

NEBRASKA CHILD DEATHS IN 2012—INTERIM REPORT

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. 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.

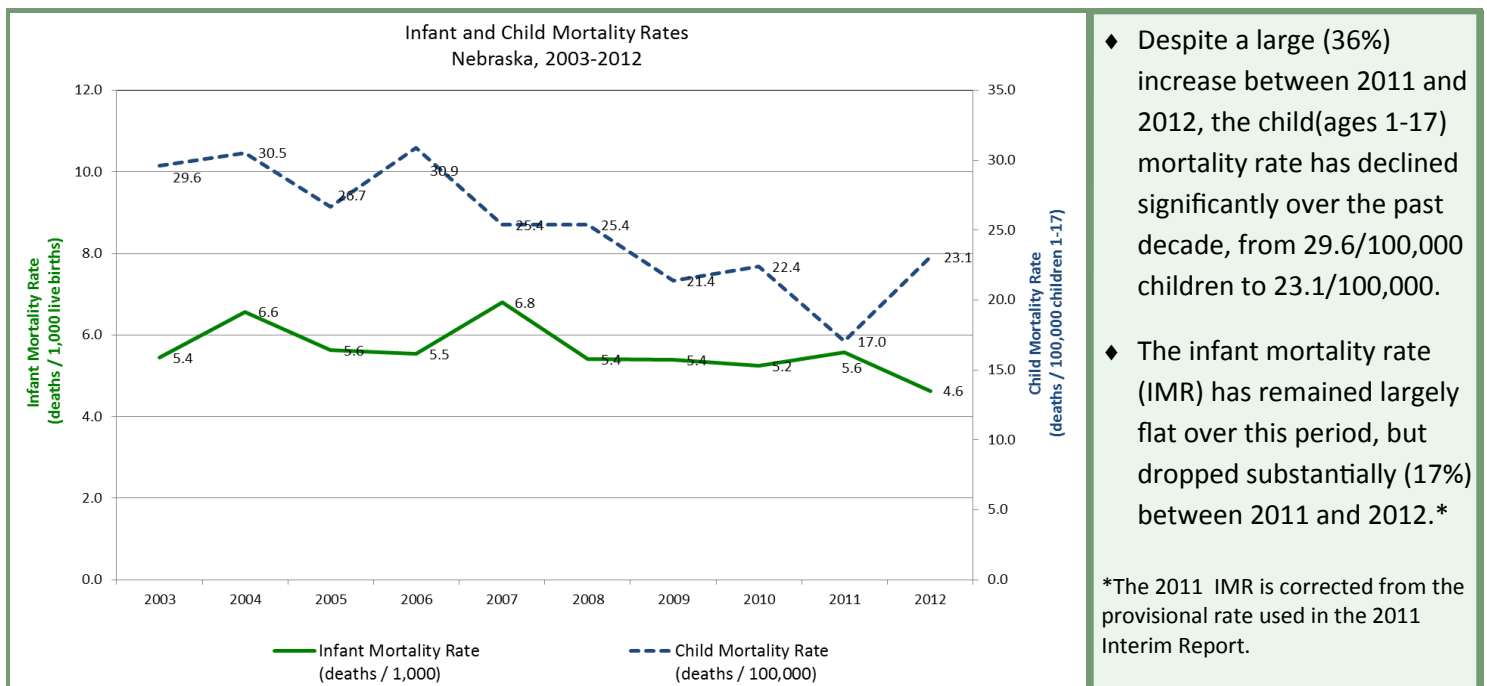
The purpose of the CDMRT includes developing an understanding of the number and causes of child deaths, and advising the Governor, Legislature, other policymakers and the public on changes that might prevent them in the future. All child deaths are reviewed, not just “suspicious” or violent ones. The 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 policymakers about child deaths.

TRENDS IN INFANT AND CHILD DEATHS, NEBRASKA, 2003-2012

| 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) |
|------|-----------------------|----------------------------------|--|-------------------------------------|------------------------------------|---|
| 2003 | 25,900 | 141 | 5.44 | 422,094 | 125 | 29.6 |
| 2004 | 26,324 | 173 | 6.57 | 422,510 | 129 | 30.5 |
| 2005 | 26,142 | 147 | 5.62 | 423,393 | 113 | 26.7 |
| 2006 | 26,723 | 148 | 5.54 | 424,274 | 131 | 30.9 |
| 2007 | 26,906 | 183 | 6.80 | 425,608 | 108 | 25.4 |
| 2008 | 26,992 | 146 | 5.41 | 427,389 | 112 | 25.4 |
| 2009 | 26,931 | 145 | 5.38 | 430,332 | 92 | 21.4 |
| 2010 | 25,916 | 136 | 5.25 | 432,945 | 97 | 22.4 |
| 2011 | 25,629 | 143 | 5.58 | 434,669 | 77 | 17.0 |
| 2012 | 25,939 | 120 | 4.63 | 437,289 | 101 | 23.1 |

*Population estimates from U.S. Census Bureau, Vintage 2012.



INTERIM REPORT FOR 2012

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 2010 and 2011. However, in accordance with Nebraska Revised Statute §71-3407 (2012), this Interim Report presents an overview of deaths from calendar year 2012. 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, 2012

| 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 | 109 (90.83%) | 4.20 | 38 (37.62%) | 8.69 | 147 (66.52%) | 31.7 |
| Cancer | 0 (0.0%) | 0.00 | 18 (47.37%) | 4.12 | 18 (12.24%) | 3.89 |
| Respiratory Disease | 3 (2.8%) | 0.12 | 0 (0.00%) | 0.00 | 3 (2.04%) | 0.65 |
| Perinatal Conditions | 54 (49.6) | 2.08 | 0 (0.00%) | 0.00 | 54 (36.73%) | 11.66 |
| Congenital Anomalies | 25 (22.9%) | 0.96 | 2 (5.26%) | 0.46 | 27 (18.37%) | 5.83 |
| SIDS; Abnormal Signs & Symptoms | 13 (11.9%) | 0.50 | 4 (10.53%) | 0.91 | 17 (11.56%) | 3.67 |
| Other Medical Causes | 14 (12.8%) | 0.54 | 14 (36.84%) | 3.20 | 28 (19.05%) | 6.04 |
| Unintentional Injury | 4 (3.3%) | 0.15 | 37 (36.63%) | 8.46 | 41 (18.55%) | 8.9 |
| Motor Vehicle-Related | 0 (0.0%) | 0.00 | 25 (67.57%) | 5.72 | 25 (60.98%) | 5.40 |
| Drowning | 0 (0.0%) | 0.00 | 4 (10.81%) | 0.91 | 4 (9.76%) | 0.86 |
| SIDS, and Other Abnor- | 1 (25.0%) | 0.04 | 0 (0.00%) | 0.00 | 1 (2.44%) | 0.22 |
| Suffocation/Strangulation | 1 (25.0%) | 0.04 | 0 (0.00%) | 0.00 | 1 (2.44%) | 0.22 |
| Other Unintentional Injury | 2 (50.0%) | 0.08 | 8 (21.62%) | 1.83 | 10 (24.39%) | 2.16 |
| Homicide | 0 (0.0%) | 0.00 | 15 (14.85%) | 3.43 | 15 (6.79%) | 3.2 |
| Homicide, Firearm | 0 - | 0.00 | 6 (40.00%) | 1.37 | 6 (40.00%) | 1.30 |
| Homicide, Vehicular | 0 - | 0.00 | 4 (26.67%) | 0.91 | 4 (26.67%) | 0.86 |
| Child Maltreatment | 0 - | 0.00 | 1 (6.67%) | 0.23 | 1 (6.67%) | 0.22 |
| Other Homicide | 0 - | 0.00 | 4 (26.67%) | 0.91 | 4 (26.67%) | 0.86 |
| Suicide | 0 (0.0%) | 0.00 | 10 (9.90%) | 2.29 | 10 (4.52%) | 2.2 |
| Suicide, Suffocation / Strangulation | 0 - | 0.00 | 5 (50.00%) | 1.14 | 5 (0.00%) | 1.08 |
| Suicide, Firearm | 0 - | 0.00 | 4 (44.44%) | 0.91 | 4 (0.00%) | 0.86 |
| Suicide, Other | 0 - | 0.00 | 1 (10.00%) | 0.23 | 1 (0.00%) | 0.22 |
| Could Not Be Determined | 7 (5.8%) | 0.27 | 1 (0.99%) | 0.23 | 8 (3.62%) | 1.7 |
| SIDS; Abnormal Signs & Symptoms | 5 (71.4%) | 0.19 | 1 (10.00%) | 0.23 | 6 (0.00%) | 1.30 |
| Perinatal Conditions | 1 (14.3%) | 0.00 | 0 (44.44%) | 0.91 | 4 (0.00%) | 0.86 |
| Other Medical Causes | 1 (14.3%) | 0.04 | 0 (0.00%) | 0.00 | 1 (0.00%) | 0.22 |
| Total | 120 (54.3%) | 4.63 | 101 (45.70%) | 23.10 | 221 (100.00%) | 47.7 |

Year-to-year changes should be interpreted with caution, and may not reflect longer term trends. However, from 2011 to 2012:

- ◆ Unintentional injuries among children accounted for a majority of the increase in child deaths. In particular, three times as many motor vehicle-related deaths occurred in 2012 as in 2011 (25 vs. 8).
- ◆ The homicide rate among children jumped from 6 to 15, a 2.5-fold increase.
- ◆ Fewer infants were diagnosed with deaths from SIDS or unintentional suffocations (14 vs. 26).

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

- ◆ **Infants:** In 2012, African-American and American Indian infants experienced higher mortality than other racial /ethnic groups. However, these differences were not statistically significant due to the relatively small numbers of deaths.
- ◆ **Children:** There were no deaths in 2012 of American Indian or Asian /Pacific Islander children (ages 1-17). The rate of African-American child deaths was significantly higher than those of White and Hispanic children.

