Ohio Child Fatality Review — Eighth-annual Report

Part 3 of 3

Ohio Department of Health

This report includes reviews of child deaths that occurred in 2006

INFANT DEATHS FROM ALL CAUSES

Background

Vital Statistics

Ohio Vital Statistics data report 782 neonatal deaths and 385 post-neonatal deaths for a total of 1,167 infant deaths in 2006. The overall infant mortality rate is 7.8 deaths per 1,000 live births, with the black infant mortality rate (16.7) more than double the white infant mortality rate (6.1). These rates and proportions have changed little over the past decade.

CFR Findings

Local CFR boards reviewed 1,094 infant deaths for 2006.

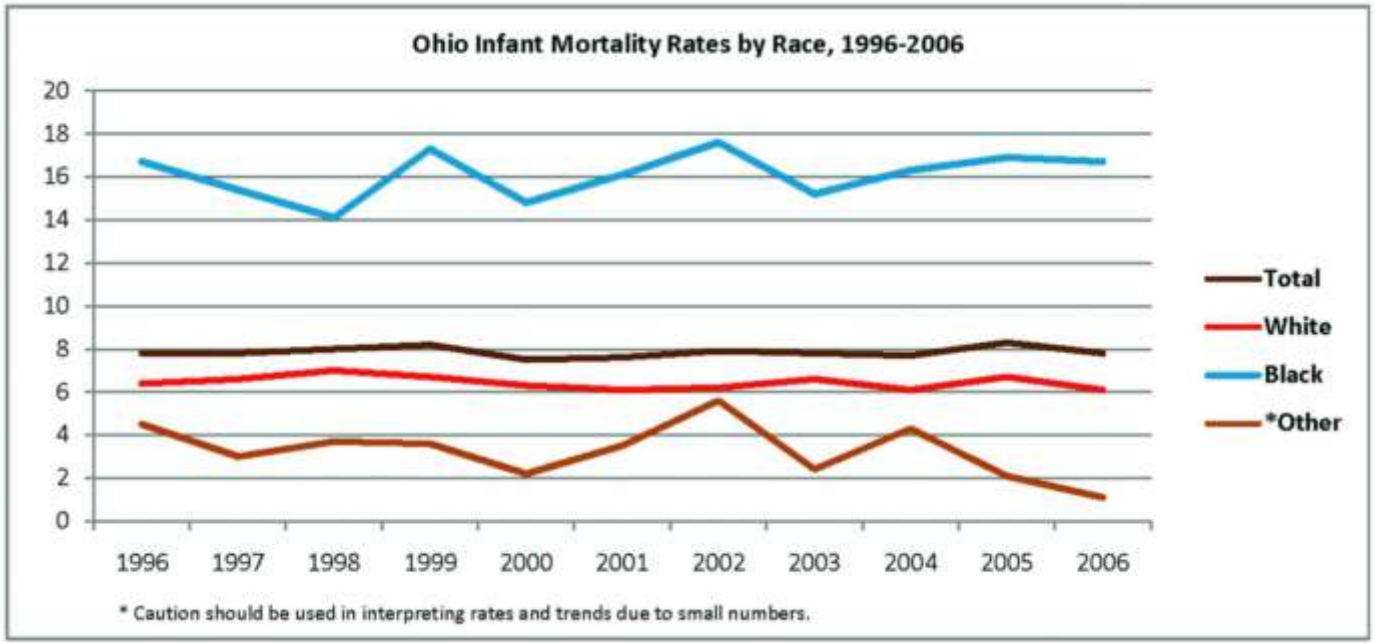
- 735 (43 percent of all deaths reviewed) were infants from birth to 28 days.
- 359 (21 percent of all deaths reviewed) were infants from 29 days to 1 year.

There were greater percentages of infant deaths among black infants (39 percent) relative to their representation in the general population (16 percent); and among boys (57 percent) relative to their representation in the general population (51 percent).

Prematurity and congenital anomalies are the leading causes of infant deaths.

Infant deaths are grouped by cause of death:

- 965 (88 percent) of all infant deaths were due to medical causes.
- 113 (10 percent) were due to external injury causes.
- 16 (2 percent) were unknown if caused by medical or external causes.



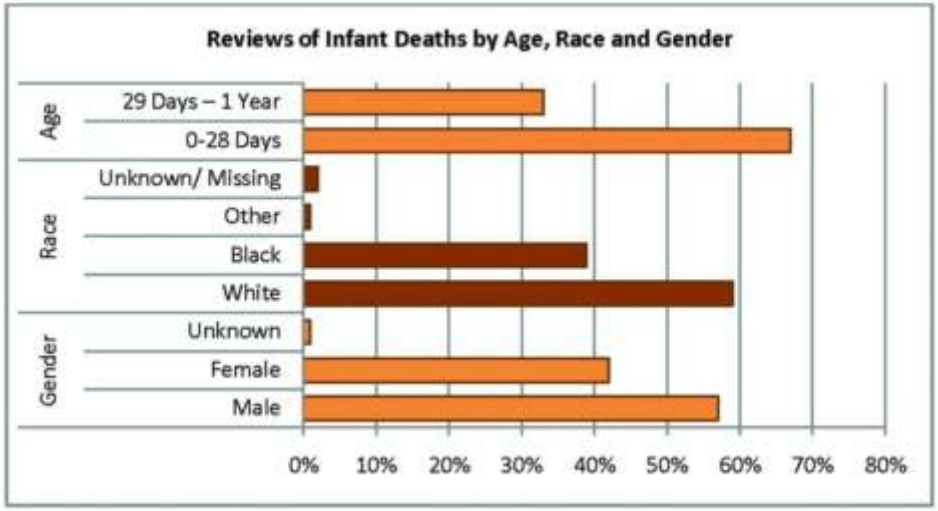
Prematurity and congenital anomalies account for 70 percent (673) of all infant deaths from medical causes; and 62 percent of infant deaths from all causes. Prematurity and congenital anomalies account for 586 (80 percent) of the deaths to infants 0-28 days old.

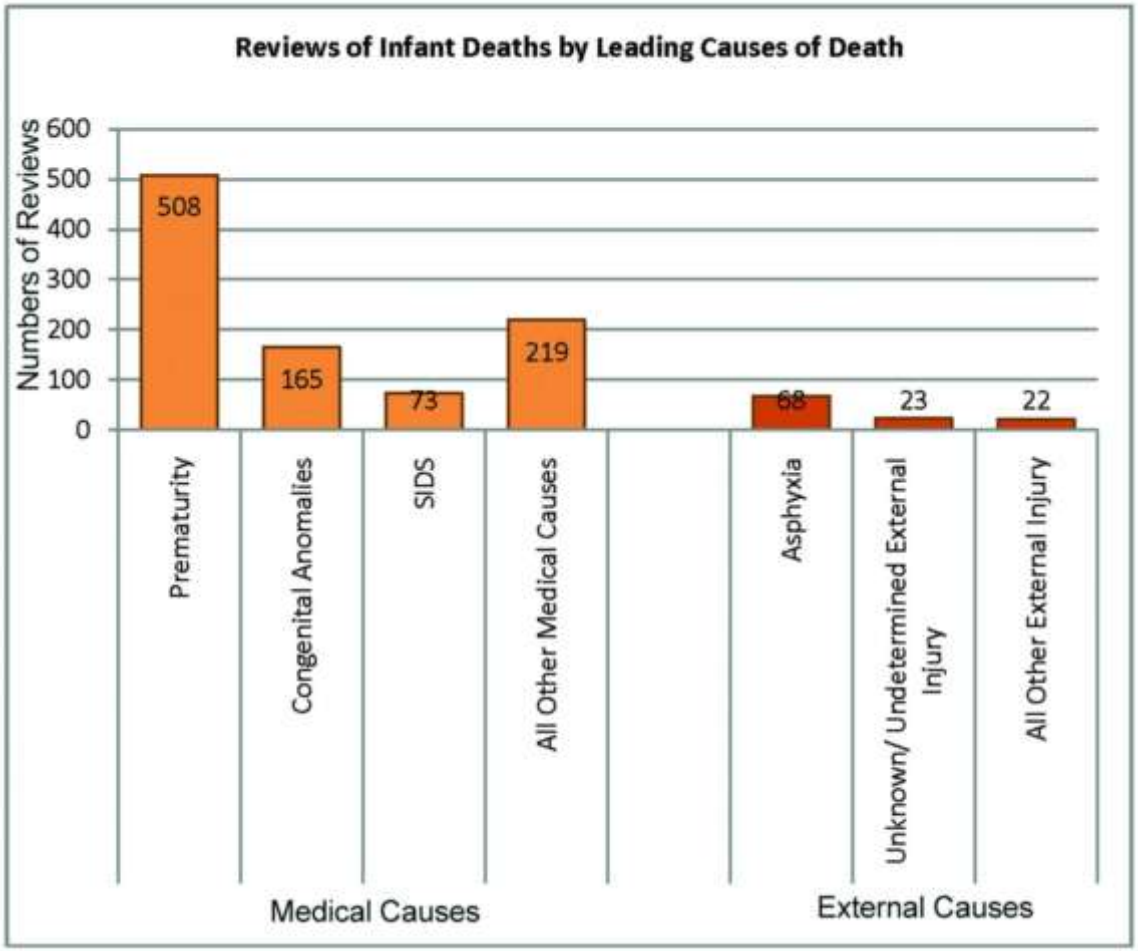
Asphyxia is the leading cause of death due to external injury (60 percent of the infant deaths due to external injury). The next leading external cause of death is "undetermined" (20 percent of the infant deaths due to external injury).

Other factors related to infant deaths:

- Twelve percent (136) of the infants were from multiple births, including 18 triplets.
- Thirty-eight percent (410) of the infants were very low birthweight (<1,500 grams).
- An additional 8 percent (89) were low birth-weight (1,500-2,499 grams).
- Half of the infants (549) were born less than 37 weeks gestation.

Twenty percent (220) of the infant deaths reviewed were infants born to mothers who smoked during the pregnancy.





CHILD ABUSE AND NEGLECT

Background

Child abuse and neglect are examples of child maltreatment, which is any act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, exploitation; or which presents an imminent risk of serious harm. Physical abuse includes punching, beating, shaking, kicking, biting, burning or otherwise harming a child and often is the result of excessive discipline or physical punishment that is inappropriate for the child's age. Head injuries and internal abdominal injuries are the most frequent causes of abuse fatalities. Neglect is the failure of parents or caregivers to provide for the basic needs of their children including food, clothing, shelter, supervision and medical care. Deaths from neglect are attributed to malnutrition, failure to thrive, infections and accidents resulting from unsafe environments and lack of supervision.

Seventeen deaths resulted from physical abuse.

Some deaths from child abuse and neglect are the result of long-term patterns of maltreatment, while many other deaths result from a single incident. Prevent Child Abuse America cites risk factors related to child abuse as emotional immaturity of parents, lack of parenting skills, unrealistic expectations about children's behavior and capabilities, social isolation, frequent family crises, financial stressors and alcohol or drug abuse.[20]

The Child Welfare Information Gateway acknowledges the difficulty in defining the scope of child abuse and neglect fatalities. Studies have shown only about half of the children who died as a result of child abuse and neglect had death certificates that were coded as such.[21] Many child abuse and neglect deaths are coded as other causes of death, particularly unintentional injuries or natural deaths. In a study of 51 deaths identified as child abuse and neglect by local Ohio child fatality review (CFR) boards in 2003 and 2004, 31 different causes of death were recorded on the death certificates. The causes included both medical and external injuries, both intentional and unintentional.[22]

Best estimates are that any single source of child abuse fatality data such as death certificates exposes just the tip of the iceberg. The interagency, multidisciplinary approach of the child fatality review (CFR) process may be the best way to recognize and assess the number and the circumstances of child maltreatment fatalities.

The CFR Case Report Tool and data system captures information about child abuse and neglect deaths as acts of omission or commission, regardless of the cause of death. The tool collects details about the circumstances and persons responsible for the death.

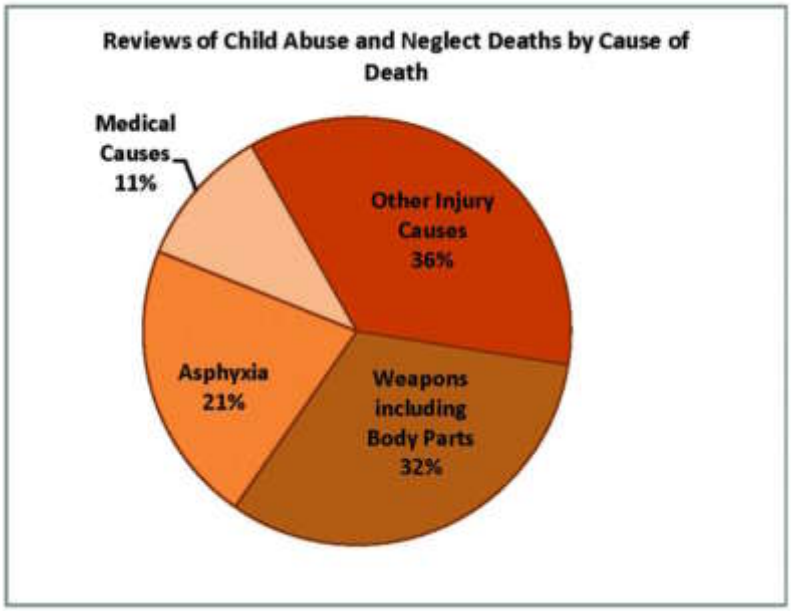
Vital Statistics

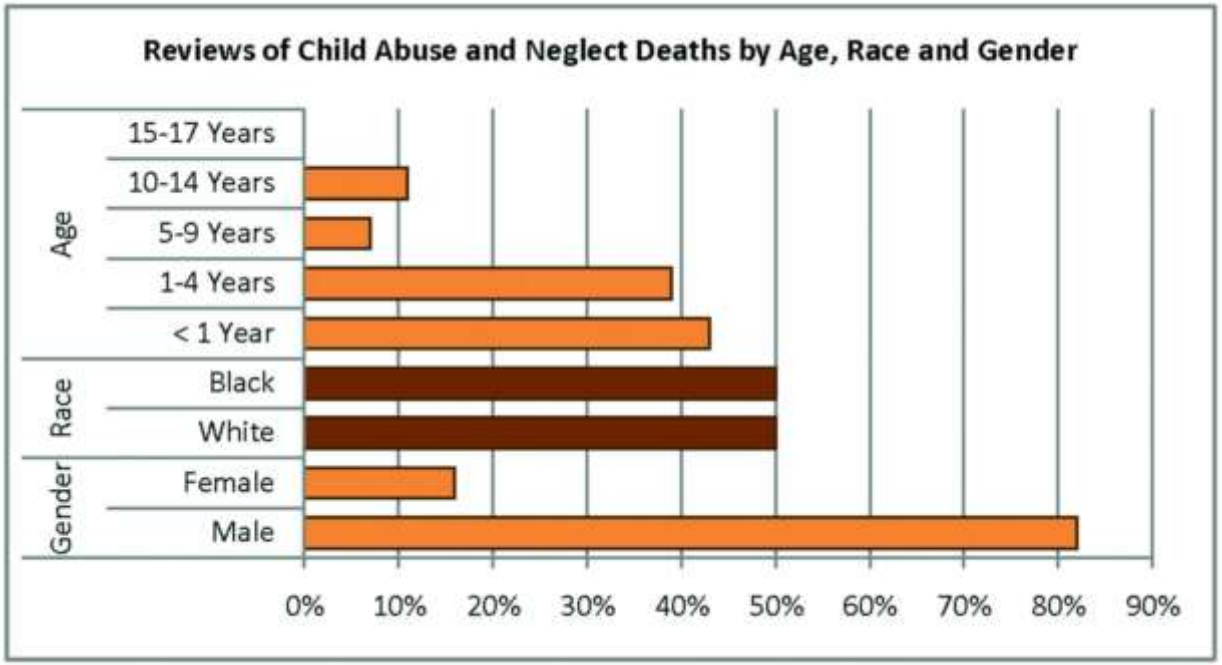
Ohio Vital Statistics data report eight child abuse and neglect deaths to children in 2006. For this report, ICD-10 codes used for classification of Vital Statistics data were selected to most closely correspond with the causes of death indicated on the CFR Case Report Tool. Therefore, the ICD-10 codes used for this report may not match the codes used for other reports or data systems. The codes used for this report can be found in the appendices.

CFR Findings

- Local CFR boards reviewed 28 unique deaths to children from child abuse and neglect in 2006. These represent less than 2 percent of all 1,692 deaths reviewed.
- Two of the 28 reviews indicated that both neglect and abuse were involved.
- Eighty-two percent (23) of child abuse and neglect deaths occurred among children younger than 5 years of age.

- A greater percentage of child abuse and neglect deaths occurred among black children (50 percent) and to boys (82 percent) relative to their representation in the general population (16 percent for black children and 51 percent for boys).
- The 28 deaths identified as child abuse and neglect were the result of several kinds of injuries to the child. Thirty-two percent (nine) were the result of weapons including use of a body part as a weapon.
- Other causes of death included asphyxiation, vehicular, poison and medical causes.
- The majority of the 28 child abuse and neglect deaths reviewed were violent deaths, with 17 resulting from physical abuse including 11 from abusive head trauma and shaken baby syndrome and six from other beating, battering and violent injury.
- Of the 28 deaths from child abuse and neglect, 11 (39 percent) of the children had a prior history of maltreatment.
- The person causing the death was a biological parent in 61 percent of the reviews. The mother's partner was cited in 28 percent of the reviews.
- For all 1,692 deaths reviewed from all causes, at least 86 had a prior history of child abuse and neglect, and 66 had an open case with child protective services at the time of the death.





SUICIDE

Background

Suicide is a manner of death and is the result of intentional, self-inflicted injuries from suffocation, firearms, poison or other causes. The reviews of suicide deaths are included in the discussion of these causes of death, but because suicide has unique risk factors and potential for prevention, it merits further analysis.

According to the National Center for Health Statistics, in 2005 suicide was the third-leading cause of death for of young people ages 10-17. The number of young people who died of suicide (1,017) is nearly equal to the number from homicide (1,054). The overall rate of suicide among youth has declined nationally since 1992, but the rate among African American youth has increased.[23]

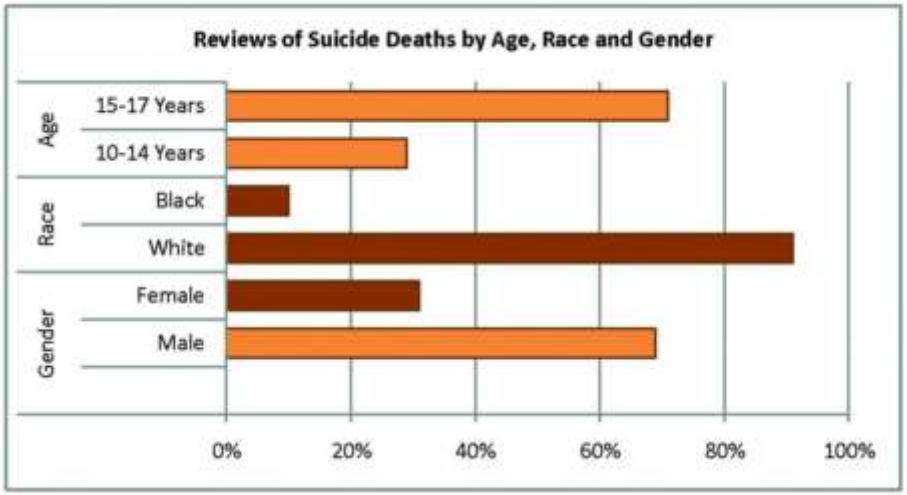
The Child Fatality Review (CFR) Case Report Tool and data system capture information about suicide as a manner of death and as an act of omission or commission, regardless of the cause of death. Information related to the circumstances, triggers and history is collected.

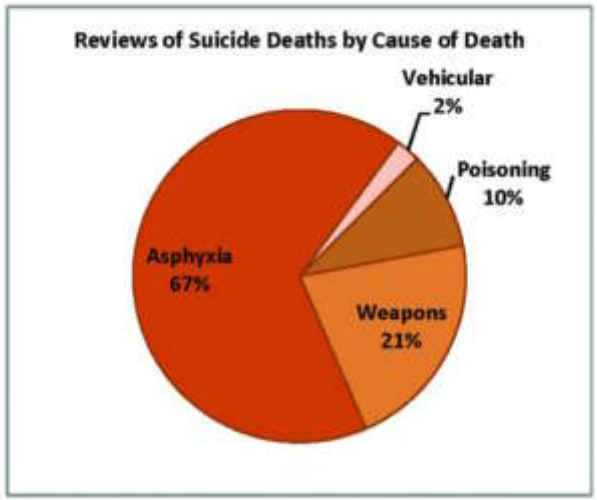
Vital Statistics

Ohio Vital Statistics data reported 43 deaths to children from suicide in 2006. For this report, ICD-10 codes used for classification of Vital Statistics data were selected to most closely correspond with the causes of death indicated on the CFR Case Report Tool. Therefore, the ICD-10 codes used for this report may not match the codes used for other reports or data systems. The codes used for this report can be found in the appendices.

CFR Findings

- Local CFR boards reviewed 42 deaths to children from suicide in 2006. These represent less than 3 percent of the total 1,692 reviews and 13 percent of all reviews for children ages 10-17.
- Suicide deaths among boys (69 percent) were disproportionately higher than their representation in the general population (51 percent).
- Sixty-seven percent (28) of the suicide deaths were caused by asphyxiation.
- The most frequently indicated factors that might have contributed to the child's despondency included family discord, parents' divorce or separation and arguments with parents or caregivers.
- Eight of the 42 reviews for suicide deaths indicated the child had a history of abuse or neglect.





DEATHS IN SLEEP ENVIRONMENTS

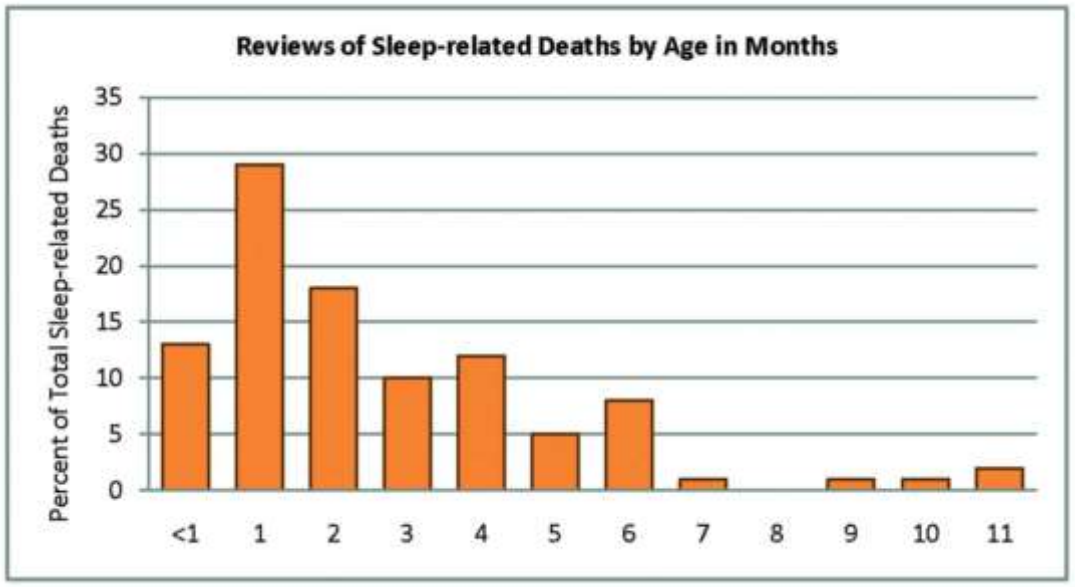
Background

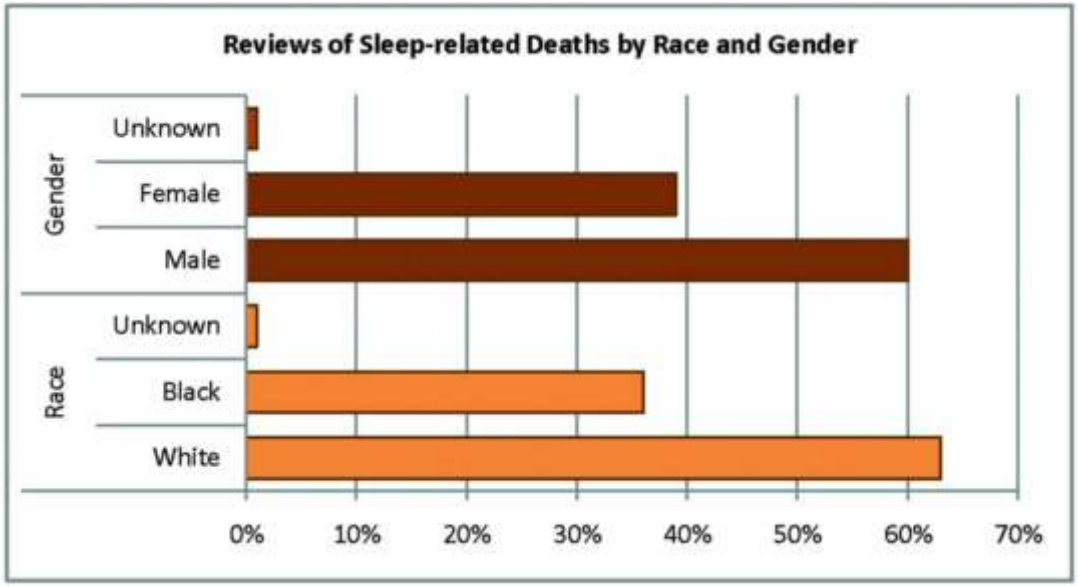
Since the beginning of the Ohio Child Fatality Review (CFR) program, local boards have been faced with a significant number of deaths of infants while sleeping. Some of these deaths are diagnosed as sudden infant death syndrome (SIDS), while others are diagnosed as accidental suffocation, positional asphyxia, overlay or undetermined. The reviews of these deaths are included in the discussions of these causes of death. The CFR Case Report Tool and data system captures information about deaths while sleeping as special circumstances, regardless of the cause of death. In order to better understand the contributing factors for these deaths and then to develop prevention strategies, these sleep-related deaths are analyzed and discussed as a group.

More than three Ohio infant deaths each week are sleep related.

CFR Findings

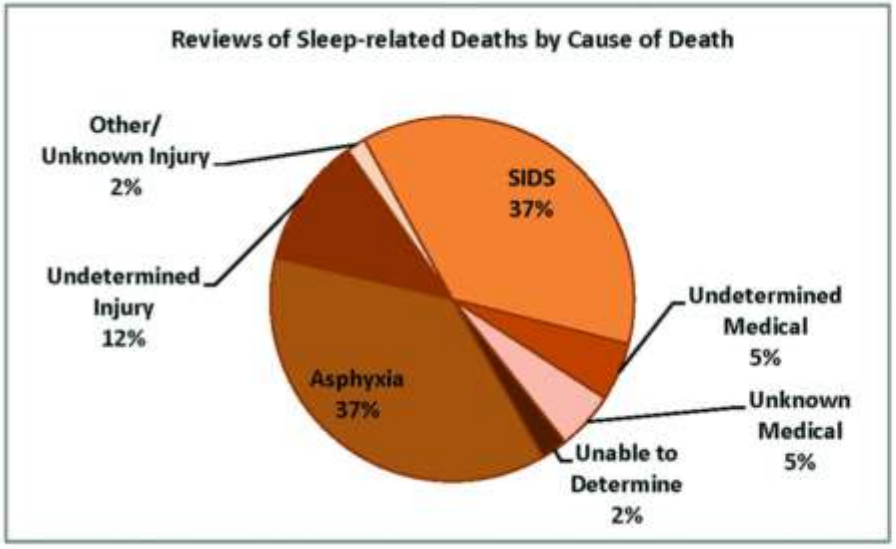
From the reviews of 2006 deaths, 207 cases of infants who died while in a sleep environment were identified. For the analysis of sleep-related deaths, cases of death from specific medical causes were excluded, as were deaths from specific unrelated injuries such as fire and poison, resulting in 173 infant sleep-related deaths. These cases include 64 reviews of SIDS deaths that also included information about the sleep environment.

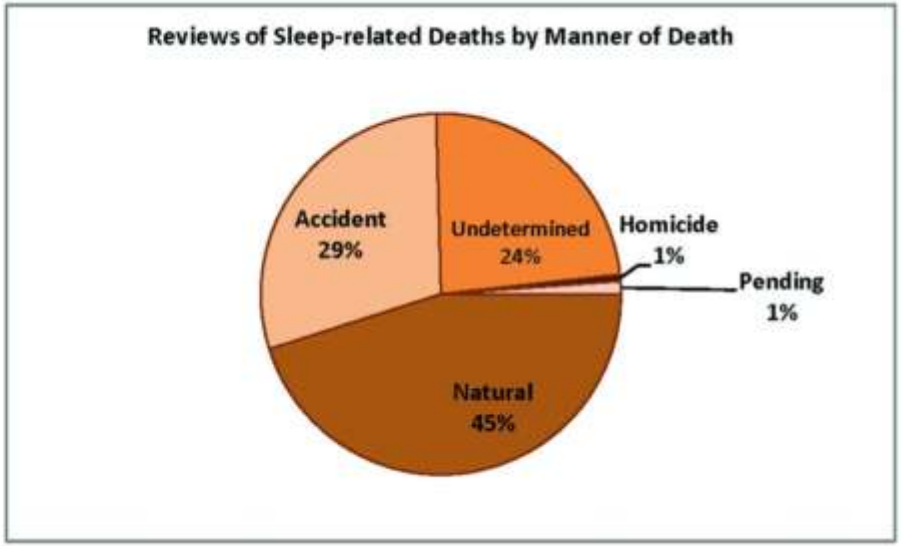




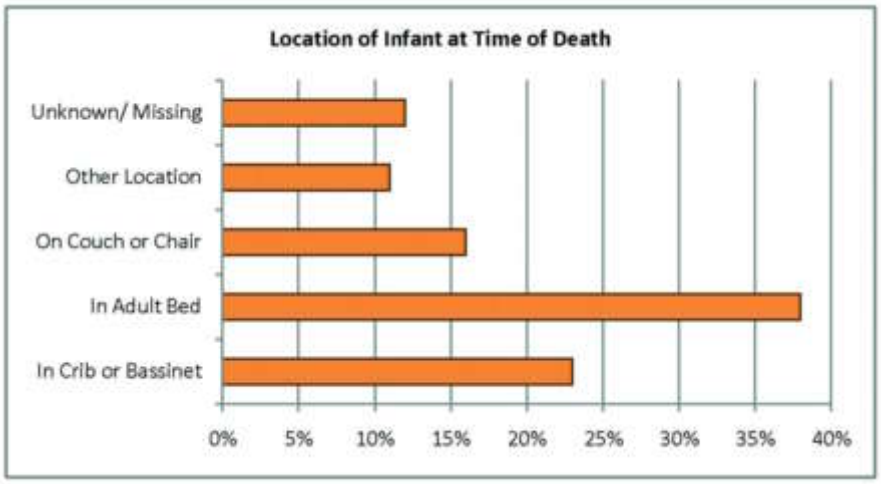
- The 173 infant sleep-related deaths account for 16 percent of the 1,094 total reviews for infant deaths in 2006, more than any single cause of death except prematurity. More than three Ohio infant deaths each week are sleep related.
- Of the 359 reviews of infant deaths from 29 days to 1 year of age, 42 percent (150) were sleep-related.
- Sixty percent (103) of the 173 infant sleep-related deaths were to boys and 36 percent (63) were to black infants. These are disproportionally higher than their representation in the general population (51 percent for boys and 16 percent for black children).
- Eighty-eight percent (152) of the deaths occurred before 6 months of age.

As discussed in the section on SIDS deaths, determining the cause of death for infants in sleep situations is difficult, even when a complete investigation has occurred. Twenty-six percent (45) of the sleep-related deaths were diagnosed as unknown or undetermined cause, even though autopsies had been completed for 99 percent (171) of the reviews for sleep-related deaths.





- Only 23 percent (40) of sleep-related deaths occurred in cribs or bassinets.
- Fifty-four percent (94) of sleep-related deaths occurred in locations considered unsafe: in other types of adult beds and on couches.



Bedsharing was the most frequently reported factor for sleep-related deaths.

- At least 66 percent (115) of sleep-related deaths occurred to infants who were sharing a sleep surface with another person at the time of death.
- Eighty-seven (50 percent) were sharing with an adult.
- An additional 16 percent (28) were sharing with another child.
- When the 64 SIDS cases are excluded, 89 percent (97) of the remaining 109 sleep-related cases involved infants sharing a sleep surface.

Exposure to smoking was the second-most frequently reported factor for sleep-related deaths.

- Seventy-three (42 percent) of the infants were born to mothers who smoked during pregnancy.

INFANT SAFE SLEEP RECOMMENDATIONS

In October 2005, the American Academy of Pediatrics issued a policy statement outlining recommendations for reducing the risk of SIDS and other sleep-related infant deaths. The Ohio Department of Health continues to urge parents and caregivers to follow these recommendations as the most effective way to reduce the risk of infant death:

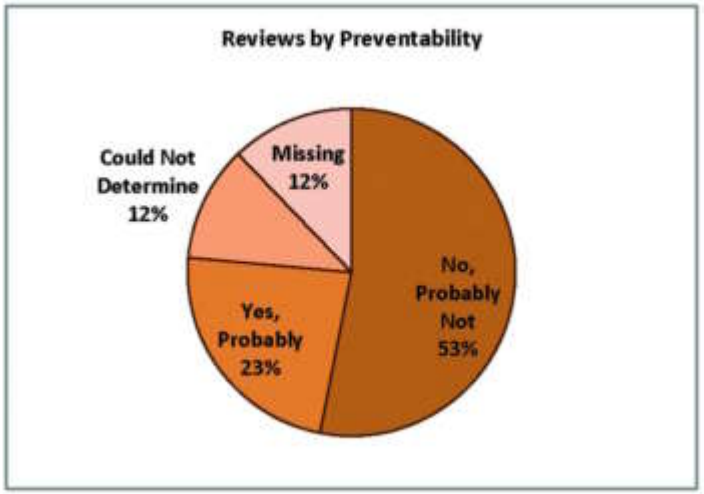
- Place infants for sleep wholly on the back for every sleep, nap time and night time.
- Use a firm sleep surface. A firm crib mattress is the recommended surface.
- Keep soft objects and loose bedding out of the crib.
- Do not smoke during pregnancy. Avoid exposure to secondhand smoke.
- Maintain a separate but proximate sleeping environment. The infant's crib should be in the parents' bedroom, close to the parents' bed.
- Offer a pacifier at sleep time.
- Avoid overheating.
- Avoid commercial devices marketed to reduce the risk of SIDS. None have been proven safe or effective.
- Encourage "tummy time" when awake to avoid flat spots on the back of the head and to strengthen the upper torso and neck.
- Continue the Back to Sleep campaign for parents, grandparents and all other caregivers.

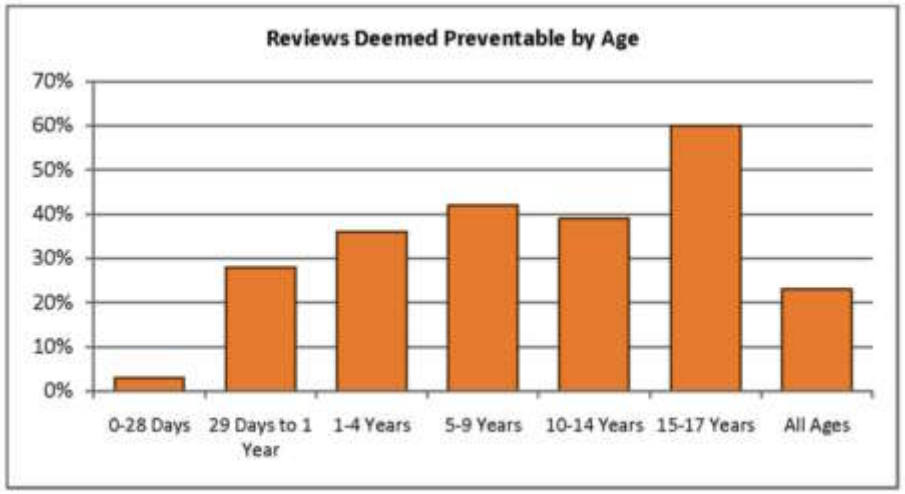
PREVENTABLE DEATHS

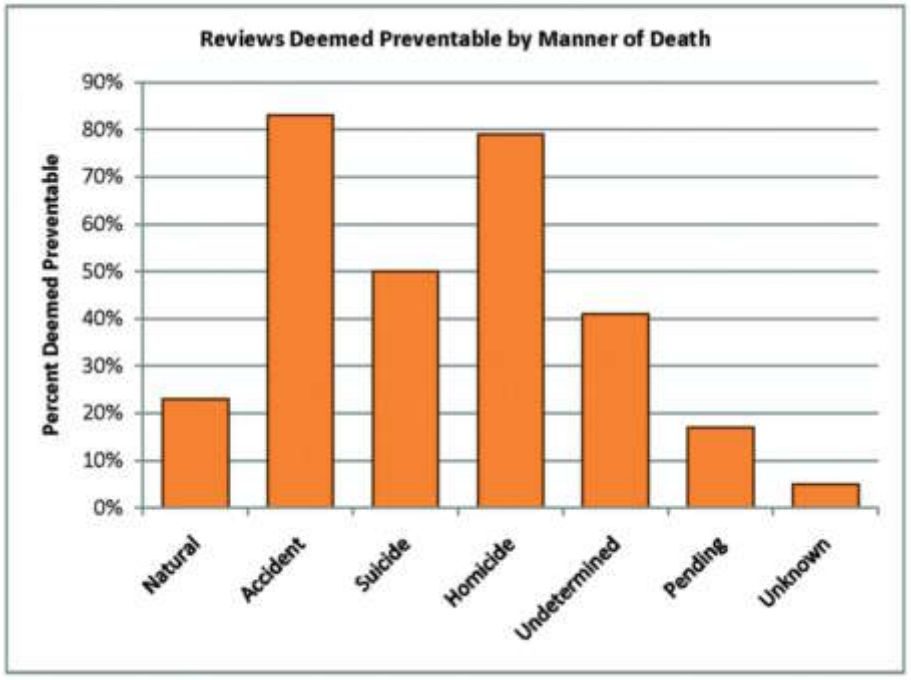
A child's death is considered preventable if the community or an individual could reasonably have changed the circumstances that led to the death.[24]

- Local boards indicated 23 percent (395) of the 1,692 deaths reviewed probably could have been prevented.
- Preventability differed by manner of death and by age group. Eighty-three percent (240) of the 290 deaths of accidental manner were considered probably preventable.
- Sixty percent (118) of the deaths to 15-17-year-olds were considered probably preventable.
- Only 3 percent (23) of the deaths to infants less than 29 days old were considered probably preventable.

Among the most frustrating cases to review are the child deaths that likely could have been prevented with increased adult supervision, increased parental responsibility and the exercise of common sense. A National Safe Kids Campaign study demonstrated that telling children what to do is not enough. Parents must also practice good safety behaviors to effectively teach kids how to be safe.[25] Through the sharing of perspectives during the CFR discussions, members have learned that often-repeated health and safety messages need to be presented in new ways to reach new generations of parents and children.







CONCLUSION

The mission of Child Fatality Review (CFR) is the prevention of child deaths in Ohio.

This report has summarized the process of local review by multi-disciplinary boards

of community leaders which results in data regarding the circumstances related to each death.

This report is a vehicle to share the findings with the wider community

to engage others in developing recommendations and implementing policies,

programs and practices that can have a positive impact on the lives of Ohio's children.

We encourage you to use the information in this report and

to share it with others who can influence changes to benefit children.

We invite you to collaborate with local CFR boards to prevent child deaths in Ohio.

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ICD-10 CODES FOR VITAL STATISTICS DATA USED FOR CFR REPORT

Cause of Death	ICD-10 Codes
Animal Bite or Attack	W53-W59, X20-27, X29
Asphyxia	W75-W84, X47, X66, X67, X70, X88, X91, Y17, Y20
Child Abuse and Neglect	Y06-Y07
Drowning	W65-W74, X71, X92, Y21
Environmental Exposure	W92, W93, W99, X30, X31, X32
Fall and Crush	W00-W19, W23, X80, Y01, Y02, Y30, Y31
Fire, Burn, Electrocution	X00-X09, X33, X76, X77, X97, X98, Y26, Y27, W85, W86, W87
Medical Causes (Excluding SIDS)	A000-B999, C000-D489, D500-D899, E000-E909, F000-F999, G000-G999, H000-H599, H600-H959, I000-I999, J000-J999, K000-K939, L000-L999, M000-M999, N000-N999, O000-O999, P000-P969, Q000-Q999, R000-R949
Other Causes (Residual)	All other codes not otherwise listed
Poisoning	X40-X49, X60-X65, X68, X69, X85, X87, X89, X90, Y10-Y16, Y18, Y19
Sudden Infant Death Syndrome	R95
Suicide	X60-X84
Vehicular	V01-V99, X81, X82, Y03, Y32
Weapon, Including Body Part	W26, W32-W34, X72-75, X78, X79, X93-96, X99, Y00, Y04, Y05, Y08, Y09, Y22-25, Y28-Y29, Y35.0 Y35.3

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[8] http://www.nhtsa.dot.gov/people/injury/childps/ChildRestraints/2004report.pdf

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[10] http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

[11] http://www.usa.safekids.org/tier3_cd_2c.cfm?content_item_id=19011&folder_id=540

[12] http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

[13] http://ojjdp.ncjrs.org/pubs/gun_violence/sect07.html

[14] http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

[15] http://www.cdc.gov/ncipo/factsheets/fire.htm

[16] http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

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