



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission
900 King Street
Wilmington, DE19801-3341

CAPTA¹ REPORT

In the Matter of
S.W.
Minor Child

9-03-11-00015

May 13, 2015

¹ The federal Child Abuse Prevention and Treatment Act requires the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 31 Del.C. § 323 (a).

Background and Acknowledgements

The Child Death, Near Death and Stillbirth Commission (“CDNDSC”) was statutorily created in 1995 after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of CDNDSC is to safeguard the health and safety of all Delaware children as set forth in 31 Del.C., Ch., 3.

Multi-disciplinary Review Panels meet monthly and conduct a retrospective review of the history and circumstances surrounding each child’s death or near death and determine whether system recommendations are necessary to prevent future deaths or near deaths. The process brings professionals and experts from a variety of disciplines together to conduct in-depth case reviews, create multi-faceted recommendations to improve systems and encourage interagency collaboration to end the mortality of children in Delaware.

The case information presented below is based off documents reviewed and presented from the treating hospitals, the Department of Services for Children, Youth and Their Families, the Office of the Child Advocate, Family Court, Law Enforcement, , and the Department of Justice.

Case Synopsis

The male child who is the subject of this review, S.W., was born in August 2010.

In March of 2011, the Division of Family Services (DFS) Child Abuse and Neglect Hotline received an urgent referral alleging medical neglect of the child. Reports indicated that the Mother of S.W. (Mother of Baby/MOB) had brought him into the Emergency Department for complaints of fever and fussiness that began the previous day. According to MOB, she had given him Ibuprofen and acetaminophen for the fever. Upon physical examination, tender swelling about 10 centimeters by 2 centimeters was noticed in the child’s groin area, that extended from front to back in the gluteal (buttock) region; pustules were noted on arms bilaterally; warm, irritable and febrile child.

MOB reported to the Emergency Department (ED), and upon questioning of the rash MOB stated that several family members including MOB had recently had MRSA (Methicillin-resistant Staphylococcal aureus) infections. An IV was placed and blood studies were sent for child which led to child being diagnosed with cellulitis and MRSA. Child underwent incision and drainage of a complicated and deep left groin abscess.

Family History: MOB

MOB relocated from Maryland to Delaware. In 2008, she delivered an infant that was born cocaine positive and the infant entered into Maryland’s foster care system. She regained custody of this child but admittedly had a history of drug abuse and relapsed shortly prior to his return to the home. She had three other children in which her parental rights had been terminated; two of those children MOB voluntarily terminated her parental rights. MOB had a history of Bipolar Disorder, Anxiety Disorder, and Post-Traumatic Stress Disorder. Medical records indicated that she was prescribed Seroquel, Valium, Clonidine and Percocet prior to delivery.

When MOB gave birth to S.W, on his first day of life, he developed episodes of bradycardia (low heart rate) and there was a concern for seizures. A reported history of MOB’s polysubstance abuse led to observations with abstinence scoring and the infant displayed a few symptoms of

withdraw. S.W. was discharged at day 33 of his life to MOB and the Father of the Baby (FOB) with a safety plan in place. It was noted by the hospital that MOB visited infrequently and often left FOB to do most of the baby care when they did visit. There was much concern by nursing staff about the ability of MOB to properly care for S.W.

MOB had no significant criminal history at the time of the review of this case.

Family History: FOB

FOB relocated from Maryland to Delaware with MOB. Reports from Maryland indicated that FOB had a child born in 2008 that was involved with Maryland's foster care system at one time, but he, as well as MOB had since regained custody. At the time of this incident, there was no family history noted by DFS involving FOB, except the incident as noted above.

FOB had not formally confirmed a history of substance abuse. Reports indicated that he had suggested that he had been evaluated for substance abuse but had not been referred for treatment.

FOB had no significant criminal history at the time of the review of this case.

S.W.'s Near-Death Incident

In March of 2011, the DFS Child Abuse and Neglect Hotline received an urgent referral alleging medical neglect of S.W. Reports indicated that MOB had brought S.W. into the Emergency Department for complaints of fever and fussiness that began the previous day. History was provided by MOB that S.W. may possibly have had an ear infection, but had not seen a doctor. MOB stated that S.W. was seen by Child Development Watch a few weeks prior and at that time she was instructed to take the child to see a doctor for an evaluation because of the fever and otitis media but MOB did not take him because she did not feel as though the child was fussy until that night. It was noted by the family that child had been pulling at his ears, had a stuffy nose, and a skin rash on the trunk and extremities as well as a diaper rash.

Upon physical exam, tender swelling about 10 centimeters by 2 centimeters was noted in the left groin area, extending front to back into the gluteal (buttock) region; pustules noted on arms bilaterally; warm, irritable and febrile infant. Upon questioning of the rash MOB stated that several family members including MOB had recently had MRSA (Methicillin-resistant Staphylococcal aureus) infections and that two weeks prior, child had a very bad diaper rash. An IV was placed and blood studies were sent. Surgical consultation was obtained for abscess drainage and wound management. S.W.'s white blood cell count was extremely high at 39,000. Intravenous antibiotics were started and child was prepped for surgery.

S.W. underwent incision and drainage of a complicated and deep left groin abscess under anesthesia with FOB's consent. About 5 ml of pus was localized next to the ischium (pelvic bone). This was drained and his wound was packed. S.W. was then transferred to the pediatric floor for admission.

Over the next few days, S.W. began to recover. His white blood cell count began to decrease, the redness around the abscess began to decrease in size, and he was having less fevers. MRSA grew out of a culture from the pus in his wound and he transitioned from IV antibiotics to oral antibiotics. Concerns were documented about MOB and FOB, particularly MOB and her ability to appropriately care for him. DFS was granted emergency custody of S.W. by Family Court. He

was discharged from the hospital to the care of a foster mother. In home nursing visits were arranged for dressing changes, oral antibiotics, topical antibiotic ointment and follow up appointments were scheduled.

An Adjudicatory Hearing was subsequently held in Family Court. MOB and FOB did not show for the hearing. The custody of S.W. was continued with DFS. The investigation was completed with DFS and MOB was substantiated for dependency.

Criminal /Civil Disposition

In May of 2011, the investigation with the DFS was completed and MOB was substantiated for dependency, parental physical incapacitation, Level 1. There was no finding for medical neglect.

There was no police involvement during this investigation.

System Recommendations

After review of the facts and findings of this case, the Commission determined that all systems did meet the current standards of practice.

The following supportive statements were put forth by the Panel:

1. CDNDSC supports the implementation of Structure Decision Making (SDM) as it will take into considerations one's history and the accumulations of risk to said child.
2. CDNDSC supports the statute for centralizing prescription medication scripts in order to establish greater quality assurance and prevent abuse of such drugs.
3. CDNDSC supports the continued training of medical professionals of the Recognition and Reporting of Child Abuse and Neglect.