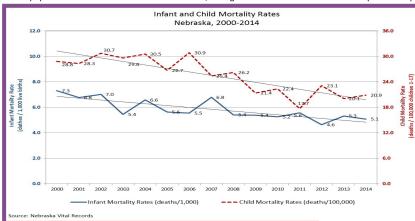
NEBRASKA CHILD AND MATERNAL DEATH REVIEW TEAM - INTERIM REPORT FOR 2014

The Nebraska Child and Maternal Death Review Team (CMDRT) 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. Authority to conduct a similar process with maternal deaths was added in 2013, and will begin with 2014 deaths.

The purpose of the CMDRT includes developing an understanding of the number and causes of maternal and child deaths, and advising the Governor, Legislature, other policymakers and the public on changes that might prevent them in the future. All 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 deaths;
- Recommend changes in system responses to 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 policymakers about child deaths.

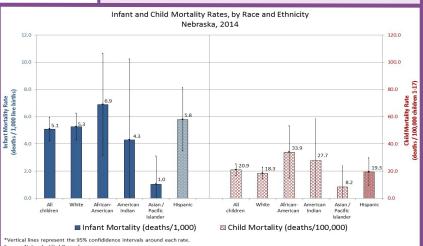
TRENDS IN INFANT AND CHILD DEATHS, NEBRASKA, 2005-2014												
Year	Number of Live Births	Number of Infant Deaths (age <1)	Infant Mortality Rate (deaths / 1,000)	Total Child Population* (ages 1-17)	Number of Child Deaths (ages 1-17)	Child Mortality Rate (deaths / 100,000)						
2005	26,142	147	5.6	423,393	113	26.7						
2006	26,723	148	5.5	424,274	131	30.9						
2007	**26,935	183	6.8	425,6()8	108	25.4						
2008	26,992	146	5.4	427,389	112	26.2						
2009	26,931	145	5.4	430,332	92	21.4						
2010	25,916	136	5.3	433,663	97	22.4						
2011	25,722	143	5.6	435,3:L0	77	17.7						
2012	25,939	120	4.6	436,957	101	23.1						
2013	26,094	139	5.3	438,782	89	20.3						
2014	26,794	136	5.1	440,706	92	20.9						



- ◆ <u>Children</u>: Since 2000, Nebraska's child (ages 1-17) mortality rate has shown an overall decline. However, much of this change occurred during the 2006-2011 period; the more recent trend is unclear. The 2014 rate of 20.9 deaths /100,000 children is a 3.0% increase from the 2013 rate of 20.3 deaths /100,000 children.
- ◆ <u>Infants:</u> Nebraska's infant mortality rate (IMR) has shown a relatively steady decrease since 2008. The 2014 rate of 5.1 deaths /1,000 live births represents a 4.7% decrease from the 2013 rate of 5.3 deaths /1,000 live births.

Racial and ethnic disparities in infant and child mortality are longstanding. Compared to 2013, mortality declined marginally in 2014 for infants and children in all racial /ethnic groups except Hispanics.

- ◆ <u>Infants</u>: Although based on a very small number of deaths, the American Indian infant mortality rate (IMR) reached its lowest level since 1998. Asian/Pacific Islander infants experienced significantly lower mortality than did White, African-American and Hispanic infants; no other racial or ethnic comparisons were significantly different.
- <u>Children</u>: The number of non-White child deaths ranged from 1 to 12 among the different racial /ethnic groups. There were no significant differences in mortality rates.

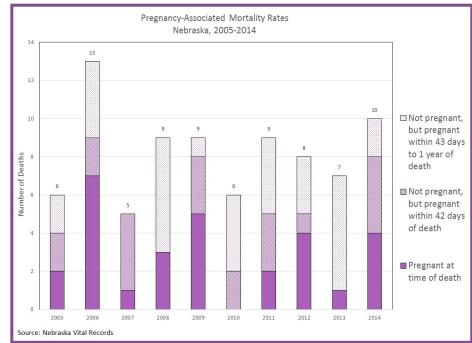


INTERIM REPORT FOR 2014

Acquiring records for a calendar year of deaths, reviewing and analyzing the information and developing recommendations typically requires about 18-24 months. The team is currently processing cases from 2012 and 2013. However, in accordance with Nebraska Revised Statute §71-3407 (2012), this Interim Report presents an overview of deaths from calendar year 2014. These preliminary data are based solely on Nebraska death certificates. Causes of death, other factors, or even total number of deaths may change after indepth review.

CAUSES OF INFAI	NI A		HILD DEAT	H , 1	N E B K A	SKA, 2014			
	Infants (< 1 year)			Children (1-17 years)		TOTAL			
Cause of death	Number of Deaths (%)		Infant Mortality Rate (deaths / 1,000) (%)			Child Mortality Rate (deaths / 100,000)	,		Child (0-17) Mortality Rate (deaths / 100,000)
Medical	129	74%	4.81	45	26	10.21	174	76%	37.29
Cancer	1	0.8%	0.04	9	20.0%	2.04	10	5.7%	2.14
Respiratory Disease	0	0.0%	0.00	4	8.9%	0.91	4	2.3%	0.86
Prematurity	16	12.4%	0.60	0	0.0%	0.00	16	9.2%	3.43
Perinatal Conditions	46	35.7%	1.72	0	0.0%	0.00	46	26.4%	9.86
Congenital Anomalies	41	31.8%	1.53	12	26.7%	2.72	53	30.5%	11.36
SIDS; Abnormal Signs & Symptoms	19	14.7%	0.71	1	2.2%	0.23	20	11.5%	4.29
Other Medical Causes	6	4.7%	0.22	19	42.4%	4.31	25	14.4%	5.36
Unintentional Injury	3	10%	0.11	26	90%	5.90	29	13%	6.22
Motor Vehicle-Related	0	0.0%	0.00	17	65.4%	3.86	17	58.6%	3.64
Drowning	0	0.0%	0.00	2	7.7%	0.45	2	6.9%	0.43
SUID; accidental strangulation or hanging	3	100.0%	0.11	2	7.7%	0.45	5	17.2%	1.07
Other Unintentional Injury	0	0.0%	0.00	5	19.2%	1.13	5	17.2%	1.07
Homicide	2	25.0%	0.07	6	75.0%	1.36	8	4%	1.71
Homicide, Firearm	0	0.0%	0.00	5	83.3%	1.13	5	62.5%	1.07
Other Homicide	0	0.0%	0.00	1	16.7%	0.23	1	12.5%	0.21
Maltreatment	2	100.0%	0.07	0	0.0%	0.00	2	25.0%	0.43
Suicide	0	0.0%	0.00	14	100.0%	3.18	14	6%	3.00
by Suffocation / Strangulation	0	0.0%	0.00	6	42.9%	1.36	6	42.9%	1.29
by Firearm	0	0.0%	0.00	4	28.6%	0.91	4	28.6%	0.86
by Other Means	0	0.0%	0.00	4	28.6%	0.91	4	28.6%	0.86
Could Not Be Determined	2	66.7%	0.07	1	33.3%	0.23	3	1%	0.64
TOTAL	136	59.6%	5.08	92	40.4%	20.88	228	100.0%	48.86

PREGNANCY-ASSOCIATED DEATHS, NEBRASKA, 2005-2014



The CMDRT has begun in-depth review of maternal deaths that occurred in 2014; these results will be available in the next full CMDRT report. However, since 2005, pregnancy-associated deaths have been identified on the Nebraska death certificate, indicating whether a woman had been pregnant at or around the time of death.

There have been 82 such cases so identified since 2005; of these, 29 (35.4%) were pregnant at the time of death, 21 (25.6%) were pregnant within 42 days of death, and 32 (39.0%) were pregnant between 43 days and 1 year before death. The most frequent causes of death have been:

- Complications of pregnancy (29 deaths)
- Motor Vehicle Crashes (19 deaths)
- Diseases or conditions complicating pregnancy (17 deaths)
- ♦ Suicide (5 deaths)
- Heart disease (4 deaths)

The Nebraska Child and Maternal Death Review Team is mandated by Nebraska Revised Statutes §71-3404 - 71-3409 For more information, contact Debora Barnes-Josiah, PhD, CMDRT Coordinator (402/471-9048; debora.barnesjosiah@nebraska.gov) CMDRT reports are available at http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_cdrteam_index.aspx