

Paediatric Mortality & Morbidity Committee

Paediatric Deaths for 2015

The Council's Terms of Reference in relation to paediatric mortality and as specified under the updated *Obstetric and Paediatric Mortality and Morbidity Act, 1994* are:

To investigate the circumstances surrounding, and the conditions that may have caused deaths of children in Tasmania in the age group from 29 days to 17 years.

The total number of paediatric deaths in Tasmania during 2015 was **12**, with an approximate paediatric mortality rate of 0.21(tbc) per 1 000 persons aged 0-17 years. Due to the relatively small number of paediatric deaths, paediatric mortality is classified using a broad four category classification system. Deaths are classified as being due to a condition determined at birth, an acquired condition, a sudden unexplained infant death (SUDI) or due to an injury.

A decrease in the total number of deaths due to sudden unexplained infant deaths was again noted in 2015. Child protection status reflects the following factors: whether a notification to child protection services had been made; whether the notification had been substantiated in the last 3 years and/or whether the case had been placed on orders prior to death. This more comprehensive information is now tracked for paediatric death cases reported for Tasmania. The total number of children who had been notified to child protection services prior to the death of the reported child in 2015 was four. Noting the child protection status in this report does not necessarily imply that protective concerns were implicated in the cause of death. Paediatric deaths for the years 2008 to 2015 have been classified below.

Table 1: Paediatric Deaths for 2015

Cause of Death	2008	2009	2010	2011	2012	2013	2014	2015
Conditions determined at birth	8	11	7	5	5	4	5	1
Acquired conditions	3	8	10	4	9	8	6	4
Unexplained Infant Deaths	5	3	7	5	2	6	3	2 (1 case true SIDS)
Injuries	7	14	12	3	5	7	10	5
Unknown/Indeterminate	1	0	0	1	0	1	0	0
Still under investigation	-	-	1	0	0	0	0	0
TOTAL	24	36	37	18	21	26	24	12

Table 2: Origin of Injury leading to Paediatric Death in year 2015

Origin of Injury	Total No.
Scooter accident	1
Suspected Suicide	3
Falling tree	1

1. CONDITIONS DETERMINED AT BIRTH

In 2015, there was only one reported paediatric death case in this category, where cause of death was due to apnoeic respiratory arrest; progressive mechanical respiratory decline, spinal muscular atrophy Type I (severe) (age 3 months).

2. ACQUIRED CONDITIONS

In 2015 there were 4 deaths in children ranging from 19 months to 16 years. These included:

- One case due to Echovirus Type 9 (myocarditis and pneumonitis) infection (age 19 months).
- One case due to viral (influenza A) myocarditis; Rett syndrome (age 6 years).
- One case due to Atomoxetine (Strattera) intoxication (age 15 years).
- One case due to severe pneumonia/sepsis in an adolescent child who suffered from severe spastic quadriplegic cerebral palsy (aged 16 years).

3. UNEXPLAINED INFANT DEATH

In 2015, there was again a decrease from the previous year in the number of ‘unexplained infant deaths’ with a total of only two infants reported in this category with ages ranging from 52 days to 2 months. One of these cases was found to be associated with clear risk factors including an unsafe sleeping environment where the infant had been found to have co-slept in bed with an adult. The other infant had no risk factors involved where the death was consistent with SIDS.

A more detailed comparison of the child mortality in contributing Australian states and New Zealand (i.e., QLD, NSW, SA, VIC, ACT, NT, WA, TAS & NZ) in 2013 Calendar year showed that the Northern Territory recorded the highest rate of child death overall (76.9 deaths per 100 000), child death from **suicide** (12.5 deaths per 100 000) and child death from transport and non-intentional injury (6.3 deaths per 100 000 each). The ACT recorded the highest rate of unexplained infant deaths for 2013 (127.1 per 100 000 infants) although this rate was based on only seven deaths and as a result any comparisons with other jurisdictions must be treated with a high degree of caution. Tasmania’s rate for unexplained infant deaths in 2013 was 114.4 deaths per 100 000 infants, although again this rate needs to be treated with caution given the small number of deaths recorded in this year¹.

¹ Annual Report: Deaths of Children and Young People, Queensland, 2014-2015, Part VII: Australian and New Zealand Child Death Statistics: 2013 Calendar Year, Chapter 10-Australian and New Zealand child death statistics.

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Overall, the number of infant (less than 1 year old) deaths in Australia in 2013 where the cause of death was ill-defined or unknown was 113 or a rate of 0.4 deaths per 1 000 livebirths where this number/rate includes deaths due to Sudden Infant Death Syndrome².

4. INJURY

The number of children dying in 2015 as a result of injury was considerably lower than reported in the recent years with a total of five paediatric death cases having been reviewed.

In this year, three of the paediatric deaths had been associated with suspected suicide. Again, the Committee wishes to highlight the importance of addressing youth suicide and encouraging appropriate measures to be in place within the Community to help young individuals considered to be at risk including the Coroners previous recommendations to young persons whose friends have told them they are thinking about suicide are to be supported: (1) the statement is to be taken seriously; (2) do not keep a secret, even if your friend has asked you to; (3) tell a teacher or counsellor as soon as possible about what your friend has told you; and (4) encourage your friend to seek help from a trusted adult such as a counsellor or to call a helpline or access websites (e.g., Reach out Australia: au.reachout.com and Youth Beyond Blue: www.youthbeyondblue.com).

There was one case of a 17 year old adolescent who had fatal injuries sustained following a scooter crash and a 7 year old child who had sustained multiple blunt injuries after having been accidentally hit by a falling tree.

5. CASES STILL UNDER INVESTIGATION

Nil.

6. UNKNOWN/INDETERMINATE

Nil.

Summary:

The number of paediatric deaths in Tasmania reported in 2015 was significantly lower than reported in previous years. Again, it is of particular concern to find that a number of paediatric death cases had been associated with injuries arising from self-harm. The recommendations outlined previously in relation to youth suicide continue to be supported and are again reiterated in this report.

The Committee welcomes the finding of significantly reduced numbers of reported unexplained infant death cases associated with risk factors in this year. Again, it is encouraged to continue to ensure that parents and the community receive a consistent message about safe sleeping practices particularly with regards to the dangers of co-sleeping and bed-sharing with adults.

² Australian Bureau of Statistics; 2013, *Causes of Death*, cat.no. 3303.0, viewed 2013

[<http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/80A033B8145BCD76CA257F6F000D0C6A?opendocument>].

Recommendations:

1. The *Paediatric Mortality & Morbidity Committee* strongly supports the recommendations previously made by Coroner McTaggart with regards to youth suicide. To young persons whose friends have told them they are thinking about suicide, the Coroner recommends that (1) the statement is to be taken seriously; (2) do not keep it a secret, even if your friend has asked you to; (3) tell a teacher or counsellor as soon as possible about what your friend has told you; and (4) encourage your friend to seek help from a trusted adult such as a counsellor or to call a helpline such as listed below:
 - Emergency services 000
 - Lifeline 131114
 - Suicide Call Back Service 1300659467
 - Beyond Blue support service 1300224636
 - Kids Helpline 1800551800
 - <http://suicideprevention.com.au/>
 - Youth Beyond Blue have also developed the check in app, to assist young people who are concerned about a friend but worried about saying the wrong thing. <https://www.youthbeyondblue.com/help-someone-you-know/thecheckin>

Classification systems used nationally are also being considered with a view to propose that jurisdictions consider using a consistent national classification system for review of paediatric death cases.

2. That all health professionals should be advised to inform relevant family members, carers or guardians of a child who may be at risk of suicide of that risk.
3. That the *Paediatric Mortality & Morbidity Committee* strongly endorses the recommendations made by Coroner McTaggart in her 2015 decision relating to Youth Suicide regarding the reporting by the Media of paediatric death cases related to suicidal behaviour. In particular, it is recommended that the Media, in publishing articles and editorial on suicide, ensure complete compliance with Mindframe Guidelines.
4. That the Media clearly outline appropriate and available support helplines at the time of reporting on paediatric death cases that have been particularly related to suicidal behaviour.
5. That appropriate support is available to all young people engaged in the use of social media networks such as Facebook where the issue of youth suicide may be discussed. This is particularly important where a young person may have committed suicide.
6. That age appropriate mental health services and facilities be established and resourced for adolescents as part of an improved Mental Health Service.
7. That a clear consistent message is used as part of the universal distribution of educational material concerning safe sleeping practices to all new parents. It is also recommended that further education packages are provided to parents highlighting the risks associated with parental use of illegal and prescribed drugs and co-sleeping. As highlighted in previous reports, it is also

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recommended that more effective crime or death scene examinations be undertaken to establish whether the cause of death is due to overlying³.

8. That the community continue to be alerted to risks associated with unsatisfactory restraint of children as passengers in moving vehicles and encouraged to ensure that all children are safely restrained with seatbelts when travelling in motor vehicles and preferably seated in the rear of the car. That age, height and weight restrictions for children sitting in the front of a motor vehicle should be better defined and that children should not ride in motor vehicles as front seat passengers based on height/weight guidelines as well as age restrictions. That children should not wear lap belts whilst travelling as passengers in a motor vehicle. As reported in previous years, the benefits of young children wearing harnesses with and without booster seats have been highlighted.

³ Li, L., Zhang, Y., Zielke, R.R., Ping, Y., and Fowler, D.R. (2009). Observations on Increased Accidental Asphyxia Deaths in Infancy while Co-sleeping in the State of Maryland. *American Journal of Forensic Medical Pathology*. Vol.30, No.4, pp. 318-321.