

# NEBRASKA



Good Life. Great Mission.

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**DEPT. OF HEALTH AND HUMAN SERVICES**

Division of Public Health

Child and Maternal Death Review Team Interim Report, 2019

Prepared in Accordance with Nebraska Revised Statute 71- 3407

# NEBRASKA

Good Life. Great Mission.

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 2019, 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 Anthon, MD".

Gary J Anthon, 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 2019

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.

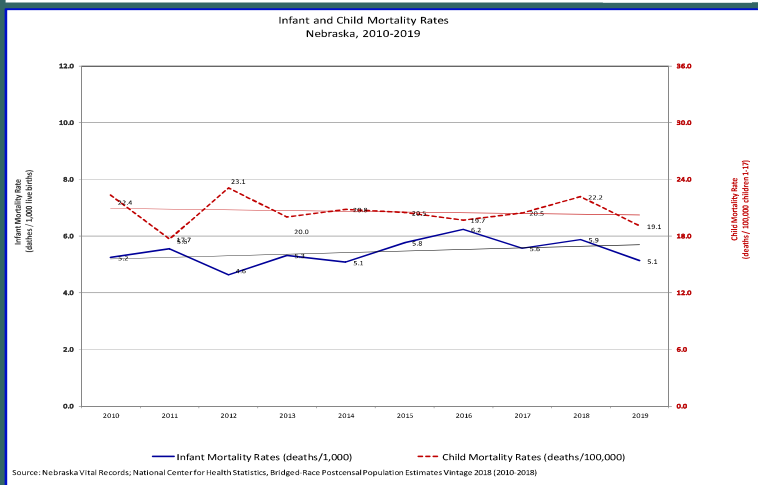
The purpose of the CMDRT includes developing an understanding of the number and causes of maternal and child deaths, and advising the Governor, Legislature, other policymakers and the public on changes that might prevent them in the future. All deaths are reviewed, not just “suspicious” or violent ones. 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, 2010-2019

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)
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
2019	24,758	127	5.13	450,822	86	19.1

\*Child population estimates from U.S. Census Bureau, Vintage 2019

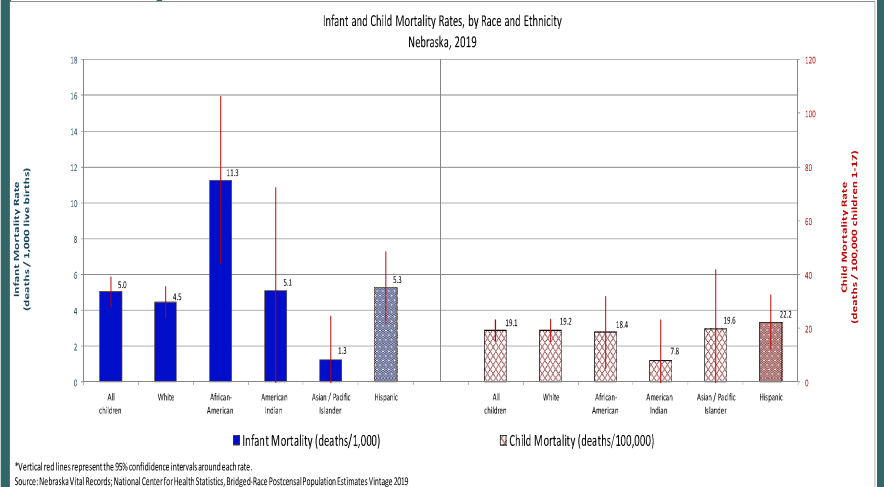


### Infant and Child Mortality Rates

- ◆ **Infants (less than 1 year old):** In 2019, at least 127 children died before their first birthday, a mortality rate (IMR) of 5.1 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 (2010-2019). In 2018, the US IMR was 5.7 deaths per 1,000 live births.
- ◆ **Children (ages 1 to 17):** 86 child deaths were recorded in 2019, a mortality rate (CMR) of 19.1 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 (2010-2019). In 2019, the Nebraska CMR was the 31st highest in the US.

### Race and Ethnicity-Specific Mortality Rates

- ◆ **Infants (less than 1 year old):** The 2019 infant mortality rate (IMR) was significantly higher for African American than the 2019 White rate. No other comparisons were significantly different.
- ◆ **Children (ages 1 to 17):** American Indians and African Americans had the lowest 2019 child mortality rates. There were no other significant differences among racial/ethnic groups.



# INTERIM REPORT FOR 2019

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 2015. However, in accordance with Nebraska Revised Statute §71-3407 (2012), this Interim Report presents an overview of deaths from calendar year 2019, 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, 2019

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	108	75%	4.18	36	25%	8.01	144	68%	30.27
Cancer	3	2.8%	0.12	11	30.6%	2.45	14	9.7%	2.94
Respiratory Disease	2	1.9%	0.08	3	8.3%	0.67	5	3.5%	1.05
Prematurity	13	12.0%	0.50	0	0.0%	0.00	13	9.0%	2.73
Perinatal Conditions	41	38.0%	1.59	0	0.0%	0.00	41	28.5%	8.62
Congenital Anomalies	31	28.7%	1.20	2	5.6%	0.45	33	22.9%	6.94
*SUID Abnormal Signs & Symptoms	2	1.9%	0.08	0	0.0%	0.00	2	1.4%	0.42
Other Natural Causes	16	14.8%	0.62	20	55.6%	4.45	36	25.0%	7.57
Accidental	6	14%	0.23	36	86%	8.01	42	20%	8.83
Motor Vehicle-Related	1	16.7%	0.04	28	77.8%	6.23	29	69.0%	6.10
Drowning	0	0.0%	0.00	2	5.6%	0.45	2	4.8%	0.42
*SUID	4	66.7%	0.15	0	0.0%	0.00	4	9.5%	0.84
Other Unintentional Injury	1	16.7%	0.04	6	16.7%	1.34	7	16.7%	1.47
Homicide	3	37.5%	0.12	5	62.5%	1.11	8	4%	1.68
Homicide by Firearm	0	0.0%	0.00	2	40.0%	0.45	2	25.0%	0.42
Other Homicide	1	33.3%	0.04	2	40.0%	0.45	3	37.5%	0.63
Maltreatment	2	66.7%	0.08	1	20.0%	0.22	3	37.5%	0.63
Suicide	0	0.0%	0.00	9	100.0%	2.00	9	4%	1.89
by Suffocation / Strangulation	0	0.0%	0.00	3	33.3%	0.67	3	33.3%	0.63
by Firearm	0	0.0%	0.00	3	33.3%	0.67	3	33.3%	0.63
by Other Means	0	0.0%	0.00	3	33.3%	0.67	3	33.3%	0.63
Could Not Be Determined	9	100.0%	0.35	0	0.0%	0.00	9	4%	1.89
*SUID Abnormal Signs & Symptoms	9	100.0%	0.35	0	0.0%	0.00	9	100.0%	1.89
Other / Undetermined	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Pending (Open Investigation)	1	100.0%	0.04	0	0.0%	0.00	1	0%	0.21
<b>Total</b>	<b>127</b>	<b>59.6%</b>	<b>4.88</b>	<b>86</b>	<b>40.4%</b>	<b>19.14</b>	<b>213</b>	<b>100.0%</b>	<b>44.77</b>

\*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 2019

Pregnancy Associated Mortality Ratio, Nebraska, 2014-2019



Data Source: Nebraska Maternal Mortality Review Committee

The Nebraska Maternal Mortality Review Committee (MMRC) reviews all maternal deaths to determine if the death was pregnancy-related or pregnancy-associated, but not related.

In 2019, 13 women died during or within one year of pregnancy, regardless of pregnancy-relatedness.

The graph to the left shows the Pregnancy Associated Mortality Ratio (PAMR) for Nebraska. This ratio includes all pregnancy-associated deaths regardless of relatedness in the numerator and number of statewide births in the denominator.

The Nebraska Child and Maternal Death Review Team is mandated by Nebraska Revised Statutes §71-3404 - 71-3409

For more information, contact Jennifer Severe-Oforah (402/471-2091; dhhs.cmdrt@nebraska.gov)

CMDRT reports are available at [http://dhhs.ne.gov/publichealth/Pages/lifespanhealth\\_cdrteam\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_cdrteam_index.aspx).