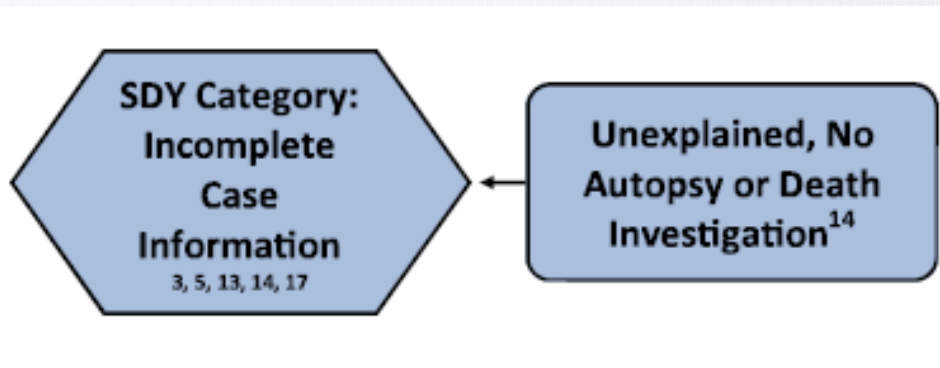
Criteria for SUID Case Registry

- Unintentional sleep-related asphyxia, suffocation, accidental strangulation
- Unspecified suffocation
- Cardiac or respiratory arrest without other well-defined causes
- Unspecified causes with contributing unsafe sleep
 - Such as pneumonia, RSV, rhinovirus

How to Categorize?

Algorithm Categorization

- Was an **autopsy AND death investigation** completed?
 - Yes: move onto next step
 - No:
 - Unexplained, No Autopsy or Death Investigation



- SDY Categorization vs SUID Categorization

Categorization, Cont.

- If an autopsy was performed, were **ALL** of the following also completed?
 - ✓ Toxicology
 - ✓ Imaging
 - ✓ Pathology
- Yes: move onto the next step.
- No:
 - Unexplained, Incomplete Case Information

Categorization, Cont.

- Is there detailed information about the location AND position of how the infant was placed and found?
 - This information needs to be consistent. If multiple people have reported different scenarios this would be a **true unknown**.
 - Where: couch, crib, adult bed, bassinet
 - Position: on back, on stomach, on side, face up, face down, face turned
- Yes: move onto next step
- No:
 - Unexplained, Incomplete Case Information

Example:

- Mother and father completed doll reenactment, and both placed infant in bassinet, face up.
- Hospital notes indicate mother stated they were sleeping with the infant in their bed.
- Statements were later made to the MEI that the parents couldn't remember if the infant was on found their back or stomach.

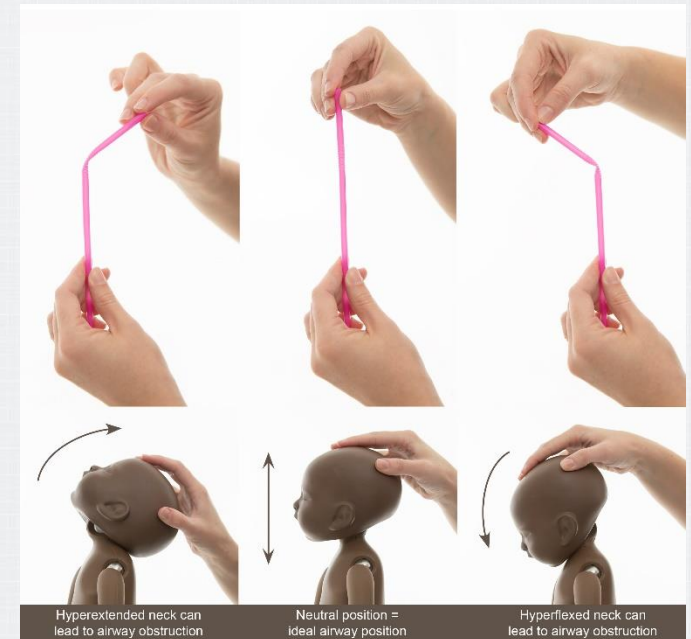
Categorization, Cont.

- Was there **ANY** evidence of Unsafe Sleep Factors?
 - Co-sleeping: with another person or animal
 - Soft bedding: blankets, pillows
 - Stuffed animals
 - **Placed** on stomach or side
 - Sleep positioners used (doc-a-tot, crib incliner)
 - Placed to sleep anywhere not a crib: swing, infant seat, car seat, adult bed
- Yes: move onto next step
- No:
 - Unexplained, No Unsafe Sleep Factors
 - This category also includes infants who were witnessed going unresponsive.



Categorization, Cont.

- Was there evidence of partial or full obstruction of the airway?
 - Nose or mouth obstructed
 - Chest compressed
 - Head was chin to chest or hyperextended
 - Infant was **found** face down on a surface, including a crib (exception is if the infant was at an age they could roll, typically 3 months)
 - Infant was trapped between mattress and wall.
- Yes: move onto next step
- No or Unknown
 - Unexplained, Unsafe Sleep Factors



Categorization, Cont.

- Do we know **WHAT** obstructed the airway?
 - Adult mattress
 - Blanket
 - Sibling
 - Stuffed animal
 - Adult
 - Swing padding
 - Loose clothing
- Yes: Move onto next step
- No or unknown
 - Unexplained, Unsafe Sleep Factors

Categorization, Cont.

- Were **ALL** of the following present?
 - ✓ **Non-conflicting** and reliable witness accounts
 - ✓ No other potentially fatal findings
 - ✓ An age/developmental stage that suffocation is feasible
 - ✓ Strong evidence of full external obstruction when found.
- No or unknown
 - Unexplained, Possible Suffocation with Unsafe Sleep Factors
 - Continue to next step: Mechanism
- Yes:
 - Explained Suffocation with Unsafe Sleep Factors
 - Continue to next step: Mechanism

Example of Possible Suffocation:

- Infant was placed on an adult comforter
- Infant was found on their side, with the left nostril pressed into the mattress.
- Mouth was not obstructed.



<https://www.in.gov/isdh/files/SUIDI%20and%20DOSE%20Training.pdf>

Last step: Mechanism Selection

- For possible suffocation and explained suffocation categories
- Four Possible Mechanisms
 - Soft Bedding
 - Wedging
 - Overlay
 - Other
- A Combination of Mechanisms May be Selected
- Note: Cause of death does not indicate category. Example, COD: Asphyxia, but the way the infant was found does not fit into explained suffocation category.

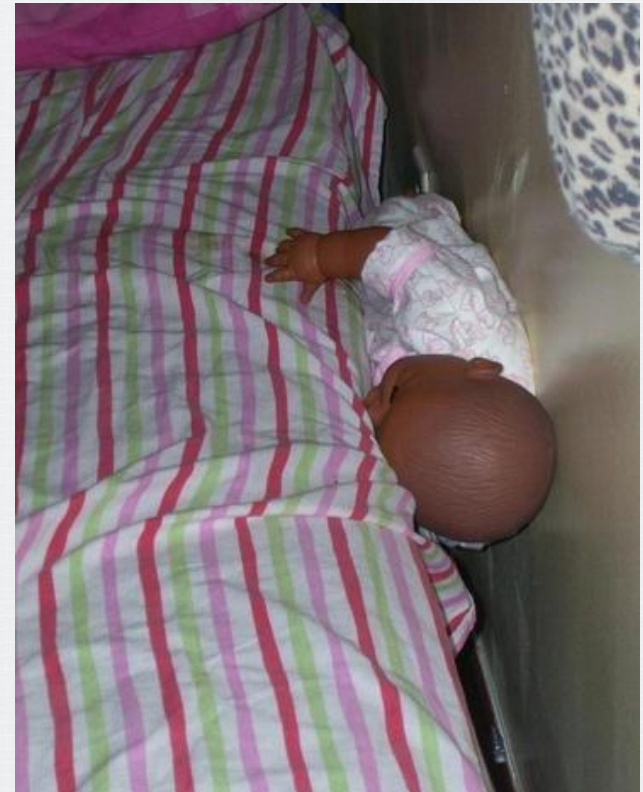
Mechanism Selection

Soft Bedding



<https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.cnn.com%2F2021%2F04%2F27%2Fhealth%2Fkids-infant-death-soft-bedding-wellness%2Findex.html&psig=AOvVaw2pRGkrnav-tV7pnvwOSaVP&ust=1620153950730000&source=images&cd=vfe&ved=2ahUKewiCsvg72la7wAhXEs1MKHXSzBZcQr4kDegUIARC-AQ>

Wedging



https://media.springernature.com/lw785/springer-static/image/chp%3A10.1007%2F978-1-61779-403-2_28/MediaObjects/186001_1_En_28_Fig17_HTML.jpg

Mechanism Selection

Overlay



https://cdn.shortpixel.ai/client/to_webp,q_glossy,ret_img,w_576/https://www.safesleepacademy.org/wp-content/uploads/Bed-sharing-vs.-Room-sharing-2.jpg

Other



https://encrypted-tbn0.gstatic.com/images?q=tbn:AND9GcRPLV9Htoi4oTOgRINEpngVHh3q7L_LZQr7cg&usqp=CAU

Case 1

Cause of Death	Undetermined
Autopsy	Completed
Toxicology	Completed
Imaging	Completed
Postmortem Cultures	Completed
Circumstances:	
8 month old infant was placed to sleep on their back in a bassinet. The bassinet was placed in the same room as the parents but was not too close to the bed. Child was placed in a sleep sack and was using a pacifier when they were last known to be alive. There were no items in the bassinet. Doll reenactments were completed by both parents, which confirmed the infant was placed on their back face-up, and found on their back and face-up.	
Health History	No known health issues, last well child check day before death

- Unexplained, Incomplete Case Information

• Unexplained, No Unsafe Sleep Factors

- Unexplained, Unsafe Sleep Factors

- Unexplained, Possible Suffocation with Unsafe Sleep Factors

- Explained, Suffocation with Unsafe Sleep Factors



Case 2

Cause of Death	Asphyxia
Autopsy	Completed
Toxicology	Completed
Imaging	Completed
Postmortem Cultures	Completed
Circumstances:	
A 3 month old infant was discovered unresponsive on a couch. The infant's caretaker (unknown relation to infant) had placed them to sleep 30 minutes prior. They were placed in the far back corner of a sectional surrounded with pillows. The caretaker stated they did not want them to roll off. The doll reenactment confirmed that the infant's head was turned to the side and their nose was partially obstructed by the couch cushion.	
Health History	No known health issues, unknown last well-child check.

- Unexplained, Incomplete Case Information
- Unexplained, No Unsafe Sleep Factors
- Unexplained, Unsafe Sleep Factors
- Unexplained, Possible Suffocation with Unsafe Sleep Factors
- Explained, Suffocation with Unsafe Sleep Factors

Case 2: Unexplained, Possible Suffocation with Unsafe Sleep Factors

- Mechanism Selection:

- Soft Bedding

- Wedging

- Overlay

- Other

Case 3

Cause of Death	Sudden unexplained infant death
Autopsy	Completed
Toxicology	Completed
Imaging	Not complete-Scanner not working
Postmortem Cultures	Completed
Circumstances:	
A 5 month old infant was sleeping with their parents in a queen size bed. Parents noted that the child was heard crying approximately 1 hour before they were discovered unresponsive. The mother stated child cried for a few minutes then went to sleep. Parents did not want to do a doll reenactment. Their interviews were both consistent with the position of the child, and the events leading up to death. Child was found face up and their airway was unobstructed.	
Health History	No known health issues

• Unexplained, Incomplete Case Information

• Unexplained, No Unsafe Sleep Factors

• Unexplained, Unsafe Sleep Factors

• Unexplained, Possible Suffocation with Unsafe Sleep Factors

• Explained, Suffocation with Unsafe Sleep Factors



Database Entry

Database Entry

- Make sure the sleep related section I2 is filled out as thoroughly as possible

n. Child's airway when found (includes nose, mouth, neck and/or chest) Deselect answer

Unobstructed by person or object
 Fully obstructed by person or object
 Partially obstructed by person or object
 Unknown

If fully or partially obstructed, what was obstructed?

Nose
 Mouth
 Neck compressed
 Chest compressed
 Unknown

If fully or partially obstructed, describe obstruction in detail:

Describe:

Were the following:	Present			If present, describe position of object:					If present, did object obstruct airway?			Deselect answer
	Yes	No	U/K	On top of child	Under child	Next to child	Tangled around child	U/K	Yes	No	U/K	
Adult(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Other child(ren)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>									Deselect answer
Animal(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>									Deselect answer
Mattress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>									Deselect answer
Comforter, quilt, or other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>									Deselect answer
Fitted sheet	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>									Deselect answer
Thin blanket/flat sheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Deselect answer
Pillow(s)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>									Deselect answer
Cushion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Deselect answer

- **Data MUST match categorization**

Database Entry, SECTION N (SUID/SDY)

- Select categorization from algorithm
- If appropriate select mechanism related to suffocation.
- Complete entry by adding a detailed narrative in section O1

11. Categorization for SUID Case Registry (choose only one):

- Excluded (other explained causes, not suffocation)
- Unexplained: No autopsy or death scene investigation
- Unexplained: Incomplete case information
- Unexplained: No unsafe sleep factors
- Unexplained: Unsafe sleep factors
- Unexplained: Possible suffocation with unsafe sleep factors
- Explained: Suffocation with unsafe sleep factors

Select the primary mechanism(s) leading to the death:

- Soft bedding
- Wedging
- Overlay
- Other

Priority Variables

Blank vs Unknown

- Blank
 - Response wasn't needed
 - Didn't try to locate information
 - Accidentally left blank
 - Skipped
- Unknown
 - Information can't be located
 - An attempt has been made to collect information
 - Information is a TRUE unknown

Variable A 13

13. Child had disability or chronic illness? ⓘ

- Yes
- No
- Unknown

- Birth Transcript
- PCP Records
- Hospital Records
- SUIDI
- SUCDI
- Autopsy

Variable A15

- PCP & hospital records
- Face sheet
- Might require a separate release to be sent to the billing department
- TennIIS

15. Child's health insurance, check all that apply Unknown ⓘ

- None
- Private
- Medicaid
- State plan
- Indian Health Service
- Other

Variable A23

★ ★ 24. Was there an open CPS case with child at time of death? 🗣️

- Yes
- No
- Unknown

- CPS team member
- Police Investigation Notes

Variable A49- Infant

- Automatic Upload
- Birth Transcript
- Birth Records
- PCP Records

★ ★ 50. Prenatal care provided during pregnancy of deceased infant? 🗳️

Yes

No

Unknown

Variable A65- Infant

★66. Infant ever breastfed? ⓘ

Yes

No

Unknown

Any breast milk at 3 months?

N/A

Yes

No

Unknown

Was infant receiving breast milk at time of death?

Yes

No

Unknown

- Automatic Upload
- Birth Transcript
- Birth Records
- PCP Records
- SUIDI

Variable A66- Infant

- Birth Records
- PCP Records
- Email request to NBS.Health@tn.gov

★67. Did infant have abnormal metabolic newborn screening results? 🌐

N/A


Yes

No

Unknown

Variable C1

Section C: Primary Caregiver(s) Information

1. Primary caregiver(s): Select only one each in column one and two. 

Primary Caregiver

- Self
- Biological mother
- Biological father
- Adoptive parent
- Stepparent
- Foster parent
- Mother's partner
- Father's partner
- Grandparent
- Sibling
- Other relative
- Friend
- Institutional staff
- Other
- Unknown


Secondary Caregiver

- Biological mother
- Biological father
- Adoptive parent
- Stepparent
- Foster parent
- Mother's partner
- Father's partner
- Grandparent
- Sibling
- Other relative
- Friend
- Institutional staff
- Other
- Unknown

- SUIDI
- Police Investigation
- Secondary Caregiver can be left blank if the child only had one caregiver
- Unknown if it is known that there is a secondary caregiver, but unclear who it is

Variable I2

- SUIDI
- Hospital Record
- MEI
- EMS records
- Police records
- Autopsy narrative


★ 1. Was death related to sleeping or the sleep environment? 

Yes

No

Unknown

Variable I2a

a. Incident sleep place 

[Deselect answer](#)

- Crib
- Bassinet
- Bed side sleeper
- Baby box
- Adult bed
- Water bed
- Futon
- Playpen/other play structure but not portable crib
- Couch
- Chair
- Floor
- Car seat
- Rock 'n Play
- Stroller
- Swing
- Bouncy chair
- Other
- Unknown

What type?

[Deselect answer](#)

- Twin
- Full
- Queen
- King
- Other
- Unknown

- SUIDI
- Hospital Record
- MEI
- EMS records
- Police records
- Autopsy narrative

Variable I2c

- SUIDI
- MEI
- Police records
- EMS records
- Autopsy narrative

c. Child found

- On back
- On stomach
- On side
- Unknown

Variable I2I

I. Child's face when found

- Down
- Up
- To left or right side
- Unknown

- SUIDI
- MEI
- Police records
- EMS records
- Autopsy narrative

Variable I2n

- SUIDI
- MEI
- Police records
- EMS records
- Autopsy narrative

n. Child's airway when found (includes nose, mouth, neck and/or chest) —

- Unobstructed by person or object
- Fully obstructed by person or object
- Partially obstructed by person or object
- Unknown

Variable I2o

o. Objects in child's sleep environment and relation to airway obstruction:

Set All to Unknown

Were the following:	Present			If present, describe position of object:					If present, did object obstruct airway?			
	Yes	No	U/K	On top of child	Under child	Next to child	Tangled around child	U/K	Yes	No	U/K	
Adult(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Other child(ren)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Animal(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Mattress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Comforter, quilt, or other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Fitted sheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Thin blanket/flat sheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Pillow(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Cushion	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Boppy or U shaped pillow	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Sleep positioner (wedge)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Bumper pads	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Clothing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Crib railing/side	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Wall	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Toy(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Deselect answer
Others, specify:	<input type="checkbox"/> <input type="checkbox"/>											

- SUIDI
- MEI
- Police records
- EMS records
- Autopsy narrative
- Please fill out a response to each item

Variable I2s

- SUIDI
- MEI
- Police records
- EMS records
- Autopsy narrative
- Hospital records

s. Child sleeping on same surface with person(s) or animal(s)?

Yes
 No
 Unknown

Reasons stated for sleeping on same surface, check all that apply:

To feed
 To soothe
 Usual sleep pattern
 No infant bed available
 Home/living space overcrowded
 Other
 Unknown

Check all that apply:

With adult(s)
 With other children
 With animal
 Unknown


2

Unknown

Adult Obese:

Yes
 No
 Unknown

Variable I2t

- t. Scene re-creation photo available for upload? 

Upload Image

If scene re-creation image is available for upload, select one photo that demonstrates position and location of child's body and airway (nose, mouth, neck and chest).

Please remember to **blur or crop** any **facial image(s)** contained in the photo to **preserve confidentiality** of any **individual** depicted.

Instructions: click on Browse button to find image and then click on Upload Image to save picture.

Browse...

No file selected.

Upload Image

- MEI
- EMS
- Police Department
- RFC
- Sketch from SUIDI
- Scene photos without doll reenactment

Variable 01

- Enter info from CFR meeting
- Medical records
- Autopsy Narrative
- A simple narrative is better than no narrative

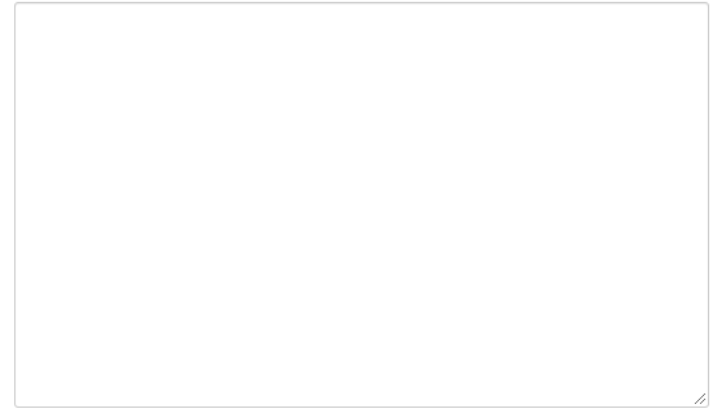
Section 01: Narrative

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.

DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, addresses, and specific service providers.

Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of the supervision? What was the injury cause of death?

The Narrative is included in de-identified downloads, and per MPH/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.



Important Data Fields

Date completed:

09/12/2002



Data entry completed for this case?

- Variable E8
- Was the child seen going unresponsive, drowning, crashing , etc.

- Section P
- Helps identify when QA needs to be completed and when a case can go to SDY AR
- Pulled to give time component for CDC purposes

8. Was the incident witnessed? 🤔

- Yes
- No
- Unknown

SDY Data

1. Is this an SDY or SUID case?

- Yes
- No

Deselect answer

2. Did this case go to Advanced Review for the SDY Case Registry?

- N/A
- Yes
- No

Deselect answer

Date of first Advanced Review meeting

3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review.

4. Professionals at the Advanced Review meeting, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Geneticist or genetic counselor |
| <input type="checkbox"/> CDR representative | <input type="checkbox"/> Mental health professional |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Neonatologist |
| <input type="checkbox"/> Death investigator | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Epileptologist | <input type="checkbox"/> Public health representative |
| <input type="checkbox"/> Forensic pathologist/medical examiner | <input type="checkbox"/> Others |

5. Did the Advanced Review team believe the autopsy was comprehensive?

- Yes
- No
- Unknown

Deselect answer

6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary?

- N/A
- Yes
- No
- Unknown

Deselect answer

7. Was a specimen saved for the SDY Case Registry?

- N/A
- Yes
- No
- Unknown

Deselect answer

8. Was a specimen sent to the SDY Case Registry biorepository?

- N/A
- Yes
- No
- Unknown

Deselect answer

9. Did the family consent to have DNA saved as part of the SDY Case Registry?

- N/A
- Yes
- No
- Unknown

Deselect answer


Why not?

- Consent was not attempted
- Consent was attempted but follow up was unsuccessful
- Consent was attempted but family declined
- Other


Deselect answer

SDY Data

Only item that
needs to be
completed by CFR
team/Data Entry

10. Categorization for SDY Case Registry (choose only one):  Deselect answer

- Excluded from SDY Case Registry
- Incomplete case information
- Explained cardiac
- Explained neurological
- Explained infant suffocation (under age 1)
- Explained other
- Unexplained, possible cardiac
- Unexplained, possible cardiac and SUDEP
- Unexplained, SUDEP
- Unexplained death

11. Categorization for SUID Case Registry (choose only one):  Deselect answer

- Excluded (other explained causes, not suffocation)
- Unexplained: No autopsy or death scene investigation
- Unexplained: Incomplete case information
- Unexplained: No unsafe sleep factors
- Unexplained: Unsafe sleep factors
- Unexplained: Possible suffocation with unsafe sleep factors
- Explained: Suffocation with unsafe sleep factors

Questions?



Contact Information

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