NEBRASKA CHILD DEATH REVIEW TEAM—INTERIM REPORT FOR 2011

The Nebraska Child Death Review Team (CDRT) was established by the Nebraska Legislature in 1993 and charged with undertaking a comprehensive, integrated review of existing records and other information regarding each child death. At that time, the Nebraska Commission for the Protection of Children had found that about 300 children died each year in the state, but that there was no systematic process in place for consistent review of those deaths to determine contributing circumstances.

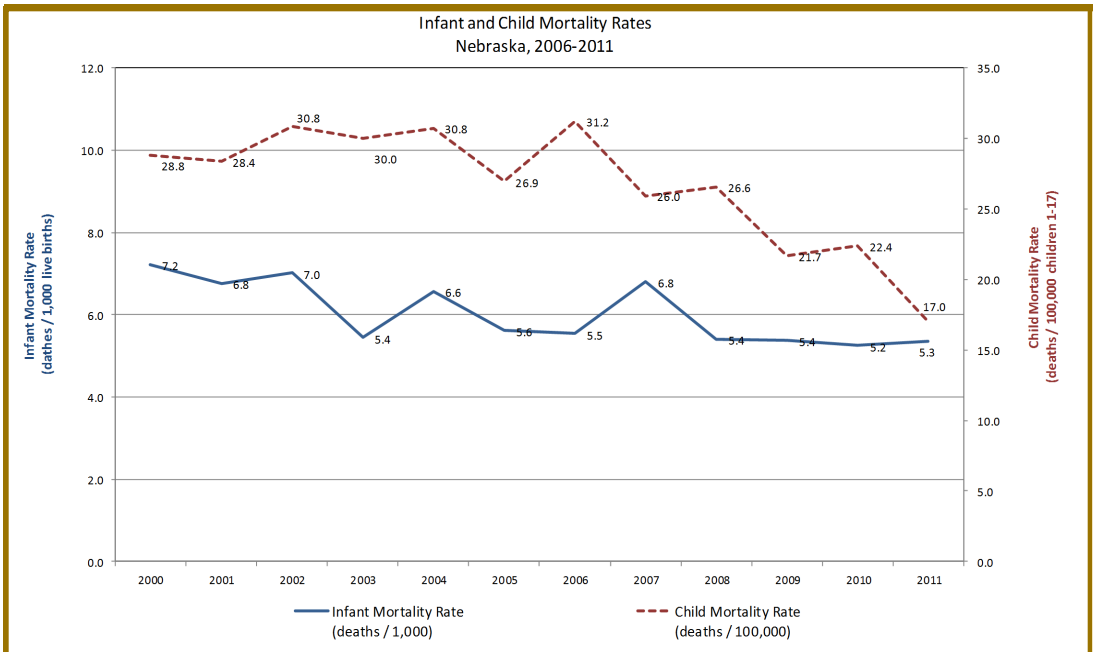
The purpose of the CDRT includes developing an understanding of the number and causes of child deaths, and advising the Governor, Legislature, other policy makers and the public on changes that might prevent them in the future. All child deaths are reviewed, not just "suspicious" or violent ones. The Team uses information in written records from state and local agencies, hospitals, private medical providers and others, along with the expertise of its members, to identify situations where, in retrospect, reasonable intervention might have prevented a death. The specific goals of these reviews are to:

- Identify patterns of preventable child deaths;
- Recommend changes in system responses to child deaths;
- Refer to law enforcement newly-suspected cases of abuse, malpractice, or homicide; and,
- Compile findings into reports designed to educate the public and state policy makers about child deaths.

TRENDS IN INFANT AND CHILD DEATHS, NEBRASKA, 2000-2011

Year	Number of Live Births	Number of Infant Deaths (age <1)	Infant Mortality Rate (deaths / 1,000)	Total Child Population* (ages 1-17)	Number of Child Deaths (ages 1-17)	Child Mortality Rate (deaths / 100,000)
2000	24,643	178	7.22	426,499	123	28.8
2001	24,818	168	6.77	422,991	120	28.4
2002	25,381	178	7.01	421,613	130	30.8
2003	25,900	141	5.44	419,932	126	30.0
2004	26,324	173	6.57	419,399	129	30.8
2005	26,142	147	5.62	419,301	113	26.9
2006	26,723	148	5.54	419,365	131	31.2
2007	26,906	183	6.80	419,887	109	26.0
2008	26,992	146	5.41	421,195	112	26.6
2009	26,931	145	5.38	423,828	92	21.7
2010	25,916	136	5.25	432,815	97	22.4
2011	25,629	137	5.35	434,158	74	17.0

*Population estimates from U.S. Census Bureau, Vintages 2009 and 2011.



The number and rate of infant and child deaths in Nebraska has declined since 2000.

- After remaining steady for several years, the child mortality rate dropped 45.6% between 2006 and 2011.
- The infant mortality rate dropped 25.1% between 2000 and 2008, but has remained flat since then.

INTERIM REPORT FOR 2011

Acquiring records for a calendar year of deaths, reviewing and analyzing the information and developing recommendations typically requires about 18 months. The Team is currently processing cases from 2009 and 2010. However, in accordance with Nebraska Revised Statute §71-3407 (2012), this Interim Report presents an overview of deaths from calendar year 2011. These preliminary data are based solely on Nebraska death certificate records. Cause of death, other factors, or even total number of deaths may change after in-depth review.

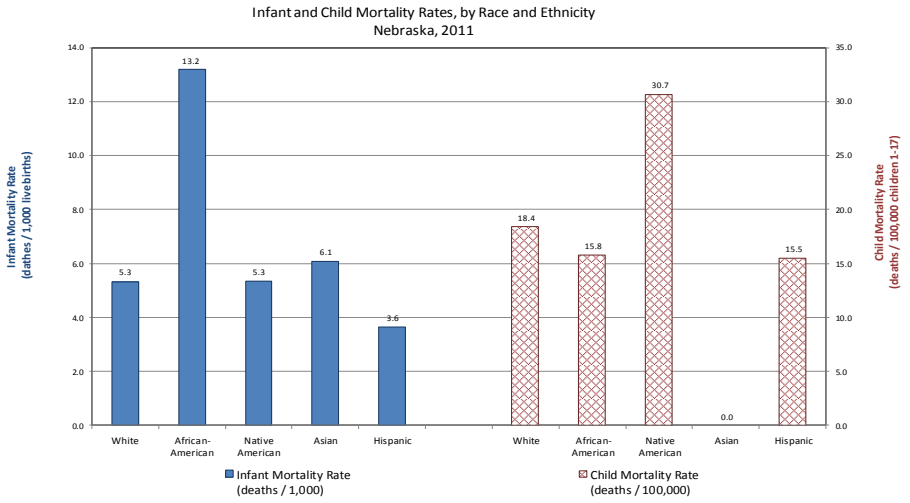
SELECTED CAUSES OF DEATHS, INFANTS (<1) AND CHILDREN (1-17), NEBRASKA, 2011

Cause of Death	Infants (< 1 year)		Children (1-17 years)		TOTAL	
	Number of Deaths (%)	Infant Mortality Rate (deaths / 1,000)	Number of Deaths (%)	Child Mortality Rate (deaths / 100,000)	Number of Deaths (%)	Child (0-17) Mortality Rate (deaths / 100,000)
Medical Causes	**123 (89.78%)**	**4.80**	**29 (50.88%)**	**6.68**	**152 (78.35%)**	**33.1**
Nervous System Disease	0 (0.00%)	0.00	5 (17.24%)	1.15	5 (3.29%)	1.09
Respiratory Disease	0 (0.00%)	0.00	1 (3.45%)	0.23	1 (0.66%)	0.22
Perinatal Conditions	53 (43.09%)	2.07	0 (0.00%)	0.00	53 (34.87%)	11.53
Birth Defects (congenital anomalies)	43 (34.96%)	1.68	7 (24.14%)	1.61	50 (32.89%)	10.87
SIDS; Abnormal Signs & Symptoms	18 (14.63%)	0.70	4 (13.79%)	0.92	22 (14.47%)	4.78
Other Medical Causes	9 (7.32%)	0.35	12 (41.38%)	2.76	21 (13.82%)	4.57
Unintentional Injury	**8 (5.84%)**	**0.31**	**11 (19.30%)**	**2.53**	**19 (9.79%)**	**4.1**
Motor Vehicle-Related	0 (0.00%)	0.00	8 (72.73%)	1.84	8 (42.11%)	1.74
Drowning	0 (0.00%)	0.00	1 (9.09%)	0.23	1 (5.26%)	0.22
Suffocation/Strangulation	8 (100.00%)	0.31	1 (9.09%)	0.23	9 (47.37%)	1.96
Other Unintentional Injury	0 (0.00%)	0.00	1 (9.09%)	0.23	1 (5.26%)	0.22
Homicide	**1 (0.73%)**	**0.04**	**5 (8.77%)**	**1.15**	**6 (3.09%)**	**1.3**
Homicide, Firearm	0 (0.00%)	0.00	2 (40.00%)	0.46	2 (33.33%)	0.43
Child Maltreatment	1 (100.00%)	0.04	0 (0.00%)	0.00	1 (16.67%)	0.22
Other Homicide	0 (0.00%)	0.00	3 (60.00%)	0.69	3 (50.00%)	0.65
Suicide	**0 (0.00%)**	**0.00**	**6 (10.53%)**	**1.38**	**6 (3.09%)**	**1.3**
Suicide, Suffocation/Strangulation	0 (0.00%)	0.00	3 (0.00%)	0.69	3 (0.00%)	0.65
Suicide, Firearm	0 (0.00%)	0.00	3 (0.00%)	0.69	3 (0.00%)	0.65
Other	**5 (3.65%)**	**0.20**	**6 (10.53%)**	**1.38**	**11 (5.67%)**	**2.4**
Total	**137 (70.62%)**	**5.35**	**57 (29.38%)**	**13.13**	**194 (100.0%)**	**42.2**

- Medical causes account for the largest number of deaths to both infants and children—perinatal causes (predominantly prematurity) and birth defects for infants, and cancers for children (1-17).
- Child maltreatment was the official cause of death for only one infant and no children during this period; the total may increase after thorough case reviews. Some maltreatment deaths are erroneously diagnosed as unintentional injuries. Children with physical and/or developmental disabilities are particularly at risk for undetected abuse.
- 26 infants were reported to have died from suffocation/strangulation, Sudden Infant Death Syndrome (SIDS), or abnormal conditions. The specific circumstances of these deaths will be investigated during the review process.
- The number of suicide deaths is likely to increase after thorough case review. One to three apparent suicides are improperly coded as unintentional injuries every year.

Racial and ethnic disparities in infant and child mortality are longstanding.

- The mortality rate of African-American infants is significantly higher than that of White and Hispanic infants. Although it is also higher than the rates for Asian and Native American infants, the differences are not statistically significant.
- While Native American children had the highest mortality rate among children, the rate is only based on two deaths. None of the child rates are significantly different.



The Nebraska Child Death Review Team is mandated by Nebraska Revised Statutes §71-3404 - 71-3409

For more information, contact Debora Barnes-Josiah, PhD, CDRT Coordinator (402/471-9048; debora.barnesjosiah@nebraska.gov)

CDRT reports are available at http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_cdrteam_index.aspx