Child Death Review:

Involving Pediatricians

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CHILD DEATH REVIEW FOR PREVENTION WEBINAR

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

I will not be discussing “off-label” uses of any medications.

Child Death Review Teams

First one in LA County 1978:Now established in all states

Multidisciplinary

- CPS
- Public Health
- Law enforcement
- District attorney
- City attorney
- Dependency court
- Medical examiner/coroner
- **Pediatrician (CAP)**
- Forensic/pediatric pathologist
- EMS (EMSC)
- Prosecutor
- School personnel
- Probation
- Other county or state agencies

Child Death Review Teams, con't

Proceedings are confidential

Protected by state/local laws

Permits sharing of information between agencies

Focus on cause of death

Could the death have been prevented ?

Consider siblings: Are they safe?

Grief and mourning services

Center for Disease Control and Prevention

- Reporting system
- Standard data collection forms and procedures

How can pediatricians be involved with CDRT?

Become involved in advocacy based on cases in your community

- Are there opportunities for pediatric injury or death prevention in your community?

Advise re appropriate and recommended child care practices

- Was the medical care appropriate?
- Was the parental care as recommended?

Attend when one of your patients has died

- Inviting the primary care pediatrician to a CDRT meeting.
- Learning more about a particular child.

Classic “SIDS”

2 month old previously healthy male infant is found by his mother in his crib, on his back, blue, lifeless and with white frothy material around his mouth at 5:30 a.m. He had been born after a 39 week gestation to a 29 year old Gravida 2 Para 1-2 mother by normal spontaneous vaginal delivery. He was fed his infant formula at 2:00 a.m., and placed on his back in his crib. His autopsy revealed scattered thymic petechiae but was otherwise normal.

Typical “SUID”

A 3 month old male infant is found blue and lifeless by his parents when they awaken in the morning. He had been sleeping in the bed with them. He was born after a 40 week gestation to a Gravida 5 Para 4-5 32 year old mother. His health is reported to be normal, but he hasn’t received his 2 month immunizations. The autopsy reveals a small amount of blood around the nares, thymic petechiae as well as petechiae on the pleural surface. The scene investigation reveals a dirty cluttered environment. A social history reveals that the mother’s older children are all in placement because of a history of domestic violence.

Bedsharing with Large Adult

Bassinet at the Bedside, Baby in Bed with Mom

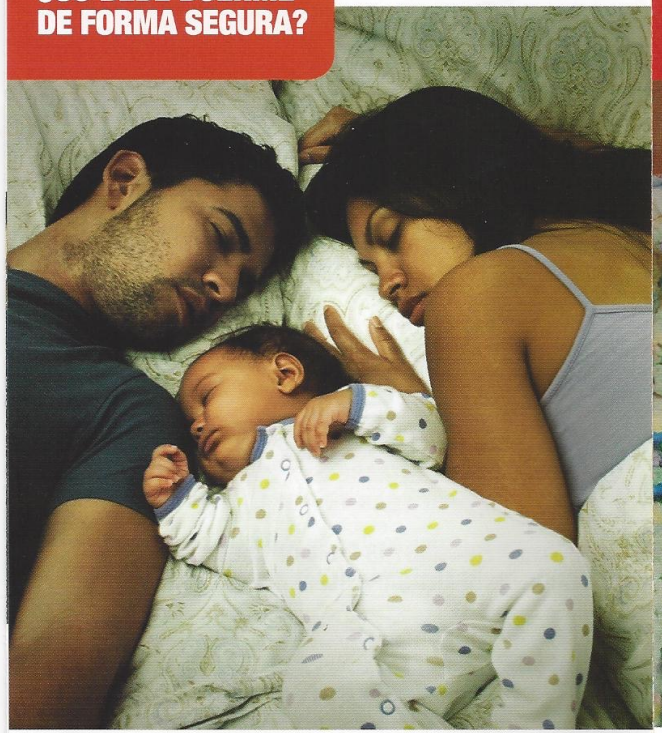
Los Angeles Experience

Despite all the education

- 70 infant deaths/150,000 live births
- Not a single death of an infant sleeping supine, alone in a crib
- Moded as undetermined
- Impetus for a $1 million campaign
- Focus groups
- Press conferences
- Program at Harbor

CADA 5 DÍAS, UN BEBÉ EN EL CONDADO DE LOS ANGELES SE ASFIXIA MIENTRAS DUERME.

¿SU BEBÉ DUERME DE FORMA SEGURA?



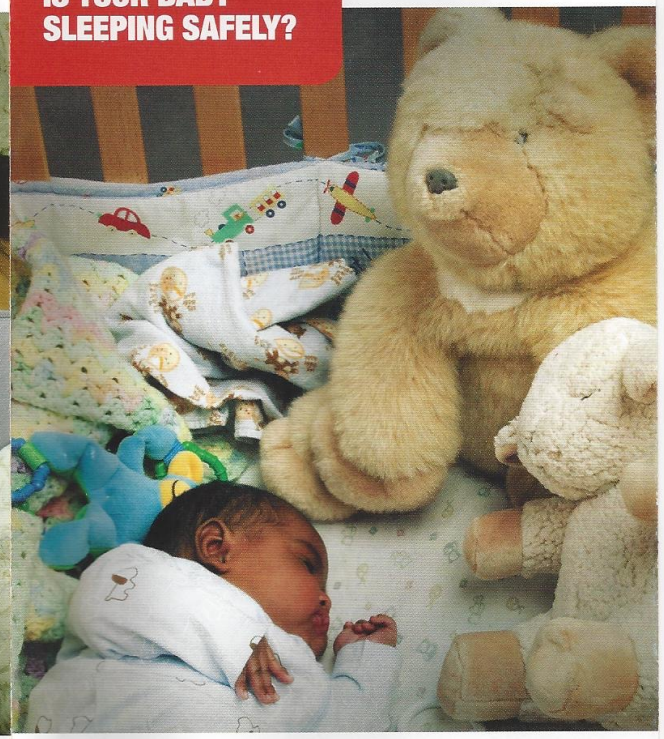
safe sleep for baby
Don't wake up to a tragedy.

ICAN
icanforkids.org

FIRST 5 LA
Champions For Our Children
www.First5LA.org

EVERY 5 DAYS, A BABY IN LOS ANGELES COUNTY SUFFOCATES WHILE SLEEPING.

IS YOUR BABY SLEEPING SAFELY?



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Safe Sleep Campaign

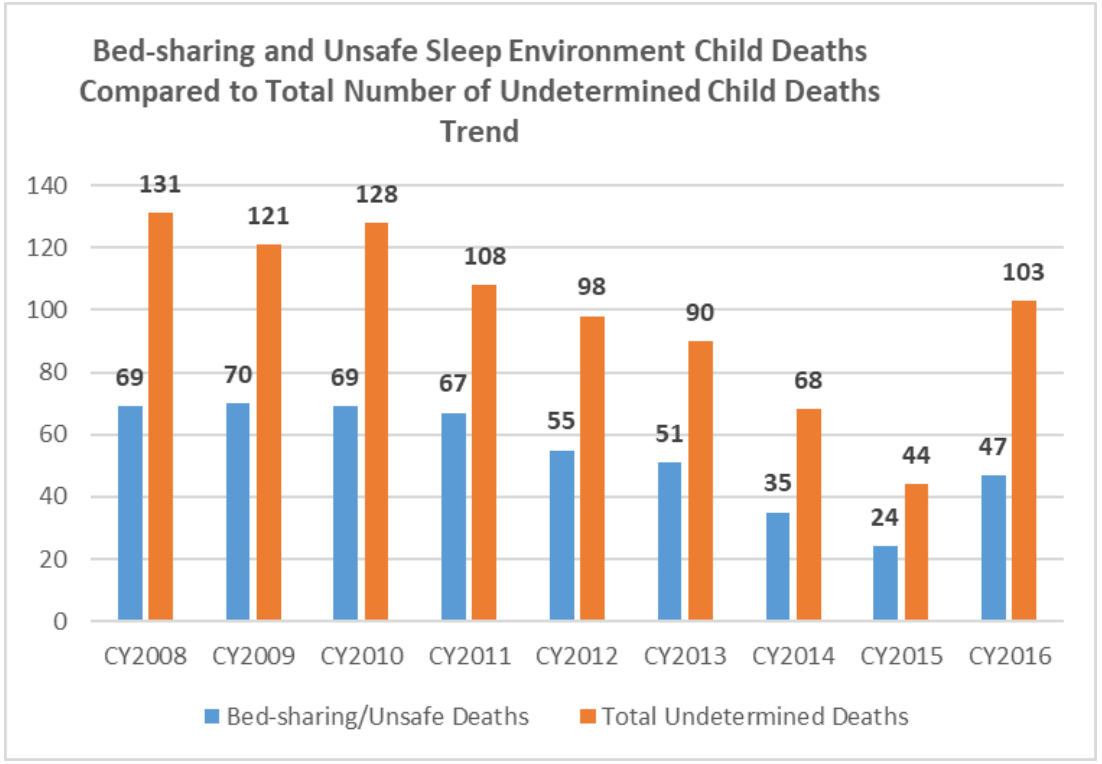
Training for hospital and public health nurses

Bumper stickers

Align with faith-based organizations

Pushback from La Leche League

A Success Story, though need to re-activate



Pediatric Advice: When the Advice is Not Right

Male infant born to a 22-year-old G 1 P1 mother.

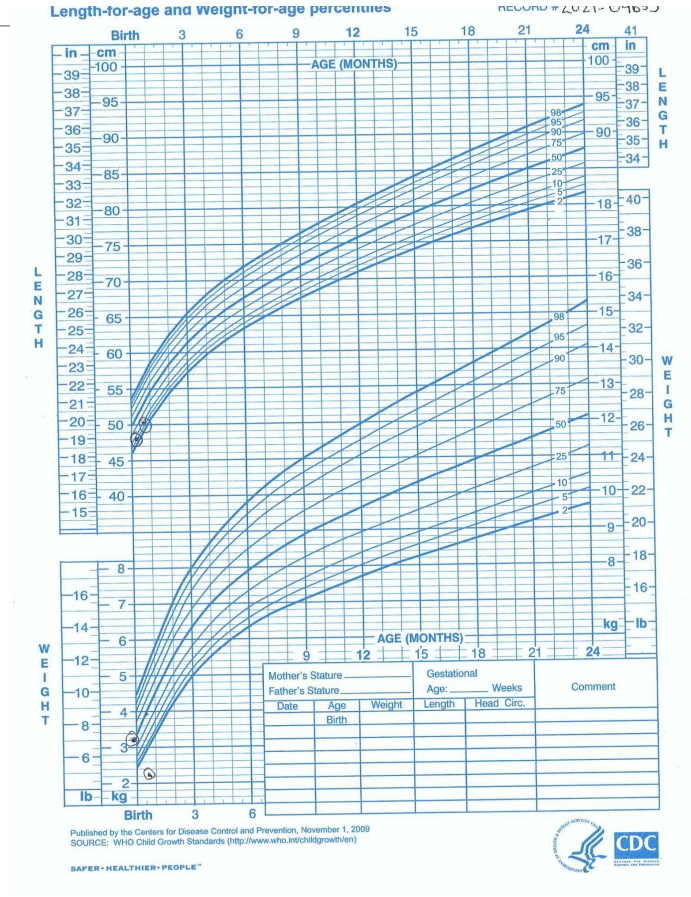
Single prenatal visit. Birth in “religious home”

“Lotus birth” : leave placenta attached

Attended by 2 doulas.

Breast-fed for 10 minutes TID.

BW 3,181 g. Weight at death 2,200 g. (3 weeks)



Involving Primary Care Providers: Why

Has been involved in child's life

Knows details about child and family

May be able to provide insight into what happened

Is knowledgeable about the child's community

Is a respected member of the child's community

Participates in person with the team or by phone call

Gives the pediatrician an opportunity to document the death in the medical records

Provides the pediatrician with community resources for the parents

Involving Primary Care Providers: How

Send a letter of introduction about the CDRT

Reassure that there is no issue re the medical care

Mention confidentiality

May have care coordinator/case manager also attend

Provide follow-up letter about CDRT findings and recommendations

Involve PCP with CDRT initiaitves

Objectives of CDR

Improve delivery of services to children, families, providers and community members.

Identify specific barriers and system issues involved in the deaths of children.

Identify significant risk factors and trends in child deaths.

Identify and advocate for needed changes in legislation, policy and practices and expanded efforts in child health and safety to prevent child deaths.

Increase public awareness and advocacy for the issues that affect the health and safety of children.


International Society for the Prevention
ISPCAN
of Child Abuse and Neglect
MULTIDISCIPLINARY TEAM AWARD
Recognizes
LOS ANGELES COUNTY CHILD DEATH REVIEW
For their significant contribution to the field of
Child Abuse and Neglect
August 2016