

*silent
preventable
deaths*

Travis County Child Fatality Review Team
2004 Annual Report



© April 2005. The Center for Child Protection grants permission to reproduce and distribute any part of this document for non-commercial use. Appropriate credit is required. The Center for Child Protection, an accredited child advocacy center serving Travis County, is the first stop for children entering the criminal justice system because of suspected sexual abuse, serious physical abuse and for children who have witnessed a violent crime. The Center is a child-friendly, specially-equipped facility where children and their caregivers go for evidence gathering, forensic medical exams, counseling and intervention during the investigation and prosecution of child abuse cases.

Note: Names and other identifying circumstances have been changed to protect the privacy of children and families.



Center for Child Protection
1110 East 32nd Street
Austin, Texas 78722
512-472-1164
www.centerforchildprotection.org

Letter from the Travis County Child Fatality Review Team Chair

Baby Teresa was barely two months old. A little small for her age, Teresa was born almost six weeks early. She was eating well but had not reached the usual size of most two month olds. Teresa's mom, Linda, was sleeping with her on the overstuffed sofa. Linda had a chest cold and had moved from the bedroom so that her coughing didn't disturb her husband and two year old son. After Teresa's 3:30 a.m. feeding, Linda took another dose of cold medicine to stop her cough and help her sleep. After rocking Teresa for half an hour, she moved to the sofa, taking little Teresa with her. Linda's husband woke her a few hours later. The bassinet at the end of the living room was empty. Where was the baby? Linda awoke slowly, still groggy from the medicine. They found Teresa wedged underneath her mother's arm into the sofa's back cushion. She wasn't breathing. Linda called EMS, but resuscitation efforts failed.

Last year 123 children died in our community. Some died from natural causes, others due to illnesses and prematurity. Five children died as a result of homicide and 17 as a result of accidents, most preventable. The Child Fatality Review Team in Travis County reviews each of these deaths searching for warning signs in the statistics and areas where community support and education can prevent senseless loss.

This year, among these losses, were nine children who lost their lives quietly ... silently ... while they slept. Five died of asphyxia – either by overlay or positional; four died of Sudden Infant Death Syndrome. The Child Fatality Review Team chose to focus on these issues, in part, because of the overlapping factors: prematurity, low birth weight, sleeping surface, and substance use/abuse by caregivers stand out as hidden hazards for children. Many of these factors can be addressed through prenatal care and education.

Even though the overall deaths declined in 2004, other areas remain a grave concern. Sixty-three percent of the children involved in auto accidents were unrestrained or unprotected. This is a 30 percent increase from 2003. Five of the eight auto accident fatalities were teenagers.

Working together, the Child Fatality Review Team and the community can make a difference ... listening and learning ... spreading the message and educating others to raise awareness and stop our children from dying.

Dayna Blazey
Assistant District Attorney
Travis County Child Fatality Review Team Chair



Across the nation, researchers estimate that 2,000 children die from abuse and neglect each year, and that number is believed to be far lower than the true number of deaths.¹ Public attention and commitment given to the matter of child abuse and neglect-related deaths has historically been inadequate. The fact is that many child deaths have been misidentified for a variety of reasons, and the first step in prevention is understanding the circumstances surrounding the death and each agency's role in responding to a child's death. Child fatality review teams collaborate to better understand how, why, and which children are dying. They evaluate the circumstances and events surrounding each death to "identify gaps or breakdowns in agency services, review existing protocols and recommend revisions in agency investigation procedures"²

The Travis County Child Fatality Review Team (CFRT) is a multidisciplinary group consisting of law enforcement officials, medical professionals, social workers, prosecutors, and child advocacy professionals working together toward a single goal: to prevent the senseless and needless deaths of children in Travis County. The team was formed in 1992 and includes the Austin Police Department, Children's Hospital of Austin, City of Austin – Emergency Medical Services, Texas Department of State Health Services – Bureau of Vital Statistics, Texas Department of Family and Protective Services – Child Protective Services, Texas Department of Public Safety, Center for Child Protection, Travis County District Attorney's Office, Travis County Medical Examiner, and the Travis County Sheriff's Office. The team also includes professionals in the medical and mental health fields. The CFRT team meets at the Center for Child Protection every other month to review the circumstances associated with every child fatality, ages 0–17, in the county.

This unique collaboration is charged with looking beyond statistics to identify patterns in child deaths in order to educate the community about

how to prevent them. Specifically, the team's goals are the following:

- Increase the effectiveness of child protection through improved prevention, intervention, investigation, and prosecution;
- Support and enhance cooperation and communication among public and private organizations charged with protecting children;
- Identify the causes of child death through consistent and thorough data collection;
- Share and exchange information about advances in investigating, preventing, and prosecuting child abuse; and
- Improve public awareness.

By working together, sharing resources, and educating each other and the community, the Child Fatality Review Team hopes to increase the public's awareness about the causes of death among children and how to prevent future deaths in our community.

The sources for the statistics in this report are taken from the Texas Department of State Health Services – Bureau of Vital Statistics and the Travis County Medical Examiner. Statistical comparisons are based upon a nine-year historical database, which began in 1996. Please note that because the numbers are relatively small from a statistical perspective, there are limitations to their interpretation. These numbers, however, are accurate and reflect patterns and trends in the risks to the welfare of children in Travis County.

¹U.S. Advisory Board on Child Abuse and Neglect. (1995). *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*. Washington, DC: U.S. Department of Health and Human Services. (Chapter 3 – Recommendations).

²Broderick, S. (2004). Reducing child fatalities through a team approach. *American Prosecutors Research Institute's National Center for Prosecution of Child Abuse UPDATE*, 17(8), 1.

What is a *silent* death?

THE MOST HEARTBREAKING, PAINFUL, AND INCREDIBLY SCARY MOMENT IN A PARENT'S LIFE IS THE POSSIBILITY OF LOSING THEIR CHILD. TOO MANY CHILDREN DIE EACH YEAR FROM WHAT WE CALL "SILENT DEATHS," WHICH ARE COMMONLY PREVENTABLE. THESE UNTIMELY DEATHS ARE OFTEN RELATED TO SUDDEN INFANT DEATH SYNDROME (SIDS), ASPHYXIA, AND INCREASED RISK FACTORS FOR PREMATURITY DUE TO A LACK OF PRENATAL CARE.

Lives of babies seem very easy in comparison to those of adults. By the end of their third month, they can laugh out loud and recognize faces. They smile and follow objects with their eyes and coo at the sound of a familiar voice. At this young age, a three-month old is helpless, small, and vulnerable. Most cannot crawl or roll over and are unable to move out of harm's way. They depend on their caregivers for food, nurturing, dry diapers, and protection from a multitude of dangers. Nine tiny lives were lost in 2004 due to asphyxiation or SIDS; the oldest of these was three months old. These teeny ones were too little to remind a parent to put them in a crib or on a safe sleeping surface. Many parents are unaware that sofas and cribs full of blankets present risks to small infants and unaware that while infants sometimes sleep better on their stomachs, they are safer on their backs.



In addition to these nine infants, 84 more children died in Travis County in 2004 due to prematurity or congenital defects. Unfortunately, it is not known how many of these mothers did not receive prenatal care. Research has shown that prenatal care is critical for healthy mothers and children. Of the children whose mothers did not receive medical attention during their pregnancy, how many of these children could have been saved? By becoming educated on the risk factors, and working together as a community to provide safety tips and resources, we can prevent silent deaths and strive to protect our most precious resource, our children.

Positional and Overlay Asphyxia

Sudden Infant Death Syndrome

As parents and caregivers, we take every precaution to keep our children safe from harm. Sometimes even the simplest of dangers can be overlooked, which can lead to an infant's death. Over the last two years, 10 children have died from asphyxiation or suffocation. In 2004, three of those cases were a result of overlay asphyxia and the remaining two were a result of positional asphyxia.

Positional asphyxia occurs when a child's face becomes trapped in soft bedding or wedged in a small space such as between a mattress and a wall or between couch cushions, making it difficult to breathe. *Overlay asphyxia* occurs when a person who is sleeping with a child unintentionally smothers the child. Overlay deaths most often occur when an infant sleeps with adults and/or siblings, also called bed sharing or co-sleeping. Overall, research suggests that infants who sleep in adult beds are at higher risk of suffocation than infants who sleep alone.

Many asphyxiation deaths occur when infants sleep with too much bedding or when they sleep with adults on soft beds or on couches rather than in cribs. In at least one case of overlay, a parent had taken sedating medicines before sleeping with a child on a soft couch, which may have inhibited a parent's response when accidentally rolling over the child. Also, of the households who experienced these tragic deaths in 2004, many had cribs that were unused. Being able to recognize these risks, we can protect more children from this preventable death by educating parents and caregivers about safe sleeping environments for very young children.

Sudden Infant Death Syndrome (SIDS) is every parent's worst fear. Defined as "the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of death scene, and review of the clinical history,"¹ the occurrence of SIDS is rare during the first month of life, increases to a peak between two and four months old, and then declines.² Sometimes it is difficult to distinguish SIDS from asphyxia.

In 2004, four infants died as a result of SIDS in Travis County. Although only a slight increase from three in 2003 and still below a high in 2002 of nine, SIDS continues to be a natural cause of death that can be reduced, in some cases, through community education. Prone sleeping position, sleeping on a soft surface, maternal smoking during pregnancy, overheating, late or limited prenatal care and prematurity have been consistently identified across studies as independent risk factors for SIDS.

¹Willinger, M., James, L.S., & Catz, C. (1991). Defining the sudden infant death syndrome (SIDS): Deliberations of an expert panel convened by the National Institute of Child Health and Human Development. *Pediatric Pathology*, 11(5), 677-684.

²First Candle/SIDS Alliance (n.d.). Facts on SIDS. Accessed from www.sidsalliance.org.



How to Prevent Accidental Suffocation and Sudden Infant Death Syndrome

- Always place your infant to sleep on his or her back for naps and at night.
- Avoid smoking during pregnancy. If you do smoke, consider getting help quitting.
- Do not let your baby stay in a room where people are smoking or people have recently smoked.
- Use a safety-approved crib with a firm, tight-fitting mattress. When using a portable crib or play yard, be sure to use only the mattress or pad provided by the manufacturer that fits snugly.
- Do not put your baby to sleep on soft surfaces such as waterbeds, soft couches or sofas. Hazards to babies include becoming entrapped between the bed and the wall, falls from the bed onto soft piles of clothing, and smothering from soft bedding.
- Check your infant's sleeping environment and remove any loose blankets, pillows, or soft toys.
- Make sure your baby's head is uncovered during sleep.
- Room sharing is safer than bed sharing.
- Keep the room temperature between 65-71 degrees Fahrenheit, and do not dress your baby too warmly.
- Participate in consistent prenatal care.
- Educate family members, babysitters, neighbors, and other caregivers about these safety tips.

Sources: National MCH Center for Child Death Review (www.childdeathreview.org), First Candle/SIDS Alliance (www.SIDSAlliance.org), American Academy of Pediatrics TIPP: Infant Furniture: Cribs (www.aap.org/family/infurn.htm), National SIDS & Infant Death Project IMPACT (www.sidsprojectimpact.com), National Institute of Child Health & Human Development's Fact Sheet: Sudden Infant Death Syndrome (www.nichd.nih.gov/publications/pubs/sidsfact.htm).



Little Tony clings desperately to life. Born at 23 weeks, he weighs just under two pounds. His chance for survival is slim. If he survives, he is at risk for infection, apnea, SIDS, respiratory disorders, and other difficulties. Tony's mother, Martha, waits anxiously for news on her son. She learns that she had an easily detectible infection that caused her to go into labor early. Today is the first day she has seen a doctor since finding out she was pregnant through a home test. She has two other children now two and four years old. They were easy pregnancies. But a lot of things were easier then. Martha's husband left her after learning she was pregnant. Without a job or job skills, Martha made it day to day through the help of friends and charities that would give her food. She ate very little, just sandwiches, canned vegetables and fast food. Martha knew she should get into the clinic to see a doctor but a number of factors prevented it. She no longer had a car, getting herself and her children to the clinic took several hours, cost too much money and they had to wait so long. So she let the pregnancy take its course. She'd see a doctor, just a little later, but she never got the chance. Meanwhile, Tony fights for his life in the neonatal intensive care unit, each breath a struggle.

Prenatal Care

Many studies have shown that early regular prenatal care is important for the health of both mother and child. At prenatal care visits, health providers have the opportunity to educate mothers about how to care for themselves during pregnancy and to assess their medical history. In addition, health care providers can monitor any medical conditions the mother might have, test for problems with the baby and mother, and serve as a referral source for support groups, social services, and child birth classes.

When an expectant mother does not receive adequate prenatal care, her baby is put at risk for many problems, defects, and complications at birth, among these being prematurity and low birth weight, which are the greatest predictors of infant mortality. Prematurity and low birth weight also place a child at greater risk for Sudden Infant Death Syndrome (SIDS). Other studies suggest other barriers to prenatal care include unreliable transportation, lack of childcare, long clinic waits, and inconvenient clinic hours.¹

Prenatal care is a crucial step in a baby's growth and well-being. "I saw many premature babies where prematurity could have been precluded," remarked Dr. Robert Hendee, a local retired pedi-



atric neurosurgeon and member of the Travis County Child Fatality Review Team. "Prenatal care helps to ensure that the mother is getting proper and adequate diet for fetal nourishment." Adequate prenatal care is an effective intervention that improves pregnancy outcomes, and can prevent a number of complications.

¹National Center for Cultural Competence, Georgetown University Child Development Center. (2001, November). Cultural competence and sudden death syndrome and other infant death: A review of the literature from 1990 to 2000 – executive summary, p. 7.

Prenatal Care Recommendations for Mothers-To-Be

- Seek out a health care provider when you become pregnant to begin prenatal care and attend visits regularly.
- Discuss with your doctor which prenatal vitamins are right for you.
- Do not smoke cigarettes, use illegal drugs, or drink alcohol during pregnancy. Seek assistance from your doctor if you need help quitting.
- Ask your doctor before taking any over-the-counter or prescription drugs because some medicines are not safe to take during pregnancy.
- Eat a healthy and balanced diet including fresh vegetables, proteins, fruits, calcium, carbohydrates, fats, vitamins, minerals, and plenty of water. Avoid uncooked or undercooked meats or fish.
- Limit or eliminate your caffeine intake from coffee, tea, sodas, medications, and chocolate.
- Unless your health care provider tells you not to, try to be physically active for 30 minutes most days of the week. Walking and swimming are good choices.
- Avoid hot tubs or saunas and x-rays during pregnancy.
- Do not empty cat litter when you are pregnant. It may contain a parasite that causes an infection called toxoplasmosis, which causes birth defects.
- Stay away from toxic chemicals like insecticides, solvents, lead, and mercury. Most household products will have a pregnancy warning on the label.
- Ask plenty of questions to ensure your comfort level with the education given to you about prenatal care.
- Get informed and prepare for child birth and parenthood by reading books from the library, watching videos, attending a childbirth class, and talking with experienced moms.

Sources: National MCH Center for Child Death Review (www.childdeathreview.org), American Academy of Family Physicians (www.familydoctor.org), March of Dimes (www.marchofdimes.org), Center for Disease Control – National Center on Birth Defects and Developmental Disabilities (www.cdc.gov/ncbddd), and The National Women’s Health Information Center (www.4women.gov/faq/prenatal.htm).



Summary of Findings

IN 2004, TRAVIS COUNTY MARKED A 12 PERCENT DECLINE IN CHILD FATALITIES FROM 2003 WITH 123 CHILD DEATHS. THE TOTAL NUMBER OF CHILD DEATHS (123) IS THE LOWEST NUMBER OF CHILD DEATHS SINCE 2000, THOUGH IT IS ONLY SLIGHTLY BELOW THE AVERAGE ANNUAL TOTAL OF 127 DEATHS THAT HAVE BEEN DOCUMENTED OVER THE LAST NINE YEARS. CHILDREN IN TRAVIS COUNTY RANGED IN AGE FROM PRE-TERM INFANTS TO AGE 17.

The racial/ethnic makeup of children who died in 2004 showed increases for Anglo children and declines for African American, Hispanic, and Asian children. More Anglo children (41 percent) died in 2004 in comparison to 2003 (26 percent). Though this increase is of concern, it is consistent with the percentage of Anglo children that live in Travis County (43 percent).

However, when compared to the total population, African American children continue to be at greater risk of death than children of all other race/ethnicities. Although they comprised only 12 percent of the child population in Travis County, African American children comprised 22 percent of all deaths in 2004. The percentage of Hispanic children who died in 2004 declined from 45 percent in 2003 to 35 percent. Hispanic children make up 41 percent of the child population in Travis County.

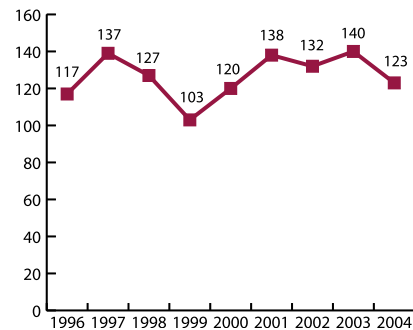
Cause of Death

Since 1996, the Travis County Child Fatality Review Team has recorded data on the causes of deaths of children. Historically, a majority of deaths are due to natural causes with smaller numbers reported for accidental deaths, homicides, suicide, and undetermined causes. Only one child death was undetermined in 2004. No child suicides were reported in 2004. This number reflects a gradual decline in child suicides since 1999 and 2000 when there were four in each year, 2001 and 2002 when the annual number was two, and in 2003 when only one child suicide was reported.

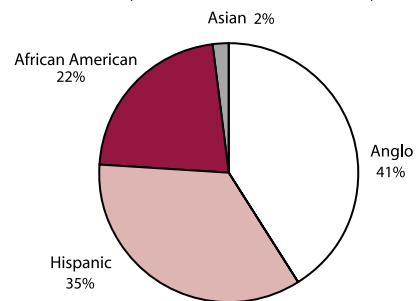
Natural Causes

A total of 100 children died in Travis County in 2004 due to natural causes. Of those deaths, 43 were caused by prematurity, 37 from congenital defects, 10 from infection, six from malignancies, and four from Sudden Infant Death Syndrome (SIDS).

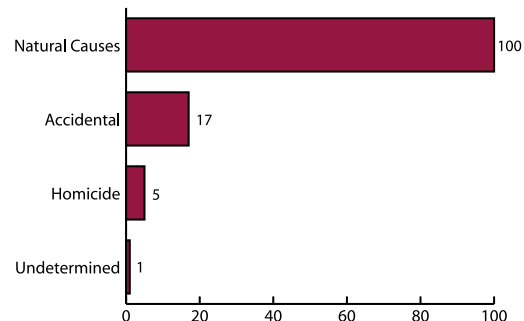
Total Child Fatalities in Travis County, by Year: 1996-2004



Race/Ethnicity of Child Deaths in Travis County: 2004



Cause of Child Deaths in Travis County: 2004



Accidental Child Deaths in Travis County, by Year: 1996-2004



Accidental Deaths

After natural deaths, the most frequent cause of child fatalities in Travis County was due to accidents. In 2004, 17 children died as a result of accidental causes including motor vehicle accidents (10), asphyxia (5), fire (1), and illegal drug overdose (1). This is a very significant finding representing a 23 percent decline in accidental child deaths compared to the 22 who died in 2003. This number also reflects a continued downward trend in accidental deaths since the 29 occurring in 2000. There were no accidental drownings or incidences of hyperthermia reported in 2004.

The largest category of fatal accidents involving children continued to involve motor vehicle accidents. In 2004, 10 children died as a result of motor vehicle accidents (MVA). Two of those accidents involved a small plane crash; the remaining eight involved cars or trucks. The same number of MVA child-fatalities occurred in 2004 as in 2003, and this number is less than the nine-year Travis County average of almost 13 MVA-related child deaths per year.

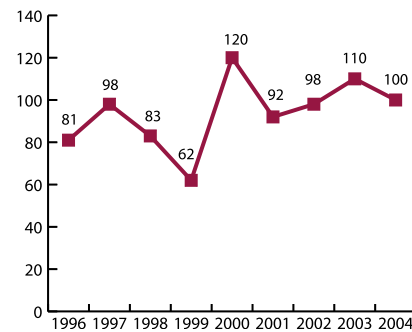
Out of the 10 MVA child fatalities in 2004, five (50 percent) were teenagers between ages 13 and 17. Last year, eight (80 percent) of the 10 MVA victims were teens. Five of the eight fatal auto accidents involving children (63 percent) were unrestrained. One MVA was an auto-pedestrian collision. This is a significant change from 2003 when only three (33 percent) of the children killed in MVAs were either unrestrained or unprotected (e.g., not sitting in a child safety seat or wearing a seat belt).

Smaller numbers of children in Travis County died because of asphyxiation (5), fire (1), or illegal drug overdose (1) in 2004. The same number of children died of asphyxiation in 2003 and 2004. Three of those cases resulted from overlays (asphyxia caused by an adult) while the remaining two were positional (asphyxia due to an object).

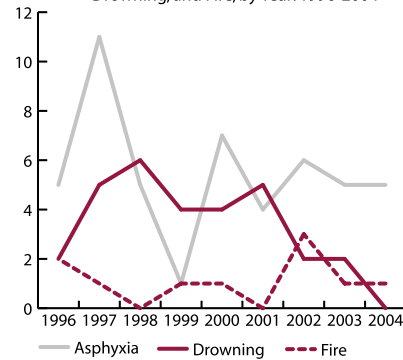
Child Homicides

As in 2003, five children were murdered in 2004. Of the five, two were the result of abuse or neglect, specifically Shaken Baby Syndrome and a drowning, respectively. Two were initiated by violence from peers. The remaining homicide was a result of family violence. Five cases equal the average number of child homicides occurring annually over the last nine years.

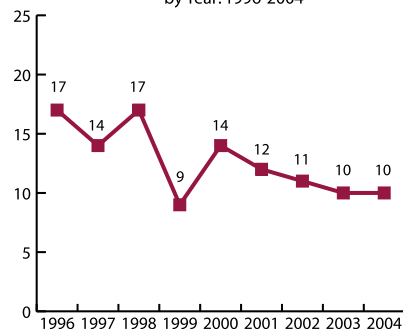
Natural Child Deaths in Travis County, by Year: 1996-2004



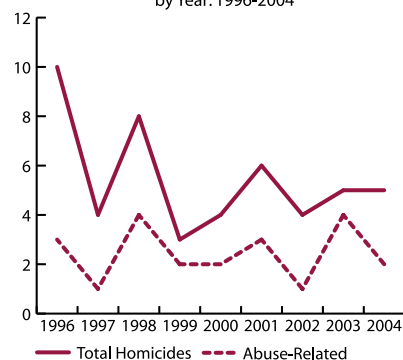
Child Deaths in Travis County Due to Asphyxia, Drowning, and Fire, by Year: 1996-2004



Child Deaths in Travis County Due to Motor Vehicle Accidents, by Year: 1996-2004



Child Deaths in Travis County Due to Homicide, by Year: 1996-2004



2004 TRAVIS COUNTY CHILD FATALITY REVIEW TEAM

AUSTIN POLICE DEPARTMENT

Shauna Jacobson, Commander
Troy Gay, Lieutenant
Abby Rodriguez, Sergeant – Child Abuse
Brett Wilson, Sergeant – Child Abuse
Clay Crabb, Detective – Child Abuse
Ken Canaday, Lieutenant – Traffic Investigations
Darryl Jamail, Sergeant – Traffic Investigations
Dustin Lee, Detective – Traffic Investigations
Hector Reveles, Sergeant – Homicide
Jessica Robledo, Sergeant – Homicide
Melissa Atwood, Victim Services
Dolores Litton, Victim Services

AUSTIN/TRAVIS COUNTY EMS

Jim Allday, Clinical Coordinator
Jeff Brockman – Clinical Coordinator

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES

Rick Schwertfeger, Supervisor
Raquel Moreno, Registrar of Vital Statistics

CHILDREN'S HOSPITAL OF AUSTIN

George Edwards, MD
Mary Fran Shannon, LMSW
Ava Wood, Clinical Manager

COMMUNITY PROFESSIONALS

Robert Hendee, Jr., MD
Beth Nauert, MD

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Wanda Moore, Program Director
Deborah Conrardy, Risk Director, Region 7

TEXAS DEPARTMENT OF PUBLIC SAFETY

Angie McCown, Victim Services Director
John Reney, Captain
Ronnie Tacquard, Lieutenant
Victor Taylor, Lieutenant
Phillip Ayala, Sergeant

CENTER FOR CHILD PROTECTION

Sandra A. Martin, Executive Director
Barbara Jefferson, Clinical Director
Amanda Van Hoozer, Director of Program Services
Kirsten Nash, Program Coordinator
Dan McClellan, Volunteer

TRAVIS COUNTY DISTRICT ATTORNEY

LaRu Woody, ADA
Dayna Blazey, ADA
Greg Cantrell, ADA
Ann Forman, ADA
Lisa Lucas, Legal Assistant

TRAVIS COUNTY MEDICAL EXAMINER'S OFFICE

Elizabeth Peacock, MD

TRAVIS COUNTY SHERIFF'S OFFICE

Terry Pickering, Lieutenant, Major Crimes
Stan Roper, Sergeant, Major Crimes
Jim Anderson, Detective, Major Crimes
Robert Speer, Detective, Major Crimes
Doug Teague, Detective, Major Crimes
William Poole, Detective, Major Crimes

THIS REPORT IS DEDICATED TO THE MEMORY OF AUSTIN POLICE COMMANDER SHAUNA JACOBSON FOR HER TIRELESS DEDICATION AND COMMITMENT TO THE PROTECTION OF CHILDREN.

THE TRAVIS COUNTY CHILD FATALITY REVIEW TEAM WOULD LIKE TO GIVE A SPECIAL THANKS TO DAN MCCLELLAN, WENDY CUNNINGHAM, MEREDITH LUPA, AND MCCARTHY PRINT.