

Arkansas Infant and Child Death Review Annual Report

**Fiscal Year 2023 Report for
Deaths Occurring in 2021**



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Executive Summary

Infant and Child Death Review, 2021

Mission

To review all unexpected infant and child deaths in the state of Arkansas. These reviews result in the development of interventions and recommendations through multidisciplinary team collaboration, community education and policy.

Background

Established in 2010, the Arkansas Infant and Child Death Review (ICDR) consists of 11 regional teams that review unexpected deaths of Arkansas children ages 0-17 years. The teams cover all 75 Arkansas counties, giving the ICDR the potential to evaluate 100% of reviewable pediatric deaths, as required by ACT 1818 of 2005. All local team members work and/or reside in the area of the team they serve, which allows firsthand insight into the local environment and needs of the community.

Goals

The ICDR Program remains committed to the goal of reducing preventable child death in Arkansas. This effort requires the steadfast commitment of all local team members and the ICDR Coordinator staying abreast of best practices regarding child death reviews, and the assistance of partner organizations for expertise in prevention strategies. Specific goals for the ICDR Program include training all local team members on death review expectations and contributions providing specific team recommendations to the ICDR State Panel.

Key Notes About This Report

Although coding guides (ICD-10) use the term “accident”, as a manner of death, experts in the field refer to injuries as unintentional. The word accident imparts a sense that nothing can be done when in reality injuries are predictable and preventable. This report will utilize “accident” to be consistent with coding guidelines.

The Arkansas Department of Health Center for Health Statistics provides infant and child death records for the Infant and Child Death Review regional teams. Vital records are received and cases reviewed approximately one to two years prior to each annual report. Therefore, deaths occurring in 2021 were reviewed between July 2022 - June 2023 with the annual report completed in December 2023.

Manner of death describes how the infant or child died, explains the cause of death, and is determined by the Arkansas State Medical Examiner’s Office. The Arkansas Infant and Child Death Review Program does not change the Manner of Death.

ICDR Data is information collected from multiple disciplines at a case review are entered into the National Center for Fatality Review and Prevention (NCFRP) data base. The data are analyzed to generate an overview and in-depth annual report on the cases reviewed by the local ICDR teams. Key data entered into the NCFRP database are derived from death/birth certificates, child health records, autopsy reports, coroner’s reports, sudden unexplained infant death investigation (SUIDI) forms, toxicology reports, witness interviews, on-scene investigation reports and any other documentation that teams identify as helpful in a review in order to make effective prevention recommendations.

Executive Summary

Infant and Child Death Review, 2021

Data and Statistics Summation

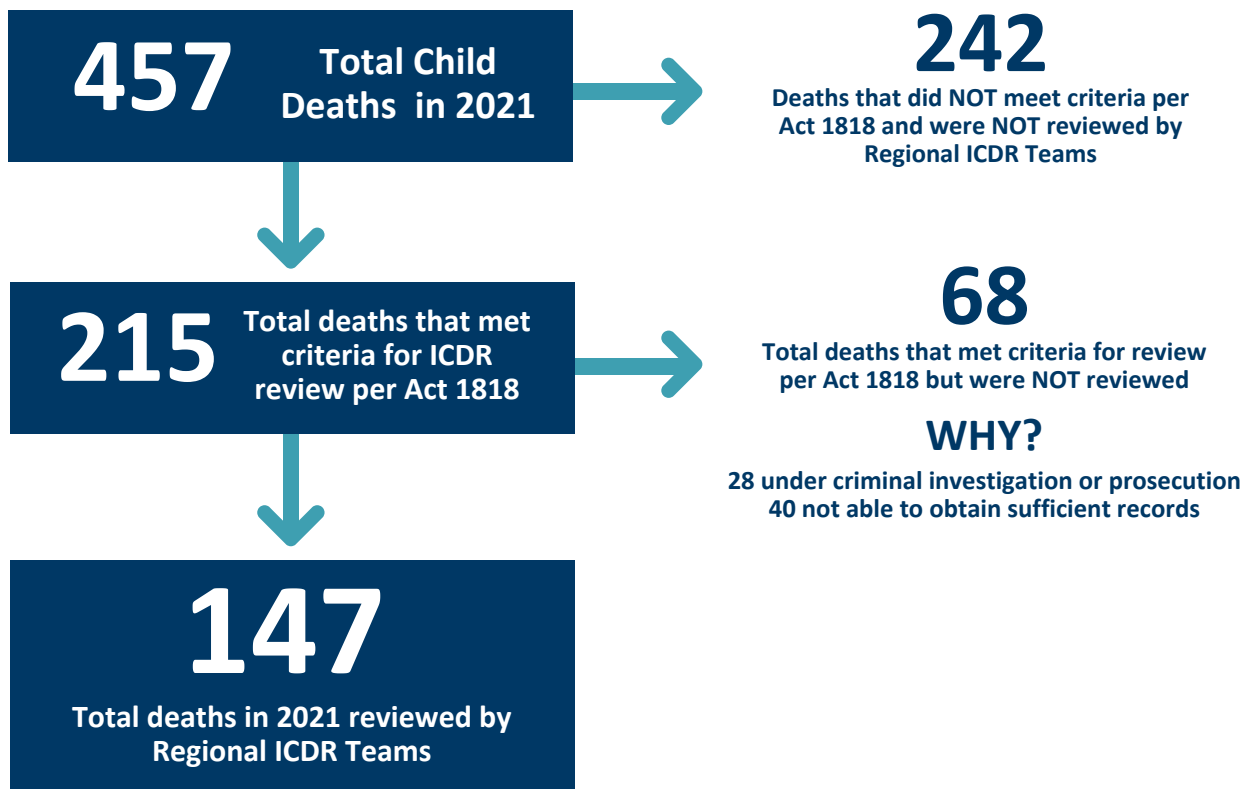
The total infant and child deaths (ages 0-17) in Arkansas for 2021 was 457. Of those, 215 were eligible for review and 147 of the eligible cases were reviewed. Out of the 68 cases not reviewed, 28 of those were still under criminal investigation or being prosecuted. The other 40 were not reviewed due to the inability to obtain sufficient records to review the cases.

Death statistics by manner of death for 2021 for ages 0-17 years old are calculated via rate per 100,000 deaths. Data for ages <1 years old are calculated via rate per 1,000 deaths. A rate is a ratio that compares two different quantities that have 2 different units of measure. For example, in Arkansas there are more teenagers than babies. By using rates we can determine the true burden of injury by age groups, gender, or race.

Case Selection

Under ACT 1818 of 2005, cases that are reviewable must meet the following criteria:

1. Child was not under the care of a licensed physician for treatment of an illness/condition that contributes to the cause of death (i.e. cancer, prematurity, congenital abnormalities etc.).
2. Death was due to Sudden Infant Death Syndrome (SIDS)
3. Death was due to an unknown cause
4. Death is not under criminal investigation or being prosecuted



Data Sources and Methodology

Data Methods

Data from the Arkansas Department of Health's Office of State Registrar and Vital Records were used to categorize causes of death. The Bureau of Family Health adheres to the International Classification of Diseases (ICD-10) guidelines for determination of cause of death. In addition to furnishing cause of death, death certificates were used to provide age, race, gender, date of death, and county of residence. Data were analyzed using Microsoft Excel 2016.

Arkansas Child Death Review Case Reporting System

Data related to Arkansas's Child Death Review is maintained in the National Center for Fatality Review and Prevention's National Fatality Review Case Reporting System at ncfrp.org.



"Every year in the United States, almost 37,000 children die before their 18th birthday. The death of a single child is a profound loss to a family and community, bringing unjust suffering and the pain of unfulfilled promises. Understandably, when a community is affected by a child's death, it wants answers and a deep understanding of how and why the child died. These answers can help communities have a clearer understanding of underlying risk factors and inequities that they may not identify otherwise."

-- National Center for Fatality Review and Prevention

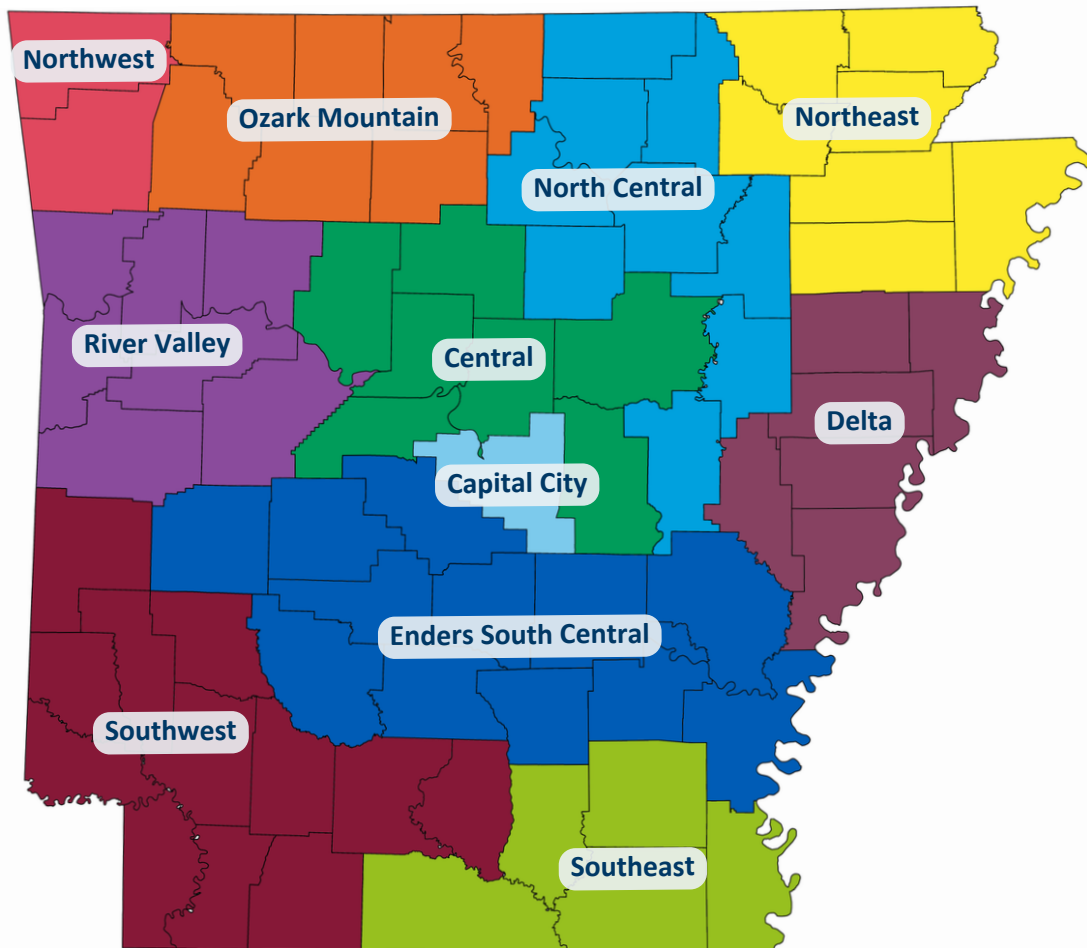
National Data

National level data are from the Web-based Injury Statistics Query and Reporting System, CDC WISQARS. Arkansas rankings are based on national data, and national rates may vary slightly from state rates due to timing of reporting.

Data Limitations

Many key indicators are presented at the regional level, and therefore have smaller counts. Rates based on counts less than 20 are considered unstable and should be interpreted with caution, taking into consideration that these numbers, percentages or rates may change in the future with the addition or loss of a small number of cases. Trends based on unstable rates are not represented in this report. For example, Hispanic counts were not examined independently as white and black counts were, due to smaller counts and are included within the "Other Races" counts.

Regional Map of ICDR Teams

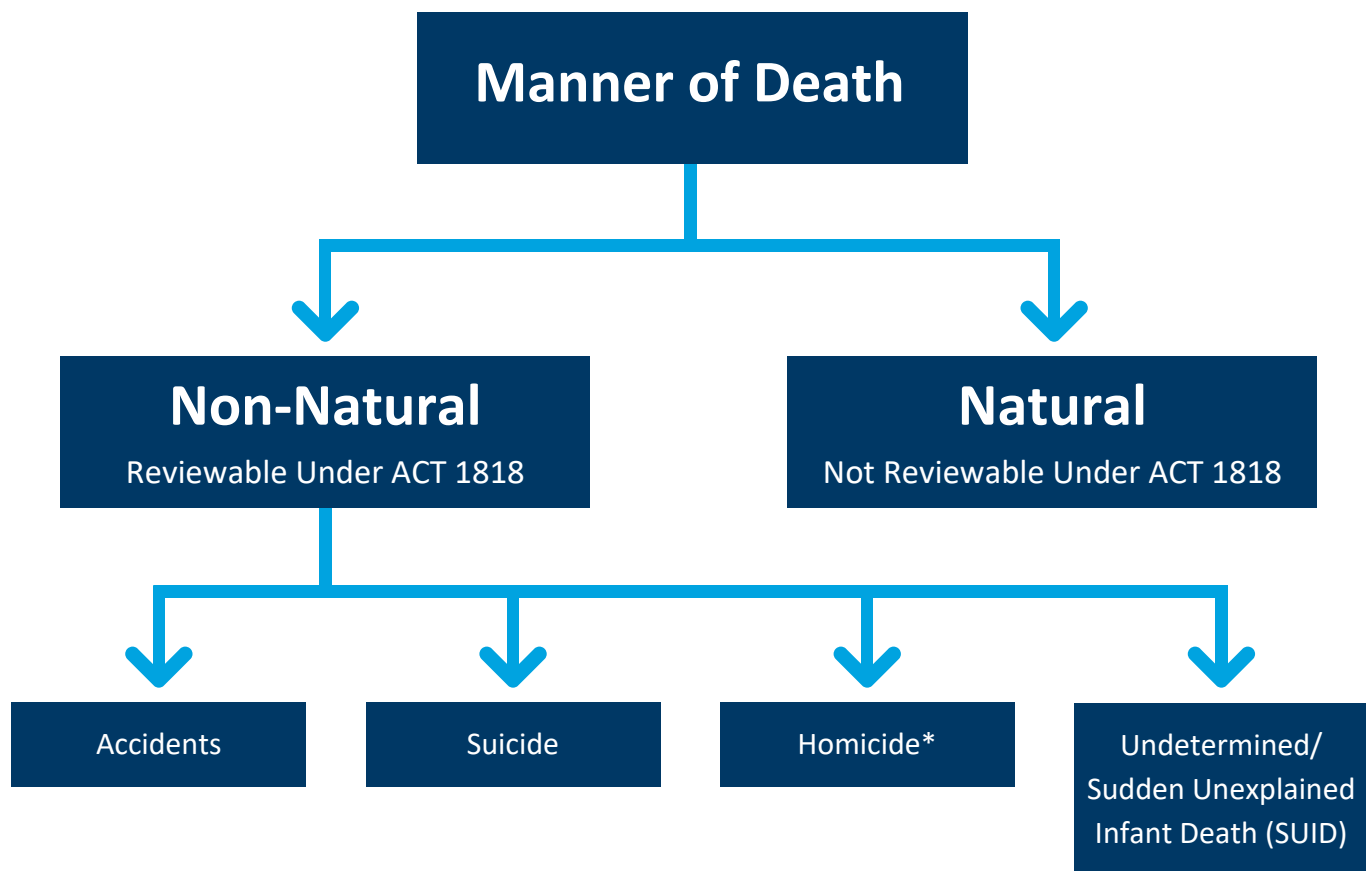


Region	Counties within Region
Northwest	Benton, Washington
Ozark Mountain	Baxter, Boone, Carroll, Madison, Marion, Newton, Searcy
River Valley	Crawford, Franklin, Johnson, Logan, Scott, Sebastian, Yell
Central	Conway, Faulkner, Lonoke, Perry, Pope, Van Buren, White
North Central	Cleburne, Fulton, Independence, Izard, Jackson, Prairie, Sharp, Stone, Woodruff
Northeast	Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett, Randolph
Delta	Crittenden, Cross, Lee, Monroe, Phillips, St. Francis
Capital City	Pulaski
Enders South Central	Arkansas, Clark, Cleveland, Dallas, Desha, Garland, Grant, Hot Spring, Jefferson, Lincoln, Montgomery, Saline
Southwest	Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Pike, Polk, Sevier
Southeast	Ashley, Bradley, Chicot, Drew, Union

Manner of Death

Manner of Death

Manner of Death describes how the infant or child died and explains the cause of death. Deaths are categorized as natural or non-natural based on the manner of death. Natural deaths result from a disease process and non-natural deaths are generally injury related. Non-natural deaths are further classified into the following groups: accident, homicide, suicide, and undetermined.



ICDR and Manner of Death

Manner of death is determined by the Arkansas State Medical Examiner’s Office and/or local Coroner. The Arkansas Infant and Child Death Review teams do not change the Manner of Death.

The ICDR does not review natural deaths. This includes deaths occurring while under the care of a licensed physician for treatment of an illness/condition that contributes to the cause of death (i.e. cancer, prematurity, congenital abnormalities etc.).

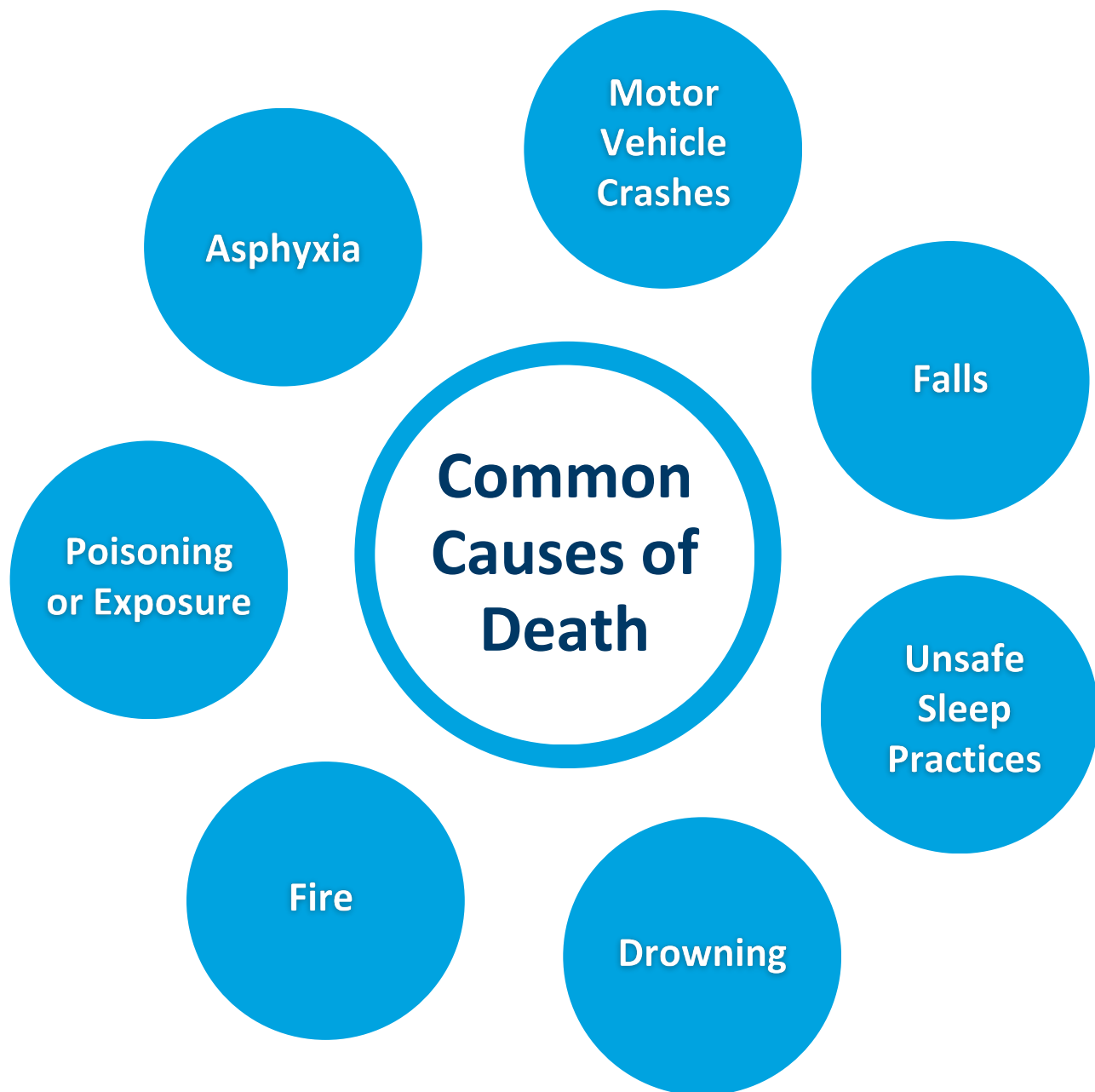
Non-natural deaths are reviewed with the goal of reducing preventable child death in Arkansas by making effective prevention recommendations.

*Only the cases no longer under criminal investigation or being prosecuted are reviewed by the ICDR teams, per AR Act 1818 of 2005.

Cause of Death

Cause of Death

The cause of death is the specific injury or disease that leads to death, while the manner of death is the determination of *how* the injury or disease leads to death. The cause of death may be further classified as underlying (injury that initiated the events resulting in death) or immediate (final condition resulting in death).



Non-Natural Infant and Child Reviewed Deaths

2021 Data

Motor Vehicle Crashes (MVC) Deaths

Twenty-eight infants & children in Arkansas died due to MVCs in 2021.

All age groups, 0-17 years, were more likely to die as **passengers** in MVCs rather than as drivers. MVCs are the 2nd leading cause of injury related deaths in children 10-17 years in Arkansas.

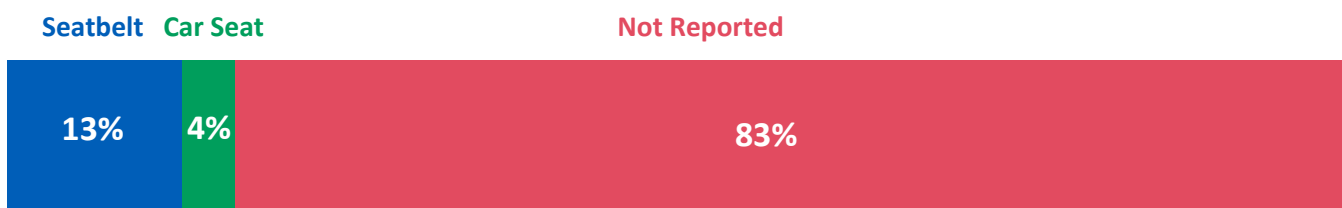
Type of Motor Vehicle



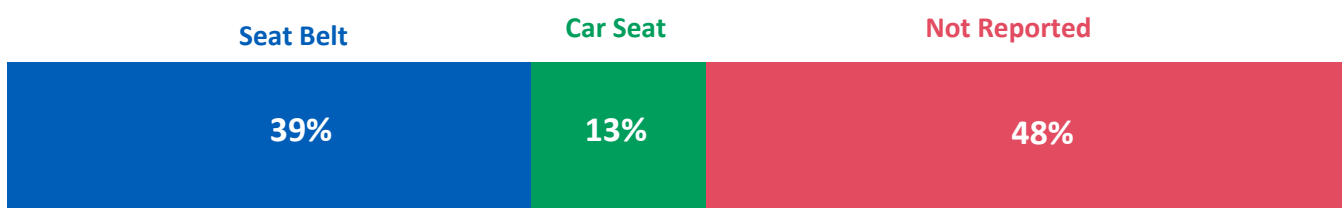
Position in Motor Vehicle



Type of Safety Feature USED in Motor Vehicle



Type of Safety Feature NOT Used in Motor Vehicle



Homicide Deaths

Twenty-eight infants and children in Arkansas died by homicide in 2021. However, because some cases were still under criminal investigation or being prosecuted, the ICDR teams could only review 5 cases, per AR Act 1818 of 2005.

Infants were more likely to die from blunt force injuries, including Abusive Head Trauma, and poison, while children ages 2-15 years were more likely to die from firearms.

Homicide Cause of Death

Ages Birth to under 1 year in Arkansas



Homicide Cause of Death

Ages 1 to 17 years in Arkansas



Drowning Deaths

Eleven infants & children in Arkansas died from drowning in 2021.

Drowning was the leading cause of injury-related death for children ages 1-9.

Drowning Location

Of children who died from drowning in Arkansas, **more than half** drowned in a **pool**.



Barrier (Fence or Gate) Present



Suicide Deaths

In 2021, 15 children ages 10-17 in Arkansas died from suicide.

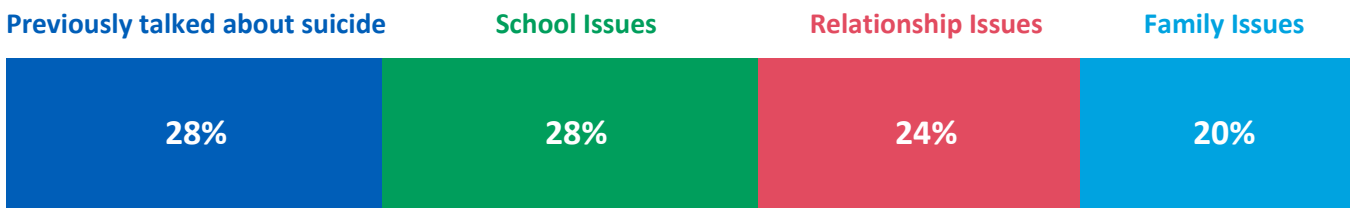
More than half of these suicides were completed using a **firearm**.

Suicide Methods



Experiences of Children who Died by Suicide

Local ICDR teams reviewed 15 child deaths due to suicide in 2021. The graph below reflects only reviewed cases, and data are not mutually exclusive.

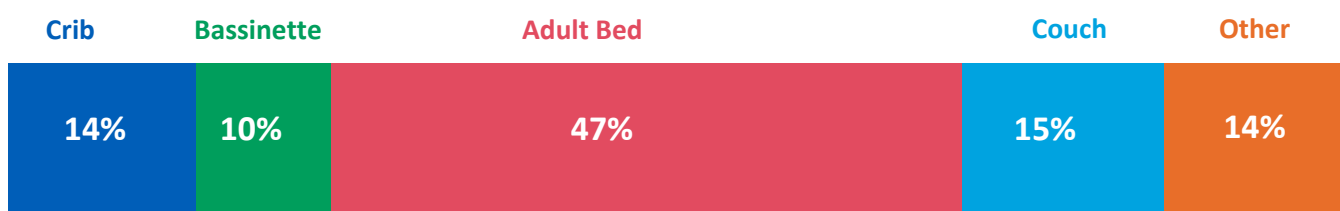


Sudden Unexplained Infant Death

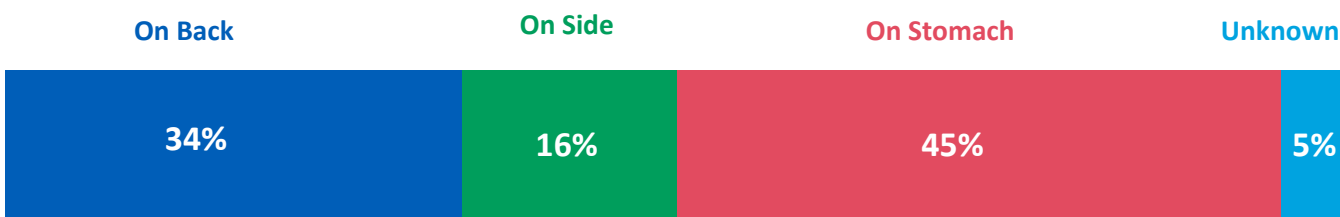
Sudden Unexplained Infant Death (SUID) in Arkansas

In 2021, **more than 60 babies** in Arkansas died due to a **sleep-related death**. Of these, **47%** of babies **died co-sleeping in an adult bed** with one or more adult and **45%** of babies were **placed on their stomach** to sleep.

Incident Sleep Place

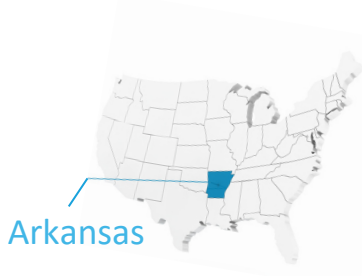


Incident Position Found



Overall Infant and Child Deaths

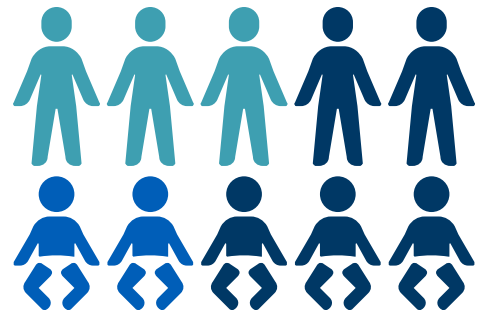
Birth to 17 years



Within the state of Arkansas in 2021, ICDR local teams reviewed the cases of 147 children who died from injuries. The majority of injury deaths were due to motor vehicle crashes, suicide, and undetermined causes.

59% of child deaths were a result of injury.

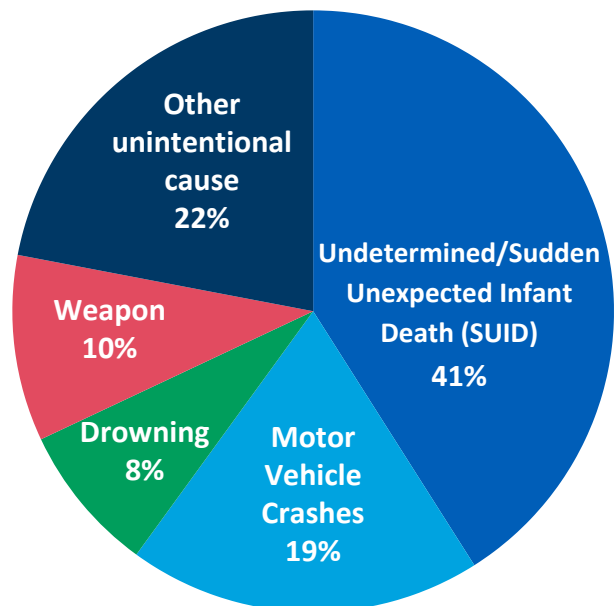
41% of infant deaths were a result of Undetermined/Sudden Unexpected Infant Death (SUID) injuries.



Causes of Fatal Injury

Deaths reviewed in 2021

- 28 children died due to motor vehicle crashes
- 11 children drowned
- 33 children died due to another unintentional cause, including falls, asphyxia, poison, fire and other injuries
- 60 children died from Undetermined/Sudden Unexpected Infant Death (SUID) causes
- 15 children died due to weapons



Key Findings

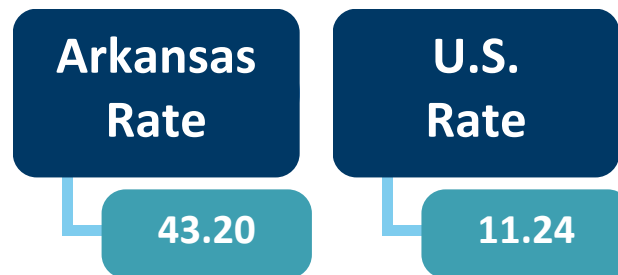
- Motor vehicle crashes and Undetermined/Sudden Unexpected Infant Death (SUID) were the top causes of injury-related child deaths.
- For the majority of child deaths due to motor vehicle crashes, child safety seats were either not used or used incorrectly.
- Unsafe sleep practices in an adult bed was the top contributing factor in infant mortality deaths.

Infant and Child Deaths Due to Injury

Birth to Under 1 year

Of reviewed deaths in Arkansas from 2021, 67 infants died due to injury.

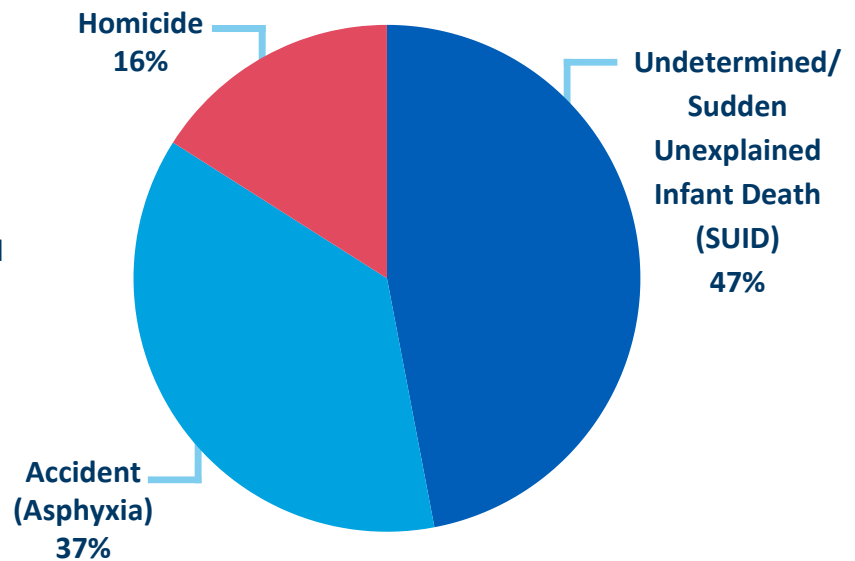
According to the CDC WISQARS website, in 2021, the death rate for this age group in Arkansas was **43.20 deaths per 100,000 children**. The U.S. rate was 11.24 per 100,000 children for the same time period.



Manner of Death

Deaths reviewed in 2021

- 60 infant deaths were classified as Undetermined/Sudden Unexpected Infant Deaths (SUID)
- 2 infants died from homicide
- 5 infants died due to accidental asphyxiation



Key Findings

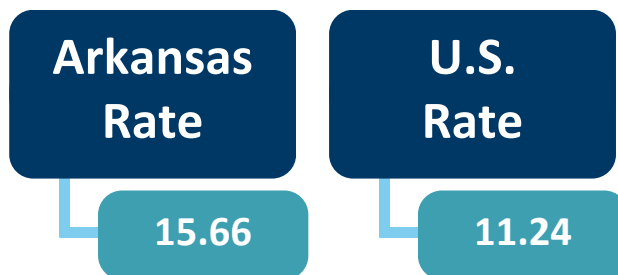
- A significant majority of injury-related infant deaths were classified as Sudden Unexpected Infant Death (SUID) and were related to an unsafe sleep environment.
- In Arkansas, most SUID deaths occur when the infant is less than 4 months old. The most common SUID risk factors present among these deaths are: infants sleeping in something other than a crib or bassinette, infants sleeping with other people and infants in a stomach-or side-sleeping position.

Infant and Child Deaths Due to Injury

1 to 4 years

Of deaths reviewed occurring in 2021 in Arkansas, 17 children between ages 1 and 4 years died due to injury.

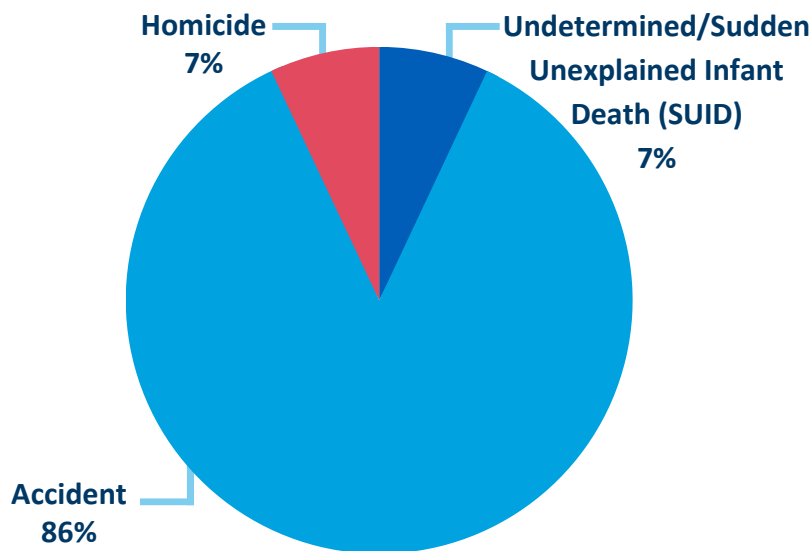
According to the CDC WISQARS website, in 2021, the death rate for this age group in Arkansas was **15.66 deaths per 100,000 children**. The U.S. rate for this age group was 11.24 per 100,000 children for the same time period.



Manner of Death

Deaths reviewed in 2021

- 12 children died due to accidents, including motor vehicles, asphyxia, drowning and fire.
- 4 children died from undetermined causes/Sudden Unexplained Infant Death (SUID)
- 1 child died from homicide.



Key Findings

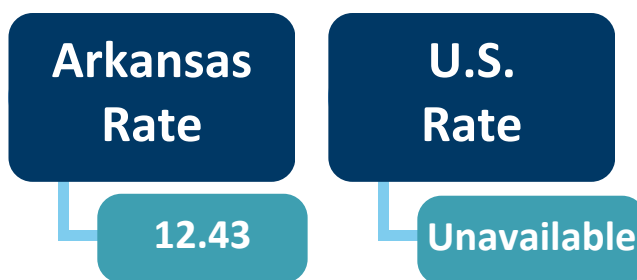
- Drowning in a swimming pool was the most common cause of injury-related deaths in this age group.
- Among other accidents, 100% of fire injuries were due to a house fire and 100% of asphyxia deaths were due to choking on a foreign object (i.e., small ball).
- The 4 undetermined deaths for this age group were due to Sudden Unexplained Infant Death (SUID) and/or undetermined causes.

Infant and Child Deaths Due to Injury

5 to 9 years

Of deaths occurring in during 2021 in Arkansas, 16 children between ages 5 and 9 years died due to injury.

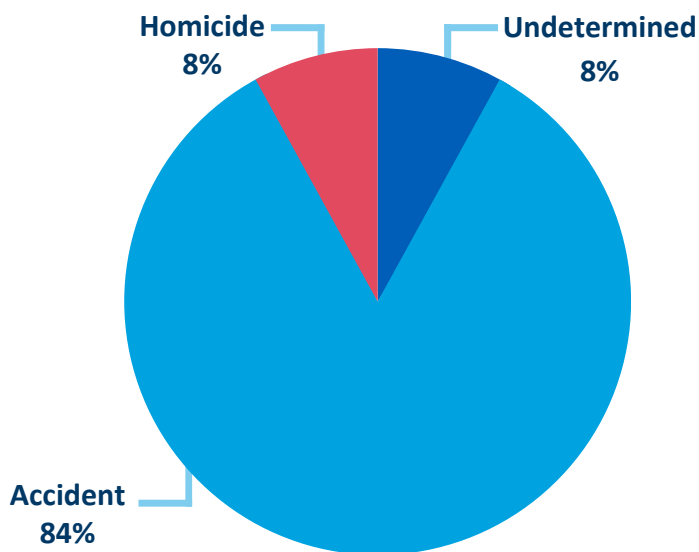
According to the CDC WISQARS website, in 2021, the death rate for this age group in Arkansas was **12.43 deaths per 100,000 children**. The U.S. rate for this age group was unavailable at the time of this report.



Manner of Death

Deaths reviewed in 2021

- 14 children died due to accidents, including motor vehicles, fire, drownings and poison
- 1 child died from undetermined causes
- 1 child died from homicide



Key Findings

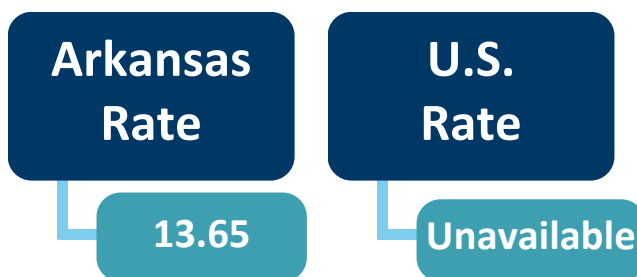
- Motor vehicle crashes and drownings were the most common causes of injury-related deaths in this age group.
- Among motor vehicle crashes in this age group, children were more likely to die as car passengers (80%) than pedestrians. A major risk factor for child passengers is the absence of or improper use of a seat belt or booster seat.
- Among this age group, 50% of drownings happened in a pool and 50% happened in open water.

Infant and Child Deaths Due to Injury

10 to 14 years

Of deaths reviewed occurring in 2021 in Arkansas, 20 children between ages 10 and 14 years died due to injury.

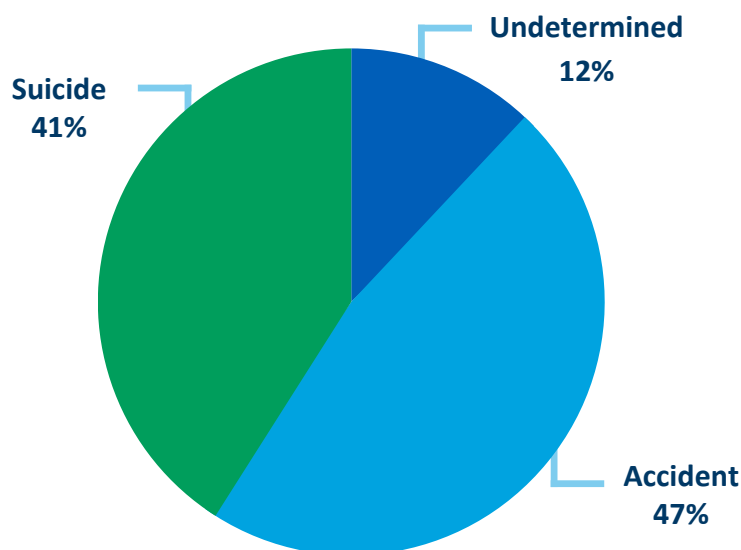
According to the CDC WISQARS website, in 2021, the death rate for this age group in Arkansas was **13.65 deaths per 100,000 children**. The U.S. rate for this age group was unavailable at the time of this report.



Manner of Death

Deaths reviewed in 2021

- 11 children died due to accidents including, motor vehicles, fire, weapon and falls
- 2 children died from undetermined causes
- 7 children died from suicide



Key Findings

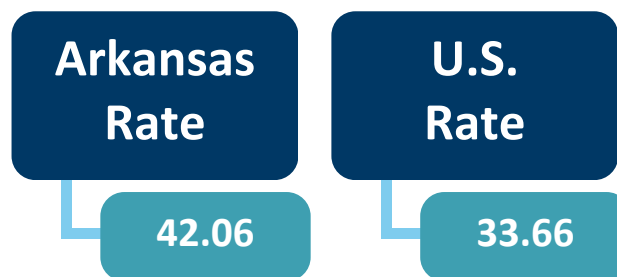
- Suicides and motor vehicle crashes were the most common causes of injury-related deaths in this age group.
- Among motor vehicle crashes in this age group, children were more likely to die as car passengers (63%) than car drivers or pedestrians. A major risk factor for child passengers is the absence of or improper use of a seat belt.
- In this age group, over half (57%) of suicide deaths were due to firearms.
- The cause of the 2 undetermined deaths for this age group were due to neglect and thermal injuries from a house fire.

Infant and Child Deaths Due to Injury

15 to 17 years

Of deaths reviewed occurring in 2021 in Arkansas, 27 children between ages 15 and 17 years died due to injury.

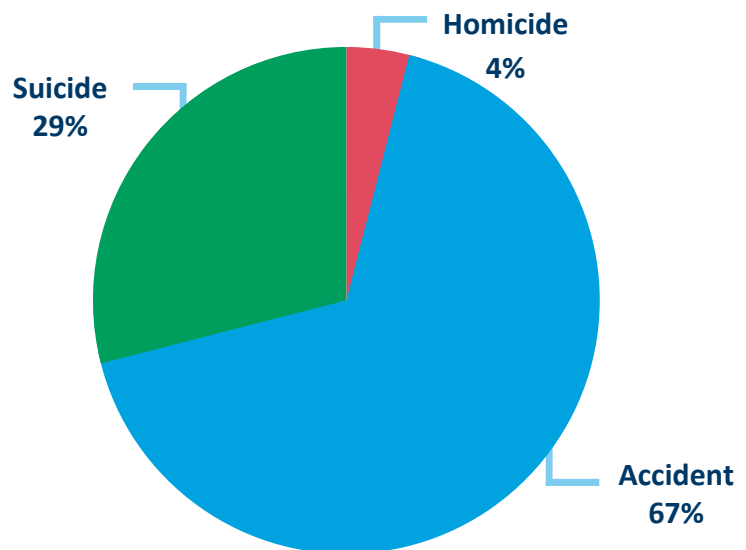
According to the CDC WISQARS website, in 2021, the death rate for this age group in Arkansas was **42.06 deaths per 100,000 children**. The U.S. rate for this age group was 33.66 per 100,000 children for the same time period.



Manner of Death

Deaths reviewed in 2021

- 18 children died due to accidents, including motor vehicles, asphyxia, drowning, fire and poison
- 8 children died from suicide
- 1 child died from homicide



Key Findings

- Suicides and motor vehicle crashes were the most common causes of injury-related deaths in this age group. Suicides greatly exceed homicides in this age group.
- Among motor vehicle crashes in this age group, children were more likely to die as car drivers (62%) than car passengers. A major risk factor for child drivers is the absence of or improper use of a seat belt.
- In this age group, 75% of suicides were due to firearms.

Arkansas ICDR Regional Teams

2021 Data

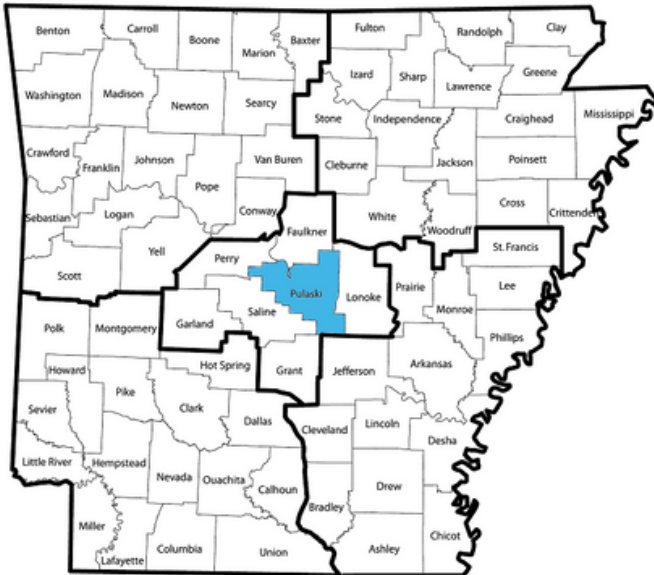
Capital City Team

Pulaski County

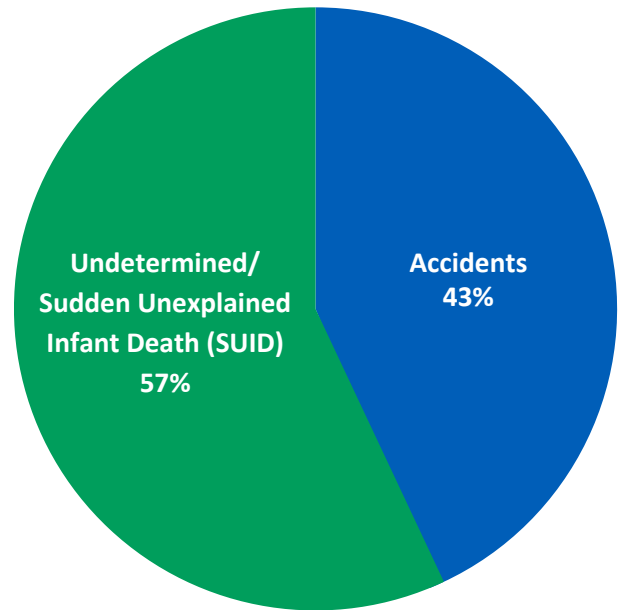


In 2021, a total of 23 out of 41* cases were reviewed by the Capital City Team.

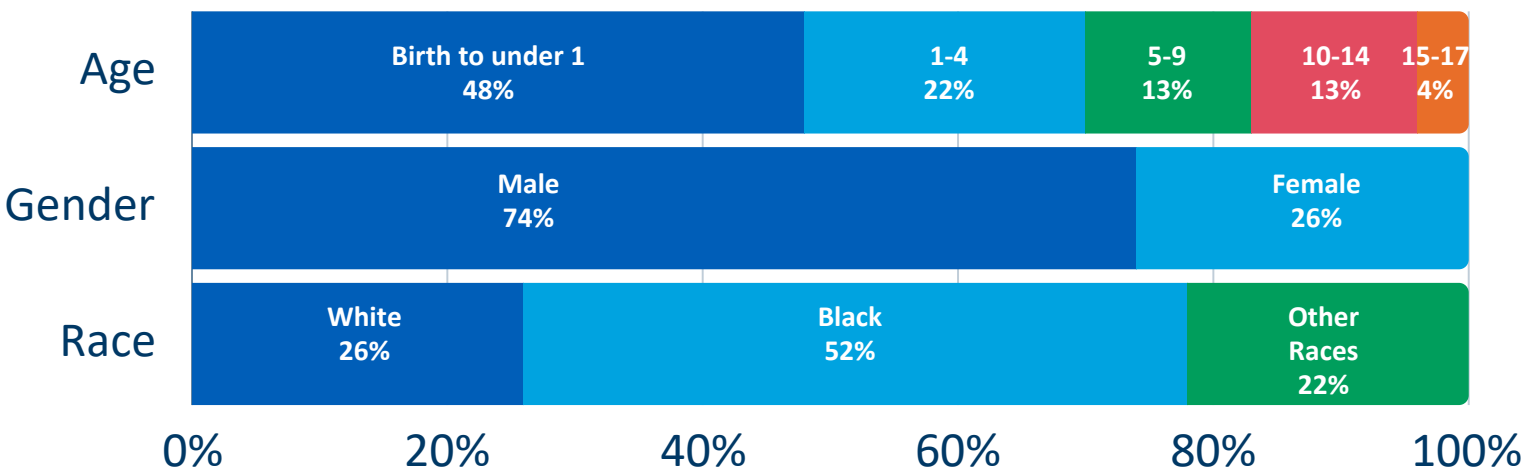
Counties Served by the
Capital City Team:



Manner of Death for 2021
Reviewed Cases:



Demographics for 2021 Reviewed Cases



*There were a total of 18 cases that were unable to be reviewed. 7 of those cases were due to the inability to acquire adequate records. The other 11 were homicide cases. These cases could not be reviewed (per AR Act 1818 of 2005) because they were still under criminal investigation or being prosecuted.

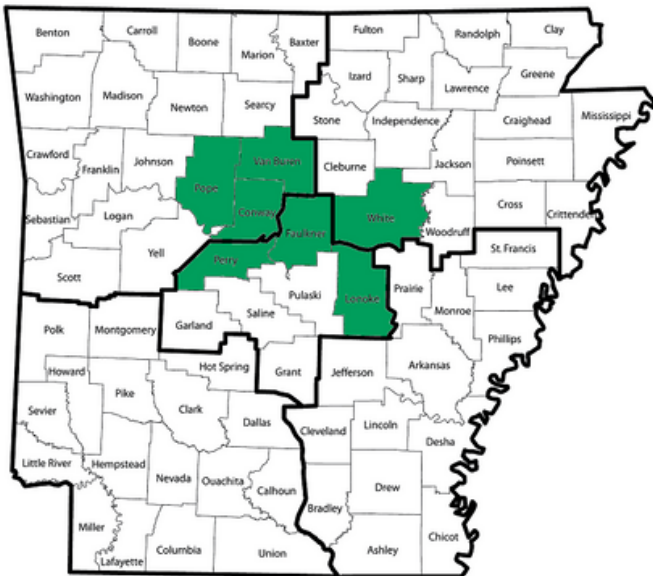
Central Team

Conway, Faulkner, Lonoke, Perry, Pope, Van Buren and White Counties

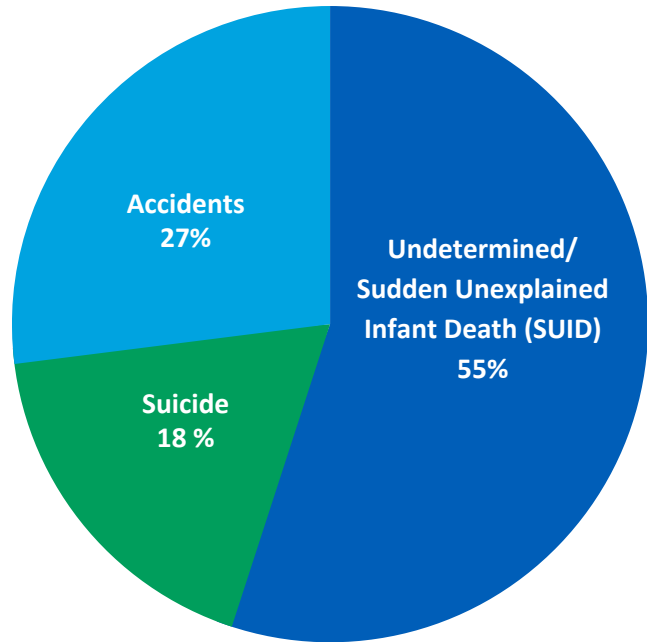


In 2021, a total of 11 out of 25* cases were reviewed by the Central Team.

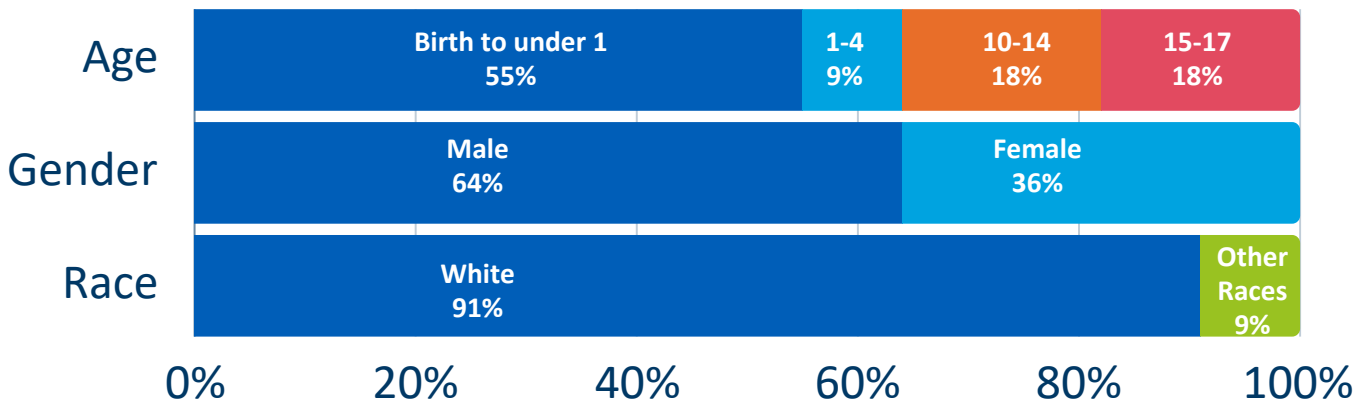
Counties Served by the Central Team:



Manner of Death for 2021 Reviewed Cases:



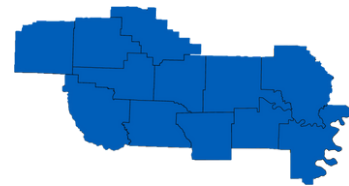
Demographics for 2021 Reviewed Cases



*There were a total of 14 cases that were unable to be reviewed. 11 of those cases were due to the inability to acquire adequate records. The other 3 were homicide cases. These cases could not be reviewed (per AR Act 1818 of 2005) because they were still under criminal investigation or being prosecuted.

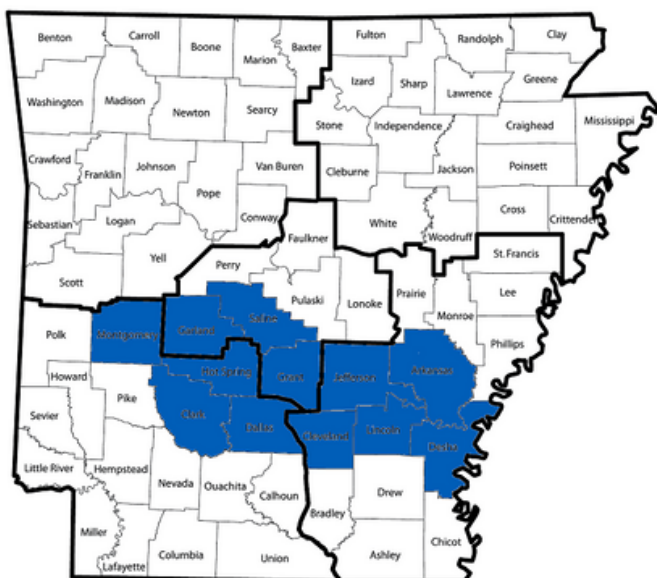
Enders South Central Team

Arkansas, Clark, Cleveland, Dallas, Desha, Garland, Grant, Hot Spring, Jefferson, Lincoln, Montgomery and Saline Counties

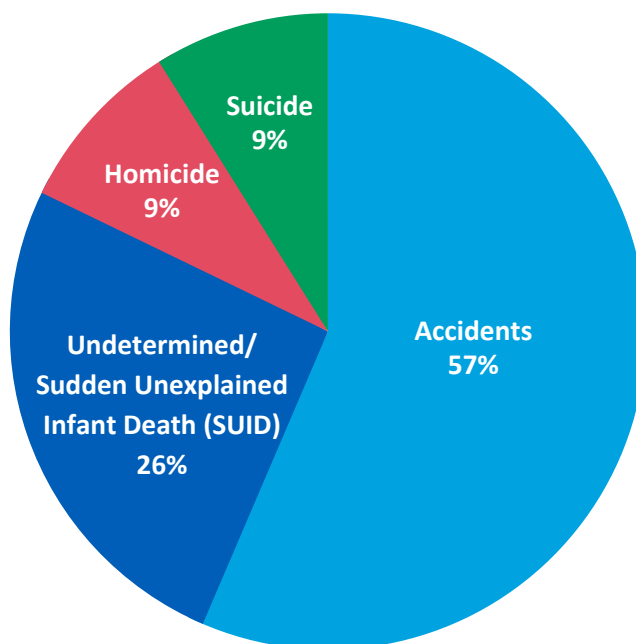


In 2021, a total of 23 out of 28* cases were reviewed by the Enders South Central Team.

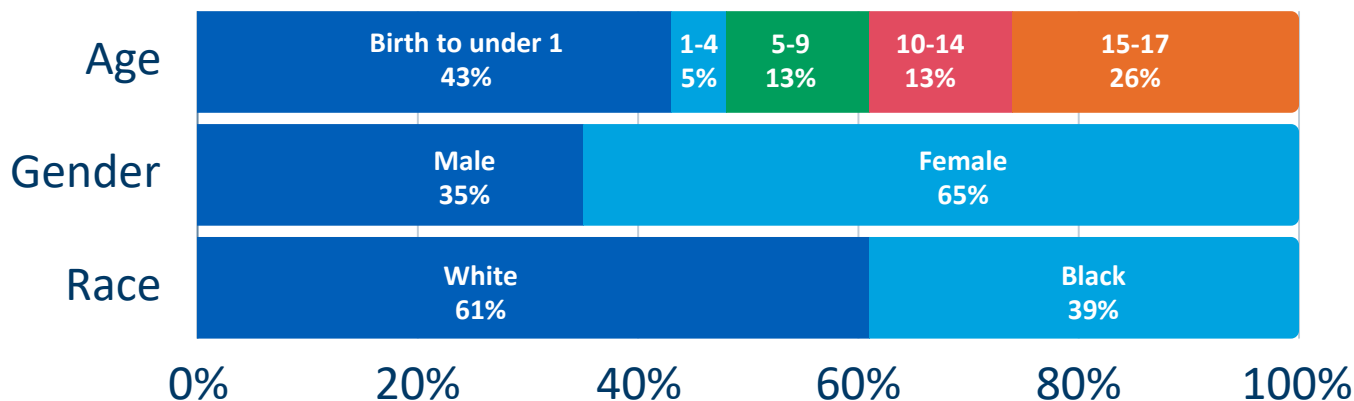
Counties Served by the Enders South Central Team:



Manner of Death for 2021 Reviewed Cases:



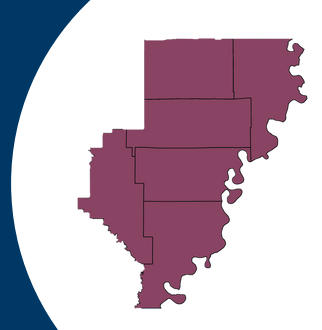
Demographics for 2021 Reviewed Cases



*There were a total of 5 cases that were unable to be reviewed. 3 of those cases were due to the inability to acquire adequate records. The other 2 were homicide cases. These cases could not be reviewed (per AR Act 1818 of 2005) because they were still under criminal investigation or being prosecuted.

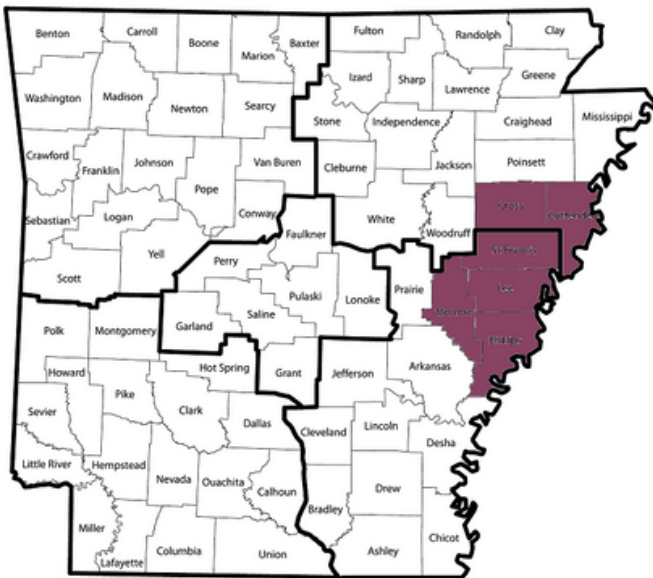
Delta Team

Crittenden, Cross, Lee, Monroe, Phillips, and St. Francis Counties

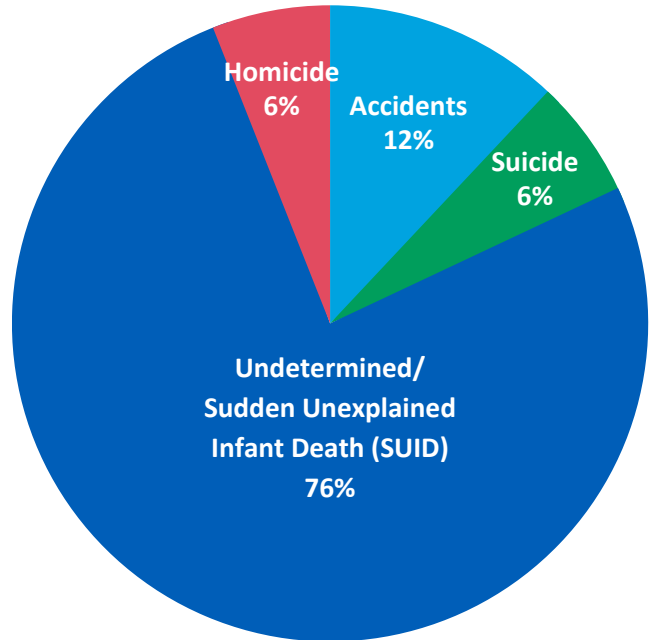


In 2021, a total of 17 out of 18* cases were reviewed by the Delta Team.

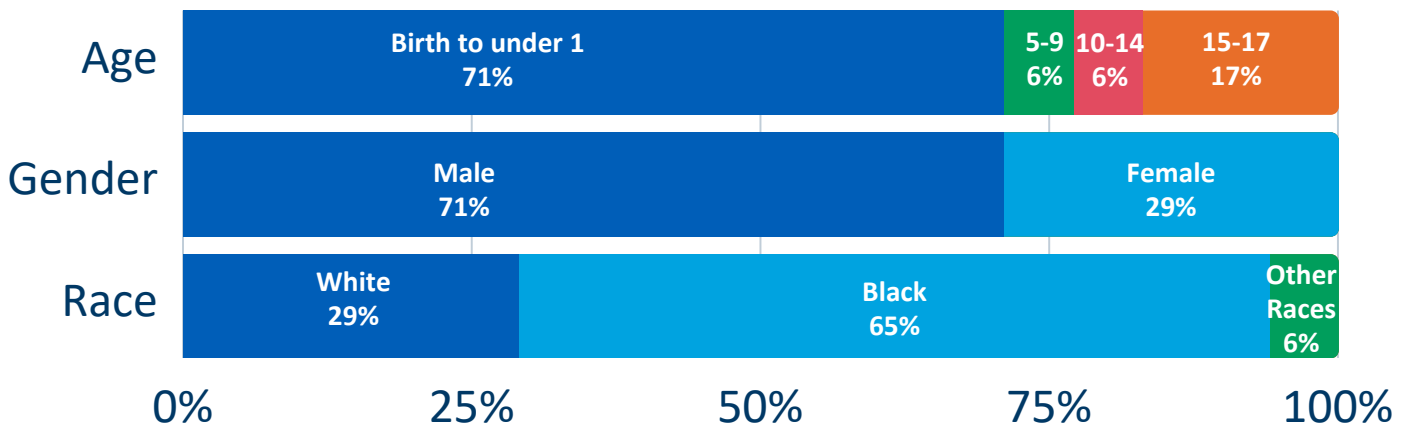
Counties Served by the Delta Team:



Manner of Death for 2021 Reviewed Cases:



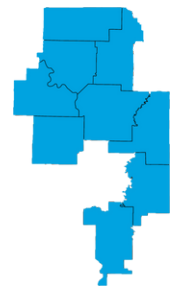
Demographics for 2021 Reviewed Cases



*There was only 1 case that was unable to be reviewed and it was a homicide case. This case was not eligible for review (per AR Act 1818 of 2005) because it was still under criminal investigation or being prosecuted.

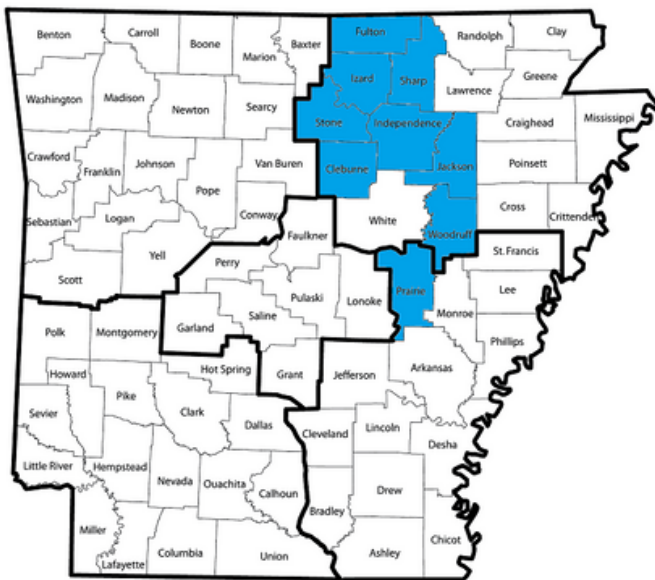
North Central Team

Cleburne, Fulton, Independence, Izard, Jackson, Prairie, Sharp, Stone and Woodruff Counties

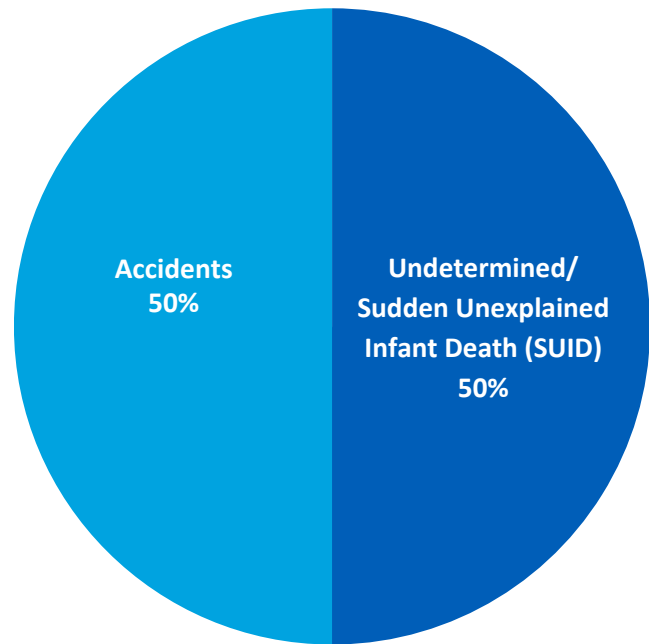


In 2021, a total of 4 out of 5* cases were reviewed by the North Central Team.

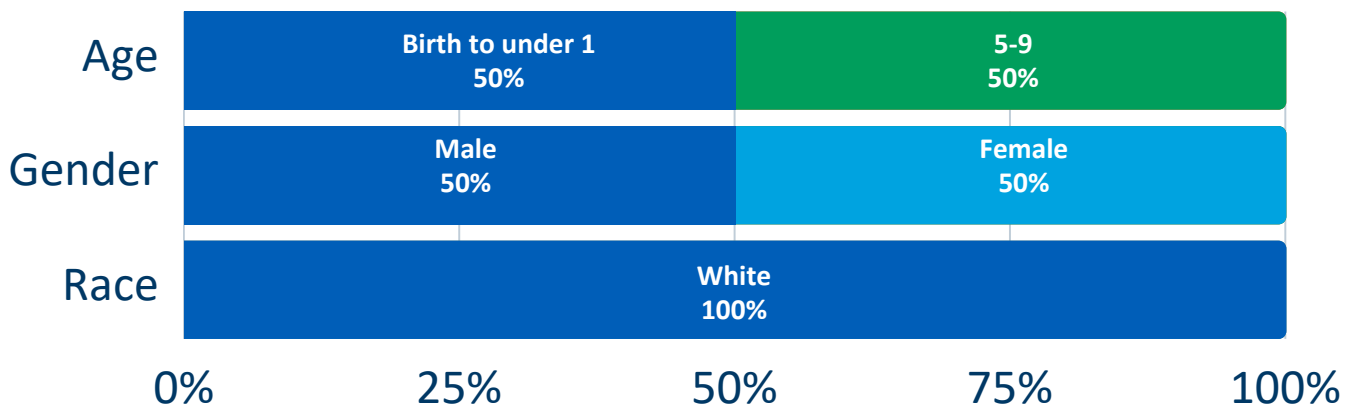
Counties Served by the North Central Team:



Manner of Death for 2021 Reviewed Cases:



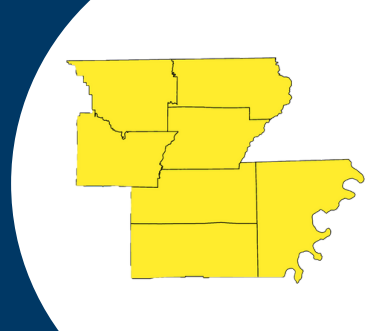
Demographics for 2021 Reviewed Cases



*1 case was unable to be reviewed due to the inability to acquire adequate records.

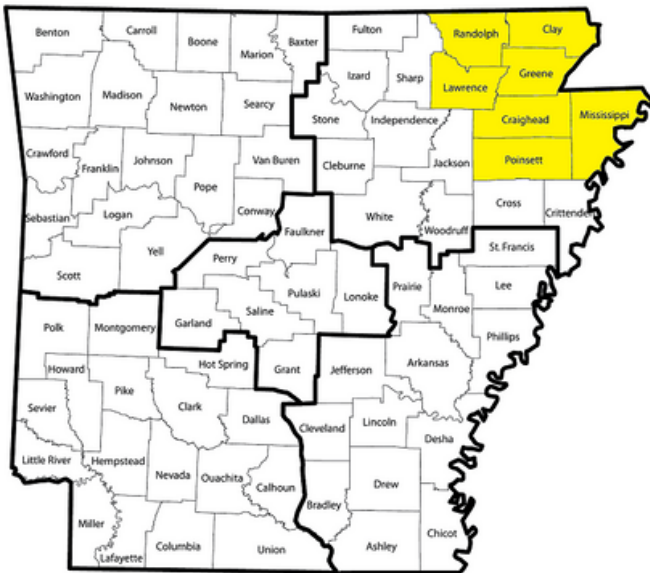
Northeast Team

Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties

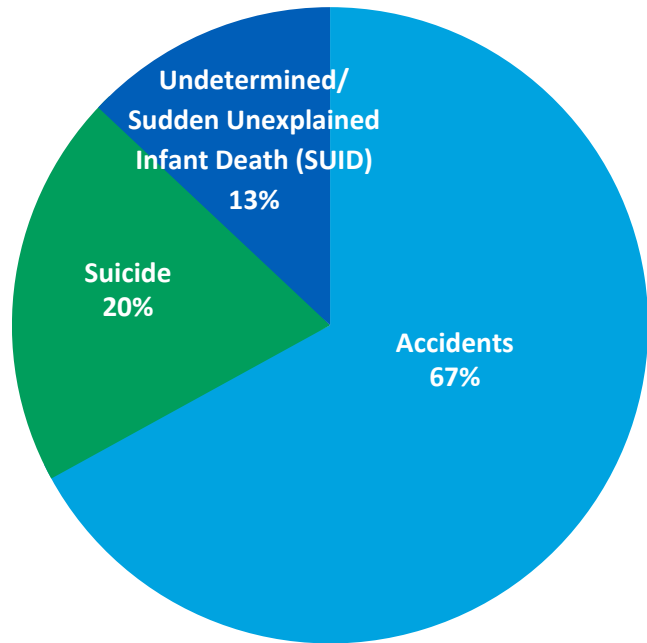


In 2021, a total of 15 out of 20* cases were reviewed by the Northeast Team.

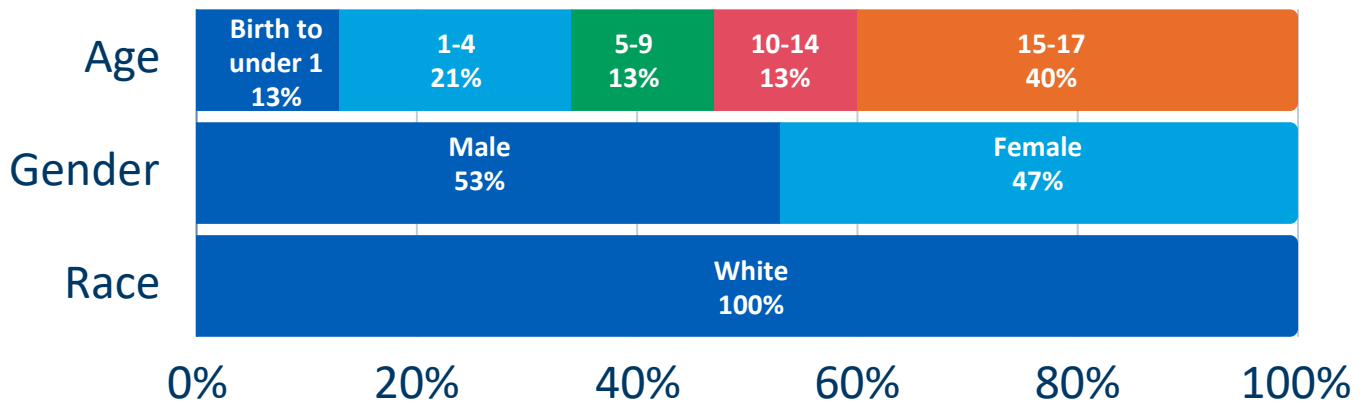
Counties Served by the Northeast Team:



Manner of Death for 2021 Reviewed Cases:



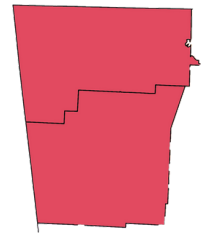
Demographics for 2021 Reviewed Cases



*5 cases were unable to be reviewed due to the inability to acquire adequate records.

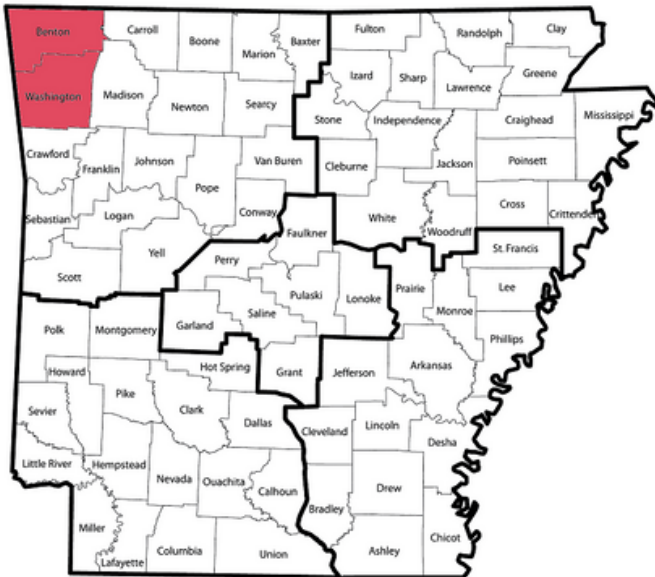
Northwest Team

Benton and Washington Counties

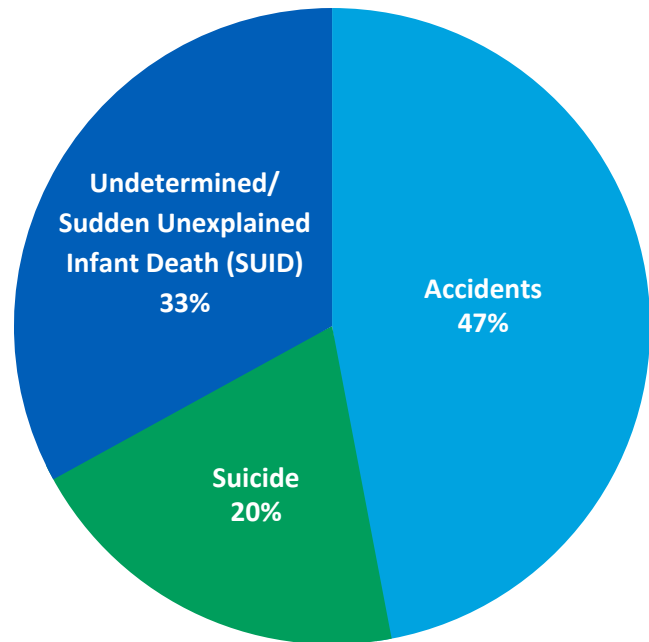


In 2021, a total of 15 out of 25* cases were reviewed by the Northwest Team.

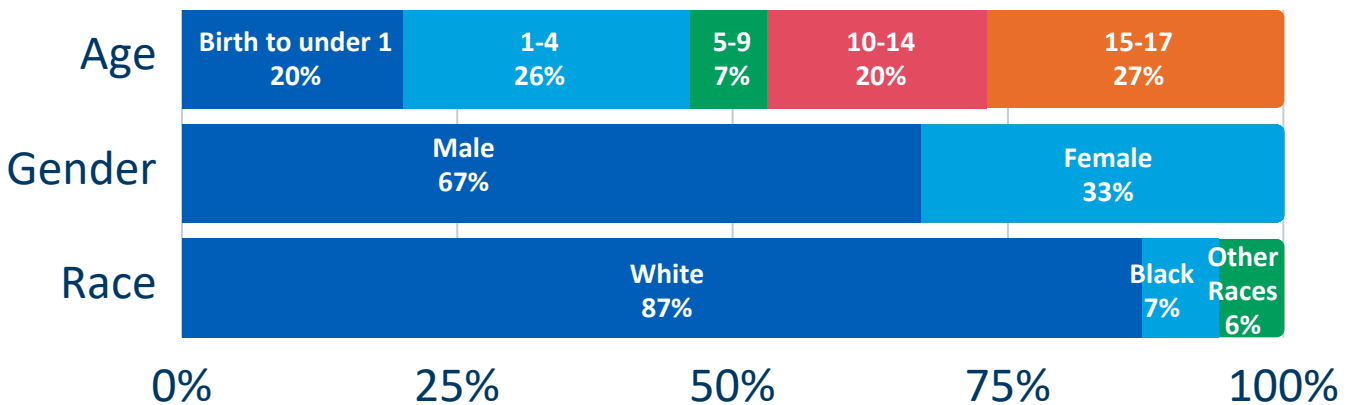
Counties Served by the Northwest Team:



Manner of Death for 2021 Reviewed Cases:



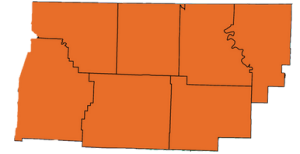
Demographics for 2021 Reviewed Cases



*10 cases were unable to be reviewed. 2 cases were due to the inability to acquire adequate records. The other 8 were homicide cases that could not be reviewed (per AR Act 1818 of 2005) because they were still under criminal investigation or being prosecuted.

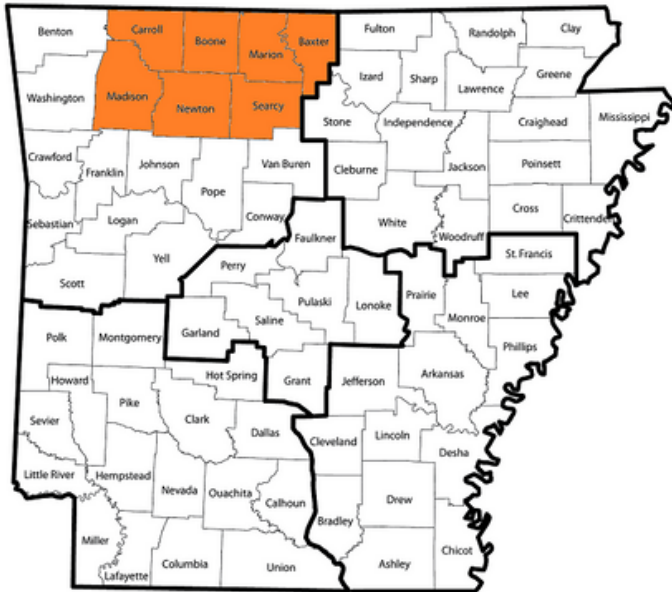
Ozark Mountain Team

Baxter, Boone, Carroll, Madison, Marion, Newton and Searcy Counties

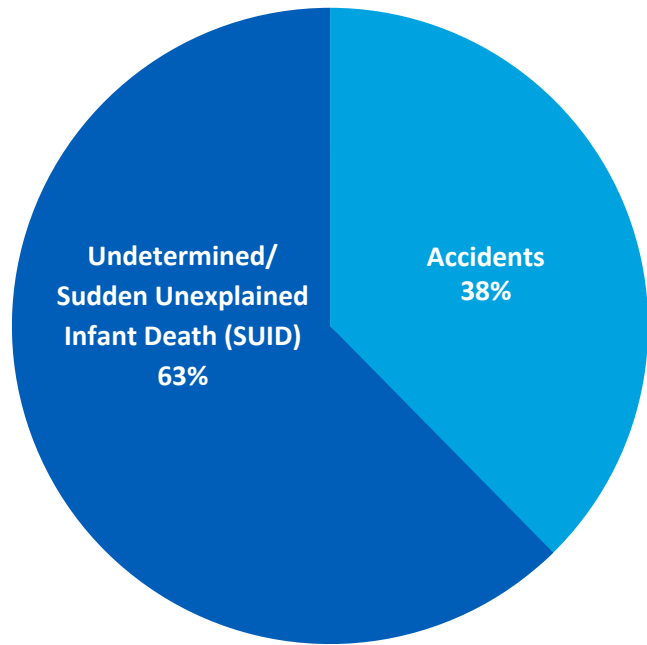


In 2021, a total of 8 out of 11* cases were reviewed by the Ozark Mountain Team.

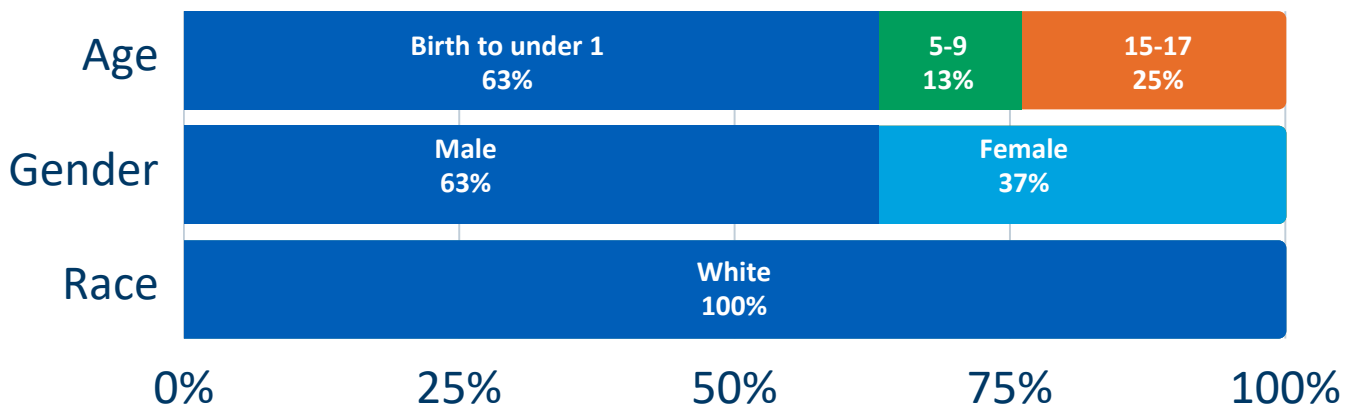
Counties Served by the Ozark Mountain Team:



Manner of Death for 2021 Reviewed Cases:



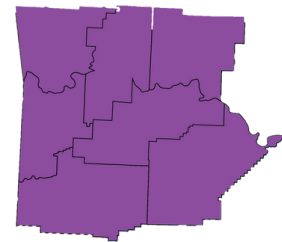
Demographics for 2021 Reviewed Cases



*There were a total of 3 cases that were unable to be reviewed. 2 of those cases was due to the inability to acquire adequate records. The other 1 was a homicide case that could not be reviewed (per AR Act 1818 of 2005) because it was still under criminal investigation or being prosecuted.

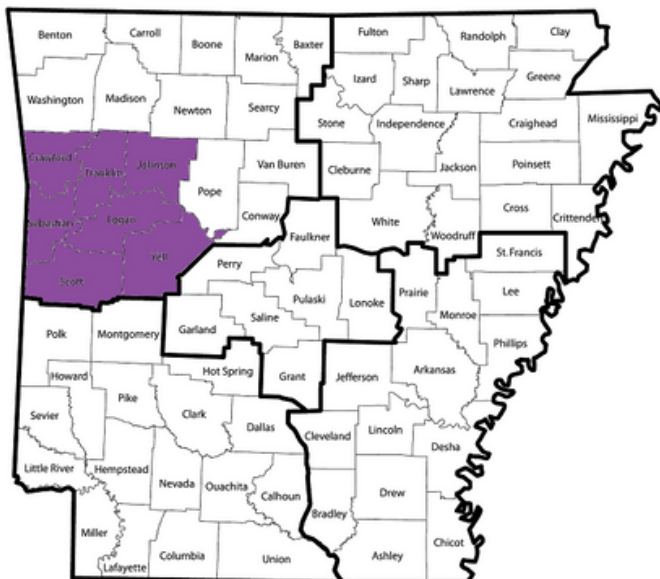
River Valley Team

Crawford, Franklin, Johnson, Logan, Scott, Sebastian and Yell Counties

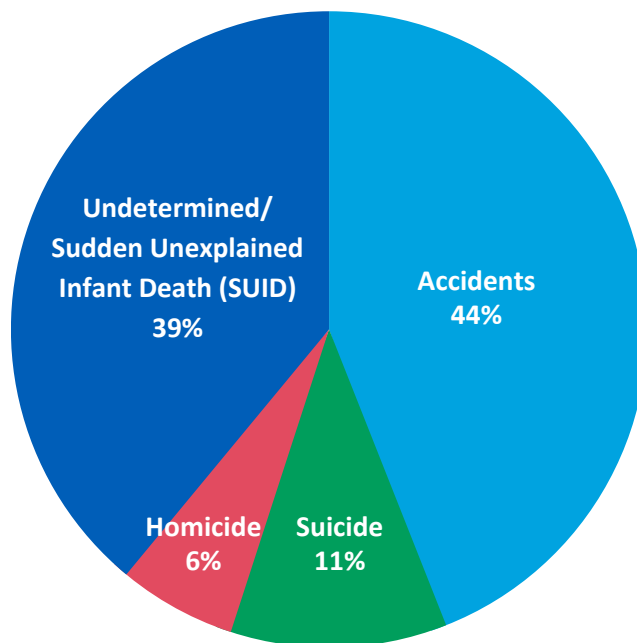


In 2021, a total of 18 out of 23* cases were reviewed by the River Valley Team.

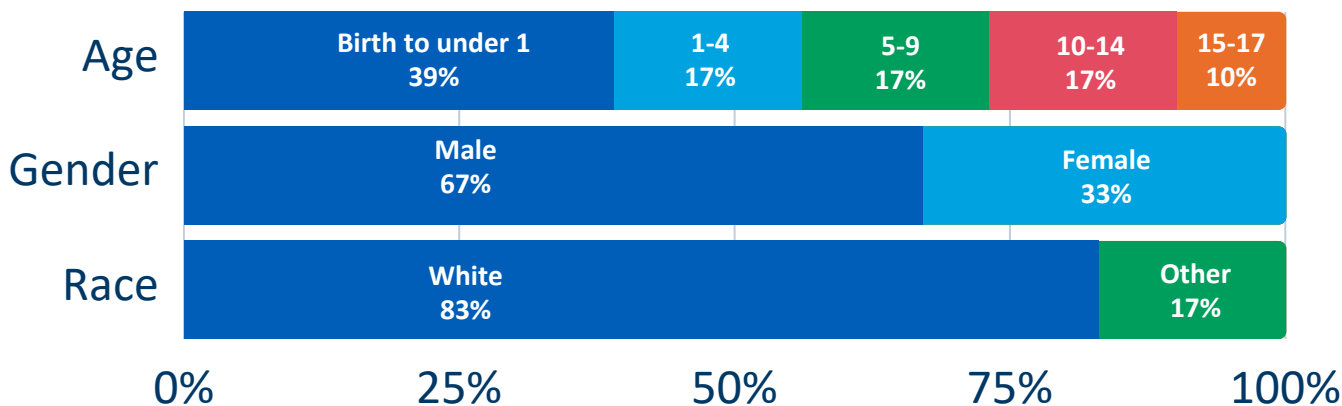
Counties Served by the River Valley Team:



Manner of Death for 2021 Reviewed Cases:



Demographics for 2021 Reviewed Cases



*There was a total of 5 cases that were unable to be reviewed. 3 of those cases was due to the inability to acquire adequate records. The other 2 were homicide cases. These cases could not be reviewed (per AR Act 1818 of 2005) because they were still under criminal investigation or being prosecuted.

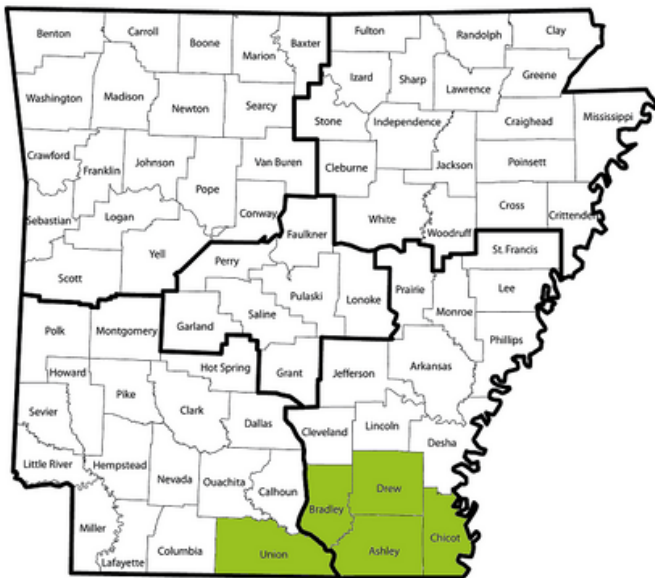
Southeast Team

Ashley, Bradley, Chicot, Drew and Union Counties

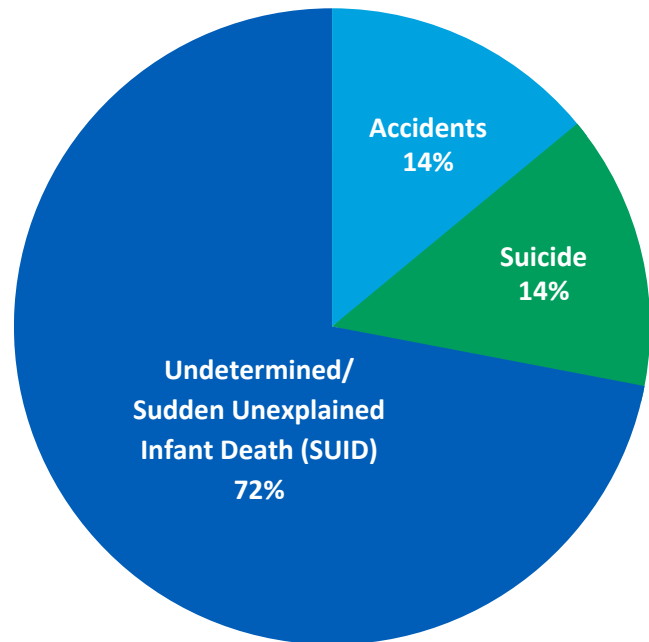


In 2021, a total of 7 out of 7 cases were reviewed by the Southeast Team.

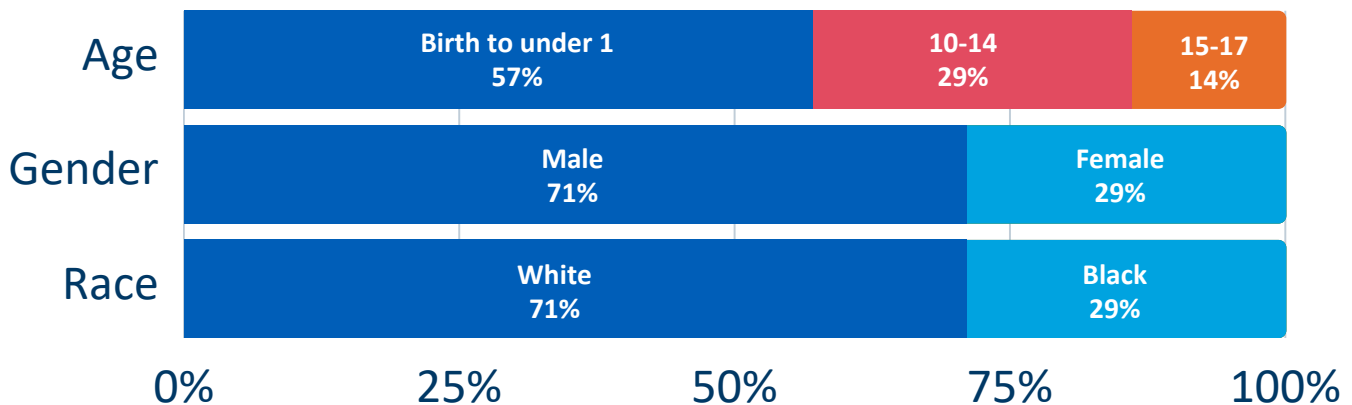
Counties Served by the Southeast Team:



Manner of Death for 2021 Reviewed Cases:

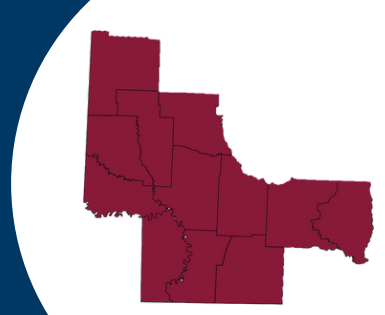


Demographics for 2021 Reviewed Cases



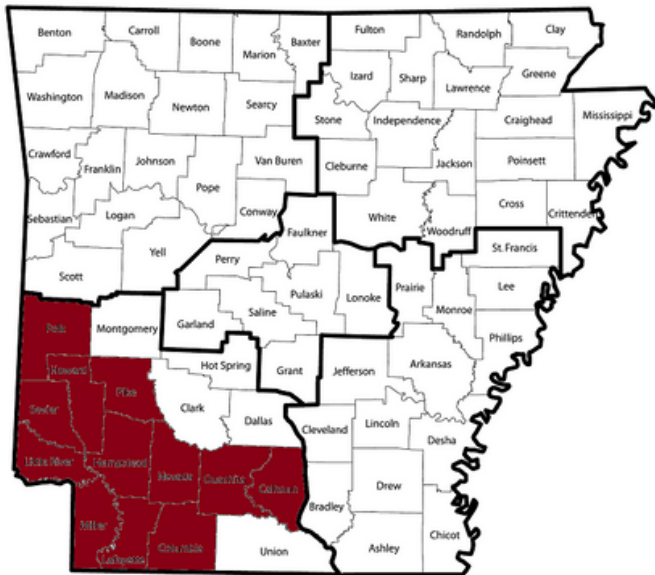
Southwest Team

Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Pike, Polk, and Sevier Counties

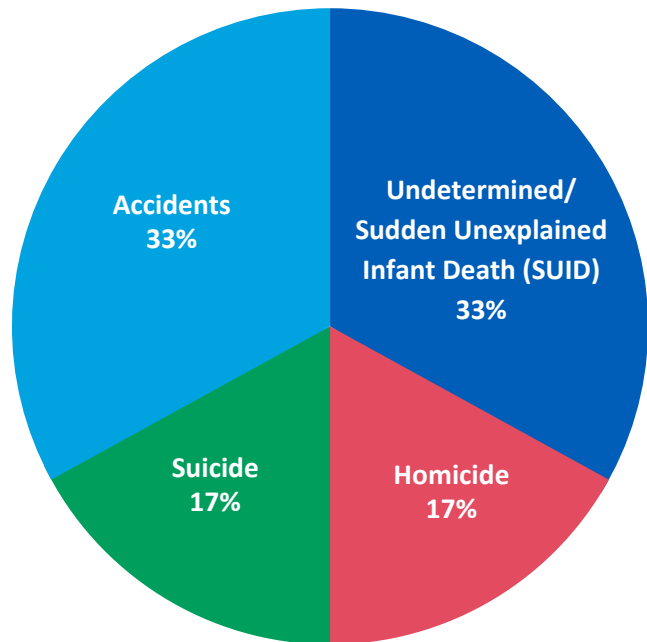


In 2021, a total of 6 out of 12* cases were reviewed by the Southwest Team.

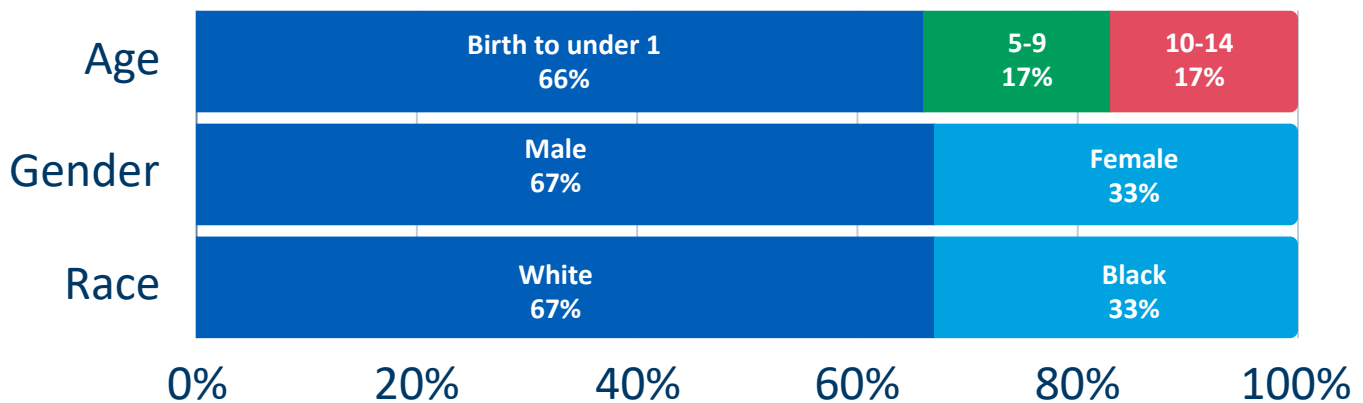
Counties Served by the Southwest Team:



Manner of Death for 2021 Reviewed Cases:



Demographics for 2021 Reviewed Cases



*There were 6 cases that were unable to be reviewed due to the inability to acquire adequate records.

ICDR Panel Recommendations

SUICIDE PREVENTION¹

1. Improve early access to behavioral health.
2. Primary Care Physicians (PCP) should discuss secure storage of firearms with all families of adolescents, but especially with those who have any behavioral health concerns.
3. PCPs should increase screening for depression and suicidal ideation.
4. Increase training for social work and mental health professionals about how to discuss suicide with adolescents.

HOMICIDE PREVENTION²

1. Primary Care Physicians (PCP) should discuss secure storage of firearms with families.
2. Support violence prevention programs and hospitals should consider funding Hospital-based violence intervention programs (HVIPs): multidisciplinary programs that identify patients at risk of repeat violent injury and link them with hospital-and community-based resources aimed at addressing underlying risk factors for violence.

DROWNING PREVENTION³

1. Increase local ordinances for 4-sided residential pool fencing.
2. Increase access to free and affordable, culturally compatible swim lessons.
3. Parents and caregivers should provide close, constant, and attentive supervision of children when near water, especially during non-swimming times.

MOTOR VEHICLE CRASHES⁴

1. Increase access to free and low cost car seats for distribution.
2. Support public policy alignment with the best practice recommendations promoted in AAP child passenger safety policy statement.

SAFE SLEEP⁵

1. Obstetricians (OB) and PCPs should discuss safe sleep practices (including avoiding co-sleeping and placing babies on their back) with parents of young infants at every visit.
2. Increase access to free and low cost safe sleep environments (i.e pack and plays, bassinets) for distribution.
3. Media should model safe sleep practices in any publications with images of sleeping infants.

References

- ¹ Suicide: Blueprint for youth suicide prevention. (n.d.). AAP. Retrieved December 4, 2023, from <https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/>
- ² The HAVI — What is an HVIP? | Health alliance for violence intervention. (n.d.). The HAVI. Retrieved December 4, 2023, from <https://www.thehavi.org/what-is-an-hvip>
- ³ Denny, S., Quan, L., Gilchrist, J., McCallin, T., Shenoi, R., Yusuf, S., & Weiss, J. (2021, August 1). Prevention of drowning. American Academy of Pediatrics. <https://publications.aap.org/pediatrics/article/148/2/e2021052227/179784/Prevention-of-Drowning?autologincheck=redirected>
- ⁴ Durbin, D., Hoffman, B., Argran, P., Denny, S., Hirsh, M., Johnston, B., Lee, L., Monroe, K., Schaechter, J., Tenebein, M., Zonfrillo, M., & Quinlan, K. (2018, November 1). Child passenger safety. American Academy of Pediatrics. <https://publications.aap.org/pediatrics/article/142/5/e20182460/38530/Child-Passenger-Safety>
- ⁵ Moon, R., Carlin, R., & Hand, I. (2022, June 21). Sleep-related infant deaths: Updated 2022 recommendations for reducing infant deaths in the sleep environment. American Academy of Pediatrics. <https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected>

Acknowledgements

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Center for Health Statistics, Arkansas Department of Health

Center of Public Health Practice, Arkansas Department of Health

Hometown Health Improvement, Arkansas Department of Health

Crimes Against Children Division, Arkansas State Police

Saline County Coroner, Arkansas Coroner's Association

Division of Children and Family Services, Arkansas Department of Human Services

Office of the Prosecutor

Physician Specializing in Child Abuse, Arkansas Children's

Arkansas Sheriff's Association

Arkansas Commission on Child Abuse, Rape and Domestic Violence, University of Arkansas for Medical Sciences

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