



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2025

The Honorable Jim Pillen
Governor of Nebraska
P.O. Box 94848
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: State Child Death Review Team Annual Report

Dear Governor Pillen and Mr. Metzler:

In accordance with Neb. Rev. Stat. § 71-3407, the Division of Public Health in the Department of Health and Human Services submits this report for the Nebraska Child Death Review Team.

This Child Death Review Team Report presents an overview of the manner and cause of infant and child deaths in the State of Nebraska in 2023 as well as recommendations from the Child Death Review Team.

Sincerely,

Ashley Newmyer
Interim Director, Division of Public Health

Attachment

Division of Public Health

State Child Death Review Team Annual Report

December 2025

Neb. Rev. Stat. § 71-3407

Introduction

The Child Death Review Team (CDRT) was established by the Nebraska Legislature in 1993 and is charged with undertaking a comprehensive, integrated review of existing records and other information regarding each child death.

The purpose of the CDRT includes developing an understanding of the number and causes of 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, regardless of “suspicious” or violent classifications. 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 goal of these reviews is 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.

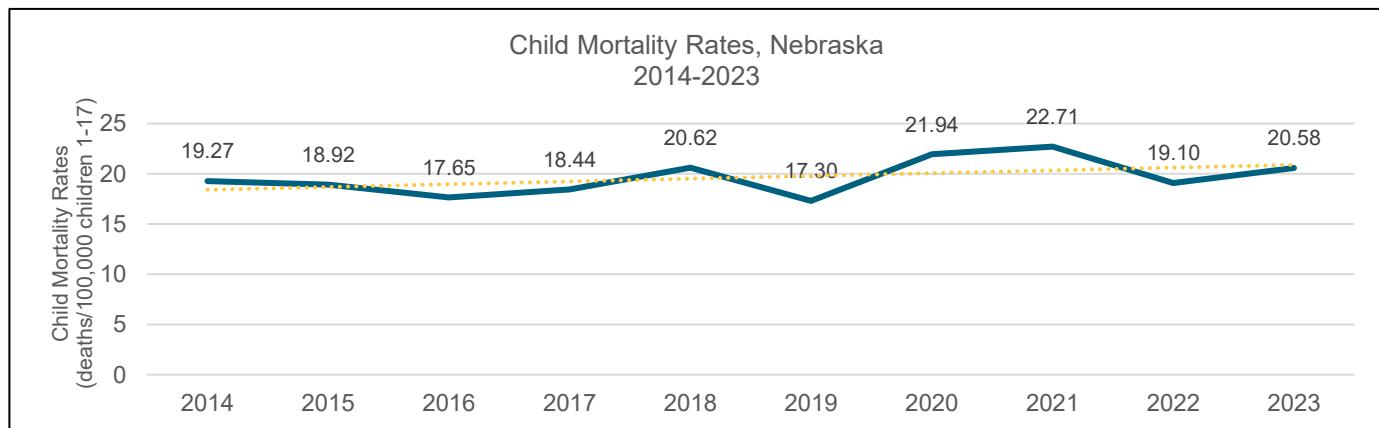
The views and recommendations in this report are those of the CDRT and do not necessarily reflect those of the Nebraska Department of Health and Human Services (DHHS) or any other organization.

Child Mortality

Child Mortality Rates

In 2023, 94 child deaths (ages 1-17) were recorded. Nebraska had a child mortality rate (CMR) of 20.6 per 100,000 children (Table 1). In 2023, the United States had a CMR of 23.3 per 100,000 children.¹ Linear regression analysis was conducted on ten-year child mortality rates for all children and for individual race and ethnicity categories. There has not been a statistically significant change in Nebraska’s CMR over the past decade ($p=0.1698$) (Figure 1).

Figure 1. Child Mortality Rates, Nebraska 2014-2023. Nebraska Vital Records Office



Source: Nebraska DHHS Office of Vital Records

Table 1. Trends in Child Deaths, Nebraska, 2014-2023

Year	Total Child Population* (ages 1-17)	Number of Child Deaths (ages 1-17)	Child Mortality Rate (deaths/100,000)
2014	441,191	85	19.27
2015	444,088	84	18.92
2016	447,594	79	17.65
2017	450,003	83	18.44
2018	451,074	93	20.62
2019	450,800	78	17.30
2020**	460,414	101	21.94
2021**	457,997	104	22.71
2022**	455,577	87	19.10
2023**	456,854	94	20.58

*Child population estimates for 2014-2019 are from the Centers for Disease Control and Prevention (CDC) Single-Race Population Estimates 2010-2020

**Child population estimates for 2020-2023 are from CDC Single-Race Population Estimates 2020-2023

Source: Nebraska DHSS Office of Vital Records

Causes of Child Deaths

Table 2. Causes of Child Deaths, Nebraska, 2023

Manner and Cause of Death	Number of Deaths*	Child Mortality Rate (deaths/100,000)*
Accidental	20	4.39
Transportation-Related	12	2.63
All Other Unintentional Injuries	8	1.76
Natural	52	11.41
Infectious and Parasitic Diseases	--	--
Cancer/Neoplasms	18	3.95
Nervous System Diseases	10	2.20
Circulatory Diseases	--	--
Other Natural Causes	12	2.63
Suicide	16	3.51
Suicide, Firearm	10	2.20
Other Method	6	1.32
Homicide	--	--
Undetermined	--	--
Total	94	20.58

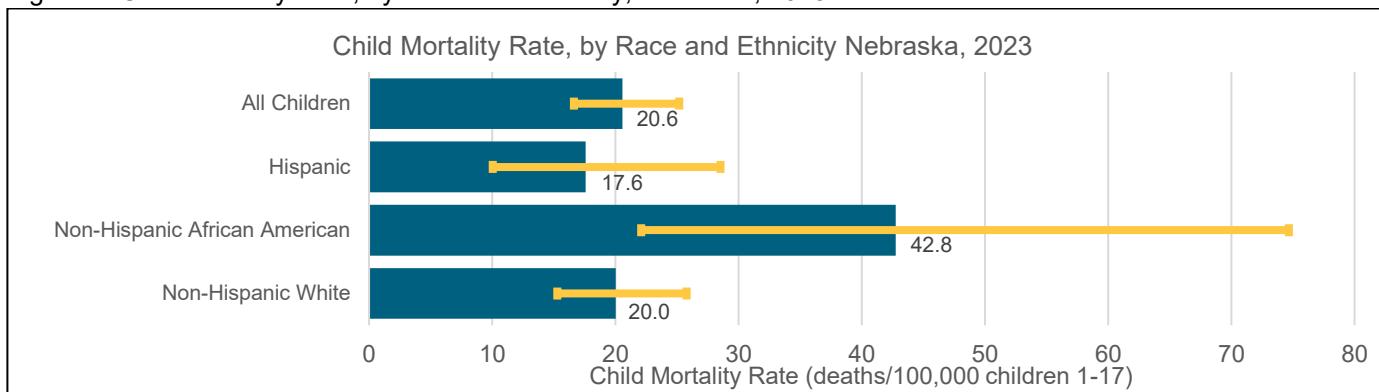
*Numbers and rates are not shown (suppressed) if there are between 1 and 5 deaths for that category to protect privacy. Rates based on counts fewer than 20 should be interpreted with caution.

Source: Nebraska DHSS Office of Vital Records

Race and Ethnicity of Child Mortality

Fisher's exact tests were conducted to assess differences ($\alpha=0.05$) in CMRs for race and ethnicity groups. In 2023, the CMR for non-Hispanic African American children was statistically significantly higher than that of non-Hispanic white children ($p=0.0111$), non-Hispanic children of more than one race ($p=0.0135$), Hispanic children ($p=0.0161$), and all children ($p=0.0147$) (Figure 2). There was no statistically significant change over time for any race or ethnicity group.

Figure 2. Child Mortality Rate, by Race and Ethnicity, Nebraska, 2023



Source: Nebraska DHSS Office of Vital Records

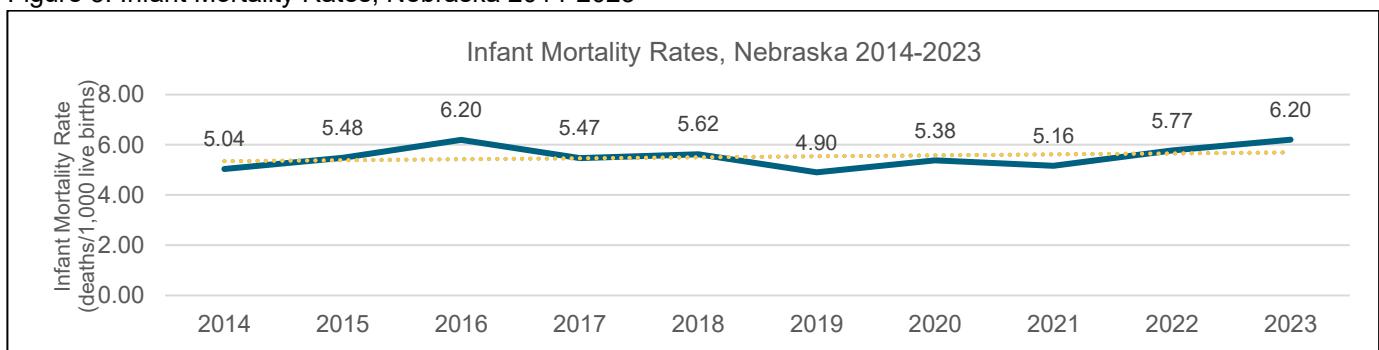
Rates for non-Hispanic American Indian or Alaska Native and non-Hispanic Asian or Pacific Islander infants are not shown (suppressed) to protect privacy as counts were between 1 and 5.

Infant Mortality

Infant Mortality Rates

In 2023, 143 children died before their first birthday. This corresponds with an infant mortality rate (IMR) of 6.2 deaths per 1,000 live births (Table 3). The 2023 United States IMR was 5.6 per 1,000 live births according to the National Center for Health Statistics at the Centers for Disease Control and Prevention.² Linear regression analysis was conducted on ten-year infant mortality rates for all children and for individual race and ethnicity categories. There has been no statistically significant change in Nebraska's IMR over the past decade ($p=0.4594$) (Figure 3).

Figure 3. Infant Mortality Rates, Nebraska 2014-2023



Source: Nebraska DHSS Office of Vital Records

Table 3. Infant Deaths, Under 1 Year of Age, Nebraska, 2014-2023

Year	Number of Live Births*	Number of Infant Deaths (age <1)	Infant Mortality Rate (deaths/1,000)
2014	25,819	130	5.04
2015	25,728	141	5.48
2016	25,656	159	6.20
2017	24,885	136	5.47
2018	24,538	138	5.62
2019	23,860	117	4.90
2020	23,419	126	5.38
2021	23,646	122	5.16
2022	23,385	135	5.77
2023	23,049	143	6.20

*Resident occurrent live births from NE Vital Statistics

Source: Nebraska DHHS Office of Vital Records

Causes of Infant Deaths

Table 4. Causes of Infant Deaths, Under 1 Year of Age, Nebraska, 2023

Manner and Cause of Death	Number of Deaths*	Infant Mortality Rate (deaths/1,000)
Accidental	6	0.26
Natural	113	4.90
Perinatal Conditions**	63	2.73
Congenital Anomalies	37	1.61
Other Natural Causes	14	0.61
Homicide	--	--
SUID***	19	0.82
Accidental Strangulation or Suffocation in Bed	11	0.35
Abnormal Signs and Symptoms, Including SIDS (Sudden Infant Death Syndrome)	8	0.48
Undetermined	--	--
Total	143	6.20

*Numbers and rates are not shown (suppressed) if there are between 1 and 5 deaths for that category to protect privacy. Rates based on counts fewer than 20 should be interpreted with caution.

**Perinatal Conditions refers to deaths identified with the ICD-10 codes P000-P969.

***SUID (Sudden Unexpected Infant Death) is a death that occurs in a baby under 1 year of age where the cause of death is not obvious; these usually occur in the baby's sleep area. Manner of death varies.

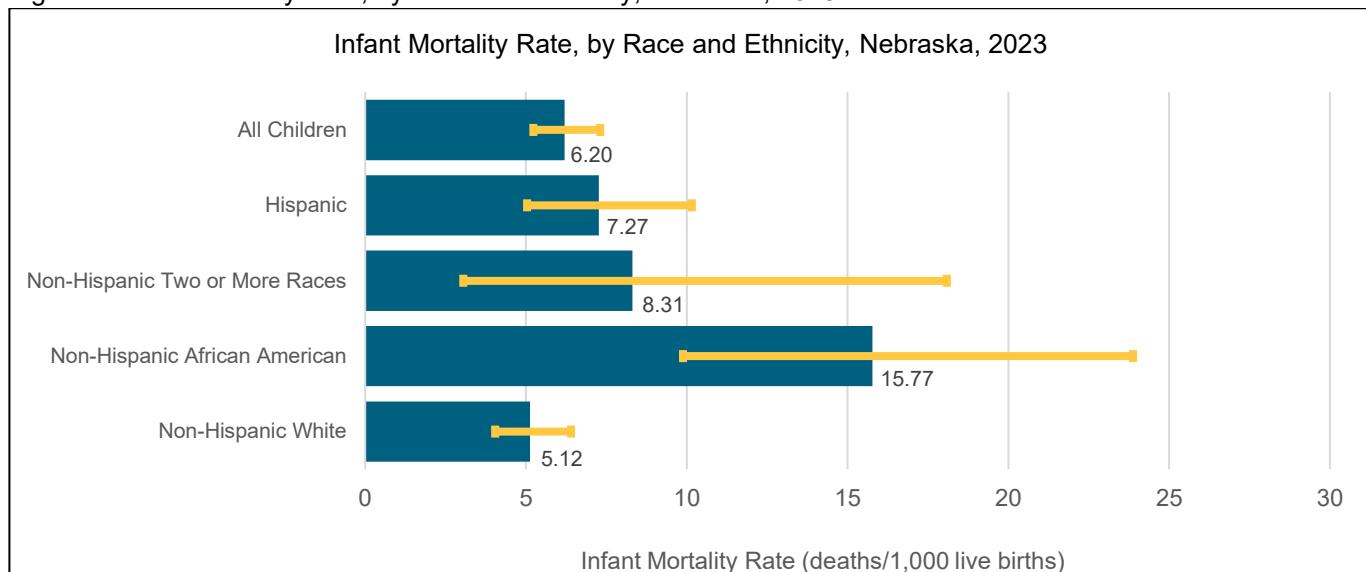
Source: Nebraska DHHS Office of Vital Records

Race and Ethnicity of Infant Deaths

Fisher's exact tests were conducted to assess differences ($\alpha=0.05$) in IMRs for race and ethnicity groups. The IMR for non-Hispanic African American infants was statistically higher than

that of non-Hispanic white infants ($p<0.0001$), Hispanic infants ($p=0.0026$), and the state as a whole ($p=0.0001$) (Figure 4). The IMR for Hispanic infants was statistically significantly higher than that of non-Hispanic White infants ($p=0.0206$). The IMR for non-Hispanic African American infants has statistically significantly increased from 7.1 deaths per 1,000 live births in 2014 to 15.8 deaths per 1,000 live births in 2023 ($p=0.0301$) (Figure 5). There was no statistically significant change over time for any other race or ethnicity group.

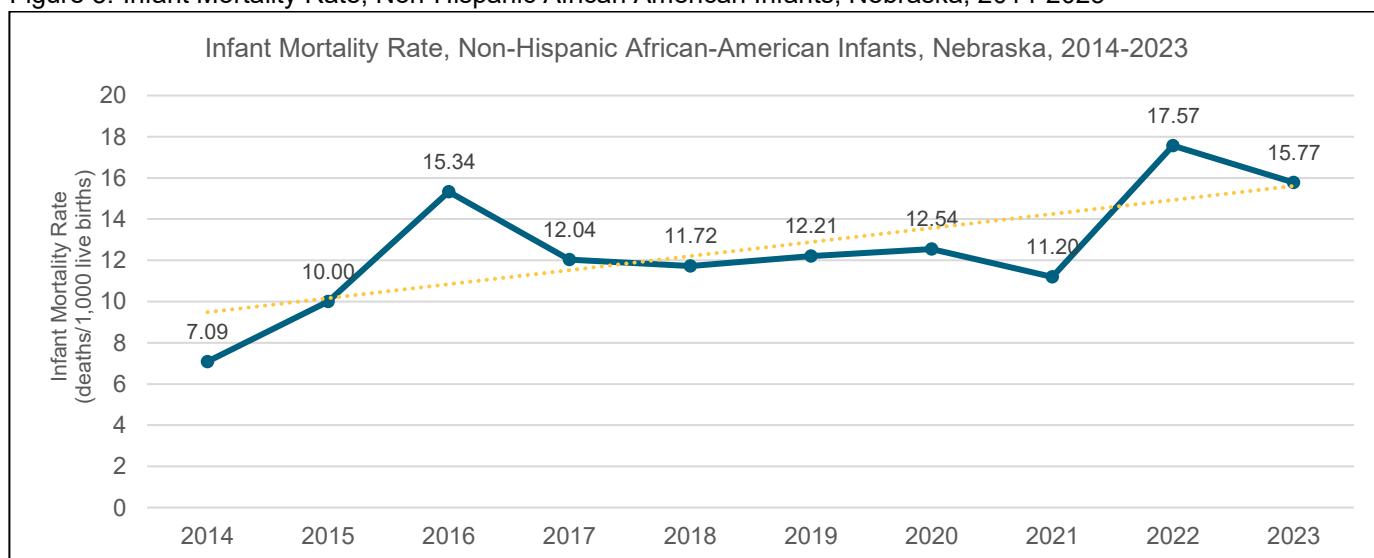
Figure 4. Infant Mortality Rate, by Race and Ethnicity, Nebraska, 2023



Source: Nebraska DHHS Office of Vital Records

Rates for non-Hispanic American Indian or Alaska Native and non-Hispanic Asian or Pacific Islander infants are not shown (suppressed) to protect privacy as counts were between 1 and 5.

Figure 5. Infant Mortality Rate, Non-Hispanic African American Infants, Nebraska, 2014-2023



Source: Nebraska DHHS Office of Vital Records

Recommendations

In late 2021 and early 2022, the CDRT convened to discuss recommendation development. Three teams were formed to provide recommendations related to unintentional injury, intentional injury, and perinatal infant/early childhood health. Fifteen recommendations were put forth by the committee. These recommendations were then revised in September 2025 to be specific and actionable. As a result of these revisions a total of 26 recommendations are outlined below.

Perinatal, Infant, and Early Childhood Health and Education

Perinatal and Infant Care

- The State of Nebraska should incentivize healthcare systems to develop facilities to provide comprehensive mental healthcare through mother-baby programs. These programs allow mothers to receive mental health treatment while remaining with their children.
- Women should have access to long-acting reversible contraceptives (LARC) at time of delivery, which are reimbursable separate from the global maternity fee.
- Women should have access to independently certified doula services for the entire perinatal period, extending to 12 weeks postpartum, regardless of pregnancy outcome.
- Women should have access to postpartum mental health services.
- The Nebraska Association of Behavioral Health Organizations should promote educational opportunities related to perinatal mental health treatment for mental health providers annually.

Sudden Unexpected Infant Death

- DHHS should update and expand family, community, and provider-level promotion of infant safe sleep practices through the safe sleep champions campaign to include pediatric and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics.
- Providers educating on safe sleep should give counsel on the heightened risk of sudden unexpected infant death (SUID) for infants cared for by caregivers using alcohol, cannabis, illicit substances, and sedating over-the-counter or prescription medications whenever safe sleep education is provided.
- Law enforcement agencies and county attorneys should provide continuing education units on completing the Sudden Unexpected Infant Death Investigation Reporting Form (SUIDIRF) for investigators, law enforcement, and coroners through the Nebraska County Attorneys Association (NECAA) and Law Enforcement Coordinating Committee (LECC) Spring conference.
- Investigators should use the SUIDIRF each time an unexpected infant death occurs.

Unintentional Injury

Drowning and Fire

- Local health departments should survey the swimming education programs in their service area annually to determine gaps in access and address barriers for families.
- Healthcare providers should provide education on bathtub and bathing safety during the hospital stay for birth and at well-child checks.
- Local health departments, fire departments, and school districts should partner with one another to offer and provide smoke detectors and battery replacement to families that qualify for free and reduced lunches or the low-income home energy assistance program (LIHEAP) as soon as possible.
- Swim education providers across the state should promote special needs swimming education continually.

Motor Vehicle Crashes

- Nebraska Highway Safety Office, Nebraska State Patrol, Nebraska County Attorneys Association, and the Nebraska Department of Motor Vehicles should develop a young driver education and safety plan.
- Nebraska Legislature should align the graduated driver's licensing laws with best practices as published by the Insurance Institute for Highway Safety.
- Nebraska Legislature should amend the law to require any ticketed offense by a provisional operator's permit or school permit driver to result in a mandatory driver's education class refresher.
- Nebraska Legislature should extend interlock use and mandate substance use counseling for all driving under the influence (DUI) offenders.
- Nebraska Legislature should make seatbelt non-use a primary offense for all ages and all vehicle positions as soon as possible.
- Nebraska Legislature should make hands-on cell phone use a primary offense as soon as possible.
- Nebraska Legislature should provide funding to community colleges to train driver education instructors to increase the availability of driver education classes across the state.
- Nebraska Highway Safety Office should provide scholarships for driver education classes to increase access to driver education classes.

Intentional Injury

Suicide

- Mental health providers should collaborate with parents to develop a safety plan any time a child expresses suicidal ideation. This safety plan should include a means for temporary out-of-home storage of firearms when firearms are present in the home of the youth expressing suicidal ideation.

- DHHS should expand youth mental health services, including counseling and medication, through the behavioral health regions and other avenues for providing services, regardless of insurance status.
- Nebraska Department of Education should provide guidance to school districts on addressing bullying/cyberbullying and implementing bullying/cyberbullying mitigation plans.
- Local Health Departments should promote programs that offer temporary out-of-home storage and safe ammunition storage.

References

1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/ucd-icd10-expanded.html>
2. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Linked Birth / Infant Deaths on CDC WONDER Online Database. Data are from the Linked Birth / Infant Deaths Records 2017-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/lbd-current-expanded.html>