Arkansas Infant and Child Death Review

Annual Report

2025 Report

Reviewing Deaths from 2023

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Executive Summary

Mission

The mission of the Arkansas Infant and Child Death Review (ICDR) is 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, 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. It also depends on 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 protocols and providing recommendations for prevention.

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 these injuries as unintentional. The word accident imparts a sense that nothing can be done when in reality injuries are often predictable and preventable. This report will utilize "accident" to be consistent with coding guidelines.

The Arkansas Department of Health provides infant and child death records for the Infant and Child Death Review regional teams. Deaths occurring in 2023 were reviewed from January 2025 to October 2025 with the annual report completed in December 2025.

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 are collected from multiple disciplines at a case review and entered into the National Center for Fatality Review and Prevention (NCFRP) case reporting system. 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

Data and Statistics Summation

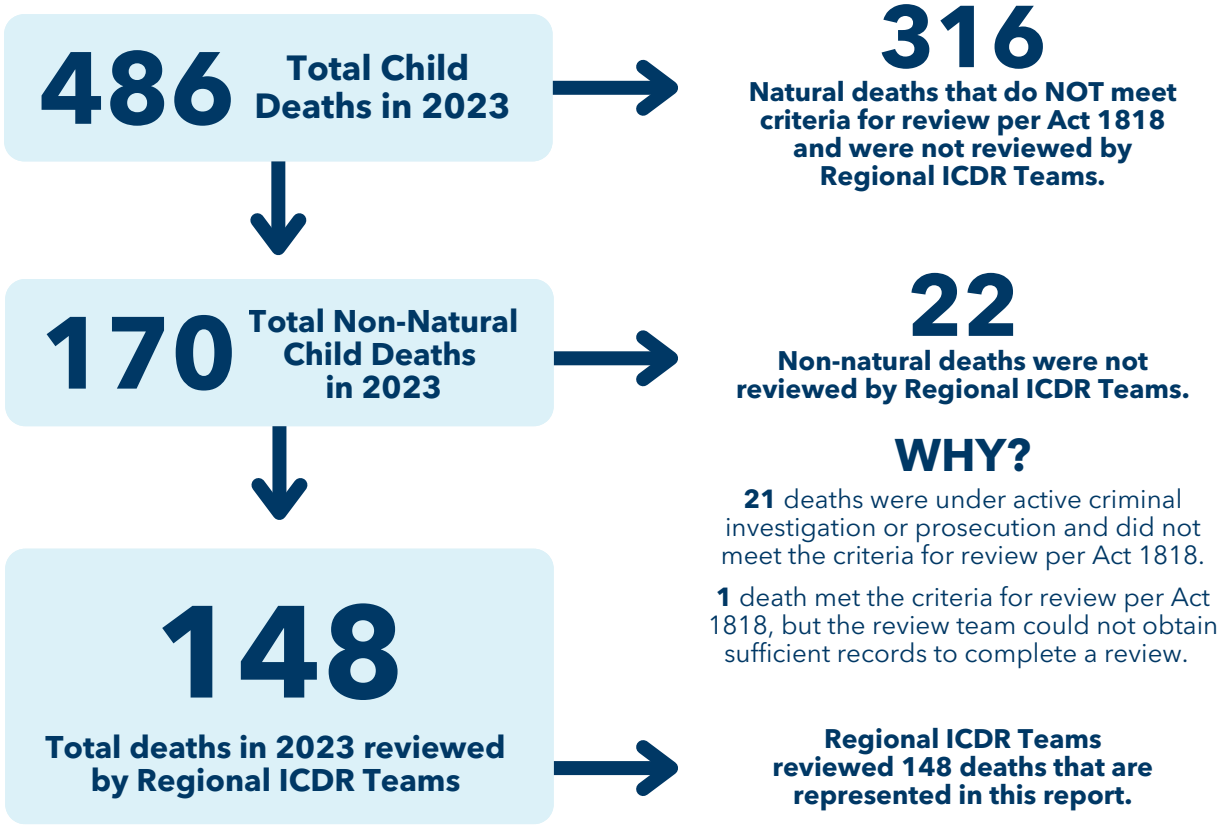
The total infant and child deaths (ages 0-17) in Arkansas for 2023 were 486. Of those, 170 met the criteria for ICDR review, and 148 of the eligible cases were reviewed. Of the 22 cases that were not examined, 21 were still under criminal investigation or prosecution, and one had insufficient records.

Death statistics by manner of death for 2023 for ages 0-17 years old were calculated via rate per 100,000 deaths. Data for ages <1 year were calculated as rates per 1,000 deaths. A rate is a ratio comparing two quantities with different units of measure. For example, in Arkansas, there are more teenagers than infants. Using rates, we can determine the actual burden of injury by age, sex or race.

Case Selection

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

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



Executive Summary

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 the determination of the cause of death. In addition to furnishing the cause of death, death certificates were used to provide age, race, sex, date of death and county of residence. Rates and percentages were calculated using Microsoft Excel.

Arkansas Child Death Review Case Reporting System

Data related to Arkansas's Child Death Review are maintained in the NCFRP'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

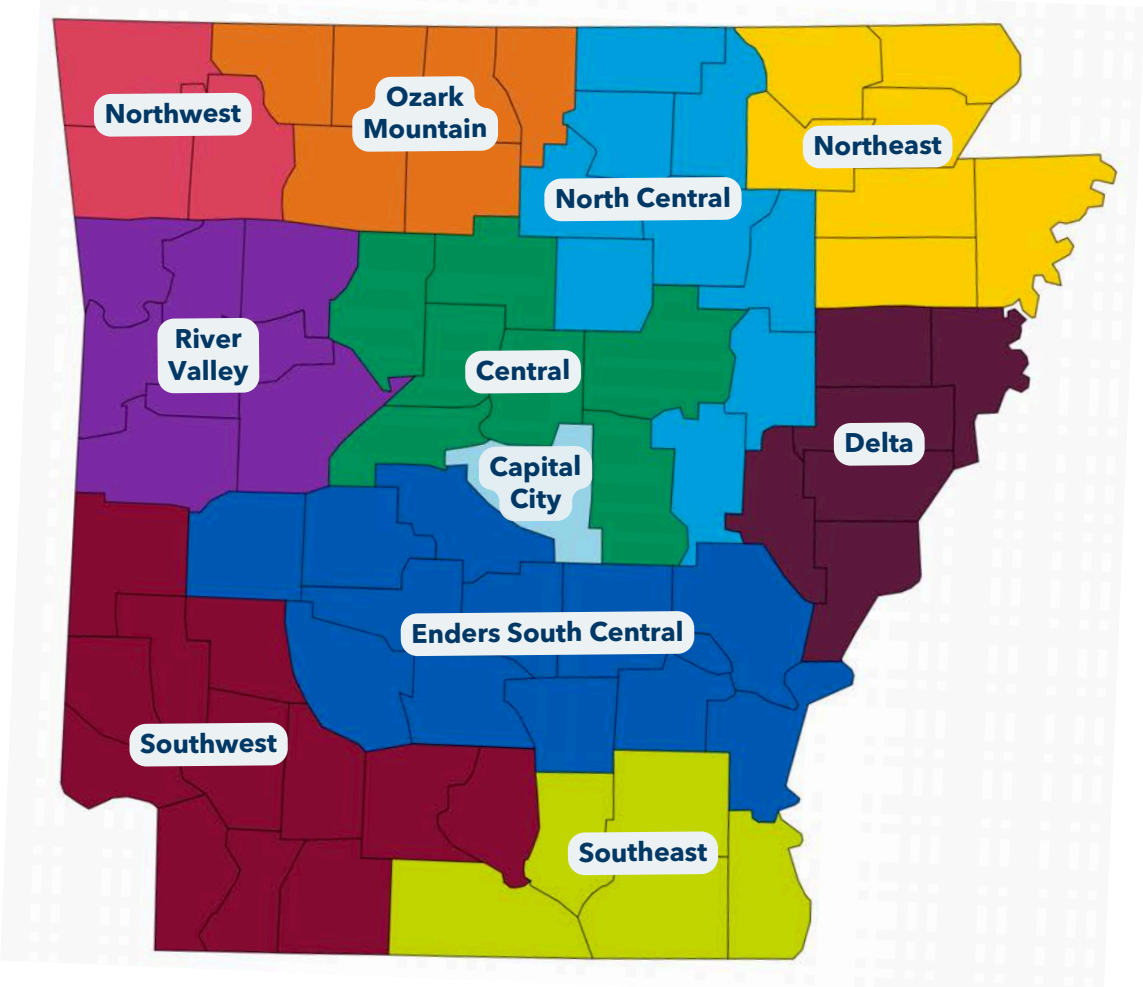
National Data

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 differences in reporting timing.

Data Limitations

Many key indicators are presented at the regional level and, therefore, have smaller counts. Trends based on unstable rates are not represented in this report. For counts less than five, data may be suppressed to protect identity.

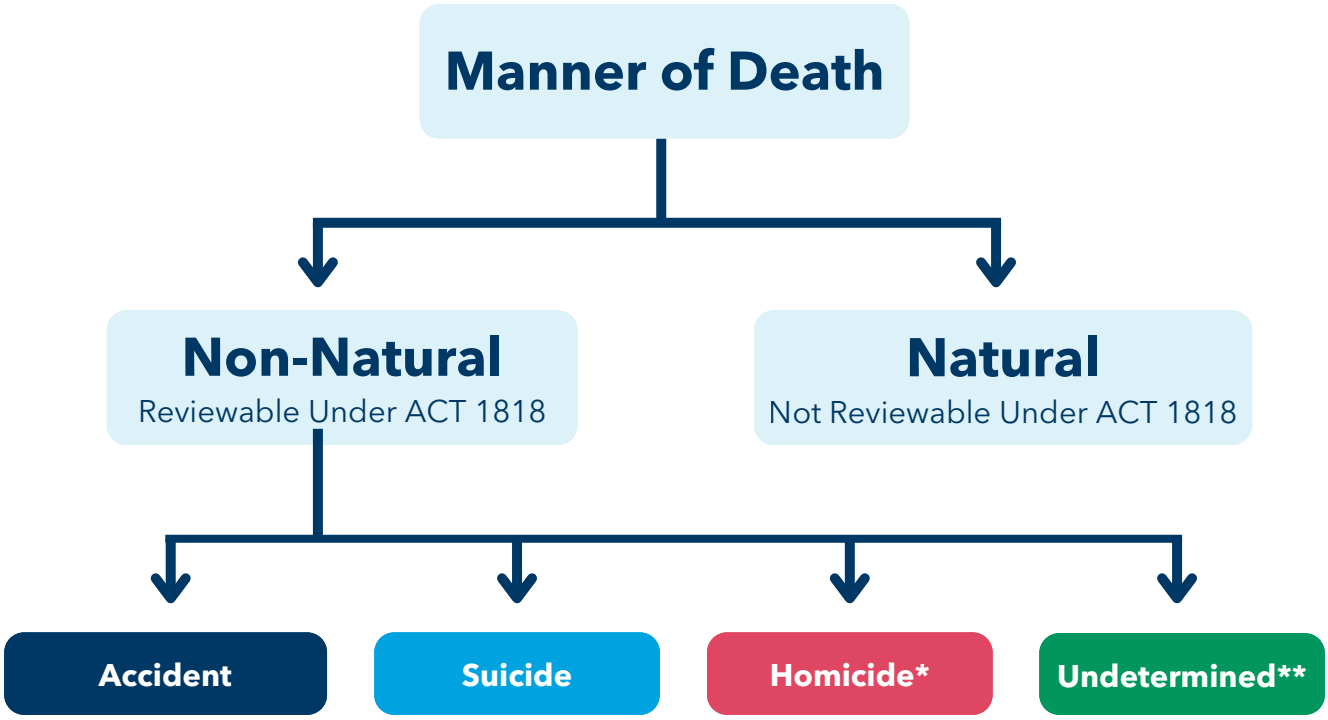
Regional Map of ICDR Teams



Region	Counties within Region
Northwest	Benton, Madison, Washington
Ozark Mountain	Baxter, Boone, Carroll, 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 is a classification that is based on the circumstances under which the death occurred (how the infant or child died). 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, suicide, homicide and undetermined.



ICDR and Manner of Death

Manner of death is determined by the Arkansas State Medical Examiner's Office and/or the local coroner. The Arkansas Infant and Child Death Review teams do not change the documented 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 or condition that contributes to the cause of death, such as 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 Arkansas Act 1818 of 2005.

**Undetermined deaths include Sudden Unexpected Infant Death (SUID).

Cause of Death

The cause of death is a medical opinion of the disease or injury that resulted in a person's 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).

Common causes of infant and child deaths in Arkansas include unintentional accidents, such as motor-vehicle-related injuries, poisoning or overdose, accidental drowning and fire-related injuries.

Undetermined death is a classification used when the cause and manner of death cannot be definitively determined. This includes SUID, which is the term used to describe the sudden and unexpected death of an infant younger than 1 year of age with no obvious cause before investigation. SUID is often correlated with sleep or the sleep environment and can involve accidental suffocation or strangulation.

Manner of Death		Cause of Death
Accident	69	Motor-vehicle-related injuries, accidental drowning, falls, poisoning/overdose, asphyxia, fire and other injuries
Suicide	14	Intentional poisoning/overdose, asphyxia, firearm
Homicide	18	39 total homicides, only 18 could be reviewed, per Ark. Act 1818 of 2005
Undetermined	47	Undetermined cause and Sudden Unexpected Infant Death (SUID)

Multi-disciplinary and multi-agency review of infant and child deaths can assist in developing a greater understanding of the incidence and causes of these deaths, understanding the prevention methods and identifying the gaps in services to children and families.

Recommendations from the ICDR teams and additional resources can be found on pages 33 and 34 of this report.

Non-Natural Infant and Child Deaths Reviewed by Manner

2023 Data

Manner: Accident

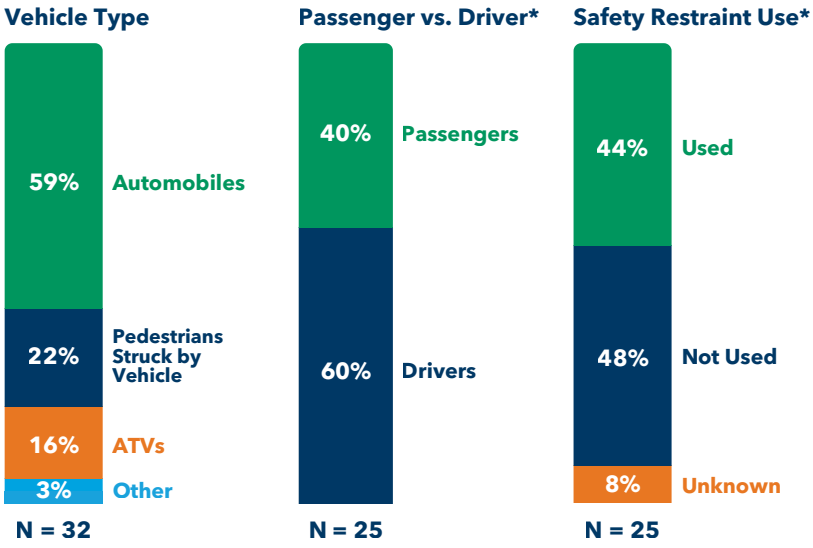
Findings

In 2023, 69 children in Arkansas died from accidents. The most common causes include motor-vehicle-related injuries, accidental drowning, asphyxia, poisoning or overdose and fire-related injuries.

Motor-Vehicle-Related Injuries

In 2023, a total of 32 infants and children in Arkansas died due to motor-vehicle-related injuries. Children aged 15-17 accounted for the majority of these deaths, and they were most often the drivers of the vehicle. Safety restraints, including seatbelts, boosters and car seats, were not used in nearly half of the cases.

*Passenger vs. Driver and Safety Restraint Use does not apply to pedestrians struck by vehicle (7 of the 32 cases).



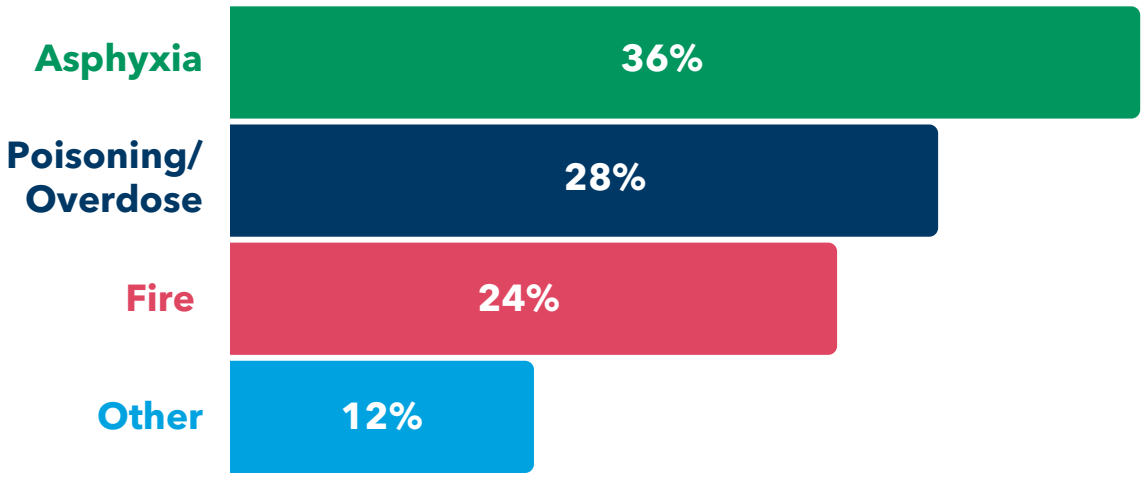
Accidental Drowning

In 2023, a total of 12 infants and children in Arkansas died from unintentional drowning. Drowning was the main cause of injury-related death for children aged 5-9. The majority of cases occurred in open water, such as a river, lake, pond or creek. Additionally, the drowning locations most often had no barrier, like a fence or gate, prohibiting children from entering the water.

Manner: Accident

Other Accidental Deaths

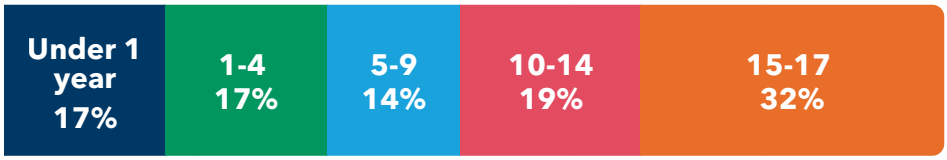
In 2023, a total of 25 infants and children died due to other accidents, including asphyxia, poisoning or overdose and fire-related injuries. Accidents categorized as "other" include falls and accidental discharge of a firearm, among other causes.



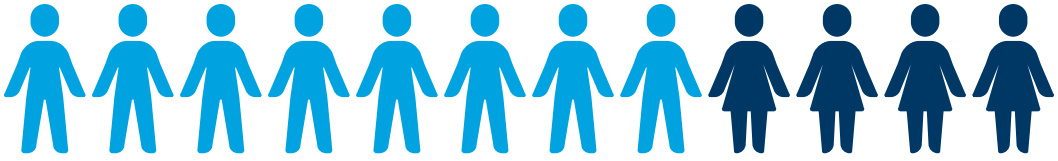
Additional Findings

- Children aged 15-17 were most impacted by accidents and most often died due to motor vehicle crashes.
- Of the motor-vehicle-related deaths, 22% were pedestrians. Sixty-percent of the pedestrians were between the ages of 1 and 4.
- Nearly 30% of poisoning deaths were related to magnets or button batteries, and another near 30% were related to fentanyl.
- Of the children who died from asphyxia, 78% were female.
- Of poisoning or overdose and fire-related deaths, 100% were male.

Accidental Deaths by Age



Of the children who died from accidents, 68% were male.



Manner: Suicide and Homicide

Suicide Findings

In 2023, 14 children in Arkansas died by suicide. The majority of the suicide deaths were completed by use of a firearm.

Of the 14 suicide deaths:

- 79% were male.
- 86% were White.
- 21% had a history of maltreatment.
- 57% had no history of receiving mental health services.

Homicide Findings

In 2023, a total of 39 infants and children in Arkansas died by homicide. Most cases were still under criminal investigation or being prosecuted. Therefore, the ICDR teams could only review 18 cases, per Arkansas Act 1818 of 2005. Of these 18 cases, the majority died by use of a firearm. The data below only represent the 18 cases that were reviewed.

Of the 18 homicide deaths:

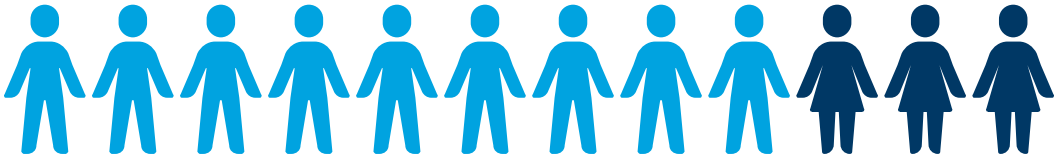
- 73% were male.
- 67% were Black.
- 56% were in the 15-17 age range.

Thirty-three percent of the 18 homicide deaths were among infants under 1 year of age. In all of these cases, the father was found to be responsible for the death.

Additional Findings

Seventy-two percent of all suicides and homicides involved the use of a firearm.

Of the children who died from suicide and homicide, 75% were male.

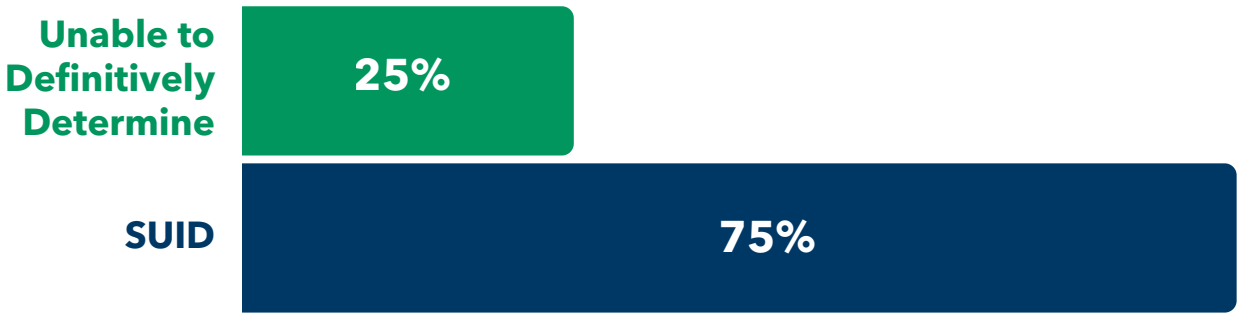


Manner: Undetermined

Findings

In 2023, a total of 47 infants and children died due to undetermined circumstances. This manner of death is used when the Arkansas State Medical Examiner's Office is unable to definitively categorize the death as natural, accident, suicide or homicide. It includes deaths where a medical or external cause of injury could not be determined with certainty and Sudden Unexpected Infant Death (SUID).

Of the 47 deaths, 12 could not be definitively determined and 35 were from Sudden Unexpected Infant Death (SUID).



Of the 47 undetermined deaths:

- 51% were male.
- 53% were white.
- 34% were cited to have DHS involvement.

Substance use was cited in 34% of the 47 undetermined deaths.

Additional Findings

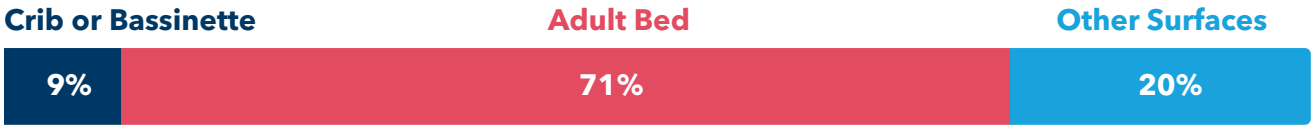
SUID and Sleep-Related Infant Deaths

In 2023, 35 infants in Arkansas died from SUID and nine died from asphyxia.

All 44 of these deaths included unsafe sleep practices, such as sleeping on an adult bed or other unsafe surface, co-sleeping with one or more adult and sleeping in a crib or bassinette with blankets and pillows.

Additionally, 66% were found lying on their side or stomach.

Sleep Location at Death



All deaths in a crib or bassinette included use of blankets and pillows.

Position Found at Death

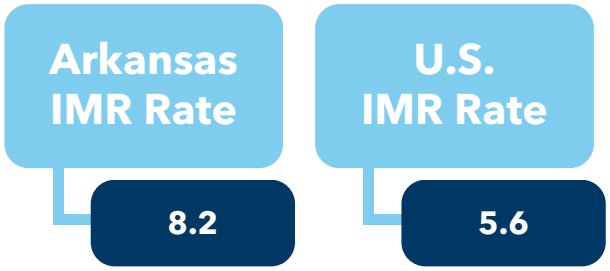
One-third of the 47 infants who died due to undetermined circumstances involved a parent or caregiver who had reported substance misuse at the time of death or had record of prior issues with substance misuse.

Non-Natural Infant and Child Deaths Reviewed by Age Group

2023 Data

Infant Deaths
Under 1 year

National and State Data



Infant mortality is the death of an infant before his or her first birthday and is calculated per 1,000 live births. In 2023, the infant mortality rate (IMR) was 8.2 in Arkansas, compared to 5.6 in the United States for the same time period.

Teams reviewed 61 infant deaths.

Manner:

Key Findings

- Infants under 1 year of age account for the most deaths in all age groups (41%).
- The majority of infant deaths were classified as Undetermined or Accident and were due to an unsafe sleep environment (72%).
- Unsafe sleep environments include co-sleeping in an adult bed or other unsafe surface (91%) and/or the infant found lying on their side or stomach (66%).

Child Deaths
1 to 4 years

National and State Data

Arkansas Rate	U.S. Rate
17.2	11.4

The 2023 death rate for this age group in Arkansas for non-natural deaths was 17.2 deaths per 100,000 children. This is higher than the national rate of 11.4 per 100,000 children for the same time period.

Teams reviewed 16 child deaths between the ages of 1 and 4.

Manner:

Key Findings

- Motor-vehicle-related injuries and accidental drowning were the most common cause of deaths in this age group.
- Among motor-vehicle-related injury deaths in this age group, 67% of cases were pedestrians. This was more than any other age group.
- Among drowning deaths in this age group, lack of adequate supervision was cited in all deaths.

Child Deaths
5 to 9 years

National and State Data

Arkansas Rate — Suppressed

U.S. Rate — Suppressed

The 2023 death rate for this age group in Arkansas and in the U.S. for non-natural deaths was unavailable at the time of this report due to secondary suppression.

Teams reviewed 12 child deaths between the ages of 5 and 9.

Manner:

Key Findings

- Accidental drownings were the most common cause of injury-related deaths in this age group. All of the drownings occurred in open water, most often without a fence or gate present.
- Among drowning deaths in this age group, lack of adequate supervision was cited in all deaths.
- Motor-vehicle-related and fire-related deaths each contributed to 20% of the accidental deaths in this age group.

**Some manner of death are suppressed to protect identity.

Child Deaths
10 to 14 years

National and State Data

Arkansas Rate	U.S. Rate
14.5	Suppressed

The 2023 death rate for this age group in Arkansas for non-natural deaths was 14.5 deaths per 100,000 children. The national rate was unavailable for this age group at the time of this report, due to secondary suppression.

Teams reviewed 17 child deaths between the ages of 10 and 14.

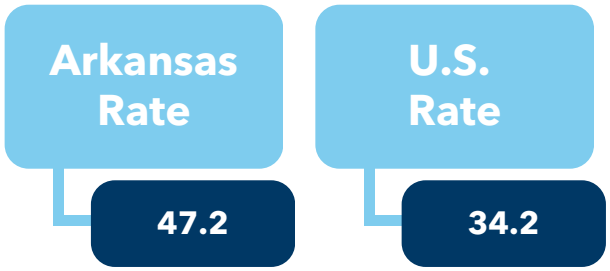
Manner:

Key Findings

- The majority of the accidents for this age group were due to motor-vehicle-related injuries.
- Of the children in this age group who died due to motor-vehicle-related injuries, 56% involved automobiles, while 33% involved ATVs.
- Forty-four percent of deaths due to motor-vehicle-related injuries involved teen drivers.
- The suicide deaths were caused by asphyxia and firearms.

Child Deaths
15 to 17 years

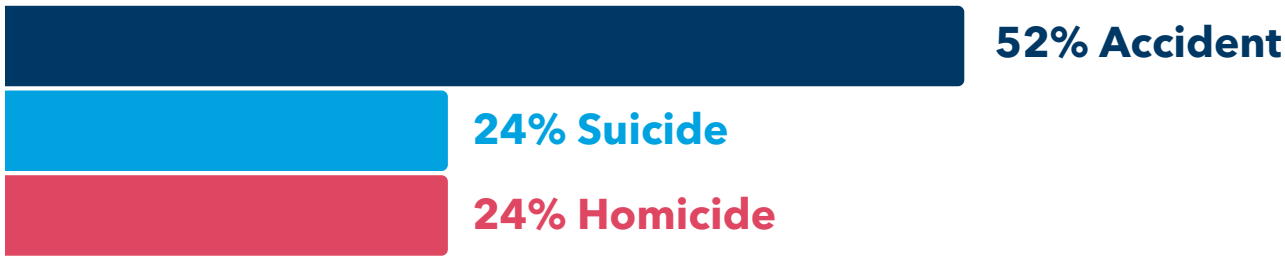
National and State Data



The 2023 death rate for this age group in Arkansas for non-natural deaths was 47.2 deaths per 100,000 children. This is higher than the national rate of 34.2 per 100,000 children for the same time period.

Teams reviewed 42 child deaths between the ages of 15 and 17.

Manner:



Key Findings

- Among the accidental deaths, nearly two-thirds were due to motor-vehicle-related injuries. The remainder were related to poisoning or overdose, accidental drowning and fire.
- Among motor-vehicle-related deaths in this age group, 71% of deaths were related to speeding and 39% were related to substance use.
- Sixty-four percent of the 15-17-year-olds involved in motor-vehicle-related deaths were driving the vehicle at the time of death, and 57% were not wearing safety equipment, such as seatbelts or helmets.
- In this age group, 90% of the suicides and homicides were caused by the use of a firearm.

Non-Natural Infant and Child Deaths Reviewed by Arkansas ICDR Team

2023 Data

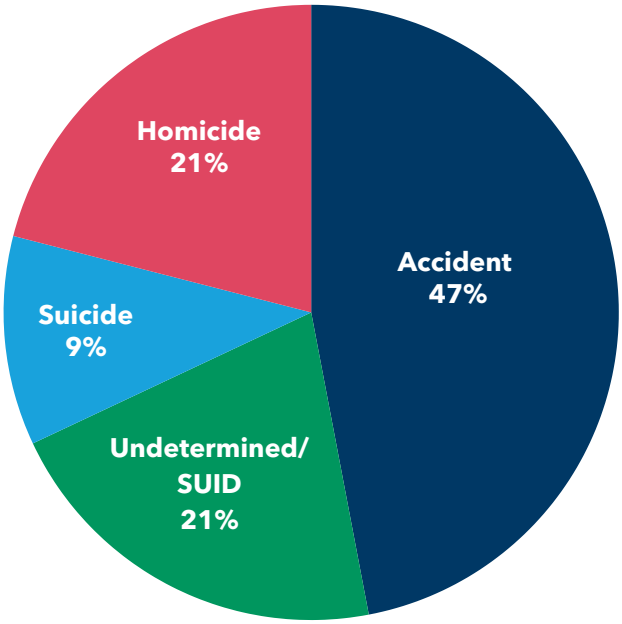
Capital City Team

Pulaski County

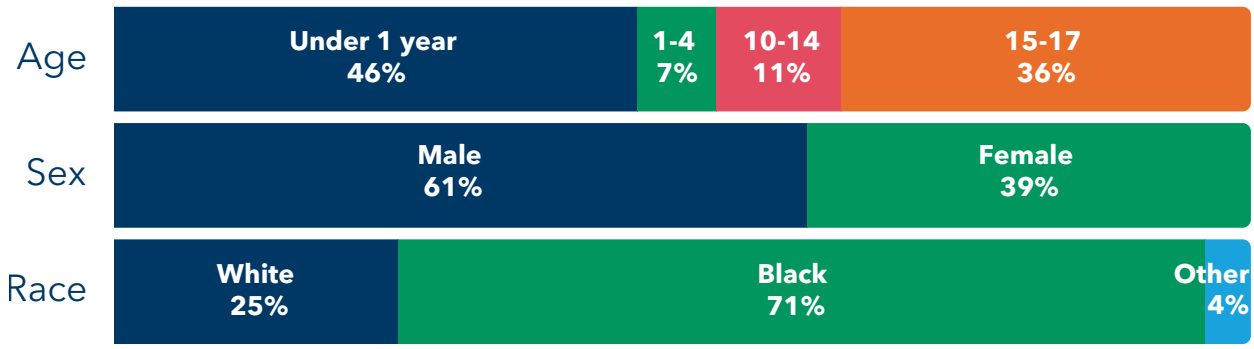
The Capital City Team reviewed 28 of 38 cases.*

Counties Served by the Capital City Team

Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases



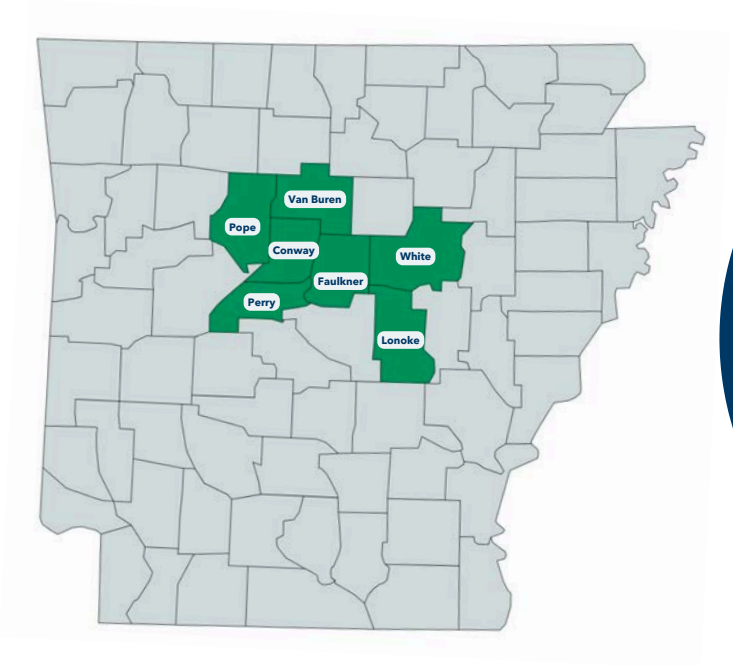
*There were 10 cases that were not eligible for review, per Arkansas Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or being prosecuted.

Central Team

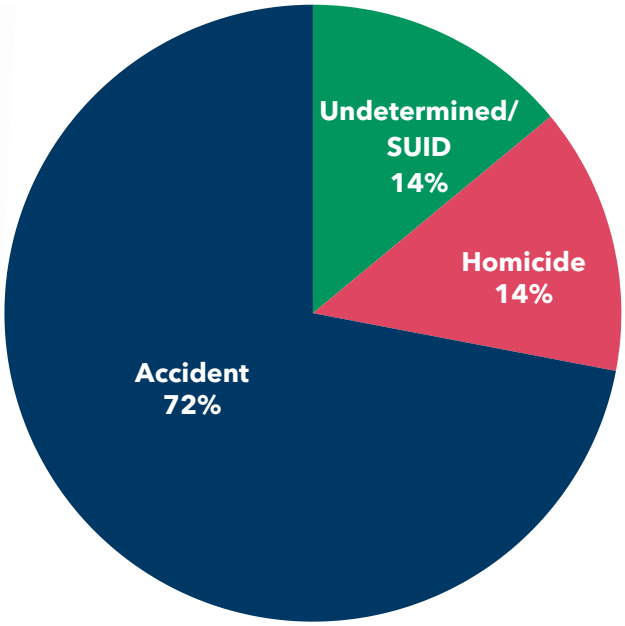
Conway, Faulkner, Lonoke, Perry, Pope, Van Buren and White Counties

The Central Team reviewed 21 of 21 cases.

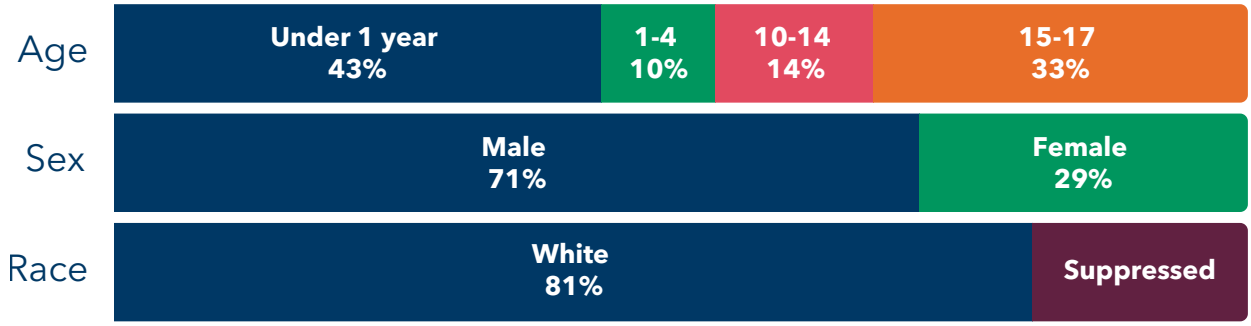
Counties Served by the Central Team



Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases*



*Some demographics are suppressed to protect identity.

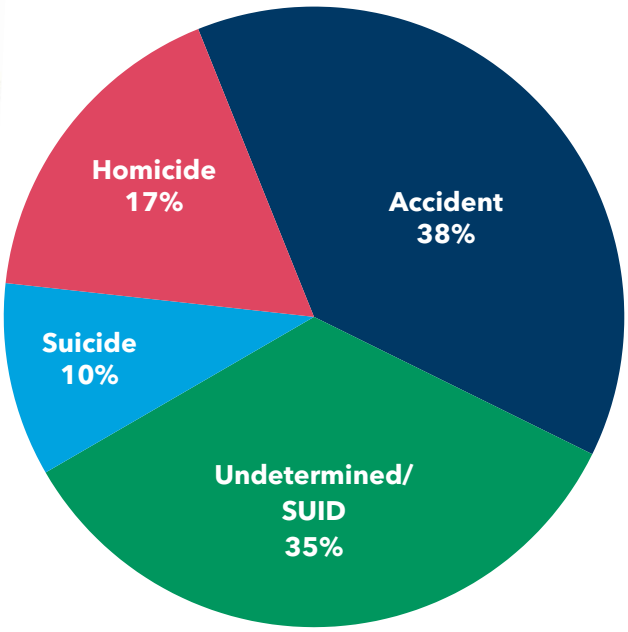
Enders South Central Team

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

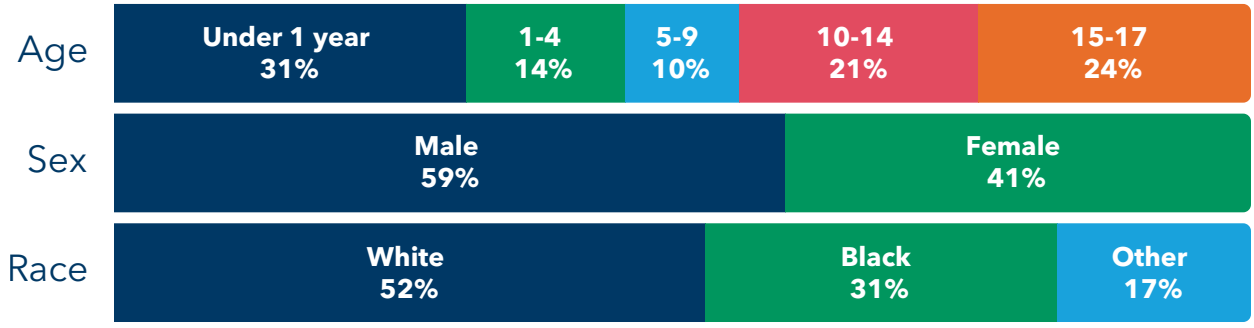
The Enders South Central Team reviewed 29 of 33 cases.*

Counties Served by the Enders South Central Team

Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases



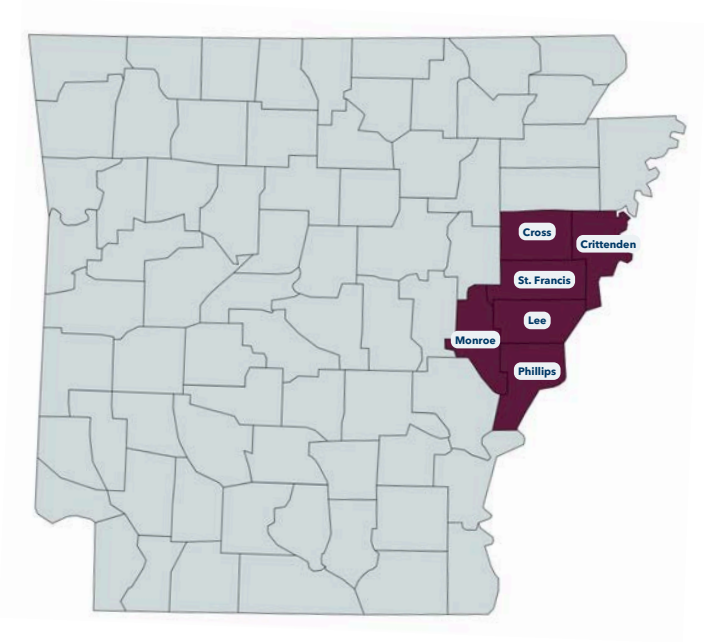
*There were 4 cases that were not eligible for review, per Arkansas Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or being prosecuted.

Delta Team

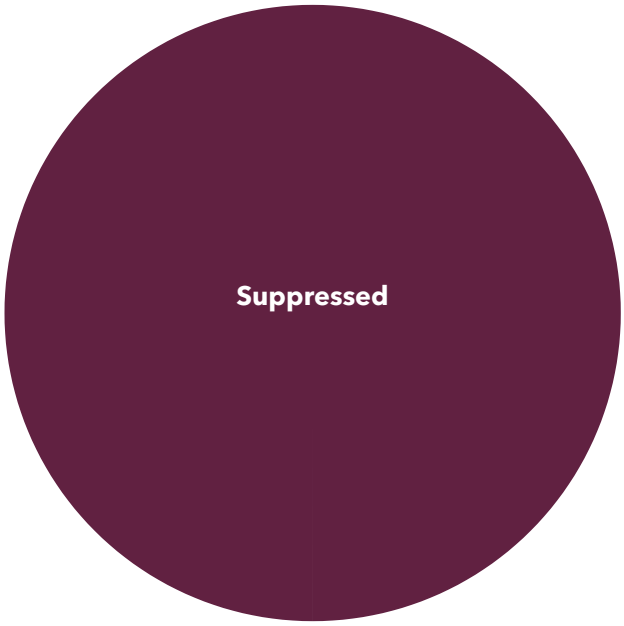
Crittenden, Cross, Lee, Monroe, Phillips, and St. Francis Counties

The Delta Team reviewed 1 of 1 case.

Counties Served by the Delta Team



Manner of Death for 2023 Reviewed Cases**



Demographics for 2023 Reviewed Cases**

Age	**Suppressed**
Sex	**Suppressed**
Race	**Suppressed**

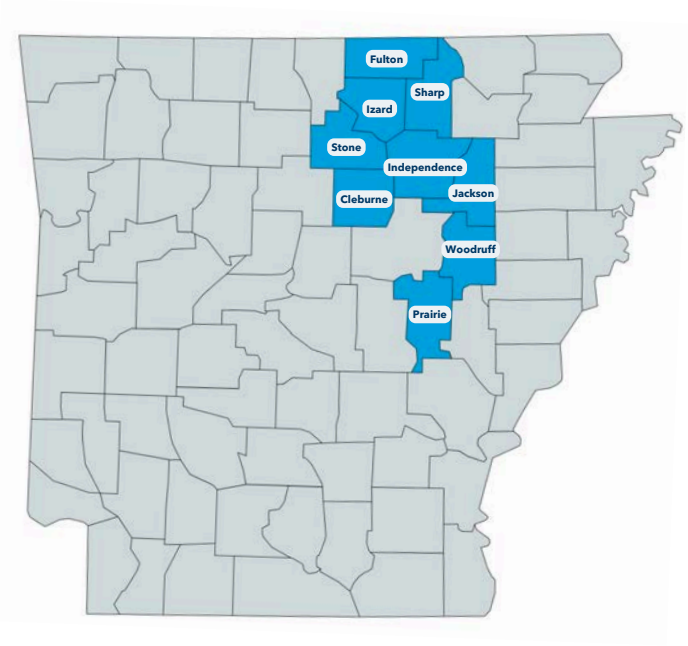
**Manner of death and demographics are suppressed to protect identity.

North Central Team

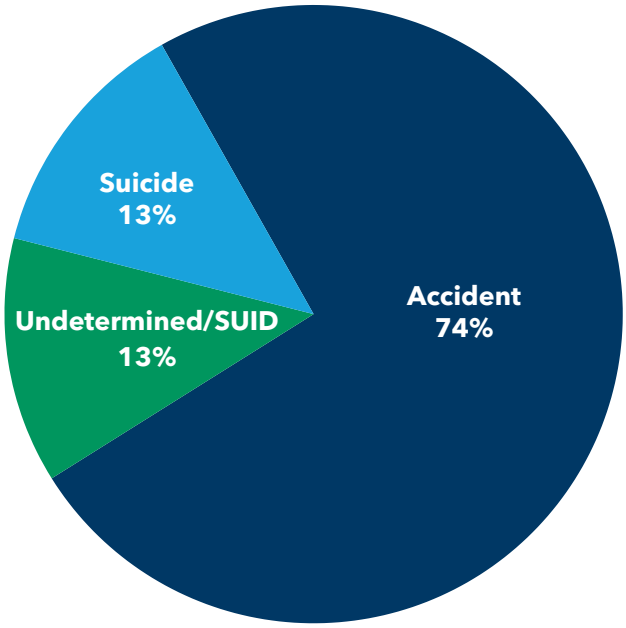
Cleburne, Fulton, Independence, Izard, Jackson, Prairie, Sharp, Stone and Woodruff Counties

The North Central Team reviewed 8 of 9 cases.*

Counties Served by the North Central Team



Manner of Death for 2023 Reviewed Cases



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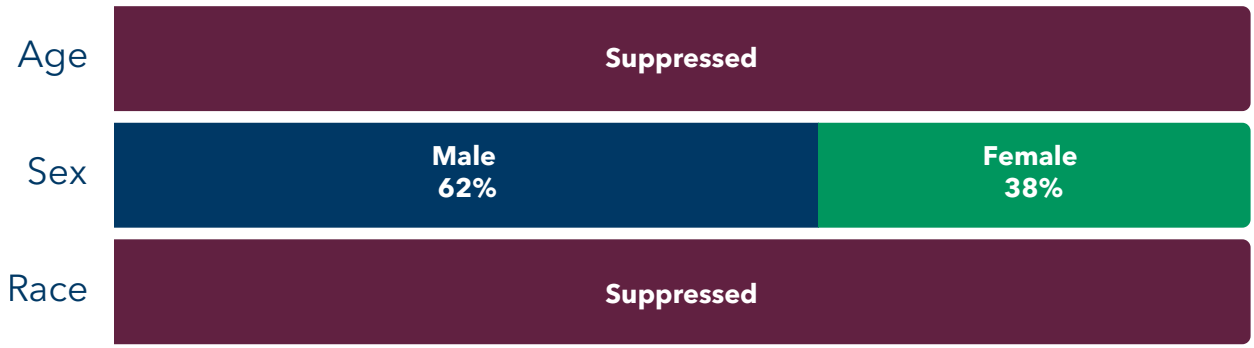


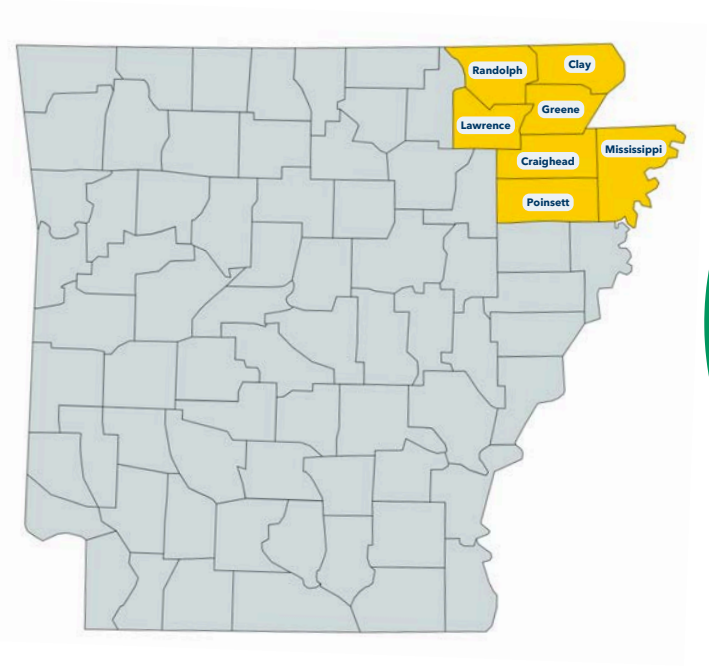
*There was 1 case that was not eligible for review, per Arkansas Act 1818 of 2005. At the time of the reviews, this case was still under criminal investigation or being prosecuted.
**Some demographics are suppressed to protect identity.

Northeast Team

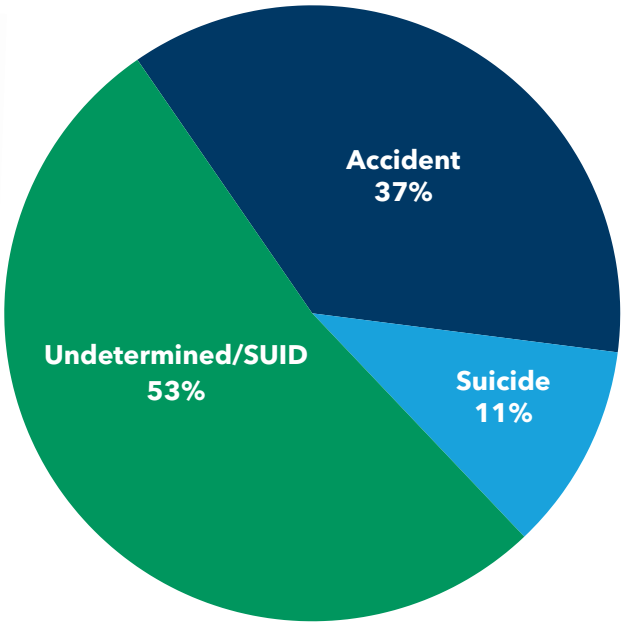
Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties

The Northeast Team reviewed 19 of 21 cases.*

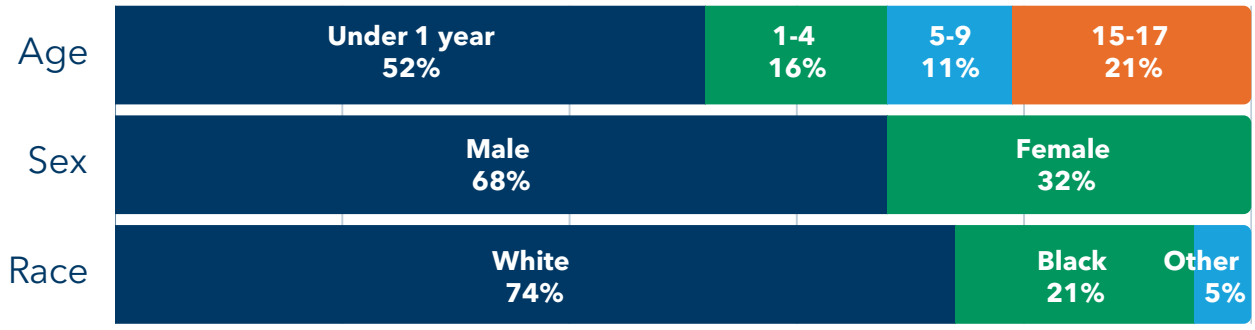
Counties Served by the Northeast Team



Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases



*There were 2 cases that were not eligible for review, per Arkansas Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or being prosecuted.

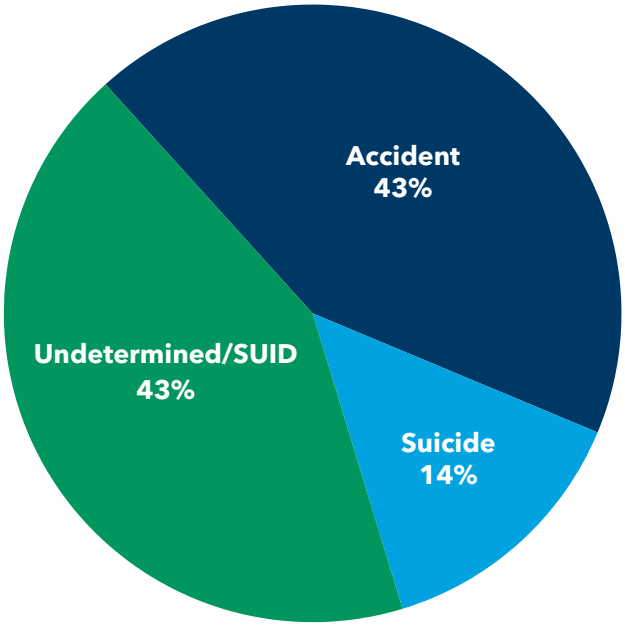
Northwest Team

Benton, Madison and Washington Counties

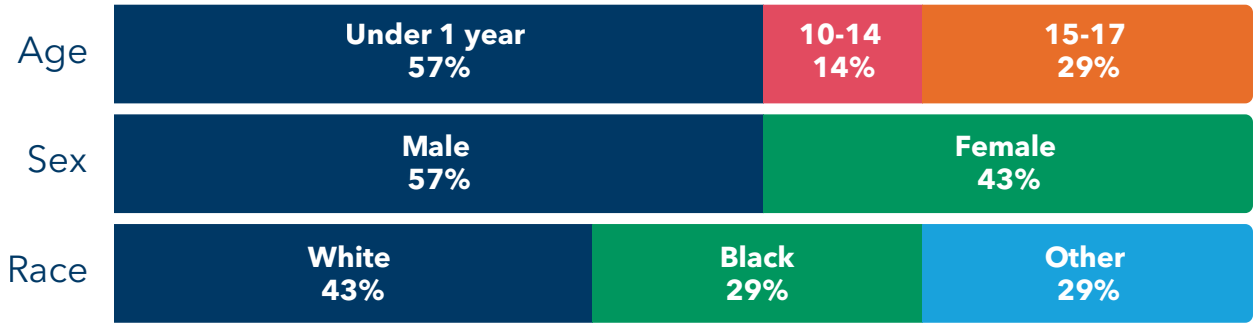
The Northwest Team reviewed 7 of 7 cases.

Counties Served by the Northwest Team

Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases



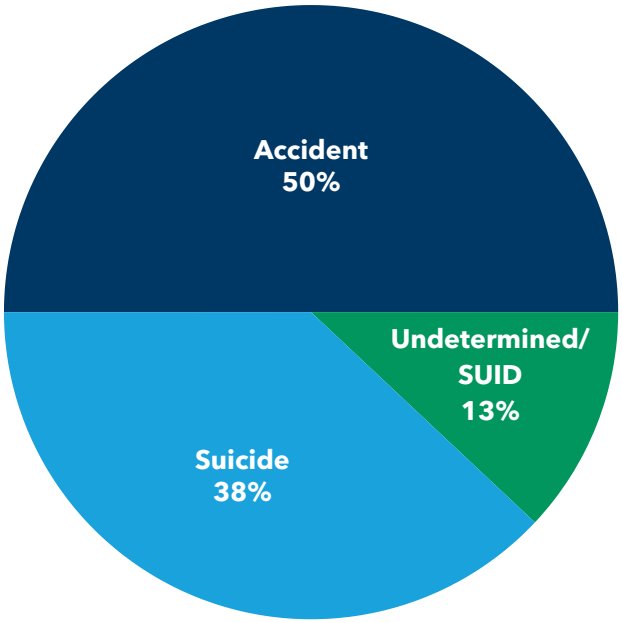
Ozark Mountain Team

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

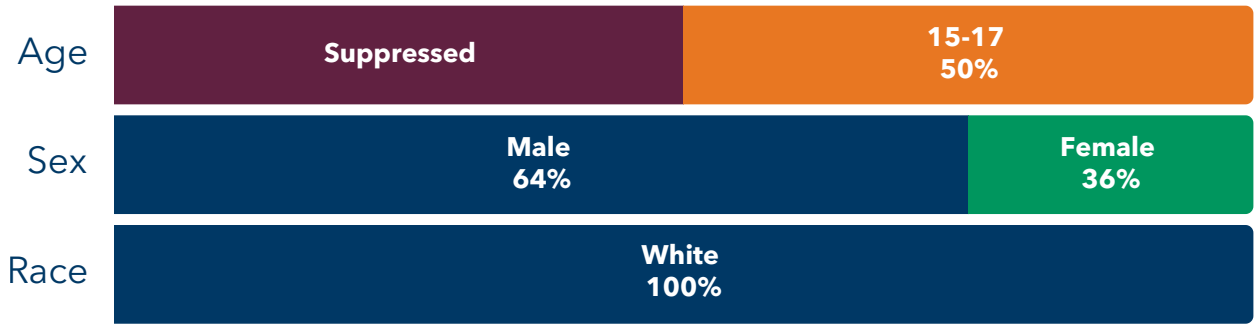
The Ozark Mountain Team reviewed 8 of 8 cases.

Counties Served by the Ozark Mountain Team

Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases**



**Some demographics are suppressed to protect identity.

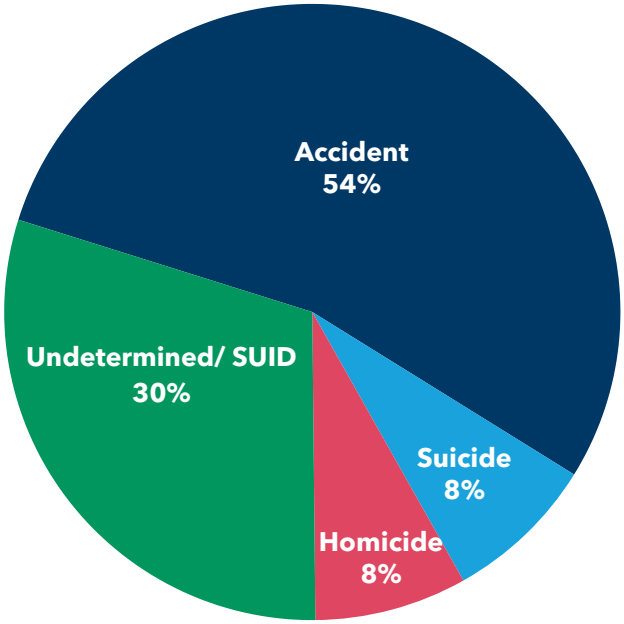
River Valley Team

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

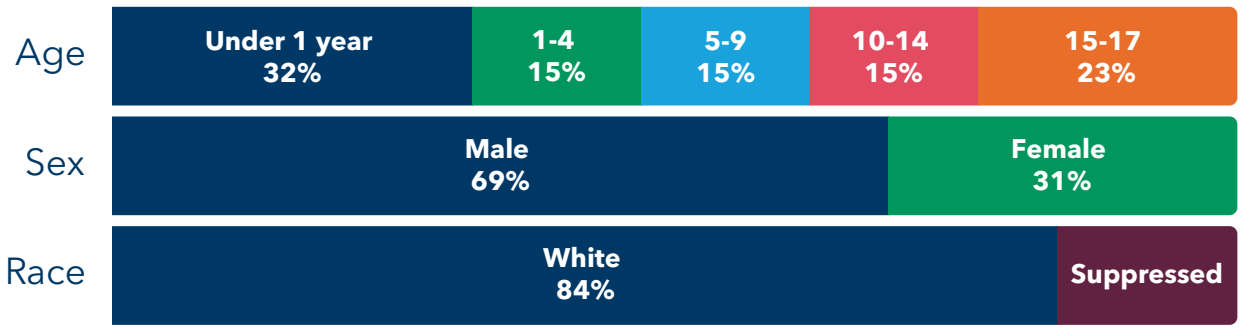
The River Valley Team reviewed 13 of 15 cases.*

Counties Served by the River Valley Team

Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases**



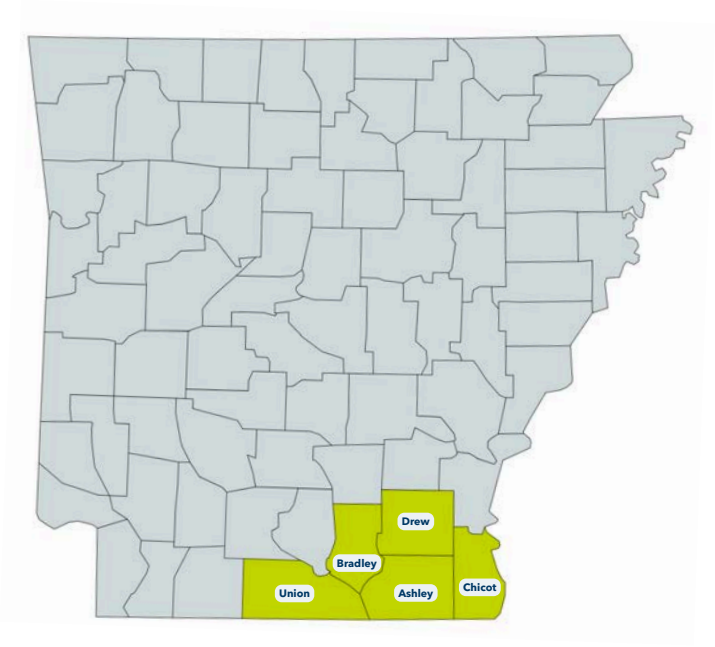
*There were 2 cases that were not eligible for review, per Arkansas Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or being prosecuted.
**Some demographics are suppressed to protect identity.

Southeast Team

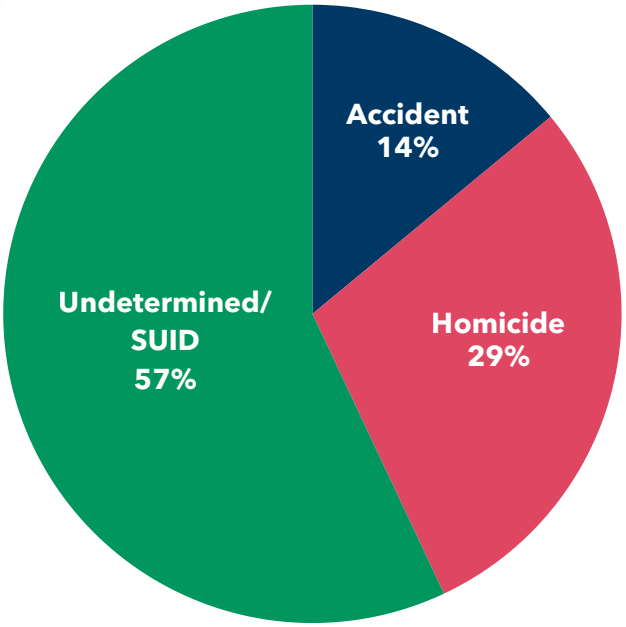
Ashley, Bradley, Chicot, Drew and Union Counties

The Southeast Team reviewed 7 of 7 cases.

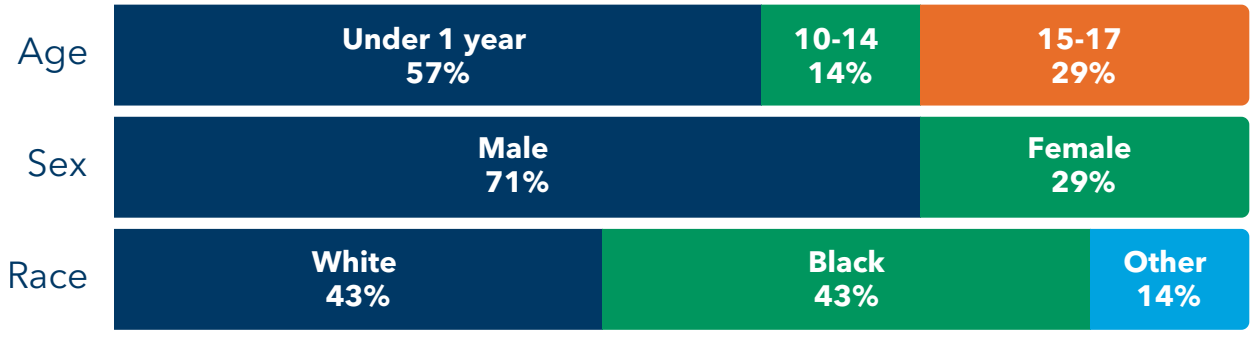
Counties Served by the Southeast Team



Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases

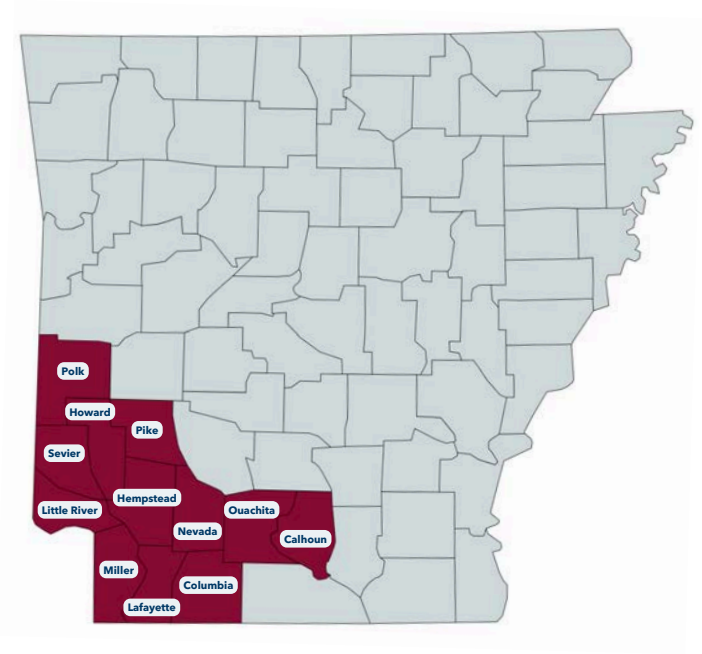


Southwest Team

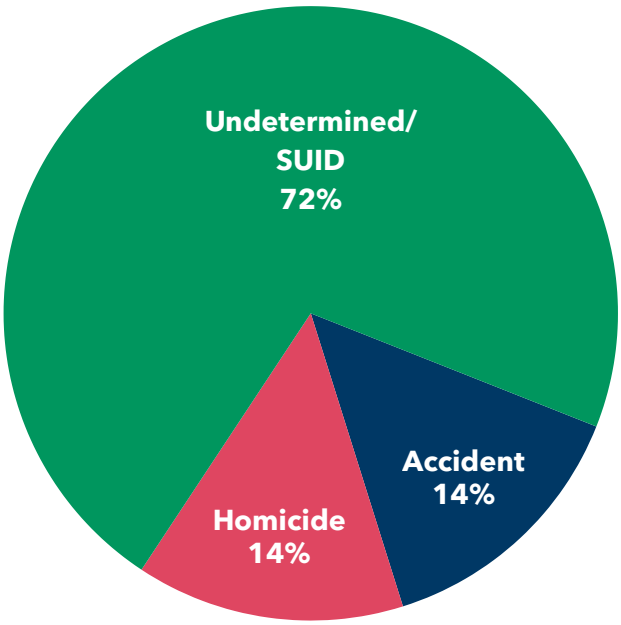
Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Pike, Polk and Sevier Counties

The Southwest Team reviewed 7 of 10 cases.*

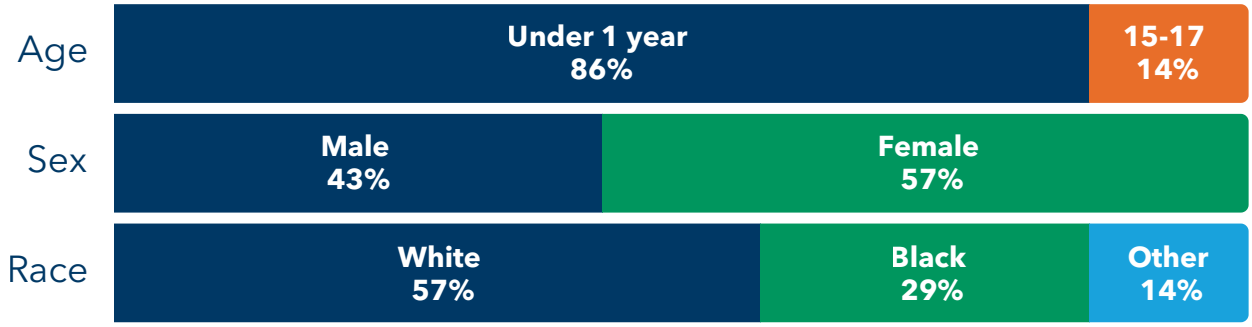
Counties Served by the Southwest Team



Manner of Death for 2023 Reviewed Cases



Demographics for 2023 Reviewed Cases



*There were 3 cases that were not eligible for review, per Arkansas Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or being prosecuted.

Recommendations

MOTOR-VEHICLE-RELATED INJURY PREVENTION

Recommendations include access to car seats, helmets and education for youth and families.

- Increase car seat distribution and education regarding use of proper restraints such as car seats, booster seats and seatbelts.
- Increase teen driving education to include an emphasis on seatbelt use and graduated driver's license (GDL) laws.
- Increase child passenger safety education for school-aged children, focusing on the importance of riding in the back seat for ages 13 and under.
- Increase ATV safety education and resources for communities.
- Educate children and families about ATV safety.
- Increase access to railroad safety education and support the addition of lights and gates at railroad crossings where only stop signs are present.

DROWNING PREVENTION

Recommendations include increased barriers and signage, education for parents and caregivers and opportunities for swimming lessons.

- Improve access to free or low-cost swimming instruction for low-income children and adults.
- Parents and caregivers should provide close, constant and attentive supervision of children when near water, especially during non-swimming times.
- Increase use of proper barriers around swimming pools and open water, such as fences and gates.
- Add multilanguage signage to high-risk areas indicating swimming is prohibited and dangerous.

POISONING/OVERDOSE PREVENTION

Recommendations include substance misuse prevention and safe storage.

- Increase opportunities for substance misuse prevention for teens, parents and caregivers.
- Implement public messaging for keeping all medications, including over-the-counter medications stored, locked and out of sight of children.
- Parents and caregivers should practice safe storage of all medications and other substances, like button batteries, that may cause harm to small children.
- Support and promote drug take-back locations and events.

SUICIDE PREVENTION

Recommendations include increased screening, services for mental health and proper firearm storage.

- Improve early access to behavioral health resources in communities, such as through the use of campaigns that increase awareness of the 988 suicide and crisis lifeline.

Recommendations

- Increase the distribution of firearm locks at places where parents can easily access them.
- Educate parents and caregivers on the importance of safe firearm storage during times of mental health crisis, including resources such as the Armory Project.
- Mental health services should be more broadly available for adolescents in schools and communities.
- Increase screening for depression and suicidal ideation and link families to resources.
- Increase resources that provide specific supports for young males in crisis.

HOMICIDE PREVENTION

Recommendations include primary prevention of child abuse, programs and support for youth and families and focused interventions with fathers and other male caregivers.

- Implement programs that have a strong evidence base for primary prevention of child abuse.
- Implement universal screening for safe firearm storage during health care visits and provide training to clinicians for counseling patients on safe firearm storage.
- Improve or expand upon early interventions for families experiencing trauma.
- Enact and enforce curfews.
- Support and expand upon mentorship programs for youth.
- Increase educational opportunities for children, teens and families for firearm safety and violence prevention.
- Expand early intervention programming such as home visiting or parenting education that is focused on supporting men who are caring for infants.
- Establish an Arkansas Caregiver Stress Line or advertise existing national parent stress lines.
- Establish hospital-based violence intervention programs targeting the pediatric population.

UNSAFE SLEEP PREVENTION

Recommendations include safe sleep education in plain language, increased access to safe sleep surfaces and targeted messaging regarding risks.

- Increase access to home visiting for safe sleep education and assistance in obtaining a safe sleep space like a crib or pack and play.
- Provide safe sleep education at all medical appointments before and after birth.
- Educate about the increased risk of infant mortality when parents and caregivers are using, misusing, or abusing drugs or alcohol while caring for an infant.
- Equip health care providers to talk with parents and caregivers about safe sleep practices in plain language.
- Increase public education and awareness campaigns to prevent co-sleeping.
- Implement targeted messaging to audiences who are alternative caregivers about safe sleep, the risks of co-sleeping under any circumstance, including when the infant is ill.

Acknowledgements and Additional Resources

This report was compiled by the Arkansas Infant and Child Death Review (ICDR) at Arkansas Children's, contracted through the Family Health Branch of the Arkansas Department of Health. This report was made possible by the contributions of the ICDR Teams and ICDR State Panel.

Arkansas Infant and Child Death Review State Panel:

ICDR Medical Director, Arkansas Children's/University of Arkansas for Medical Sciences
College of Public Health, University of Arkansas for Medical Sciences
Emergency Medical Services, Arkansas Department of Health
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
Arkansas State Medical Examiner's Office

Additional Resources

1. American Academy of Pediatrics (AAP) – aap.org
2. American Foundation for Suicide Prevention (AFSP) – afsp.org
3. American Hospital Association (AHA) – aha.org
4. American Red Cross – redcross.org
5. Arkansas Children's – archildrens.org
6. Arkansas Crisis Center – arcrisis.org
7. Children's Hospital Association (CHA) – childrenshospitals.org
8. Cribs for Kids – cribsforkids.org
9. National Highway Traffic Safety Administration (NHTSA) – nhtsa.gov
10. National Institutes of Health (NIH) – nih.gov
11. US Consumer Product Safety Commission – cpsc.gov
12. 988 Lifeline – Dial 988 or 988lifeline.org

For more information or questions about this report, please contact:

Kevin Cleghorn
Arkansas ICDR Panel Chair
kevin.cleghorn@salinecounty.org

Sherry Williamson
Arkansas ICDR Panel Member
williamsonsherryj@uams.edu

Andrea Weston
Arkansas ICDR Coordinator
westonan@archildrens.org