



# Child Death Review Commission

Oversees three fatality review programs, each consisting of multidisciplinary teams that delve into the facts surrounding each case, the programs and systems of care with which the child, mother or family interacted and opportunities for improvement. Ultimately the CDRC seeks to eliminate all preventable deaths in childhood and among women during and after pregnancy.



*Every child and mother deserves a tomorrow.*



## Child Death Review Sudden Death in the Young



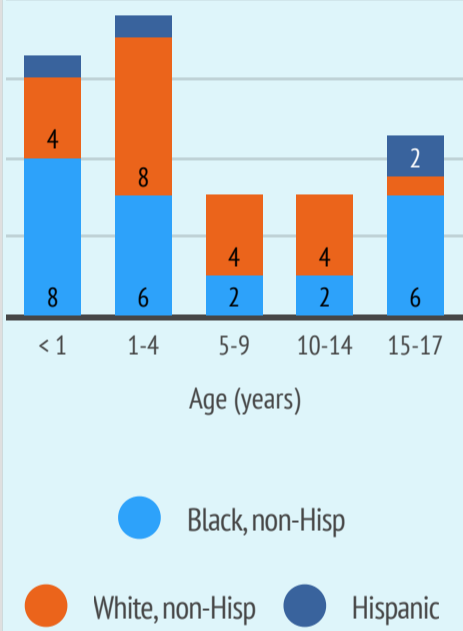
## Fetal & INFANT MORTALITY Review



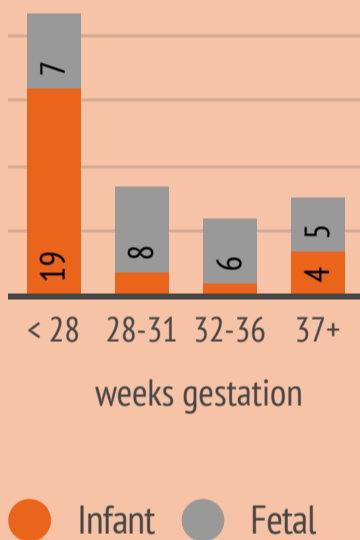
## MATERNAL Mortality Review

Program description and Case counts

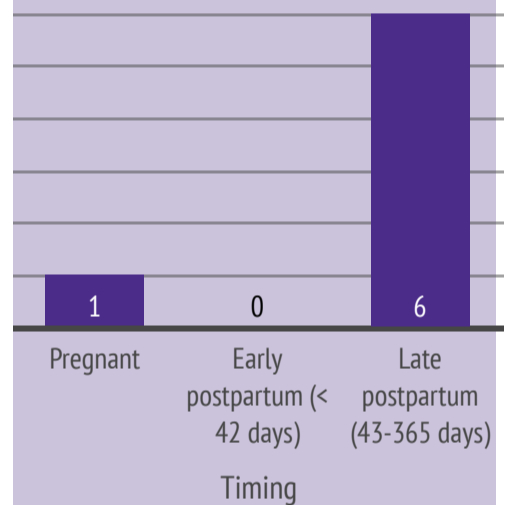
- Reviews deaths of children 1-17 years old due to any cause and infant deaths due to unsafe sleep or suspected child abuse or neglect.
- SDY is supported by a CDC grant to standardize approach and conduct more in-depth medical reviews.



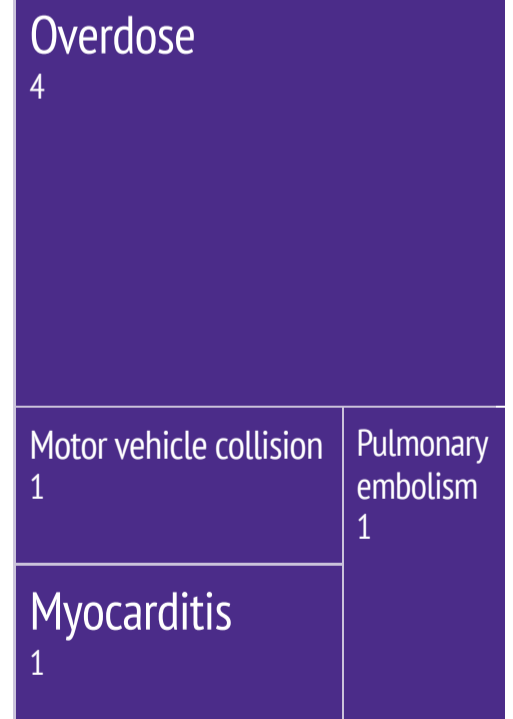
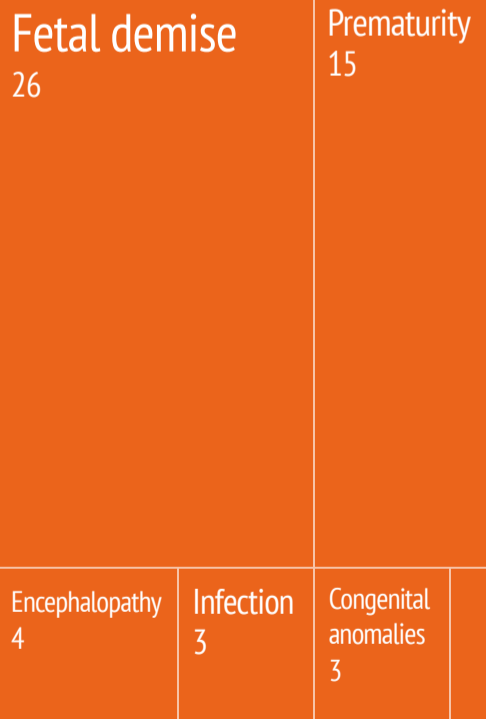
- Reviews stillbirths (fetal deaths) after 20 weeks gestation and infant deaths *not* due to unsafe sleep or suspected child abuse or neglect.
- Attempts to contact all women with a loss for a maternal interview to get the mother's perspective on her care and access to services.



- Reviews all causes of death of women during pregnancy or up to 1 year after the end of pregnancy.
- Attempts to contact family, partner or friend for an interview.
- MMR is supported by a CDC grant to standardize abstraction, review and reporting of findings nationally.



Underlying causes of death



Program highlights

- Released the report of the Chronic Health Conditions of School-Age Children Committee
- Began partnering with the Department of Corrections to offer Cribs for Kids trainings to pregnant women who are incarcerated
- Developed promotional videos on infant safe sleep to raise public awareness

- Began exploring the impact of COVID-19 on the care and experience of pregnant women with a loss
- Continued work of the Home Visiting Committee to improve access and use of home visiting services by women at high risk for pregnancy complications

- Implemented new guidance from the CDC to identify discrimination, structural racism and interpersonal racism as contributing factors when relevant
- Hosted trainings on implicit bias and improving care for Black women in the peripartum period together with the Delaware Perinatal Quality Collaborative