



Iowa Child Death Review Team
2024-2025 Annual Report
of Deaths that Occurred in 2020

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Overview and Purpose

The Iowa Child Death Review Team (CDRT) is a multidisciplinary team established by Iowa Code Section 135.43. CDRT is part of the Iowa Office of the State Medical Examiner, in the Iowa Department of Health and Human Services, which provides staffing and administrative support to the team.

The team is tasked with analyzing information obtained in review of the records of child deaths to make recommendations regarding prevention of child fatalities. Deaths are typically reviewed no sooner than 12 to 24 months after they occur. This allows for investigations to be completed and documented for the team to review.

The purpose of the team is to aid in the reduction of preventable deaths of children under the age of 18 by identifying contributing factors such as unsafe consumer products, unsafe sleep practices, and hazardous environments. This is accomplished through communication, discussion, and cooperation among multiple agencies involved in investigating child deaths.

Over 1,350 child death review teams exist across the United States, serving as a vital resource in preventing child fatalities. These teams adopt a comprehensive approach to addressing child deaths, examining not only the circumstances surrounding a death, but the broader context of the child's life. Teams also look to identify trends in deaths and understand which children are at higher risk.

The team is tasked with providing the state with a set of recommendations to be shared with the Governor and General Assembly, and specific partners, about how each can contribute to the prevention

of child deaths. Implementation of these recommendations requires involvement of many partners across the state.

For the past 29 years, Iowa's CDRT has reviewed the deaths of all children under the age of 18 who died in the state and had a manner of death classified as accident, homicide, suicide or undetermined.

This report highlights select observations and recommendations and is not reflective of the full scope of the team's discussions and insights.



2023 Child Death Review Team Members

Andrew Allen

Substance Use Disorder Expertise

Melissa Bird

Vital and Health Statistics

Dr. Michele Catallier

Associate State Medical Examiner

Dr. John Dagle

Perinatalologist

Melissa Ellis

Family Health, Social Worker

Kim Gonzales

Licensed Professional with Knowledge on
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Dr. Amy Groen

Pediatrician Knowledgeable Concerning
Deaths of Children

Peter Johnson

County Attorney

Dennis Kleen

Department of Transportation,
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Dr. Dennis Klein

State Medical Examiner

Dr. Robert Kruse

Department of Health and Human
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Casey Manser

Certified Professional Knowledgeable
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Tim Meals

County Attorney

Jessie Mireles

Certified or Licensed Professional
Knowledgeable on SIDs, Child Care
Expertise

Mitch Mortvedt

Department of Public Safety, Major
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Kerri Neblett

Mental Health Professional
Knowledgeable Concerning Deaths of
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Analisa Pearson

Child and Adolescent Health, Public
Health Nurse

Roxanne Reisberg

Social Worker Knowledgeable Concerning
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Dr. Dawn Schissel

Family Practice Physician Knowledgeable
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Dr. Jonathan Thompson

Deputy Chief Medical Examiner

Marvin Vanderwiel

Chair, Emergency Room Nurse
Knowledgeable Concerning Deaths of
Children

Mike Venema

Local Law Enforcement Official

Melissa Walker

Department of Education, School Nursing

Recommendations for Prevention

Prematurity and Congenital Anomalies Mortality Prevention Recommendation

Infant deaths due to prematurity, low birth weight, and congenital anomalies are classified as natural deaths and comprise the largest number of child deaths in Iowa each year. Though not all congenital anomalies and preterm births are preventable, there are several strategies that have been shown to reduce the risk of congenital anomalies and preterm birth. Early and adequate prenatal care and abstinence from tobacco and other substances are two of the most important factors in reducing the risk of developing these conditions.

- 1. Continue to support the use of midwives and doulas for women in Iowa. In 2025, Governor Reynolds announced a \$642,000 investment in Medicaid maternal rates, including payments for midwives and doulas.**

Accidental Strangulation and Suffocation Mortality Prevention Recommendations

Infant accidental strangulation and suffocation due to unsafe sleep conditions was the leading non-natural cause of death for all children in 2020 (35 deaths). This surpassed the number of deaths in children 0 through 17 who died in motor vehicle-related incidents (31 deaths).

- ▶ 66% died in their first 4 months of life
 - ▶ 31% were born premature
 - ▶ 54% were placed to sleep in an adult bed
 - ▶ 48% had blankets, comforters, plush objects or pillows in the sleep environment
 - ▶ 7 infants (20%) died on a nursing pillow
 - ▶ 65% were not breastfed
 - ▶ 37% were exposed to parental smoking
 - ▶ 54% were female, 46% were male
 - ▶ 52% were White, 29% were Black
- 2. Consistently and repeatedly educate parents and caregivers throughout pregnancy and the first year of baby's life on safe sleep guidelines for every sleep.**
 - 3. Consider strategies to encourage employers to offer paid maternity leave.**
 - 4. Improve access to lactation services during both prenatal and postpartum periods and pasteurized donor milk for all families.**



Motor Vehicle-Related Prevention Recommendations

Passenger restraint systems, including car seats, booster seats and seatbelts, are saving the lives of many children in Iowa. As a result, children under the age of 15 were more likely to die in situations where the child was outside a vehicle or in an off-highway vehicle (OHVs) such as an ATV or UTV. Six children lost their lives in a single or two-vehicle crash, while nine fatalities involved pedestrians (includes children on riding devices such as a bicycle) and drivers or passengers of OHVs.

Frontover and backover fatalities encompass slowly moving vehicles striking and killing someone when the vehicle is forward-moving or moving in reverse, respectively. These deaths most often occur in a driveway or parking lot. According to Kids and Car Safety, Iowa had three frontover fatalities in 2020 that involved young children, the highest of any state. Most states did not even have a frontover death, and eight states had one fatality, and one state had two. Kids and Car Safety reported two backover fatalities in Iowa and four other states. While three states also had more than two backover fatalities, the majority had none.

The American Academy of Pediatrics and Consumer Product Safety Commission have issued statements against use of ATVs by children under the age of 16. Most ATV injuries and deaths, both in rural and urban areas, are related to recreational use.

- 5. Revise the current optional passenger restriction to universally apply a limit of no more than one unrelated minor passenger when driving with an intermediate license, without adult supervision. Iowa Code §321.180B.2.a**
- 6. Strongly encourage and support use of approved helmets for Off-Highway Vehicles, motorized bikes, go-karts, and similar vehicles for individuals under age 18 on public and private land.**



Firearm Mortality Prevention Recommendations

Many causes of death are on the rise for Iowa youth, including deaths from firearms and substance use and those involving social isolation and mental health crises. 17 children in Iowa died by firearms in 2020. Of these, seven deaths were due to suicide.

Nationally, one in three families with children have at least one firearm in the house and 21% of those families have at least one firearm that is both loaded and unlocked.

- 7. Provide routine anticipatory guidance regarding safer firearm storage, including removal of firearms from the home, guns being locked in a gun safe with ammunition locked and stored separately. Requiring secure storage from all children could have prevented 16 of the 17 deaths in 2020.**

- 8. Support data reporting systems including National Violent Death Reporting System, Iowa Youth Survey, Behavioral Risk Factor Surveillance System, hospital and emergency department utilization data to promote understanding of firearm-related injuries and deaths.**



Firearm and Suicide Mortality Prevention Recommendations

Since the early 2000s, child and adolescent mortality from natural and accidental causes has been decreasing. However, deaths by suicide have been increasing, rising by 69% over the past 20 years. Death certificate data from Vital Records indicates that deaths by suicide continue to increase each year, with an average of 22 child deaths by suicide annually, the highest 5-year average since the Child Death Review Team (CDRT) began tracking these figures.

Many individuals who die by suicide using firearms have experienced Adverse Childhood Experiences (ACEs) or other forms of trauma. These individuals often lack social connection and may feel isolated and hopeless. Research shows that ACEs and trauma in childhood have profound impacts on social-emotional development, behavior, and overall health, increasing the likelihood of mental health struggles and suicidal ideation in later life.

To address this growing concern, communities require resources, supports, and services to identify and assist children, adolescents, and families at risk of trauma and its long-term effects.

- 9. Enable telehealth reciprocity agreements to allow mental health services to be delivered based on the location of either the patient or the provider, regardless of state.**

Summary: Number of Child Deaths by Cause and Manner of Death with Urbanicity

Iowa Child Deaths Age < 18 | Data: Iowa 2015-2020 Death Certificates

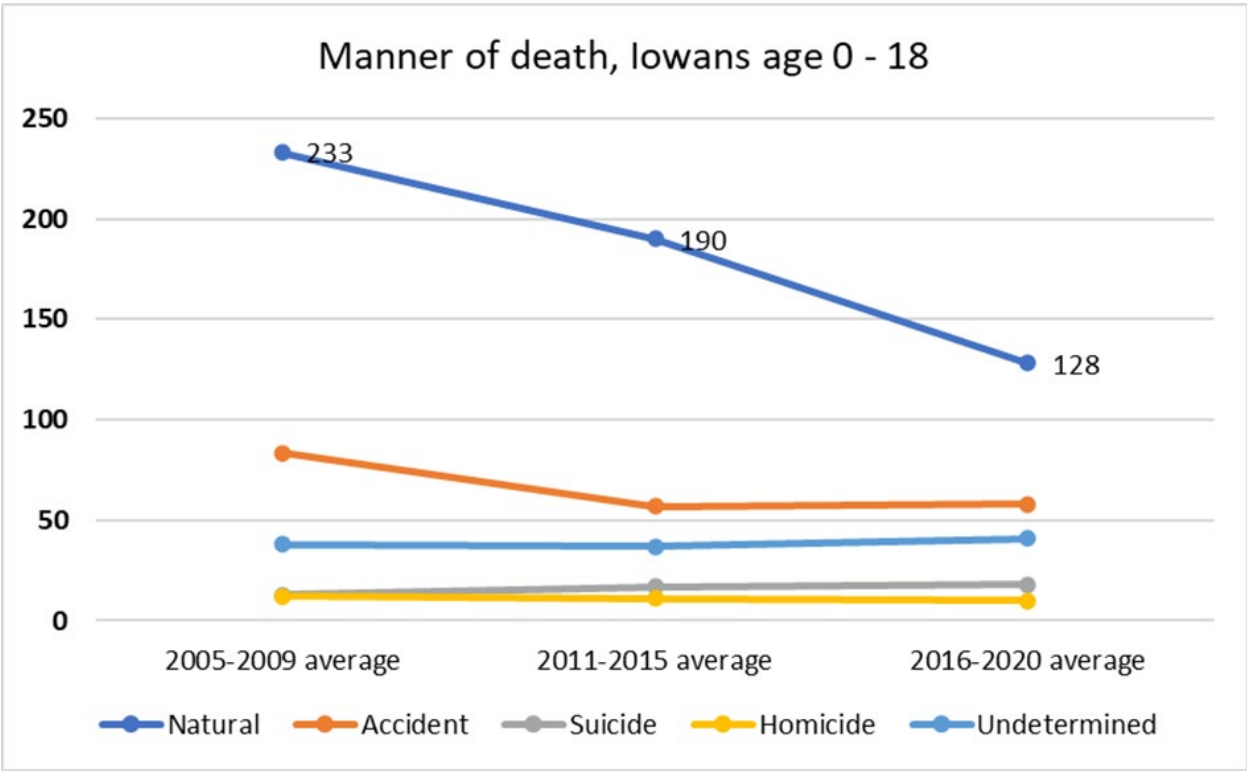
	2018			2019			2020			Total Trend		
	Count	Percent	Rate	Count	Percent	Rate	Count	Percent	Rate	Count	Percent	5 year trend*
Urbanicity												
Urban ⁺	213	62.8%	-	187	56.5%	-	210	66.0%	-	610	61.9%	
Rural ⁺	126	37.2%	-	143	43.2%	-	107	33.6%	-	376	38.1%	
Missing ⁺	-	-	-	1	0.3%	-	1	0.3%	-	0	0.0%	
Official Manner of Death												
Natural	203	59.9%	2.78	208	62.8%	2.86	196	61.6%	2.7	607	61.6%	
Accident	66	19.5%	0.9	54	16.3%	0.74	53	16.7%	0.73	173	17.5%	
Suicide	15	4.4%	0.21	24	7.3%	0.33	17	5.3%	0.23	56	5.7%	
Homicide	15	4.4%	0.21	10	3.0%	0.14	12	3.8%	0.17	37	3.8%	
Undetermined	40	11.8%	0.55	34	10.3%	0.47	39	12.3%	0.54	113	11.5%	
Unknown/ Missing	-	-	-	1	0.3%	0.01	1	0.3%	0.01	0	0.0%	
Primary Cause of Death												
From external cause of injury	97	28.6%	1.33	93	28.1	1.28	83	26.1%	1.14	273	27.6%	
From a medical cause	203	59.9%	2.78	200	60.4%	2.75	196	61.6%	2.7	599	60.6%	
Undetermined	29	8.6%	0.4	32	9.7%	0.44	35	11.0%	0.48	96	9.7%	
Unknown/ Missing	10	2.9%	0.14	6	1.8%	0.08	4	1.3%	0.06	20	2.0%	
SUIDS and Unsafe Sleep												
All other infant deaths [/]	141	73.8%	3.74	134	70.9%	3.56	119	75.3%	3.3	394	73.2%	
SUID or Unsafe sleep [/]	50	26.2%	1.33	55	29.1%	1.46	39	24.7%	1.08	144	26.8%	
Total for Years												
Total	339	1.1%	4.65	331	1.1%	4.55	318	0.9%	4.38	988	100.0%	

* The trend line indicates the movement in the computed mortality rate for a given category. If the rate is not computed, then the trend of the count is shown.

+ No standard mid-year population estimates for rural/urban designations. Rates are not computed for these categories.

[/] Infant deaths only (i.e. children < 1 year).

Q Rates calculated per 10,000 standard population except for Ages < 1, which are computed as infant deaths per 1,000 live births.



Iowa Child Death Review Team. 2024 Annual Report to the Governor and General Assembly: Based on Deaths in 2020. (December 2024).

