Addendum: Distinguishing Sudden Infant Death Syndrome From Child Abuse Fatalities
Committee on Child Abuse and Neglect

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This information is current as of October 12, 2006

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In the February 2001 issue of *Pediatrics* (2001;107; 437–441), the American Academy of Pediatrics (AAP) Committee on Child Abuse and Neglect issued an update of the AAP policy statement “Distinguishing Sudden Infant Death Syndrome From Child Abuse Fatalities.” This revised statement provides pediatricians with information and guidelines to avoid distressing or stigmatizing families of sudden infant death syndrome (SIDS) victims while allowing accumulation of appropriate evidence in potential cases of death by infanticide. The policy statement contains 10 specific recommendations for evaluation of sudden, unexpected infant deaths, including “examination of the dead infant at a hospital emergency department by a child maltreatment specialist.”

In response to this policy statement, the executive committee of the National Association of Medical Examiners (NAME) has pointed out that “medical examiners and coroners have the sole legal authority to investigate deaths that are sudden, unexpected, unexplained, and potentially due to external causes such as injury.” They went on to indicate that “examination or manipulation of the deceased body by child maltreatment experts without proper statutory authority or family permission may constitute a tort or be a violation of criminal law.”

On the basis of these valid concerns, this specific recommendation is hereby rescinded. In its place, the following recommendation should be inserted: “appropriate utilization of available medical specialists by medical examiners and coroners (eg, pediatrician, pediatric pathologist, radiologist, pediatric neuropathologist, etc).” NAME and the AAP Committee on Child Abuse and Neglect have agreed to collaborate on any future revisions of this policy statement.

ABBREVIATIONS. AAP, American Academy of Pediatrics; SIDS, sudden infant death syndrome; NAME, National Association of Medical Examiners.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
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