



# Child Death Review Team Annual Report 2014





# Table of Contents

Background	4
Executive Summary	5
Demographics	6
Child Deaths: Manners	8
Child Deaths: Cause of Death by Manner	11
Spotlight: Drowning and Submersions Deaths	12
Spotlight: Child Abuse and Neglect Deaths	14
Special Topic: Infant Sleep-Related Deaths	18

### Background of the Child Death Review Team in San Bernardino County

In 1988, California enacted legislation allowing the development of interagency child death review teams. These teams are intended to assist local agencies in identifying and reviewing child deaths and facilitating communication involved in the investigation of such cases. In response to this legislation, the San Bernardino County Child Death Review Team (CDRT) was formed to provide professional review of deaths of persons under the age of 18 who lived in San Bernardino County.

State law mandates that no less than once each year, each child death review team shall make available to the public: findings, conclusions, and recommendations, including aggregate statistical data on the incidences and causes of child deaths (SB 1668 (e) (1)). Due to the sensitivity of the material discussed, confidentiality is maintained pursuant to California Penal Code 11167.5. The San Bernardino County CDRT is a multidisciplinary collaborative body guided by agreed upon goals and objectives.

The San Bernardino County CDRT reviews and evaluates the deaths of children less than 18 years of age reported to the Medical Examiner/Coroner's Office. The hope is that through a comprehensive and multidisciplinary review of child deaths, we will better understand how and why children die and use our findings to take actions to prevent other deaths, and to improve the health and safety of our children.

The team is composed of designated representatives from the following agencies:

- Sheriff's Department, Crimes Against Children Division
- Sheriff's Department, Coroner's Division
- Children & Family Services
- District Attorney's Office
- Department of Public Health
- Probation Department
- Program Integrity Division
- Loma Linda Medical Center
- Arrowhead Regional Medical Center
- Children's Network
- Department of Behavioral Health
- San Bernardino County Superintendent of Schools
- Inland Regional Center
- American Medical Response
- Inland Counties Emergency Medical Agency

Prior to each meeting, selected CDRT members receive record check information of each child death to be reviewed for the month. The members research their own agency's files for additional information on the child and his/her family. All of the related information is then brought to the monthly meeting for disclosure, compilation, discussion, review, and classification. A course of action is determined once the review is complete.

## Executive Summary

This report will focus on the deaths that occurred across all six manners of death assigned by the Coroner. Manner of death refers to how an individual died and includes consideration of intention, circumstances, and/or actions that led to the death. The six manners include: Natural, Accident, Traffic, Homicide, Suicide, and Undetermined. For the purposes of this year's report, Natural manner deaths do not include those that were due to disease, congenital conditions, and/or perinatal causes; unless a pending case was ruled in this manner.

The data and cases that are being shared in the report were obtained through the San Bernardino County Coroner's Case Management System.

A total of 98 child deaths were reviewed by the San Bernardino County CDRT team in 2014. Of those, traffic deaths were the leading cause of death accounting for 27% (n=26) of cases reviewed. 24% (n=23) of child deaths were natural in manner, followed by accident deaths at 17% (n=17), undetermined deaths at 14% (n=14), homicide deaths at 12% (n=12), and suicide deaths at 6% (n=6).

The leading cause of accidental death among children continues to be drowning. All of the traffic-related deaths were due to some degree of multiple blunt force injuries. More than half of the accident deaths reviewed were among children ages 0-5, and more than half of the traffic-related deaths were among children 11-17 years old.

Homicide deaths among children have decreased in 2014 almost by half since 2013, 19 deaths to 12 deaths. The number of homicide death cases reviewed resulting from child abuse and neglect remained the same from 2013, at ten cases. It should be noted that all of these children were between ages 0-5.

Deaths by suicide were most common among children ages 11-15 years. This is the first year where suicide deaths among 11-15 year olds have outnumbered those of children 16-17 years of age. Hanging deaths continues to be the leading cause of death, accounting for 67% of all suicide related deaths in San Bernardino County.

Undetermined cause and manner of death was the leading cause of death among children one to twelve months in age. The second leading cause of death among undetermined manner deaths was sudden unexplained infant death (SUIDS). Many of these infants were considered to be in unsafe sleeping environments. Due to the continued high volume of cases reviewed related to SUIDS, a special focus for CDRT is once again featured. In 2014, 14 infants died in their sleeping environments, 79% (n=19\1) of whom were known to be bed sharing with at least one parent.

We invite all interested parties to use this data for research and policy development purposes and to contact us if further information is required.

## Demographics: 2014

### Age/Gender

In 2014, a total of 98 deaths were reviewed by San Bernardino County's Child Death Review Team (CDRT). Each case was classified as one of the following manners of death: Natural, Accident, Traffic, Homicide, Suicide, or Undetermined. The data and cases presented in this report were obtained through the Coroner's Case Management System.

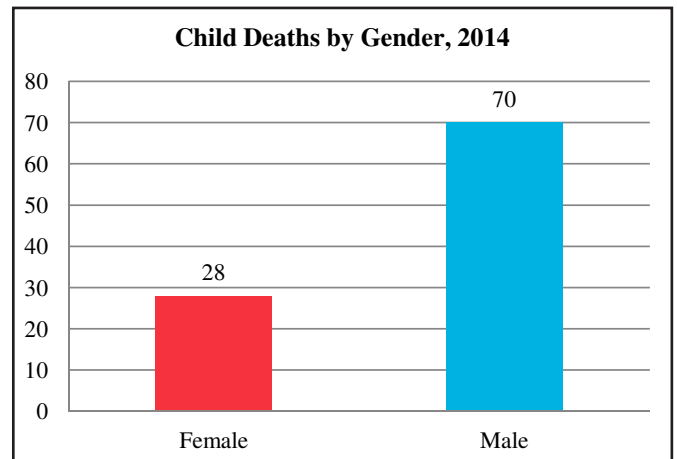
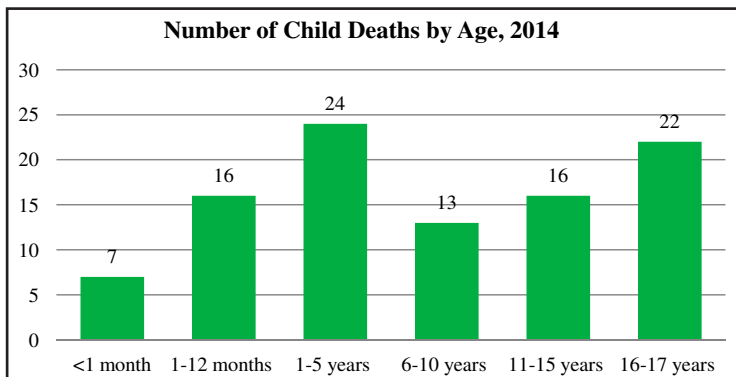
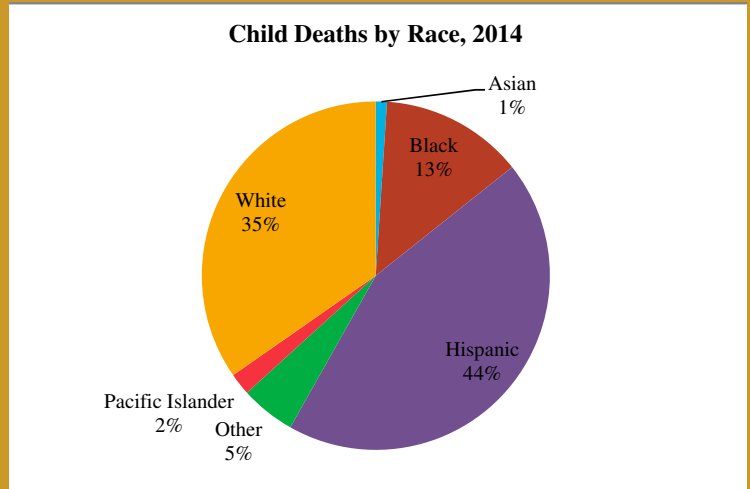
Of the 98 deaths reviewed, 71% (n=70) were male and 29% (n=28) were females. The number of male child deaths continues to outnumber female child deaths in this County, a trend that has been seen over the last three years.

For the first time in three years, the CDRT reviewed more cases involving children between the ages of 6-17 years of age. 52% (n=51) of the total cases were children 6-17, which is an increase percentage wise from 2013, where the total was 38%. It is worth noting that the new standards in place for reviewing cases may have impacted these numbers.

The age group of zero to five years represents 24% (n=24) of the total deaths reviewed in 2014 and accounts for the largest age group represented for cases reviewed. A close second would be the 16-17 year age range that accounted for 22% of deaths reviewed.

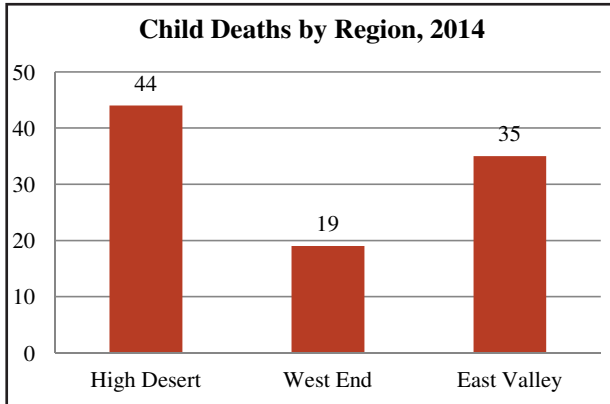
### Race/Ethnicity

In 2014, Hispanic represented the majority of children's deaths. Hispanics also represent approximately 50% of San Bernardino County's general population, according to the U.S. Census Bureau. Although Children's Deaths among Blacks are a smaller proportion when compared to Hispanics and Whites, they are over-represented in comparison to their 10% proportionality in the general San Bernardino County population.



**Region**

The High Desert Region of the San Bernardino County continues to have the highest number of child deaths. In 2014, almost half of the child deaths were from the High Desert Region. As the chart indicates, Victorville and Hesperia have the highest rates of child deaths in the High Desert Region. However, the City of San Bernardino had the highest number of death cases reviewed in the County, and in the East Valley/Central region, with 21 deaths.

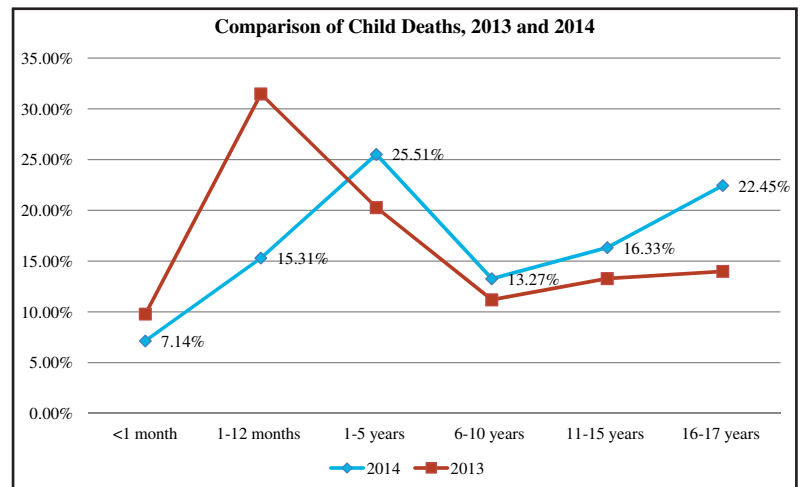
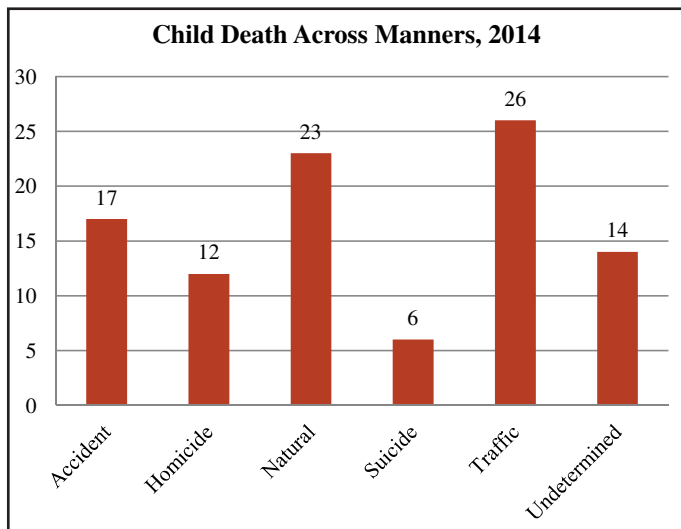


Adelanto	2
Apple Valley	5
Barstow	4
Chino	2
Colton	1
Fontana	4
Helendale	1
Hesperia	13
Highland	4
Mentone	1
Morongo	1
Ontario	6
Phelan	3
Pinion Hills	3
Rancho Cucamonga	5
Redlands	2
Rialto	4
San Bernardino	21
Upland	2
Victorville	11
Yucaipa	2
Yucca Valley	1

## San Bernardino County Child Deaths: Across Manners

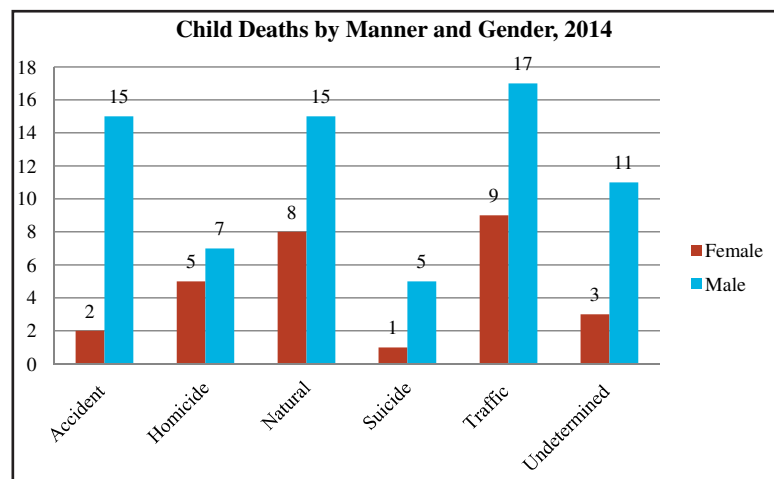
The manner or mode of death is the official category that is listed on the death certificate. In 2014, traffic deaths accounted for the majority of the cases reviewed by CDRT, followed by Natural manner deaths. In total, 27% (n=26) of deaths among children in San Bernardino County were listed as traffic, 24% (n=23) were natural, 17% (n=17) were accidents, 14% (n=14) were undetermined, 12% (n=12) were homicides, and 6% (n=6) were suicides.

In 2014, traffic related child deaths increased three-fold in comparison to 2013. There were only eight traffic related deaths in 2013, but in 2014 there were 26 traffic related deaths. The remaining five manners of death remained fairly consistent percentage wise from 2013 to 2014. Natural cases made up 24% of cases reviewed in 2014, in comparison to being the leading number of cases reviewed in 2013. Again, this can be attributed to the policy change that took effect in 2014 for reviewing natural cases.



### Child Deaths by Manner and Gender

Male child deaths continue to outnumber female child deaths in 2013. In 2013, 62% (n=89) of all child deaths in 2013 were males. In the natural, homicide, and undetermined manner categories, male deaths were almost double compared to females. In fact, 79% (n=15) of the total homicides reviewed this year were males. The only category that saw a higher percentage of female deaths was traffic. Of the eight accident related deaths in 2013, five of them were females.





**Child Deaths by Manner and Age**

Overall, 2014 saw a decrease in the number of deaths in children under the age of 12 months and an increase in deaths amongst children 1-17 years of age. The 1-12 months age group saw the greatest decrease in 2014, dropping by almost half, to 15% from 31% in 2013.

Undetermined deaths continue to be the leading cause of death among children ages 1-12 months. While in 2013 there were a total of 25 undetermined deaths, 2014 saw a decrease to 10 in 2014. This shows that while the undetermined manner of death continues to be a leading cause, overall there was a decrease from 2013.

Similar to 2013, accidental manner of death continues to be the leading cause of deaths among children ages 1-5 years old in 2014. Accidental deaths accounted for 44% (n=11) of the total child deaths of children 1-5 years of age.

Lastly, traffic related deaths were the leading cause of deaths among children in the 16-17 years age group. There were 11 cases reviewed for children in the 16-17 year age group. This is a large increase in comparison to 2013 when only 2 traffic deaths were reviewed within this age group. It is unclear why there was a sudden influx of traffic related deaths among children in this age group. This may indicate that some awareness and education around safe driving habits may be needed for the teens getting their driving permits in the County.

	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
<b>Accident</b>			11	1		5
<b>Homicide</b>		1	5	1	2	3
<b>Natural</b>	3	4	5	6	4	1
<b>Suicide</b>					4	2
<b>Traffic</b>			4	5	6	11
<b>Undetermined</b>	4	10				
<b>N</b>	<b>7</b>	<b>15</b>	<b>25</b>	<b>13</b>	<b>16</b>	<b>22</b>
<b>%</b>	<b>7.14%</b>	<b>15.31%</b>	<b>25.51%</b>	<b>13.27%</b>	<b>16.33%</b>	<b>22.45%</b>

## Child Deaths by Manner and Race/Ethnicity

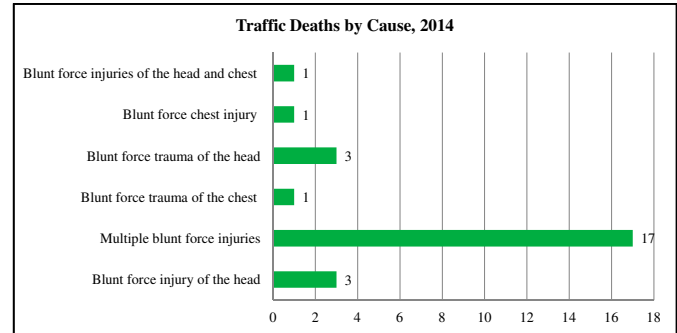
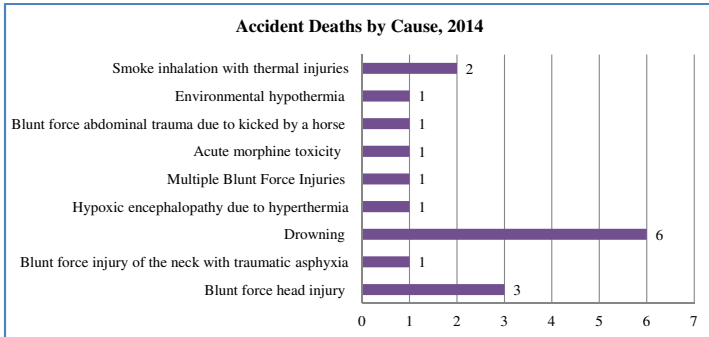
Following a familiar trend, natural manner was the leading cause of death among nearly all races in 2014. The only race in which natural manner was second was among Hispanics, in which traffic manner of death was the leading cause of death. A greater percentage of deaths occurred among Hispanics than any other race, accounting for 44% (n=43) of the total . This was followed by Whites and Blacks, totaling 35% (n=34) and 13% (n=13), respectively. Accident, homicide, traffic and undetermined deaths appear to occur more often among Hispanics. While natural and suicides occurred more often among Whites in 2014.

	N	%	Accident	Homicide	Natural	Suicide	Traffic	Undetermined
Asian	1	1.02%			1			
Black	13	13.27%	3	1	2	1	4	2
Hispanic	43	43.88%	8	7	9	1	11	7
Other	5	5.10%	2				3	
Pacific Islander	2	2.04%		1	1			
White	34	34.69%	4	3	10	4	8	5

# San Bernardino County Child Deaths: Causes of Death by Manner

## Accident & Traffic Deaths

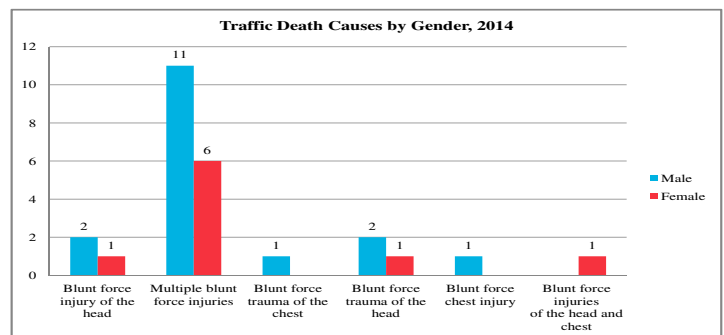
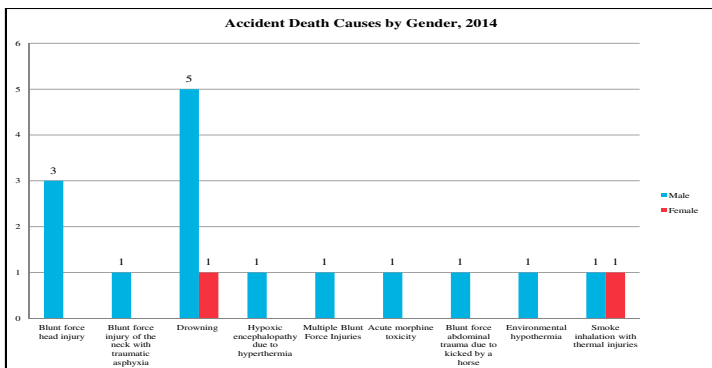
In 2014, 43 of the cases reviewed by CDRT were classified as accident or traffic in manner within San Bernardino County.



Accounting for 35% (n=6) drowning was the leading cause of accidental deaths. Varying degrees of blunt force injuries was the second leading cause of death in 2014, accounting for 29% (n=5). These findings are consistent with data from 2013.

Traffic deaths increased almost three-fold in 2014 compared to 2013. All of the traffic manner deaths were a result of some varying degree of blunt force trauma resulting from traffic collisions. The leading cause of traffic deaths were multiple blunt force injuries accounting for 65% (n=17) of the total, this is consistent with data from 2013. It is significant to note that, in two of the cases the driver of the car was under the influence of substances when the collision occurred, resulting in the death of the child passenger.

In 2013, female traffic deaths were higher, but 2014 saw the data reverting back to an older trend where males outnumbered females in both accident and traffic manner deaths. Males accounted for 74% (n=32) of the total combined deaths for accidental and traffic manners. Drowning was the leading cause of accidental deaths among males accounting for 33% (n=5) of the total drowning. There were only two female deaths that were reviewed with an accidental manner of death. Multiple blunt force injuries was the leading cause of traffic related deaths among males, accounting for 65% (n=11) of the deaths. In comparison, there were more female deaths within the traffic manner. Similar to the males, multiple blunt force injuries was the leading cause of death among females in the traffic deaths. These findings are consistent with data from 2013.



## CDRT ANNUAL REPORT 2014

In 2014, 65% (n=11) of accident deaths were among children aged one to five years old. Within this age group, drowning was the leading cause of accidental deaths. In comparison, 65% (n=17) of traffic deaths were among children aged 11-17 years old. The leading cause of traffic deaths, in this age group, was multiple blunt force injuries. Most of these traffic related deaths were due to traffic collisions where the children were passengers.

### Accident Deaths by Cause and Age, 2014

	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Blunt force head injury			1			2
Blunt force injury of the neck with traumatic asphyxia						1
Drowning			6			
Hypoxic encephalopathy due to hyperthermia and environmental heat exposure		1				
Multiple Blunt Force Injuries						1
Acute morphine toxicity						1
Blunt force abdominal trauma due to kicked by a horse			1			
Environmental hypothermia			1			
Smoke inhalation with thermal injuries			1	1		
<b>N</b>		<b>1</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>5</b>
<b>%</b>		<b>5.88%</b>	<b>58.82%</b>	<b>5.88%</b>	<b>0.00%</b>	<b>29.41%</b>

### Traffic Deaths by Cause and Age

	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Blunt force injury of the head			1		2	
Multiple blunt force injuries			1	5	3	8
Blunt force trauma of the chest						1
Blunt force trauma of the head			1		1	1
Blunt force chest injury						1
Blunt force injuries of the head and chest			1			
<b>N</b>			<b>4</b>	<b>5</b>	<b>6</b>	<b>11</b>
<b>%</b>			<b>15%</b>	<b>19%</b>	<b>23%</b>	<b>42%</b>

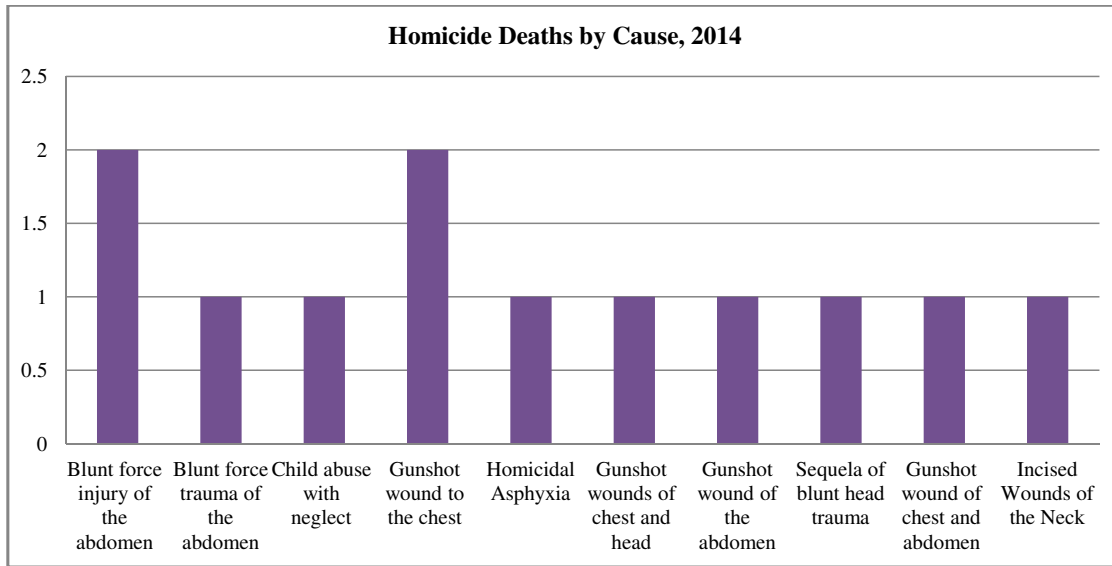
### SPOTLIGHT: Drowning Deaths and Submersions

In 2014, the CDRT reviewed a total of six deaths as a result of drowning. Two of six drowning cases occurred in an in-ground swimming pool that was not properly gated. In many cases, caregivers stated that children had been left unattended between 3-15 minutes before child was found. An additional three children were found in above ground pools where an access ladder was left in the pool. One death was in a spa, in which the child's hand was caught in an exposed drain entrapment causing the drowning. The last drowning was due to a child falling into an inflatable pool. In 2014, the Drowning Prevention Network (DPN) and Safe Kids Inland Empire reported that there were a total of 38 child submersion incidents that were reported in San Bernardino County. This number may have been higher because this number is reflective of cases reported to the DPN.

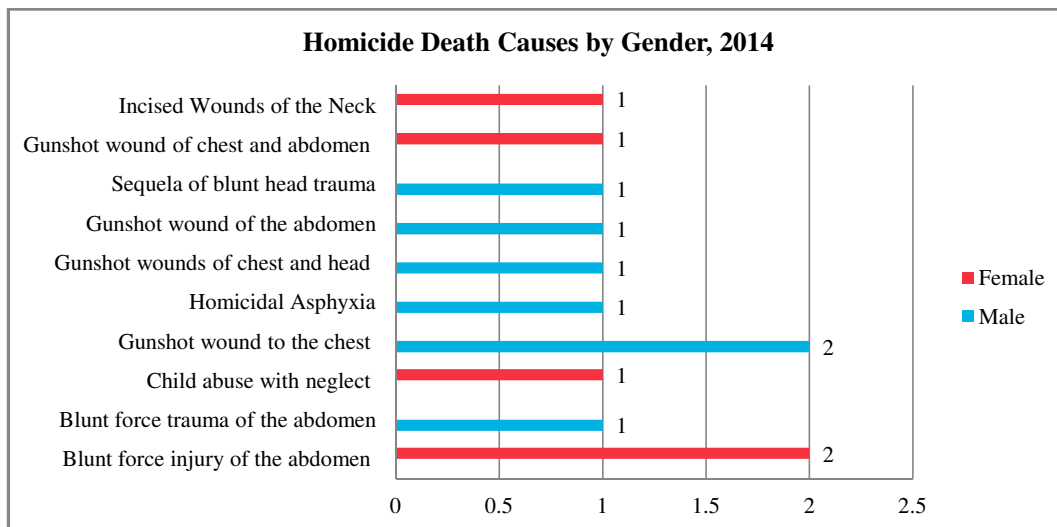
- 38 out of 54 submersions were involving children
- Five children were male and one child was female
- Six out of the 38 reported child submersions resulted in fatalities
- All children were between the ages one to five years

**Homicides**

In 2014, there were 12 child homicide deaths within the County of San Bernardino.



The leading causes of death in the child homicide cases that were reviewed were gunshot wounds and blunt force trauma to the child. Numerically, when compared to 2013, there was one less gunshot wound death this year. However with 42% (n=5) of the homicide deaths being attributed to gunshot wounds it was still the leading cause of death for children. This was followed by three deaths that were due to some degree of blunt force injury, resulting in the death of the child. In total, there was a decrease in deaths with a homicide manner in comparison to 2013, where the total was 19 deaths.



A little more than half of all homicide deaths were among males this year accounting for 58% (n=7) of the deaths. Gunshot wounds were most prevalent cause of death among males, accounting for four deaths. Similarly, varying degrees of blunt trauma or injury were the leading cause of homicide deaths among females, accounting for two deaths.

## Homicide Deaths by Cause and Age, 2014

	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Blunt force injury of the abdomen			2			
Blunt force trauma of the abdomen			1			
Child abuse with neglect			1			
Gunshot wound to the chest					1	1
Homicidal Asphyxia		1				
Gunshot wounds of chest and head					1	
Gunshot wound of the abdomen						1
Sequela of blunt head trauma			1			
Gunshot wound of chest and abdomen						1
Incised Wounds of the Neck				1		
<b>N</b>		<b>1</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>%</b>		<b>8%</b>	<b>42%</b>	<b>8%</b>	<b>17%</b>	<b>25%</b>

In 2014, 50% (n=6) of the homicide deaths were among children ages zero to five. The causes of deaths for these children were: blunt force injuries, child abuse with neglect, homicidal asphyxia, and sequel of blunt head trauma. Another 25% (n=3) of homicide deaths were among teens ages 16-17; all of these youths died by gunshot wounds.

### **SPOTLIGHT:** **Child Abuse and Neglect Deaths**

In 2014, the CDRT reviewed ten cases involving children who died as a result of suspected child abuse and neglect. The number of cases reviewed remained unchanged from last year.

All ten deaths resulting from child abuse and neglect were of children under the age of five. 40% (n=4) of the cases involved children less than 12 months old and the other 60% were children ages one year, two

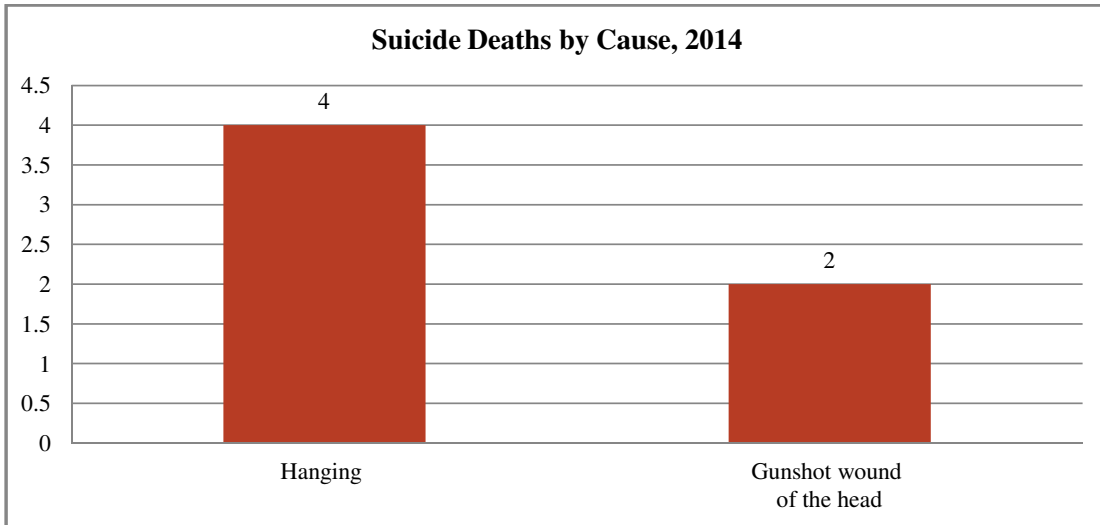
years, and five years. Through the review of the cases, some of the injuries sustained by children were classified as non-accidental trauma (NAT). Meaning, the injuries found on the children's bodies were deliberate and not accidental. The leading cause of death among the children was some form of blunt force injury, either to the head or abdomen. Two of the deaths were related to unsafe sleeping practices; with one case having a correlation to methamphetamine use by mother. The child whose cause of death was sequela of blunt head trauma was due to being a shaken baby in his infancy. Furthermore, two cases have been listed as a manner of Undetermined, but there is suspicion of child abuse and neglect, with the mothers testing positive for methamphetamines.

Of the ten cases, five of the children were male and the other five were female. Five of the children who died were as a result of suspected child abuse and neglect were Hispanic and the other were White.

Age	Mode of Death	Cause of Death	Gender	Race
5 years	Homicide	Child abuse with neglect	Female	Hispanic
5 years	Homicide	Sequela of blunt head trauma	Male	White
3 months	Undetermined	SUID with meth while sleeping in an unsafe environment	Male	Hispanic
1 years	Homicide	Blunt force injury of the abdomen	Female	Hispanic
2 months	Undetermined	Undetermined	Female	White
2 years	Homicide	Blunt force trauma of the abdomen	Male	White
1 months	Homicide	Homicidal Asphyxia	Male	White
1 years	Homicide	Blunt force injury of the abdomen	Female	Hispanic
1 years	Homicide	Blunt force injury of the abdomen	Female	Hispanic
2 months	Undetermined	Undetermined	Male	White

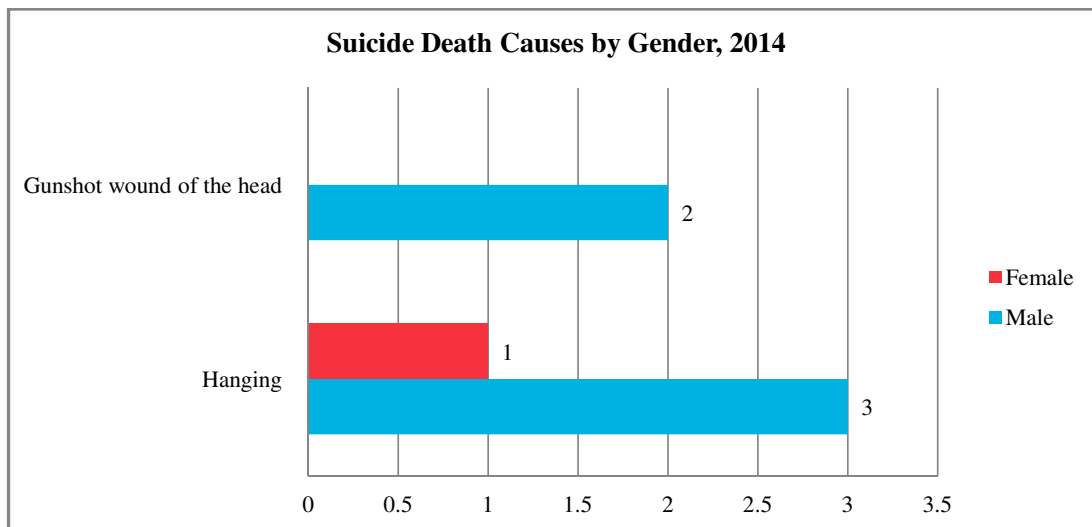
**Suicides**

In 2014, 6% (n=6) of all cases reviewed by the CDRT were suicide cases. This number remains unchanged from the number of suicide cases reviewed in 2013.



The leading cause of suicide deaths among children in the County was, once again, hanging. Hanging accounted for 67% (n=4) of all suicide related deaths in 2014 among cases reviewed. The only other cause of death in 2014 was a gunshot wound to the head and accounted for two of the six total deaths.

Males continue to outnumber females in suicide related deaths; a trend that has remained unchanged since 2009. In 2014, 83% (n=5) of the total suicide deaths were males, while females represented only 16% (n=1). The leading cause of death was hanging among both genders; the only female suicide death was a result of hanging. Three of the five male suicide deaths were a result of hanging, while two others were a result of a gunshot wound of the head.

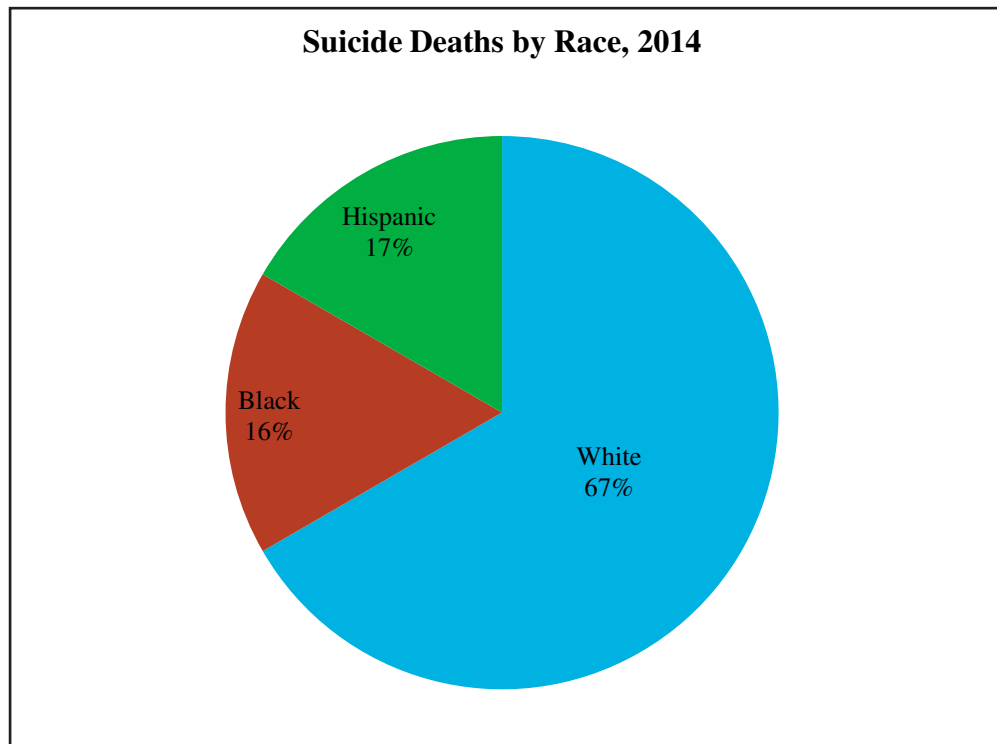


## Suicide Deaths by Cause and Age, 2014

	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Hanging					3	1
Gunshot wound of the head					1	1
<b>N</b>					<b>4</b>	<b>2</b>
<b>%</b>					<b>67%</b>	<b>33%</b>

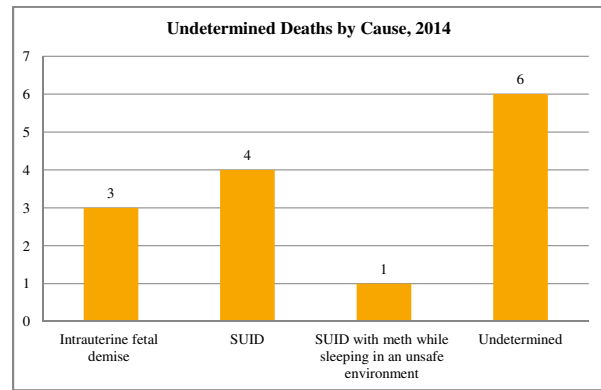
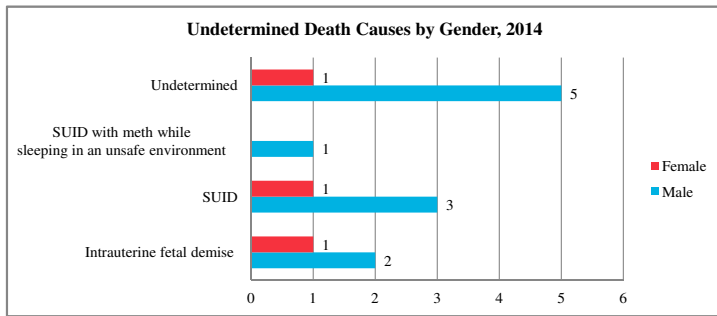
As seen in years past, all of the suicide deaths that occurred in 2014 were within children aged 13-17 years. This year, there were more suicide deaths among children in the 11-15 year old age group and two deaths in the 16-17 year old age group. This is different from 2013 when there were more deaths among the 16-17 years age group. At this time it is unclear as to what caused the suicide related deaths among a younger age group.

In 2014, similar to a trend seen in 2013, Whites represented 67% (n=4) of all suicide cases, which is a 17% increase from 2013. However, there was a decrease among the cases we reviewed of Hispanic children; down from 33% in 2013 to 17% this year. Similarly, there was an observed decrease from 17% in 2013 to 16% in 2014 for Black youth.





### Undetermined Deaths



There were 14 deaths with the manner of undetermined in 2014. Undetermined death was the fourth leading manner of all deaths. The number of cases reviewed this year with an undetermined manner has decreased by more than half in comparison to last year.

In 2014, 43% (n=6) of cases were determined to have an undetermined cause and manner of death. An undetermined cause of death generally means that there were no significant findings during the autopsy to conclusively give a cause or manner of death. In some instances, there are too many confounding factors that can affect the overall cause of death.

This year, the second leading cause of death with an undetermined manner is sudden unexpected death (SUID), a trend that has been seen since 2009. It is worth mentioning that even though SUID deaths continue to be one of the leading causes of death among infants, the number of cases reviewed by CDRT continues to decrease each year.

There were a total of eleven male deaths with a manner of undetermined. Five of these cases were closed with the cause of death remaining undetermined, as well. This was followed by four cases whose cause of death were determined to be related to SUIDS. The three female deaths were caused by: intrauterine fetal demise, SUIDS, and one cause remained undetermined. Five of the 14 total undetermined cases had a direct correlation

### Undetermined Deaths by Cause and Age

	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Intrauterine fetal demise	3					
SUID		4				
SUID with meth while sleeping in an unsafe environment		1				
Undetermined	1	5				
<b>N</b>	<b>4</b>	<b>10</b>				
<b>%</b>	<b>29%</b>	<b>71%</b>				

As the chart indicates, all of the deaths occurred in children under the age of 12 months. Children between 1 -12 months continue to represent the highest number of undetermined deaths, accounting for 71% (n=10) of the total. However, it is worth mentioning that there has been a decrease from the twenty five child deaths that were reviewed in 2013. Infants under the age of one month accounted for the remaining four deaths, representing 29% of the total. As mentioned above, death related to SUIDS or unsafe sleeping environments accounted for the majority of the deaths for children under the age of 12 months. These findings continue to stay true to the trends that have been seen since 2009.

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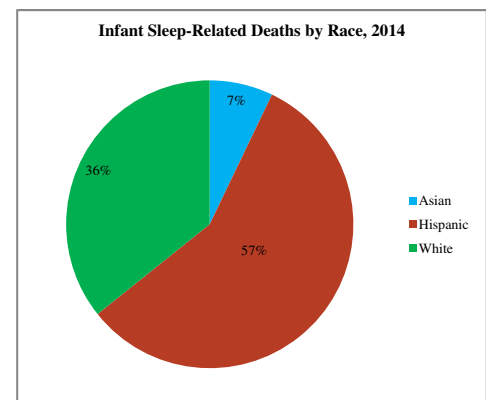
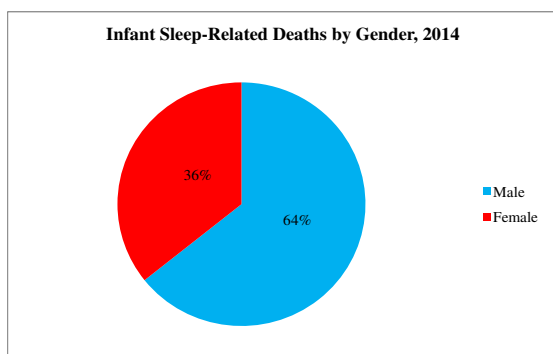
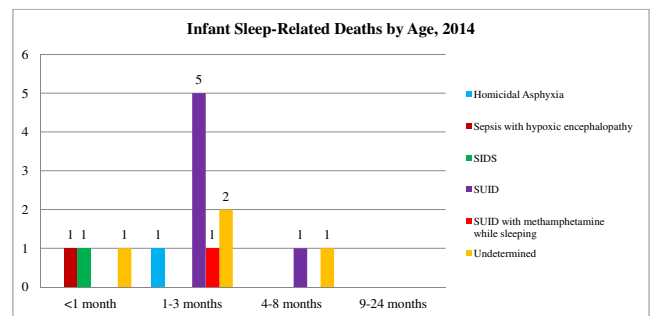
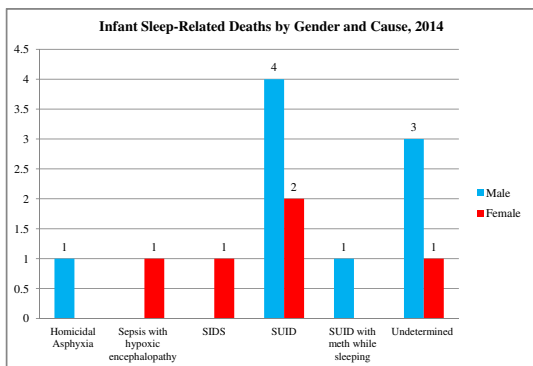
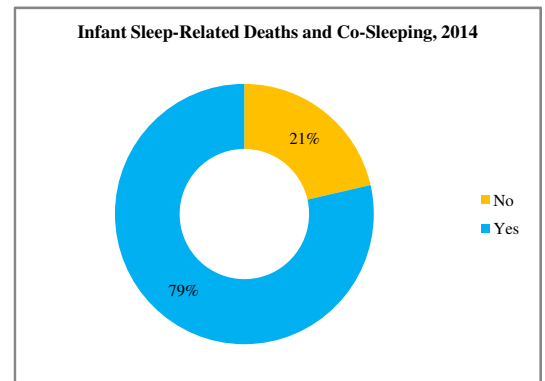
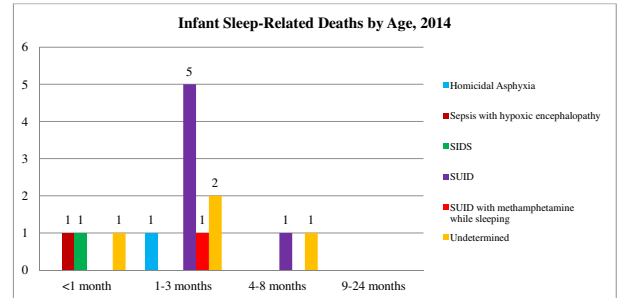
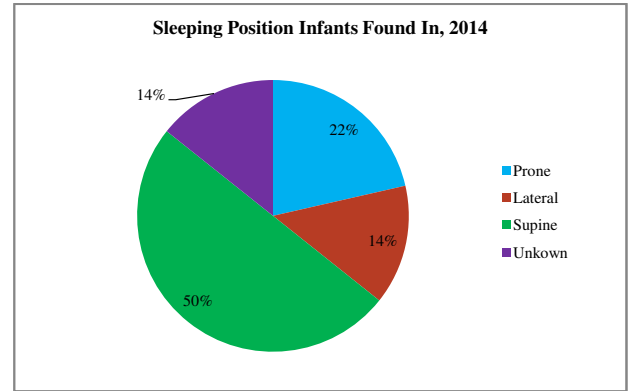
## SPECIAL TOPIC: Infant Sleep-Related Deaths 2014

In 2014, 14 infants were found unresponsive in their sleeping environments and subsequently died with the San Bernardino County. Approximately, 79% (n=11) of these infants were known to have been bed/space sharing with a parent, sibling, or family member. Sleeping locations for bed sharing cases this year included the bed, living room floor, on a pillow in the bed, and in a crib. In one particular case, mother fell asleep with her baby while she was breastfeeding while lying in bed with the infant. In another, mother was in an unsafe sleep environment with baby while under the influence of methamphetamines. Note: The cases included in the study include deaths across multiple manners including natural, undetermined, and homicide.

Below is the demographic data that describes the 14 infants who were found unresponsive in their sleeping environments and who subsequently died in 2014.

	Homicidal Asphyxia	SUID	Sepsis with hypoxic encephalopathy	Undetermined	SIDS	SUID w/meth: sleeping in an unsafe environment
Homicide	1					
Natural		1	1		1	
Undetermined		5		4		1
<b>N=</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>
<b>%</b>	<b>7%</b>	<b>43%</b>	<b>7%</b>	<b>29%</b>	<b>7%</b>	<b>7%</b>

High Desert	8
West End	1
East Valley/Central	5



**Natural Deaths**

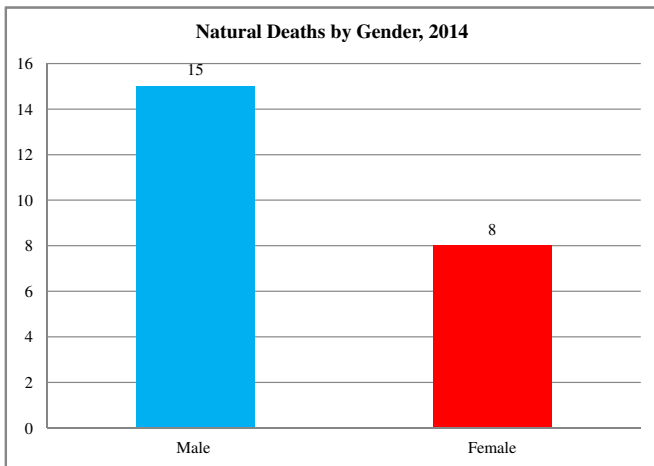
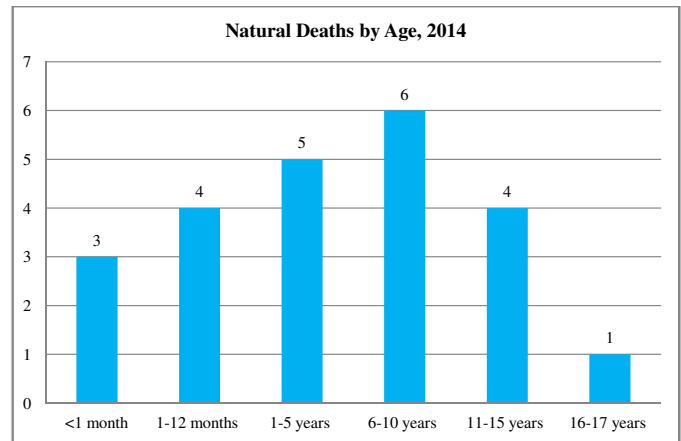
In 2014, the majority of the child deaths within the County were classified as natural in manner. Natural deaths accounted for 23.5% (n=23) of all child deaths reviewed by CDRT. These 23 cases were originally presented as pending manner and cause of death. The autopsies revealed that the manner of death for these children were natural causes.

Cardiac arrhythmia due to cardiomyopathy	1
Quadriplegia Cerebral Palsy	1
Acute Lymphoblastic Leukemia	1
Acute viral myocarditis	1
Cardiac arrhythmia due to dilated cardiomyopathy	1
Chromosome 20 anomaly (yrs)	1
Panhypopituitarism	1
Sudden cardiac death	2
SUID	2
Complications of cerebral palsy	1
Hypoxic encephalopathy due to cardiac arrhythmia	1
Perinatal death following breach delivery due to subarchnoid hemorrhage	1
Sepsis with hypoxic encephalopathy due to perforation of distal small bowel and inflamed Meckel's diverticulum	1
SIDS	1
Undetermined	1
Coronary arteriosclerosis due to complications of probable Kawasaki Disease	1
Glioblastoma multifome	1
Medulloblastoma	1
Probable febrile seizure due to upper and lower respiratory tract infection	1
Respiratory Failure due to Extreme Prematurity	1
Complications of Cerebral palsy	1
<b>Total</b>	<b>23</b>

# CDRT ANNUAL REPORT 2014

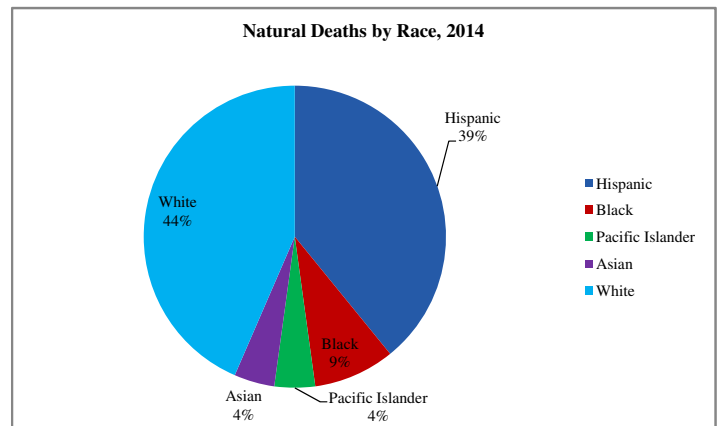
The most common types of deaths of a natural manner were sudden unexpected infant death syndrome (SUIDS) and sudden cardiac death in 2014. 18% (n=4), of the total natural deaths were classified as intrauterine fetal demises (n=2) and sudden cardiac death (n=2).

When comparing all age groups, children ages 6-10 years comprised the majority of natural manner deaths at 26% (n=6). Children ages zero to five years of age represented more than half of the total natural cases in 2014, with 52% (n=12) of the cases reviewed being from this age range. This is similar to a trend that has been seen for a few years. While the number of total natural deaths did decrease from 2013, children ages zero to five still continue to represent the majority of cases reviewed.



This year, 65% (n=15) of the total natural manner deaths were males, following the same trend that has been seen across all other manners in this report. While, females represented 35% (n=8) of the total natural deaths.

44% of all the natural cases that were reviewed by the CDRT were White, 39% were Hispanic, 9% were Black, and the remaining 8% were either Asian or Pacific Islander. In comparison to 2013, there were fewer deaths among Hispanic children, but an increase was seen among White children. There was no significant change among the other races represented.



## Recommendations:

As noted on page of 15 of this report, 14 infants were found unresponsive in their sleeping environment. Eleven of them were known to have been bed sharing with a parent, sibling or other adult. Although the manner of death is identified as undetermined, the cause of death on the coroner's report is Sudden Unexplained Infant Death (SUIDS.) We have no way of knowing for certain that co-sleeping caused the deaths. However, what we do know from the research is that bed sharing remains the greatest factor for sleep related deaths of infants. (American Academy of Pediatrics, 2014)

Although the actual numbers of SUIDS varies slightly from year to year, it has always been one of the leading causes of deaths reviewed by the San Bernardino County Child Death Review Team. As the Child Abuse Prevention division for San Bernardino County, Children's Network is tasked with observing trends and developing campaigns and strategies to reduce the number of preventable child deaths. Since this cause of death has been on-going for several years, and the Children's Network has had an ongoing safe sleep campaign for several years we asked the team if we should consider revising the current message/campaign of Alone on your Back in a Crib (ABC's of Safe Sleep.)

The team agreed that in order bring awareness to families with new born infants about the dangers of bed-sharing, the current message should be updated with more powerful language. One suggestion was to bolster our current campaign (billboards, flyers, brochures and public service announcements) with actual statistics showing the number of preventable sleep related deaths that have occurred in SB County.

In addition to a stronger message, another suggestion was to consider including information on harm-reduction alternatives for parents that, for cultural or economic reasons, will continue to co-sleep with their infants regardless of the known risk. The team agreed that may be a reasonable consideration as long as we continue to adhere to the American Academy of Pediatrics guidelines.

In addition to sleep related deaths, this year we saw an increase in suicides among children between the ages of 11-15 years of age. A study conducted by the CDC in April of 2016, shows that the suicide rate has risen nationally by a quarter, from 10.5 per 100,000 in 1999 to 13 per 100,000 in 2014, with the rate of girls between 10-14 increasing the most. No particular cause has been identified for this sudden upsurge in deaths by this cause.

Awareness and education seem to be our best line of defense for this trend. However, Children's Network has limited funding available for prevention efforts for this age group due to the majority of our campaign funding coming from First 5 San Bernardino. However, with this new trend that has arose from our cases reviews, we will seek additional funding sources to make sure that we can raise awareness around teen suicide and hopefully reverse this upward trend.

Finally, while the CDRT has seen a decrease in the number of child deaths resulting from any form of child abuse/neglect and non-accidental trauma, we are conscious of the fact that these cases continue to occur in our County even though they do not necessarily result in death. Therefore, in order to continue to track the trends and develop prevention campaigns, Children's Network will work with local hospitals to ascertain information on cases of children who are hospitalized due to child abuse/neglect and non-accidental trauma, but who do not succumb to their injuries. Reviewing this data may enable us to intervene before they become a statistic in the next annual CDRT report.



This project is made possible by an investment from First 5 San Bernardino.

Prepared by Children's Network using Child Death Review Team records and 2014-2015 Coroner's Case Management System Data; December 2016



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