

IOWA CHILD DEATH REVIEW TEAM

CUMMULATIVE ANNUAL REPORT 2016-2018

The mission of the Iowa Child Death Review Team (CDRT) is to protect Iowa's children by identifying sources of harm and striving for prevention. A dedicated team of volunteers with diverse professional backgrounds consists of representatives from state agencies, local law enforcement, health care, mental health, behavioral and substance abuse providers and medical examiners. The team meets to conduct detailed case reviews, focusing on how particular circumstances and systems play a role in each child's death. The team's focus is to evaluate every non-natural child death (ages birth through 18 years) in order to make recommendations as to how the death(s) could be prevented. Was the death preventable? If so, are there opportunities for intervention? These questions are at the heart of each team member's call to donate time and energy in the review process.

This report encompasses the team's review of child deaths that occurred in the years 2016 through 2018. Confidential records including medical and social services reports were extensively utilized in the team's case reviews. In order to protect individual identity and maintain confidentiality the published summaries of the deaths during this time period are limited to the Summary Data Table at the end of this report.

With the team's vantage of reviewing categories of cases at each meeting, team members in certain circumstances were able to collectively identify patterns. These identified patterns of concerning circumstances that are repeated from one case to the next, allowed the team to suggest intervention strategies, that if implemented could have a high chance of saving the lives of Iowa children.

RECOMMENDATIONS of CDRT regarding PREVENTION OF PEDIATRIC DEATHS:

1. **INFANT SAFE SLEEP SUPPORT** (Babies should sleep on their back, in a proper crib, without any other objects in the crib).
 - Unsafe sleep environments play a major role in the deaths of young infants. Further funding is necessary to continue to provide ongoing education for parents and grandparents.
 - Additional education targeting adolescents is recommended, to provide a foundational knowledge as to how to properly and safely care for babies.
 - Specific educational opportunities for licensed and private child care centers is also recommended.

2. PREVENTION OF VIOLENT DEATHS

- More and frequent **public service educational programs** for new parents and caregivers on how to deal with common parental frustrations, including:
 - Education on normal patterns of infant behavior such as crying, and how to respond in a safe manner.
 - Resources in the area of child care and how to provide safe environments for babies and children.
- Continued resources for and increased referrals to home visiting programs for parents of new infants, as well as follow up after critical events.
- Continued resources for **intervention (including follow-up appointments) by DHS** in support of families that have a history of domestic violence, illicit drug use, denial of critical care, neglect, past abuse reports, etc.
- **Education of law enforcement and transportation personnel who have interaction with children** for immediate referrals to public assistance resources (e.g., mental health assistance, food or housing assistance, home visiting programs, etc.).
- Education and reminders for caregivers and the general public on **water safety and child supervision** around any bodies of water (pools, lakes, rivers, etc.).
 - Funding and availability of safety devices such as **life vests**.
 - **Funded barriers** around outdoor bodies of water and pools.
- **Farm and home safety**
 - Proper storage of **drugs and poisons**.
 1. Increase **drug drop box availability** and education.
 2. **Pharmacist education** on safety measures with new prescriptions.
 3. Opioid, alcohol, marijuana, and antidepressant education.
 - Don't let anyone "sleep it off."
 - Increased access to and education about naloxone for parents, families, and adolescents.
 - Prevention of small children as drivers of **motorized vehicles**.
 - Resources such as helmets and reminders for **proper restraint**; enforcement of restraint laws.
 - Prevention of **illicit drug use**, particularly around children.
- **In-patient and out-patient admission resources** for drug abuse, suicidal ideation and major life stressors.

- **SUICIDE PREVENTION**
 - **Education of parents and educators as to the impulsive nature of suicides** and how to access resources and best practices in prevention.
 - **Safe locked storage of firearms and ammunition**, *even in situations in which the child is taught proper personal use of firearms.*

- **Access to mental health and grief counseling services in all schools**
 1. After major event or diagnosis.
 2. With change in personal behavior or circumstances (e.g., falling grades).
 3. With major event regarding friend, romantic relationship break up, or sibling.
- **Truancy follow-up.**
- **School resources** for students and families that are experiencing personal crises, especially.
 1. Bullying.
 2. Interpersonal relationships.
 3. Changes of personality or grades.
 4. Possible food insecurity.
 5. Signs of depression.

ACCOMPLISHMENTS of the CDRT since 2016:

- An *ad hoc* committee of the CDRT produced a major social media information campaign supported by the Casey Family Programs grant* that addressed the issue of safe sleep environment, targeting new parents and grandparents.
- Collaboration of IVES with DHS* and the SIDS foundation have provided educational inserts to accompany mailed birth certificates to educate new parents about safe sleep and acquisition of quality child care alternatives.

* The work was done pursuant to a contract with the Iowa Department of Human Services (DHS) and does not necessarily reflect the opinions, findings, and conclusions of DHS.

SUMMARY DATA 2016-2018

Review of the CDRT Summary Report Data Table below does suggest that there has been a slight decline in the overall numbers of child deaths over the last several decades. Many of these deaths appear to be due to a reduction in natural deaths. Unfortunately, such a reduction is not seen in non-natural deaths, with increases or minimal deviation in numbers of deaths due to Accident, Suicide, Homicide or Undetermined manners; many of the latter are so designated due to circumstances that render the deaths suspicious for unnatural mechanisms of death. As the deaths that are unnatural tend to be those that are most likely to be preventable, it is clear that the mission to prevent child deaths is not yet close to accomplishment.

Summary - Number of Child Deaths by Demographics								
	2010-2012		2013-2015		2016-2018		Total	
	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>	<i>Count</i>	<i>Percent</i>
<i>Age Group</i>								
Under Age 1	561	58.0%	506	55.2%	434	54.9%	1501	56.1%
Ages 1-5	126	13.0%	142	15.5%	107	13.5%	375	14.0%
Ages 6-9	43	4.4%	46	5.0%	46	5.8%	135	5.0%
Ages 10-14	88	9.1%	90	9.8%	83	10.5%	261	9.8%
Ages 15-17	150	15.5%	133	14.5%	120	15.2%	403	15.1%
Missing	0	0.0%	0	0.0%	1	0.1%	1	0.0%
<i>Infant Age Period</i>								
Neonate (0-27 days)	335	34.6%	322	35.1%	234	29.6%	891	33.3%
Postneonate (28-364 days)	226	23.3%	184	20.1%	201	25.4%	611	22.8%
Child (1-17 years)	407	42.0%	411	44.8%	356	45.0%	1174	43.9%
<i>Gender</i>								
Male	592	61.2%	496	54.1%	460	58.2%	1548	57.8%
Female	369	38.1%	376	41.0%	311	39.3%	1056	39.5%
Missing	7	0.7%	45	4.9%	20	2.5%	72	2.7%
<i>Urbanity (County of Residence)</i>								
Metropolitan	544	56.2%	367	40.0%	469	59.3%	1380	51.6%
Micropolitan	175	18.1%	107	11.7%	104	13.1%	386	14.4%
Rural	212	21.9%	114	12.4%	164	20.7%	490	18.3%
Out of State	31	3.2%	21	2.3%	29	3.7%	81	3.0%
Missing	6	0.6%	308	33.6%	25	3.2%	339	12.7%
<i>Official Manner of Death</i>								
Natural	561	58.0%	559	61.0%	392	49.6%	1512	56.5%
Accident	189	19.5%	165	18.0%	174	22.0%	528	19.7%
Suicide	52	5.4%	51	5.6%	49	6.2%	152	5.7%
Homicide	29	3.0%	27	2.9%	32	4.0%	88	3.3%
Undetermined	129	13.3%	101	11.0%	129	16.3%	359	13.4%
Unknown/Missing	8	0.8%	14	1.5%	15	1.9%	37	1.4%
<i>Primary Cause of Death</i>								
From an external cause of injury	273	28.2%	248	27.0%	263	33.2%	784	29.3%
From a medical cause	650	67.1%	557	60.7%	440	55.6%	1647	61.5%
Undetermined	38	3.9%	43	4.7%	60	7.6%	141	5.3%
Unknown/Missing	7	0.7%	69	7.5%	28	3.5%	104	3.9%

S indicates suppressed value to aide in confidentiality of individuals

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