

NEBRASKA



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health

Child and Maternal Death Review Team Interim Report, 2018

Prepared in Accordance with Nebraska Revised Statute 71- 3407

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

June 29, 2021

Clerk of the Legislature
Legislative Fiscal Office
P.O. Box 94604
Lincoln, NE 68509

Dear Clerk of the Legislature:

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

This Interim Report presents an overview of deaths from calendar year 2018, using preliminary data derived solely from Nebraska death certificates. Causes of death, demographic and other factors, or even total number of deaths will likely change after in-depth review.

Sincerely,

A handwritten signature in blue ink that reads "Gary Anthonie, MD".

Gary J Anthonie, MD
Chief Medical Officer, Director
Nebraska Department of Health and Human Services
Division of Public Health

NEBRASKA CHILD AND MATERNAL DEATH REVIEW TEAM — INTERIM REPORT FOR 2018

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.

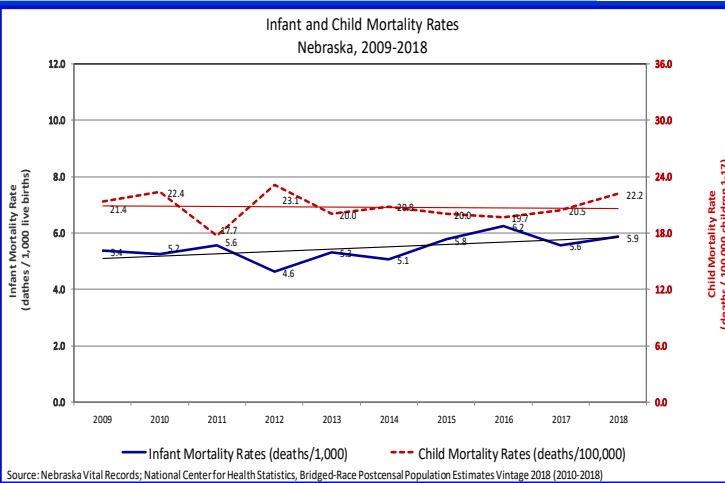
The purpose of the CMDRT includes developing an understanding of the number and causes of maternal and child deaths, and advising the Governor, Legislature, other policymakers and the public on changes that might prevent them in the future. All deaths are reviewed, not just “suspicious” or violent ones. 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, 2009 - 2018

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)
2009	26,931	145	5.38	430,332	92	21.4
2010	25,916	136	5.25	433,671	97	22.4
2011	25,722	143	5.56	435,441	77	17.7
2012	25,939	120	4.63	437,223	101	23.1
2013	26,094	139	5.33	439,185	88	20.0
2014	26,794	136	5.08	441,427	92	20.8
2015	26,662	154	5.78	444,159	89	20.0
2016	26,594	166	6.24	447,256	88	19.7
2017	25,833	144	5.57	449,393	92	20.5
2018	25,495	150	5.88	451,032	100	22.2

*Child population estimates from U.S. Census Bureau, Vintage 2018



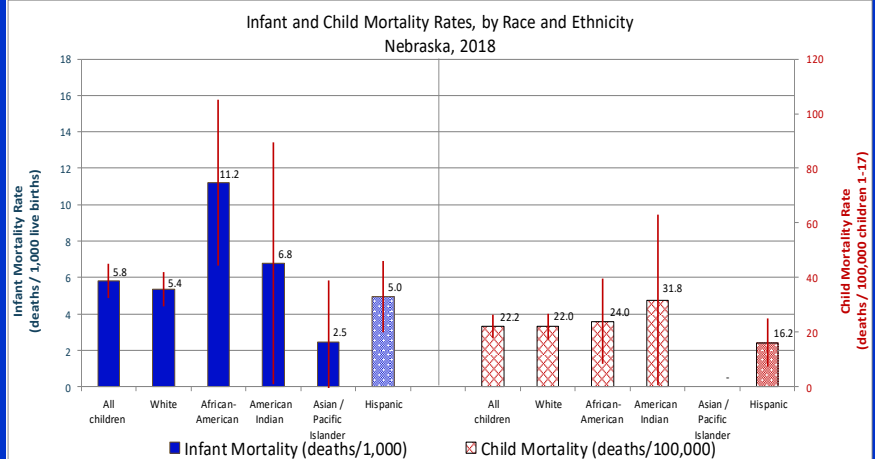
Source: Nebraska Vital Records; National Center for Health Statistics, Bridged-Race Postcensal Population Estimates Vintage 2018 (2010-2018)

Infant and Child Mortality Rates

- ◆ **Infants (less than 1 year old):** In 2018, at least 150 children died before their first birthday, a mortality rate (IMR) of 5.9 deaths per 1,000 live births. Overall, Nebraska’s IMR has been increasing since 2013. There has been no significant change in the IMR over the past 10 years (2009-2018). In 2017, the US IMR was 5.8 deaths per 1,000 live births.
- ◆ **Children (ages 1 to 17):** 100 child deaths were recorded in 2018, a mortality rate (CMR) of 22.2 per 100,000 children. The rate has declined only modestly since 2013 and has not regained the low level seen in 2011. There has been no significant change in the CMR over the past 10 years (2009-2018). In 2018, the Nebraska CMR was the 26th highest in the US.

Race and Ethnicity-Specific Mortality Rates

- ◆ **Infants (less than 1 year old):** The 2018 mortality rate (IMR) for African American infants was significantly higher than that of all other racial/ethnic groups.
- ◆ **Children (ages 1 to 17):** The rate for African-American children was higher than those of Hispanic and White children. There were no other significant differences in Nebraska’s 2018 child mortality rates (CMR).



*Vertical red lines represent the 95% confidence intervals around each rate.
Source: Nebraska Vital Records; National Center for Health Statistics, Bridged-Race Postcensal Population Estimates Vintage 2018

INTERIM REPORT FOR 2018

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 finalizing the full report on deaths from 2014. However, in accordance with Nebraska Revised Statute §71-3407 (2012), this Interim Report presents an overview of deaths from calendar year 2018, using preliminary data derived solely from Nebraska death certificates. Causes of death, demographic and other factors, or even total number of deaths will likely change after in-depth review.

CAUSES OF INFANT & CHILD (0-17) DEATHS, NEBRASKA, 2018

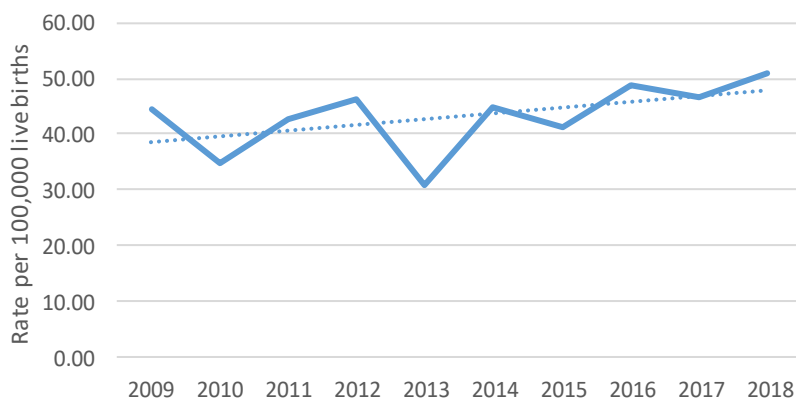
Manner and Cause of Death	Infants (< 1 year)			Children (1-17 years)			All Children (0-17 years)		
	Number of Deaths (%)		Infant Mortality Rate (deaths / 1,000)	Number of Deaths (%)		Child Mortality Rate (deaths / 100,000)	Number of Deaths (%)		Child (0-17) Mortality Rate
Natural	129	71%	5.06	53	29%	11.75	182	73%	38.17
Cancer	1	0.8%	0.04	13	24.5%	2.88	14	7.7%	2.94
Respiratory Disease	1	0.8%	0.04	8	15.1%	1.77	9	4.9%	1.89
Prematurity	18	14.0%	0.71	0	0.0%	0.00	18	9.9%	3.77
Perinatal Conditions	59	45.7%	2.31	1	1.9%	0.22	60	33.0%	12.58
Congenital Anomalies	33	25.6%	1.29	8	11.8%	1.77	41	22.5%	8.60
*SUID Abnormal Signs & Symptoms	1	0.8%	0.04	0	0.0%	0.00	1	0.5%	0.21
Other Natural Causes	16	12.4%	0.63	23	35.3%	5.10	39	21.4%	8.18
Accidental	6	15%	0.24	33	85%	7.32	39	16%	8.18
Motor Vehicle-Related	0	0.0%	0.00	21	70.8%	4.66	18	53.8%	4.40
Drowning	2	33.3%	0.08	3	8.3%	0.67	5	12.8%	1.05
*SUID	3	50.0%	0.12	0	0.0%	0.00	3	7.7%	0.63
Other Unintentional Injury	1	16.7%	0.04	9	20.8%	2.00	10	25.6%	2.10
Homicide	1	50.0%	0.04	1	50.0%	0.22	2	1%	0.42
Homicide by Firearm	0	0.0%	0.00	1	33.3%	0.22	1	50.0%	0.21
Other Homicide	0	0.0%	0.00	0	66.7%	0.00	0	0%	0.00
Maltreatment	1	100.0%	0.04	0	0.0%	0.00	1	50.0%	0.21
Suicide	0	0.0%	0.00	11	100.0%	2.44	11	4%	2.31
by Suffocation / Strangulation	0	0.0%	0.00	9	81.8%	2.00	9	81.8%	1.89
by Firearm	0	0.0%	0.00	2	18.2%	0.44	2	18.2%	0.42
by Other Means	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Could Not Be Determined	13	86.7%	0.51	2	6.3%	0.44	16	6%	3.15
*SUID Abnormal Signs & Symptoms	8	61.5%	0.31	0	0.0%	0.00	8	53.3%	1.68
Other / Undetermined	6	38.5%	0.20	2	100.0%	0.44	8	46.7%	1.47
Pending (Open Investigation)	1	100.0%	0.04	0	0.0%	0.00	1	0%	0.21
Total	150	60.0%	5.88	100	40.0%	22.17	250	100.0%	52.43

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

NEBRASKA MATERNAL MORTALITY

MATERNAL MORTALITY 2018

Pregnancy Associated Mortality Rate, Nebraska, 2009-2018



The CMDRT began monitoring pregnancy-associated deaths in 2014. Nebraska death certificates include a field for recent pregnancy, and provide basic information on causes of death. The Maternal Mortality Review Committee (MMRC) reviews all maternal deaths to determine if each death was pregnancy-related or pregnancy-associated but not related.

In 2018, 13 women died either during or within one year of a pregnancy. The thirteen cases were most commonly related to cardiac issues (4) and cancers (4); the other five deaths were due to other medical problems (2), suicide (1), homicide (1), and motor vehicle crashes (1).