

Child Fatality Review Report

Washington County, Maryland

2015 - 2019



Table of Contents

Child Fatality Review	3
Overview of Reviewed Cases from 2015-2019	4
Accident Deaths	11
Motor Vehicle Deaths	11
Drowning Deaths	19
Fall and Crush Deaths	21
Asphyxia Deaths	23
Homicide Deaths	24
Child Abuse and Neglect Prevention	24
Abusive Head Trauma Prevention	26
Natural Deaths	29
Heart Conditions	30
Respiratory Conditions	30
Sudden Infant Death Syndrome (SIDS)	30
Suicide Deaths	31
Suicide Prevention	31
Poisoning Prevention	34
Undetermined Deaths	36
Sudden Unexplained Infant Deaths (SUID)	36
Fire Deaths	49

Child Fatality Review

The Washington County Child Fatality Review Team is led by the Washington County Health Department (WCHD) and includes several other community agencies including the Washington County Department of Social Services, Meritus Health, Washington County Public Schools, Bester Community of Hope, Washington County Mental Health Authority, Hagerstown Police Department, Washington County Sherriff's Office, Head Start of Washington County, and others.

The Maryland Office of the Chief Medical Examiner (OCME) refers cases of unexpected and unusual child deaths to the team for review. The team does not typically review cases of deaths that were expected based on the circumstances, such as deaths from terminal medical conditions or pregnancy complications. The purpose of the review is to determine whether the death was preventable and to make recommendations to prevent future deaths.

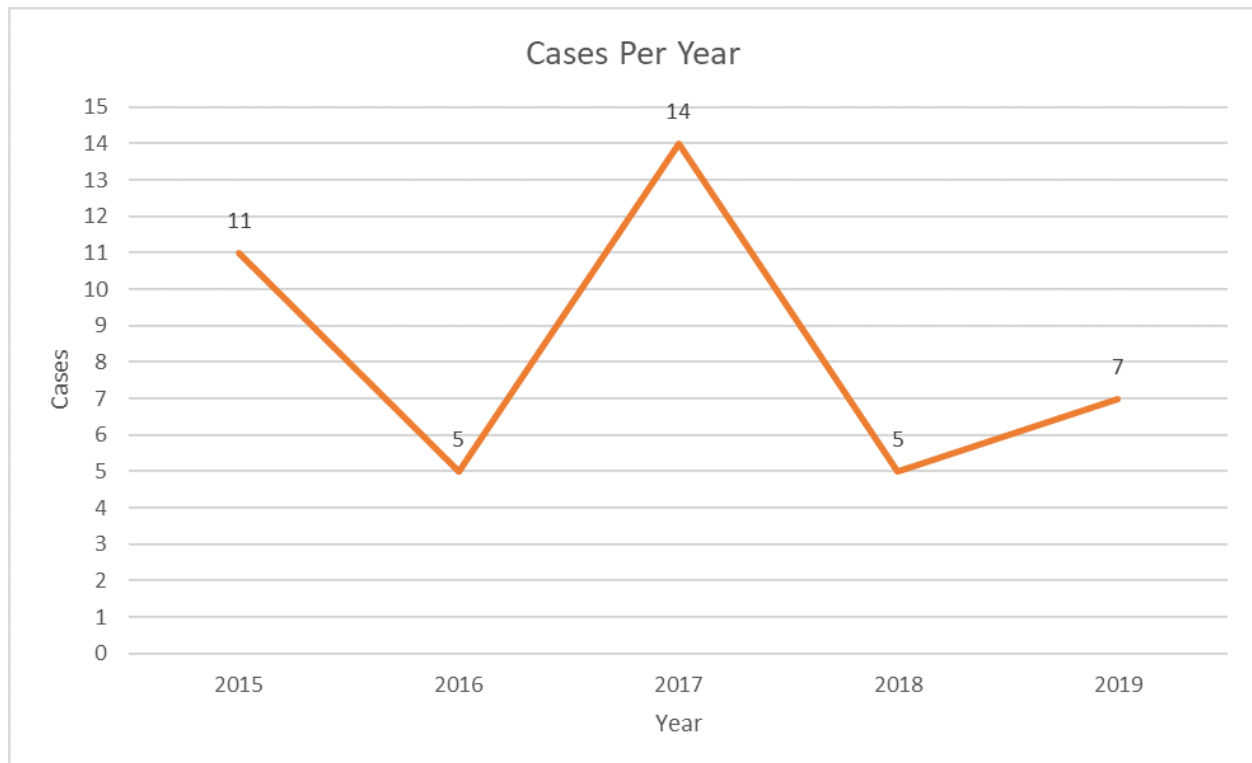
The team reviews the birth and death certificates, autopsy report, investigation report, and records from organizations on the team for each case to develop as complete an understanding as possible of the circumstances involved in the case. Information about each case is recorded in the Fatality Review Case Reporting System database created by the National Center for Fatality Review & Prevention. If the team determines that the death was probably preventable, the team may make recommendations for strategies that could prevent similar deaths in the future. These strategies can include parent education, changes in agency procedures, community awareness campaigns, and modifications to a physical environment.

This report aims to inform the community about trends in potentially preventable child deaths within the last five years and educate parents, caregivers, and agencies in the community about strategies to prevent child deaths.

The Maryland Department of Health creates annual statewide Child Fatality Review reports which can be found at pha.health.maryland.gov/mch/Pages/cfr-home.aspx

Overview of Reviewed Cases from 2015-2019

From 2015-2019 there were 42 deaths that were reviewed by the Washington County Child Fatality Review Team. 41 of these cases were referred to the team by the OCME. The team opted to review one additional case in which the child lived in Washington County but died at a hospital in Washington D.C.. The team reviewed 11 cases in 2015, 5 in 2016, 14 in 2017, 5 in 2018, and 7 in 2019 with an average of 8.4 cases per year. The previous five year period of 2010-2014 had an average of 6.6 cases per year.



In 2019, there were two motor vehicle accidents, two Sudden Unexplained Infant Deaths (SUID), one suicide, and one natural death.

In 2018, there were two motor vehicle accidents, one SUID, one natural death, and one fire-related death.

In 2017, there were four SUIDs, two accidental asphyxias, four natural deaths, one pedestrian death, one bicycle-related death, one suicide, and one undetermined death.

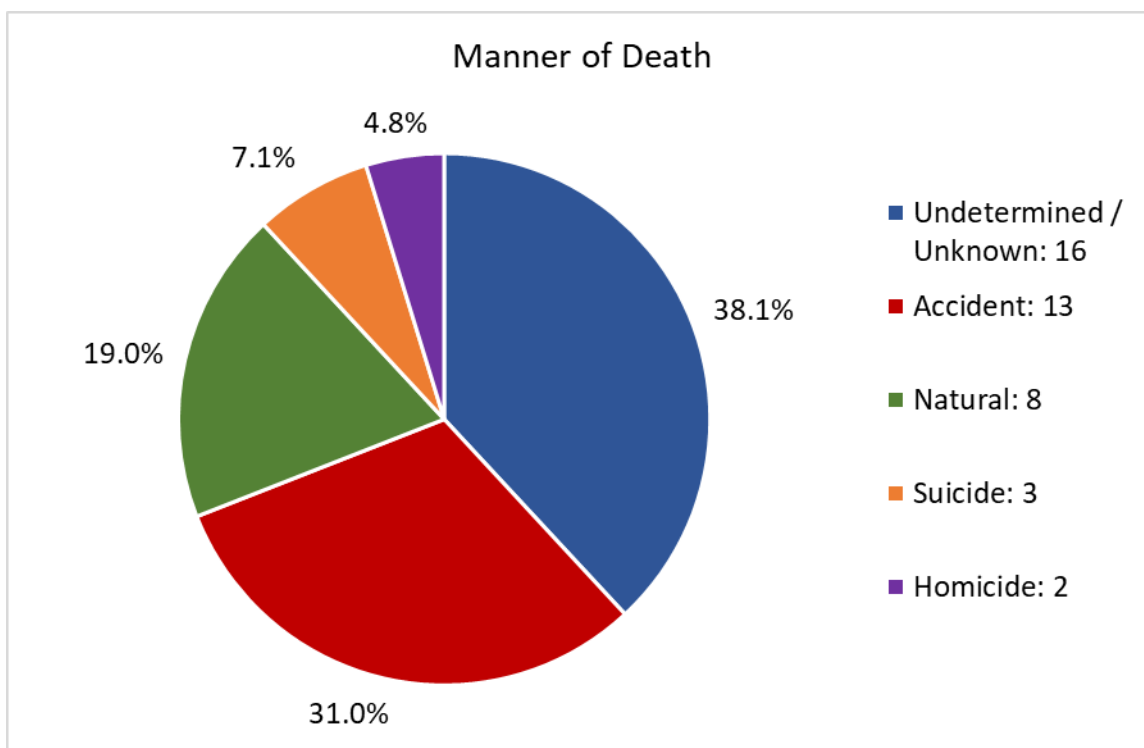
In 2016, there were three SUIDs, one suicide, and one bicycle-related death.

In 2015, there were four SUIDs, one SIDS, one accidental asphyxia, one pedestrian death, one drowning, and one natural death.

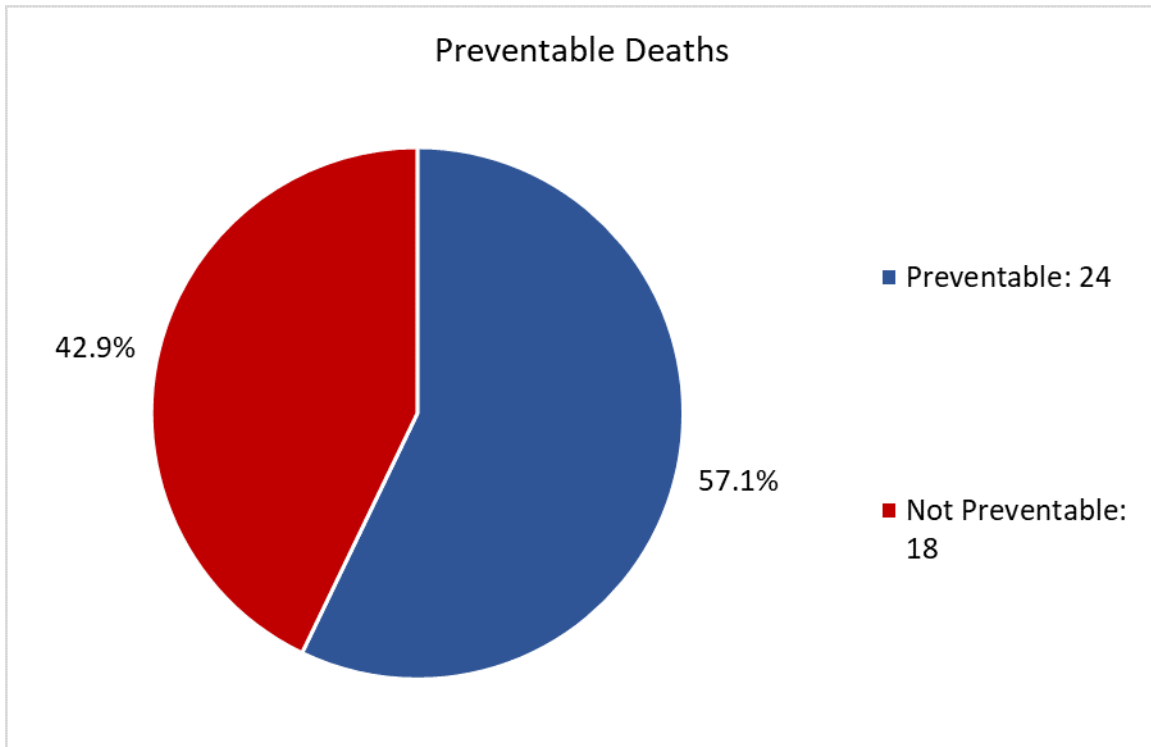
Deaths

There are two important classifications for deaths: manner of death and cause of death. The cause of death is the mechanism responsible for the death, such as an injury or illness. The manner of death refers to the intent of the death. Each manner of death in this report will be defined in its own section.

During this time period, the most common manner of death was undetermined or unknown. There were 16 undetermined and unknown deaths, 13 accidental deaths, 8 natural deaths, 3 suicides, and 2 homicides. The most common cause of death was Sudden Unexplained Infant Death.

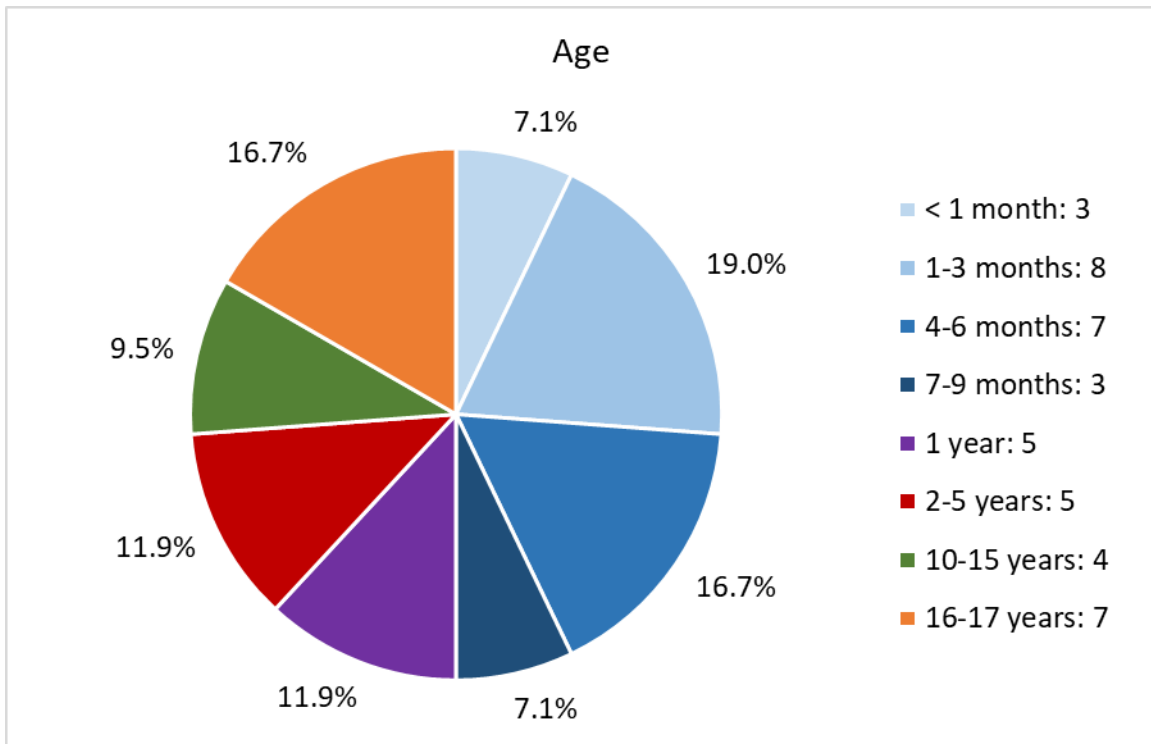


A child's death is considered to be preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. Of the 42 deaths, 24 were determined to be probably preventable and 18 were determined to be probably not preventable.



Demographics

Age

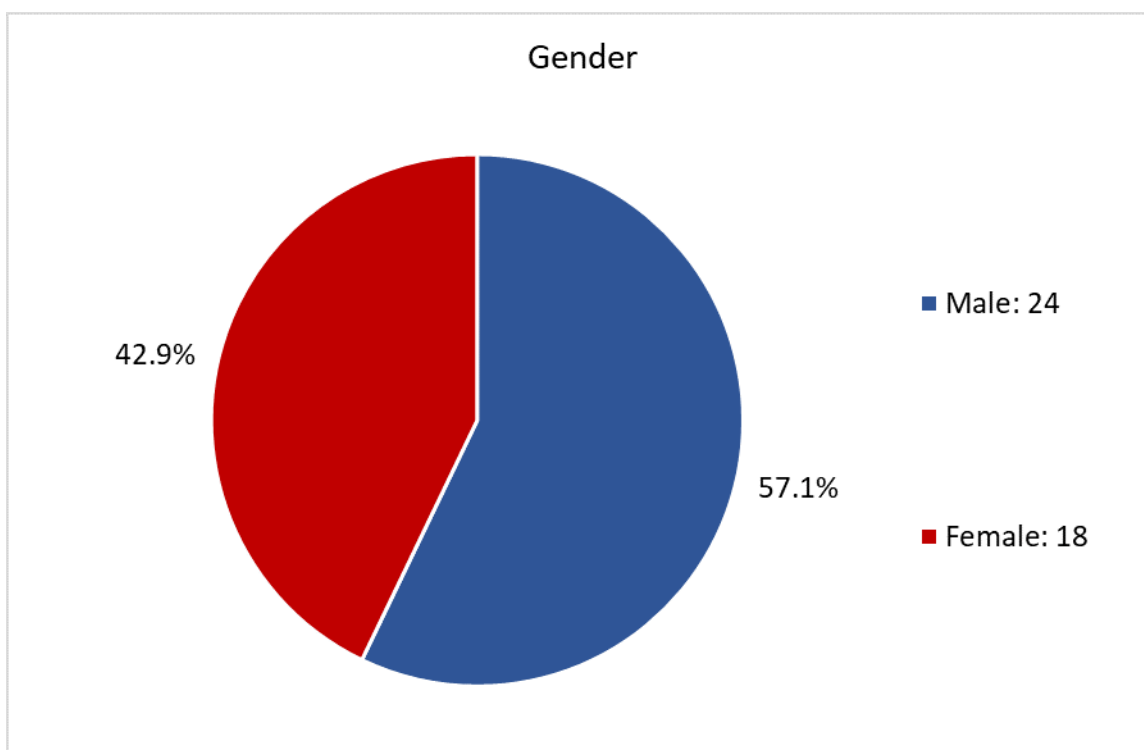


Age Group	Deaths
< 1 month	3
1-3 months	8
4-6 months	7
7-9 months	3
9-11 months	0
1 year	5
2-5 years	5
6-9 years	0
10-15 years	4
16-17 years	7

Half of the deaths in 2015-2019 were children under one year old. There were the most deaths in the one to six month age group. The second most common ages in the cases reviewed were one and sixteen, each having five deaths.

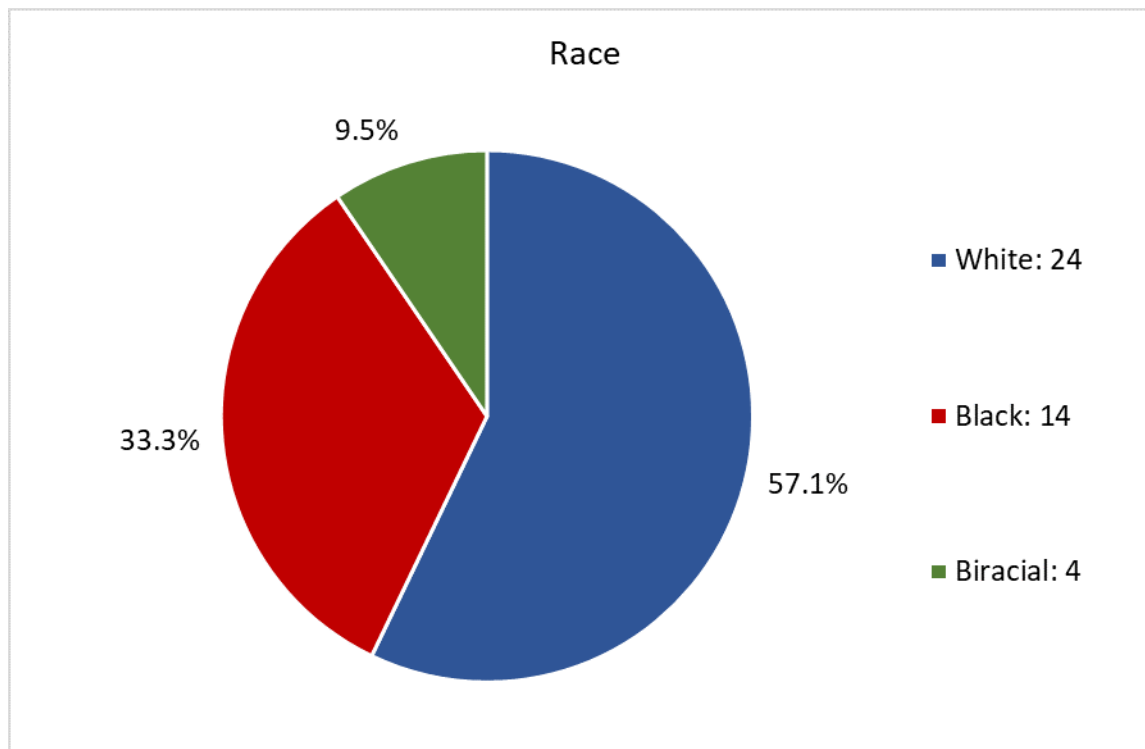
Gender

Of the cases in 2015-2019, there were 24 male children and 18 female children.



Race

Of the cases in 2015-2019, 24 of the children were white, 14 were black, and 4 were both white and black.

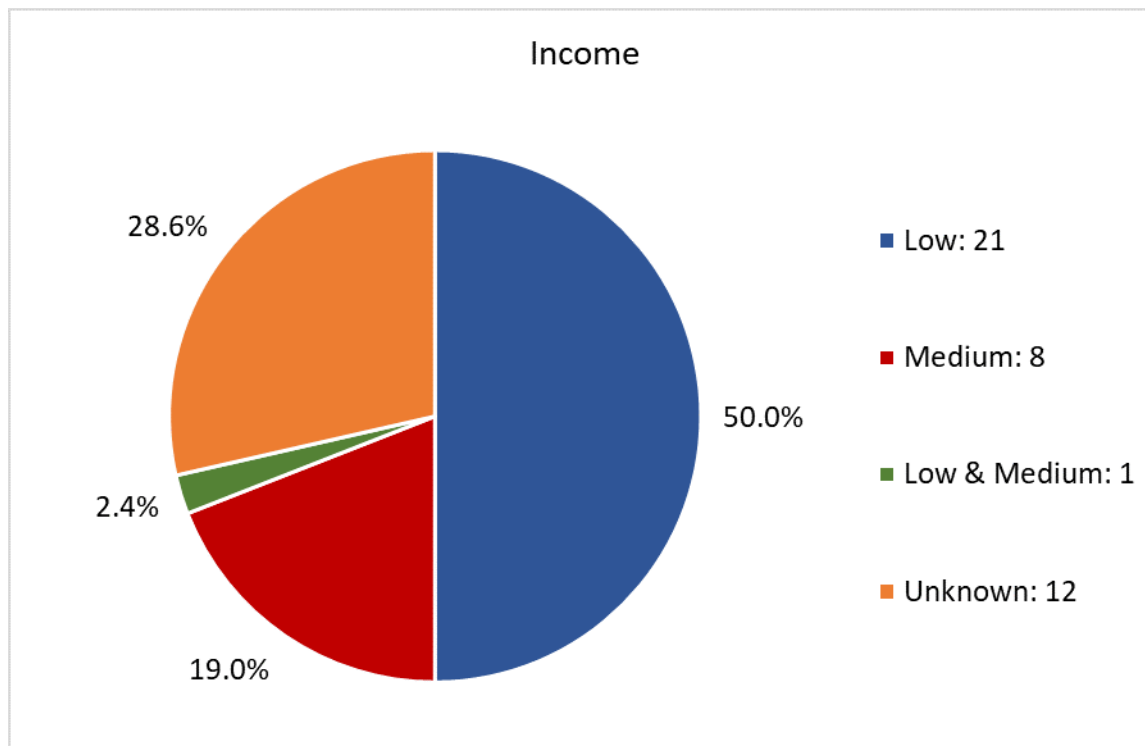


The percentages of cases involving black and biracial children in 2015-2019 were higher than the percentages of black and multiple race individuals in Washington County and Hagerstown. According to the July 2019 population estimates from the U.S. Census Bureau, Washington County is 82% white, 12.5% black, and 3.1% two or more races and Hagerstown is 71% white, 16.9% black, and 6.7% two or more races.

There are several health disparities that may lead to minorities having disproportionately higher rates of child death. For example, according to CDC in 2018, the infant mortality rate for black infants was over twice as high as the infant mortality rate for white infants. Black women also have higher rates of preterm birth than white women, which can contribute to conditions such as Sudden Infant Death Syndrome (SIDS). Of the 2015-2019 cases where income level was known, black children were less likely to come from medium-income families than white children. Low-income is a risk factor for child abuse and neglect which can lead to child deaths.

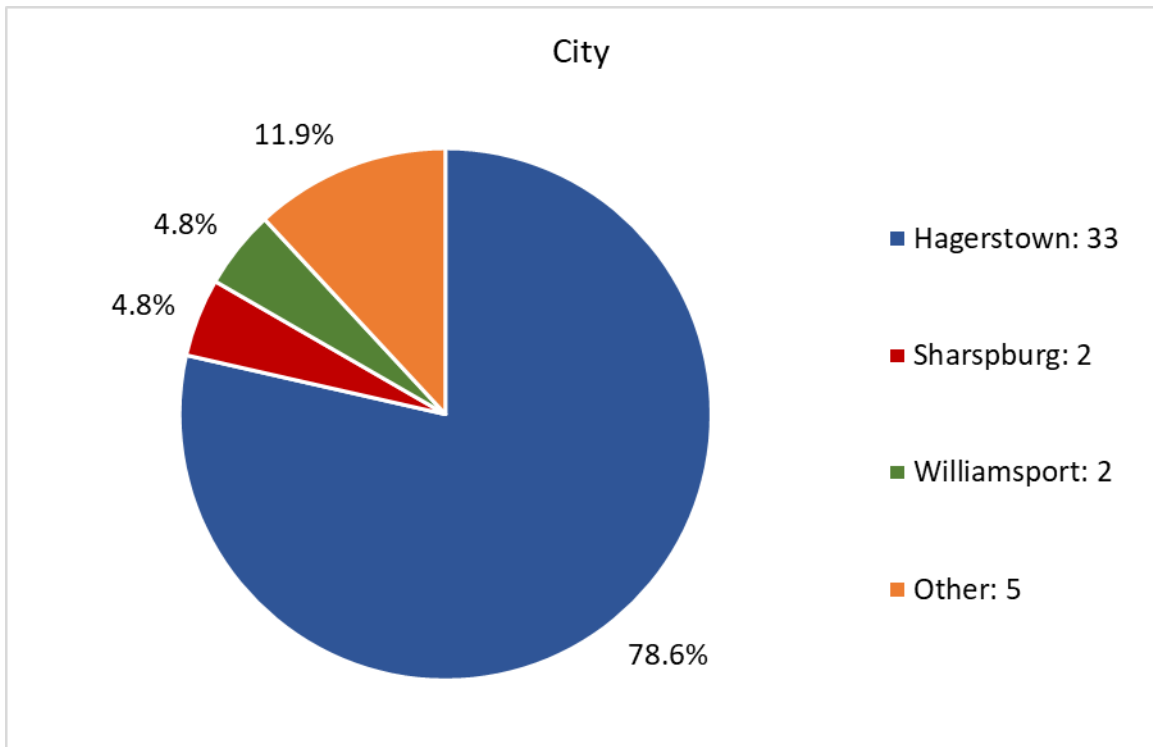
Income

From 2015-2019, there were 21 cases involving low-income families, 8 cases involving medium income families, 1 case involving low and medium income caregivers, and 12 cases involving families with unknown income levels. Half of the cases involved low income families.



City

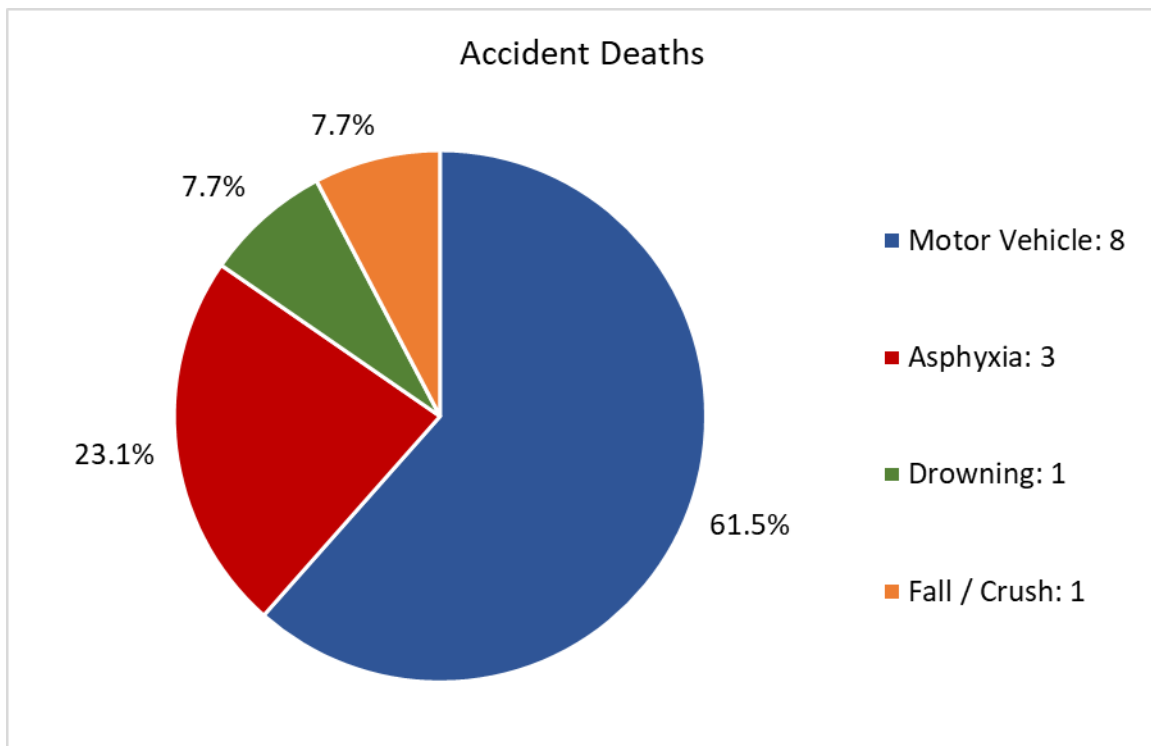
The majority of cases from 2015-2019 involved children who lived in Hagerstown. There were 33 cases in Hagerstown, 2 in Sharpsburg, 2 in Williamsport, and 5 in other towns in Washington County. Hagerstown only makes up 26.5% of the population of Washington County according to the July 2019 U.S. Census Bureau estimates, but had 78.6% of the child deaths reviewed by the team in 2015-2019.



Accident Deaths

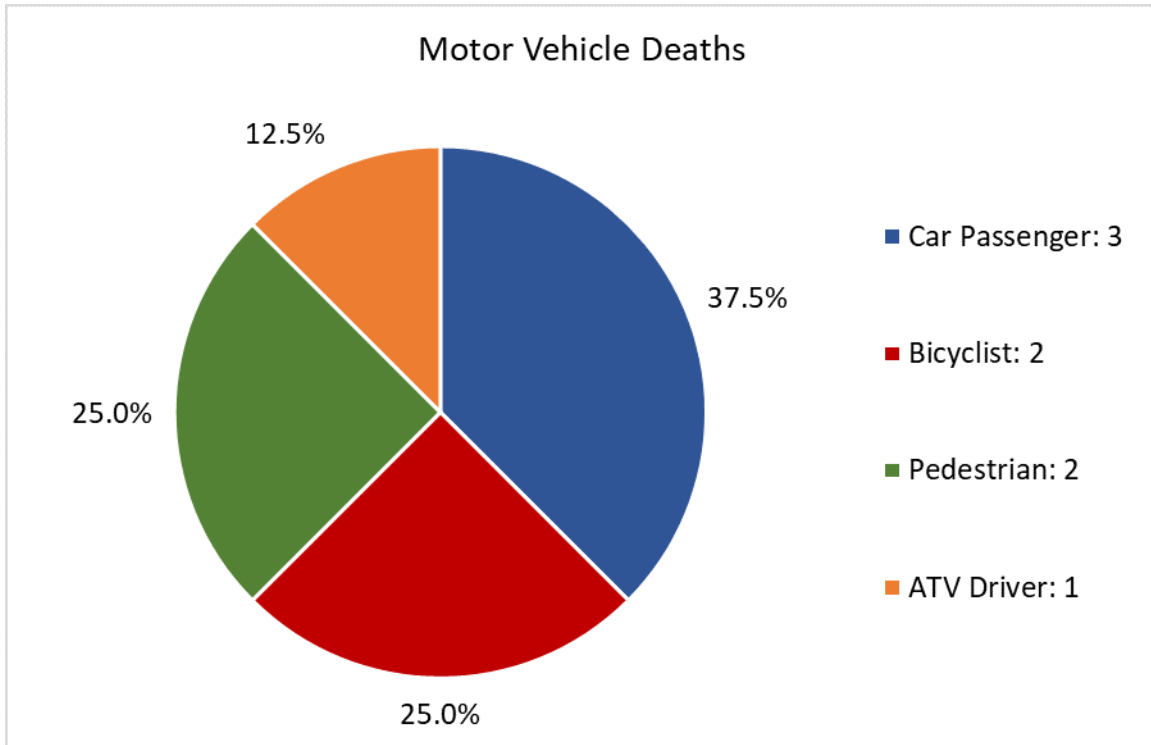
Accident deaths are deaths that were unintentional. These include unintentional injuries and other unintentional events such as drownings or poisonings. However, it is possible for child abuse or neglect to contribute to an unintentional death. Most accident deaths are preventable. According to the Centers for Disease Control and Prevention (CDC), injuries are the leading cause of death in children ages 19 and younger. For more information on unintentional injury prevention, visit CDC's [Child Safety and Injury Prevention](#) website.

The team reviewed 13 cases of accident deaths between 2015 and 2019. Eight of these deaths involved motor vehicles. There were also three unintentional asphyxias, one drowning, and one fall/crush death. 11 of the 13 accident deaths in the time period, or 84.6%, were preventable.



Motor Vehicle Deaths

Motor vehicles were involved in most of the accident deaths in 2015-2019. There were three deaths involving a child as a car passenger, two of which involved children in car seats and the other involved a teenager who was not wearing a seat belt properly. Half of the motor vehicle deaths involved teenagers, including both bicycle deaths and the ATV death.



According to CDC, in the United States, motor vehicle crashes are a leading cause of death among children.

Recommendations

The Child Fatality Review Team recommended the following actions to prevent future motor vehicle accidents.

- Educating the public about car seat safety with public service announcements.
- Encouraging caregivers to ensure proper seat belt use of children and to avoid driving while drowsy.
- Encouraging more organizations to have car seat technicians and holding more car seat safety check events.
- Promoting the use of cameras on vehicles to allow drivers to see more outside their vehicles.

Prevention Strategies

Child Passenger Safety

Car Seats and Booster Seats

Children who are too young or too small to use a seat belt should be in a car seat or booster seat. According to CDC, car seat use reduces the risk for injury in a crash by 71-82% for children, when compared with seat belt use alone and booster seat use reduces the risk for serious injury by 45% for children aged 4-8, when compared with seat belt use alone. It is important to choose the right seat for a child based on their age, height, and weight and to ensure that the car seat is installed properly.

Car Seat and Booster Seat Tips

- Select a car seat based on the child's age and size, choose a seat that fits in your vehicle, and use it every time. Find the right seat for your child at [nhtsa.gov/therightseat](https://www.nhtsa.gov/therightseat).
- Check [cpsc.gov](https://www.cpsc.gov) to ensure that the car seat has not been recalled.
- Buckle children in car seats, booster seats, or seat belts on every trip, no matter how short the trip.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- Have your car seat installation checked by a car seat technician. Contact [Safe Kids Washington County](#) or [Maryland Kids in Safety Seats](#) to learn more.
- Car seats have expiration dates. The owner's manual should tell you when to stop using the car seat.
- Do not use a car seat that has been in a major crash.
- To maximize safety, keep the child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- The safest car seat for children is a rear-facing one. Keep children in rear-facing car seats for as long as possible based on the car seat's heights and weight limits.
- All forward-facing car seats must be installed using a top tether. The top tether reduces the forward motion of the car seat in a crash. Your car's owner manual will tell you exactly where the anchor is in your car. There are usually three to pick from. It could be on the back of or under the seat in an SUV, on the shelf behind the headrest or even on the ceiling. Look for a top tether anchor in your car before you select the location for your car seat.
- Airbags can kill young children riding in the front seat. Never place a rear-facing car seat in front of an airbag.
- Keep children in the back seat at least through age 12.

Seat Belts

Proper seat belt use is one of the most effective ways to save lives and reduce injuries in crashes. For older children and adults, seat belt use reduces the risk for death and serious injury by approximately half, according to CDC. Once a seat belt fits a child properly without a booster seat, often around ages 9-12, children should always use seat belts.

Seat Belt Tips

- Use a seat belt on every trip, no matter how short.
- Require everyone in the car to buckle up, including those in the back seat.
- When adults wear seat belts, kids wear seat belts. Set a good example and help protect everyone in the car by always using your seat belt.
- Make sure children are properly buckled up in a car seat, booster seat, or seat belt; whichever is appropriate for their age, height, and weight.
- Have all children age 12 and under sit properly buckled in the back seat.
- Properly buckle children in the middle back seat using a lap and shoulder belt when possible because it is the safest spot in the vehicle.
- A lap and shoulder seat belt provides the best protection and should be used on every ride.

Drive Safely

In addition to ensuring that children are buckled up properly, it is important for drivers to avoid risky driving.

Safe Driving Tips

- Do not drive while under the influence of alcohol or drugs. From 2001 to 2010, approximately 1 in 5 child passenger (< 15 years old) deaths in the U.S. involved alcohol impaired driving; 65% of the time, it was the child's own driver that had been drinking. One of the deaths in Washington County in 2015-2019 involved a child whose driver was driving under the influence.
- Do not speed or drive faster than the road conditions allow in order to be driven safely. According to the National Highway Traffic Safety Administration (NHTSA), for more than two decades, speeding has been involved in approximately one-third of all motor vehicle fatalities. Speeding increases the degree of crash severity, leading to more severe injuries.
- Avoid drowsy driving. One of the deaths in Washington County in 2015-2019 involved a child whose driver fell asleep while driving.
- Avoid distracted driving, including texting or using a handheld cell phone while driving.

- Yield to pedestrians in crosswalks and stop well back from the crosswalk to give other vehicles an opportunity to see the crossing pedestrians so they can stop too. Never pass vehicles stopped at a crosswalk. There may be people crossing that you can't see.

Pedestrian Safety

According to CDC, in 2017, one in every five children under the age of 15 killed in traffic crashes were pedestrians. Most pedestrian deaths occur in urban areas, at non-intersection locations, and at night. Higher vehicle speeds increase both the likelihood of a pedestrian being struck by a car and the severity of injury. Of the pedestrian deaths in Washington County in 2015-2019, one occurred in a driveway and one occurred on a city street.

Pedestrian Safety Tips

- It's always best to walk on sidewalks or paths and cross at street corners, using traffic signals and crosswalks. If there are no sidewalks, walk facing traffic as far to the left as possible.
- Teach kids at an early age to look left, right, and left again before crossing the street. Then remind them to continue looking until safely across.
- Remind kids to make eye contact with drivers before crossing in front of them and to watch out for cars that are turning or backing up.
- Teach kids to put phones, headphones and devices down when crossing the street. It is particularly important to reinforce this message with teenagers.
- Children under 10 need to cross the street with an adult. Every child is different, but developmentally, most kids are unable to judge the speed and distance of oncoming cars until age 10.
- Teach children that apparently parked vehicles might move and make sure they understand that the driver might not be able to see them, even if they can see the driver.
- Accompany little kids when they get in and out of a vehicle. Hold their hand while walking near moving vehicles, in driveways, parking lots, or on sidewalks.
- Before you get in the car, take a few seconds to walk all the way around your parked car to check for children.
- Cars, especially large ones, often have a blind zone behind the car that cannot be seen in the mirror or out the rear window. You can install a rearview camera, back-up sensors and/or additional mirrors on your vehicles to increase visibility in the blind zone. Use these devices **in addition** to looking around and behind your vehicle carefully to detect if anything is in your path before moving the vehicle. One of the deaths in 2015-2019

involved a child who walked in front of a car pulling out of a driveway where the driver did not see the child.

- Slow down and stop if you're driving near a school bus that is flashing yellow or red lights. This means the bus is either preparing to stop (yellow) or already stopped (red), and children are getting on or off. Watch for children who may cross the street after the bus stops. One of the cases in 2015-2019 involved a child who was struck by a car after getting off a school bus.

Bicycle Safety

According to CDC, bicyclists face a higher risk of crash related injury and deaths than occupants in motor vehicles and children and adolescents have the highest rates of nonfatal bicycle-related injuries, accounting for more than one-third of all bicycle-related injuries seen in U.S. emergency departments. Of the 51 bicycle crashes reported in Hagerstown in 2015-2018, half (25) involved bicyclists age 19 and under. Of those 25 incidents, none of the bicyclists were wearing a helmet. Of those 25 incidents, the bicyclist was found to be at fault 72% of the time. In 2015-2019, the team reviewed two cases of bicyclist deaths. Both involved teenagers who were not wearing helmets. One case involved a bicyclist who failed to stop at a stop sign and was struck by another vehicle and one case involved a bicyclist who exited a driveway on a rural road and was struck by a vehicle that was speeding.

Bicycle Safety Tips

- According to CDC, bicycle helmets reduce the risk of head and brain injuries in the event of a crash. All bicyclists, regardless of age, can help protect themselves by wearing properly fitted bicycle helmets every time they ride.
- It is recommended that all bicyclists and bike passengers wear helmets. Maryland law requires all bicyclists under the age of 16 to wear a bicycle safety helmet when riding on public property. This includes roadways, trails and sidewalks.
- Learn how to do a bike helmet fit test to ensure the child's helmet fits properly. Look at these guides from [Safe Kids](#) and [NHTSA](#).
- Replace any bike helmet that is damaged or has been involved in a crash.
- Bicycle helmets expire. Check the manufacturer's recommendations for how long to use a helmet.
- Ensure that the child's helmet meets U.S. Consumer Product Safety Commission (CPSC) standards.
- Bicyclists riding on the road should ride in the same direction as traffic, obey all traffic rules, and use bike lanes where available.

- When riding on the road, bicyclists should use hand signals to indicate their intentions to drivers and other cyclists.
- Drivers should leave at least 3 feet between their car and a bicycle when passing a bicyclist.
- Every child is different, but developmentally, it can be hard for kids to judge speed and distance of cars until age 10, so limit riding to sidewalks (although be careful for vehicles in driveways), parks, or bike paths until age 10. No matter where you ride, teach your child to stay alert and watch for cars and trucks.
- Ride a bike that fits—if it's too big, it's harder to control the bike.
- Bicyclists should wear reflective or high-visibility clothing, especially when it is dark.
- If operated in low visibility conditions, bicycles must be equipped with a white beam headlight visible at a distance of 500 feet and a red rear reflector visible at a distance of 600 feet.

ATV Safety

All-terrain vehicles (ATVs) are popular, especially in rural areas, but they are not toys. The American Academy of Pediatrics (AAP) recommends that children under 16—who are too young to have a driver's license—should not be allowed to operate or ride off-road vehicles. There was one case reviewed by the team in 2015-2019 involving a 16 year old who was not wearing a helmet while driving an ATV at high speeds.

ATV Safety Tips

- Do not drive ATVs on paved roads.
- Ride only on designated trails and at a safe speed.
- Do not allow a child under 16 to drive or ride an adult ATV. Their size and speed make them too dangerous for kids to drive.
- Ride an ATV that's right for your age.
- Do not drive ATVs with a passenger or ride as a passenger.
- Riders should always wear motorcycle-style helmets that are approved by the Department of Transportation, eye protection, sturdy shoes (no flip-flops), and protective, reflective clothing. Appropriate helmets are those designed for motorcycle (not bicycle) use and should include safety visors/face shields for eye protection. Wearing a helmet may prevent or reduce the severity of injuries.
- Never ride under the influence of alcohol or drugs.
- All ATV riders should take a hands-on safety training course.

Resources

Child Passenger Safety

- [CDC Child Passenger Safety](#)
- [How to Avoid the Most Common Mistakes](#)
- [NHTSA Car Seats and Booster Seats](#)
- [Safe Kids Ultimate Car Seat Guide](#)
- [CDC Seat Belts](#)
- [NHTSA Seat Belts](#)
- [Safe Kids Seat Belt Tips](#)
- [NHTSA Risky Driving](#)
- [Drive Safely in Maryland](#)
- [AAP On the Go](#)
- [Safe Kids Heatstroke](#)

Pedestrian Safety

- [NHTSA Pedestrian Safety](#)
- [Be Street Wise](#)
- [How to Not Get Hit by a Car](#)
- [NHTSA School Bus Safety](#)

Bicycle Safety

- [NHTSA Bicycle Safety](#)
- [NHTSA Learn to Bike Safely](#)
- [Safe Kids Bike Tips](#)
- [Bicycle Safer Journey](#)
- [NHTSA Bicycle Safety Activity Kit](#)
- [Hagerstown Bicycling](#)
- [Bike Maryland Cycling Safety](#)
- [How to Get Your Child to Wear a Bicycle Helmet](#)
- [Be Street Wise: Bicycle Safety](#)
- [CPSC Bicycles](#)
- [Bike Safe Play Court in Hagerstown](#)

Teen Driver Safety

- [CDC Teen Driver Safety](#)
- [Safe Kids Teen Driver Tips](#)

ATVs

- [AAP ATVs are Not for Children](#)

- [CPSC ATV Safety Information Center](#)
- [ATV Safety Institute](#)

Drowning Deaths

According to CDC, drownings are a leading cause of injury death for young children ages 1 to 14, and three children die every day as a result of drowning. Young children can drown in as little as one inch of water. Drownings happen quickly and quietly, so it is important for children to be supervised when around water. There are two common places children drown: bathtubs and pools or other recreational water areas.

Recommendations

The Child Fatality Review Team recommended the following actions to prevent future drownings.

- Encouraging caregivers to always supervise children in the bathtub and around water, even if the child is in a bath seat.

Prevention Strategies

Bath Safety

According to the AAP, most child drownings inside the home occur in bathtubs, and more than half of bathtub deaths involve children under 1 year of age. In many cases, bathtub drownings happen during a lapse in adult supervision. From 2015-2019, the team reviewed one case of an infant who drowned in the bathtub.

Bath Safety Tips

- Do not leave babies or children in the bathtub unattended – even for just a minute. If you forgot something or need to answer the door, bring your baby with you.
- Supervision is important even if you are using a supportive infant tub or bath seat. Infant bath seats can tip over and children can slip out of them and drown in even a few inches of water in the tub.
- Have a towel and other bath supplies within reach so you can keep a hand on the baby at all times.
- Keep toilet lids and doors to bathrooms and laundry rooms closed when not in use.

Pool and Other Water Safety

Among children ages 1 to 4, most drownings occur in home swimming pools and the percentage of drownings in natural water settings, including lakes, rivers and oceans, increases with age, according to CDC. The US Consumer Product Safety Commission says that nearly 70% of young children who drowned in swimming pools were not expected to be in or at the pool.

Water Safety Tips

- Watch kids when they are in or around water, without being distracted. Young children can drown in as little as one inch of water, so it's important to keep them within an arm's reach of an adult.
- Fences are the most effective, proven way to prevent drowning of young children. Swimming pools, including large, inflatable above-ground pools and other temporary pools, should be completely surrounded by a fence on all 4 sides.
- If you have a pool, use pool, door, and/or gate alarms that can alert you if a child goes into the pool by themselves.
- Drowning doesn't usually look like what you see on TV. A drowning person often does not splash and cannot call for help. Learn [what drowning looks like](#).
- Parents, caregivers, and pool owners should know CPR and how to get emergency help. CPR performed by bystanders has been shown to save lives and improve outcomes in drowning victims. The more quickly CPR is started, the better the chance of improved outcomes.
- Teach kids never to go near or in water without an adult present. Remember that things such as water wings, noodles, and other items can create a false sense of security for children and should not be used in place of life jackets.
- Teach children how to swim. The AAP recommends swim lessons as a layer of protection against drowning that can begin for many children starting at age 1. CDC says that research has shown that participation in formal swimming lessons can reduce the risk of drowning among children aged 1 to 4 years.
- Make sure kids wear life jackets in and around natural bodies of water, such as lakes or the ocean, even if they know how to swim. Life jackets can be used in and around pools for weaker swimmers too.
- Never leave a filled, open-top water container unattended. Whenever they're not in use, be sure to completely empty any liquids in open containers.
- If a child is missing, look for them in the pool or spa first. Because drowning happens quickly, if you check the pool last, it may be too late.
- If a child has a seizure disorder, provide one-on-one supervision around water, including swimming pools. Consider using showers rather than using a bath tub for bathing.

Resources

- [CDC Unintentional Drowning](#)
- [CDC Drowning Prevention](#)
- [Safe Kids Water Safety at Home](#)
- [AAP Pool Dangers and Drowning Prevention](#)
- [AAP Infant Water Safety](#)
- [AAP Drowning Prevention for Curious Toddlers](#)
- [Pool Safely](#)
- [Water Safety USA](#)
- [US Coast Guard Boating Safety](#)

Fall and Crush Deaths

Fall deaths include when a child falls off or out of an object or down stairs. Many falls can be prevented, and parents and caregivers can play a key role in protecting children. Crush deaths occur when a heavy item falls on top of a child and crushes them. Televisions and other large furniture items in the home can tip over, especially if the child climbs on or pulls up on them. From 2015-2019, the team reviewed one case involving a child who was crushed by a yard statue which fell off the child after the child had been climbing on it.

Recommendations

The Child Fatality Review Team recommended the following actions to prevent future fall or crush deaths.

- Encouraging caregivers to supervise children, especially young children, around heavy objects that could fall over on them.

Prevention Strategies

Fall Prevention

According to CDC, falls are the leading cause of non-fatal injuries for all children ages 0 to 19. Every day, approximately 8,000 children are treated in U.S. emergency rooms for fall-related injuries.

Fall Prevention Tips

- Supervise young children at all times around fall hazards, such as stairs and playground equipment, whether you're at home or out to play.

- Use approved safety gates at the tops and bottoms of stairs and attach them to the wall, if possible. Remember to read the manufacturer's instructions and warning labels to make sure you have the right gate for your needs. Not all gates are safe for use at the top of stairs.
- Actively supervise toddlers on stairs. Hold their hands when walking up and down stairs.
- Keep babies and young kids strapped in when using high chairs, infant carriers, swings or strollers. When placing your baby into a carrier, remember to place the carrier on the floor, not on top of a table or other furniture.
- Open windows from the top if possible. If you must open them from the bottom, install window guards that only an adult or older child can open from the inside.
- Screens are meant to keep bugs out, not children in. Properly install window guards to prevent unintentional window falls.
- Never put chairs, sofas, low tables, or anything else a child might climb on in front of a window. Doing so gives them access to the window and creates an opportunity for a serious fall.
- Don't let kids play on high porches, decks, stairs, or balconies.
- Don't use baby walkers. Babies in walkers can fall down stairs, fall into a pool or bathtub, or be able to reach dangerous items that are usually out of their reach.

Crush Prevention

According to CPSC's latest report, 459 children have died from tip-over incidents since 2000 in the United States. 67% of child tip-over fatalities since 2000 involved children between 1 and 3.5 years old. Almost half of all tip-over deaths occur in a bedroom. Deaths and injuries can occur when children climb onto, fall against, or pull themselves up on large pieces of furniture. A tip-over can occur anytime something large and heavy becomes unbalanced. When kids are young and active, they tend to look for new places to explore. That sometimes includes climbing dressers or bookshelves, or reaching for things in high-up places that causes furniture or other large objects to tip-over and potentially crush the child.

Crush Prevention Tips

- Secure TVs and furniture to the wall using mounts, brackets, braces, anchors or wall straps to prevent tip-overs.
- Secure TVs even if they are not wall-mounted with an anti-tip device.
- Use sturdy furniture designed to hold TVs, such as television stands or media centers.
- Follow the manufacturer's instructions to secure TVs properly.
- Dressers, bookcases, mirrors, and other pieces of furniture should be secured to the wall, preferably with dry-wall screws into a stud, or use other anti-tip devices.

- Install stops on dresser drawers to prevent them from being pulled all the way out. Multiple open drawers can cause the weight to shift, making it easier for a dresser to tip over.
- Remove items that might tempt kids to climb, such as toys and remote controls, from the top of TV and furniture.
- Test the stability of large pieces of furniture, such as floor lamps, bookshelves, and television stands. Put floor lamps behind other furniture and anchor bookcases and TV stands to the wall.

Resources

- [Anchor It!](#)
- [AAP Preventing Furniture and TV Tip-Overs](#)
- [Safe Kids TV and Furniture Tip-Overs](#)
- [Safe Kids Falls Tips](#)
- [CDC Fall Prevention](#)
- [AAP Playground Safety](#)

Asphyxia Deaths

Asphyxia deaths are when a child is prevented from breathing, either by their nose and mouth being covered or by their neck or chest being pressed on or otherwise their airway being blocked. From 2015-2019, the team reviewed two cases of infants who died of unintentional asphyxia and one case of a one year old who was sleeping with an adult on a couch and died of unintentional asphyxia. Because unintentional asphyxia is often an infant sleep-related death, prevention strategies and resources for asphyxia are included in the Undetermined Deaths section.

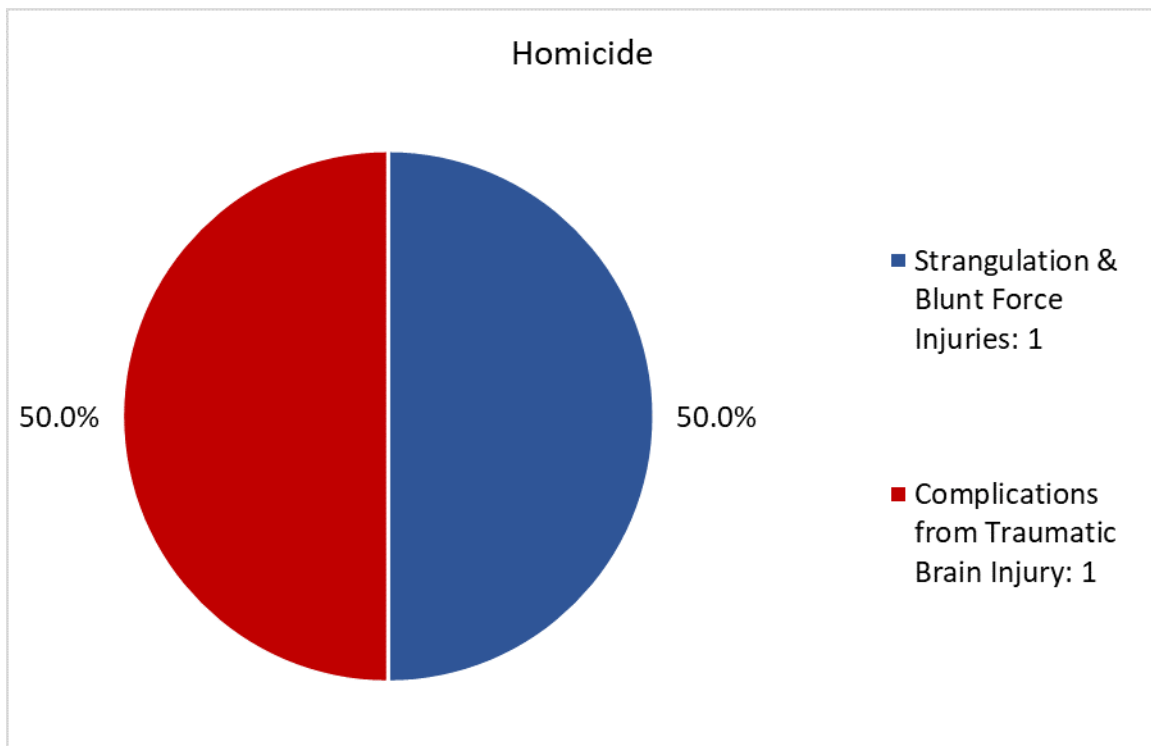
Other Accident Deaths

Prevention strategies for firearm and poisoning deaths will be listed in the Suicide Deaths section, as there were suicides in 2015-2019 involving these causes.

Homicide Deaths

Homicide deaths are deaths that were caused intentionally by another person. This includes deaths that were caused by an adult or another child. According to CDC, homicide is the 3rd leading cause of death for young people ages 10-24. The team reviewed two cases of homicides in 2015-2019. Both cases involved teenagers who died as a result of physical abuse. Neither case was considered to be preventable by the community.

There was one case involving a child who was physically and sexually assaulted by a caregiver and died of strangulation and blunt force injuries and one case involving a child who had been shaken as an infant which resulted in a traumatic brain injury and another medical condition which the child later died from complications of.



Child Abuse and Neglect

Child abuse and neglect can result in both intentional and unintentional child deaths. According to CDC, child abuse and neglect are common. At least 1 in 7 children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate. In 2018, nearly 1,770 children died of abuse and neglect in the United States.

Prevention Strategies

Child Abuse and Neglect

Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired social-emotional skills or anxiety.

Child abuse and neglect and other Adverse Childhood Experiences (ACEs) can also have a tremendous impact on lifelong health and wellbeing if left untreated. For example, exposure to violence in childhood increases the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities.

There are four common types of abuse and neglect:

- **Physical abuse** is the intentional use of physical force that can result in physical injury. Examples include hitting, kicking, shaking, burning, or other shows of force against a child.
- **Sexual abuse** involves pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.
- **Neglect** is the failure to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, and access to medical care.

Learn more on CDC's [Preventing Child Abuse & Neglect](#) webpage.

Child Abuse and Neglect Prevention Tips

- Know that It is not always easy to recognize when a child has been abused. Children who have been maltreated are often afraid to tell anyone, because they think they will be blamed or that no one will believe them. Be aware of [potential signs of child abuse](#).
- Personal supervision of and involvement in your child's activities are the best ways to prevent physical and sexual abuse outside the home.
- Pay careful attention to a child's reports about and reactions to their experiences at child care and school. Always investigate if a child tells you they've been maltreated or if they undergo a sudden unexplained change in behavior.
- Although you don't want to frighten your children, you can teach them some basic rules of safety in a non-threatening manner. Teach them to keep their distance from strangers, not to wander away from you in unfamiliar territory, to say "no" when

someone asks them to do something against their will, and always to tell you if someone hurts them or makes them feel bad.

- If you suspect that a child has been abused or neglected, [report it](#). Reports may be made anonymously. All reports of suspected child abuse are immune from civil liability unless they are purposefully erroneous or malicious. Understand [what happens](#) after suspected abuse or neglect is reported to Child Protective Services (CPS). The first priority of CPS is to safely maintain a child in their home and to protect the child from further harm and maltreatment.
- Take care of yourself and get support for yourself so that you can care for your kids well. Contact [Healthy Families](#) to get referrals to community resources that can help your family.

Abusive Head Trauma

According to CDC, abusive head trauma (AHT), which includes shaken baby syndrome, is a preventable and severe form of physical child abuse that results in an injury to the brain of a child. AHT is a leading cause of physical child abuse deaths in children under five in the United States and babies under one year old are at the greatest risk. Nearly all victims of AHT suffer serious, long-term health consequences and 1 in 4 babies who experience AHT die from it.

Abusive Head Trauma Prevention Tips

- Try to be patient. Keeping your baby safe is the most important thing you can do. It is normal to feel upset, frustrated, or even angry, but it is important to keep your behavior under control. Remember, it is never safe to shake, throw, hit, slam, or jerk any child—and it never solves the problem!
- Crying, including inconsolable crying, is often a normal part of infant development. Understand that infant crying is worse in the first few months of life, but it will get better as the child grows. Learn more about the [Period of PURPLE Crying](#).
- Try calming a crying baby by rocking gently, offering a pacifier, singing or talking softly, taking a walk with a stroller, or going for a drive in the car. See other tips for [how to calm a fussy baby](#).
- Try the [5S's](#): swaddling, side/stomach position, shushing, swinging, and sucking.
- Crying is how babies communicate. Try to figure out what your baby may need. They may be hungry, hot or cold, or need a diaper change.
- If the baby won't stop crying, check for signs of illness and call the doctor if you think the child is sick.
- Remember, you are not a bad parent or caregiver if your baby continues to cry after you have done all you can to calm them.

- If you are getting upset, focus on calming yourself down. Take a deep breath and count to 10. Put the baby in a safe place, such as crib or playpen without blankets and stuffed animals, and walk away to calm down, checking on the baby every 5 to 10 minutes.
- Do not pick your baby up until you feel you have calmed down.
- When you have calmed down, go back and pick up your baby. If your baby is still crying, retry soothing measures.
- Call a friend, relative, neighbor, or [parent helpline](#) for support.
- The more relaxed you remain, the easier it will be to console your child. Even very young babies are sensitive to tension around them and react to it by crying. Listening to a wailing newborn can be agonizing, but letting your frustration turn to anger or panic will only intensify your infant's screams.
- Never leave your baby with a person who is easily irritated, has a temper, or a history of violence. Anyone who cares for your children should know about the dangers of shaking or striking a baby's head. Make sure they know it is never ok to shake, throw, hit, slam, or jerk any child.
- Be aware of new parents in your family and community who may need help or support and offer to give a parent or caregiver a break when needed.

Resources

Child Abuse and Neglect Prevention

- [AAP Child Abuse and Neglect](#)
- [AAP Caring for Yourself and Your Children](#)
- [CDC Preventing Abusive Head Trauma](#)
- [AAP Abusive Head Trauma](#)
- [AAP Responding to Your Baby's Cries](#)
- [Prevent Child Abuse Preventing Shaken Baby Syndrome](#)
- [CDC Parent Information](#)
- [CDC Positive Parenting Tips](#)
- [CDC Essentials for Parenting Toddlers and Preschoolers](#)
- [The Family Tree](#)

Youth Violence Prevention

- [CDC Youth Violence](#)
- [Love is Respect](#)

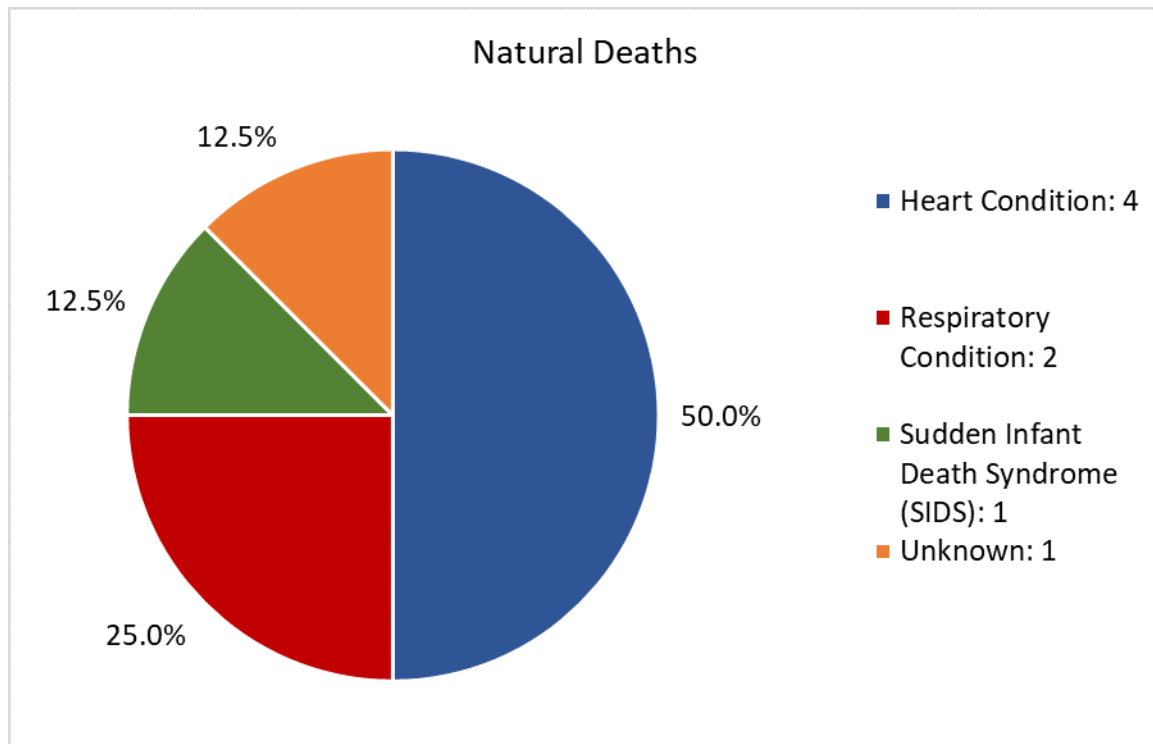
Domestic Violence Resources

- [CASA, Inc.](#)

- [National Domestic Violence Hotline](#)
- [National Sexual Assault Hotline](#)

Natural Deaths

Natural deaths are deaths not directly caused by external forces. Natural deaths generally involve medical conditions. The team reviewed eight natural deaths from 2015-2019. There were four cases involving heart conditions, two involving respiratory conditions, one Sudden Infant Death Syndrome (SIDS), and one unknown condition. None of those deaths were determined to be preventable. Natural deaths are typically only considered preventable if appropriate medical care was not sought for the child.



Recommendations

The Child Fatality Review Team recommended the following actions to prevent future natural deaths.

- Encouraging caregivers to have siblings of children who die of a heart condition to be evaluated by a pediatric cardiologist.
- Having a pediatrician in the emergency department at the hospital to assess child patients quickly.

Prevention Strategies

Heart Conditions

Of the cases in 2015-2019 involving heart conditions, the conditions typically involved previously undiagnosed cardiac arrhythmia or myocarditis. Three of the cases involved children two years old or younger; one case involved a teenager. Heart conditions in children are often [congenital](#), meaning that they are present at birth, and the causes are often unknown. It can be difficult to diagnose a heart condition if the child does not show symptoms such as shortness of breath, chest pain, or fainting. To best protect their children's health, parents and caregivers should follow guidance from their children's healthcare provider. Parents and caregivers should also gather the heart health history of blood relatives and share this with the child's medical provider. This can help guide questions during well-child check-ups and sports physicals. If a child is suspected to have a heart condition, they should be taken to a pediatric cardiologist.

Respiratory Conditions

There were two cases in 2015-2019 involving respiratory conditions. Respiratory conditions often come from viral or bacterial infections. The conditions include [pneumonia](#), [respiratory syncytial virus](#) (RSV), and [influenza](#) (flu). Most of the time, these conditions can be treated. In rare cases, children die from these conditions despite receiving appropriate medical care.

Sudden Infant Death Syndrome (SIDS)

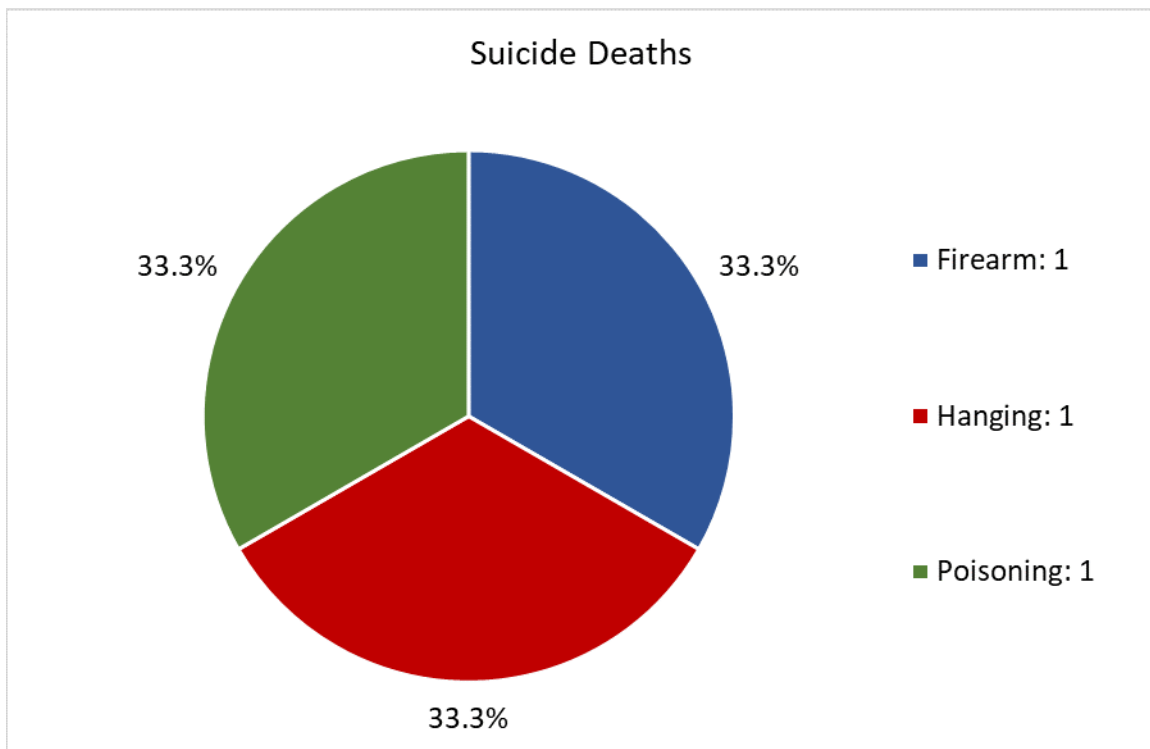
In 2015-2019, the team reviewed one SIDS case and one infant sleep death that was considered natural but with an unknown cause. SIDS is the sudden, unexplained death of an infant younger than 1 year old. Parents and caregivers can reduce an infant's risk of SIDS by following [Safe Sleep guidelines](#). In several cases, children who die of SIDS or other sleep related deaths were recently sick with a viral illness. It is especially important to follow Safe Sleep guidelines when infants are sick. Safe Sleep and SIDS prevention strategies will be discussed in the Undetermined Deaths section.

Resources

- [AAP Sudden Cardiac Death in Young People](#)
- [AHA Children and Arrhythmia](#)
- [AAP Irregular Heartbeats](#)
- [CDC RSV in Infants and Young Children](#)
- [CDC Diseases that Vaccines Prevent](#)

Suicide Deaths

Suicide deaths are deaths that were caused intentionally by the individual with the intent to die. From 2015-2019, the team reviewed three cases of suicides. All three cases involved teenagers. Two of the three cases were considered preventable. One case involved a firearm, one case involved hanging, and one case involved poisoning. Since poisonings can be intentional or accidental, prevention strategies for both types of poisonings will be presented in the Poisoning Prevention section. Firearm deaths can also be intentional or accidental, but prevention strategies for both situations involve reducing children's access to firearms.



Suicide Prevention

According to CDC, suicide is the second leading cause of death for people ages 10-34. According to the [Youth Risk Behavior Survey](#), in 2019, 18.8% of high school students seriously considered attempting suicide and 8.9% attempted suicide. These percentages are even higher for LGBTQ+ youth.

Recommendations

The Child Fatality Review Team recommended the following actions to prevent future suicide deaths.

- Encouraging mental health providers to provide medication lockboxes for patients at risk of overdose.
- Encouraging caregivers to store guns unloaded in a locked container and store ammunition in a separate locked container.

Prevention Strategies

Suicide Prevention

There are many factors that contribute to suicide. Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience. Learn more about [risk and protective factors for suicide](#). Access to lethal means is also a risk factor for suicide. Guns are more lethal than other suicide means. According to the [Harvard T. H. Chan School of Public Health](#), about 85% of attempts with a firearm are fatal: that's a much higher case fatality rate than for nearly every other method.

Suicide Prevention Tips

- Know the [risk factors and warning signs](#) for suicide.
- About 90% of people who die by suicide have a mental disorder at the time of their death. Ensure that children receive proper [mental health treatment](#).
- [Know the difference](#) between typical teenager behavior and behavior that may be a warning sign of a mental illness. If you have any concerns about a child's mental health contact a local mental health provider or the child's doctor.
- If a child is talking about any level of distress, do not hesitate to ask them whether they're feeling changes in their mood or level of stress, or having suicidal thoughts. Asking a child directly about suicide will not increase their risk or plant the idea. It will create an opportunity to offer support and let them know you care enough to have the conversation.
- When [talking with someone about suicide](#), be non-judgmental and don't act shocked. Don't debate whether suicide is right or wrong or whether feelings are good or bad. Don't lecture them on the value of life. Offer hope that alternatives are available but do not offer superficial reassurance.
- Listen to kids and take what they say and do seriously. According to the AAP, children who attempt suicide often had been telling their parents repeatedly that they intended to kill themselves. It's important to never shrug off threats of suicide as typical teenage melodrama.

- [Practice active listening](#). Hearing someone talk is different from actively listening to what that person is saying. Active listening requires concentration and understanding.
- Access to lethal means is a risk factor for suicide. Restricting access to lethal means is one of the most successful strategies in preventing suicide.
- Many suicide attempts take place during a [short-term](#) crisis - often only minutes or hours - so it is important to consider a person's access to lethal means during these periods of increased risk. Reducing access to lethal means saves lives. Two of the suicides the team reviewed in 2015-2019 could have been prevented if the children had not had access to lethal means.
- According to [one study](#), 82% of youth who attempted suicide by firearm used a firearm belonging to a family member, usually a parent. When storage status was noted, about two-thirds of the firearms had been stored unlocked. Among the remaining cases in which the firearms had been locked, the youth knew the combination or where the key was kept or broke into the cabinet.
- The safest home for a child is one without guns. If there are guns in the home, keep them out of the reach and out of sight of children by storing them securely. Store guns unloaded and secured with effective, child-resistant gun locks in a locked container. Store ammunition in a separate locked container out of the reach and sight of children.
- Use combination locks and safes or safes that use fingerprint recognition locks to store firearms. If you cannot memorize the combination and must write it down, keep the combination carefully hidden. Know that children, especially older children, are likely to know your hiding places, even if you think they don't.
- Use a cable lock when storing firearms. Gun locks are not replacements for storing guns unloaded in a locked container or safe out of sight and reach of children, but can add an additional barrier to help prevent a firearm death. Contact the Washington County Sheriff's Office at 240-313-2100 to find out how to obtain a gun lock.
- Consider disassembling firearms when storing them as an added measure of security to prevent access.
- When a gun is not being stored, keep it in your immediate possession and control at all times.
- Talk to the child's grandparents and parents of the child's friends about guns in the home and how to safely store and secure them. [Ask them if there is an unlocked gun](#) in the home where your child will be.
- If you think someone may be suicidal, follow the [five action steps](#): ask, be there, keep them safe, help them connect, follow up.
- If you or someone you know are thinking about suicide, call the [National Suicide Prevention Lifeline](#).

Poisoning Prevention

According to CDC, every day, over 300 children in the United States ages 0 to 19 are treated in an emergency department, and two children die, as a result of being poisoned. Any kind of medicine or vitamin can cause harm to a child if it is taken in the wrong way, even over-the-counter medicine.

Poisoning Prevention Tips

- Keep medicine up and away, out of reach and sight of children, even medicine you or they take every day.
- Children often find medicine kept in purses or on counters and nightstands. Place bags and briefcases on high shelves or hang them on hooks, out of children's reach and sight.
- Safety latches on drawers or cabinets and child resistant caps on bottles are helpful in keeping poisons out of the hands of children.
- If there are controlled substances (like prescription pain medications or ADHD medicine) consider using a locked box for extra safety.
- Keep track of how many pills are in the bottle and write the start date on the label. This way you'll know if any are missing.
- For teens who take medication and may be suicidal, have an adult store the medication safely and dispense doses to the teen. An adult should always dispense medication for younger children.
- Save the [Poison Help](https://www.poisonhelp.org/) number in your phone and post it visibly at home: 1-800-222-1222.
- Share medicine safety information with family and friends. Teach other caregivers such as family members, babysitters, and friends about medicine safety and make sure they know the Poison Help number.
- Keep cleaning products in their original containers. Never put a potentially poisonous product in something other than its original container (such as a plastic soda bottle), where it could be mistaken for something else.
- [Dispose of unused medications](#) properly. Look for local drop boxes or drug take back events.

Resources

Suicide Prevention

- [ASFP Teens and Suicide](#)
- [AAP 10 Things Parents Can Do to Prevent Suicide](#)
- [AAS Prevent Youth Suicide Resources](#)

- [AAP Which Kids are at Highest Risk for Suicide?](#)
- [AAP Mental Health and Teens](#)
- [NIMH Suicide Prevention](#)
- [NAMI Navigating a Mental Health Crisis](#)
- [SAVE Find Help](#)
- [The Jason Foundation Parent Resource Program](#)
- [SPTS Parents](#)
- [LGBTQ Resources](#)
- [Harvard Recommendations for Families](#)
- [Lock to Live](#)
- [2-1-1 Mental Health](#)

Firearm Death Prevention

- [AFSP Firearms and Suicide Prevention](#)
- [End Family Fire](#)
- [Safe Kids Gun Safety Tips](#)
- [AAP Guns in the Home](#)
- [Project Child Safe Have a Conversation with Your Kids about Firearm Safety](#)

Poisoning Prevention

- [Safe Kids Medication Safety Tips](#)
- [Safe Kids Poison Prevention Tips](#)
- [AAP Medication Safety Tips](#)
- [FDA When and How to Dispose of Unused Medicines](#)
- [Hagerstown Medication Drop Off](#)

Undetermined Deaths

Undetermined deaths are deaths where the cause or manner of death could not be determined. Often deaths are undetermined when it is unknown whether a death was an accident or a different manner of death, such as whether an injury death was a homicide or an accident or whether an infant sleep death was a natural death or an accidental asphyxia death. In 2015-2019, the team reviewed 16 cases of undetermined deaths. These cases included 14 Sudden Unexplained Infant Deaths (SUID), one smoke inhalation death, and one death where the cause could not be determined.

Sudden Unexplained Infant Deaths (SUID)

Sudden Unexplained Infant Death (SUID) is the death of an infant under one year old where the cause of death could not be determined. When all other causes are ruled out, a sudden, unexplained infant death is considered Sudden Infant Death Syndrome (SIDS). SIDS is a specific type of SUID. When a medical examiner cannot rule out accidental asphyxia or another natural or other cause of death, the death is typically labeled SUID.

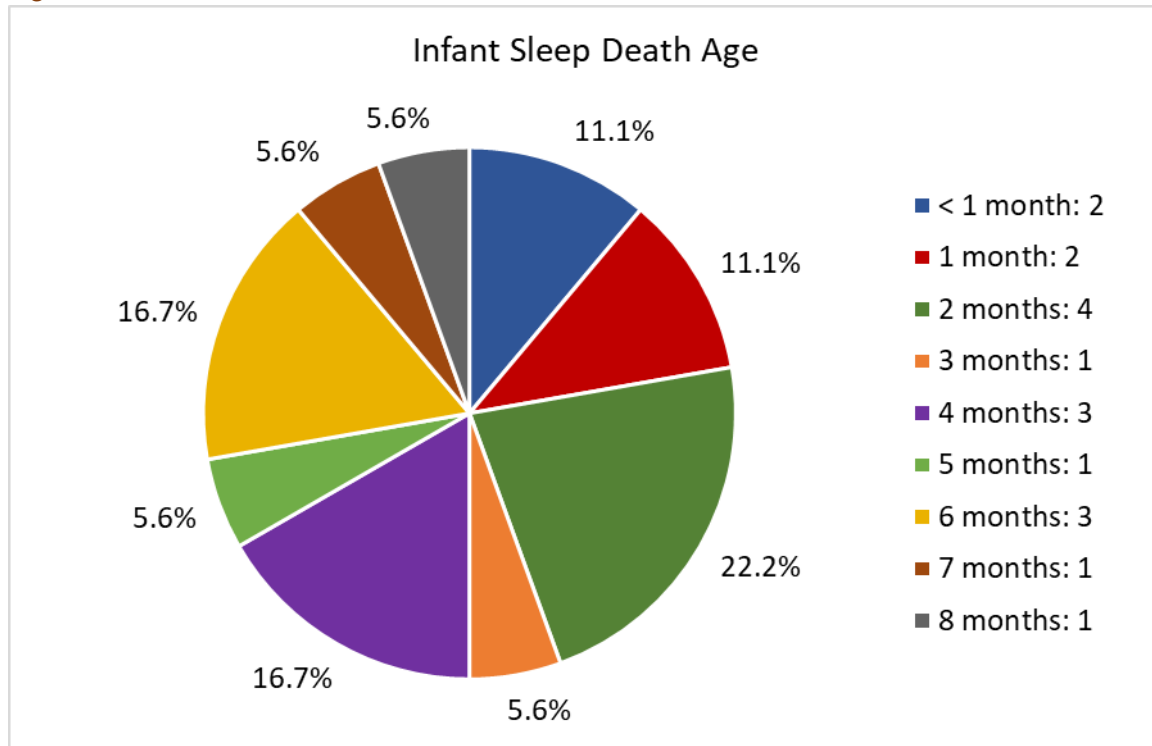
SUIDs are often sleep related deaths. Sleep related causes of death can include:

- Suffocation: When something, such as a pillow, or someone cover's the baby's nose and mouth and blocks the baby from breathing.
- Entrapment: When a baby gets trapped between two objects, such as a mattress and wall, and can't breathe.
- Strangulation: When something presses on or wraps around the infant's head and neck or chest, blocking the baby's airway.
- Overlay: When another person shares the sleep surface with the infant and lays on or rolls on top of or against the infant while sleeping, blocking the infant's airway.

In 2015-2019, the team reviewed 14 SUID cases, 1 SIDS case, 2 infant asphyxia cases, and 1 natural case where the cause of death was unknown which all occurred while the infant was sleeping. These cases will all be included together in this report as infant sleep deaths.

Demographics and Sleep Factors

Age

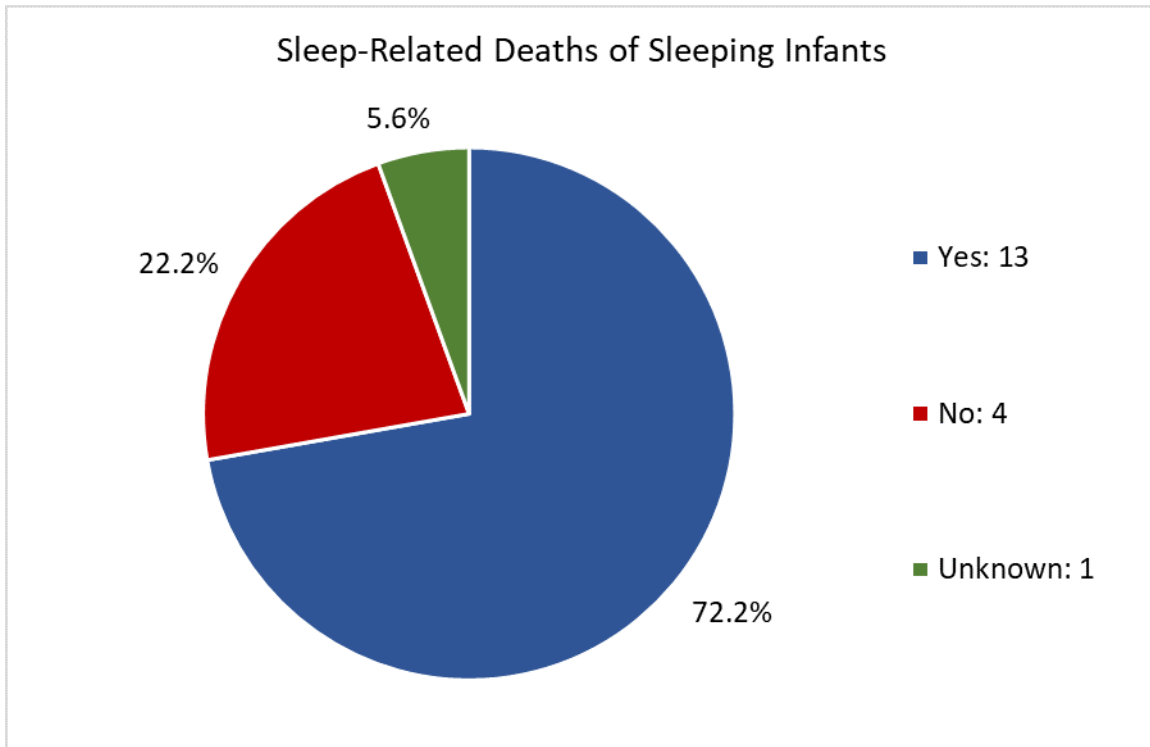


Age	Deaths
< 1 month	2
1 month	2
2 months	4
3 months	1
4 months	3
5 months	1
6 months	3
7 months	1
8 months	1
9 months	0
10 months	0
11 months	0

Half of the infants in the cases reviewed died in the first three months of life. 88.8% died in the first 6 months. According to the AAP, most SIDS deaths happen between 1 and 4 months of age. Both of the infants under 1 month old were in safe sleep environments but exposed to drugs during pregnancy. All of the infants over 4 months old were in unsafe sleep environments.

Sleep Related

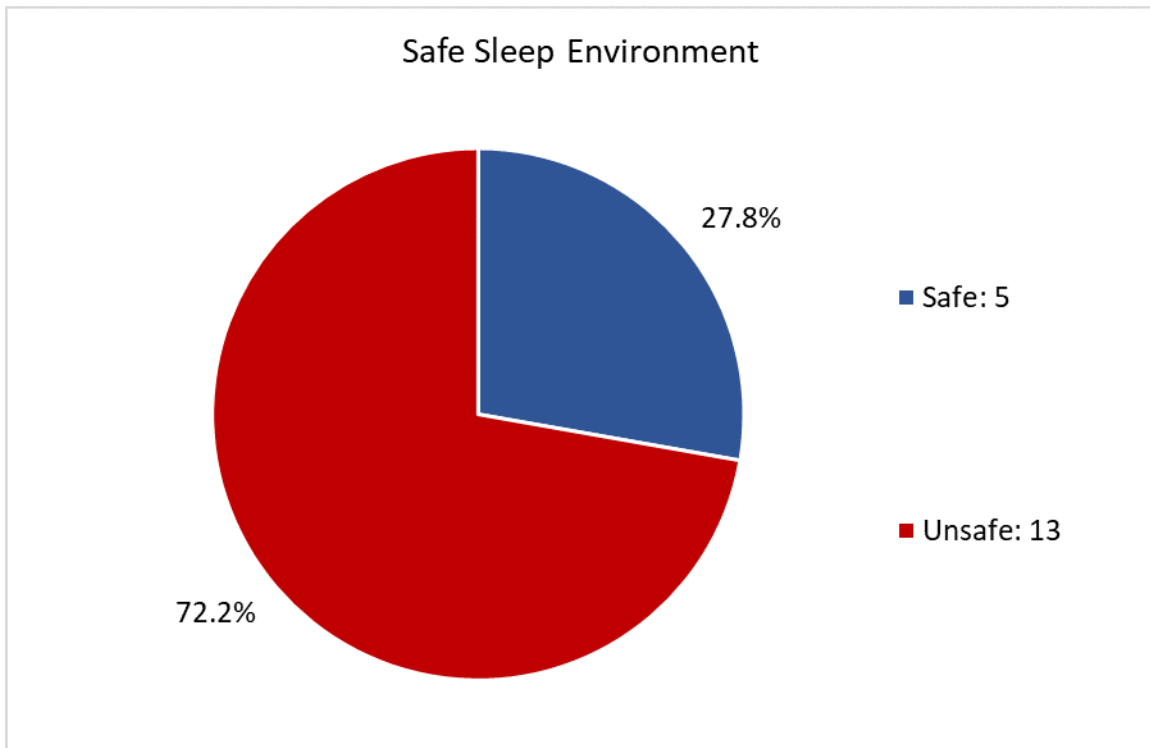
Of these 18 cases, 13 were determined to be related to sleeping or the sleep environment, 4 were not, and 1 was unknown.



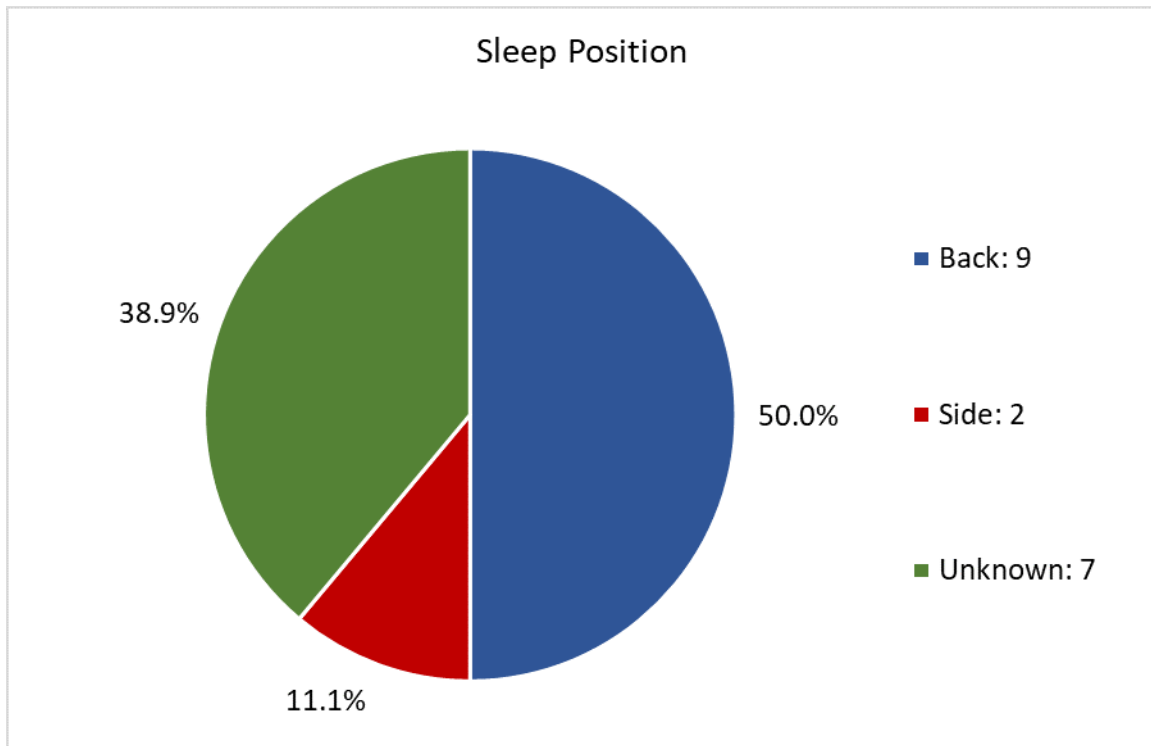
All of the deaths that were determined to not be sleep related or were unknown if they were sleep related involved infants who were exposed to drugs during pregnancy.

Safe Sleep

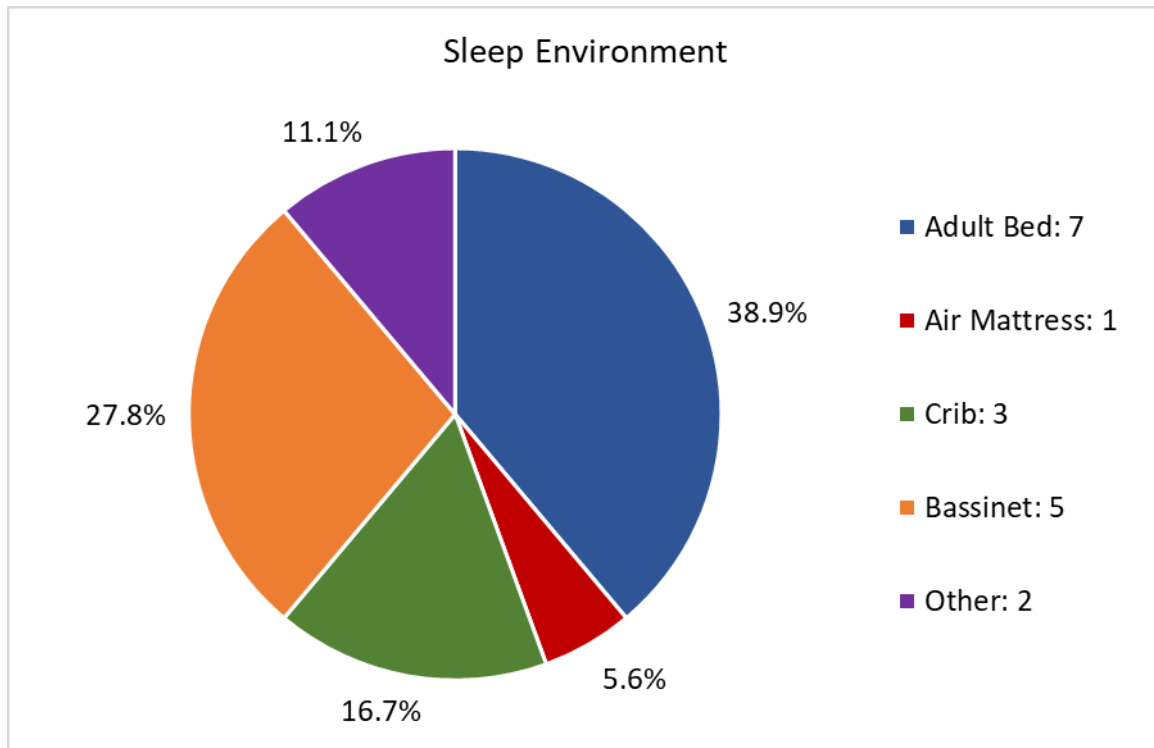
A safe sleep environment is one which follows the AAP's Safe Sleep guidelines, including placing babies to sleep on their backs and in a crib with no other people or items. There were 5 cases of infants in safe sleep environments whose deaths were considered not sleep related or unknown if sleep related. 13 infants, or 72.2%, were in unsafe sleep environments



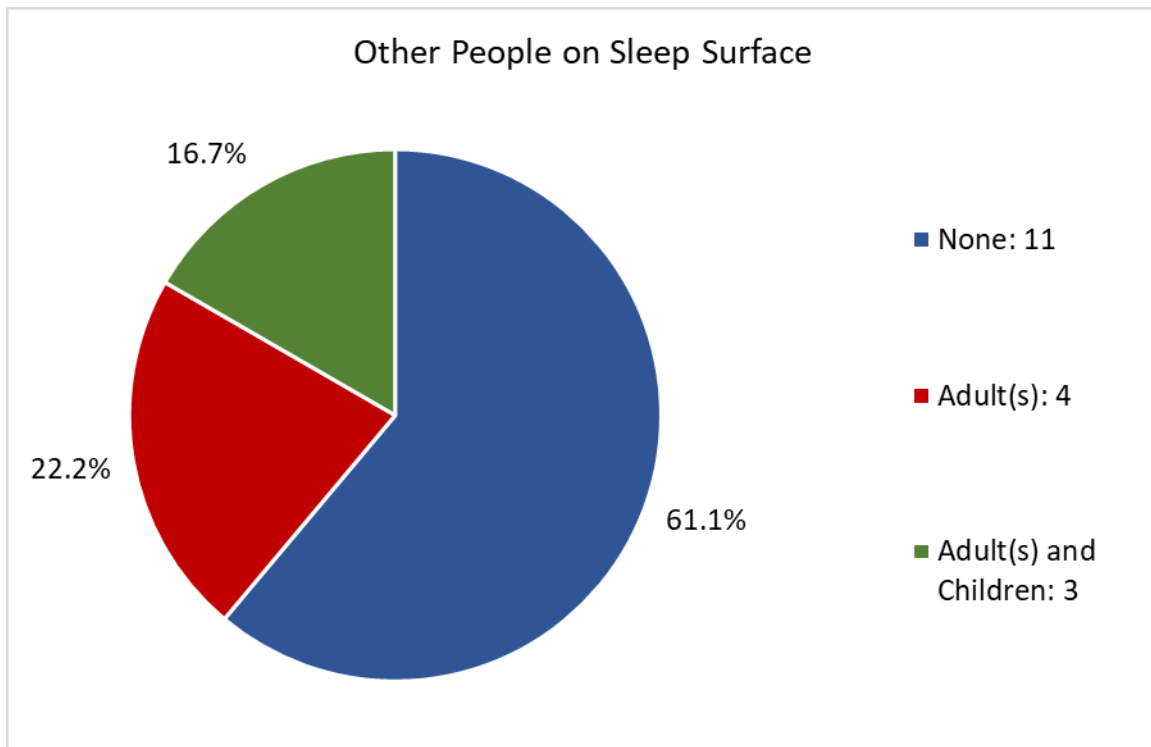
In 9 cases, the infant was placed to sleep on its back. In 2 cases the infant was placed on its side. In 7 cases, 38.9%, the infant's sleep position was unknown. A lack of information about details related to the infant's sleep position and environment can often make it difficult for the team to review a SUID case with complete information. Team members are encouraged to bring as detailed information as they can to team meetings so that the team can have as complete an understanding as possible of the circumstances involved in the case.



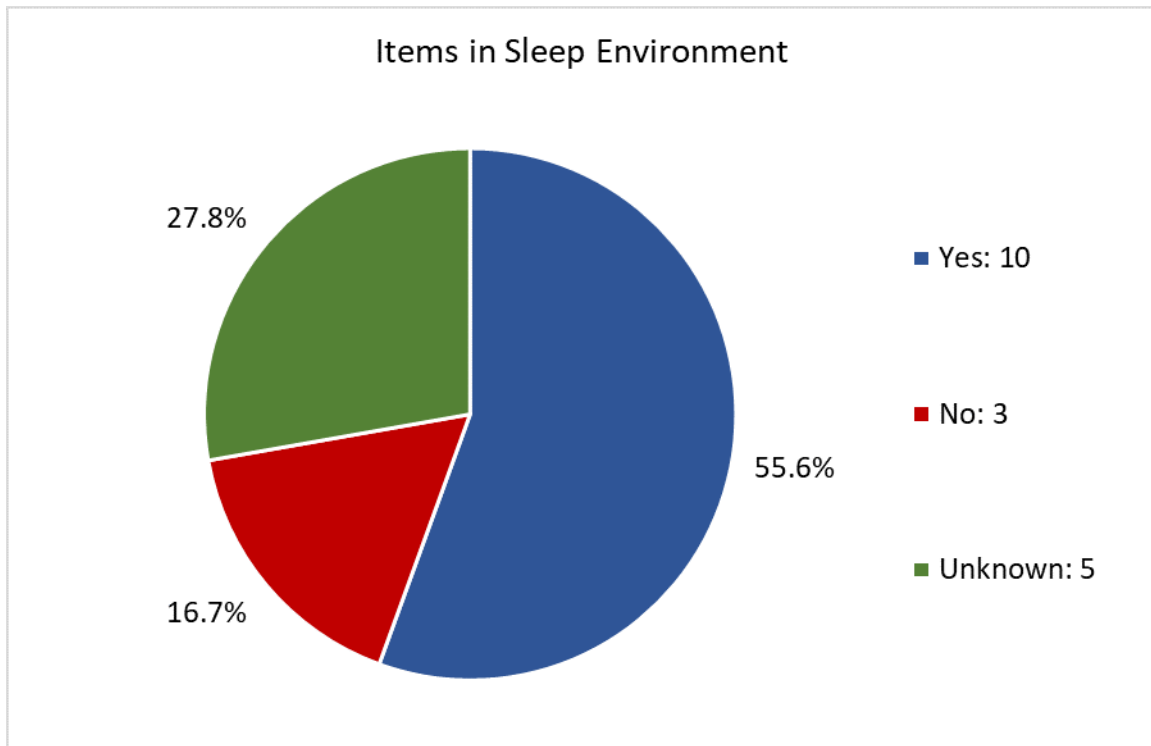
8 infants in the cases reviewed were on unsafe sleep surfaces, including 7 on adult beds and 1 on an air mattress. 3 infants were in a crib and 5 were in a bassinet, which are typically safe sleep surfaces for infant, however one of the cribs was broken and therefore unsafe. 2 cases involved infants who were on other surfaces, including one that was considered a safe sleep environment and one case that was unknown if sleep related.



In 11 of the cases, the infant was not sharing a sleep surface with other people. In 7 of the cases, the infant was sharing a sleep surface, including 4 cases where the infant was sharing a sleep surface with one or more adults and 3 with an adult and one other child.

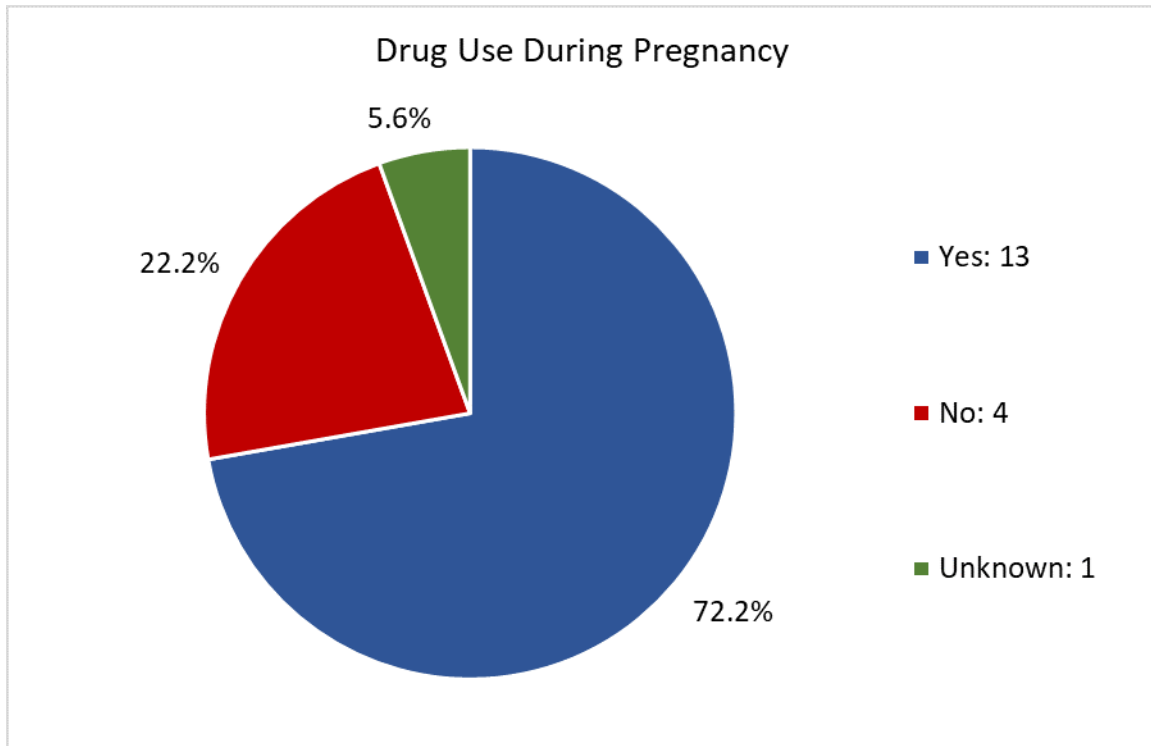


In 10 cases, there were items such as pillows, blankets, or toys in the baby's sleep environment. In 3 cases, there were not. In 5 cases, it was unknown whether there were other items.



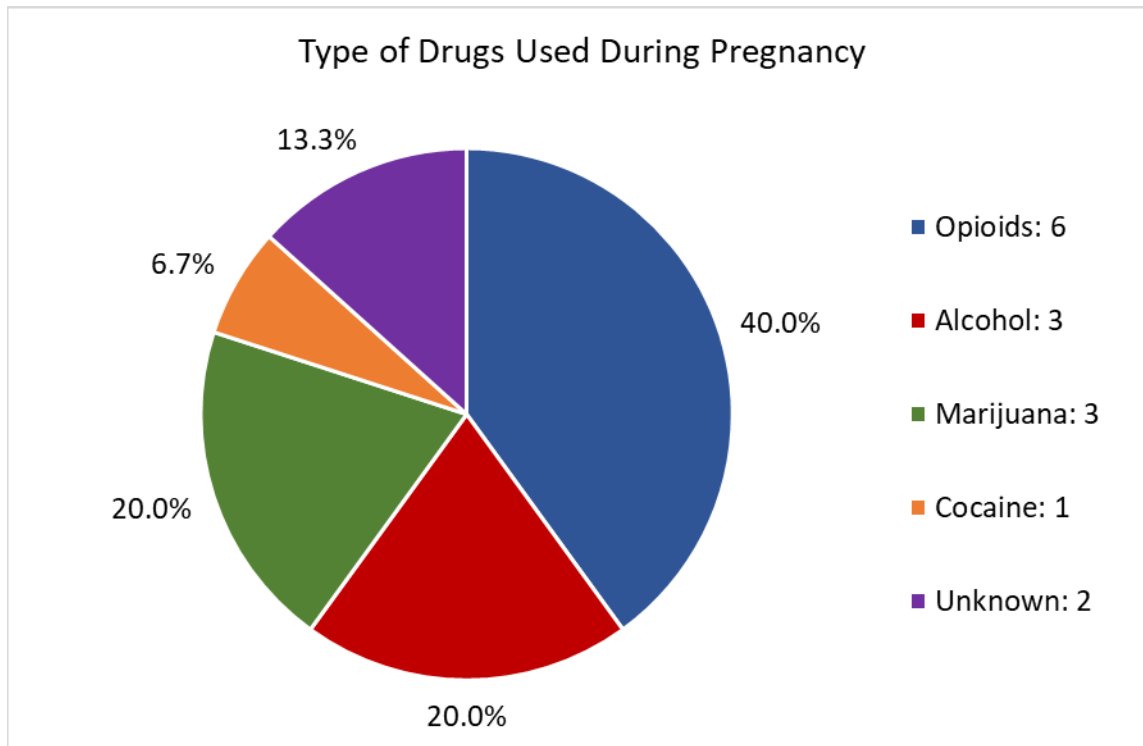
Substance Use

In 13 of the 18 SUID cases the team reviewed between 2015-2019, or 72.2%, the infant had been exposed to drugs during pregnancy. There were 4 cases where the infant had not been substance exposed and 1 case where substance exposure was unknown.



Drug use during pregnancy can cause preterm birth, low birth weight, birth defects, a twelvefold increased risk of SIDS, and other negative effects. Learn more on NIH's [Substance Use in Women Research Report](#) and MedlinePlus's [Pregnancy and Drug Use](#) webpage.

In 6, or 40%, of the cases that involved infants exposed to drugs during pregnancy, the infant was exposed to opioids including heroin, prescription opioids, and maintenance medications such as methadone. 3 cases involved alcohol, 3 involved marijuana, 1 involved cocaine, and the type of substance was unknown in 2 cases. In some of these deaths, the infant was exposed to multiple substances.



Additionally, in 12 cases the infant was prenatally exposed to tobacco, including one case where the infant was not exposed to other substances and one case where the infant's exposure to other substances was unknown. All five of the infants in cases reviewed from 2015-2019 whose deaths were unknown if or not sleep related were prenatally exposed to tobacco.

In 8 of the cases the team reviewed from 2015-2019, it was known that the father of the infant misused substances. There were 2 cases where this included alcohol, 2 with marijuana, 1 with an opioid, 1 with cocaine, and 2 with unknown substances.

When parents or caregivers misuse substances, they may be less able to properly take care of their children. According to CDC, substance use in the family is also a risk factor for child abuse and neglect.

Recommendations

The Child Fatality Review Team recommended the following actions to prevent future SUID and sleep related deaths.

- Community organizations educating caregivers about Safe Sleep.
- Promoting Safe Sleep to new parents at the hospital.
- Educating pediatricians about the frequency of infant sleep deaths in the community.
- Encouraging pediatricians to give Safe Sleep information to parents at well-baby visits.
- Promoting SIDS Awareness Month activities.
- Holding a focus group to learn how organizations can address barriers to Safe Sleep.
- Promoting increased access to birth control to prevent unplanned pregnancies for women with substance use disorders or who take substance abuse treatment medications.
- Alerting community organizations that the Healthy Families program expanded its eligibility criteria to include all parents, not just first time parents.
- Creating an educational video featuring parents who have experienced sleep related infant deaths to be shared with new parents at the hospital.
- Encouraging investigators to include more detailed information about an infant's sleep position and environment in death scene investigation reports.

Prevention Strategies

Safe Sleep

An infant's sleep environment is the place the baby is sleeping and everything in the area with the infant. A safe sleep environment follows the ABC's of Safe Sleep: Alone. Back. Crib. Infants should always be placed to sleep on their backs in a safety-approved crib, bassinet, or play yard designed for infants with no other people or items in the sleep area.

Safe Sleep Tips

- Always place babies to sleep on their backs to sleep. Babies who usually sleep on their backs, but who are then placed to sleep on their stomachs are at very high risk for SIDS.
- Once a baby is old enough to roll over on their own, it's ok if they roll onto their side or stomach as long as they are started on their back.
- Babies should sleep on a firm and flat sleep surface, such as a mattress in a crib, bassinet, or play yard covered only by a fitted sheet. If you can't afford a safe sleep surface for your baby, contact WCHD's [Cribs for Kids®](#) program.
- Ensure that baby's crib, bassinet, or play yard meets current [CPSC safety standards](#).

- Do not use a crib if any parts are missing or broken. Do not try to fix a broken crib. Cribs are made to meet specific safety standards which do-it-yourself repairs are unlikely to meet.
- Do not put baby to sleep on an adult mattress, sofa or couch, or air mattress. These surfaces are too soft for infants to sleep on and put them at risk for suffocation or entrapment.
- Share your room with baby but not your bed. Room-sharing is recommended for at least the first 6 months and ideally the first year. The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and is much safer than bed sharing.
- Put baby's crib close to your bed to make nighttime feeding easier. If the baby's crib is lower than the bed, make sure it is not so close that blankets or other items could fall off the bed and into the crib.
- Do not put any items in baby's sleep area including blankets, pillows, toys, clothing, or bumper pads. The only things that should be in the sleep environment are the mattress covered by a fitted sheet and baby. A one-piece pacifier with no cords or soft toys attached to it may be given to baby as well.
- Use a sleep sack or wearable blanket to keep baby warm instead of a blanket.
- Do not use bumper pads in the crib. Bumper pads are a suffocation risk and there have also been cases of babies being strangled by the bumper pad cords. Older babies could also use bumper pads as a step to climb out of the crib. The sale of bumper pads is banned in Maryland because they are unsafe.
- If you have multiple infants, such as twins, each infant should have their own sleep area.
- If baby falls asleep in a car seat, stroller, swing, infant carrier, or sling, you should move them to a firm sleep surface on their back as soon as possible.

Other Risk Factors

There are other factors that can increase or decrease an infant's risk of dying from SIDS or another type of sleep-related death.

Reducing Other Risk Factors Tips

- Breastfeed your baby. It is recommended that babies are breastfed for at least a year and exclusively fed breastmilk for the first six months. Babies who breastfeed are at lower risk for SIDS than are babies who were never fed breastmilk. Longer duration of exclusive breastfeeding leads to lower risk.
- If you are tired, avoid feeding baby on couches and armchairs. These surfaces can be very dangerous places for babies, especially when adults fall asleep with infants while on them. If you think you might fall asleep while feeding your baby in an adult bed,

remove all soft items and bedding from the bed before you start feeding. If you fall asleep, place baby back in the crib once you wake up.

- Don't let baby get too hot while sleeping. In general, babies only need to wear the same number of layers an adult would wear, plus one optional layer.
- Keep the baby's face and head uncovered during sleep. While hats are often used in the hospital to help newborns achieve a normal body temperature, they should not be used for sleep at home.
- Think about giving baby a pacifier for sleep. Do not attach the pacifier to anything, like a string, clothing, stuffed toy, or blanket. Wait until breastfeeding is well established (often by 3 to 4 weeks) before offering a pacifier. If the pacifier falls out of baby's mouth during sleep, there is no need to put the pacifier back in.
- Swaddling has not been shown to reduce the risk of SIDS, but can be done safely if you place baby on their back and [swaddle them properly](#) so that the swaddle does not come loose and pose a suffocation risk. Swaddling should be stopped once the baby starts trying to roll over or at about two months of age.
- Give babies plenty of [tummy time](#) when they are awake and someone is watching.
- Pregnant women should get regular prenatal care during pregnancy.
- Do not smoke or allow smoking around baby or in places where baby goes. Quitting smoking is the most important thing you can do for your health and your baby's health! Get help quitting from [Baby & Me Tobacco Free](#).
- Avoid drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.
- If you currently use any medications, including substance abuse treatment maintenance medications, or use other substances, talk to your doctor if you become pregnant or are thinking about becoming pregnant.
- Follow the baby's healthcare provider's recommendations to keep baby healthy and safe.

Resources

- [Safe Sleep for Your Baby](#)
- [NIH Safe to Sleep](#)
- [AAP How to Keep Your Sleeping Baby Safe](#)
- [Safe Sleep Academy](#)
- [Safe Sleep Academy Ask the Pediatrician FAQs](#)
- [NIH SIDS](#)
- [CDC SUID and SIDS](#)

- [Safe Kids Sleep Safety and Suffocation Prevention Tips](#)
- [Charlie's Kids SIDS Myths and Facts](#)
- [Explanations for AAP Recommendations](#)
- [CPSC Safe Sleep](#)
- [AAP Playpen Safety](#)
- [OWH Breastfeeding](#)

Fire Deaths

From 2015-2019, the team reviewed one case of a child who died of smoke inhalation in a fire, but the manner of death could not be determined because it was unknown whether the fire had been started accidentally or intentionally. This case could have been an accident or homicide death.

Recommendations

The Child Fatality Review Team recommended the following actions to prevent future fire deaths.

- Encouraging parents to discuss fire safety with caregivers outside the home.
- Educating parents and caregivers on carbon monoxide detectors and smoke detectors.
- Educating parents and caregivers that children might sleep through a fire alarm.
- Educating caregivers that they should have a plan for what to do if there is a fire at home and practice fire drills with their child.

Prevention Strategies

Fire Safety

According to Safe Kids, in 2017, 268 children died in home fires. Nearly 87% of all fire-related deaths are due to home fires, which spread rapidly and can leave families as little as two minutes to escape once an alarm sounds. In addition to burns, fires can also lead to carbon monoxide (CO) poisoning. CO is a gas that you cannot see, taste, or smell and because of this, it is often called the “invisible killer.”

Fire Safety Tips

- Install and maintain smoke and CO alarms in your home—on every floor and near all rooms family members sleep in. Test your smoke alarms once a month to make sure

they are working properly. Use long life batteries when possible. Working smoke alarms reduce the chances of dying in a reported home fire by fifty percent.

- Replace smoke alarms that are more than 10 years old.
- Know the difference between smoke and CO alarms. It is important to have both smoke and CO alarms in your home. Combination smoke and CO alarms are available, but if you have separate ones, make sure you know the sound of each alarm.
- Have an escape plan. Create and practice a family [fire escape plan](#), and involve kids in the planning. Make sure everyone knows at least two ways out of every room and identify a central meeting place outside.
- Practice a home fire drill at least twice a year. Practice a home fire drill with your family during the day and at night. Practice escaping in under two minutes.
- Choose one person to be responsible for getting infants and young children out of the home. Have a back-up person to help young children just in case the primary person is unable to help.
- Use safe cooking practices, such as never leaving food unattended on the stove. Keep anything that can catch fire, such as dish towels or wooden spoons, away from your stovetop. Also, supervise or restrict children's use of stoves, ovens, and especially microwaves.
- Have a fire extinguisher in the kitchen in case of emergency, and make sure you [know how it works](#).
- Teach kids never to play with matches, lighters, or fireworks. Make a habit of placing these items up and away, out of reach and sight of young children.
- Keep candles at least 12 inches away from anything that can burn, and always blow them out when you leave the room or before you go to sleep. Teach kids not to use candles unless supervised by an adult.
- Never leave a fire in the fireplace unattended. Make sure it is completely out before going to bed or leaving the house. If you leave the room while the fire is burning or the fireplace is still hot, take your small child with you.
- If there is a fire, leave the house immediately. If there is a lot of smoke, get low and crawl out of the house as quickly as possible. Call 911 after you are a safe distance away from your home.
- In a CO emergency, leave your home immediately. If the CO alarm sounds, quickly leave your home. Move to a safe location outside where you can breathe in fresh air before you call for help.

Resources

- [AAP Fire Safety](#)
- [Safe Kids Fire Safety Tips](#)
- [National Safety Council Fire Safety](#)
- [U.S. Fire Administration Home Fire Safety](#)
- [Safe Kids Carbon Monoxide](#)
- [AAP How to Prevent Carbon Monoxide Poisoning](#)

Other Undetermined Deaths

The team reviewed one case from 2015-2019 of a one year old whose cause and manner of death could not be determined. The manner in this case was likely accident or natural.