Sudden Unexpected Infant Death (SUID)

Understanding Sudden Unexpected Infant Death

Sudden unexpected infant death (SUID) is the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation.

Most SUIDs are reported as one of three types:
- Sudden Infant Death Syndrome (SIDS)
- Unknown Cause
- Accidental Suffocation and Strangulation in Bed (ASSB)

Problem

Different practices in the investigation and reporting of SUIDs affect the ability to consistently and accurately monitor trends and associated characteristics. The graph below shows how the proportion of SUID deaths attributed to SIDS, unknown cause and ASSB have changed over time by type in the United States.

SUID Rate Over Time by Type, United States, 1990–2014

- SUIDs (SIDS, unknown causes, and ASSB) declined during the 1990s and decreased again slightly beginning in 2009.
- Since about 2000, there has been a shift in the types of SUID reported. Deaths reported as unknown cause and ASSB have increased and deaths reported as SIDS have decreased. The cause for the shift is unknown, but could be due to stricter adherence to SIDS definitions by death certifiers, the availability of more complete death scene investigation and autopsy data, or the availability of more detailed information on the circumstances surrounding each death resulting from child death reviews.

Source: CDC, NCHS, Compressed Mortality File, cause of death is determined using the following ICD-9 Codes: SIDS (798.0), unknown cause (799.9) and ASSB (E913.0). For 1999 to 2014, cause of death is determined using the following ICD-10 codes: SIDS (R95), unknown cause (R99) and ASSB (W75).
Sudden Unexpected Infant Death (SUID) Case Registry

Purpose of the SUID Case Registry
CDC developed the SUID Case registry to:
• Compile comprehensive population-based data about the circumstances for all SUID cases.
• Improve the completeness and quality of SUID case investigations.
• Monitor SUID trends using standardized definitions.

About the Registry
The SUID Case Registry builds on existing Child Death Review programs so that these teams can conduct population-based SUID surveillance with improved data quality more quickly. Grantees, like most Child Death Review programs, use the web-based Case Reporting System supported by the National Center for the Review and Prevention of Child Death. CDC offers technical support and resources for grantees to improve case identification with more complete, accurate, and faster data.

SUID Case Registry Process
Through a cooperative agreement with CDC, grantees receive technical assistance and resources to improve data quality on all resident SUID cases. SUID Case Registry grantees (i.e., state health departments or their representatives) complete the process below for all SUID cases.

1. CDR Teams identify SUID cases from medical examiner, coroner, or state vital statistics office.
2. For each case, multidisciplinary CDR Teams review information from death scene investigations, autopsies, medical records and other medicolegal reports.
3. CDR Teams identify actionable strategies that may reduce SUID and improve case investigations.
4. CDR Teams record findings into a web-based reporting system.
5. CDR Teams analyze the data to monitor SUID trends and associated characteristics.
6. CDR Teams use data about trends and associated characteristics to inform strategies and recommendations to reduce future deaths.

SUID Case Registry Activities
CDC and state grantees use the SUID Case Registry surveillance data to:
• Monitor SUID trends and associated characteristics
• Modify public health practice for state maternal and child health programs
• Encourage more consistent medicolegal investigation and reporting practices
• Develop systems improvements and targeted prevention and intervention strategies, such as safe sleep education and promotion

Learn more about the SUID Case Registry from CDC’s Division of Reproductive Health.

Funded Grantees, 2015
Light purple — CDC’s Division of Reproductive Health funds the following states: Arizona, Colorado, Louisiana, Michigan, Minnesota, New Jersey, New Mexico, New Hampshire, Wisconsin, Alaska, Kentucky, and Pennsylvania.

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