NATIONAL CFRP
Center for Fatality Review & Prevention

DATA DICTIONARY

Version 7.0

National Fatality Review Case Reporting System

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Description of Integrated CDR/FIMR Case Reporting System

In Version 6.0 of the Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS), Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) reporting were integrated into one data system. Depending on the age of the child or the cause of the death being reviewed, some sections of the database, and data dictionary will be relevant to the death you are reviewing, and some will not. The table below outlines which sections are CDR-specific, which ones are FIMR-specific, and which sections are shared by both fatality review forms.

Overview of the Pediatric National Fatality Review-Case Reporting System

Section	Description	CDR	FIMR
A1	Child information (e.g., age, race)	√	√
A2	Children over 1 year old	√	
A3	Infants under 1 year old	√	√
A4	Expanded infant/mother questions (e.g., medical complications, education topics, referrals)		√
A5	Parental/caregiver interview		√
B	Biological parents	√	√
C	Caregiver	√	√
D	Supervisor	√	√
E	Incident	√	√
F	Investigation	√	√
G	Cause of death	√	√
H	Detailed causes (e.g., motor vehicle, fall/crush, drowning)	√	√
I1	Sudden Death in the Young (SDY)	√	
I2	Sleep-related environment	√	√
I3	Problem with a consumer product	√	√
I4	Commission of a crime	√	√
I5	Child abuse, neglect, poor supervision, exposure to hazards	√	√
I6	Suicide	√	
I7	Life stressors	√	√
I8	Deaths during the COVID-19 pandemic	√	√
J	Person(s) responsible	√	√
K	Services provided	√	√
L	Findings	√	√
M	Review meeting	√	√
N	Sudden and Unexpected Infant Death (SUID)/SDY categorization	√	
O1	Narrative	√	√
O2	Issues (present and contributing factors)		√
P	Form completion	√	√
	Data quality review section	√	√

Case Definition

Case Number
The first data entry page that appears on your screen is the Case Definition section, which corresponds to the "Case Number" section of the paper form. This is where you create the unique identifier for the case you are entering. The Pediatric NFR-CRS allows for five levels of information to define a case: State, County or Team Number, Year of Review, and Sequence of Review. However, depending on the profile that your state has established with the National Center, you may not see all these options.

State
Automatically filled in for you. You cannot edit this field. Every state has a unique identifier.

County or Team Number
Indicates the local team. For states with county teams, this will be a county. For states with non-county teams, this will be the team name. Local-level users will have this identifier filled in automatically and will not be able to edit this field unless they oversee multiple local teams. In that case, they will be able to select from a list of the local teams they lead. State-level users will be able to select from among the counties or teams in their state to fill in this field.

Year of Review
Automatically filled in with the current year. You can edit this field to enter cases reviewed in past years.

Sequence of Review
Automatically filled with the next highest sequence number for the current year. For example, if the last sequence number you entered in the current year was "00021" then the next new case you enter will come up as sequence "00022", regardless of whether sequences "00019" or "00020" exist (i.e., if those cases were deleted). You can edit this field to any sequence number. Number must be numeric only; no letters or characters allowed.

Case Type
Indicates if the review occurred for death, near death/serious injury, or not born alive (fetal death/stillborn). For CDR users, the case type will always default to "death;" however, CDR users may select one of the other case types from the drop-down menu if appropriate. There is no default case type for FIMR users; FIMR users will need to select one of the three case types in the drop-down box to proceed with data entry and saving.

Fetal death/stillborn is the spontaneous intrauterine death of a fetus at any time during pregnancy. Fetal deaths are sometimes referred to as stillbirths. States vary on fetal death reporting requirements. Please check your state code for specific requirements.

If not born alive (fetal death/stillborn) is selected as case type, then questions not relevant to this type of death will be skipped and hidden in the Pediatric NFR-CRS. Additionally, the checkbox for *Child Never Left Hospital Following Birth* (also in the Case Definition section) will automatically become checked and some additional questions will be skipped and hidden.

Death Certificate Number
Death certificate number as stated on death certificate.

Birth Certificate Number
Birth certificate number as stated on birth certificate.

Medical Examiner/Coroner Number
Medical examiner or coroner-assigned case number, if applicable. This is not the medical examiner or coroner's license number.

Date Team Notified of Death
The date the case was first identified by the state or local coordinator, CDR, or FIMR team. This can be when the team was made known of the death through vital records, newspaper clippings, agency alerts, etc.

Child Never Left Hospital Following Birth
Select if the child never left the hospital following birth. The main purpose of this question is to hide other questions in the Pediatric NFR-CRS that are not relevant to this case. For example, if the child never left the hospital following birth, then the user will not be asked to complete question A18 (type of residence) as that question is not relevant to the child. If the child was not born alive (fetal death/stillborn), then *Child Never Left Hospital Following Birth* will automatically become checked in the Pediatric NFR-CRS.

Section A. Child Information

A1. Child Information (Complete for All Ages)

A1: Child's name
Legal name of child as stated on death certificate. Some reporting sites may find that an individual data source will require unique identifiers such as name or social security number to be stored in hard copy only, not in the electronic database. If this is the case, it is acceptable to leave these fields blank.

A2: Date of birth
Date of child's birth as stated on birth and death certificate.

A3: Date of death
Exact date of child's death as stated on death certificate. Exact date of death is sometimes unknown, such as in an unwitnessed suicide or homicide. If this is the case, select "unknown." If the child was not born alive (fetal death/stillborn), the date of delivery should be used for the date of death, even if there is reason to believe the fetus expired prior to the delivery date.

A4: Age
Numerical age of child as stated on death certificate. In some cases, the child's exact age will not be known. If age is provided within a five-year age range or less, choose the midpoint of the range; round to the lower year if the midpoint calculation results in a half year. If an age range of greater than five years is provided, leave this field blank.

- *Years, Months, Days, Hours, Minutes, Unknown:* Unit categories used to report child's numerical age as stated on death certificate.

A5: Race
Race of child as stated on death certificate. Standard race categories were issued by the Office of Management and Budget to promote comparability of data among federal data systems. For the Pediatric NFR-CRS, the following categories are used.[1] Check all that apply.

- *Alaska Native:* Having origins in any of the original peoples of Alaska and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- *American Indian:* Having origins in any of the original peoples of North and South America and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- *Asian:* Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam). If selected, specify.
- *Black:* Having origins in any of the Black racial groups of Africa.
- *Native Hawaiian:* Having origins in any of the original peoples of Hawaii.
- *Pacific Islander:* Having origins in any of the original peoples of Guam, Samoa, or other Pacific Islands (e.g., Fiji, Tahiti). If selected, specify.

[1] Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, Office of Management and Budget. https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf.

- *White:* Having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- *Unknown*

A6: Hispanic or Latino/a origin
Specify whether the child is Hispanic or Latino/a origin. The Office of Management and Budget defines "Hispanic or Latino/a" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

A7: Sex
Sex of child as stated on death certificate.

A8: Residence address
Residential address of child as stated on death certificate. If a person is currently residing in a short-term facility for less than six months, use their home address as their residential address. If a person is residing in a long-term facility for over six months, such as a college dormitory, prison, or residential nursing home, use the institution's address. If they are living in a short-term facility and no residential address is noted, use the address of the short-term facility.
If child was not a resident of the United States (U.S.), select “out of country” in the drop-down list of states and enter the country of residence in the text box.

Some reporting sites may find that an individual data source will require that unique identifiers, such as a specific street address, be stored in hard copy only or not in the electronic database. **If possible, enter resident state at a minimum, as it can be used to confirm state residency.**

A9: Child’s weight at death
Child's weight at time of death (in pounds/ounces, grams, or kilograms) as stated on autopsy.

A10: Child’s height at death
Child's height at time of death (in feet/inches or centimeters) as stated on autopsy.

A11: State of death
The state in which the child died.

A12: County of death
The county in which the child died.

A13: Child had disability or chronic illness?
Indicate if the child had a disability or chronic illness prior to the time of incident. Chronic implies an impairment or illness that has a substantial long-term effect on the child’s day-to-day function or health. If “yes,” check all that apply and specify.

- *Physical/orthopedic*: Includes any anatomical loss, mobility loss, physiological disorders, cosmetic impairments, or chronic illnesses or diseases. Examples may include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate, epilepsy/seizure disorder/convulsions, or cancer.
- *Mental health/substance abuse*: Includes any mental or psychological disorder. Examples include depression, bipolar disorder, anxiety disorders (e.g., panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia,

personality disorders). A mental disorder is a disability only if it substantially limits one or more major life activities. A substance use (abuse or dependence) disorder is a maladaptive pattern of recurrent substance use leading to clinically significant impairment or distress.

- *Cognitive/intellectual:* Includes trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. Cognitive deficits may be congenital or caused by environmental factors. Examples may include deficits from brain injury, Down syndrome, or congenital conditions that cause cognitive impairment. This definition includes cognitive or learning disabilities.
- *Sensory*: Includes any disability or chronic disease that impairs the senses, including visual, auditory, and olfactory. Examples include vision and hearing impairment.
- *Unknown*: Select if your team was unable to determine the type of disability or chronic illness.

If "yes," was child receiving Children's Special Health Care Needs services: Children and Youth with Special Health Care Needs (CYSHCN) services are provided by states through their Federal Title V Block Grant, and may include medical care, family support services, counseling, and special therapeutic services. If the child was receiving any services paid for through the Title V CYSHCN services, select "yes."

A14: Were any siblings placed outside of the home prior to this child's death?

If "yes," indicate the number of child's siblings who had been placed in foster care or adopted before date of death. If no other siblings were present in the child's home, select "N/A."

A15: Child's health insurance

Indicate type of health insurance coverage child had at time of incident. Check all that apply.

- *None*: Child had no medical insurance at time of incident.
- *Private:* Child had a health insurance plan marketed by the private health insurance industry as opposed to government-run insurance programs. Examples of private health insurance companies include Aetna, Humana, or Blue Cross Blue Shield (BCBS). Common types of private health insurance plans include:
  - *Health Maintenance Organizations (HMOs)*
  - *Participating Provider Options (PPOs)*
  - *Point-of-Service (POS)*
  - *Fee for Service Plans*
  - *Health Savings Accounts*
- *Medicaid*: Health care program assisting low-income families or individuals in paying for long-term medical and custodial care costs. Medicaid is a joint program funded primarily by the federal government and run at the state level where coverage may vary.
- *State plan*: Child's medical care was being paid for by any type of state-sponsored plan, except Medicaid.
- *Indian Health Service (IHS):* Health services provided to American Indian and Alaska Native families provided by IHS, an agency within the Department of Health and Human Services.

- *Other, specify*: Child's medical care paid for by any other type of support, excluding self-pay. Tricare, the health care program for uniformed service members, retirees, and their families, should be noted in "other."
- *Unknown*: Team does not know if the child was insured or does not know what type of insurance the child had.

A16: Was the child up to date with the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) immunization schedule?
Indicate if child was up to date with recommended immunization schedule based on child's age and the immunization series required. These are available at https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

A17: Household income
Income level is an estimate. Economic indicators such as caregiver education, social service enrollment, and health insurance type can assist in determining the child's household income level. If no concrete evidence exists regarding income, select "unknown."

A18: Type of residence
Place where child lived most of the time. If a newborn infant dies during the birth hospitalization, residence is still the primary caregiver's residence.

A19: New residence in past 30 days?
Child's place of residence (stated in question A8) was new to child within last 30 days preceding death.

A20: Residence overcrowded?
This is a determination to be made by the team based on the number of rooms and the number of persons living in the residence. The U.S. Department of Housing and Urban Development (HUD) measures overcrowding as more than two people per bedroom. View HUD guidelines at https://www.huduser.gov/publications/pdf/measuring_overcrowding_in_hsg.pdf.

A21: Child ever homeless?
Homeless is defined as having no fixed address and living in a shelter, on the street, in a car, temporarily with family or friends due to eviction or housing instability, or in makeshift quarters in an outdoor setting. A person who has no home of their own but is staying indefinitely with friends or family is not considered homeless.

A22: Number of other children living with child
Number of other children under age 18 (siblings and non-siblings) living in child's household at time of incident.

A23: Child had history of child maltreatment as victim?
Indicate whether the child had history of being the victim of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services (CPS) or documentation of evidence from autopsy, law enforcement report, or medical records. If referrals were made but not substantiated, still select "yes" regarding history unless the referral was found to be completely falsified. If "yes," check all types of maltreatment that apply and indicate how history was identified.

A24: Was there an open CPS case with child at time of death?

A Child Protective Services (CPS) case was open for the child and was initiated prior to the incident causing the child's death. Select "yes" even if abuse or neglect was not substantiated. For example, services were in place such as family preservation and strengthening.

A25: Was child ever placed outside of the home prior to the death?

Select "yes" if child ever had foster parents whether through the death of biological parents, voluntary or forced adoption, or forced removal from a biological or adoptive home. Foster care includes licensed and relative/kinship foster homes.

A26: How many months prior to the death did child last have contact with a health care provider?

Indicate the last time the child had contact with a health care provider of any kind, including in the emergency room, primary care setting, urgent care, or a specialist's office.

A2. Complete for Children Over One Year Old

Section A2 is only completed by CDR users.

A27: Child's highest education level

Select the highest level of completed education. If child received a high school graduate equivalency diploma, select "HS graduate/GED." Select "N/A" for specific circumstances such as a child being too young to attend school or an inability to attend due to severe disabilities.

A28: Child's work status

Indicate if child held a job in the previous four weeks. This includes formal jobs for pay or other compensation, informal jobs (e.g., paper delivery, child and lawn care done outside one's family setting), volunteer activities for an organized group only (excludes helping neighbors if not for production), or working on a farm or ranch if it is production related (e.g., milking a cow on a dairy farm). Employment also includes working in a family business regardless of pay if the work contributes to the profitability of the business. Sporadic jobs should be considered part time employment. Select "N/A" for specific circumstances such as if the child was too young to work or severely disabled.

A29: Did child have problems in school?

Problems in school include those from a documented history from school, social services, juvenile court, or law enforcement records. Select "yes" even if no documented history exists but the child believed they were experiencing problems. If "yes," check all that apply. Problems in school include:

- *Academic*: A student's academic performance was poor or declining.
- *Truancy*: A chronic failure to attend school.
- *Suspensions*: Includes all suspensions received for any reason.
- *Behavioral*: This is a broad category and can include acting out in class, disobedience, being disruptive, perpetrating bullying, or being the victim of bullying.
- *Expulsion*: Refers to the removal of a student from a school for violating rules.
- *Other, specify*: Select this category if the school problem your team has identified doesn't fit into any other category. Please specify the problem in the text field.
- *Unknown*: Select "unknown" if your team was unable to determine the types of problems the child was experiencing in school.

A30: Child had history of intimate partner violence?

Child had a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical records, or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, former spouse, or current or former dating partner. This may also include domestic disturbance complaints to which law enforcement responded. If "yes," check all that apply.

A31: Child had received prior mental health services?

Indicate if the child had ever received mental health services of any kind including individual or group treatment from a mental health professional or psychiatric medications. If "yes," check all that apply.

- *Outpatient:* Outpatient treatment involves therapeutic office visits without overnight stays.
- *Day treatment/partial hospitalization:* Outpatient programs that patients attend for 3 to 6 hours daily, every or most days of the week. Patients typically engage in group therapy, educational sessions, individual therapy, and pharmacotherapy.
- *Residential:* Residential mental health treatment provides longer-term care to individuals with chronic psychiatric needs.

A32: Child was receiving mental health services?
Indicate if the child was currently receiving mental health services of any kind, including individual or group treatment from a mental health professional, or psychiatric medications ***at the time of their death.*** If "yes," check all that apply.

- *Outpatient:* Outpatient treatment involves therapeutic office visits without overnight stays.
- *Day treatment/partial hospitalization:* Outpatient programs that patients attend for 3 to 6 hours daily, every or most days of the week. Patients typically engage in group therapy, educational sessions, individual therapy, and pharmacotherapy.
- *Residential:* Residential mental health treatment provides longer-term care to individuals with chronic psychiatric needs.

A33: Child on medications for mental health illness?
Indicate whether the child had an active prescription for psychiatric medication at time of death. Even if they had not been taking the medication, but had an active prescription, select "yes."

A34: Child had emergency department visit for mental health care within the previous 12 months?
Indicate if the child had been taken to an emergency room or department due to concerns about their mental health ***in the year prior to their death.***

- *If "yes," did the child have a follow-up health appointment within 30 days of emergency department visit?* Indicate if the child attended a follow-up mental health appointment within a month after their emergency department visit. If an appointment was made but not kept, select "no."

A35: Child was hospitalized for mental health care within the previous 12 months?
Indicate if the child was admitted as a hospital patient due to mental health concerns ***in the year prior to their death.***

- *If "yes," did the child have a follow-up mental health appointment within 30 days of discharge from the hospital?* Indicate if the child attended a follow-up mental health appointment within a month after their hospitalization. If an appointment was made but not kept, select "no."

A36: Issues prevented child from receiving mental health services?
List any barriers preventing the child from receiving needed services to address their mental health needs. Barriers could include lack of access to appropriate health care providers, limited financial or transportation resources, the child's willingness to participate in therapy, or the social stigma associated with seeking mental health services.

A37: Child had history of substance use or abuse?

Indicate if the child was perceived by self or others to have a problem with, or was dependent on, alcohol or other drugs, or if the child had ever used or misused any substances. Evidence of their use or misuse may be clear from postmortem toxicology results.

Select "yes" for a child who is noted as participating in a drug or alcohol rehabilitation program or treatment (e.g., self-help groups, 12-step program) even if the child was noted as being currently sober.

Select "yes" for a substance use/misuse problem from the past (i.e., five years or more prior) that has resolved and no longer appears to apply. Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

If "yes," check all substances that apply.

- *Alcohol:* Indicate if the child had used or misused alcoholic beverages or alcohol-infused products.
- *Cocaine:* Indicate if the child had used or misused cocaine in any form. Common street names for cocaine include *coke, C, snow, powder,* or *blow.*
- *Marijuana:* Indicate if the child had used or misused marijuana in any form, including THC vaping products, dab pens and wax vaporizers, or marijuana edibles.
- *Methamphetamine:* Indicate if the child had used or misused methamphetamine. Common street names for methamphetamine include *meth, blue, ice, or crystal.*
- *Opioids:* Indicate if the child had used or misused opioids. Opioids include prescription painkillers or illegal drugs like heroin. For a list of opioids visit https://ncfrp.org/wp-content/uploads/Poisoning-Labels.pdf.
- *Prescription drugs:* Indicate if the child was using prescription medication in a way other than clinically indicated.
- *Over the counter (OTC) drugs:* Indicate if the child was using medication that could be purchased without a prescription in a way other than as indicated by the use and dosing instructions.
- *Tobacco/nicotine, specify type:* Indicate if the child was known to be using *any* tobacco or nicotine-containing product, including combustible cigarettes, cigars, pipe tobacco, or e-cigarettes. E-cigarettes are commonly called vapes or "disposables," or by their brand names, including Juul or Suorin.
- *Other, specify:* Please share any other substances the child had a history of using or misusing. If this substance use/misuse is directly related to the child's death, please provide more detail in the narrative Section O1.
- *Unknown:* Select if your team was unable to determine the type of substances.

If "yes," did the child receive treatment? Check all that apply.

- *Outpatient:* Outpatient treatment involves therapeutic office visits without overnight stays.
- *Day treatment/partial hospitalization*: Outpatient programs that patients attend for 3 to 6 hours daily, every or most days of the week. Patients typically engage in group therapy, educational sessions, individual therapy, and pharmacotherapy.

- *Inpatient/detox:* Inpatient treatment takes place in a psychiatric hospital or psychiatric unit of a general hospital. Patients reside at the facility during the most acute phase of mental illness when they need help around the clock (e.g., after a suicide attempt or when detoxing from substance use).
- *Residential*: Residential mental health treatment provides longer-term care to individuals with chronic psychiatric needs.

If "yes," indicate age at first use.

A38: Child had delinquent or criminal history?
Child had a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. If "yes," specify type of delinquent or criminal history that is documented and check all that apply. Delinquent behavior may include school disciplinary actions and charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

A39: Child spent time in juvenile detention?
Child had spent time in a juvenile detention center.

A40: Child acutely ill in the two weeks before death?
Child was reported to have been sick in the two weeks before the death, including an exacerbation of a chronic illness. A reported illness refers to documentation from a school district, a school referral, a pediatrician, emergency room, hospital, first responder, police report, or autopsy. For a child with a chronic illness but without any acute symptoms in the two weeks prior to death, select "no." Exacerbations of chronic illness may include a severe asthma attack or insulin shock.

A3. Complete for All Fetal/Infants Under One Year

A43: Was this case reviewed by both a Fetal and Infant Mortality Review (FIMR) and a Child Death Review (CDR) team?
Indicate whether this case was reviewed by multiple fatality review programs.

A44: Gestational age
Indicate gestational age in weeks as indicated on birth certificate or medical records.

A45: Birth weight
Indicate birth weight in grams/kilograms or pounds/ounces as indicated on birth certificate or medical records.

A46: Multiple gestation pregnancy?
Pregnancy with more than one fetus at conception as stated on birth certificate or medical records. If "yes," indicate number of fetuses.

A47: Including the deceased infant, how many pregnancies did the mother have?
Record the number of pregnancies that the mother had previous to and including the deceased infant. Often abbreviated in medical records as "G" for *gravida*, this number may appear as a subscript after "G."

A48: Including the deceased infant, how many live births did the mother have?
Often abbreviated in medical records as "P" for *para*, this number may appear as a subscript after "P." Because some mothers have miscarriages, abortions, or stillbirths, this number can be different from her number of pregnancies.

A49: Not including the deceased infant, number of children mother still has living?
Include all children, even if the mother does not have custody. Often abbreviated in medical records as "L" for *living*, this number may appear as a subscript after "L."

A50: Prenatal care provided during pregnancy of deceased infant?
Prenatal visit is defined as pregnancy-related medical care delivered by a doctor, nurse, or other health professional with the goal of monitoring the pregnancy, providing education, and increasing the likelihood of a positive pregnancy outcome. Document the number of prenatal visits the mother attended during pregnancy and gestational week or month of first prenatal visit as stated on birth certificate or medical records.

A51: Were there access or barrier issues related to prenatal care?
Indicate if there were access or barrier issues on the part of the mother, family, or health care providers. If "yes," check all that apply. Some, but not all, options are described below.

- *Lack of money for care*: Mother did not have insurance or other means for paying for prenatal care.
- *Limitations of health insurance coverage*: Delay, loss, or inaccessibility of medical services due to problems with health insurance coverage. This does not include mothers without insurance.
- *Lack of transportation*: Mother did not have reliable public or private transportation to needed services, or lack of transportation caused her to miss appointments or services.

- *Cultural differences*: Mother exhibited health beliefs inconsistent with standard medical practices in the U.S., such as blood transfusions or immunizations.
- *Language barriers*: Mother and provider(s) were not able to communicate effectively because of language differences. For example, the mother spoke a different language than the provider and an interpreter was not available. However, this barrier could exist even if interpreters were provided to support communication needs and includes if a child had to translate.
- *Multiple providers, not coordinated*: Mother received care from more than one provider, resulting in sporadic and fragmented care.
- *Lack of child care*: Mother did not have access to quality, affordable child care, for example by relatives, support persons (e.g., friends, neighbors), or licensed day care during pregnancy. This includes if services were available but they were cost prohibitive or if the family could not access child care assistance programs (CCAP).
- *Lack of family/social support*: Mother had few or no friends or family members providing emotional, financial, or physical support during pregnancy.
- *Services not available*: A needed or required clinical service was not located nearby mother's residence.
- *Distrust of health care system*: The mother's or family's fear or distrust of or dissatisfaction with a provider(s) was a factor in not using a service in a timely or effective manner.
- *Unwilling to obtain care*: Mother was unwilling to seek prenatal care regardless of provider encouragement or referrals.
- *Other, specify*: Indicate other access or barrier issues related to prenatal care.
- *Unknown*: Select if your team was unable to determine the issues experienced.

A52: During pregnancy, did the mother have any medical conditions/complications?

Specify any medical complications (pregnancy-related or non-pregnancy-related) experienced during this pregnancy. If "yes," check all that apply. This question will not appear in the Pediatric NFR-CRS if you are entering a FIMR case. See question A94.

- *Cardiovascular*
    - *Hypertension-gestational:* High blood pressure that occurs during the second half of pregnancy and disappears soon after the baby is born.
    - *Hypertension-chronic:* A long-term condition in which blood pressure is higher than normal.
    - *Pre-eclampsia:* A pregnancy-specific hypertensive disease with multi-symptom involvement, usually occurring over 20 weeks gestation, and primarily defined by new-onset proteinuria.
    - *Eclampsia:* The convulsive phase of the above disorder, among the most severe manifestation of the disease.
- *Hematologic*
    - *Sickle cell disease:* Mother has been diagnosed with sickle cell disease and/or had two abnormal hemoglobin genes.
    - *Anemia:* Abnormally low levels of blood or red blood cells in the bloodstream.
    - *Clotting disorder:* Certain abnormalities of blood coagulation that can threaten the health of pregnancies. Some of these conditions include antithrombin deficiency, antiphospholipid syndrome, Factor V Leiden thrombophilia, prothrombin thrombophilia, and protein S deficiency.

- *Respiratory*
    - *Asthma:* A chronic lung disease that inflames and narrows the airways and can cause recurring periods of wheezing, chest tightness, shortness of breath, and coughing.
- *Endocrine/Metabolic*
    - *Diabetes, type 1 chronic:* A chronic condition in which the pancreas does not produce enough insulin, resulting in elevated blood sugar. Previously called insulin-dependent or juvenile diabetes.
    - *Diabetes, type 2 chronic:* The most common form of diabetes that is frequently managed by diet and exercise.
    - *Diabetes, gestational:* Diabetes that arises during pregnancy.
    - *Thyroid:* Disorders of the thyroid, including hypothyroidism, Hashimoto's Thyroiditis, hyperthyroidism, goiter, thyroid nodules, and thyroid cancer.
    - *Polycystic ovarian disease/Polyendocrine Metabolic Ovarian Syndrome:* A condition of the female reproductive system characterized by enlarged ovaries that can contain follicles surrounding the eggs, irregular or very heavy periods, and excess male hormone (androgen) levels. These high levels of androgen may result in physical signs such as excess facial and body hair, severe acne, and male-pattern baldness.
- *Neurologic/Psychiatric*
    - *Addiction disorder:* Substance abuse and dependence, typically characterized by the overuse of drugs or alcohol.
    - *Depression:* Clinical symptoms of depression, was hospitalized, or under supervised medication, or otherwise experienced other indicators of depression during any of her pregnancies.
    - *Anxiety disorder:* Disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition.
    - *Seizure disorder:* Defined by any of the following conditions:
        - At least two unprovoked (e.g., not febrile) seizures occurring more than 24 hours apart,
        - One unprovoked seizure and a probability of further seizures occurring over the next 10 years, or
        - Diagnosis of an epilepsy syndrome.
- *Sexually Transmitted Infection (STI)*
    - *Chlamydia:* Documented positive chlamydia screening.
    - *Gonorrhea:* Documented positive gonorrhea screening.
    - *Herpes:* Documented positive herpes screening.
    - *HPV:* Documented positive HPV screening.
    - *Syphilis:* Documented positive syphilis screening.
    - *Group B strep:* Documented positive vaginal group beta strep culture.
    - *HIV/AIDS:* Documented diagnosis of human immunodeficiency virus or acquired immunodeficiency syndrome.
    - *Other STI, specify:* Documented diagnosis of any sexually transmitted infection not identified above.

- *Gynecologic*
    - *Uterine/vaginal bleeding:* Indicate if the mother had vaginal bleeding at any point in any of her pregnancies, other than light spotting in early pregnancy, which is common and typically benign. There are many causes of vaginal bleeding in pregnancy. Some are quite serious, while others are not. Bleeding later in pregnancy can be much more serious. Vaginal bleeding can often originate in the uterus.
    - *Chorioamnionitis:* Infection of the membranes surrounding the fetus.
    - *Oligohydramnios:* Smaller than normal amount of amniotic fluid.
    - *Polyhydramnios:* Larger than normal amount of amniotic fluid, often associated with certain congenital disorders or pre-existing or gestational diabetes.
    - *Intrauterine growth restriction (IUGR)*: Birth weight of the fetus is below the 10th percentile of mean weight for gestational age.
    - *Premature rupture of membranes (PROM):* Spontaneous rupture of the bag of waters any time before the onset of labor.
    - *Preterm premature rupture of membranes (PPROM):* Bag of waters ruptured before onset of labor and before 37 completed weeks of gestation.
    - *Cervical Insufficiency:* A condition that occurs when weak cervical tissue causes or contributes to premature birth or the loss of an otherwise healthy pregnancy. In cervical insufficiency, the cervix begins to dilate (widen) and efface (shorten and thin) during the second trimester.
    - *Bacterial vaginosis (BV):* An imbalance of the bacterial vaginal flora, detected prenatally or at delivery. Requires documented diagnosis in medical records.
    - *Group B strep:* Documented positive vaginal group beta strep culture.
    - *Umbilical cord complications:*
        - *Prolapse*: A serious complication that occurs prior to or during the delivery of a baby where the umbilical cord drops (prolapses) through the vaginal opening ahead of the baby. The cord can then become trapped against the mother's cervical opening and the presenting part of the baby, compressing the cord. This compression can pinch the vein in the cord, causing the baby's blood to fill with carbon monoxide. The baby may also experience variable decelerations in its heart rate, changes in blood pressure, and lack of oxygen to the brain.
        - *Nuchal cord:* A nuchal cord occurs when a baby's umbilical cord is wrapped completely around its neck in utero. It is not uncommon, and nuchal cords often resolve themselves before delivery or are easily remedied at delivery. Nuchal cord can cause serious complications, however, if the cord is tightly wound around the baby's neck.
        - *Other cord, specify:* Please identify any other umbilical cord complications not identified above. Some examples include *velamentous insertion, vasa previa,* and *true and false knots in the cord*.
    - *Placental problems:*
        - *Abruption:* A condition in which the placenta separates from the inner wall of the uterus before the baby is born.
        - *Previa:* A placenta that is implanted in the lower uterine segment and covers all or part of the cervical opening. This should be clinically diagnosed.

        - *Other placental, specify:* Any other documented placental abnormality or placenta-related problem.
- *Other Condition/Complication*
    - *UTI:* A urinary tract infection (UTI) can occur anywhere in the urinary system, including the kidneys, ureters, bladder, or urethra. Identify if there was a positive UTI diagnosis.
    - *Decreased fetal movement:* Identify if the mother or a health care provider observed a decrease in fetal movement.
    - *HELLP syndrome:* A rare but serious condition of pregnancy characterized by hemolysis (the breakdown of red blood cells), elevated liver enzymes, and low platelet count. While around 1 in 1000 pregnant women develop HELLP syndrome, about 2 in 10 pregnant women with preeclampsia develop it. It can be treated pharmaceutically in some cases. In others, even if the baby is premature, it requires immediate delivery of the baby to protect both the mother and infant.
    - *Mother developmental delay:* Mother falls below the norm in any one of these five areas: gross motor control, fine motor control, social interaction, language, or self-help.
    - *Oral health/dental or gum infection:* Identify if there was any known periodontal infection including gingivitis or abscess(es).
    - *Gastrointestinal:* Identify any conditions or complications of the stomach or digestive tract, including gallstones, abdominal pain, constipation, diarrhea, or ulcers.
    - *Mother genetic disorder:* Indicate whether the mother had any known gene variants.
    - *Abnormal MSAFP:* The Serum Alpha-Fetoprotein (AFP) screening is given to persons in pregnancy for early identification of possible genetic disorders. It is often part of the triple-screen test to determine if further diagnostic testing of the fetus is needed. Indicate if the results of this screen were abnormal.
    - *Preterm labor:* Onset of labor before 37 completed weeks gestation.
    - *Obesity:* Identify if the mother had a body mass index (BMI) of 30 or higher.
    - *Other, specify:* Identify any other complication or condition not mentioned above.

A53: Did the mother experience any medical complications in previous pregnancies?

Indicate if the mother had any of the following complications with any pregnancy prior to the deceased child. If "yes," check all that apply.

- *Previous preterm birth:* Any child born to the mother before the deceased infant was born prior to 37 competed weeks of gestation.
- *Previous low birth weight birth:* Any child born to the mother prior to the deceased infant weighed less than 2500 grams, or 5lb. 5 oz., at birth.
- *Previous small for gestational age:* Any child born to the mother prior to the deceased infant that had a birth weight and length below the 10th percentile of all babies of the same gestational age. Click here for more information on growth charts.
- *Previous large for gestational age (greater than 4000 grams):* Any child born to the mother prior to the deceased infant that had a birth weight greater than the 90th percentile of all babies of the same gestational age. Click here for more information on growth charts.

A54: Did the mother use any medications, drugs, or other substances during pregnancy?
Include any over the counter or prescription medications, illicit drugs, mood-altering substances, homeopathic remedies, prenatal vitamins, or supplements that were taken during pregnancy with the deceased child. If "yes," check all that apply.

A55: Was the infant/fetus delivered drug exposed?
Identification of whether a fetus or infant was delivered drug exposed should be determined by the mother's history, clinical presentation of the newborn, and laboratory testing of biological specimens (e.g., urine, blood, oral fluid, sweat, hair, breast milk), neonatal matrices (e.g., urine, meconium, hair, umbilical cord blood and tissue), and/or matrices from both the mother and neonate (e.g., placenta, amniotic fluid).

A56: Did the infant have neonatal abstinence syndrome (NAS)?
The infant exhibited a drug withdrawal syndrome, most commonly occurring in infants after in utero exposure to opioids, though other substances have been associated with the syndrome. The clinical symptoms usually appear within 48-72 hours after birth, including central nervous system irritability (e.g., tremors), gastrointestinal dysfunction (e.g., feeding difficulties), and temperature instability.

A57: Level of birth hospital
Birthing hospitals have different levels of capacity to treat laboring mothers, birth outcomes, and newborns.

- *Level 1/Basic care:* A facility capable of peripartum care of low-risk mothers with uncomplicated singleton term pregnancies with a vertex presentation who are expected to have an uncomplicated birth.
- *Level 2/Specialty care:* Has all the capability of a Level 1 facility, as well as capability to provide appropriate care for high-risk antepartum, intrapartum, or postpartum conditions, both directly admitted and transferred from another facility.
- *Level 3/Subspecialty care:* Has all the capability of a Level 2 facility, as well as the ability to care for more complex medical conditions, obstetric complications, and fetal conditions.
- *Level 4/Regional perinatal health care center:* Has all the capability of a Level 3 facility, as well as on-site medical and surgical care of the most complex conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum, and postpartum care.
- *Freestanding birth center:* A health facility that is not a hospital (and is not attached to a hospital) where childbirth is planned to occur away from the pregnant woman's residence. A freestanding birth center is licensed or approved to provide prenatal labor and delivery or postpartum care and other ambulatory services.
- *Home birth:* A planned homebirth is a birth that intentionally takes place in a residence rather than in a hospital or birth center. It may be attended by a midwife or a lay attendant with experience in managing home births. It may also be intentionally unattended. If the baby was born at home due to a precipitous labor, but a homebirth was not planned, please select "other" and indicate that the birth was an unintentional home birth.
- *Other, specify:* Includes unexpected delivery of newborns at home, in a vehicle, or other unplanned site.

- *Unknown:* Select if your team was unable to determine level of birth hospital.

A58: At discharge from the birth hospital, was a case manager assigned to the mother?
Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet a mother and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes. A case manager may be employed by a health plan, individual provider, or health care institution.

A59: Did the mother have contact with her care provider within the first 3 weeks postpartum?
Indicate whether the mother had contact in-person or by telehealth/virtual visit with her care provider within the first 3 weeks after birth.

A60: Did the infant have a NICU stay of more than one day?
Indicate whether the infant was cared for in the neonatal intensive care unit (NICU) for more than 24 hours. If "yes," check all reasons that apply.

A61: Did the mother smoke in the 3 months before pregnancy?

- Indicate if there was tobacco smoking or vaping by the mother, including e-cigarettes, in the three months prior to becoming pregnant. Only document tobacco smoking in this question, not marijuana smoking. If "yes," record the average number of cigarettes smoked per day (20 cigarettes in a pack), if known. If quantity of cigarettes is unknown, select "unknown quantity." If the mother primarily used e-cigarettes/vaped, select "unknown quantity," and please make a note regarding the frequency of use in the narrative Section O1, if known.

A62: Did the mother smoke at any time during pregnancy?
Indicate if there was tobacco cigarette smoking by the mother during the pregnancy with the deceased infant. Only document tobacco smoking in this question; marijuana use during pregnancy should be documented in question A54.

If "yes," indicate which trimester(s) there was smoking, and the average number of cigarettes smoked per day, if known.

- *1st Trimester:* Found on the birth certificate or any other documented source, record the average number of cigarettes the mother smoked a day while in first three months of pregnancy (20 cigarettes in a pack). If quantity of cigarettes is unknown, select "unknown quantity."
- *2nd Trimester:* Found on the birth certificate or any other documented source, record the average number of cigarettes the mother smoked a day while in second three months of pregnancy (20 cigarettes in a pack). If quantity of cigarettes is unknown, select "unknown quantity."
- *3rd Trimester:* Found on the birth certificate or any other documented source, record the average number of cigarettes the mother smoked a day while in her last three months of pregnancy (20 cigarettes in a pack). If quantity of cigarettes is unknown, select "unknown quantity."

A63: Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy?

Select “yes” if the mother was known to use *any* electronic tobacco or nicotine delivery product during pregnancy, including e-cigarettes. These products are commonly called vapes, “pod mods,” or “disposables,” or by their brand names, including Juul or Suorin. If “yes,” indicate the frequency of the mother’s use during pregnancy. Only document tobacco or nicotine use in this question; marijuana use during pregnancy should be documented in question A54.

A64: Was the mother injured during pregnancy?
Found in medical or hospital records, any incident where the mother was injured to the extent that she sought medical care or reported it to a medical professional. Can include motor vehicle crashes, other unintentional injuries, as well as intentional injuries because of domestic violence.

A65: Did the mother have postpartum depression?
Indicate if the mother had feelings of sadness, anxiety, or despair after childbirth that interfered with her ability to function and that lasted longer than two weeks.

A66: Infant ever received human milk?
Indicate if the infant received any human milk, whether expressed or at the breast, for any duration. This may be noted on the birth certificate, in hospital discharge notes, pediatric records, or in the WIC file. Please select “no” if the infant lived a short duration and did not receive any human milk.

A67: Did infant have abnormal newborn screening results?
Indicate if the infant tested positive for any condition screened for on newborn screening, including a metabolic error such as Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency, cystic fibrosis, sickle cell disease, and/or sickle cell carrier. This can typically be found in pediatric medical records, often in newborn screening results, and WIC records. If infant had any abnormality, describe. Select “N/A” if no newborn screening was conducted, including if parents declined the screening.

A68: At any time prior to the infant’s last 72 hours, did the infant have a history of (check all that apply):
Indicate if the infant experienced (as noted in a medical record or by a caregiver report) any of the following prior to the infant’s last 72 hours. Check all that apply.

- *None:* The infant had no notable medical history at any time prior to the infant’s last 72 hours.
- *Infection*: Infant had an infection, such as a virus or bacteria like strep.
- *Allergies*: Infant had a food, environmental, or medication allergy.
- *Abnormal growth or weight gain/loss*: Most infants lose weight after delivery, but abnormal weight loss or gain is noted in medical or WIC records and deviates from infant growth curves.
- *Apnea*: Infant stopped breathing for a short period of time. Can occur in the delivery room or any time afterwards.
- *Cyanosis*: Infant had a reported bluish color of the skin or mucous membranes due to low oxygen in the blood. Can occur in the delivery room or any time afterwards.
- *Seizure or convulsions*: Infant had an observed and documented seizure or convulsion, including a febrile seizure.

- *Cardiac abnormalities*: Infant had experienced reported abnormalities of the heart including a murmur that may not require any medical intervention, or more serious cardiac abnormalities that may require specialists' care.
- *Other, specify*: Infant had any other notable medical history that deviated from normal. This includes any hospitalizations or specialist visits after delivery discharge (current symptoms should not be listed here).
- *Unknown*: Team was unable to determine the infant's medical history prior to their last 72 hours.

A69: In the 72 hours prior to death, did the infant have any of the following?
Indicate if infant experienced (as noted in a medical record or by a caregiver report) any of the following in the 72 hours prior to death. Check all that apply.

- *None:* The infant had no medical history in the 72 hours prior to death.
- *Fever*: Infant had a temperature over 100 degrees Fahrenheit.
- Excessive *sweating*: Infant had been notably sweating or their skin was damp.
- *Lethargy or sleeping more than usual*: Infant had been sleeping more than usual or was difficult to arouse.
- *Fussiness or excessive crying*: Infant had been more fussy than usual or had been crying more than usual.
- *Decrease in appetite*: Infant had not been eating as much as usual.
- *Vomiting*: Infant had been throwing up, not merely spitting up.
- *Choking*: Infant had choked or been choking.
- *Diarrhea*: Infant had runny stools.
- *Stool changes*: Infant had changes in their usual bowel movements. This can be constipation or excessively runny stools, as well as any noted changes in smell or color.
- *Difficulty breathing*: Infant had trouble breathing and may have exhibited "grunting" or gasping noises.
- *Apnea*: Infant had stopped breathing for a short period of time.
- *Cyanosis*: Infant's skin had turned blue due to low oxygen in the blood.
- *Seizures or convulsions*: Infant had a seizure or convulsions.
- *Other, specify*: Infant had a medical symptom not listed above. The most common example is runny nose or congestion.
- *Unknown*: Team was unable to determine the infant's medical history in the 72 hours prior to death.

A70: In the 72 hours prior to death, was the infant injured?
In the 3 days before the infant died, it was noted in a medical record or the caregiver reported that the infant had been injured either unintentionally (e.g., motor vehicle crash, fall) or intentionally (e.g., abuse, neglect).

A71: In the 72 hours prior to death, was the infant given any vaccines?
In the 3 days before the infant died, it was noted in a medical record or the caregiver reported that the infant had received immunizations. If "yes," please list the type of vaccine the infant received. Common vaccines in the first year include: COVID-19, Hepatitis B, rotavirus, DPT, HiB, pneumonia, flu, polio, MMR, chicken pox (varicella), Hepatitis A, and meningitis.

A72: In the 72 hours prior to death, was the infant given any medications or remedies?

In the 3 days before the infant died, it was noted in a medical record or the caregiver reported that the infant was given medication (i.e., over the counter or prescription) or was given a home remedy. A home remedy is a food, herb, or other treatment not considered a usual store-bought medication. Please note the medication or remedy and last dose given.

A73: What did the infant have for their last meal?
By caregiver report, record the last thing the infant had to eat. This could include liquids (e.g., human milk directly expressed from the chest or fed as expressed human milk, or formula) and/or solid foods (e.g., baby food, cereal, adult food). Check all that apply.

A4. Expanded Infant/Mother Questions

Section A4 is only completed by FIMR users.

A74: Name of mother

Legal name of the mother as stated on the infant's birth certificate. If a parental interview is completed and it conflicts, defer to her preferred name.

A75: Name of father

Legal name of the biological father as stated on the birth certificate. If a parental interview is completed and it conflicts, defer to his preferred name.

A76: Mother's country of birth

Name of the country where the mother was born.

A77: Father's country of birth

Name of the country where the biological father was born.

A78: Mother's residence address

Residential address of mother at the time of the infant's death. If the mother is currently residing in a short-term facility for less than six months, use her home address as her residential address. If the mother is residing in a long-term facility for over six months, such as a college dormitory, prison, or residential nursing home, use the institution's address. If she is living in a short-term facility and no residential address is noted, use the address of the short-term facility.

If mother was not a resident of the U.S., select "out of country" in the drop-down list of states and enter the country of residence in the text box.

Some reporting sites may find that an individual data source will require that unique identifiers, such as a specific street address, be stored in hard copy only, not in the electronic database. If possible, enter resident state at a minimum, as it can be used to confirm state residency.

A79: Mother's marital status during pregnancy

Specify if the mother was single, married, divorced, separated, or widowed during the pregnancy. If her marital status changed during her pregnancy, use the marital status at the time of birth.

A80: Number of months between prior pregnancy and this one

Indicate if this is the mother's first pregnancy by selecting "First pregnancy." If not the first pregnancy, then select the number of months between the outcome of the previous pregnancy and the conception of the most recent pregnancy.

A81: Was mother taking folic acid or a multivitamin prior to this pregnancy?

Specify if the mother took folic acid or multivitamins at any time prior to her pregnancy.

A82: Mother have a primary care provider prior to this pregnancy

Indicate if the mother had a primary care provider (a licensed medical professional who acted as the first point of contact for everyday health needs and routine checkups). Common types

include family medicine doctors, internal medicine doctors, nurse practitioners, and physician assistants.

A83: Mother's employment during pregnancy

Select the employment status of the mother during her pregnancy. If it changed during the pregnancy, choose the option that describes the most time (i.e., number of months or weeks) during the pregnancy.

If the mother was employed or a student, indicate how long after the delivery she returned to her job or classes. If both apply, choose the number of weeks closest to delivery. Indicate who watched the infant while she was at work or class.

A84: Mother's pre-pregnancy weight, height, BMI

The weight, height, and BMI of the mother before pregnancy. If both height and weight are entered, BMI is automatically calculated. If either height or weight is unknown but BMI is known, enter BMI only. Categories to be used for summarizing BMI in analysis by the National Center will align with CDC guidelines, as follows:[2]

- *Underweight*: BMI < 18.5
- *Normal weight:* BMI 18.5 to 24.9
- *Overweight:* BMI 25 to 29.9
- *Obese:* BMI 30 or higher

Note: BMI is used as a standardized population-level measure. However, it is an indirect proxy for body fat and does not account for differences in body composition, fat distribution, age, or racial/ethnic variation. As a result, BMI categories may not fully reflect individual health risk across all populations. BMI is intended as a surveillance measure and should not be interpreted as a standalone indicator of individual health.

A85: Mother's pregnancy weight gain or loss in pounds

The amount of weight gained or lost in pounds after the pre-pregnancy weight is subtracted from the pregnancy weight. Weight loss should be entered as a negative number.

A86: Did mother achieve the recommended weight gain?

Recommended weight gain varies according to pre-pregnancy BMI. Recommended growth charts for mothers who were underweight, normal weight, overweight, or obese at the start of pregnancy are in the FIMR glossary. General recommendations for second and third trimester are:[3]

- *Underweight*: 1 – 1.3 lb/wk
- *Normal weight*: 0.8 – 1.0 lb/wk
- *Overweight*: 0.5 – 0.7 lb/wk
- *Obese*: 0.4 – 0.6 lb/wk

A87: Mother's age at first pregnancy

[2] Calculating BMI Using the English System.
https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html

[3] Weight Gain During Pregnancy.
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm#tracking.

Provide the age of the mother at the time of conception of her first pregnancy, regardless of the outcome of that pregnancy.

A88: For each previous pregnancy

For each of the mother's previous pregnancies, indicate year of delivery, mother's age at time of delivery, gestational age of the infant, birth weight in grams, type of delivery (types defined below), number of fetuses in each pregnancy, and the outcome code, also outlined below.

- Delivery types:
    - *NSVD:* Natural spontaneous vaginal delivery.
    - *C-Sec:* Cesarean Section, a surgical delivery.
    - *VBAC:* Vaginal birth after Cesarean.
- Outcome Codes:
    - *Full-term, live birth*: An infant born alive after 37 completed weeks of gestation.
    - *Premature, live birth*: An infant born alive before 37 completed weeks of gestation.
    - *Stillbirth >/= 20 weeks*: Delivery of a baby that shows no signs of life from 20 weeks gestational age or after.
    - *Spontaneous abortion/miscarriage/stillbirth <20 weeks*: The non-induced loss of the infant before 20 weeks of gestation.
    - *Therapeutic abortion*: The interruption of a pregnancy because of risks to the mother's health or because of fetal disease.
    - *Voluntary abortion:* The interruption of a pregnancy at the pregnant woman's request for reasons other than mother's health or fetal disease.
    - *Ectopic:* A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.
    - *Unknown:* Select "unknown" if the outcome of the pregnancy is unavailable in the case abstraction process.

A89: Was mother using birth control in the 3 months prior to this pregnancy?

Indicate if the mother was using birth control in the 3 months prior to this pregnancy. If "yes," specify what type or method of birth control the mother was using. If she changed birth control methods within the three months before pregnancy, select "multiple methods." If no birth control was used, specify if pregnancy was unintended, intended, or mistimed in the three months prior to the pregnancy.

A90: Where was prenatal care most frequently provided for this pregnancy?

A place where the mother received pregnancy and health care information most of the time during this pregnancy.

- *N/A:* Select if there was no prenatal care provided.
- *Private provider's office:* A location, other than a hospital, community health center, state or local public health clinic, or intermediate care facility where health professionals routinely provide health examinations, diagnosis, and treatment of illness injury, or conditions on an ambulatory basis.
- *County or city health department:* A health department is a part of government which focuses on issues related to the general health of the citizenry.
- *Clinic:* An establishment or hospital department, other than a private provider, county or city health department, community/neighborhood health center, or managed care

organization, where outpatients are given medical treatment or advice, especially of a specialist nature.

- *Managed care organization:* A managed care organization (MCO) is a health care provider or a group or organization of medical service providers who offer managed care health plans. It is a health organization that contracts with insurers or self-insured employers and finances and delivers health care using a specific provider network and specific services and products.
- *Community/neighborhood health center:* A private, nonprofit organization that directly or indirectly (through contracts and cooperative agreements) provides primary health services and related services to residents of a defined geographic area that is medically underserved. Federally Qualified Health Centers (FQHCs) are examples of community/neighborhood health centers.
- *Other, specify:* Prenatal care was received somewhere not listed above.
- *Unknown:* Select if your team was unable to determine place of prenatal care.

A91: Which type of provider most frequently provided prenatal care for this pregnancy?
Indicate the type of health specialist who mostly provided the mother with prenatal care services/information for the pregnancy (e.g., nurse practitioner, nurse midwife, obstetrician, perinatologist, family physician). Select "N/A" if the mother did not receive prenatal care during the pregnancy.

A92: Did mother receive doula services in this pregnancy?
Indicate if the mother received services from a doula during this pregnancy. A doula is a birth coach who gives emotional and physical support to a woman during labor and childbirth.

A93: Was this pregnancy a result of assisted reproductive technology?
Specify whether assisted reproductive technology (e.g., fertility drugs, artificial insemination, in vitro fertilization) was used to conceive the pregnancy.

A94: Which of the following tests were performed during this pregnancy?
Specify the test performed by the mother's health care provider during the pregnancy period. Identify whether the results were "normal," "abnormal," or "unknown."

- *CBC-Complete Blood Count*: This test typically includes white blood cell count (leukocytes), red blood cell count (erythrocytes), hematocrit, hemoglobin, platelets, and several other values of the cellular, formed elements of blood.
- *GTT-Glucose Tolerance Test:* A diagnostic test of diabetes mellitus and assessment of patients with fasting blood glucose levels just above the normal range.
- *HCT-Hematocrit:* The ratio of the volume of red blood cells to the volume of whole blood.
- *HGB-Hemoglobin:* Hemoglobin is the iron-containing protein found in all red blood cells that enables them to bind to oxygen in the lungs and carry it to tissues and organs throughout the body. The hemoglobin test is often used to check for anemia, usually along with a hematocrit or as part of a complete blood count (CBC). The test may be used to screen for, diagnose, or monitor several conditions and diseases that affect red blood cells.
- *Non-invasive prenatal screening (NIPS)/Non-invasive Prenatal Testing (NIPT)/Cell free DNA:* The cell-free DNA prenatal screening tests screens for certain conditions caused by an abnormal number of chromosomes. It can be administered as early as 10 weeks of

pregnancy and up through delivery. Some DNA from the pregnancy circulates in the pregnant woman's blood. The test is done on a sample of her blood. It is a highly sensitive test that screens for:
    - Trisomy 21 (Down syndrome)
    - Trisomy 18
    - Trisomy 13

  It is not used for screening for neural tube defects, heart defects, abdominal wall defects, and many other chromosomal and genetic disorders.
- *Fetal movement assessment (kick counts):* The count of any movements that the unborn baby makes such as jabs, punches, rolls, twists, and turns. Kick counts are a specific intervention strategy that a provider might recommend that encourages a mother to count the baby's movements once a day, at the same time teach day, generally starting in the third trimester. The American College of Obstetricians and Gynecologists (ACOG) describes the perception of 10 distinct movements in a period of up to 2 hours as reassuring.
- *Contraction stress test (CST):* Also called a stress test or oxytocin challenge test. May be done during pregnancy to measure the baby's heart rate during uterine contractions. The CST is used to determine fetal reserve prior to labor by evaluating the response of the fetal heart rate to spontaneous or induced uterine contractions.
- *Nonstress test (NST):* Also known as fetal heart rate monitoring. A common prenatal test used to check on a baby's health. During a nonstress test a baby's heart rate is monitored to see how it responds to the baby's movements.
- *Biophysical profile (BPP):* A noninvasive test that predicts the presence or absence of fetal asphyxia and, ultimately, the risk of fetal death in the antenatal period. BPP is done with a combination of ultrasound and fetal heart rate monitoring, and measures 5 parameters:
    - Fetal heart rate
    - Fetal breathing
    - Fetal movement
    - Fetal tone
    - Amniotic fluid volume
- *Measurement of cervical length:* Cervical-length measurement using transvaginal sonography is an assessment tool for predicting preterm delivery.
- *Maturity (L/S ratio):* Lecithin–sphingomyelin ratio is a test of fetal amniotic fluid to assess for fetal lung maturity.
- *Pap smear:* A method of cervical screening used to detect potentially pre-cancerous and cancerous processes in the cervix.
- *Sickle prep or equivalent:* A screening test done on blood to find if sickle cell trait or sickle cell disease is present.
- *Ultrasound:* Sonography or diagnostic medical sonography is an imaging method that uses high-frequency sound waves to produce images of structures within the body. Ultrasound exams are commonly used in pregnancy to scan a mother's abdomen and pelvic cavity, creating a picture (sonogram) of the baby and the placenta.
- *TORCH:* A blood test that detects several different infections in a newborn. TORCH refers to toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and HIV.
- *Urine culture:* Used to diagnose a urinary tract infection (UTI) and to identify the bacteria or yeast causing the infection so it can be treated.

- *Rubella titer:* A blood test used to detect antibodies in the blood that develop in response to a rubella infection or immunization.
- *Antibody screen:* Used to screen an individual's blood for antibodies directed against red blood cell antigens other than the A and B antigens. In pregnancy, antibody screening is used to determine if a mother and her fetus have blood groups or types that could be incompatible.
- *STI culture or test:* Used to screen for common sexually transmitted infections (e.g., gonorrhea, syphilis, chlamydia, chancroid, herpes, human papillomavirus, and HIV).
- *Urine toxicology:* Sometimes referred to as **"**tox" screen, a urine toxicology test checks the urine for the presence of drugs or other chemicals, including prescription medicines and nonprescription medicines.
- *Blood type and Rh factor:* A test to determine the blood type (either A, B, AB, or O) and Rh factor (negative or positive).
- *Other, specify:* Identify any other notable tests that were administered.

A95: Did the mother receive the following vaccinations during pregnancy?
Indicate if the mother received the Tetanus, Diphtheria, Pertussis (TdaP), COVID-19, RSV, or seasonal flu vaccine during this pregnancy.

A96: During this pregnancy and including any previous pregnancies, did the mother have any medical conditions/complications?
Specify any medical complications during this pregnancy or in past pregnancies, including the timeframe of the occurrence and any referrals that helped manage the complication. Check all that apply. If there is evidence of a referral being made, please indicate if the services were provided or not. This information may only be available in the parental interview.

- *Cardiovascular*
    - *Hypertension-gestational:* High blood pressure that occurs during the second half of pregnancy and disappears soon after the baby is born.
    - *Hypertension-chronic:* A long-term condition in which blood pressure is higher than normal.
    - *Pre-eclampsia:* A pregnancy-specific hypertensive disease with multi-symptom involvement, usually occurring over 20 weeks gestation, and primarily defined by new-onset proteinuria.
    - *Eclampsia:* The convulsive phase of the above disorder, among the most severe manifestation of the disease.
- *Hematologic*
    - *Sickle cell disease:* There was a known diagnosed of sickle cell disease and/or the mother of the deceased infant had two abnormal hemoglobin genes.
    - *Anemia:* Abnormally low levels of blood or red blood cells in the bloodstream.
    - *Clotting disorder:* Certain abnormalities of blood coagulation that can threaten the health of mothers or pregnancies. Some of these conditions include antithrombin deficiency, antiphospholipid syndrome, Factor V Leiden thrombophilia, prothrombin thrombophilia, and protein S deficiency.
- *Respiratory*
    - *Asthma:* A chronic lung disease that inflames and narrows the airways and can cause recurring periods of wheezing, chest tightness, shortness of breath, and coughing.

- *Endocrine/Metabolic*
    - *Diabetes, type 1 chronic:* A chronic condition in which the pancreas does not produce enough insulin, resulting in elevated blood sugar. Previously called insulin-dependent or juvenile diabetes, as it is commonly diagnosed in children, teens, or young adults.
    - *Diabetes, type 2 chronic:* The most common form of diabetes, type 2 diabetes occurs when the body either resists the effects of insulin or resists the effects of insulin, resulting in elevated blood sugar. Unlike type 1, can often be managed by diet and exercise.
    - *Diabetes, gestational:* Diabetes that arises during pregnancy.
    - *Thyroid:* Disorders of the thyroid, including hypothyroidism, Hashimoto's Thyroiditis, hyperthyroidism, goiter, thyroid nodules, and thyroid cancer.
    - *Polycystic ovarian disease/Polyendocrine Metabolic Ovarian Syndrome:* A condition of the female reproductive system characterized by enlarged ovaries that can contain follicles surrounding the eggs, irregular or very heavy periods, and excess male hormone (androgen) levels. This high level of androgen may result in physical signs such as excess facial and body hair, severe acne, and male-pattern baldness.
- *Neurologic/Psychiatric*
    - *Addiction disorder:* Substance abuse and dependence, typically characterized by the overuse of drugs or alcohol.
    - *Depression:* Mother displayed clinical symptoms of depression, was hospitalized, or under supervised medication, or otherwise experienced other indicators of depression during any of her pregnancies.
    - *Anxiety disorder:* Disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and any anxiety disorder due to another medical condition.
    - *Seizure disorder:* Defined by any of the following conditions: At least two unprovoked (e.g., not febrile) seizures occurring more than 24 hours apart.
        - One unprovoked seizure and a probability of further seizures occurring over the next 10 years.
        - Diagnosis of an epilepsy syndrome.
- *Sexually Transmitted Infections (STI)*
    - *Chlamydia:* Documented positive chlamydia screening.
    - *Gonorrhea:* Documented positive gonorrhea screening.
    - *Herpes:* Documented positive herpes screening.
    - *HPV:* Documented positive HPV screening.
    - *Syphilis:* Documented positive syphilis screening.
    - *HIV/AIDS:* Documented diagnosis of human immunodeficiency virus or acquired immunodeficiency syndrome.
    - *Other STI, specify:* Documented diagnosis of any sexually transmitted infection not identified above.
- *Gynecologic*
    - *Uterine/vaginal bleeding:* Indicate if the mother had vaginal bleeding at any point in any of her pregnancies, other than light spotting in early pregnancy,

which is common and typically benign. There are many causes of vaginal bleeding in pregnancy. Some are quite serious, while others are not. Bleeding later in pregnancy can be much more serious.
    - *Chorioamnionitis:* Infection of the membranes surrounding the fetus.
    - *Oligohydramnios:* Smaller than normal amount of amniotic fluid.
    - *Polyhydramnios:* Larger than normal amount of amniotic fluid, often associated with certain congenital disorders or diabetes of the mother.
    - Fetal growth restriction (FGR)/Intrauterine growth restriction (IUGR)*:* Birth weight of the fetus is below the 10th percentile of mean weight for gestational age.
    - *Premature rupture of membranes (PROM):* Spontaneous rupture of the bag of waters any time before the onset of labor.
    - *Preterm premature rupture of membranes (PPROM):* The bag of waters is ruptured before onset of labor and before 37 completed weeks of gestation.
    - *Cervical Insufficiency:* Formerly known as Incompetent Cervix, this is diagnosed when weakened cervical muscles result in premature delivery or infant/fetal loss in an otherwise healthy pregnancy.
    - *Bacterial vaginosis (BV):* An imbalance of the bacterial vaginal flora, detected prenatally or at delivery. Requires documented diagnosis in medical records.
    - *Group B strep:* Documented positive vaginal group beta strep culture.
    - *Umbilical cord complications:*
        - *Prolapse:* A serious complication that occurs prior to or during the delivery of a baby where the umbilical cord drops (prolapses) through the vaginal opening ahead of the baby. The cord can then become trapped against the mother's cervical opening and the presenting part of the baby, compressing the cord. This compression can pinch the vein in the cord, causing the baby's blood to fill with carbon monoxide. The baby may also experience variable decelerations in its heart rate, changes in blood pressure, and lack of oxygen to the brain.
        - *Nuchal cord:* A nuchal cord occurs when a baby's umbilical cord is wrapped completely around its neck in utero. This is common, and nuchal cords often resolve themselves before delivery or are easily remedied at delivery. Nuchal cord can cause serious complications, however, if the cord is tightly wound around the baby's neck.
        - *Other cord, specify:* Please identify any other umbilical cord complications not identified above, such as velamentous insertion, vasa previa, or true and false knots in the cord.
    - *Placental problems:*
        - *Abruption:* A condition in which the placenta separates from the inner wall of the uterus before the baby is born.
        - *Previa:* A placenta that is implanted in the lower uterine segment and covers all or part of the cervical opening. This should be clinically diagnosed.
        - *Other placental, specify:* Any other documented placental abnormality or placenta-related problem.
- *Other Complications/Conditions*

- *UTI:* A urinary tract infection (UTI) can occur anywhere in the urinary system, including the kidneys, ureters, bladder, or urethra. Identify if there was a positive UTI diagnosis.
- *Decreased fetal movement:* Identify if the mother or a health care provider observed a decrease in fetal movement.
- *HELLP syndrome:* A rare but serious condition of pregnancy characterized by hemolysis (the breakdown of red blood cells), elevated liver enzymes, and low platelet count. While around 1 in 1000 pregnant women develop HELLP syndrome, about 2 in 10 pregnant women with preeclampsia develop it. It can be treated pharmaceutically in some cases. In others, even if the baby is premature, it requires immediate delivery of the baby to protect both the mother and infant.
- *Mother developmental delay:* Mother falls below the norm in any one of these five areas: gross motor control, fine motor control, social interaction, language, or self-help.
- *Oral health/dental or gum infection:* Identify if there was any known periodontal infection including gingivitis or abscesses.
- *Gastrointestinal:* Identify any conditions or complications of the stomach or digestive tract, including gallstones, abdominal pain, constipation, diarrhea, or ulcers.
- *Mother genetic disorder:* Indicate whether the mother had any known gene variants.
- *Abnormal MSAFP:* The Serum Alfa-Fetoprotein screening is given to people in pregnancy for early identification of possible genetic disorders. It is often part of the triple-screen test to determine if further diagnostic testing of the fetus is needed. Indicate if the results of this screen were abnormal.
- *Preterm labor:* Onset of labor before 37 completed weeks gestation.
- *Obesity:* Identify if the mother had a body mass index (BMI) of 30 or higher.
- *Other, specify:* Identify any other complication or condition not mentioned above.

A97: Did the care provider recommend precautions to prevent premature labor or early labor?
Indicate whether there is any mention of precautions received from health care provider to prevent early labor. Indicate which precautions were recommended by the provider and if there were any barriers or system-level issues that prevented the advice from being followed.

A98: Type of delivery
Indicate how the baby was delivered. If it was a spontaneous labor and a vaginal delivery but included an intervention such as forceps or vacuum extraction, select "NSVD" and the appropriate interventive delivery method. If it was a C-Section delivery, please indicate the reason the C-Section was performed, as noted in the medical record.

A99: Were there any signs of non-reassuring fetal status or fetal distress?
Fetal distress includes any unhealthy condition of the fetus before the birth process or during the birth process that puts the baby or the mother at risk.

- *Bradycardia:* A slow, sustained fetal heart rate of less than 110 beats per minute for a duration of 10 minutes or longer.
- *Decreased/no fetal movement:* A reduction of fetal movement or no detection of movement by the fetus.
- *Fetal heart tone changes:* Fluctuations in the fetus's heart rate and rhythm.

- *Intrauterine fetal death (IUFD):* Death of the fetus after the 20th week of gestation.
- *Meconium stained fluid:* Dark green fecal material from the fetus.
- *Respiratory distress:* Fetal lung conditions that occur before birth and impair the newborn's ability to breathe after delivery. Also called intrauterine respiratory distress syndrome (IUDRS).
- *Other, specify:* Identify any other complication or condition not mentioned above.

A100: Were any birth defects noted?
Any defect present in a baby at birth, irrespective of whether the defect is caused by a genetic factor or by prenatal events that are not genetic. This includes both minor and severe abnormalities in appearance, organ function, physical development, and mental development.

A101: Date of mother's discharge from the birth hospital
The day, month, and year of mother's discharge from the birth hospital. For home births, indicate "N/A."

A102: Was there evidence of injury at death, not including the birth process?
Indicate any sign of physical damage to any part of the body (e.g., scratches, marks, fractures, bruises, burns).

A103: Was a placental pathology performed?
Placental pathology includes a microscopic examination of the umbilical cord and its vessels, the placental membranes (i.e., amnion, chorion), and the placental disk or fetal surface. If "yes," describe the test and findings of the pathology.

A104: Payer source for mother's care for the timeframe (pre-pregnancy, pregnancy, labor and delivery, post-pregnancy)
Indicate the type of individual or health care plan that made the payment for the cost of mother's care before, during, and after her pregnancy, as well as the cost of her labor and delivery. Check all that apply.

A105: Did the mother have stable housing during the pregnancy?
Indicate if the mother had stable housing throughout her pregnancy. Some examples of unstable housing include homelessness, living on the street, living in a shelter, or making frequent moves among friends and family members. This can also include if the mother was incarcerated immediately before, during, or after the pregnancy, or while the infant was alive. If housing was unstable, select the appropriate type of instability.

A106: Did the mother have phone service during the pregnancy?
Indicate how often mother had reliable phone service.

A107: Did the mother have any high risk prenatal/antepartum encounters?
Indicate if the mother received inpatient or outpatient care for serious and acute complications requiring intensive care and surveillance by an obstetrician-gynecologist or a specialist in maternal fetal medicine. Such conditions may include diabetes, high blood pressure, and pulmonary problems. During pregnancy, women with such conditions require specialized prenatal care. The High-Risk Antepartum unit often provides this specialized care.

A108: Did the mother have any hospitalizations greater than 24 hours prior to labor and delivery excluding the birth?

Specify if the mother had previously been hospitalized because of any injury or medical condition greater than 24 hours before her labor and delivery. If "yes," describe what treatment was recommended.

A109: Did the mother die as a result of a pregnancy related condition?

Indicate if the mother died because of any pregnancy related conditions. Pregnancy related deaths are deaths of a mother during or within one year of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.[4] Examples include preeclampsia, gestational diabetes, infections, or obstetric emergencies like amniotic fluid embolism or post-partum hemorrhage.

A110: Did the mother die as a result of a pregnancy associated condition?

Pregnancy associated deaths are deaths of a mother during or within one year of pregnancy, regardless of the cause.[5] Unlike pregnancy related deaths, this category can include accidents, injuries, homicide, and suicide.

A111: Were any health education topics discussed at any time between the first prenatal care visit and the delivery?

Indicate pregnancy and health care-related education that a care provider discussed with the mother during the period between the first prenatal care and labor and delivery. If "yes," check all that apply. Some, but not all, options are described below.

- *Mother nutrition*: General information on recommended nutrient intake and dietary planning that is undertaken before, during, and after pregnancy to achieve an optimum outcome.
- *Weight gain counseling*: Specific guidelines the provider discusses with the mother that varies according to pre-pregnancy body mass index. Weight gain counseling could include avoidance of excessive weight gain and/or avoidance of inadequate weight gain.
- *Eating disorders*: Disorders such as anorexia, bulimia, and binge eating disorder. Includes extreme emotions, attitudes, and behaviors surrounding weight and food issues.
- *Fetal movement monitoring*: General knowledge about normal fetal movement, monitoring techniques, and response to decreased fetal movement.
- *Kick counts:* The fetal kick count is the count of any movements that the unborn baby makes such as jabs, punches, rolls, twists, and turns. Kick counts are a specific intervention strategy that a provider might recommend that encourages a mother to count the baby's movements once a day, at the same time teach day, generally starting in the third trimester. The American College of Obstetricians and Gynecologists (ACOG) describes the perception of 10 distinct movements in a period of up to 2 hours as reassuring.
- *Family planning:* The practice of controlling the number of children in a family and the intervals between their births, particularly by means of artificial contraception or

[4] https://reviewtoaction.org/learn/definitions.
[5] https://reviewtoaction.org/learn/definitions.

voluntary sterilization. Comprehensive family planning services, according to the CDC, include:

- Contraceptive services
- Pregnancy testing and counseling
- Pregnancy-achieving services including preconception health services
- Basic infertility services
- Sexually transmitted disease services
- Broader reproductive health services, including patient education and counseling
- Breast and pelvic examinations
- Breast and cervical cancer screening
- Sexually transmitted infection (STI) and human immunodeficiency virus (HIV) prevention education, counseling, testing, and referral

A112: Were any health education topics discussed at any time between mother's admission and discharge from the birth hospital?

Mention any or all kinds of post-pregnancy health care related topics that a care provider discussed with the mother between the period when admitted for delivery and when discharged after delivery. This includes health education topics discussed by care providers at home births such as doulas and mid-wives. If "yes," check all that apply.

A113: Were any infant safety topics discussed at any time between the first prenatal care visit and mother's discharge from the birth hospital?

Indicate topics/messages related to infant health safety that the mother had received from the care provider between the period of her first visit to the provider and the time she was discharged from the hospital after birth. If "yes," check all that apply.

A114: Did the mother experience any stressors during the pregnancy?

Stressors are life events that impact an individual's emotional, physical, and psychological wellbeing. Select the stressors the mother experienced during the pregnancy. If "yes," check all that apply.

A115: Was the mother a victim of intimate partner violence?

Indicate whether the mother experienced any sort of verbal, emotional, physical, economic, or sexual abuse prior to conception, during the pregnancy, or in the postpartum period. If the mother experienced intimate partner violence, indicate if a referral was made and if services were provided.

A116: Was the family referred to any health or human services program during or after the pregnancy?

Specify if the family was referred to any human service program (e.g., case management, legal aid, social worker, child protection services, infant health program, mental health services, Social Security Disability Insurance (SSDI), dietitian/nutritionist, family planning, bereavement/chaplain). If "yes," check all that apply. If a referral was made, specify if services were provided. Infant mental health services may include promotion, prevention, and/or treatment programs to promote an infant's social, emotional, behavioral, and cognitive development and parent-infant attachment.

A117: At any time before or during pregnancy or until the infant's death, did the family experience any difficulties in obtaining, communicating, processing, or understanding basic health information and services in order to make informed health decisions?
Indicate if the infant's family exhibited an inability to assess, understand, or send feedback and questions about health information, limiting their ability to make appropriate health and/or health care decisions. This is an indicator of health literacy.

A118: Apgar scores at 1 minute, 5 minutes, and 10 minutes after delivery
The Apgar score provides an accepted and convenient method for reporting the status of the newborn infant immediately after birth and the response to resuscitation if needed. The Apgar scores are comprised of five components: 1) color, 2) heart rate, 3) reflexes, 4) muscle tone, and 5) respiration, each of which is given a score of 0, 1, or 2 for a total score between 0 and 10. If one score is known and the others unknown, or the infant didn't live 5 or 10 minutes, mark the one(s) that you know. Check "unknown" only if **all** Apgar scores are unknown.

A119: Were neonatal resuscitation measures required or attempted in delivery room?
Resuscitation measures are actions taken to ensure the safety of the child or during a high-risk delivery (e.g., physical stimulation, chest compressions, suctioning, intubation, respiratory or cardiac meds for resuscitation, positive pressure ventilation, oxygen). If "yes," check all that apply.

A120: Disposition from delivery room, did the infant go to
Specify the newborn care facility within the hospital that the child was moved into following delivery.

A121: Were there morbidities noted during the nursery stay?
Indicate any case of diagnosed illness, disease, or injury during the period between post-delivery and discharge from the hospital. If "yes," check all that apply. If there was no nursery stay, select "N/A."

A122: Was a urine, meconium, or cord blood toxicology done on the infant?
Indicate whether a urine, meconium, or cord blood toxicology was conducted and if it was positive for identified substances. If positive, please indicate which substances were identified.

The following 8 questions are only answered if the child left the hospital after birth, including home births.

A123: Date of infant's last discharge from any hospital
This includes any hospitalization, addressing only those inpatient hospitalizations that occurred after discharge from the birth hospital. If the child died while in the hospital, enter the date of death.

A124: Total number of days infant hospitalized
Provide the number of days infant stayed in the hospital including the number of days at the birth hospital and any inpatient hospitalizations that occurred after discharge from the birth hospital. If applicable, include the hospital stay in which the death occurred while the infant was hospitalized.

A125: Infant's disposition (after birth, from any hospital)
When the child left the birth hospital, did they go home with the parent(s) or to another place, such as foster care? If this was a home birth, select "home with parents."

A126: Did the infant have a primary care provider?
Primary care providers include doctors, physician assistants, or nurse practitioners if that was the health care provider who regularly saw the infant for routine health care. This question does not refer to health care providers who may have participated in prenatal care or delivery.

A127: Were any medications prescribed for the infant at any discharge?
Specify any type of medication recommended for the infant at the point of any discharge and if the parent(s) was/were instructed in medication administration.

A128: Was the infant technologically dependent on discharge from any hospital visit?
Indicate if the infant was placed on any kind of technological medical support when leaving the hospital (e.g., mechanical pump for feeding, mechanical ventilator, apnea monitor). If "yes," describe.

A129: After the infant came home from the hospital after delivery, did they have to go back into the hospital overnight for any reason?
If the child was hospitalized for any reason after discharge from the birth hospital, indicate how many nights hospitalized. This number does not include hospitalizations at birth, only those hospitalizations in which the child went home for any length of time. If there were multiple hospitalizations after discharge from the birth hospital, add the number of nights together. If "yes," indicate the child's age in weeks when admitted for the last time. Less than 7 days is 0 weeks.

A130: Number of outpatient/ambulatory infant encounters
Ambulatory encounters are medical observation, consulting, diagnosis, intervention, and treatment services done outside of the hospital. These are actual encounters, not just those recommended but not received. The number of lines displayed in data entry will equal the number of encounters, up to a maximum of 12 lines. Enter the full number of encounters even if it is over 12 and fill in the encounters starting with the one most recent to the death and working backward. Also include the reason for the visit and any recommended treatments that resulted from the visit.

A5. Parental/Caregiver Interview

Section A5 is only completed by FIMR users.

A131: Was a home interview conducted?
This can include interviews with other family members, even if the mother was not interviewed. Select "yes" if the interview was conducted in-person, by phone or virtually, or by survey. Select "no" if an interview was not conducted and the reason why the interview was not conducted.

A132: How does the mother describe the time just before pregnancy?
Indicate generally the mother's life context prior to conception.

A133: How does the mother remember feeling about becoming pregnant?
Indicate how the mother felt about the pregnancy.

A134: Were any of the following identified as psychosocial or lifestyle problems experienced by the mother AT ANY TIME in her life, as a child, before or during pregnancy?
The "mother as a child" variables assess adverse events a mother may have been exposed to as a child. Indicate the mother's experience as a child and the mother's experience before or during her pregnancy. If the mother was a minor (i.e., younger than 18 years old) throughout her pregnancy, answer both "mother as child" and "current" questions. Check all that apply.

- Mother *as child:*
    - *Housing unstable/inadequate/homeless:* Indicate whether the occupied housing unit had moderate to severe physical problems, including lack of functioning plumbing, lack of a complete kitchen, unvented heating, lack of hot or cold water, or if the housing was overcrowded. Inadequate or unstable housing includes staying with someone(s) in a transient manner (i.e., "couch surfing").
    - *Food insecurity:* Indicate any lack of consistent access to enough food to sustain an active, healthy life.
    - *Treated violently:* Indicate whether the mother was treated violently by any adults or caregivers when she was a child.
    - *Parents or caregiver with substance abuse problem:* Indicate if there is evidence of any caregiving adults in the mother's life having a substance use problem or addiction disorder.
    - *Parents or caregiver problem drinkers:* Indicate if any caregiving adults in the mother's life used alcohol in ways that negatively affected her life or health.
    - *Parents or caregiver with mental health problems:* Indicate if there is reason to believe that any caregiving adults in the mother's life had mental health problems, including depression or anxiety disorders. This will be subjective based on the parental interview, and the mother's memory of her parents and caregivers and their behavior.
    - *Parental separation or divorce:* Indicate if the mother's parents were separated or divorced when she was a child.
    - *Incarcerated household member:* Indicate if anyone in the mother's family or household was in prison while she was a child.

- *Current (before or during pregnancy)*

- *Disturbed parent/infant relationship:* A normally developing child will develop an attachment relationship with any caregiver who provides regular physical and/or emotional care, regardless of the quality of that care. A disturbed mother/infant relationship is characterized by an inability to make the child feel safe, secure, and protected.
- *Mother or father disability*
  - *Physical Disability:* A limitation on a person's physical functioning, mobility, dexterity, or stamina. Physical disabilities may include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy, or sleep disorders.
  - *Developmental Disability:* A condition or group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- *Mother or father employment/education needs:* Any aspect of the mother/ biological father employment or education that might be a cause of stress or anxiety (e.g., underemployment, discrimination or harassment on the job, unsafe workplace, unfair/unjust compensation, wrongful termination, insufficient or no maternity/paternity leave, large amounts of time without rest).
- *Inadequate support system:* Indicate if the mother lacked adequate physical, emotional, or financial support.
- *Mother or father felt "stereotyped" or profiled:* Indicate whether the mother or biological father felt that they were treated differently than other people based on a difference such as age, socioeconomic status, religion, or physical ability.

A135: How supportive was the father toward the mother during the pregnancy?
Indicate if the biological father was "not involved," "supportive," "unsupportive," or "unknown."

A136: During the mother's recent pregnancy, did she have others who would have helped if a problem had come up?
Were there people in the mother's life on whom she could rely for support and assistance during her pregnancy. For example, if she needed a ride to the clinic or needed to borrow money. If "yes," describe who would have helped (e.g., significant other, friend, in-laws, other family).

A137: Did the mother feel that she was ever treated differently or unfairly in getting services?
Indicate if the mother expressed a difference in access to care or treatment based on marital status, the type of insurance to cover the infant's care, the family's ability to pay for treatment, or some other type of bias. If "yes," check all that apply.

A138: Was the mother currently pregnant at time of parental/caregiver interview?
Indicate if the mother was pregnant at the time of the last parental/caregiver interview, and if not, if she was trying to become pregnant or if she was using birth control at that time. If using birth control, specify what type.

A139: Does the mother expect to have any more children?

Indicate whether the mother intends to have more children, and if known, how many she expects to have and when.

A140: Did the father experience any stressors during the pregnancy?
When answering, consider events during the pregnancy that impacted the physical, social, emotional, and psychological wellbeing of the biological father as reported in a family interview. If "yes," check all that apply.

A141: Were any of the following identified as psychosocial or lifestyle problems experienced by the caregiver while the infant was still alive?
If "yes," check all that apply.

- *Disturbed caregiver/infant relationship:* A normally developing child will develop an attachment relationship with any caregiver who provides regular physical and/or emotional care, regardless of the quality of that care. A disturbed caregiver/infant relationship is characterized by an inability to make the child feel safe, secure, and protected.
- Caregiver *or significant other disability*
  - *Physical Disability:* A limitation on a person's physical functioning, mobility, dexterity, or stamina. Physical disabilities may include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy, or sleep disorders.
  - *Developmental Disability:* A condition or group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- *Caregiver or significant other employment/education needs:* Any aspect of the caregiver employment or education that might be a cause of stress or anxiety (e.g., underemployment, discrimination or harassment on the job, unsafe workplace, unfair/unjust compensation, wrongful termination, insufficient or no parental leave, large amounts of time without rest).
- *Inadequate support system:* Indicate if the caregiver lacked adequate physical, emotional, or financial support.
- *Caregiver felt "stereotyped" or profiled:* Indicate whether the caregiver felt that they were treated differently than other people based on a difference such as age, socioeconomic status, religion, or physical ability.

A142: In the months prior to the infant's death, how often did the caregiver feel that daily activities were overwhelming?
Indicate if the caregiver felt they were unable to complete necessary tasks of living, meet normal expectations, or if they were easily overwhelmed by their normal responsibilities.

A143: In the months prior to the infant's death, how often did the caregiver say that they felt very sad?
Indicate how frequently the caregiver said they felt very sad.

A144: Did the caregiver feel they had family or friends who could help with the infant at home?
Indicate if the caregiver felt they had anyone on whom they could rely on to help with the infant if necessary.

A145: Did the caregiver feel that their infant was ever treated differently or unfairly in getting services?

Indicate if the caregiver expressed a difference in access to care or treatment based on the caregiver's marital status, the type of insurance to cover the infant's care, the family's ability to pay for treatment, or some other type of bias. If "yes," check all that apply.

A146: How satisfied was the caregiver with the caregiver's significant other's contribution(s) toward their or the infant's financial support?

Indicate whether the primary caregiver felt satisfied by their significant other's financial contributions.

A147: According to the caregiver, did they have a crib, portable crib, or bassinet for the infant?

Indicate if the caregiver identified a safe sleep space they had for the infant. If they had an identified safe sleep space, indicate how often the infant slept in the space. If the response is anything other than "always," describe where else the infant slept.

A148: According to the caregiver, was the infant in the same room with someone who was smoking?

Indicate if the caregiver reported the infant was often in the same room with someone who was smoking. If so, indicate the average number of hours per day the infant was in the same room with someone who was smoking.

A149: Did the infant ever have an illness for which they weren't seen or treated?

Indicate whether the infant had an illness that went untreated, and if so, identify the barriers the family encountered. Check all that apply.

Section B. Biological Parent Information

If available, please provide information for both biological parents. If information is only available for one biological parent, leave the responses (except for B2 & B3, if known) blank for the parent for whom there is no information.

B1: Parents alive on date of child's death?

Indicate if the child's parents were alive at the time of the child's death, even if the parent(s) are deceased at the time of the review. Select "yes," "no," or "unknown" for each of the biological parents. **Please complete all of Section B, even if the parent(s) were deceased at the time of the child's death.**

B2: Parents' race

Race of parent(s). Standard race categories were issued by the Office of Management and Budget to promote comparability of data among federal data systems.[6] For the Pediatric NFR-CRS, the following categories are used. Check all that apply.

- *Alaska Native:* Having origins in any of the original peoples of Alaska, and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- *American Indian:* Having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- *Asian:* Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam). If selected, specify.
- *Black:* Having origins in any of the Black racial groups of Africa.
- *Native Hawaiian:* Having origins in any of the original peoples of Hawaii.
- *Pacific Islander:* Having origins in any of the original peoples of Guam, Samoa, or other Pacific Islands (e.g., Fiji, Tahiti). If selected, specify.
- *White:* Having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- *Unknown*

B3: Parent of Hispanic or Latino/a origin?

Specify whether the parents are of Hispanic or Latino/a origin. The Office of Management and Budget defines "Hispanic or Latino/a" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

B4: Parents' age in years at time of child's death

Indicate the age of each of the child's biological parents at the time of the child's death.

B5: Parents' employment status

Parents' employment status at time of incident or at time of death if newborn never left hospital following birth. To be considered unemployed, a person does not work for compensation at any time during the week. If the parent is incarcerated, select "unemployed."

[6] Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, Office of Management and Budget. https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf.

B6: Parents' education

Specify highest level of education which parents completed. "High school/GED" includes a high school equivalency diploma, such as a graduate equivalency diploma (GED).

B7: Parents speak and understand English?

Indicate if parents speak and understand English. Select "yes" if parents were able to respond to questions asked in English surrounding the circumstances of the child's death. If parents do not speak or understand English, specify language spoken.

B8: Parents first-generation immigrant?

The child's parents were born in a country other than the U.S. and were citizens of another country at the time they moved to the U.S.

B9: Parents on active military duty?

Indicate if parents are documented as being active in the military at time of incident. "Active in the military" includes all people performing active duty in the U.S. Armed Forces. This includes those in reserve forces and National Guard performing temporary duties at the time of incident. If "yes," specify branch of military.

B10: Parents receive social services in the past 12 months?

Indicate if parents had contact with social services in the past 12 months, including contact with health and human service systems such as receiving home visits from a health educator or assistance through WIC or TANF. If "yes," check all that apply.

- *WIC*: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a nutrition program that helps low-income pregnant women, new mothers, and young children eat well and stay healthy. WIC receives federal funding from the U.S. Department of Agriculture.
- *Home visiting:* Home visiting programs are public health programs that provide in-home services, including assessments, screenings, education, support, and referrals to pregnant women or mothers of young children. These services may be delivered by a variety of professionals, including community health workers, social workers, or public health nurses. Please specify which home visiting program the parent was enrolled in.
- *TANF*: The Temporary Assistance for Needy Families Program (TANF) provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs.
- *Medicaid*: Medicaid is the broad term for government-subsidized medical insurance provided for income-eligible, low-income families. State-level Medicaid programs can have different names and be administered by a private insurance company on behalf of the government.
- *Food stamps/SNAP/EBT*: The Supplemental Nutrition Assistance Program (SNAP) provides benefits to low-income individuals and families to help purchase food. Formerly called "food stamps," these benefits are typically provided in the form of a debit-style card. Electronic Benefit Transfer (EBT) is a program that provides either welfare cash or food benefits on a debit-style card to cover living and nutrition expenses.
- *Section 8/housing*: Also known as the housing choice voucher, Section 8 is the federal government's major program for assisting very low-income individuals/families to afford

decent, safe, and sanitary housing. The program allows private landlords to rent apartments and homes at fair market rates to low-income tenants through a rental subsidy.

- *Social Security Disability Insurance (SSI/SSDI):* SSDI supports individuals who have been disabled for 6 months and have a qualifying work history, either through their own employment or spouse or parent's qualifying employment. The support is provided as a monthly SSDI benefit payment.
- *Other, specify:* Indicate if the child's parents received any other social services or benefits in the year before the child's death, including child care subsidies.
- *Unknown:* Team was unable to determine the type of social services received.

B11: Parents have substance abuse history?

Indicate if parents are perceived by selves or others to have or have had a problem with, or to be addicted to, alcohol or other drugs. Select "yes" if person was noted as using illegal drugs (e.g., heroin, cocaine), abusing prescription medications (e.g., opioids, benzodiazepines), or regularly using inhalants (e.g., sniffing or huffing gas). If the person is mentioned as using illegal drugs, even if addiction or abuse is not specifically mentioned, select "yes." A person who is noted as participating in a drug or alcohol rehabilitation program or treatment (e.g., self-help groups, 12-step programs) should be selected as "yes" even if the person was noted as being currently sober.

A problem from the past (e.g., five years or more ago) that has resolved and no longer appears to apply should still be marked "yes." Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

B12: Parents ever victim of child maltreatment?

Indicate if parents have documented history of being the victim of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select "yes" regarding history unless the referral was noted to have been completely falsified.

B13: Parents ever perpetrator of maltreatment?

Indicate if parents have documented history of being the perpetrator of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select "yes" regarding history unless the referral was found to be completely falsified.

B14: Parents have disability or chronic illness?

Indicate if parents had a disability or chronic illness prior to the time of incident. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

B15: Parents have prior child deaths?

Indicate if parents have a documented history of having a child (age 17 or under) die while in their care, custody, or control.

B16: Parents have history of intimate partner violence?

Indicate if parents have a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical, or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, former spouse, or current or former dating partner. This may also include domestic disturbance complaints to which law enforcement responded. If "yes," check all that apply.

B17: Parents have delinquent/criminal history?

Indicate if parents have a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. Delinquent behavior may include school disciplinary actions and charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

Section C. Primary Caregiver(s) Information

C1: Primary Caregiver(s)
Indicate relationship of caregiver(s) to child. Primary caregiver is defined as the person or persons (up to two) who had responsibility for care, custody, and control of the child most of the time at the time of death. If primary caregiver at time of death was different from primary caregiver at time of incident, answer regarding primary caregiver at time of incident. If the child was living with their biological or adoptive parents, assume that they were the primary caregivers and had legal custody of the child unless otherwise specified in the records.

If the mother and biological father of the child have joint custody and the child spent equal time with each, select the mother as primary caregiver 1 and the biological father as primary caregiver 2. If a parent lives outside of the child's home and does not provide the most care for the child, do not indicate that they were a primary caregiver.

If a newborn dies in a hospital shortly after birth, list at least the mother as the primary caregiver. If the child was not born alive (fetal/stillborn death), then this section will not display in the Pediatric NFR-CRS.

C2: Caregiver(s) age in years
Age of caregiver(s) at the time of child's death.

C3: Caregiver(s) sex
Sex of caregiver(s).

C4: Caregiver(s) race
Race of caregiver(s). Standard race categories were issued by the Office of Management and Budget to promote comparability of data among federal data systems.[7] For the Pediatric NFR-CRS, the following categories are used. Check all that apply.

- *Alaska Native:* Having origins in any of the original peoples of Alaska, and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- *American Indian:* Having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment. If selected, specify the tribe.
- *Asian:* Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam). If selected, specify.
- *Black:* Having origins in any of the Black racial groups of Africa.
- *Native Hawaiian:* Having origins in any of the original peoples of Hawaii.
- *Pacific Islander:* Having origins in any of the original peoples of Guam, Samoa, or other Pacific Islands (e.g., Fiji, Tahiti). If selected, specify.
- *White:* Having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- *Unknown*

[7] Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, Office of Management and Budget. https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf.

C5: Caregiver(s) Hispanic or Latino/a origin?

Specify whether the caregiver(s) is of Hispanic or Latino/a origin. The Office of Management and Budget defines "Hispanic or Latino/a" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

C6: Caregiver(s) employment status

Caregiver's employment status at time of incident or at time of death if newborn never left hospital following birth. To be considered unemployed, a person does not work for compensation at any time during the week. If the parent is incarcerated, select “unemployed.”

C7: Caregiver(s) education

Specify highest level of education caregiver completed. This information is available on the birth certificate if the caregiver is a birth parent. “High school/GED” includes a high school equivalency diploma, such as a graduate equivalency diploma (GED).

C8: Do caregiver(s) speak and understand English?

Indicate if caregiver(s) speak and understand English. Select “yes” if caregiver was able to respond to questions asked in English surrounding the circumstances of the child's death. If caregiver does not speak or understand English, specify language spoken.

C9: Caregiver(s) first generation immigrant?

The child's caregiver was born in a country other than the U.S. and were citizens of another country at the time they moved to the U.S.

C10: Caregiver(s) on active military duty?

Indicate if caregiver is documented as being active in the military at time of incident. "Active in the military" includes all people performing active duty in the U.S. Armed Forces. This includes those in reserve forces and the National Guard performing temporary duties at the time of incident. If “yes,” specify branch of military.

C11: Caregiver(s) receive social services in the last 12 months?

Indicate if caregiver had contact with social services within the past 12 months. Social services are defined as contact with health and human service systems, such as receiving home visits from a health educator or assistance through WIC or TANF. If “yes,” check all that apply.

- *WIC*: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a nutrition program that helps low-income pregnant women, new mothers, and young children eat well and stay healthy. WIC receives federal funding from the U.S. Department of Agriculture.
- *Home visiting:* Home visiting programs are public health programs that provide in-home services, including assessments, screenings, education, support, and referrals to pregnant women or mothers of young children. These services may be delivered by a variety of professionals, including community health workers, social workers, or public health nurses. Please specify which home visiting program the caregiver was enrolled in.
- *TANF*: The Temporary Assistance for Needy Families (TANF) Program provides assistance and work opportunities to needy families by granting states federal funds and wide flexibility to develop and implement their own welfare programs.

- *Medicaid*: Medicaid is the broad term for government-subsidized medical insurance provided for income-eligible, low-income families. State-level Medicaid programs can have different names and can be administered by a private insurance company on behalf of the government.
- *Food stamps/SNAP/EBT*: The Supplemental Nutrition Assistance Program (SNAP) provides benefits to low-income individuals and families to help purchase food. Formerly called "food stamps," these benefits are typically provided in the form of a debit-style card. Electronic Benefit Transfer (EBT) is a program that provides either welfare cash or food benefits on a debit-style card to cover living and nutrition expenses.
- *Section 8/housing*: Also known as the housing choice voucher, Section 8 is the federal government's major program for assisting very low-income individuals/families to afford decent, safe, and sanitary housing. The program allows private landlords to rent apartments and homes at fair market rates to low-income tenants through a rental subsidy.
- *Social Security Disability Insurance (SSI/SSDI):* SSDI supports individuals who have been disabled for 6 months and have a qualifying work history, either through their own employment or spouse or partner's qualifying employment. The support is provided as a monthly SSDI benefit payment.
- *Other, specify:* Indicate if the caregiver(s) received any other social services or benefits in the year before the child's death, including child care subsidies.
- *Unknown:* Team was unable to determine the type of social services received.

C12: Caregiver(s) have substance abuse history?
Indicate if caregiver is perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. Select "yes" if person was noted as using illegal drugs (e.g., heroin, cocaine), abusing prescription medications (e.g., opioids, benzodiazepines), or regularly using inhalants (e.g., sniffing or huffing gas). If the person is mentioned as using illegal drugs, even if addiction or abuse is not specifically mentioned, select "yes." A person who is noted as participating in a drug or alcohol rehabilitation program or treatment (e.g., self-help groups, 12-step programs) should be selected as "yes" even if the person was noted as being currently sober.

A problem from the past (e.g., five years or more ago) that has resolved and no longer appears to apply should still be marked "yes." Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

C13: Caregiver(s) ever victim of child maltreatment?
Indicate if caregiver has documented history of being the victim of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select "yes" regarding history unless the referral was found to be completely falsified.

C14: Caregiver(s) ever perpetrator of maltreatment?
Indicate if caregiver has documented history of being the perpetrator of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective

Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select “yes” regarding history unless the referral was found to be completely falsified.

C15: Caregiver(s) have disability or chronic illness?
Indicate if caregiver has a disability or chronic illness. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

C16: Caregiver(s) have prior child deaths?
Indicate if caregiver has a documented history of having a child (aged 17 years or under) die while in their care, custody, or control.

C17: Caregiver(s) have history of intimate partner violence?
Indicate if caregiver has a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical, or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, former spouse, or current or former dating partner. This may also include domestic disturbance complaints to which law enforcement responded. If “yes,” check all that apply.

C18: Caregiver(s) have delinquent/criminal history?
Indicate if caregiver has a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. Delinquent behavior may include school disciplinary actions and charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

Section D. Supervisor Information

Supervision is defined as the action or process of watching and directing what someone does. With respect to supervision of a child, supervision can be measured by the proximity of the supervisor to the child and the attention (visual and auditory) to the child (i.e., how close was the supervisor to the child). If not close (e.g., in separate rooms of a house), determine whether the supervisor could see and/or hear the child.

A supervisor is defined as a person who has responsibility for care and control of child at time of incident. If there were two supervisors at time of incident, but one clearly had primary responsibility, answer these questions based on the person with primary responsibility. If responsibility of supervision was divided between two people, answer based on the person who was in closest proximity with the child prior during the incident as the primary supervisor.

If the child was not born alive (fetal/stillborn death), this section will not display in the Pediatric NFR-CRS.

D1: Did child have supervision at time of incident leading to death?
Indicate whether the child was supervised at the time of incident. Supervision is defined as the parent or other assigned supervisor being in close enough proximity that they can see or hear the child. Children less than 6 years of age require constant or close supervision most of the time. As children age, less direct supervision is typically required, and supervision is not typically expected for older teens in most circumstances.

“Yes” should be marked if the supervisor was within close enough proximity that they could see or hear the child at the time of the incident leading to death. This should also be used if the adult was within proximity that would permit them to see or hear the child, but was attending to other tasks (e.g., talking on the phone, making dinner). If this was the case, document that the supervisor was distracted in D16. Also, select “yes” if the supervisor was asleep at the time of the incident, and the child was also asleep, and if the incident occurred when you would expect the family to be sleeping. If someone was not explicitly tasked with supervision, the child was not supervised.

“No, but needed” should be marked if the supervisor of a child less than age 6 was out of visual or auditory proximity. That is, they could not see or hear the child at the time of the incident. This may also be marked for children 6 or older if the supervisor was not in close enough proximity to see or hear the child and circumstances indicate supervision was needed at the time of incident. This should be marked if the supervisor was sleeping during the day or evening hours when they should have been supervising the child, no other alternative supervisor was assigned, and the child was awake. Document supervisor sleep status in D15.

“No, not needed given developmental age or circumstances” is usually marked for older children in most circumstances where direct supervision would not be expected (e.g., 14-year-old home alone, 8-year-old playing in the yard).

D2: How long before incident did supervisor last see child?

Approximate amount of time that passed between the last time the supervisor physically saw child and the incident. If time of incident is unknown, indicate amount of time that passed between last time supervisor physically saw child and time child was found. If the incident happened during a period of sleep, use time last known alive.

D3: Is supervisor listed in a previous section?
Supervisor is listed as a parent or caregiver in Section B or C. If “yes,” go to question D15.

D4: Primary person responsible for supervision at the time of incident?
Relationship of supervisor to child.

D5: Supervisor’s age in years
Age of the supervisor.

D6: Supervisor’s sex
Sex of the supervisor.

D7: Supervisor speaks and understands English?
Indicate if supervisor speaks and understands English. Select “yes” if supervisor was able to respond to questions asked in English surrounding the circumstances of the child's death. If supervisor does not speak or understand English, specify language spoken.

D8: Supervisor on active military duty?
Indicate if supervisor is documented as being active in military at time of incident. "Active in the military" includes all people performing active duty in the U.S. Armed Forces. This includes those in reserve forces and the National Guard performing temporary duties at the time of incident. If “yes,” specify branch of military.

D9: Supervisor has substance abuse history?
Indicate if supervisor is perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. Respond “yes” if person was noted as using illegal drugs (e.g., heroin, cocaine), abusing prescription medications (e.g., opioids, benzodiazepines), or regularly using inhalants (e.g., sniffing or huffing gas). If the person is mentioned as using illegal drugs, even if addiction or abuse is not specifically mentioned, select “yes.” A person who is noted as participating in a drug or alcohol rehabilitation program or treatment (e.g., self-help groups, 12-step programs) should be selected as "yes" even if the person was noted as being currently sober.

A problem from the past (e.g., five years or more ago) that has resolved and no longer appears to apply should still be marked “yes.” Previously attempting suicide via overdose is not sufficient justification for answering “yes” to this question in the absence of other information.

D10: Supervisor has history of child maltreatment?
Indicate if supervisor has documented history of being the victim or the perpetrator of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from law enforcement report or medical records. If referrals were made but not substantiated, still select “yes” regarding history unless the referral was found to be completely falsified.

D11: Supervisor has disability or chronic illness?
Indicate if supervisor has a disability or chronic illness. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

D12: Supervisor has prior child deaths?
Indicate if supervisor has a documented history of having a child (anyone 17 years of under) die while in their care, custody, or control.

D13: Supervisor has history of intimate partner violence?
Indicate if supervisor has a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical, or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, former spouse, or current or former dating partner. This may also include domestic disturbance complaints to which law enforcement responded. If "yes," check all that apply.

D14: Supervisor has delinquent or criminal history?
Indicate if supervisor has a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. Delinquent behavior may include school disciplinary actions and charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

D15: At the time of the incident, was the supervisor asleep?
Indicate if the supervisor was sleeping at the time of the incident. If "yes," select the most accurate description of the supervisor's sleeping period. If the sleep period is not accurately described by the response options, select "other," and describe the type of sleep period the supervisor was experiencing.

D16: At time of incident, was supervisor distracted or impaired?
Indicate supervisor's status at time of incident. For this question, impairment is interpreted broadly and includes being distracted or absent. If "yes," check all that apply.

- *Drug impaired*: Drug impaired refers to being under the influence of any intoxicating compound or combination of intoxicating compounds to a degree that impairs a person's ability to supervise a child. Specify substance.
- *Alcohol impaired*: Alcohol impaired refers to being under the influence of alcohol to a degree that impairs a person's ability to supervise a child.
- *Distracted*: Distracted refers to the supervisor's attention being diverted off the child and onto something else (e.g., talking on the telephone, watching TV, cooking, doing laundry).
- *Absent*: Supervisor was not present at time of incident. That is, the supervisor was not in the same location as the child. Examples include, the child was inside a residence, the supervisor was not at the residence; the child was in a vehicle, the supervisor was not in the vehicle.
- *Impaired by illness, specify*: Impaired by illness refers to a physical or mental illness that renders a person incapable of effectively supervising a child. This includes any acute or chronic medical condition that may limit the person's ability to care for a child. Impaired

by mental illness may include conditions such as depression, PTSD, bipolar disorder, or any other diagnosed mental health condition(s).

- *Impaired by disability, specify*: Impaired by disability refers to a condition that renders a person incapable of effectively supervising a child. Impaired by disability may include developmental delays and sensory impairments (e.g., visual and hearing impairments).
- *Other, specify*: Specify all other factors that contributed to poor quality of supervision.

Section E. Incident Information

For injury deaths, incident refers to the injury event. For natural deaths, consider the incident as the acute event leading to the death or, if the death was sudden, the death. The Pediatric NFR-CRS will automatically hide Section E questions (except E7) if the infant never left hospital following birth or is a fetal/stillborn death.

E1: Was the date of the incident the same as the date of death?
The incident date may be the same as the date of death. For example, if a child dies from an asthmatic episode, the incident date would be the date of the onset of the asthma attack leading to the death. For a child with a chronic illness such as cancer, the incident date may be the same as the date of death, with no acute event occurring. If dates are identical, select "yes." If the date of incident was different than the date of death, select "no" and then specify the date of incident.

E2: Approximate time of day that incident occurred?
Specify the approximate time of day that the incident occurred using a 12-hour clock; "AM" or "PM" can be selected without providing the specific hour. If the specific time of death is unknown, but the window of time in which the child died is a small amount of time (i.e., less than 3 hours), choosing a midpoint as the time of incident is acceptable. If the window of time is large, the team should select "unknown."

E3: Place of incident
Specify where the incident leading to death or the death occurred (i.e., where the child was first injured). Check all that apply. For incidents that occurred in areas surrounding specific buildings, select both the building itself (e.g., child's home, school) and the outside area where the incident happened (e.g., roadway, driveway, sidewalk). If a child was injured in a variety of locations (e.g., a young person was shot and pursued by the attacker into a store and shot a second time), select the location at which the child was first injured. For children that died of natural causes, with no acute event leading to the death, the incident place is usually the same as the place of death.

E4: Type of area
Specify type of area where incident occurred. Urban is defined as a large city or densely populated area. Suburban is defined as a residential district located on the outskirts of a city. A rural area is a community with low population densities and can include agricultural and recreational land. Frontier is a very sparsely populated region in which there are less than three persons per square mile.

E5: Incident state
State in which incident occurred as stated on death certificate. If incident occurred out of the U.S., select "out of country" and type in the country where incident occurred.

E6: Incident county
County in which incident occurred as stated on death certificate. If incident occurred "out of country," this field will be disabled.

E7: Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster, or mass shooting?

Indicate whether the death was caused by an extreme weather event or natural disaster such as a tornado, hurricane, flood, earthquake, or an emergency medical situation such as a pandemic or mass shooting (i.e., a shooting where 4 or more individuals are shot, either fatally or non-fatally, not including the shooter).

- *If "yes," specify type:* Indicate the type of event (e.g., tornado, heat wave, flood, medical crisis) and the general circumstances surrounding the death.
- *If "yes," specify name:* Indicate the name of the event if applicable (e.g., Paradise Wildfire, Hurricane Irma).

Answer this question for all types of death.

E8: Was the incident witnessed?

Indicate if anyone physically observed the incident leading to the death. If "yes," check all that apply. Witnessed should only refer to if the incident was witnessed in real time. If the incident was witnessed via video recording at a later point, then the response should be "Not witnessed."

E9: Was 911 or local emergency called?

Indicate if there is documentation of 911 or local emergency services being called at the time of the incident.

E10: Was resuscitation attempted?

Indicate whether any person, medically trained or not, attempted to resuscitate the child. Resuscitation is attempting to revive someone back to conscious or active state who is unconscious, not breathing, or close to death. Even if resuscitation was not successful, indicate if attempted.

- *If "yes," by whom:* Check all that apply. If the resuscitation occurred in a hospital setting and medical personnel attempted resuscitation, indicate "Health care professional, if death occurred in a hospital setting." If Emergency Medical Services (EMS) personnel, such as an Emergency Medical Technician (EMT), attempted resuscitation in a non-hospital setting, indicate "EMS."
- *If "yes," type of resuscitation*: Check all that apply.
    - *CPR:* Cardiopulmonary resuscitation (CPR) is a combination of chest compressions and/or rescue breathing (mouth-to-mouth resuscitation).
    - *AED:* An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest. Please indicate if one was available and accessible, and if shock was administered by the AED.
    - *Rescue medications, including naloxone:* Please indicate if rescue medications (medications used for quick relief or control of symptoms) were administered and specify the type of medication. Examples include albuterol, epinephrine, atropine, naloxone, and anti-epileptic drugs to control seizures.
- *If "yes," was a rhythm recorded:* Indicate if the heart's rhythm was documented by a rhythm strip, automated external defibrillator (AED), or electrocardiogram (ECG or EKG). Rhythm includes ventricular fibrillation and sinus rhythm. Please record the observed rhythm. If recording a rhythm was attempted but the rhythm was asystole (i.e., no rhythm/absence of a rhythm) answer "yes, asystole."

E11: At time of incident leading to death, had child used drugs or alcohol?
Indicate if there was documentation by toxicology reports or reports by witnesses or others that the child was using or had alcohol or other drugs in their system in the events leading up to or at the time of death. This would not include appropriate levels of prescribed or over the counter drugs the child was taking for known medical conditions. If "yes," check all that apply. For infants, if toxicology results were positive for drugs or alcohol, please select "N/A."

E12: Child's activity at time of incident
Specify activity child was engaged in at time of incident. Check all that apply. For natural deaths, determine if the child's activity contributed to the onset of an acute incident leading to death. For example, playing may have precipitated an asthma attack. If it did contribute, answer this question. If no, leave blank for natural deaths.

E13: Total number of deaths at incident event, including child
Specify total number of deaths, including child, which occurred because of the incident.

Section F. Investigation Information

F1: Was a death investigation conducted?
Indicate whether a death investigation was completed. "Yes" may be selected even if the investigation was not conducted at the place where the child died. For example, an interview of caregivers by law enforcement at the hospital, in absence of a death scene investigation is sufficient to select "yes" for this question.

If "yes," indicate what specific investigative components were completed, and if they were shared with the fatality review team. For infants, a scene investigation may or may not include a doll re-enactment.

Finally, indicate if the death scene investigation was conducted at the place or scene where the incident occurred. **NOTE: For CDC SUID and SDY Case Registry awardees, if an in-depth interview with witnesses of the incident occurred in a different location but obtained information on the circumstances of the incident, you may select "yes."**

F2: What additional information would the team like to have known about the death scene investigation?
Sometimes a death scene investigation is unable to determine or does not report details that would be important for a case review discussion. Indicate here if there was information that would have helped the team in case review that was not included in the death scene investigation. Examples may be photos from doll re-enactment or scene recreation and information about airway obstruction or second-hand smoke.

F3: Death referred to
Specify if the death was referred to a medical examiner or coroner. If medical examiner or coroner were not made aware of the death, select "not referred."

F4: Person declaring official cause and manner of death
Specify who certified cause and manner of death as recorded on death certificate.

F5: Autopsy performed?
Indicate if an autopsy was performed on the child as stated on death certificate or other source.

If "yes," specify person who performed the autopsy.

- *Forensic pathologist*: A pathologist with a subspecialty in the examination of persons who have sudden, unexpected, or violent deaths. The forensic pathologist is an expert in determining cause and manner of death. The forensic pathologist is specially trained to perform autopsies to determine the presence or absence of disease, injury, or poisoning; to evaluate historical and law enforcement investigative information relating to manner of death; to collect medical evidence, such as trace evidence and secretions; to document sexual assault; and to reconstruct how a person received injuries.
- *Pediatric pathologist*: A pathologist with a subspecialty in the study and diagnosis of disease from conception through adolescence, recognizing that diseases of early life are distinct from those of adulthood. It is often at the forefront of advances in

understanding and treatment of disorders of the fetus, the newborn infant, and the child.

- *General pathologist:* A pathologist who is a physician trained in the medical specialty of pathology. Pathology is the branch of medicine that deals with the diagnosis of disease and causes of death by means of laboratory examination of body fluids (clinical pathology), cell samples (cytology), and tissues (pathologic anatomy).

If "yes," was a specialist consulted during autopsy? Indicate whether someone other than the person conducting the autopsy provided specialty consultation. If "yes," indicate the specialty of the person(s) consulted. Examples could include seeking advice from a cardiac pathologist, neuropathologist, pediatric cardiologist, or radiologist.
If "no," why not: If an autopsy was not performed, describe the reason for the objection (e.g., parents objected due to religious beliefs, medical examiner denied jurisdiction on the case).

F6: Were the following assessed either through the autopsy or through information collected prior to the autopsy?

Report whether the following tests were performed either during the autopsy or done after the incident leading to death up to the time of death. For example, if a child is injured and an MRI or toxicology was performed after the injury but before death, include the test results. If the autopsy report is not available or the medical examiner, coroner, or pathologist who performed the autopsy is not present at the fatality review meeting, please contact them for this information.

- *X-ray – single:* This includes an x-ray taken from one view to provide a radiographic record of gross findings. For infants this might be described as a baby gram.
- *X-ray – multiple views*: This includes x-rays taken from multiple views but not a complete skeletal series.
- *X-ray – complete skeletal series:* This includes extremities, head, chest, abdomen, etc. One indication for a complete skeletal survey is child abuse.
- *Other imaging, specify:* This includes, but is not limited to, MRI, CT scans, or photography taken.
- *Exam of general appearance:* This is a visual examination of the child to note the shape of the head and body, evidence of trauma, resuscitation, and other scars or marks that are notable.
- *Head circumference:* Indicate if head circumference was measured.
- *Gross examination of organs done:* This is a visual survey without the use of a microscope. Gross examination occurred if the autopsy report includes descriptions of the physical appearance of organs. This is a standard part of a complete autopsy.
- *Were weights of any organs taken:* This occurred if the autopsy report includes weights of major organs.

F7: Were any of these additional tests performed at or prior to the autopsy?

- *Cultures for infectious disease:* Also known as microbiology, this screen is to rule out infections and other bacterial infections.
- *Microscopic/histological exam:* This test includes creating slides of the tissues and conducting a microscopic examination.

- *Postmortem metabolic screening*: The metabolic screen is to test blood, blood spot card, urine, or hair specimens for metabolic disorders such as MCAD. This is not the same as newborn screening done in the hospital at birth.
- *Vitreous testing:* The vitreous test is used as an adjunct to toxicology testing, or if metabolic or hydration status is an issue.
- *Genetic testing:* Genetic testing is a process looking at an individual's DNA for changes that may be disease-causing. Diseases may include syndromes (e.g., DiGeorge syndrome), inherited irregular heart rhythms (e.g., long QT syndrome), diseases of the heart muscle (e.g., hypertrophic cardiomyopathy), and many other diseases.

F8: Was any toxicology testing performed on the child?
Toxicology testing is used to identify any ethanol (alcohol) or drugs present in the decedent's blood. If performed, specify results and substances found. If toxicology found that therapeutic levels of prescription or over the counter drugs were too low, select as "other" and specify.

F9: Was the child's medical history reviewed as part of the autopsy?
Indicate if the pathologist/physician or other professional conducting the autopsy or scene investigation reviewed the child's medical history as part of the autopsy.

F10: Describe any abnormalities or other significant findings noted in the autopsy
Describe any other significant autopsy findings that have not been addressed in the other autopsy investigative questions above. List all abnormalities/significant findings from the tests indicated as assessed in F6 and F7.

F11: What additional information would the team like to have known about the autopsy?
Record the team's questions pertaining to the autopsy which were not answered during the review. If resources were not limited, what studies would the team like to have completed at autopsy (e.g., full x-ray, MRI, CT, genetic testing, long QT test on surviving siblings)?

F12: Was there agreement between the cause of death listed on the autopsy report and on the death certificate?
The pathology report (autopsy report) often lists a suggested cause of death which may or may not be the same as the official, immediate cause of death on the death certificate. Record whether these two causes were the same for this case. If the two causes were different, please describe.

F13: Was a CPS record check conducted as a result of death?
Indicate whether Child Protective Services (CPS) records related to the child were actively reviewed by an investigating agency following the child's death. This refers to a post-death record check (e.g., database query, case file review) conducted during the death investigation to determine prior CPS involvement with the child. Investigating agencies may include law enforcement, medical examiner/coroner offices, child welfare agencies, or other entities involved in the death investigation.

F14: Did the child ever have any injuries that were suspicious of child abuse?
If "yes," indicate what injuries were found.

F15: Did any investigation find evidence of prior abuse?

If evidence of abuse or maltreatment prior to incident was found during the investigation, indicate from what source(s) the evidence was found. Examples of prior abuse may include suspicious bruises, oral injuries, burns, fractures, insect activity, or signs of starvation found on autopsy. Evidence of abuse does not have to be limited to abuse (e.g., abusive head trauma, beating, sexual assault) but may also include neglect (e.g., failure to provide necessities, emotional neglect, exposure to hazards). If, for example, neglect was indicated to be found on a prior Child Protective Services (CPS) report or substantiation, select "yes" and "from CPS review" as the source. If no investigation was conducted, please select "N/A."

F16: CPS action taken because of death?

Indicate whether Child Protective Services (CPS) action was taken because of death. If "yes," select the highest level of action taken. Indicate services or actions that occurred. These terms may vary by state.

F17: If death occurred in licensed setting, indicate action taken

Specify action taken if death occurred in a licensed setting, such as child care. This question will only appear in the Pediatric NFR-CRS if question E3 (Place of Incident) has been marked as licensed foster care home, licensed group home, licensed child care center, or licensed child care home.

Section G. Official Manner and Primary Cause of Death

G1: Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable

If available from the State Vital Records office, enter the exact ICD-10 code assigned to this case. Do not indicate an ICD-10 code unless it is on the death file from Vital Records. Do not enter text in this field, only ICD-10 codes.

G2: Enter the following information exactly as written on the death certificate. List the immediate cause (final disease or condition resulting in death)

Death certificates vary from state to state. However, at the bottom of most official death certificates, there is a section which has spaces for immediate and underlying causes, which are lettered "a" through "d." Copy the exact information from the death certificate, being careful to follow the "a" through "d" spaces. Do not use other sources such as autopsy reports.

G3: Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate

Death certificates vary from state to state. However, at the bottom of most official death certificates, there is a space for other significant conditions contributing to the death. Copy the exact information from the death certificate.

G4: If injury, describe how injury occurred exactly as written on the death certificate

Death certificates vary from state to state. However, at the bottom of most official death certificates, there is a section to describe how the injury occurred. Copy the exact information from the death certificate.

G5: Official manner of death from the death certificate

Official manner of death as stated on death certificate, or, if death certificate is unavailable, as stated in medical examiner/coroner report. If manner is "pending," update when official manner is available. The official manner of death is rarely documented on a fetal death certificate; in these instances, skip this question.

- If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt themselves. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life. Sometimes a child dies in a way that seems like an unintentional injury, but it may have been intentional, such as an automobile crash or overdose. Please indicate if there is any evidence the child meant to hurt themselves. This will allow the review team to collect suicide risk factors and warning signs for these cases where the child's intent cannot be determined.

G6: Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause

Use this field to identify whether the death resulted from an injury or illness (medical cause) for the purpose of completing the most appropriate risk factor details in Section H. This risk factor information is important for guiding possible prevention strategies. Consequently, the primary cause of death marked here may not be the same as the immediate cause of death listed on the death certificate.

- *From an external cause of injury.* If death was due to an injury, indicate primary injury category causing death. Injury refers to any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy that exceeds a threshold of tolerance in the body, or from the absence of such essentials as heat or oxygen. For example, if a person is involved in a motor vehicle crash and dies from head trauma received during the crash, the primary cause of death would be motor vehicle crash and the death should be marked as from an external cause, and "motor vehicle and other transport." If the external cause is “undetermined” or “unknown,” go to Section I1. If external cause is “other,” go to H9. If the infant or child died during sleep or in the sleep environment, risk factors related to the sleep environment should also be answered in Section I2. If the child died from abuse, mark the mechanism of injury (e.g., bodily force, asphyxiation, drowning) then complete Section I5 for more details on the child abuse.
- *From a medical cause:* If death was due to a medical condition, indicate the medical cause category of primary cause of death and then select one of the specific medical causes from the list. SIDS is considered a medical condition according to the International Classification of Diseases (ICD). **However, if the infant died during sleep or in the sleep environment, risk factors related to the sleep environment should also be answered in Section I2.** For medical conditions related to stillborn and premature infants (e.g., hypoxia/asphyxia, hypoxic-ischemic encephalopathy (HIE), placental problems), select “other perinatal condition,” and specify the condition, before skipping to Section H8. For medical conditions including necrotizing enterocolitis (NEC), respiratory distress syndrome (RDS), and pulmonary hypoplasia, select “other medical condition,” and specify the condition, before proceeding to Section H8.
- *Undetermined if injury or medical cause:* Select this option if it is not possible to classify the death as due to an injury or medical cause, for example, sudden unexpected infant deaths with undetermined cause and manner of death. If the cause of death is undetermined, go to Section I1. If the child was under age five and died during sleep or in the sleep environment, risk factors related to the sleep environment should also be answered in Section I2.
- *Unknown:* Team does not have information on primary cause of death. If “unknown,” go to Section I1. If the child was under age five and died during sleep or in the sleep environment, risk factors related to the sleep environment should also be answered in Section I2.

Section H. Detailed Information by Cause of Death

Choose the one section that is the same as the cause selected above.

H1. Motor Vehicle and Other Transport

H1a: Vehicles involved in the incident

Write in the total number of vehicles involved in the incident. Indicate the type of vehicle the child was in. If child was not in a vehicle, check "none." For example, if the child was crossing a street and hit by a car, check vehicle "none" for child's vehicle and select "pedestrian" on question H1b. If the vehicle was a utility terrain vehicle (UTV), select "all terrain vehicle." If one or more vehicles were involved, indicate if any vehicles were autonomous.

If the child was riding or powered by something electric (e.g., e-bicycle, e-scooter, or e-skateboard), indicate "yes" in the follow-up question.

H1b: Position of child

Position of child in relation to motor vehicle at time of incident as recorded on motor vehicle crash report.

- *Driver*: Child was in actual physical control of a transport vehicle or, for an out-of-control vehicle, child was in control until control was lost.
- *Passenger*: Child was an occupant of a transport vehicle, but not the vehicle driver. Specify where the passenger was located in the vehicle.
- *On bicycle*: Child was riding on a bicycle or other non-motorized wheeled conveyance with pedals.
- *Pedestrian:* Child was not an occupant of a transport vehicle. Specify pedestrian activity at time of incident. If child was playing in a driveway and run over by a car backing out, mark this as "pedestrian" and specify activity as "other, playing in driveway."
- *Unknown*: CDR team does not know the position of the child involved in the motor vehicle/other transport incident.

H1c: Did any of the following contribute to the incident?

Causes or contributing factors of incident as determined by reporting law enforcement officer on motor vehicle crash report. Check all that apply. Some, but not all, options are described below.

- *Recklessness:* Driver intentionally operated vehicle in an unsafe manner not conducive to road, weather, and other traffic conditions. Examples might be excessive speeding, driving on the sidewalk, road rage, or drag racing.
- *Carelessness:* Driver did not provide the needed attention or care to the environment, the vehicle, or to operating the vehicle. Carelessness is distinct from recklessness in that the driver did not act flagrantly or take significant risks. Examples might be failing to turn on headlights after dusk, speeding a few miles over the speed limit, or running a red light.
- *Driver distraction*: When a driver engages in a secondary task that is not necessary to perform the primary driving task (e.g., talking to a passenger, eating). This includes distractions that occur outside of the vehicle. If a cell phone was the distraction, select "electronic use."

- *Driver inexperience*: Use the information available to the team to make this decision. For example, if the crash occurred during winter conditions, was this the first time the child had driven on icy roads?
- *Vehicle ran over child*: When a child is run over by the front or back of a vehicle in a roadway or driveway.
- *Vehicle flipped over*: When a child is in a vehicle crash where the vehicle turns over on its side or roof.

H1d: Location of incident
Type of place where incident occurred as specified on law enforcement's motor vehicle crash report. Check all that apply. City streets typically consist of commercial areas whereas residential streets are predominantly housing. Highway includes interstates.

H1e: Did driving conditions factor into this incident?
Driving conditions affecting road surface conditions and driver's ability to drive vehicle safely, as specified on law enforcement's motor vehicle crash report. If "yes," specify conditions.

H1f: Incident type
Indicate circumstances existing at time of incident causing injury of child. Vehicle rollovers in which child's vehicle was not struck by another vehicle or object should be categorized in "other event." Incidents where vehicles were swept off roads during flooding events should be noted as "Child in/on a vehicle that stuck person/object/ran off road."

H1g: Driver who was responsible for the incident
Select who was deemed responsible for the incident, as specified on law enforcement's motor vehicle crash report. Vehicles include motorized vehicles (e.g., cars, SUVs, motorcycles) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not. For autonomous vehicles, please select "other" if the autopilot technology was engaged at the time of incident, even if there was a person sitting in the driver seat.

H1h: Age and license type of driver responsible for incident
Specify age, license type, and violation (if applicable) relating to driver deemed responsible for incident.

H1i: Total number of occupants in vehicle responsible for incident
An occupant is any person who is part of a transport vehicle. Specify total number of occupants and number of occupants aged 14-21 in the vehicle deemed responsible for the crash.

H1j: Was a restraint or safety measure used by the child?
Specify type(s) of restraint or safety measures used by child. Restraint or safety measures are defined as steps taken by child or supervisor to ensure child's safety in the event of a crash. Use your own state laws to determine if the use was appropriate. If "yes," check all that apply and describe.

- *Lap/shoulder belt*: A safety belt anchored at two points, for use across the occupant's thighs/hips or shoulder.
- *Child seat:* A crash tested device that is specially designed to provide infant/child crash protection.

- *Belt positioning booster seat*: A platform that raises the child to provide a taller sitting height so that adult lap and shoulder fit better. Some have high backs as well.
- *Helmet*: Activity-appropriate protective head gear designed to reduce or prevent injuries from occurring while bicycling, skateboarding, rollerblading, or while riding a motorcycle, snowmobile, or ATV.
- *Unknown*: Team was unable to determine which restraint or safety measures were used.

H2. Fire, Burn, or Electrocution

H2a: Ignition, heat, or electrocution source
Source from which fire or burn originated. Source is the direct cause or start of the fire.

H2b: Type of incident
Indicate type of incident child was involved in (i.e., fire, scald, electrocution, or unknown).

H2c: Type of building on fire
Type of building/structure that was on fire at time of incident.

H2d: Fire started by a person?
Select "yes" if any person's actions ignited the fire, regardless of whether the person intentionally set the fire. Indicate age of person that started fire, if there was a documented or reported history of starting fires, and if arson was suspected.

H2e: Did any factors delay the fire department arrival?
Specify if factors delayed fire department arrival (e.g., lack of communication, environmental conditions).

H2f: Were barriers preventing safe exit?
Indicate if any barriers prevented the safe exit of child, thus resulting in child's death. If "yes," check all that apply.

H2g: Was the child found in the same location as where fire started?
Select "yes" if the child was found in the same room (e.g., bedroom, living room, basement) as where the fire started.

H2h: Was building a rental property?
Building/structure that was on fire was a rental property, not owned by occupants.

H2i: Were building/rental codes violated?
Existing state or local building/rental codes were violated. Select "yes" if specific code violations were related to the fire incident. For example, if barriers were improperly installed, select "yes." If "yes," describe in narrative.

H2j: Were proper, working fire extinguishers present?
A proper extinguisher refers to having a type of fire extinguisher appropriate to the type of fire. Fire extinguishers are classified for use on specific types of fires. For example, an extinguisher

classified for Type A, B, or C fires can be used for ordinary combustible materials (Type A), flammable liquids (Type B), and electrical equipment (Type C). A Class D extinguisher would be used for flammable metals. Many fire extinguishers sold today can be used for more than one type of fire (A-B-C).

H2k: Was fire sprinkler system present?
Indicate whether a fire sprinkler system was present in building/structure of fire at time of incident.

H2l: Was fire sprinkler system required?
Select "yes" if a fire sprinkler system was required to have been in place in the building/structure at time of incident. They may have been required by policies, housing or building codes, or rules applying to residential/rental properties or other structures.

H2m: Were smoke alarms present?
If smoke alarms were present in the building/structure at time of incident, indicate if alarms were functioning properly. If any were not functioning properly, select "no."

H2n: Did the child or family (check all that apply):
Indicate if the child or family had ever participated in fire safety or preparation activities, such as having a fire escape plan or practicing a home fire drill. Also indicate if the child or family had attempted to put out the fire. Check all that apply.

H2o: For electrocution, what cause
If incident was electrocution, specify cause of electrocution.

H3. Drowning

H3a: Where was child last seen before drowning?
Place where child was last seen before incident leading to drowning.

H3b: Drowning location
Type of location in which drowning occurred. Bathtubs include in-home bathtubs with water jets. Open water includes rivers, ponds, creeks, gravel pits, canals, lakes, and oceans, even if human constructed.

H3c: For open water, place
For open water deaths, indicate type of place where incident occurred.

H3d: For open water, was child boating?
If drowning occurred in open water, indicate if the child was boating at the time of incident.

H3e: For open water, select all contributing environmental factors
If any environmental factors contributed to the drowning, specify. Check all that apply.

- *None*: No environmental factors contributed to the death.
- *Weather:* Wind, heavy rains, or snowmelt can create dangerous water conditions. Additionally, poor weather conditions may have limited visibility or access to the

decedent. For example, severe wind or rain may have made the water unnavigable, impeding rescue efforts.

- *Temperature:* Water temperature impacts a person's reaction when entering the water. Falling into cold open water may cause shock and may affect swimming ability.
- *Current:* A current can include an ocean current or a river current. For example, in the ocean, a long shore current is in the surf zone, moving generally parallel to the shoreline, generated by waves breaking at an angle with the shoreline. Rip currents should be included here. Rip currents are powerful, channeled currents of water flowing away from shore. They typically extend from the shoreline, through the surf zone, and past the line of breaking waves. Rip currents can occur at any beach with breaking waves, including the Great Lakes.
- *Riptide/undertow:* A riptide includes both ebb and flood tidal currents that are caused by egress and ingress of the tide through inlets and the mouths of estuaries, embayment's, and harbors. An undertow occurs after a wave breaks and runs up the beach. Most of the water flows seaward; this "backwash" of water can trip waders, move them seaward, and make them susceptible to immersion from the next incoming wave.
- *Dropoff:* A sharp drop in the ground beneath a body of water can make an area much deeper than the surrounding water. This difference can be indiscernible from the surface, while making the water more dangerous for those in the water.
- *Rough waves:* Choppy conditions can make boating more dangerous, watersports more difficult, and swimming more dangerous.
- *Flash flood:* Flooding that begins within six hours of heavy rainfall, or other significant and rapid water events. Flash floods often occur within 3 hours of these events. While most flash floods are caused by extremely heavy rainfall, they can also be caused by dam or levee breaks and mudslides.
- *Water clarity:* Lack of visibility in murky water can obscure hazards and complicate rescue attempts, increasing drowning risk.
- *Unknown:* Team was unable to determine if environmental factors contributed to the death.

H3f: For pool, type of pool

If pool death, specify type of pool. This includes hot tubs and spas.

H3g: For pool, ownership is

Definitions of public and private pools can vary by state and locality. Consult your state guidelines for more information. In general, a private pool includes a swimming pool, spa, wading pool, or portable above ground pool at a single-family or two-family residence. A public pool includes municipal, institution, hotel, apartment, mobile home or RV park, private club, or YMCA facility pools.

H3h: Did the child have an illness or medical condition that may have contributed to the drowning?

Indicate whether the child had any pre-existing illness or medical condition that could have played a role in the drowning.

- *Autism:* A developmental disorder characterized by challenges with social interaction, communication, and repetitive behaviors.

- *Developmental disability:* A broad term for conditions that cause limitations in learning, physical abilities, or social functioning.
- *Epilepsy or seizure disorder*: A neurological condition where a person experiences repeated seizures due to abnormal electrical activity in the brain.
- *Febrile seizure*: A seizure triggered by fever, typically occurring in young children and usually not associated with epilepsy.
- *Other, specify:* Specify the medical condition if not listed above.
- *Unknown:* If no information is available about any relevant medical conditions, select this option.

H3i: How deep was water where child was last seen?
Indicate the approximate depth of the water where the child was last seen. If the child was last seen on land (e.g., in living room in child's house), then select "N/A, child last seen on land."

H3j: What temperature was water at time of submersion?
Indicate the approximate water temperature at the time of initial submersion.

H3k: Flotation device used at time of the incident?
Indicate if child was wearing a personal flotation device (PFD) or life jacket that was Coast Guard approved at time of incident. If "yes," specify type of device used. Water wings and arm floaties are swim aids but are not considered PFDs.

H3l: Did the child depend on a life jacket, swim vest, or swim aid while in or around water?
Indicate if child depended on using a life jacket, swim vest, or other swim aid while in or around water. If the child was able to be in water without one of these or a similar assistive device, select "no." If the child had never been around water, or had not been in/around water enough to determine if they had dependence on a flotation device, select "N/A."

H3m: Did barriers/layers of protection exist to prevent access to water?
Indicate if any barrier(s) or layer(s) of protection were in place to prevent access to water or alert persons that access to water had occurred. If "yes," specify type of barrier or protection, if it was breached, and, if so, how it was breached. Breached is defined as when the water was accessed despite these barriers (e.g., the barriers (including pet door/flap) were opened, broken, or not functioning). Check all that apply.

H3n: Local ordinance(s) regulating access to water?
Indicate if local ordinance(s) related to pools/hot tubs barriers was/were in place at time of incident. Homeowners Association's (HOA) rules regulating use of shared, private pools are considered local ordinances. If "yes," indicate if regulations were violated. If this is not applicable to the situation, select "no."

H3o: Select all of the child's water safety skills (without assistance or flotation device)
Check all aspects of water competency that apply.[8]

- *None of these*: The child had none of the listed water safety skills.

[8] Quan, L., et al. (2015). Toward defining water competency: An American Red Cross definition. International Journal of Aquatic Research and Education, 9(1). https://doi.org/10.25035/ijare.09.01.03.

- *Float on their back independently*: Indicate if the child was able to float horizontally without assistance.
- *Step or jump into water over their head*: Indicate if the child could jump into the water, fully submerge, and resurface unassisted.
- *Tread water for one minute*: Indicate if the child was able to maintain an upright position with their head above water in water too deep for their feet to touch.
- *Find a safe exit from the water*: Indicate if the child was able to move, orient, and propel their body toward an exit from the water, including a pool ladder, stairs, graded exit, or shoreline.
- *Control breathing*: Indicate if the child was able to control their breathing while in the water. Controlled breathing includes holding their breath under water and inhaling and exhaling above water to prevent intake of water into the lungs.
- *Return to surface*: Indicate if the child was able to resurface once submerged.
- *Swim 25 yards*: Indicate if the child was able to safely and effectively self-propel in water for approximately 25 yards (75 feet).
- *Exit the water*: Indicate if the child was able to get out of a pool, spa, or open water without help.
- *Had swimming lessons*: Indicate if the child ever had formal swimming lessons.
- *Unknown*: The team was unable to determine the child's water safety skills.

H3p: Child able to swim?

For incidents occurring in pool, hot tub, spa, or open water, indicate if child had ability swim. This is subjective, based on investigative reports and relative to child's developmental ability. If the child was able to swim, indicate the child's swimming level:

- *Beginner*: The child was comfortable putting their face in water or floating.
- *Intermediate:* The child was comfortable and/or safe even in deep water.
- *Advanced:* The child could swim multiple strokes efficiently.
- *Unknown:* The child could swim, but their exact ability was unknown.

H3q: Warning sign or label posted?

Warning signs or labels were posted at the place of incident or on the object that the child drowned in, indicating potentially hazardous conditions. Examples could include warning signs at rivers to indicate dangerous currents, warning signs at beaches, labels on five-gallon buckets of water, or signs posted at swimming pools indicating that lifeguards were not present.

H3r: Lifeguard present?

Indicate if a lifeguard was present at time of incident. If drowning was not in a pool or open water, select "N/A."

H3s: Rescue attempt made?

If rescue was attempted, indicate who attempted to rescue the child and if the rescuer also drowned. Check all that apply.

H3t: Appropriate rescue equipment present?

For pool and open water deaths, indicate if appropriate rescue equipment was present and available at time of incident. Examples of rescue equipment include rescue can, rescue tube, ring buoy, life hook, rescue throw bag, and rescue watercraft. If "yes," indicate if the equipment

was used. “Appropriate" is relative to the place of drowning. For example, a swimming pool or public beach should have rescue equipment easily accessible.

H4. Asphyxia

H4a: Type of event
Specify if the asphyxiation was “sleep-related,” “not sleep-related, including intentional hangings” or “unknown.” If the asphyxia was related to the sleep environment, stop here and complete Section I2 to document details about the circumstances of death and the sleep environment itself.

H4b: If not sleep-related, was the event
Specify the type of asphyxiation.

- *Suffocation*: A broad term that refers to death or serious injury by deprivation of oxygen. It includes nose and mouth covered by plastic bag or other object (e.g., dirt, sand) resulting in death, being wedged between two objects, or lack of air due to being in a confined space, such as a refrigerator, clothes dryer, or car trunk.
- *Strangulation*: More narrowly defined as death by asphyxiation caused by some sort of compression of the neck. Intentional asphyxiation by hanging should be noted here.
- *Choking:* Refers to asphyxiation caused by an object becoming lodged in the airway.
- *Other, specify:* Includes anything not covered above.
- *Unknown:* Team was unable to determine the type of asphyxiation.

H4c: If suffocation, was the child
For cases of suffocation, specify the circumstances that led to the asphyxia event. Wedging is when a child becomes trapped between objects such that it limits their ability to breathe.

H4d: If strangulation, object causing event
For cases of strangulation, indicate what object caused the compression of the child’s neck. If the child died by homicide via means of strangulation by another person’s hands, then the cause of death in Section G, Question 6 should be marked as “bodily force or weapon” and you will complete Section H5, rather than Section H4.

H4e: If choking, object causing choking
For cases of choking, indicate what type of object blocked the child’s airway.

H4f: If choking, was Heimlich Maneuver attempted?
If child was choking, indicate whether the Heimlich Maneuver was attempted to try to dislodge the item child was choking on. The Heimlich Maneuver is defined as abdominal thrusts applied manually to dislodge an object blocking the airway.

H5. Bodily Force or Weapon

Bodily force or weapon should be selected for causes of death involving firearms, sharp instruments, or when a person’s body part has been used as a primary means of the assault or injury.

H5a: Was the death a result of a weapon?
Indicate if the death was caused by a weapon or was due to bodily force.

H5b: Type of weapon
Specify type of weapon used in incident to cause injury to the child.

- *Firearm:* A weapon consisting of a metal tube that fires a projectile at high velocity using an explosive charge as a propellant. This definition includes handguns, rifles, and shotguns.
- *Knife or sharp instrument:* These include razors, machetes, or pointed instruments (e.g., chisel, broken glass).
- *Other, specify:* This includes any items that can cause harm, but are not sharp (e.g., clubs, bats, sticks, hammers, rocks, household items) as well as any infectious agent such as a bacteria or virus used intentionally to inflict harm upon others. This definition is often expanded to include biologically derived toxins and poisons.
- *Unknown:* Team was unable to determine type of weapon.

H5c: For firearms, type
If weapon was a firearm, specify type. If "rifle" or "other" is selected, describe and specify the size (e.g., .22, 6mm), being as specific as possible without identifying the manufacturer. Also, indicate if the weapon was built from a kit. If the weapon was 3D printed, select "3D gun."

H5d: Was the firearm considered a smart firearm?
Indicate if the firearm was considered a smart firearm, e.g., requires a fingerprint lock or radio-frequency identification (RFID) watch where a radio chip is required to unlock the weapon for use.

H5e: Was firearm kept loaded?
Indicate if the firearm was kept loaded with ammunition. If "no," indicate if the ammunition was stored separately in a locked place.

H5f: Was the firearm kept locked?
Indicate if the firearm was stored/kept locked at the time of incident. This can include combination or key safes, lock boxes, or trigger locks. If the firearm was typically kept locked but had been unlocked at the time of incident, select "no." If the firearm was kept in a locked vehicle, including in the glovebox or trunk, select "no."

H5g: Did the shooter of the firearm have permission to use the firearm at the time of incident?
Indicate if the shooter of the firearm had permission to use the firearm at the time of incident.

H5h: Did the caregiver or supervisor know a firearm was present at the time of incident?
Indicate if the caregiver or supervisor knew the firearm was present at the location at the time of incident.

H5i: Was the person handling the firearm the owner?
Indicate if the person handling the firearm at the time of incident was the owner.

H5j: Owner of fatal firearm

Specify owner of weapon.

H5k: Was the firearm stolen?
Indicate if the firearm was stolen.

H5l: Use of weapon at time
Specify intended use of the fatal weapon (including bodily force) at time of incident. Check all that apply.

- *Self injury*: Use of the weapon was intentional self-injury (i.e., suicide).
- *Commission of crime*: The death occurred as a result of another serious crime (e.g., drug dealing, robbery, burglary, arson). This includes crimes where the decedent was a participant but may also include crimes where the child was a bystander inadvertently killed. Do not select if the only crime was the child's assault/homicide.
- *Drug dealing/trading*: Drug dealing or trading was suspected to have played a role in the incident.
- *Drive-by shooting*: Decedent was killed in shooting where the person(s) responsible drive near the decedent and shoots while driving or uses a car to approach and flee the scene but steps out of the car just long enough to use a weapon.
- *Random violence*: The person(s) responsible wanted to cause harm but did not specifically choose to harm the decedent.
- *Child abuse*: The use of the weapon or bodily force that resulted in the child's death was inflicted by a parent, caregiver, or supervisor.
- *Child was a bystander*: Child was present at the incident but was not directly involved in the incident (e.g., pedestrian walking past a gang fight, customer in a convenience store at the time of a robbery, or child struck by stray bullet). Be sure to also select the precipitating event (e.g., gang-related, argument, commission of crime).
- *Argument*: Incident occurred during an argument. This includes arguments where the decedent was a participant but may also include arguments where the decedent was a bystander. Do not select if the incident occurred following an argument, such as a young person who has an argument with their parents and dies by suicide several hours later. Rather, select the applicable "argument" items in Question I7c Life Stressors- Relationships.
- *Jealousy*: Jealousy or distress over a current or former intimate partner's relationship or suspected relationship with another person led to the incident.
- *Intimate partner violence*: Incident occurred during violence between current or former intimate partners.
- *Hate crime*: Death was associated with a hate crime. A hate crime is one in which the victim was intentionally selected because of his or her actual or perceived race, sex, religion, ethnicity, or disability. Incidents motivated by immigration status and national origin should also be coded as hate crimes.
- *Bullying*: Incident occurred during a bullying episode. Do not select if bullying was related to the death, but the incident did not occur during the bullying. Rather, select the applicable "bullying" items in Question I7c Life Stressors- Relationships.
- *Hunting*: Incident occurred during hunting or on a hunting trip. This may occur during loading, unloading, or cleaning of the firearm for hunting, or during the active hunt.
- *Target shooting*: Decedent was participating in or in the vicinity of people shooting firearms at inanimate targets (e.g., trees, cans). This may occur during loading, unloading, or cleaning of the firearm for target shooting, or during the active target

shooting event. Target shooting can occur either in the setting of a formal shooting range or in an informal setting (e.g., youth shooting at signposts on a fence accidentally hits a person).
- *Playing with weapon*: Shooter was playing with gun when it discharged. This could include "horsing around" and "fooling around."
- *Showing gun to others*: Shooter was showing the gun to another person(s) when the gun discharged.
- *Russian roulette*: Child died while using a firearm for "Russian roulette," where a person aims a partially loaded gun at themselves or another person and pulls the trigger knowing there is at least some chance the gun would fire.
- *Gang-related activity*: Death was gang motivated (i.e., motive of the incident was gang-related) or had suspected involvement of a gang member (i.e., a gang member was a suspect or victim in the incident).
- *Self-defense:* Weapon was used for legitimate self-defense or in defense of others.
- *Cleaning weapon*: Shooter pulled the trigger or the gun otherwise discharged (e.g., bumped gun while cleaning) while cleaning, repairing, or assembling/disassembling the gun.
- *Loading weapon*: Shooter was loading or unloading ammunition from the weapon when it discharged.
- *Other, specify*: Indicate if the use of the weapon at time of incident was something not listed above.
- *Unknown*: Team was unable to determine the use of the weapon at time of incident.

H5m: Type of bodily force used
Select the type of non-weapon bodily force used. Check all that apply.

H6. Fall or Crush

H6a: Type
Indicate if the incident was a fall or crush.

A death due to a fall is an intentional or unintentional sudden descent to the ground, floor, or lower level that often results in traumatic brain injuries as the primary cause of death.

A crush death results from mechanical compression by a heavy object, including being pinned, trapped, or crushed beneath or between objects, leading to fatal traumatic injury and/or asphyxia. The death typically results from one or more of the following:
- Craniocerebral trauma (e.g., skull fractures, intracranial hemorrhage).
- Compression, mechanical, traumatic, or positional asphyxia (e.g., chest, neck, or airway compression).

H6b: Height of fall
Estimate the height of the fall in feet and inches. This is measured from the lowest point of the child to the surface they fell to. The number of feet in one story varies by building architecture. If unable to estimate, then select "unknown."

H6c: Child fell from

Indicate the type of place where child fell from. An example of a natural elevation would be a cliff. An example of a man-made elevation would be a scaffolding, porch, or other structure not otherwise listed. If “open window,” indicate if a screen was present.

H6d: Surface child fell onto
Indicate type of surface onto which child fell.

H6e: Barrier in place
Indicate type(s) of barriers that were in place at time of incident to prevent fall. Check all that apply. Barriers are defined as obstacles or objects placed in the child's way to prevent them from accessing a certain place. “Other window guard” does not include a screen but does include metal grates.

H6f: Was child pushed, dropped, or thrown?
Indicate if child was pushed, dropped, or thrown.

H6g: For crush, did child
If crush was primary cause of death, specify child's position in relationship to object at time of incident.

H6h: For crush, object causing crush
If crush was primary cause of death, specify object that crushed child. If crush caused by person, indicate activity at time of incident in H5l.

H7. Poisoning, Overdose, or Acute Intoxication

H7a: Type of substance involved
Indicate type of substance(s) involved in incident. Check all types of substances contributing to the death, not just the substance causing death. Do not list substances unless they contributed to the death as documented on death certificate or autopsy report. Indicate the source from which the child got the substance, if the substance(s) were stored in a locked cabinet or drawer, and how the substance(s) were taken.

- *Prescription drug*: Prescription drug is a pharmaceutical drug that legally requires a medical prescription to be dispensed. Select “prescription drug” if the medication was prescribed for the child or another member of the child’s family/household. Prescription drugs that were obtained illegally should also be noted as here. Opioid pain medication should be selected for all prescribed opiates except methadone, which has its own reporting category (i.e., medications for substance use disorder). In addition to noting the type of prescription drug, please indicate if the prescription was for the child. Fentanyl should only be selected here if it was a prescription for the child or a household member. Fentanyl obtained illicitly should be reported in the illicit drug section. Marijuana or THC should go here only if prescribed.
- *Over the counter drug (OTC)*: OTC drugs are medications that can be obtained without a prescription and are sold directly to the consumer.
- *Illicit drugs*: Illicit drug is the non-medical use of a variety of drugs prohibited by law. Illicit drugs are illegal to make, sell, or use. These include cocaine, methamphetamine, amphetamines, heroin, and MDMA (ecstasy). Fentanyl and illicit drugs laced with

fentanyl should be selected here unless it was a prescription for the child or a household member.

- *Other substances*: Includes the use of alcohol, carbon monoxide (CO), other fumes/gases/vapors, and other substances (e.g., energy drinks, supplements or herbal remedies, caffeine, kratom, synthetic marijuana).

How substance was taken:

- *In utero:* Indicate if the fetus/infant was exposed to the agent prior to birth. This would occur if the mother ingested, smoked, injected, or snorted the substance and it was passed to the fetus/child.
- *Orally:* Indicate if the infant/child ingested the drug through their mouth, including sublingually, by swallowing, or by smoking.
- *Nasally:* Indicate if the infant/child snorted or inhaled the drug through their nose.
- *Intravenously:* Indicate if drug was administered/taken using an intravenous needle injection.
- *Through skin:* Indicate if the drug was absorbed through the skin. Many illicit drugs can be absorbed through the skin if they are handled frequently and in large quantities.
- *Unknown:* Team was unable to determine how the substance was taken.

H7b: Was the incident a result of

Indicate if the incident occurred due to one of the following:

- *Accidental overdose/acute intoxication*: Unintentionally administering medication above recommended safe dosage levels, or agents taken because of recreational use or addiction. Also includes children ingesting/exposed to agents (including nonpharmaceutical agents) without knowledge of adverse consequences. Examples would include a caregiver accidentally giving a child a dangerous dose of cold medicine, or an unintended alcohol or recreational drug overdose.
- *Medical treatment mishap***:** Includes medication incorrectly prescribed or incorrectly administered by medical personnel.
- *Deliberate poisoning*: Refers to intentionally administering medication with the intent to harm the child. This includes both suicidal and homicidal poisonings.
- *Other, specify*: Indicate if the incident was the result of something not listed above.
- *Unknown*: Team was unable to determine what the incident was a result of.

H7c: Did the child have a prescription for a controlled substance within the previous 24 months?

Indicate if the child had any prescriptions filled for controlled substances within the last twenty-four months. Prescriptions considered to be controlled substances include opioids and stimulants, such as those used for ADD or ADHD. Select “no” if a prescription was written but not filled.

H7d: Did the child have a non-fatal overdose within the previous 12 months?

Indicate if the child had prior overdoses within the last 12 months, even if there were different substances used for the previous overdose.

H7e: Was Poison Control contacted?

Indicate if Poison Control was contacted because of the incident.

H7f: For CO poisoning, was a CO alarm present?

If carbon monoxide (CO) poisoning was primary cause of death, indicate if CO alarm was present.

H8. Medical Condition

If the child was not born alive (fetal/stillborn death), then this section will not display in the Pediatric NFR-CRS.

H8a: How long did the child have the medical condition?
Specify general length of time child had medical condition. This is often stated on the death certificate.

H8b: Was the death expected as a result of the medical condition?
If childhood death was expected because of the medical condition, indicate if death was expected to happen at a later time.

H8c. Was child receiving health care for the medical condition?
Indicate if child was receiving health care for the medical condition resulting in the death. Select "yes" even if the child was not diagnosed correctly. Indicate if care was provided within 48 hours of the death and if the health care plan was appropriate for the medical condition. If "no," specify why the plan was inappropriate.

If the team concludes that the child was receiving care but there was a delay in the diagnosis or the child was misdiagnosed, and the delay or misdiagnosis contributed to the death, this should be included in the narrative Section O1.

H8d: Did the family experience barriers that prohibited following the care plan?
Indicate if child/family experienced any barriers in adhering to the care plan. If "yes," indicate what part(s) of the plan were not completed and check all that apply. If no care plan was in place, select "N/A."

H8e: In the week prior to the death, did the child experience any changes to medical care?
Indicate if the child experienced any disruptions or changes in medical care in the week prior to their death. If so, describe.

H8f: Was the medical condition associated with an outbreak?
Indicate if medical condition child suffered from was associated with a disease outbreak (e.g., flu). If "yes," specify the outbreak and if the child was vaccinated against the disease responsible for their death according to the CDC's most current guidelines at the time of death.

H8g: Was the death potentially caused by a medical error?
A medical error is a preventable adverse effect of medical care. Examples of medical errors may include adverse drug events, improper transfusions, misdiagnosis, under and overtreatment, surgical injuries, wrong-site surgery, restraint-related injuries, or mistaken patient identities. This does not refer to individual's intentional or unintentional misuse of medicines or medical procedures carried out without medical supervision.

H8h: Was the medical condition that caused death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment?
Indicate if the condition causing death was a result of a complication or side effect from a previous illness, injury, condition, or medical treatment.

H9. Other Known Injury Cause

H9. Other known injury cause
Describe the cause and/or circumstances involved in the child's death. Examples of injuries that may be described in this section include deaths due to animal or insect bites, hyperthermia (including vehicular hyperthermia)/hypothermia, and head injuries due to extreme weather events (e.g., being struck by flying/falling objects during a tornado).

Section I. Other Circumstances of Incident

I1. Sudden and Unexpected Death in the Young (SDY)

This section is designed for the jurisdictions funded to participate in the Centers for Disease Control and Prevention's Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry. If your jurisdiction is funded, complete this section. If your jurisdiction is not funded, you do not need to complete this section (Section I1 may not display for your State, depending upon State Fatality Review Coordinator). If your jurisdiction is not funded, but your state would like to complete these questions, please contact the National Center for more information. Section I1 will not display for FIMR teams.

I1a: Was this death

During the initial investigation was the death any of the following:

- *Homicide* – Select if death was caused intentionally by another person.
- *Suicide* – Select if death was caused intentionally by the decedent.
- *Overdose* – Select if death was caused by drug overdose, even if this caused cardiac or respiratory arrest with no prior history of other possible chronic disease or autopsy findings suggestive of another cause.
- *A result of an external cause that was the obvious and only reason for the fatal injury* – Select if death was caused by an external injury that was the only and obvious reason for the death. Do not select if the underlying cause of the accident may have been cardiac or neurological in origin, including drownings of children age 5 and older, infant suffocation, or drivers in motor vehicle crashes.
- *Expected within 6 months due to terminal illness* – Select if the death was reasonably expected to occur within 6 months due to an incurable and irreversible illness that was diagnosed prior to death.

If any of the preceding categories apply, this case is not an SDY case. If the response is "none of the above" or "unknown," then proceed to I1b. This is an SDY case.

I1b: Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

Please note if any of the symptoms identified in this question were noted or reported by the child, caregiver, or family member within 72 hours prior to the death. Some, but not all, of the symptoms are described below.

- *Chest pain:* Discomfort or pain felt anywhere along the front of the body between the neck and upper abdomen.
- *Dizziness/lightheadedness:* A variety of conditions including a spinning sensation, unsteadiness, or a sensation of losing one's balance.
- *Fainting:* A temporary loss of consciousness.
- *Palpitations*: Sensations of the heart that include skipped or stopped beats, pounding, or racing. They can be felt in the chest, throat, or neck.
- *Convulsions/seizure:* An episode that could be seizure(s), even in the absence of a definitive diagnosis of epilepsy. Terms commonly used to indicate seizure-like activity include:
    - Seizure

- Fit
- Episode
- Attack or spell
- Falling out spell
- Drop attack
- Staring spell

I1c: At any time more than 72 hours preceding death, did the child have a personal history of any of the following chronic conditions or symptoms?

Please note if any of the symptoms identified in this question were noted or reported by the child, caregiver, or family member at any time more than 72 hours preceding the death. Some, but not all, of the symptoms are described below.

- *Chest pain:* Discomfort or pain felt anywhere along the front of the body between the neck and upper abdomen.
- *Dizziness/lightheadedness:* A variety of conditions including a spinning sensation, unsteadiness, or a sensation of losing one's balance.
- *Fainting:* A temporary loss of consciousness.
- *Palpitations*: Sensations of the heart that include pounding or racing. They can be felt in the chest, throat, or neck.
- *Convulsions/seizure*: An episode or history of an episode(s) that could be seizure(s), even in the absence of a definitive diagnosis of epilepsy. Terms commonly used to indicate seizure-like activity include:
    - History of seizure
    - Fit
    - Episode
    - Attack or spell
    - Falling out spell
    - Drop attack
    - Staring spell

I1d: Did the child have any prior serious injuries (e.g., near drowning, car crash, brain injury)?

Injuries that require immediate medical treatment are considered serious. If "yes," please describe the injuries.

I1e: Had the child in the past ever been diagnosed by a medical professional for the following?

Diagnoses should be reported only if found in the medical records.

- *Blood Disease*
    - *Sickle cell disease*: Child was diagnosed with sickle cell disease and/or had two abnormal hemoglobin genes.
    - *Sickle cell trait*: Child has one abnormal hemoglobin gene, also known as sickle cell carrier.
    - *Thrombophilia (clotting disorder)*: An increased tendency to form abnormal blood clots in blood vessels. People with thrombophilia are at great risk for deep vein thrombosis and pulmonary embolism. Genetic forms include factor V Leiden and prothrombin thrombophilia.
- *Cardiac*

If any of the following cardiac symptoms are selected, please indicate what cardiac treatment(s) the child received in the follow-up question. Check all that apply.

- *Abnormal electrocardiogram (EKG or ECG):* An EKG or ECG measures the heart's electrical activity.
- *Aneurysm or aortic dilatation*: Abnormal dilation of the wall of the aorta, usually 50% greater than its normal diameter/tear in the intima (inner layer), creating a false lumen. This includes aortic rupture. Some examples of at-risk youth include, but is not limited to, those with collagen vascular diseases (e.g., Marfan syndrome, Ehlers-Danlos), bicuspid aortic valve, Turner Syndrome, or hypertension.
- *Arrhythmia/arrhythmia syndrome*: Can also be called a fast or irregular heart rhythm and palpitations. Includes diagnoses such as long QT, Brugada, Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT), Wolff Parkinson White (WPW), and short QT syndrome.
- *Cardiomyopathy*: A disease of the heart muscle. Specific diagnoses can include hypertrophic, dilated, and arrhythmogenic right ventricular or left ventricular non-compaction.
- *Congenital heart disease*: Structural heart disease present at birth. There are many subtypes. Some forms of congenital heart disease have been associated with sudden cardiac death (e.g., tetralogy of Fallot, double outlet right ventricle, transposition of the great arteries, single ventricle lesions such as double inlet left ventricle, hypoplastic left heart syndrome, tricuspid atresia).
- *Coronary artery abnormality*: Considered causative when specific anomalies known to be associated with sudden death were noted on autopsy or a coronary anomaly was the only finding (e.g., anomalous left main coronary with take-off from the right coronary cusp and an intramural course between the pulmonary artery and aorta, anomalous right coronary artery with oblique take-off, regional acute or chronic corresponding regional perfusion defect, single coronary artery, anomalous left coronary artery from the pulmonary artery (ALCAPA)). Separate coronary ostia, cloacal left main coronary artery, and anomalous circumflex off the right coronary cusp are not commonly considered to be causative of sudden death.
- *Endocarditis:* Bacterial infection of the heart valves with findings of bacterial growth that may result in septic emboli (to the brain, lungs, eyes, skin, digits).
- *Heart failure:* A chronic condition in which the heart doesn't pump blood as well as it should.
- *Heart murmur:* A heart murmur is an unusual sound heard between heartbeats. Murmurs may be harmless, also called innocent, or abnormal.
- *High cholesterol:* Build-up of fatty deposits in blood vessels. Specific thresholds: Total Cholesterol: Less than 170mg/Dl; Non-HDL: Less than 120mg/Dl; LDL: Less than 100mg/Dl; HDL: More than 45mg/Dl.
- *Hypertension:* Blood pressure that is at or above the 95th percentile for children who are the same sex, age, and height.
- *Myocarditis (heart infection):* Histopathologic diagnosis of inflammatory infiltrates of the heart muscle with necrosis and/or degeneration of adjacent myocytes not typical of ischemic damage associated with coronary artery disease, leading to heart failure, arrhythmias, and sudden death.
- *Pulmonary hypertension:* Elevated pulmonary artery pressure leading to vasculopathy/muscularization of the small muscular pulmonary arterioles (medial hypertrophy, intimal hyperplasia, and plexiform lesions). May be idiopathic

(primary) or secondary to other diseases (e.g., connective tissue diseases, unrepaired/palliated congenital heart disease).
    - *Sudden cardiac arrest:* Sudden cardiac arrest (SCA) is an event in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA usually causes death if it's not treated within minutes.
- *Neurologic*
    - *Anoxic brain injury*: An injury to the brain caused by lack of oxygen.
    - *Traumatic brain injury/head injury/concussion*: Disruption in the normal function of the brain that can be caused by a bump, blow, jolt to the head, or penetrating head injury. Most often an acute event. Symptoms may appear right away or may not be present for days or weeks after the injury.
    - *Brain tumor*: Brain tumors may arise primarily from the brain tissues or may result from tumors in other organs (e.g., lung, breast, GI tract, skin) spreading (metastasizing) to the brain. There are two main types of tumors: malignant or cancerous tumors and benign tumors.
    - *Brain hemorrhage:* A type of stroke that is caused when a blood vessel in the brain bursts causing localized bleeding in the surrounding tissues. This bleeding kills brain cells.
    - *Developmental brain disorder*: Can include such diagnoses as cerebral palsy, intellectual disability, or a structural brain malformation.
    - *Epilepsy/seizure disorder*: Defined by any of the following conditions: At least two unprovoked (e.g., not febrile) seizures occurring more than 24 hours apart; one unprovoked seizure and a probability of further seizures occurring over the next 10 years; or diagnosis of an epilepsy syndrome.
    - *Febrile seizure*: Febrile seizures are seizures or convulsions that occur in young children and are triggered by fever.
    - *Neurodegenerative disease*: A process in which the function or structure of the affected brain area will increasingly deteriorate over time.
    - *Stroke/mini stroke/TIA-Transient Ischemic Attack:* The loss of brain function due to a disturbance in the blood supply to the brain. This disturbance is due to either ischemia (lack of blood flow) or hemorrhage.
    - *Central nervous system infection (meningitis or encephalitis):*
        - *Encephalitis*: An inflammation of the brain. Usually, the cause is a viral infection, but bacteria can also cause it. It can be mild or severe.
        - *Meningitis*: Inflammation of the thin tissue that surrounds the brain and spinal cord, called the meninges. The most common type is viral meningitis, which you get when a virus enters the body through the nose or mouth and travels to the brain. Bacterial meningitis is rare but can be deadly. It usually starts with bacteria that cause a cold-like infection. It can block blood vessels in the brain and lead to stroke and brain damage. It can also harm other organs.
- *Respiratory*
    - *Apnea*: A temporary suspension of breathing.
    - *Asthma:* A condition in which a person's airways become inflamed, narrow, and swell, and produce extra mucus, which makes it difficult to breathe.
    - *Pulmonary embolism:* Obstruction of the pulmonary artery or one of its branches by thrombus, tumor, air, or fat that originated elsewhere in the body. If severe, it may result in acute right ventricular heart failure and death.

- *Pulmonary hemorrhage:* An acute bleeding from the lung, from the upper respiratory tract and the trachea, and the alveoli.
- *Respiratory arrest:* Respiratory arrest is the interruption of pulmonary gas exchange, or breathing, for five minutes or more.

- *Other*
  - *Connective tissue disease*: Refers to a group of disorders involving the protein-rich tissue that supports organs and other parts of the body. Examples of connective tissue are fat, bone, and cartilage. These disorders often involve the joints, muscles, and skin, but they can also involve other organs and organ systems including the eyes, heart, lungs, kidneys, gastrointestinal tract, and blood vessels. Specific diagnoses include Ehlers Danlos, Marfan syndrome, bicuspid aortic valve with aortic root dilation, and/or cystic medial necrosis.
  - *Diabetes*: Indicate if the child had ever been diagnosed with any type of diabetes.
  - *Endocrine disorder, other (thyroid, adrenal, pituitary)*: Indicate if the child had been diagnosed with any other disorder of the endocrine system. If it was a disorder of the thyroid, adrenal, or pituitary gland, specify the gland associated with the disorder in the "additional information" box.
  - *Hearing problems or deafness:* Indicate if the child had any degree of hearing impairment.
  - *Kidney disease:* Indicate if the child had decreased/limited kidney function.
  - *Mental illness/psychiatric disease:* Includes depression or mood disorders, including bipolar disorder, anxiety disorder, autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), conduct disorder, oppositional defiant disorder, schizophrenia, and alcohol or substance abuse.
  - *Metabolic disease:* Identify if the child had any known metabolic dysfunction. Examples include familial hypercholesterolemia, phenylketonuria (PKU), Tay-Sachs disease, and maple syrup urine disease.
  - *Muscle disorder or muscular dystrophy:* Identify if the child was diagnosed with a muscular disorder, which often manifests as weakness, or was diagnosed with genetic muscular dystrophy.
  - *Oncologic disease treated by chemotherapy or radiation:* Identify if the child had a cancer or tumor diagnosis that required either of these therapies.
  - *Prematurity*: A premature birth is a birth that takes place before the start of the 37th week of pregnancy.
  - *Congenital disorder/genetic syndrome:* A medical condition that is present at or before birth. These conditions are also referred to as birth defects. Genetic disorder is a genetic problem caused by one or more abnormalities in the genome, usually a condition that is present from birth but may not be diagnosed until later in life.
  - *Other, specify:* Please identify any other disease or condition not identified in this section.

If a more specific diagnosis is known, provide any additional information in the box.

I1f: Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents, or other more distant relatives) with the following diseases, conditions, or symptoms?

Include blood relatives only. Do not include relatives married into the family (step-relatives), in-laws, or adopted family members.

- *Sudden Unexpected Death before age 50*
    - If "yes," describe the type of event, which relative, and relative's age at death. For example, brother at age 30 who died in an unexplained motor vehicle crash (driver of car).
    - *Sudden*: Implies death within 24 hours of first symptom or in hospital after resuscitation from cardiac arrest.
    - *Unexpected*: The death of someone who was believed to be in good health or who had a stable chronic condition (e.g., hypertrophic or dilated cardiomyopathy, congenital heart disease, a neurological condition such as epilepsy, a respiratory condition such as asthma) or had an acute illness which would not be expected to cause death.
        - Examples of a sudden, unexpected death would include SIDS, drowning, a relative who died in a single and/or unexplained motor vehicle crash if they were the driver of the car.
- *Heart Disease*
    - *Heart condition/heart attack or stroke before age 50:* Indicate, if before the age of 50, any of the child's blood relatives had diseased cardiac vessels, structural problems, an arterial blockage, or a heart attack.
        - If "yes," describe the type of event, which relative, and relative's age at death. For example, father at age 35 of stroke or sister at age 12 of sudden death.
    - *Aortic aneurysm or aortic rupture:* Abnormal dilation of the wall of the aorta, usually 50% greater than its normal diameter/tear in the intima (inner layer) creating a false lumen. The worst outcome is aortic rupture. At-risk young individuals include those with collagen-related vascular diseases (e.g., Marfan syndrome, Ehlers-Danlos), bicuspid aortic valve, Turner Syndrome, or hypertension.
    - *Arrhythmia (fast or irregular heart rhythm)*: Can also be called palpitations and includes long QT, Brugada, Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT), and Wolff Parkinson White (WPW).
    - *Cardiomyopathy*: A disease of the heart muscle. Specific diagnoses can include hypertrophic, dilated, arrhythmogenic right ventricular or left ventricular non-compaction.
    - *Congenital heart disease*: Structural heart disease present at birth. There are many varieties. Some forms of congenital heart disease have been associated with sudden cardiac death (e.g., tetralogy of Fallot, double outlet right ventricle, transposition of the great arteries, and single ventricle lesions such as double inlet left ventricle, hypoplastic left heart syndrome, and tricuspid atresia).
- *Neurologic Disease*
    - *Epilepsy or convulsions/seizure*: Include those that may be described as: fit, episode, attack or spell, falling out spell or drop attack, staring spell, or out-of-touch.
    - *Other neurologic disease*: Diseases of the nervous system. Specific diagnoses include stroke, brain tumor, brain aneurysm, dementia, Parkinson's disease, Alzheimer's disease, headache disorders, multiple sclerosis, cerebral palsy, and cerebral hypoplasia.
- *Symptoms*
    - *Febrile seizures:* Seizures or convulsions that occur in young children and are triggered by fever.
    - *Unexplained fainting:* A temporary loss of consciousness.

- *Other Diagnoses*
  - *Congenital deafness*: Indicate if any of the child's relatives were ever born deaf.
  - *Connective tissue disease*: Connective tissue disease refers to a group of disorders involving the protein-rich tissue that supports organs and other parts of the body. Examples of connective tissue are fat, bone, and cartilage. These disorders often involve the joints, muscles, and skin, but they can also involve other organs and organ systems including the eyes, heart, lungs, kidneys, gastrointestinal tract, and blood vessels. Specific diagnoses include Ehlers Danlos, Marfan syndrome, bicuspid aortic valve with aortic root dilation, and cystic medial necrosis.
  - *Mitochondrial disease*: Mitochondria are present in every human cell except for red blood cells, and they are responsible for creating 90% of the energy needed to sustain life. Mitochondrial disease causes mitochondria to fail. Indicate if any of the child's relatives were ever diagnosed with mitochondrial disease.
  - *Muscle disorder or muscular dystrophy:* Identify if any of the child's relatives were diagnosed with a muscular disorder, which often manifests as weakness, or was diagnosed with genetic muscular dystrophy.
  - *Thrombophilia (clotting disorder):* Thrombophilia is an increased tendency to form abnormal blood clots in blood vessels. People with thrombophilia are at great risk for deep vein thrombosis and pulmonary embolism. Genetic forms include factor V Leiden and prothrombin thrombophilia. Indicate if any of the child's relatives were ever diagnosed with thrombophilia.
  - *Other diseases that are genetic or run in families, specify:* Please identify any other conditions not outlined in this section.

I1g: Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?
Include blood relatives only. Do not include relatives married into the family (step-relatives), in-laws, or adopted family members.

If "yes," please describe which family member was tested, name of test or gene tested, reason for the testing (suspected disease/diagnosis), and results of test, including negative results. Be as specific as possible, for example: Patient's mother had genetic testing for suspected long QT syndrome. She was found to have an A178P mutation and/or variant in her KCNQ1 gene.

If "yes," was a gene mutation found? A gene mutation, or variant, is a change to DNA.

I1h: In the 72 hours prior to the death, was the child taking any prescribed medications?
Include any medications, related to any condition, prescribed by a medical professional for the child, or prescribed for someone else and taken by the child.

I1i: Within 2 weeks prior to death, had the child
Indicate notable changes in medication usage, including taking extra doses, missing doses, or changing prescribed medications. Include any medications, related to any condition, prescribed by a medical professional for the child, or prescribed for someone else and taken by the child.

I1j: Was the child compliant with their prescribed medications?

If the child was not taking medication as prescribed, select "no" and describe why child was not compliant with medications. Examples include adverse side effects or caregivers unwilling or unable to administer medications prescribed for the child.

I1k: Was the child taking any of the following substance(s) within 24 hours of death?
Indicate if the child took substances in the day prior their death. If "yes," check all that apply. Some, but not all, options are described below.

- *Tobacco*: Includes cigarettes, chewing, and electronic/vaping nicotine.
- *Illegal drugs*: Includes street drugs (e.g., heroin, cocaine) and prescription drugs, such as Adderall, taken without a prescription for the child. If the child is legally allowed to use marijuana (e.g., doctor's prescription), select "legalized marijuana."

If "yes" to any substance, please note the name of the substance, quantity, and when the substance was last taken.

I1l: Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?
Indicate if the child experienced any of the following stimuli at time of incident and within 24 hours of incident.

- *Physical activity*: Any exercise or movement of the body of moderate or vigorous intensity. For example, playing a sport such as soccer or dancing.
- *Sleep deprivation*: When an individual fails to get enough sleep. While more or less sleep may be appropriate for any given child, recommended sleep for children is as follows (per 24-hour period):
    - Ages 1-2: 11-14 hours
    - Preschoolers, ages 3-5: 10-14 hours
    - Children, ages 6-13: 9-11 hours
    - Teens, ages 14-17: 8-10 hours
- *Driving*: Indicate if the child was driving a motor vehicle within 24 hours of the incident.
- *Visual/video game stimuli*: Flickering, flashing or strobe lights, television, video game, computer, or other visual stimuli that form patterns in time or space.
- *Emotional stimuli*: Strong reaction including happiness, anger, sadness, and stress.
- *Auditory stimuli/startle*: A sudden startling noise (e.g., alarm clock, phone ringing).
- *Physical trauma*: Injury caused to a person by physical forces such as a motor vehicle crash, assault, fall, or near drowning.
- *Other, specify*: Indicate any other stimuli the child may have experienced at the time of the incident that is not identified above.

I1m: Was the child an athlete?
Select "yes" if the child participated in a sport that required moderate to vigorous exercise and indicate whether they were a competitive or recreational athlete.

- *Competitive:* Select when the child was participating in an organized team or individual sport requiring systematic physical training and regular competition against others while placing a high premium on athletic excellence and achievement. Athletes may be regarded as competitive regardless of age or level of participation. An important component of competitive sports activity concerns whether athletes can properly judge when it is prudent to terminate physical exertion.

    - If “yes” is selected for competitive sport, also indicate whether the child participated in the 6 months prior to their death.
- *Recreational:* Select when the child was participating in informal sports and circumstances engage in a range of exercise levels from modest to vigorous on either a regular or an inconsistent basis, which do not require systematic training or the pursuit of excellence and are without the same pressure to excel against others that characterizes competitive sports. The lack of systematic athletic conditioning in the definition of recreational sports is expected to decrease the risk of cardiovascular events.

*I1n: Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity?*
An uncharacteristic symptom means that the child did not usually experience these symptoms after participating in physical activity. Check all that apply. Some, but not all, options are described below.

- *Convulsions/seizure*: Include those that may be described as: fit, episode, attack or spell, falling out spell or drop attack, staring spell, or out-of-touch.
- *Palpitations*: Sensations of the heart that include pounding or racing. They can be felt in the chest, throat, or neck.

I1o: For child age 12 or older, did the child receive a pre-participation exam for a sport?
Include any pre-participation sports exam designed to evaluate the health of a child prior to their participation in an athletic sport to determine if participation is safe. These may be performed by any professional such as general practitioners or specialists, including sports medicine physicians. Requirements for sports exams vary by locality. If “yes,” indicate if the exam occurred in the year prior to death, and whether restrictions occurred for sports or otherwise because of the exam.

Note: Questions I1p-I1v only appear if in I1e (Diagnosed by medical professional) was answered as “Epilepsy/seizure disorder.”

I1p: How old was the child when diagnosed with epilepsy/seizure disorder?
Indicate 0 years for infants. If a range is given, use the mid-point or round up. For example, if the response is “13 or 14 years old,” mark 14 years. A best estimate is preferred over a response of “unknown.”

I1q: What were the underlying cause(s) of the child’s seizures?
Check all that apply.

- *Brain injury/trauma*: A blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.
- *Brain tumor*: A mass or growth of abnormal cells in the brain.
- *Cerebrovascular*: Includes stroke, hemorrhage, and trauma.
- *Central nervous system infection*: Infection of the brain, spinal cord, and associated membranes. Specific diagnoses can include encephalitis and meningitis.
- *Developmental brain disorder*: Includes cerebral palsy, intellectual disability, or a structural brain malformation.

- *Genetic/chromosomal*: Conditions involving or relating to changes in genes or chromosomes.
- *Idiopathic or cryptogenic*: Unknown origin.
- *Other acute illness or injury other than epilepsy*: Indicate and specify any acute illness or injuries, besides epilepsy, that are not identified above.
- *Other, specify*: Indicate if there was a different underlying cause of the child's seizures than those listed above.
- *Unknown*: Indicate if the cause of the child's seizures was unknown.

I1r: What type(s) of seizures did the child have?
Indicate all types of seizures the child experienced during life, not including the seizure which led to the child's death. Check all that apply.

- *Non-convulsive:* A seizure during which a person's body does not shake rapidly and uncontrollably. Seizures may or may not include a loss of consciousness.
- *Convulsive (grand mal seizure or generalized tonic-clonic seizure):* A seizure during which a person's body shakes rapidly and uncontrollably. Seizures may or may not include a loss of consciousness.
- *Occur when exposure to strobe lights, video game, or flickering light (reflex seizure):* A seizure triggered by flashing lights or rolling images, sometimes known as photosensitivity. Seizures may or may not include a loss of consciousness.
- *Unknown:* Team was unable to determine the type of seizure(s).

I1s: Describe the child's epilepsy/seizures (not including the seizure at time of death)
Indicate applicable description(s) for any seizures the child experienced in life, not including the seizure which led to the child's death. Check all that apply.

- *Last less than 30 minutes*: A seizure lasting a short duration of less than 30 minutes.
- *Last more than 30 minutes (status epilepticus)*: A prolonged seizure or a series of seizures without recovery lasting more than 30 minutes.
- *Occur in the presence of fever (febrile seizure):* Seizures in the presence of fever.
- *Occur in the absence of fever*: Seizures which occur with no associated fever.
- *Occur when exposed to strobe lights, video game, or flickering light (reflex seizure):* A seizure triggered by flashing lights or rolling images, sometimes known as photosensitivity.

I1t: How many seizures did the child have in the year preceding death?
If a range is given, use the mid-point or round up. For example, if the response is "2 or 3" select "3." A best estimate is preferred over a response of "unknown."

I1u: Did treatment for seizures include anti-epileptic drugs?
If "yes," indicate how many anti-epilepsy drugs the child was taking at the time of death.

I1v: Was night surveillance used?
Night surveillance can include any device that would alert another person that a child is in distress through the night including baby monitors, video cameras, or apnea monitors.

I2. Was Death Related to Sleeping or the Sleeping Environment?

I2: Was death related to sleeping or the sleep environment?
Answer this question for every death of a child less than 5 years old, regardless of the primary cause of death. If "yes" or "unknown," proceed to I2a. If "no," go to I2t. If the child was not born alive (fetal/stillborn death), then this section will not display in the Pediatric NFR-CRS. Infants who are witnessed to go unresponsive should also be included here.

I2a: Incident sleep place
Type of place child was sleeping in or on when found unresponsive. If the child was laying on or in the arms of another person, select the location of the person holding the infant unless the child died on another person who was standing at the time. In that case, select "other" and specify. For infants who were witnessed unresponsive (observed by another person at the time they became unresponsive), select the location of the baby at the time they became unresponsive.

- *Crib*: Include full-size crib or an infant hospital bed. Portable cribs are considered cribs. If crib, select the type (i.e., not portable, portable, unknown).
- *Bassinet*: A product designed to function as an infant sleep surface. It is smaller than a crib and often oblong or basket-like. If the child is in the bassinet portion of a portable crib, select "bassinet."
- *Bedside sleeper*: A bassinet or crib that has one side which is designed to attach to the caregiver's bed allowing the infant's surface to connect to an adult bed (usually three-sided or has one side that is lower than the other three). Also referred to as a sidecar sleeper or bedside bassinet.
- *Baby box:* A cardboard box that includes a mattress and is marketed specifically for purposes of infant sleep.
- *Adult bed*: Any adult sized mattress (excluding waterbeds, including air mattresses), regardless of whether the mattress is on the floor or in a bedframe. If selected, indicate the size of the mattress in the follow up question.
- *Waterbed:* A bed with a water-filled rubber or plastic mattress.
- *Air mattress:* A portable, inflatable mattress typically made of durable plastic or rubber material, designed to be filled with air for use as a temporary bed or sleeping surface.
- *Futon*: Usually a cotton-filled mattress used on the floor or in a frame and can be configured as a bed or couch/chair.
- *Car seat*: Infant or toddler car seat that was placed either in the car, stroller, or home. If selected, indicate if the car seat was secured in the seat of a vehicle at the time of the incident.
- *Rocking-inclined sleeper*: A freestanding, sling shaped baby holder fitted on a metal frame that can rock back and forth and hold the baby in an inclined position.
- *Stroller*: Strollers that do not use the click-in car seat combination. If using the car seat part of a stroller, select "car seat."
- *Bouncy chair*: A freestanding product intended to support an infant in a reclined position to facilitate bouncing or vibrating.
- *Other, specify*: All other products marketed for infant sleep or play that are not otherwise specified above (e.g., in bed sleepers, baby carriers, slings) or any other location where the infant is found when the incident occurred.
- *Unknown*: Team was unable to determine the incident sleep place.

I2b: Child put to sleep
Indicate the body position in which child was put to sleep.

I2c: Child found
Indicate the body position in which the child was found unresponsive. If the body was wedged and the position found does not fit into one of these options, select the option that best describes the position found and describe the position found in detail in the narrative Section O1.

I2d: Usual sleep place
Identify the place the child slept most of the time. The sleep place selected should be the usual place for the location at which the incident occurred. For example, if the death occurred at a licensed child care home, indicate where the infant usually slept while at the child care home. See "incident sleep place" for more information about response options.

I2e: Usual sleep position
Indicate the body position in which the child slept most of the time.

I2f: Was there any type of crib, portable crib, or bassinet in home for the child?
If the incident occurred in a home or child care setting indicate whether any of these appropriate infant sleep options were available at the location.

I2g: Child in a new or different environment than usual?
At the time of incident, indicate if the child was sleeping in an environment that is not part of the child's normal routine. For example, if the child went to their grandparent's house every Tuesday, this is considered part of the usual routine. If the child had started attending a new child care center or home, this would be considered a new sleep environment. Also, include temporary sleep environments such as a hotel stay, moving, traveling, displacement by a disaster, visiting family or friends, and infant more fussy than normal so moved from normal sleep place. If "yes," describe why.

I2h: Child last placed to sleep with a pacifier?
Indicate if the child was last placed to sleep with a pacifier in their mouth regardless of if the pacifier fell out during sleep. A pacifier is sometimes called a "dummy" or a brand name, such as "Binky."

I2i: Child wrapped or swaddled in blanket when last placed?
Answer "yes" if the child was intentionally wrapped or swaddled in a blanket prior to placing them to sleep. Answer "no" if the child became tangled or wrapped in a blanket or other soft bedding while they slept and document this object in I2o.

- If "yes," include a brief description of the weight and thickness of the material used to swaddle the baby, whether it was a product designed for swaddling, and whether arms were in or out when last placed. Also include information about how the swaddle appeared when found, including how loose or tight the swaddle or wrap was, whether the swaddle was covering the child's nose or mouth, and/or had gotten underneath the child resulting in a soft bedding sleep environment.

I2j: Child overheated?

Indicate if child was overheated at the time of death. Overheated is defined as a body temperature of 99.7 degrees Fahrenheit or higher that is not caused by a fever. If "yes," indicate how the child was overheated. Check all that apply.

I2k: Child exposed to secondhand smoke?

Indicate whether child was regularly exposed to secondhand smoke. Secondhand smoke is defined as smoke that is exhaled by a smoker or originates from a burning tobacco product to which a child is exposed. It includes smoke from a cigarette, e-cigarette, cigar, pipe, or other tobacco material.

If "yes," indicate frequency of exposure. This can come from medical records, scene investigation, or witness interviews.

- Frequently: Several times a week.
- Occasionally: Several times a month.

I2l: Child's face when found

Child's face (nose and mouth) when found should identify the child's face position relative to the surface on which the child was sleeping. For example, select "down" if the child's face was found straight down on a pillow; select "up" if the child was lying on a pillow with only the back of the neck and head touching the pillow; select "to the left or right side" if the child's face was turned to the left or right side so that only one side of the child's face was touching the pillow.

I2m: Child's neck when found

Indicate the position of the child's neck relative to the body when found.

- *Hyperextended*: If the child's head was arched backwards with the chin out and far away from the chest.
- *Hypoextended:* If the child's head was bent downwards, towards the body with the chin close to the chest.
- *Turned:* If the child's head was turned to the left or the right.
- *Neutral:* If the child's head and neck were in a relaxed, neutral position.

I2n: Child's airway when found

The airway includes the nose, mouth, neck, and/or chest.

- *Unobstructed by person or object:* If, when the child was found, nothing was obstructing the child's nose or mouth or compressing the child's neck or chest. For example, select "unobstructed" if the child was found on their back, face up, neutral neck, in a crib with nothing obstructing the airway.
- *Fully obstructed by person or object:* If, when the child was found, their nose and mouth were completely covered by an object (such as a blanket or pillow), or there was a full compression of the neck or chest preventing the lungs from expanding (such as a child found with an adult's thigh over their chest, or neck is caught between slats of a crib).
- *Partially obstructed by person or object:* If, when the child was found, only part of the nose or mouth were covered by an object or a portion of their chest or neck was compressed by a caregiver or object, or the child's position (e.g., slumped in a stroller or other sitting device) compressed the airway.

If airway was fully or partially obstructed when the child was found, indicate what part(s) of the airway were partially or fully obstructed: nose, mouth, neck, or chest. Check all that apply. If the team selects either "fully obstructed" or "partially obstructed," it is important to describe obstruction in detail in I2n and note the objects/people/positioning responsible for the obstruction in I2o.

I2o: Objects in child's sleep environment and relation to airway obstruction
This question presents a list of potential objects in the child's sleep environment. There are three parts to this question:

1. *Present?* Select all items that were part of the child's sleep environment no matter their relationship to the child. It is not necessary to indicate clothing the infant was wearing at time of death or a snug swaddle. All swaddling and intentional wrapping should be documented in I2i.
2. *If present, describe position of object*: For each of the object(s) selected as present, identify the position in relation to the child when found. For example, if a pillow was present, indicate whether the pillow was "on top of," "next to," or "under" the child. You may select more than one option. "Tangled around" should be used only when describing something the child became tangled in during sleep.
3. *If present, did object obstruct airway?* For each of the object(s) selected as present, indicate whether the object(s) was obstructing the child's nose or mouth or compressing the neck or chest when the child was found. If adult(s) obstructed airway, describe relationship of adult to child (e.g., mother).

Example scenario: Child was in crib, found on back, face up, under comforter with nose and mouth obstructed by comforter. Teddy bear in crib, at base of crib.

Present? (Yes)	Describe Position	Object Obstruct Airway?
Mattress	Under child	No
Comforter	On top of child	Yes
Crib railing	Next to child	No
Toy	Next to child	No

I2p: Was there a reliable, non-conflicting witness account of how the child was found?
Generally, a witness account can be considered reliable unless indicated otherwise. A witness account could be considered unreliable or conflicting when it was (one or more of the following):

1. Provided by a person who was:
    - Not physically at the scene at the time the infant was found or did not see the infant's found location and position.
    - Significantly impaired by drugs or alcohol.
    - Mentally or cognitively unstable.

    NOTE: Children can be considered reliable witnesses if their age and development allow them to provide a consistent and detailed account, and their story is consistent with other evidence.
2. Inconsistent (i.e., the account changed between interviews).
3. Conflicting with other witnesses' accounts or lividity evidence in the case that the infant was found prone (lividity is only factored in if it indicates the infant was prone—most infants have lividity on the back due to pooling after they are moved for CPR).

NOTE: Lividity can be considered in combination with a witness account to corroborate or determine reliability but should not be used in isolation to determine how child was found or how death occurred.

If there is not a reliable, non-conflicting witness account, please describe why in detail in the Narrative section (Section O1).

I2q: Caregiver/supervisor fell asleep while feeding child?
If "yes," indicate whether the child was being fed by a bottle or being breastfed. Pumped human milk in a bottle should be indicated as "bottle."

I2r: Child sleeping in the same room as caregiver/supervisor at time of death?
Indicate if the child and supervisor(s) or caregiver(s) were sleeping in the same room at the time of the incident. The child may or may not have been on the same sleep surface as caregiver(s).

I2s: Child sleeping on same surface with person(s) or animal(s)?
Indicate if the child was sleeping on the same sleep surface with a person or animal. If "yes," specify:

- The reasons stated for sleeping on the same surface. Check all that apply.
- The number of adults sleeping with the child and if they were obese. Select "yes" for obesity if there was clear evidence that at least one of the adults sharing a sleep surface with the child was obese (defined as a BMI of 30 or higher) from photos, police reports, or other documentation.
- The number of other children sleeping with the child and their ages. Make sure to indicate if the age is in days, months, or years.
- The number of animals sleeping with child and type(s) of animal(s).

I2t: Is there a scene re-creation photo available for upload?
Scene re-creation photo should ideally include a doll re-enactment depicting where the child was found. It should show the position of the airway in relation to the sleeping environment.

If a doll re-enactment was not done or the photo is not available, provide a scene photo of the location where the baby was found. For example, if the infant was sleeping in an adult bed, include a picture of the bed and its entire contents. If a scene photo is the only option, consider marking the picture to indicate the location of the infant. If only a photo of position placed (not found) is available, please upload and specify in the narrative Section O1. Only one photo (.jpg format) less than 6MB in size may be attached.

Do NOT upload photos of the decedent. Blur, cover, or crop any faces or dates to preserve confidentiality of all individuals depicted.

I3. Was Death Related to a Consumer Product?

If the child's death was related to a consumer product of some kind, answer the following questions. This includes deaths related to products that were being used according to manufacturer's guidelines or used incorrectly, such as an infant who dies while in a swing that was not properly buckled.

For the Pediatric NFR-CRS, consumer products are defined as commercially available items. For a list of common consumer products, please visit https://ncfrp.org/wp-content/uploads/Deaths_Related_to_Consumer_Products.pdf.

If the child was not born alive (fetal/stillborn death), then this section will not display in the Pediatric NFR-CRS.

I3a: Describe product and circumstances
If "yes" is selected for I3, describe the product and circumstances of use leading to death. For instance, "placed in a rocking inclined chair to sleep" or "vehicle had airbags known to be defective."

I3b: Was product used properly?
Indicate if product was being used properly (i.e., all recommended instructions were being followed and warnings observed) at time of incident. This can be subjective at times. Some examples of "no" would be placing an infant in an unsafe sleep environment or having a gas generator indoors during a storm. "Yes" would be appropriate if a child had an allergic reaction to a medication after the recommended dose had been administered.

I3c: Was a recall in place at the time of the incident?
Specify if a recall was in place for the product at the time of the incident. Recall is defined as a request by the manufacturer of a defective product to repair or replace that product. This can be answered "yes" if a recall was in place at the time of incident, but not followed.

I3d: Did product have safety label?
Indicate if product or product's packaging had a safety label at time of incident that described any known hazards of the product or instructions for safe use. Labels on hairdryers warning consumers to avoid water immersion is an example.

I3e: Were any of the following regulatory agencies notified of the incident?
Indicate if a member of the child death review team (such as a coroner or medical examiner) reported the product to the appropriate governing agency. If not reported yet, consider having an appropriate member of the team report the product, as this can have life-saving benefits to prevent further injuries or deaths.

I4. Did Death Occur During Commission of Another Crime?

If the death occurred during the commission of another crime, answer the following questions. If the child was not born alive (fetal/stillborn death), then this section will not display in the Pediatric NFR-CRS.

I4a: Type of crime

If the death occurred during the commission of another crime, indicate type of crime committed at time of incident. A crime is a serious offense against the public law. Definitions vary by state. Check all that apply.

- *Robbery/burglary*: A robbery is the taking, or attempting to take, anything of value from another person(s) by force, threat of force, or violence. If money or goods are stolen without force or threat of force (e.g., a bookkeeper stealing money from a company, thieves stealing equipment from a loading dock), the theft is not a robbery, but larceny, and should be selected as "other." A burglary is the unlawful entry into a building or other structure without the owner's consent with the intent to commit a felony or a theft.
- *Interpersonal violence*: The intentional use of physical force or power, threatened or actual, against another person, or against a group, that either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation.
- *Sexual assault*: Sexual contact without consent. Includes sex with a minor with or without consent. Ranges from the non-consensual touching of an intimate part of the body to forced, manipulated, or coerced penetration. It can involve verbal coercion and threats, physical restraint, intimidation, and/or violence.
- *Other assault*: An unlawful fatal or nonfatal attack by one person upon another. To qualify as a serious crime, the assault should be an aggravated assault (one that involves bodily injury or threat with a deadly weapon).
- *Gang conflict*: Gang members are persons who are members of the same association or organization which has as one of its purposes the commission of crime. Gangs include both youth gangs and organized crime organizations.
- *Drug trade*: The buying, selling, or passing of drugs from one person to another in exchange for goods or money.
- *Arson*: To unlawfully and intentionally damage, or attempt to damage, any building, real estate, or personal property by fire or incendiary device.
- *Prostitution*: Performing sexual acts in exchange for money or its equivalent.
- *Witness intimidation*: To intentionally say or do something that causes a witness of a crime to be fearful of harm to them if they provide information to authorities about the crime or to kill a witness to prevent them from providing information.
- *Illegal border crossing:* To arrive in or cross the borders into the country in violation of immigration law.
- *Auto theft:* To steal or attempt to steal any motor vehicle.
- *Other, specify:* Indicate other crimes (not listed above) being committed at the time of the incident.
- *Unknown:* Team could not determine type of crime.

I5. Child Abuse, Neglect, Poor Supervision, and Exposure to Hazards

Completion of this section is especially important because it provides information about child maltreatment (i.e., abuse, neglect, poor or absent supervision), as well as other behaviors on the part of a parent/caregiver/supervisor that expose the child to hazardous circumstances that cause or contribute to a child's death (e.g., sleep environment hazards, unsecured firearms or poisons). Do not include child's own behavior, such as a young driver engaging in risky behavior that results in crash and death (document in Section H1) or suicide (document in Section I6).

However, it is important to remember that the purpose of this section, and of fatality review more generally, is to document circumstances and identify risk factors for use in developing prevention strategies, NOT to determine legal culpability or substantiate child maltreatment. Consequently, although legal definitions for some of these categories (e.g., child abuse, neglect) may be available, they should not be used as criteria for completing this section. Section I5 should be considered for all deaths except fetal deaths.

Most natural deaths will not be related to child abuse, neglect, poor supervision, or exposure to hazardous circumstances, but, occasionally, one will. For example, the potential for a failure to seek or provide medical care to contribute to a death should be considered and documented here, when appropriate.

Even when the specific cause of a child's death is undetermined or unknown, acts of child abuse, neglect, poor/absent supervision, or exposure to hazards that cause or contribute to the death might be identified, and when they are, they should be documented.

I5a: Did child abuse, neglect, poor or absent supervision, or exposure to hazards cause or contribute to the child's death?

Indicate if any behavior on the part of a parent/caregiver/supervisor caused or contributed to the death of the child. The purpose of this question is to identify whether there were specific behaviors by a parent/caregiver/supervisor that caused or contributed to the child's death. It is NOT intended to determine blame or legal culpability. Section I5 should be considered for all deaths except fetal deaths.

A *behavior that causes death* is defined as a behavior that in and of itself led to the child's death. Generally, the behavior in question was both necessary and sufficient to kill the child.

A *behavior that contributes to death* is defined as a behavior that plays a role in the child's death. Generally, the behavior in question was necessary but not sufficient to result in death. Examples include (but are not limited to):

- A caregiver shaking an infant so hard to cause severe head trauma and death.
- A caregiver that withholds lifesaving medical care or prescribed treatment.
- An unsupervised toddler falling into an open residential pool and drowning.
- A child left in a closed car on a hot day who dies from hyperthermia.
- A caregiver who unintentionally rolls onto an infant in an adult bed and the infant suffocates.
- An infant suffocates due to thick blankets in the sleep environment.

- A pregnant woman who uses drugs or alcohol, with deleterious consequences to the fetus or newborn infant.

Select "yes/probable" if the team determines that any behavior on the part of a parent, caregiver, or supervisor caused or contributed to the child's death; or if there is not sufficient evidence for the team to be certain that the parent/caregiver/supervisor behavior caused or contributed to the child's death, but there is evidence indicating such a link (i.e., probable). This may be particularly relevant to deaths due to unknown or undetermined causes such as sudden unexpected infant deaths in the sleep environment, particularly if hazards in the sleep environment are noted (e.g., bed-sharing, soft bedding, sleeping on a surface not intended for infant sleep).

Select "no" if the team determines that no behavior on the part of a parent/caregiver/ supervisor caused or contributed to the child's death.

Select "unknown" if there is not sufficient evidence for the team to determine whether any parent/caregiver/supervisor behavior caused or contributed to the death.

If "yes/probable," choose primary reason. Indicate which behavior caused or contributed to the child's death.

- *Child abuse*: Any injury inflicted on a child by a parent/caregiver/supervisor. The parent/caregiver/supervisor may not have intended to hurt the child, rather the injury may have resulted from over-discipline or physical punishment. Physical abuse can be the result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child.
- *Child neglect*: A failure on the part of a parent/caregiver/supervisor to provide for the shelter, safety, supervision, and nutritional needs of the child that results in harm to the child. Child neglect includes physical, medical, supervisory, and emotional neglect.
- *Poor/absent supervision*: Parent/caregiver/supervisor's failure to supervise, provide alternative appropriate supervision, or engage in other behavior that causes or contributes to the child's death. This category is typically used when poor or absent supervision causes or contributes to injury death in a young child and the team does not feel that the lapse in supervision meets criteria to be classified as child neglect. For example, a single parent with a toddler is home sick from work. Since they are home, they do not take their child to child care, or arrange alternative supervision. They are taking medication for their illness that makes them sleepy. While sleeping during the day, their toddler leaves the house and is struck by a car in the street.
- *Exposure to hazards*: Refers to behavior by a parent/caregiver/supervisor that exposes a child to hazard(s) that pose a threat of harm to the child, but team does not feel that the circumstances meet the criteria to be classified as child neglect. Hazards can include items in the sleep environment, fires or items that can burn, poisons, firearms, water or other drowning hazards, and motor vehicle hazards. Substance use disorder(s) of the mother during pregnancy should be checked only if an infant died from a medical cause of death and substance use by the mother during pregnancy was documented and felt to cause or contribute to the death.

I5b: Type of child abuse

If death occurred because of child abuse, specify type of abuse as documented by law enforcement, Child Protective Services, or other evidence reviewed by the team. Child abuse is any non-accidental act by a parent or caregiver that results in physical injury or death. Category descriptions below, check all that apply.

- *Physical Abuse:* Intentional use of physical force against a child that results in physical injury.
    - *Abusive head trauma/shaking:* Any injury to the head that was inflicted on the child. Types of abuse included here are shaken baby syndrome with or without impact and any other injuries inflicted to the child's head during an assault.
    - *Chronic battered child syndrome:* Refers to children who have undergone physical abuse multiple times. Old healed or healing injuries are likely to be present in addition to the new or acute injuries leading to death.
    - *Beating/kicking*: Physical injury inflicted by punching, hitting, shaking, kicking, or biting the child.
    - *Scalding or burning*: Physical injury inflicted by scalding with hot liquid or burning with liquids, solids, cigarettes, etc.
    - *Use of weapon:* The use of weapons (e.g., knives, guns, etc.) or objects (e.g., baseball bat, tire iron, etc.) to inflict physical injury.
    - *Drowning:* The submersion of an individual in water due to physical force that results in impaired breathing, which may lead to injury or death.
    - *Asphyxia/suffocation:* When a child is deprived of oxygen due to blockage or restriction of airflow due to the actions of another person, such as strangulating, smothering, or being trapped in an environment without sufficient air.
- *Emotional abuse:* Includes behavior where one person deliberately undermines the child's self-worth, manipulates their emotions, or causes psychological harm through verbal or non-verbal actions.
- *Sexual assault*: Includes sexual abuse such as fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, as well as sexual exploitation through prostitution or the production of pornographic materials.
- *Other, specify*: If another type of child abuse was documented that does not fit into any of the above categories, select this box and specify the type of abuse.
- *Unknown:* If the type of physical abuse cannot be determined, select this box.

I5c: For abusive head trauma, were there retinal hemorrhages?

Formal medical documentation of retinal hemorrhages is needed to select "yes." Types of abuse included here are shaken baby syndrome with or without impact and any other injuries inflicted to the child's head during an assault.

I5d: For abusive head trauma, was the child shaken?

If abusive head trauma, indicate if child was shaken based on formal medical, forensic pathology, or law enforcement documentation. If child was shaken, indicate if there was or was not impact of the child's head on a surface. Impact should be documented by investigators, medical record, or by autopsy.

I5e: Event(s) triggering child abuse

Indicate event(s) triggering child abuse. A trigger is a circumstance or action that might prompt parent or caregiver's anger or frustration, resulting in physical child abuse. Some of the most

common triggers for child abuse include crying, discipline issues, and toilet training. If a trigger(s) for child abuse is identified during the review, mark it here and check all that apply. If no trigger is identified, select "none."

I5f: Child neglect

If neglect caused or contributed to the death based on information available to the team, specify type of neglect. Check all that apply.

- *Failure to provide necessities*: Parent/caregiver/supervisor's failure to provide adequate food, shelter, or other necessities that causes or contributes to the child's death. If selected, specify the necessities not provided (e.g., food, shelter, other).
- *Failure to provide supervision*: Parent/caregiver/supervisor's failure to supervise, provide alternative appropriate supervision, or is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, has inadequate parenting knowledge or skills), resulting in the child's death.
- *Emotional neglect, specify*: Parent/caregiver/supervisor's failure to provide adequate nurturing and affection to a child. This includes actions such as marked inattention to the child's needs for affection, refusal of or failure to provide needed psychological care, spouse abuse in the child's presence, and permission of drug or alcohol use by the child.
- *Abandonment, specify*: Child abandonment occurs when a parent/caregiver/supervisor deserts a child without any regard for the child's physical health, safety, or welfare and with the intention of abandoning the child.
- *Failure to seek/follow treatment, specify*: The failure of a parent/caregiver/supervisor to seek timely and appropriate medical care for a serious health problem which any reasonable layperson would have recognized as needing professional medical attention. In addition, parents/caregivers/supervisors are responsible to follow up on the medical professional's directives. This includes failure to provide or allow care prescribed/recommended by a competent health care professional for a physical injury, illness, medical condition, or impairment. Indicate if the failure to seek or follow care was due to stated religious or cultural practices of the parent/caregiver/supervisor.
- *Exposure to hazards*: Behavior on the part of a parent/caregiver/supervisor that exposes a child to hazard(s) that causes or contributes to the child's death. Select one from the list of hazards.
    - *Hazard(s) in sleep environment*: In addition to placing the child in a sleep environment that contains soft bedding, pillows, bumper pads, or stuffed animals, sleep environment hazards include, but are not limited to: infants placed on a surface not intended for infant sleep (e.g., adult bed, sofa, car seat), sharing a sleep surface with an adult/children or animals, or placing an infant in a hazardous sleep position (e.g., on stomach).
    - *Fire hazard*: Fire hazards include but are not limited to: child access to fire sources (e.g., matches, lighters), unattended cooking, candles, cigarettes, using oven for heat source, and lack of working smoke detector.
    - *Unsecured medication/poison*: Failure to adequately secure and keep medications and poisons out of reach of children.
    - *Firearm hazard*: Failure to adequately secure firearms, including keeping unlocked, loaded firearms in house with child. Also includes permitting a child or adult to use or handle firearms resulting in discharge and unintended death of a child.

- *Water hazard*: Includes any drowning hazard (e.g., swimming pools without isolating fencing and locking gate, leaving small children unattended in bathtub, failure to use mandated floatation devices).
- *Motor vehicle hazards*: Includes failure to properly restrain child passenger in a motor vehicle and leaving child in parked vehicle (knowingly or unknowingly).
- *Other hazard, specify:* If another type of hazard was documented that does not fit into any of the above categories, select this box and specify the type of hazard.

I5g: Exposure to hazards

If exposure to hazards is checked in I5a, document the type of hazard here. Do not include child's own behavior, such as a young driver engaging in risky behavior that results in crash and death (document in Section H1) or suicide (document in Section I6). Rather, this refers to behavior on the part of a parent/caregiver/supervisor that exposes a child to hazard(s) that pose a threat of harm to the child, but team does not feel that the circumstances meet the criteria to be classified as child neglect. If child neglect, check "child neglect" in I5a and complete I5f.
Each hazard is described below, examples are provided but these examples are not all inclusive. Consider the hazard categories broadly, circumstances not listed may fit. Avoid use of the "other" category if one of the listed categories is appropriate.

- *Hazard(s) in sleep environment*: In addition to placing the child in a sleep environment that contains soft bedding, pillows, bumper pads, or stuffed animals, sleep environment hazards include, but are not limited to: infants placed on a surface not intended for infant sleep (e.g., adult bed, sofa, car seat), sharing a sleep surface with an adult/children or animals, or placing an infant in a hazardous sleep position (e.g., on stomach).
- *Fire hazard*: Fire hazards include but are not limited to child access to fire sources (e.g., matches, lighters), unattended cooking, candles, cigarettes, using oven for heat source, and lack of working smoke detector.
- *Unsecured medication/poison*: Failure to adequately secure and keep medications and poisons out of reach of children.
- *Firearm hazard*: Failure to adequately secure firearms, including keeping unlocked, loaded firearms in house with child. Also includes permitting a child or adult to use or handle firearms resulting in discharge and unintended death of a child.
- *Water hazard*: Includes any drowning hazard (e.g., swimming pools without isolating fencing and locking gate, leaving small children unattended in bathtub, failure to use mandated floatation devices).
- *Motor vehicle hazard*: Includes failure to properly restrain child passenger in a motor vehicle and leaving child in parked vehicle (knowingly or unknowingly).
- *Mother substance use during pregnancy*: If infant died from a medical cause of death and substance use by the mother during pregnancy was documented and felt to cause or contribute to the infant's death, check this hazard.
- *Other hazard, specify*: If a hazard not listed above and specify the hazard.

I5h: Was poverty a factor?

Poverty and child maltreatment are highly correlated. Indicate whether poverty played a role in the child abuse, neglect, poor/absent supervision, or exposure to hazards that caused or contributed to the child's death. For example, a single parent with four children has a new job. If

they lose their job, they cannot pay the rent and will be evicted from their apartment. If they miss another day of work, they will be fired. They work nights and one night their sister does not show up to stay with the children while they go to work. They go to work and leave the children unattended for several hours before an alternative caregiver can arrive. While unattended, one of the children accidentally shoots a sibling while playing with a firearm. If “yes,” please explain in the narrative Section O1.

I6. Suicide

This section will only display if the manner of death was suicide or if the box was checked in G5 indicating that *it is possible that the child intended to hurt themself, but the manner was not natural* or *suicide.*

I6a: Child's history
Check all that have ever applied.

- *None listed below:* The child did not have a history of any of the following.
- *Involved in sports:* Indicate if the child participated in any organized athletic activities.
- *Involved in activities (not sports):* Indicate if the child participated in any organized extracurricular activities or clubs.
- *Viewed, posted, or interacted on social media; specify platform(s):* Indicate whether the child used social media platforms including, but not limited to: Snapchat, WhatsApp, Instagram, VSCO, Facebook, TikTok, YouTube, Facebook, Tumblr, or Reddit. Please specify which platforms the child used.
- *Interacted with potentially harmful artificial intelligence (AI):* Indicate whether the child had engaged with AI systems that may have posed risks or caused harm, such as ethical concerns, safety issues, or unintended consequences.
- *History of running away:* Indicate if the child had ever previously run away from home or attempted to run away, even if the child was only gone for an hour or an afternoon.
- *History of fearfulness, withdrawal, or anxiety:* Indicate if the child experienced anxiety, abnormal levels of fear, fear in unusual contexts, or social withdrawal.
- *History of explosive anger, yelling, or disobeying:* Indicate if the child had inappropriate anger responses, vocal outbursts, or refused to comply with authority figures.
- *History of head injury:* Indicate if the child was ever diagnosed with head injury, including concussion. This is a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury. Most often, head injuries are acute events. Symptoms may appear right away or may not be present for days or weeks after the injury. If "yes," provide the approximate date of the most recent head injury.
- *Death of a peer, friend, or family member:* Indicate if the child had experienced the death of a significant person in their life. For example, this person could be from school, social circles, or extracurricular activities. If "yes," share the relationship of the child to the person who died; the date of the death, if possible; and whether the manner of death was suicide.

I6b: Was the child ever diagnosed with any of the following?
Check all diagnoses that apply. [9]

- *None listed below:* The child did not have a diagnosis for any of the following conditions.
- *ADD/ADHD:* ADD (Attention Deficit Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) are neurodevelopmental conditions characterized by difficulties with attention, focus, organization, and impulse control. ADHD also includes symptoms of hyperactivity, such as restlessness or excessive movement, while ADD typically does not.

[9] APA, A. P. A. (2013). Diagnostic and statistical manual of mental disorders. *The American Psychiatric Association*.

Common signs include trouble concentrating, forgetfulness, impulsive actions, and—in ADHD—hyperactivity.

- *Anxiety spectrum disorder*: Disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition.
- *Autism spectrum disorder:* Autism spectrum disorder (ASD) is a developmental condition that may affect children's ability to communicate, interact, and perceive the world around them. Children with ASD may have challenges with social interaction and repetitive behaviors, and the characteristics can vary widely from child to child.
- *Depressive spectrum disorder:* Depression is a common and serious mental illness that negatively affects how individuals feel, think, and act. It can vary from mild to severe, and is characterized by feeling sad, losing interest or pleasure in previously pleasurable activities, changes in appetite, changes in sleep patterns, loss of energy, feeling worthless, difficulty concentrating, and thoughts of suicide. Some depressive disorders include major depressive disorder, persistent depressive disorder, premenstrual dysphoric disorder, depressive disorder due to another medical condition, or substance/medication-induced depressive disorder. In children, depressive disorders can also include disruptive mood dysregulation disorder. If this is the case, select both depressive disorder and disruptive disorder.
- *Bipolar spectrum disorder:* A brain disorder that results in significant and severe changes in mood, energy, activity levels, and ability to carry out routine tasks. These shifts are more severe than regular ups and downs that most people experience. Bipolar spectrum disorder is characterized by shifts from manic episodes, in which individuals have abnormally elevated moods and self-esteem, increased inappropriate behaviors, racing thoughts, and even delusions; to depressive episodes, in which individuals are persistently sad, lose interest in normally pleasurable activities, have low energy, and often have thoughts of suicide.
- *Disruptive, impulse control, or conduct disorder:* Disorders that cause people to behave angrily or aggressively toward people or property in a more severe and longer-lasting way than typical, short-lived episodes. These behaviors are frequent, long-lasting, occur across different situations, and cause significant problems for individuals and caregivers. These conditions include oppositional defiant disorder, conduct disorder, intermittent explosive disorder, kleptomania, and pyromania.
- *Eating disorder:* Illnesses in which people experience severe disturbances in their eating behaviors and related thoughts and emotions, often becoming pre-occupied with food and their body weight. Eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder (ARFID), and other specified feeding or eating disorder (OSFED).
- *Substance-related or addictive disorders:* Substance misuse or addictive disorders can cause harmful changes in how the brain functions, causing an individual to experience intense cravings for a substance that typically causes intoxication. Commonly misused substances include alcohol, marijuana, hallucinogens (e.g., LSD), inhalants (e.g., paint thinners, glue), opioid painkillers, sedatives, tobacco, and other drugs, including cocaine and methamphetamine. Substance misuse can pose increased risk in the developing brains of children and adolescents.

- *Other, specify:* Please indicate if there were any other mental health diagnoses, and please elaborate in the narrative Section O1 if the diagnosis(es) were directly related to the child's death.
- *Unknown:* It is unknown if the child had any mental health diagnoses.

I6c: Did child have a suicide safety plan?

Some individuals struggling with depression create a suicide safety plan to help them and their family or caregivers safely navigate moments of crisis. Suicide safety plans are a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis. Plans include a prioritized written list of coping strategies and resources to be used by patients who have been assessed to be at high risk for suicide. Indicate if the child and/or family had a plan created.

I6d: Check all suicidal behaviors/attempts that ever applied

- *None listed below:* The child had not exhibited previous suicidal behaviors or attempts.
- *Preparatory behavior:* Actions that indicated a future intention to die by suicide, such as assembling or acquiring materials, giving away belongings, or preparing for one's own death. If selected, specify how many.
- *Aborted attempt:* A previous suicide attempt in which the decedent did not complete the act and incurred no physical injury. Aborted attempts are often the result of the individual changing their mind. If selected, specify how many.
- *Interrupted attempt:* A previous suicide attempt in which the decedent was prevented from completing the act by a second party's presence or intervention. If selected, specify how many.
- *Non-fatal attempt:* A previous suicide attempt in which the decedent went through with the intended action but subsequently survived. If selected, specify how many.
- *Unknown:* It is unknown if the child had previously exhibited suicidal behaviors or attempts.

I6e: Did the child ever communicate any suicidal thoughts, actions, or intent?

- *Yes:* The child communicated suicidal thoughts, actions, or intent to another individual(s).
- *No:* The child did not communicate suicidal thoughts, actions, or intent to anyone.
- *Unknown:* It is unknown if the child had ever communicated any suicidal thoughts, actions, or intent.
- *If "yes," with whom?* Indicate the relationship the child had with the individual(s) to whom they communicated their suicidal thoughts, actions, or intentions.

I6f: Was there evidence the death was planned or premeditated?

Evidence the child planned or premeditated the suicide may take many forms, including communicating plans to another person, intentionally acquiring necessary items, or other preparatory behaviors (see question I6d, *Preparatory Behaviors).*

- *Yes:* There was evidence that the child planned or premeditated their own death.
- *No:* There was no evidence of the child planning or premeditating their own death.
- *Unknown:* It is unknown whether there was evidence of the child planning or premeditating their own death.

I6g: Did the death occur under circumstances where it would likely be observed and intervened by others?

Indicate if the incident occurred in a place where others were likely to become aware of and try to prevent the child from dying by suicide.

- *Yes:* The incident occurred in a place where others were likely to become aware of or try to prevent the suicide.
- *No:* The incident occurred in a secluded area where risk of observation was minimal.
- *Unknown:* It is unknown if the incident occurred in an area where the decedent was likely to be observed.

I6h: Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself?

Indicate if the child had previously utilized non-suicidal self-harm. The first known evidence of self-harm may be from autopsy. If "yes," indicate how the history of non-suicidal self-harm was known. Check all that apply.

- *Reported to others:* Indicate if the child told someone else that they were self-harming.
- *Noted on autopsy:* Indicate if evidence of self-harm was noted in the autopsy report.
- *Other, specify:* Indicate any other relevant information, such as clinician observing evidence of self-harm during a physical exam, or a teacher sharing concerns about possible self-harm.

I6i: Warning signs within 30 days of death

The items below are considered warning signs for youth suicidal behavior.[10] Check all warnings signs the child may have experienced within 30 days of their death.

- *None listed below:* The child displayed none of the following behaviors, often referred to as warning signs for youth suicidal behavior.
- *Talked about or made plans for suicide:* Indicate if child either communicated about (e.g., talking, writing, texting) plans to die by suicide or clearly had made plans to die by suicide sometime within 30 days prior to their death.
- *Expressed hopelessness about the future:* Indicate if the child had expressed a sense of hopelessness or purposelessness in any way, including but not limited to communicating with others, social media posts, art, or music, in the 30 days prior to their death.
- *Displayed severe/overwhelming emotional pain or distress:* Indicate if child exhibited a level of emotional pain or distress that interfered with their daily functioning in the 30 days prior to their death.
- *Expressed perceived burden on others:* Indicate if the child communicated that they saw themselves as a problem or a drain on those around them in the 30 days prior to their death.
- *Showed worrisome behavioral cues or marked changes in behavior:* Indicate if the child showed a dramatic change in behavior such as withdrawal from or change in social connections or situations, changes in sleep (increased or decreased), anger or hostility that was out of character, or recent mood changes in the 30 days prior to their death.
- *Unknown:* It is unknown if the child displayed any of the above warning signs in the 30 days prior to their death.

[10] Adapted from https://pueblo.gpo.gov/Publications/pdfs/SAMHSA988/PEP24-988-009P.pdf

I6j: Child experienced a known crisis within 30 days of the death?

Indicate if there was any event in the last 30 days of the child's life that would have been considered a crisis to the child, such as being embarrassed at school or online, feeling left out, fights with friends, or a change in privileges. See Section I7b for additional examples.

- *Yes:* There was an event that the child may have experienced as a crisis. If selected, please explain the crisis. You may also elaborate in the narrative Section O1.
- *No:* There are no known events in the last 30 days of the child's life that may have been experienced as a crisis.
- *Unknown:* It is unknown if the child experienced a crisis of any kind in the 30 days before death.

I6k: Suicide was part of

Check all that apply.

- *None listed below:* Based on available evidence, the suicide was not a part of a cluster, contagion, copy-cat, or imitation, and it was not the result of a suicide pact or murder-suicide.
- *A cluster:* Multiple suicidal behaviors or suicides that occur within an accelerated time frame, and sometimes within a geographical area. These could be a *mass cluster*—suicides that cluster in time, irrespective of geography, or *point clusters*—suicides that are close in time and/or space. They could also be an *echo cluster*—a cluster occurring over an extended period after the original cluster.[11]
- *A contagion, copy-cat, or imitation:* Suicidal behaviors or an increase in such behaviors that occurs after exposure to suicide or suicidal behaviors within one's family, peer group, or through media reports.
- *A suicide pact:* A suicide pact is an agreed-upon plan between two or more individuals to die by suicide.
- *A murder-suicide:* A murder-suicide is an act in which an individual kills one or more people before (or while) killing oneself.

[11] Trinh E, Ivey-Stephenson AZ, Ballesteros MF, Idaikkadar N, Wang J, Stone DM. CDC Guidance for Community Assessment and Investigation of Suspected Suicide Clusters, United States, 2024. MMWR Suppl 2024;73(Suppl-2):8–16. DOI: http://dx.doi.org/10.15585/mmwr.su7302a2

I7. Life Stressors

Children can be impacted by environmental stressors even when they are unaware of them. Please indicate all stressors that were present for this child and family around the time of death. Please elaborate in the narrative Section O1 if any of these stressors directly contributed to the child's death. FIMR teams only answer Sections I7a, b, c, and h. The data fields in this section are informed by national thought leaders in community health factors,[12] Adverse Childhood Experiences,[13] trauma-informed care,[14] and toxic stress.[15]

I7a: Life stressors—Social/economic

- *None listed below:* Based on available evidence, none of the following issues were present for this child or family.
- *Discrimination:* The child or family had been treated differently than others due to the prejudices toward their characteristics such as sex, religious affiliation, class, or immigration status.
- *Poverty:* The child or family had limited financial resources and may have lived below the poverty line.[16]
- *Neighborhood discord:* The neighborhood in which the child or family lived was often chaotic, risky, or dangerous; neighbors or neighborhood factions were often at odds with one another.
- *Job problems:* The child or family experienced stress related to their job(s) or had difficulty maintaining employment.
- *Money problems:* The child or family experienced stress related to financial challenges, limited income, or debts.
- *Food insecurity*: The child or family did not have consistent access to affordable and nutritious food.
- *No phone*: The child or family's daily activities, access to care, or interaction with community systems were more challenging because they did not have a phone.
- *Housing instability*: The child or family experienced a housing challenge such as inability to pay rent or mortgage payment, overcrowding, moving frequently, eviction, staying with relatives or friends, or spending the bulk of their income on housing.
- *Witnessed violence*: The child witnessed violence being perpetrated against others in their family, school, or community.
- *Tobacco exposure*: The child was regularly exposed to tobacco in any form or mechanism around the time of death, including in utero, secondhand smoke, thirdhand smoke, or personal use of tobacco products, including cigarettes, chewing tobacco, or e-cigarettes. Secondhand smoke is defined as smoke that is exhaled by a smoker or originates from a burning tobacco product to which a child is exposed.

[12] Robert Wood Johnson Foundation. https://www.rwjf.org/.
[13] Adverse Childhood Experiences (ACEs). https://www.cdc.gov/violenceprevention/aces/index.html.
[14] SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.
[15] Center on the Developing Child, Harvard University. Topic: Toxic Stress. https://developingchild.harvard.edu/resourcetag/toxic-stress/.
[16] Federal poverty level (FPL). https://www.healthcare.gov/glossary/federal-poverty-level-fpl/.

Thirdhand smoke is made up of the pollutants that settle indoors when tobacco is smoked and builds up on surfaces over time (e.g., clothing, furniture, drapes, bedding, carpets).

- *Lack of transportation*: The child or family did not have access to or could not afford adequate, reliable transportation (public or private) to needed services or everyday activities. This includes ride sharing (e.g., Uber, Lyft).
- *Cultural differences*: The child or family had cultural differences that made navigating the community, services, and/or resources (e.g., health care, social, education/schools, employment) more difficult. This could include holding health beliefs or norms that prohibit certain medical treatments not prohibited by other cultures or religions and experiencing discrimination based on cultural identity.
- *Language barriers*: The child or family had difficulty communicating effectively with those around them due to language differences. This could include different social contexts (e.g., school, health care, broad community settings) even if interpreters were provided to support communication needs and includes if a child had to translate for other family members.
- *Lack of child care*: The child or family did not have access to quality, affordable child care for example by relatives, support persons (e.g., friends, neighbors), or licensed day care. This includes if services were available, but they were cost prohibitive or if the family could not access child care assistance programs (CCAP).
- *Pregnancy*: The child was pregnant at the time of death or any time prior to the time of death. This item only applies to children old enough to have become pregnant and should not be considered in fetal and infant deaths.
- *Pregnancy scare:* At some point prior to the death, the child had thought that they or their partner were pregnant. This item only applies to children old enough to have become pregnant and should not be considered in fetal and infant deaths.

I7b: Life stressors—Medical

- *None listed below:* Based on available evidence, none of the following medical issues were present in the child's life.
- *Lack of family or social support for care:* The child did not have adequate support from family, caregivers, or others to support necessary or recommended course of treatment. Examples may include a child who needed a therapy or medication, but lack of capacity, resources, or social stigma caused the caregiver not to support the child in accessing the recommended course of treatment.
- *Caregiver distrust of health care systems:* Indicate if the caregiver dismissed the recommendations of health care providers due to distrust, poor past experiences, lack of provider credibility, or some other reason.
- *Caregiver unskilled in providing care:* Indicate if the caregiver was unable to provide the skilled care the child required. This could be due to a lack of training, lack of understanding, caregiver's disability, or some other reason.
- *Lack of money for care:* Indicate if the recommended treatment was cost prohibitive for the caregiver(s).
- *Services not available:* Indicate if recommended treatments were not available to the child or family. This could be due to lack of providers in a geographic area, closures, long waiting periods, or some other reason.

- *Multiple providers, not coordinated:* Indicate if communication or coordination between multiple providers was ineffective, increasing risk or creating barriers to effective care.
- *Limitations of health insurance:* Indicate if insurance coverages, lack of coverage, pre-authorization process, or other insurance challenges impacted this child or family's treatment in any way.
- *Negative provider assumptions:* Indicate if assumptions on the part of a care provider impacted this child or family's treatment in any way.
- *Felt dismissed by provider:* Indicate if the child, family, or caregiver felt their questions or concerns were not taken seriously by a care provider.
- *Lack of provider-family compatibility:* Indicate if there is reason to believe that the provider and child or family were not a good fit, and the child or family would have had better care from a different clinician.

I7c: Life stressors—Relationships

- *None listed below:* Based on available evidence, none of the following relationship stressors were present in the child's life.
- *Family discord:* The family context or household in which the child lived was often chaotic, risky, or dangerous; family or household members were at odds with one another, such as physical family arguments, verbal disagreements, or perceived threats of violence. The child could have been the victim, perpetrator, or witness to the events.
- *Argument with parents/caregivers:* The child had experienced a notable argument with a parent(s) or caregiver(s) that contributed to contextual stress. If the family argued frequently, please also select "family discord" above, and select this answer if the argument was out of the ordinary, such as being more intense than usual or over a more sensitive topic.
- *Parents' divorce/separation:* At least one of the child's primary caregivers had divorced or separated.
- *Parents' incarceration:* At least one of the child's primary caregivers was or had been incarcerated.
- *Breakup:* A relationship between the child and a significant other ended.
- *Argument with significant other:* The child had a notable argument with a significant other that contributed to contextual stress.
- *Social discord:* The child had stressed social connections such as frequent fights with peers or bullying as either the victim or perpetrator.
- *Argument with friends:* The child had experienced a notable argument with a friend(s) that contributed to contextual stress. If the child and the friend(s) argued frequently, select "social discord" above, and select this answer if the argument was out of the ordinary, such as being more intense than usual or over a more sensitive topic.
- *Isolation:* The child spent a significant amount of time alone or separate from others or perceived that they did not fit in or have a sense of belonging in the relationships around them. This includes if the family experienced social or geographic isolation.
- *Bullying as a victim:* The child had experienced bullying in their school, workplace, or other social context through in-person interactions.
- *Bullying as a perpetrator:* The child had bullied others in their school, workplace, or other social context through in-person interactions.

- *Cyberbullying as a victim:* The child had experienced bullying online, through social media apps, online gaming platforms, or texting technologies. This includes any sexual harassment such as sexting or transmission of photos.
- *Cyberbullying as a perpetrator:* The child had bullied others online, through social media apps, online gaming platforms, or texting technologies. This includes perpetrating sexual harassment such as sexting or transmission of photos.
- *Peer violence as a victim:* The child had experienced violence at the hands of a member of a peer group, including a classmate(s), teammate(s), or member(s) of an in-age cohort.
- *Peer violence as a perpetrator:* The child had been violent to other member/members of a peer group to which they belonged, including a classmate(s), teammate(s), or member(s) of an in-age cohort.

I7d: Life stressors—School (age 5 and over)

- *None listed below:* Based on available evidence, the child did not experience any of the following stressors related to school or the school environment.
- *School failure:* The child was struggling academically and was unable or barely able to achieve passing grades.
- *Pressure to succeed:* The child experienced significant pressure, from others or themselves, to excel personally or academically.
- *Extracurricular activities:* The child experienced significant pressure, from others or themselves, to excel in sports or other skill-based activities in which they were involved.
- *New school:* The child had relocated to a new school, requiring them to readjust to a new environment, learn new routines, and establish new relationships.
- *Other school problems:* Please briefly identify any other relevant issues the child encountered at school, and please elaborate on these problems in the narrative Section O1.

I7e: Life stressors—Technology (age 5 and over)

- *None listed below:* Based on available evidence, the child did not experience any of the following stressors related to technology or technology use.
- *Electronic gaming:* Electronic gaming was negatively impacting the child, including direct impacts like content of the games impacting the child's emotional state or interactions with other players resulting in distress, or indirect impacts such as less time for physical activity or hanging out with friends.
- *Texting:* Texting behaviors that were negatively impacting the child, including direct negative impacts such as the relationships the child developed through texting or content of the messages themselves, or indirect impacts such as loss of significant relationships due to texting habits.
- *Restriction of technology:* The child was frustrated or angry due to a lack of or limited access to technology including computers, cell phones, social media, or electronic gaming.
- *Social media:* The child was frustrated, discouraged, hurt, angry, or jealous because of social media interactions with or by others.

I7f: Life stressors—Transitions (age 5 and over)

- *None listed below:* Based on available evidence, the child did not experience any of the following transitions.
- *Release from hospital:* The child was transitioning to the community after being released from the hospital.
- *Transition from any level of mental health care to another (e.g., inpatient to outpatient, inpatient to residential, outpatient to inpatient):* The child was transitioning between levels of care for mental health such as being discharged from residential treatment to outpatient treatment or recently admitted to inpatient treatment from day treatment.
- *Release from juvenile justice facility:* The child was re-entering into the community following an incarceration.
- *End of school year/school break:* The child had transitioned to a school break which could mean lack of or less structure, lack of or fewer resources such as food, and lack of or less emotional or social support. The transition could also mean increased exposure to challenging or negative relationships.
- *Transition to/from child welfare system:* The child had to adjust to a new living/family context due to entering or exiting a child welfare system.
- *Release from immigrant detention center:* The child is re-entering into the community from an immigrant detention center which could be at a juvenile justice facility.

I7g: Life stressors—Trauma (age 5 and over)

Trauma is defined as: a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity.[17]

- *None listed below:* Based on the available evidence, the child did not experience any of the following traumas.
- *Rape/sexual assault:* The child was the victim of forced sexual violence of some kind.
- *Previous abuse (emotional/physical):* The child had experienced abuse not of a sexual nature. Emotional abuse can take many forms, including patterns of verbal abuse, constant criticism, intimidation, or manipulation that harmed the child's wellbeing. Physical abuse is physical injury intentionally inflicted upon a child.
- *Family/domestic violence:* The child experienced family violence or witnessed domestic violence in their home.

I7h: Life stressors—Describe any other life stressors

Indicate if there were any other significant stressors the child or family was experiencing and specify what the stressor was.

[17] The National Child Traumatic Stress Network. https://www.nctsn.org/.

I8. Deaths During the COVID-19 Pandemic (Complete for All Ages)

This section is visible/enabled for completion when the date of death occurred during the federal emergency declaration for the COVID-19 pandemic (March 13, 2020 – May 11, 2023).

I8a: For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following?
Select all the changes that the child or family may have experienced. These changes or interruptions may have occurred at any point in the 12-months before the death.

I8b: For the 12 months before the child's death, did the child's family live in an area with an official stay at home order?
Orders requiring individuals to stay at home or shelter in place have been issued throughout the COVID-19 pandemic. Select "yes" if an official order was issued in the 12 months before the child's death. If the review team is unsure, it may be helpful to construct a timeline of any state or municipal stay at home orders that impacted the community and keep it for reference. The team may be able to identify the dates for these orders by contacting the state or local health department, examining executive orders, or reviewing media reports starting in March 2020 and going forward. If "yes," indicate if there was a stay-at-home order in place at the time of the child's death.

I8c: Child exposed to COVID-19 within 14 days of death?
Select "yes" if the child had confirmed exposure to COVID-19 within 14 days of their death. "Yes" should only be selected if there was a positive COVID-19 test (either PCR or antigen) confirming the exposure.

I8d: Did the child have medical evidence of a significant inflammatory syndrome (e.g., fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death?
Inflammatory markers in children can include rash, fever, joint pain, swelling, mouth sores, and abdominal pain. Common diseases in children are juvenile arthritis, lupus, inflammation of the skin or muscles, or other forms of vasculitis.

If "yes," was the child diagnosed with MIS-C? MIS-C, or Multisystem Inflammatory Syndrome in Children, is defined as:

- An individual aged <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, or neurological); and
- No alternative plausible diagnoses; and
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the four weeks prior to the onset of symptoms.[18]

I8e: Was the child eligible to receive a COVID-19 vaccination?

[18] Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C). https://www.cdc.gov/mis/mis-c/hcp_cstecdc/index.html.

Indicate if the child was eligible to receive a COVID-19 vaccination. If "yes," did they receive a first dose? If "yes," indicate how many weeks before their death they received their vaccine. If the child has received their first vaccine, also indicate which option best described their vaccination status. Select "fully vaccinated" if the child had received all the vaccinations and boosters recommended for their age group at the time of death.

I8f: For infants or fetal deaths only, did the mother receive her COVID-19 vaccination?
For fetal or infant deaths only, indicate if the mother had received a COVID-19 vaccination. If "yes," indicate when she had received her first dose and specify her vaccination status at time of fetal/infant death. Select "fully vaccinated" if the mother had received all the vaccinations and boosters recommended for her age group at the time of the fetus or infant's death.

I8g: Select the one option that best describes the impact of COVID-19 on this child's death
Select the first option if COVID-19 was the immediate or underlying cause of death listed on the death certificate or in questions G1-3.

Select the second option if COVID-19 was diagnosed at autopsy or the child was suspected of having COVID-19.

Select the third option if the COVID-19 pandemic indirectly contributed to the child's death, for example, a suicide when the child was struggling with isolation during virtual learning or delayed medical care due to concerns about contracting COVID-19. Indirect deaths may occur any time the child or family experienced changes or disruptions in how they lived, worked, or accessed services.

I8h: Did COVID-19 impact the team's ability to conduct this fatality review?
If "yes," select any barriers the team experienced in conducting the review of this death. Check all that apply.

Section J. Person Responsible (Other Than Decedent)

The purpose of this section is to document information about one or more individuals (up to 2 people) whose actions or circumstances may have caused or contributed to the child's death. This information is collected to better understand the circumstances surrounding the death and to identify potential risk factors and opportunities for prevention. It is not intended to assign blame to individuals or agencies or determine legal responsibility.

This section should be completed for every death where it is indicated in Section I5 that child abuse, neglect, poor or absent supervision, or exposure to hazards caused or contributed to the child's death (i.e., "yes/probable" is selected in Question I5a). This section should also be completed for every death due to assault (i.e., "bodily force or weapon" is selected in Question G6 and Section H5 is completed). This section may also be applicable for other causes of death in which the actions or involvement of a person other than the child caused or contributed to the death (e.g., fires due to arson, motor vehicle crash).

This section should not be completed for suicide deaths, no matter the circumstances.

If the infant was not born alive (fetal/stillborn death), then this section will not display in the Pediatric NFR-CRS.

J1: Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?
Indicate whether the actions or involvement of a person or persons (other than the child) may have caused or contributed to the death.

- Select "yes/probable" if "yes/probable" is selected in Question I5a (i.e., child abuse, neglect, poor/absent supervision, or exposure to hazards caused or contributed to the child's death).
- Select "yes/probable" if the death was caused by an assault perpetrated by someone other than the child's parent/caregiver/supervisor and therefore was not considered child abuse.
- Select "no" if the deceased child did something that caused or contributed to their death (e.g., suicide, reckless driving resulting in motor vehicle crash).

J2: What act(s)?
Indicate what actions caused or contributed to the child's death. If the team determines that more than one person is responsible, information may be entered on 2 people. You may only select one act that caused or contributed to the child's death per person.

- If "yes/probable" is selected in Question I5a, then the item selected here should be consistent with the reason stated in I5a. That is, if "child abuse" is selected in I5a, then "child abuse" should be selected here as well. Similarly for child neglect, poor/absent supervision, and exposure to hazards. The act selected here should always be consistent with the reason selected in I5a.
- For assault deaths where the perpetrator is not the child's parent/caregiver/supervisor, select "assault, not child abuse."

- For other causes of death where the actions of a person other than the child caused or contributed to the child's death (e.g., arson, motor vehicle crash), select "other, specify" and describe the act.

J3: Did the team have information about the person(s)?
If the team has information about the person responsible, check "yes." If the team does not have information about the person responsible, as might happen with an assault where the assailant has not been caught or in the case of arson where the arsonist is not known, check "no" (the rest of this section will be skipped).

J4: Is person listed in a previous section?
Indicate if person that caused or contributed to the death is the mother, biological father, caregiver, or supervisor listed in Section B, C, or D. If "yes," indicate appropriate relationship from choices provided. If no, check "no."

J5: Primary person(s) responsible for the action(s)
Select the relationship of person responsible to the decedent child. Select one relationship for each person responsible, up to two people.

J6: Person's age in years
Age of person(s) that caused or contributed to the child's death.

J7: Person's sex
Sex of person(s) that caused or contributed to the child's death.

J8: Person speaks and understands English?
Indicate if person speaks and understands English. Select "yes" if person was able to respond to questions asked in English surrounding the circumstances of the child's death. If person does not speak or understand English, specify language spoken.

J9: Person on active military duty?
Indicate if the responsible person is documented as being active in the military at time of incident. "Active in the military" includes all people performing active duty in the U.S. Armed Forces. This includes those in reserve forces and the National Guard performing temporary duties at the time of incident. If "yes," specify the branch of military.

J10: Person(s) have history of substance abuse?
Indicate if the responsible person(s) is perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. Select "yes" if the person was noted as using illegal drugs (e.g., heroin, cocaine), abusing prescription medications (e.g., pain relievers, Valium), or regularly using inhalants (e.g., sniffing gas). If the person is mentioned as using illegal drugs, even if addiction or abuse is not specifically mentioned, select "yes."

A person who is noted as participating in a drug or alcohol rehabilitation program or treatment (e.g., self-help groups, 12-step program) should be selected as "yes" even if the person was noted as being currently sober.

Select "yes" for a problem from the past (e.g., five years or more ago) that has resolved and no

longer appears to apply. Previously attempting suicide via overdose is not sufficient justification for answering "yes" to this question in the absence of other information.

J11: Person(s) have history of child maltreatment as victim?
Responsible person has documented history of being the victim of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from autopsy, law enforcement report, or medical records. If referrals were made but not substantiated, still select "yes" regarding history unless the referral was found to be completely falsified.

J12: Person(s) have history of child maltreatment as a perpetrator?
Person(s) has documented history of being the perpetrator of child maltreatment (i.e., child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from autopsy, law enforcement report, or medical records. If referrals were made but not substantiated, still select "yes" regarding history unless the referral was found to be completely falsified.

J13: Person(s) have disability or chronic illness?
Person(s) has a disability or chronic illness prior to the time of incident. Chronic implies an impairment or illness that has a substantial long-term effect on day-to-day functioning or health.

J14: Person(s) have prior child deaths?
Indicate if the responsible person has a documented history of having a child (anyone 17 years or under) die while in their care, custody, or control.

J15: Person(s) have history of intimate partner violence?
Indicate if the responsible person has a documented history of intimate partner violence (IPV) as either victim or perpetrator. Documented refers to evidence from law enforcement, medical, or human services. IPV is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, former spouse, or current or former dating partner. This may also include domestic disturbance complaints to which law enforcement responded. If "yes," check all that apply.

J16: Person(s) have delinquent/criminal history?
Indicate if the responsible person has a documented history of delinquent or criminal behaviors or actions. This includes any history with the juvenile justice system or the criminal justice system. Delinquent behavior may include school disciplinary actions and charges or convictions for misdemeanor offenses. Criminal behavior includes charges or convictions for felony charges.

J17: At the time of the incident, was the person asleep?
Indicate if the responsible person was sleeping at the time of the incident. If "yes," select the most accurate description of the person's sleeping period. If the sleep period is not accurately described by the response options, select "other," and describe the type of sleep period the supervisor was experiencing.

J18: At time of incident, was person distracted or impaired?
Indicate if the person responsible was impaired at the time of incident. If "yes," check all that apply.

- *Drug impaired:* Person was impaired by the use of illicit or prescription drugs or a drug-like substance. Please specify the type of drug or substance that impaired the person.
- *Alcohol impaired:* Person was under the influence of alcohol.
- *Distracted:* The person's attention was diverted onto something else.
- *Absent:* Person was not present at time of incident.
- *Impaired by illness, specify:* Person was impaired by an illness or disease. This includes any acute or chronic medical condition that may limit the person's ability to care for a child. Impaired by mental illness may include conditions such as post-traumatic depressions, chronic depression, post-traumatic stress disorder, bipolar, or other diagnosed mental health condition. Please specify the type of illness that impaired the person.
- *Impaired by disability, specify:* Person was impaired by a condition of disability, including developmental delays. Blindness is an example of a disability that may limit a person's ability to care for a child. Please specify the type of disability that impaired the person.
- *Other, specify:* Specify all other factors that contributed to impairment of person responsible.

J19: Person(s) have

Indicate if the responsible person has a prior history of similar acts, prior arrests, or prior convictions. Check all that apply. A prior history of a similar act would be based on a documented history of acts of omission or commission. Prior arrests or convictions would be documented.

J20: Legal outcomes in this death

Evidence of documented report of legal outcomes (e.g., guilty verdict on specific charges, sentence given) from law enforcement, district attorney, newspaper, etc. Check all that apply.

Section K. Services to Family and Community as a Result of the Death

K1: Were new or revised services recommended or implemented as a result of the death?
Indicate if any new or revised services were provided to the family or community or were recommended or implemented because of the child's death. Services are any type of supportive resource that the family and community were offered and/or utilized as a direct result of a child's death. To accommodate all types of services, the categories listed are general. Health services include any provision of health care, including family planning. To note a specific service, select "other" and write the service in the "specify" text box. Select "N/A" if services were not needed.

Section L. Findings Identified During the Review

Mark this case to edit/add findings at a later date
Select this option if you would like to complete this section later after you have more information. To identify these cases, use the "Search for Prevention Updates" under "Search for Case" on the navigation menu of your state welcome page.

L1: Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics.
Some examples of different kinds of findings are highlighted below. These are not exhaustive. They are provided to illustrate a range of possible findings. Your team's findings may look different than those below. Please list any significant challenge you identify, even if it does not seem to fit neatly into one of the following categories.

- *Challenges faced by the child:* These could include a child's inability to read a warning label, congenital anomalies, developmental delays, living in a dangerous neighborhood, or facing discrimination.
- *Challenges faced by the family:* These could include poverty, lack of resources such as mental health or medical resources, food or housing insecurity, lack of adequate prenatal care, low levels of health literacy, significant stress due to caregiving responsibilities, or lack of a social support network.
- *Systems-level challenges:* These could include lack of funding for needed education or intervention initiatives, poor referral processes, poor collaboration or communication between agencies/providers, failure to remove a child from a violent home, or inadequate available services within a jurisdiction.
- *Challenges with the response to the incident:* These could include a lack of available grief and bereavement resources, re-traumatization of a bereaved parent, challenges conducting an effective death scene investigation, or challenges communicating with a medical examiner's office.

L2: Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted, or the response to the incident.
Some examples of different kinds of findings are highlighted below. They are not exhaustive. They are provided to illustrate a range of possible findings. Your team's findings may look different than those below. Please include any significant positive element you identify, even if it does not seem to fit neatly into one of the following categories.

- *Demographic characteristics:* These could include agency staff (e.g., home visiting, child welfare) reflecting a constituent community, age-appropriate mental health interventions, a support group for young mothers, or effective language translation services.
- *Behavioral characteristics:* These could include wise decisions made by individuals, either in the family or within an agency such as seeking treatment for a substance use disorder, compliance with prenatal care provider recommendations, going to a shelter for domestic violence victims, a care provider who went above and beyond to meet a family's needs, or removing oneself or one's family from stressful situations.

- *Environmental characteristics:* These could include effective community-level emergency response services, thorough death scene investigation, effective communication between agencies, a strong community support network, faith community, or school community, ongoing investment in community service systems, grief and bereavement support resources, or effective lead remediation in the family residence.

L3: List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future

Indicate the specific prevention strategies that could be or have already been implemented because of the review process. A recommendation means that the team made a formal statement that a specific strategy be implemented. Recommendations should be reasonable, achievable, and specific including a timeframe, geographic location, and who will take the lead on accomplishing the task. Recommendations may include changes to practices, policies, and procedures, as well as maintenance of current prevention activities.

L4: Were new or revised agency services, policies, or practices recommended or implemented as a result of the review?

As a result of the fatality review, indicate if any new or revised agency services, policies, or practices were recommended or implemented. This can include state, local, or non-government agencies, as well as fatality review committee policies and practices. For example, because of the review, death investigators now use doll reenactments for infant death investigations. If "yes," select the relevant agency and describe. Select all that apply.

L5: Could the death have been prevented?

Team's conclusions regarding the preventability of the death. A child's death is considered to have been preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. Consider preventability broadly and that most injury deaths are preventable. Examples of preventable deaths (this list is not to be considered exhaustive):

- *Unintentional injury deaths* of young children that occur under absent or poor adult supervision.
- *Motor vehicle and other transport deaths* when fatal injuries are sustained due to failure to use appropriate restraints (e.g., child seat, seatbelt) in a motor vehicle, or failure to wear a helmet while riding a bicycle, motorcycle, or ATV.
- *Deaths due to fire or burns* when fire was caused by heating residence with a stove or children playing with matches.
- *Drowning deaths* when infant or toddler was left unattended in a bathtub, lack of barriers around swimming pools or other bodies of water, failure to use mandated floatation devices.
- *Sleep-related deaths* when asphyxia results from bed-sharing or other unsafe infant sleep environment (e.g., place on couch, on pillow).
- *Weapon-related deaths* when firearm was left loaded and/or unsecured.
- *Fall deaths* from balconies or windows.
- *Poisoning, overdose, or acute intoxication* deaths when there were unsecured prescription drugs or poisons.
- *Suicide deaths* when a parent or caregiver did not seek care for child when child had history of previous suicide attempts, mental illness, or indicated intent to die by suicide.

- *Medical condition* if caregiver does not seek care or delays seeking care for a known medical condition or fails to follow prescribed care/treatment plan.

Examples of deaths that are not often typically preventable, if none of the above conditions are met and death is the expected outcome:

- Cardiovascular disease
- Congenital anomalies (birth defects)
- Prematurity and other perinatal conditions
- Other chronic medical conditions

Section M. The Review Meeting Process

M1: Date of first review meeting
Enter the date of the first fatality review team meeting in which this case was discussed.

M2: Number of review meetings for this case
Indicate the number of fatality review meetings that were held to discuss this specific case.

M3: Is review complete?
Select one of the following responses:

- *N/A*: Your fatality review team did NOT review this case.
- *Yes*: Your fatality review team has completed its review of this case. There will be no further meetings to discuss this case. For more information on determining if a review is complete, check with your fatality review coordinator.
- *No*: Your fatality review team will revisit this case in a future meeting. If "no" is initially selected, the case should be updated in the Pediatric NFR-CRS (i.e., change "no" to "yes") once the review is complete and there are no plans to discuss this case in any future meetings. For more information on determining if a review is complete, check with your fatality review coordinator.

M4: Agencies and individuals at review meeting
Indicate agencies/organizations and individuals that participated in the case review. Check all that apply.

M5: Were the following data sources available at the review meeting?
Record which of the listed data sources were available for the review team. Check all that apply. If the data source or its contents were available prior to the meeting, select that they were available for the review meeting. Medical examiner/coroner/death scene investigative notes could be considered part of autopsy/pathology records.

- *Vital statistics:* This includes birth or death certificates.
- *Health records:* Records from hospitals or doctors' offices pertaining to prenatal care, newborn screening, and child's medical or treatment records post-birth.
- *Investigation records:* Any autopsy or pathology reports, scene investigation, law enforcement or social service records, water-related death scene investigation protocols, or other documents gathered for the purpose of the investigation.
- *Other*: Include any other documents such as school records or from home visits.

M6: Did any of the following factors reduce meeting effectiveness
Issues that arose during the review process that impacted the fatality review team from effectively reviewing the case. Check all that apply.

- *None:* No factors reduced meeting effectiveness.
- *Confidentiality issues among members prevented full exchange of information*: Confidentiality restraints prevented team members from sharing information.
- *HIPAA regulations prevented access to or exchange of information*: The Health Insurance Portability and Accountability Act of 1996 was cited by a team member or an agency as a reason for not providing or sharing the information needed for an effective review.

- *Inadequate investigation precluded having enough information for review*: The investigation into this child's death was incomplete. The full circumstances surrounding the death were not known to the team because an investigating agency did not collect all crucial pieces of information.
- *Team members did not bring adequate information to the meeting*: Not enough information was brought to the meeting to answer the team's questions.
- *Necessary team members were absent*: Team members with information critical to the review process were unable to attend the meeting.
- *Meeting was held too soon after death*: The fatality review meeting was held too soon after the death, so that investigative reports, autopsy results, etc., were not complete.
- *Meeting was held too long after death*: The fatality review meeting was held too long after the death. Team members may have forgotten relevant details to the case or since so much time has passed, the team feels uncomfortable making recommendations for services or interventions for the family that were needed but not provided because of the death.
- *Records or information were needed from another locality in-state*: The team was unable to collect information for the review process from other localities within their state.
- *Records or information were needed from another state*: The team was unable to collect information for the review process from another state.
- *Team disagreement on circumstances*: Team members were unable to arrive at a consensus on the actual events surrounding this child's death.
- *Other factors, specify*: Specify any other factors that prevented the team from conducting an effective review.

M7: Review meeting outcomes

Indicate the outcomes of the fatality review process. Check all that apply.

- *Team disagreed with official manner of death*: After the review was completed, the team disagreed with the official manner of death from the death certificate. Specify team's decision regarding manner of death based on their review.
- *Team disagreed with official cause of death*: After the review was completed, the team disagreed with the official cause of death from the death certificate. Specify team's decision regarding cause of death based on their review.
- *Because of the review, the official cause or manner of death was changed*: The team disagreed with the official manner or cause of death because of the review process. The team shared their concerns with the medical examiner, coroner, or physician who ultimately amended the death certificate.

Section N. SUID and SDY Case Registry

This section is designed for the jurisdictions funded to participate in the Centers for Disease Control and Prevention Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry. If your state/jurisdiction is not funded, you do not need to complete Section N, and this section may not appear for your state depending on settings established by your State Fatality Review Coordinator. If your state/jurisdiction would like to complete Section N despite not being funded, contact the National Center for additional guidance.

Section N will not display for FIMR teams.

N1: Is this an SDY or SUID case?
Indicate whether this case should be included as a SUID or SDY case per the definitions below:
SDY Case Definition – child's death was:

- Not one of the following:
    - Intentional homicide
    - Suicide
    - Result of an external cause was the only and obvious reason for the fatal injury
        - Cases in which the underlying cause of the accident may be cardiac or neurological in origin should not be considered an "accident in which the external cause was the only and obvious reason," including drownings of children age 5 and older, infant suffocation, and drivers in motor vehicle crashes.
    - Cause of death was expected within 6 months due to a terminal illness (diagnosis prior to death that is incurable and irreversible)
- One of the following:
    - Unexplained (e.g., unknown, undetermined, SIDS, SUID, SUDC, SUDEP)
    - Result of an external cause was not the obvious and only reason for the fatal injury
    - Neurological cause
    - Cardiac cause
    - Condition unlikely to cause death suddenly (e.g., obesity, cerebral palsy)

SUID Case Definition – infant's death was any one of the following:

- Unexplained (e.g., unknown, undetermined, SIDS, SUID)
- Unintentional sleep-related asphyxia, suffocation, or strangulation
- Unspecified suffocation
- Cardiac or respiratory arrest without other well-defined causes
- Non-specific causes (e.g., respiratory illness) with potentially contributing unsafe sleep factors
- Intentional homicides are excluded

N2: Did this case go to Advanced Review for the SUID and SDY Case Registry?
Indicate whether the case went to Advanced Review. If "yes," indicate the date of the first Advanced Review meeting. If "no," specify why in N3 (notes from the Advanced Review meeting).

N3: Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review

Use this space for notes from the Advanced Review meeting. Include case details that helped determine SDY categorization (e.g., if "explained other" was selected, specify why) and any ways to improve the review. (e.g., having the child's newborn screening results at the review). If the case did not go to Advanced Review, provide the reason.

N4: Professionals at the Advanced Review meeting

Identify which professional types were present at the Advanced Review. Check all that apply. Please make sure to include professionals not identified in the provided list in the "others, specify" category.

N5: Did the Advanced Review team believe the autopsy was comprehensive?

Indicate if the Advanced Review team felt the autopsy was comprehensive enough to accurately complete a categorization for this case (N10). If the Advanced Review identified additional components that may have not been completed because of resource limitations (e.g., financial, staffing, technological) or because the need could have only been identified in hindsight, please indicate suggestions in F11.

N6: Was a specimen saved for the SUID and SDY Case Registry?

Indicate whether a "purple-top tube," fresh frozen (liver, heart, spleen) sample, or other specimen was saved as part of the SUID and SDY Case Registry to send to the SUID and SDY Case Registry Biorepository. Select "N/A" if you are not a SUID and SDY Case Registry recipient.

N7: Was a specimen sent to the SUID and SDY Case Registry Biorepository?

Indicate whether the saved specimen was sent to the SUID and SDY Case Registry Biorepository. Select "N/A" if no specimen was saved.

N8: Did the family consent to have DNA saved as part of the SUID and SDY Case Registry?

Select "yes" if the family agreed to at least one part of the SDY consent and signed and returned the SUID and SDY Case Registry consent form. Select "N/A" if no specimen was saved.

If "no" is selected, indicate why.

- Consent was not attempted: No one reached out to the family in any way to attempt to obtain consent.
- Consent was attempted but follow up was unsuccessful: Someone reached out to the family (e.g., email, text, call, letter) at least once to attempt to obtain consent but the family either could not be reached, or they were reached and expressed interest in participating, but did not follow through with returning a consent booklet.
- Consent was attempted but family declined: Someone spoke to the family, but they said no to all parts of the SUID and SDY Case Registry consent form.
- Other, specify: Select "other" and specify if a different situation applies. For example, someone spoke to the family and received a verbal consent but didn't receive a signed consent form before the family was lost to follow up. Another example is if the contact

information was sent to a third-party (e.g., Genome Medical) for consenting and they are awaiting a response.

N9: SDY Categorization for the SUID and SDY Case Registry

Please select a response per the SUID and SDY Case Registry Classification Algorithm**.** The response to this question is the primary responsibility of the SUID and SDY Case Registry Advanced Review team (only jurisdictions funded to participate in the SUID and SDY Case Registry must complete this question). Advanced Review teams in funded jurisdictions should use the SUID and SDY Case Registry Classification Algorithm to determine the correct category. Recipients with funding for only the SUID Component of the SUID and SDY Case Registry DO NOT need to complete N9, only N10. Please specify the specific condition for the Explained - Cardiac and Explained - Neurological categories.

If Explained - Other is selected for drowning or motor vehicle crash deaths, please include the information outlined below in N3 (notes from Advanced Review meeting).

- Circumstances of the event, including weather conditions and time of day.
- Condition of the decedent including if they were distracted, sleep deprived, intoxicated, upset, inexperienced, or feeling sick in the day/hours leading up to the event.
- Medical history including if they had any history of fainting, seizures, arrhythmia, or heart palpitations.
- Family medical history:
    - Sudden, unexpected death before age 50? Including SIDS, drowning, or a relative who died in single and/or unexplained motor vehicle accident as the driver of the car. If yes, describe who and the circumstances.
    - Heart condition or heart attack or stroke before age 50? If yes, describe who and the diagnosis.

N10: SUID Categorization for the SUID and SDY Case Registry

Please select a response per the SUID and SDY Case Registry SDY Classification Algorithm starting on page 2. The response to this question is the responsibility of the fatality review team and should be completed during the fatality review meeting using the SUID and SDY Case Registry Classification Algorithm (jurisdictions funded to participate in the SUID and SDY Case Registry must complete this question). If the most appropriate category is either Explained - Suffocation with Unsafe Sleep Factors or Unexplained - Possible Suffocation with Unsafe Sleep Factors, at least one mechanism to which suffocation can be attributed should also be assigned.

Section O. Narrative

O1. Narrative

Use this space to provide more detail so that a full picture of the circumstances and the team's review is apparent to a reader. **Do not include identifiers in the narrative, such as names, addresses, dates, and specific service providers.** Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of the supervision? What was the injury cause of death? If unwitnessed, how was the child found?

Often, the circumstances of a death are not entirely evident from the case report tool alone. Providing a description of the incident involving the child clarifies how a death occurred. Include information on history involving Child Protective Services, law enforcement, public health, and others. If you would like to add text to the narrative from another document, such as a Microsoft Word file, you may copy the text and paste it into the Pediatric NFR-CRS.

However, **be sure not to include any of the following**:

- Name(s) of any person
- Street or apartment numbers
- Addresses of any residential program for victims of domestic violence
- Identifying information regarding the source or person making the report of suspected child abuse or maltreatment, including the person's sex or the agency, institution, organization, or program to which the person is associated
- Dates
- Telephone numbers
- Social security numbers
- Any other personal identifying information

Please also refrain from using the characters "<" and ">" in your narrative text.

Reminder- Please follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure.

O2. FIMR Issues Summary (Present and Contributing Factors)

This section is meant to be used primarily for local teams to identify gaps in services and needs for improvement in care. Section O2 will only be completed by FIMR users.

Please use the following indicators:

- *Present (P):* Issue was present in this case.
- *Contributing (C):* Review team felt that issue was a contributing factor in the death of the infant- not necessarily causative, but factor played a strong role in determining the outcome.

If the review team felt that the issue was present but unknown if contributing to the death, then select "present." If the issue was not a factor in the infant's death, then leave blank. Issues can be documented in more than one category for completeness of future case analysis. For example, "no drug test" may be selected in category #4, Substance Use, as well as "inadequate assessment" in category #5, Prenatal Care/Delivery.

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1. Pre-, Inter-, Post-conception Care
   Note: The responses in this category are "yes," "no," and "unknown."

- *Preconception care:* Medical checkup before pregnancy documented including planning pregnancy.
- *Postpartum visit kept:* The mother received postpartum care within the first three weeks after delivery.
- *Pregnancy planning/birth control (BC) education*: The mother received any pregnancy planning or birth control education at any time before, during, or after this pregnancy.
- *Dental/oral care:* The mother had a dental care provider and had been seen by a dental care provider before, during, or after this pregnancy.
- *Chronic disease control education:* The mother received education about controlling any of her chronic diseases at any time before, during, or after this pregnancy with appropriate referrals (if needed) made for control of chronic disease.
- *Weight management/dietitian:* The mother received education about controlling any weight issues, whether under- or over-weight, at any time before, during, or after this pregnancy with appropriate referrals if needed made to a dietitian.
- *Bereavement referral:* Referral to any bereavement program, hospital, pastoral care, or local program given at any time.

2. Medical: Mother

- *Early teen (17 and under) pregnancy*: Mother aged 17 years or less at time of conception.
- *Late teen (18 and 19) pregnancy*: Mother aged 18 or 19 at time of conception.
- *Pregnancy > 35 years*: Mother age over 35 at time of conception.
- *Cord problem*: Evidence of cord torsion, nuchal cord, insufficient number of cord vessels, prolapsed cord, cord compression, or other documented problems relating to the umbilical cord.
- *Placental abruption*: A condition in which the placenta separates from the inner wall of the uterus before the baby is born.

- *Placenta Previa:* A condition in which the placenta covers the cervical opening of the uterus.
- *Chorioamnionitis*: Infection of the membranes surrounding the fetus. In pregnancy, chorioamnionitis can cause unexplained fever with uterine tenderness, a high white blood cell count, rapid heart rate in the fetus and mother, and/or foul-smelling vaginal discharge.
- *Pre-existing diabetes*: A condition in which levels of sugar in the blood are too high.
- *Gestational diabetes*: Diabetes that arises during pregnancy. It results from the effect of hormones and usually subsides after delivery.
- *Cervical insufficiency:* A weakened cervix that results in rapid and unexpected premature dilation of the cervix and repeated spontaneous abortions, usually during second trimester. This should be clinically diagnosed.
- *Previous abnormal Pap:* A Pap smear, also called a Pap test, is a procedure to test for cervical cancer. An abnormal Pap means that there are early cell changes on the cervix that might lead to cancer in the future. The cervix may be weakened depending on the course of treatment for an abnormal Pap.
- *Infection: BV:* Bacterial vaginosis, an imbalance of the bacterial vaginal flora, detected prenatally or at delivery.
- *Infection: Group B Strep:* Group B Streptococcus also known as Group B Strep infection (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacterium is normally found in the vagina and/or rectum of about 25% of all healthy adults with a vagina. A mother can pass GBS to the baby during delivery.
- *Infection: Urinary Tract Infection:* A urinary tract infection (UTI) is an infection in any part of the urinary system, including the bladder and kidneys. Without treatment, UTIs can cause serious complications during pregnancy. Complications may include kidney infection, premature birth, and sepsis.
- *STI:* A sexually transmitted infection is any infection spread during sexual contact. Includes HIV, herpes, gonorrhea, syphilis, chlamydia, papilloma virus (genital warts), and several others. Please specify the infection.
- *Other source of infection*: Any other significant source of infection effecting the mother not included above (e.g., periodontal). Please specify type of infection.
- *Multiple gestation*: Pregnancy with more than one fetus at conception (e.g., twins, triplets). Specify the number of fetuses.
- *Weight*: Includes underweight (BMI < 19.8 pre-pregnancy), overweight (BMI 26.1 – 29), and obese (BMI 30+ pre-pregnancy).
- *Insufficient/excess weight gain*: Weight loss, little or not enough gain using the mother's BMI and standards for nutrition during pregnancy put out by the Institute of Medicine, or too much gain.
- *Poor nutrition*: Food intake insufficient for healthy pregnancy, given the mother's BMI. This is usually noted in the prenatal record or strongly suspected by the clinician(s) on the case review team.
- *Gestational hypertension:* High blood pressure that is diagnosed after 20 weeks of pregnancy.
- *Pre-existing hypertension:* A high blood pressure known to pre-date conception. Elevated blood pressure documented before pregnancy, B/P greater than 140/90, or greater than 10 mm above patient's baseline B/P.
- *Preeclampsia:* A pregnancy-specific hypertensive disease with multi-symptom involvement, usually occurring over 20 weeks gestation, and primarily defined by new-onset proteinuria.
- *Eclampsia:* The convulsive phase of the above disorder, among the most severe manifestations of the disease.

- *Preterm labor:* Onset of labor before 37 completed weeks gestation.
- *Pregnancy <18 months apart*: Current conception occurring less than eighteen months from the date of last delivery or pregnancy outcome.
- *PROM:* Premature rupture of membranes is the spontaneous rupture of the bag of waters any time before the onset of labor.
- *PPROM:* Preterm premature rupture of membranes is when the bag of waters ruptured before onset of labor and before 37 completed weeks of gestation.
- *Prolonged Rupture of Membrane:* Bag of waters has been ruptured greater than 24 hours before birth.
- *Pre-existing dental/oral issues:* Mother noted to have dental or oral issues (e.g., bleeding gums, cavities, abscesses, tooth loss, periodontal gum disease, poor dental hygiene).
- *Oligohydramnios:* Smaller than normal amount of amniotic fluid.
- *Polyhydramnios:* Larger than normal amount of amniotic fluid, often associated with certain congenital disorders.
- *Previous SAB or miscarriages:* Previous pregnancy ending in a spontaneous abortion (SAB). SAB or miscarriage is the non-induced loss of the fetus before 20 weeks of gestation. Specify the number of previous SAB.
- *Previous therapeutic abortion or voluntary abortion:* Previous pregnancy ending in a therapeutic abortion or a voluntary abortion. Therapeutic abortion refers to termination of pregnancy for medical indications such as the health of the mother or abnormalities in the fetus. A voluntary abortion describes the interruption of pregnancy before viability not for medical reasons. Specify the number of previous therapeutic and voluntary abortions.
- *Previous fetal loss:* Previous pregnancy ending in a stillbirth (infant greater than 20 weeks gestation or greater than 400 grams). Specify the number of previous fetal losses.
- *Previous infant loss:* Previous pregnancy ending in the live birth of a child who did not survive to their first birthday, regardless of weight or gestation. Specify the number of previous infant losses.
- *Previous LBW delivery*: Delivery of an infant less than 2500 grams, or 5 lb. 5 oz., birth weight prior to this birth.
- *Previous preterm delivery:* Delivery of an infant, either stillborn or live born, at less than 37 completed weeks gestation, prior to this birth.
- *VBAC this pregnancy:* The mother had a vaginal delivery of this fetus/infant after a cesarean section in a previous pregnancy, also known as a vaginal birth after C-section (VBAC).
- *Previous C-Section*: Delivery of a previous pregnancy by C-section. Specify the number of previous C-sections.
- *C-Section this pregnancy:* A cesarean section, or C-section, is a surgical operation for delivering a child by cutting through the wall of the mother 's abdomen.
- *Previous ectopic pregnancy*: Any pregnancy implanted outside of the uterine cavity.
- *First Pregnancy < 18 years old*: Mother age less than 18 at conception of first pregnancy.
- *>4 Live births:* Five or more live births prior to this pregnancy.
- *Assisted reproductive technology*: Interventions to aid conception, including ovulation stimulation, fertility medications, GIFT, ZIFT procedures.
- *Other, specify:* Specify any other present or contributing medical issues for the mother not described above.

3. Family Planning

- *Intended pregnancy:* Mother wanted to be pregnant at the time of conception.

- *Unintended pregnancy:* Mother did not intend to become pregnant at this time.
- *Unwanted pregnancy:* Mother did not want to be pregnant then or at any time in the future.
- *No birth control:* Neither the mother nor her partner used a family planning method prior to this pregnancy.
- *Failed contraceptive:* The mother and her partner used a family planning method but became pregnant anyway.
- *Lack of knowledge: methods*: The mother did not have knowledge or correct understanding of how to use family planning methods.
- *Lack of resources*: The mother did not know how to access resources for family planning methods, or some barrier existed that prevented her or her partner from obtaining services for family planning.
- *Other, specify*: Specify any other present or contributing family planning issues not described above.

4. Substance Use

- *Positive drug test*: The mother had any positive toxicology screen for substances during pregnancy or at delivery.
- *No drug test:* The mother met criteria for complications known to be associated with drug use but was not tested.
- *Tobacco use: history but not current*: Any use by the mother of any tobacco product in the 12 months before the infant's conception. (*Note: secondhand smoke from any source in the home is noted in category #8, Environment).*
- *Tobacco use: current:* Any use by the mother of any tobacco product during or after pregnancy up to the time of the infant's death. (*Note: secondhand smoke from any source in the home is noted in category #8, Environment).*
- *Alcohol use: history but not current*: Any history of any alcohol use by the mother in the 12 months before the infant's conception.
- *Alcohol use: current:* Any use by the mother of any alcohol during or after the pregnancy, up until the time of the infant's death.
- *Marijuana use: history but not current:* Any history of any marijuana use by the mother in the 12 months before the infant's conception.
- *Marijuana use: current:* Any use by the mother of any marijuana during or after the pregnancy, up until the time of the infant's death.
- *Illicit drug use: history but not current:* Any use by the mother of any illegal substance in the 12 months before the infant's conception.
- *Illicit drugs: current*: Any use by the mother of any illegal substance during or after the pregnancy, up until the time of the infant's death. Specify the type(s) of drug if known.
- *Use of unprescribed medications:* Any use by the mother of any prescription drug not prescribed for them during or after the pregnancy, up until the time of the infant's death. Specify the type(s) of drug if known.
- *OTC/prescription drugs:* Any use by the mother of over the counter (OTC) or prescription drugs prescribed for the mother during or after pregnancy (up until the time of infant's death) and not under the apparent supervision of a physician. Specify the type(s) of drug if known.
- *Other, specify:* Specify any other present or contributing substance use issues not described above.

5. Prenatal Care/Delivery

- *Standard of care not met*: Prenatal assessment or treatment did not meet commonly accepted obstetric practice standards.
- *Inadequate assessment*: Prenatal providers did not appropriately assess for certain conditions or circumstances.
- *No prenatal care*: Mother did not receive any prenatal care *(nurse visits in this category do not count as prenatal care).*
- *Late entry to prenatal care*: First prenatal visit (*excluding nurse visit*) occurred after 12th week of gestation.
- *Lack of progesterone therapy*: Mother did not receive progesterone therapy. Progesterone is a hormone secreted by the female reproductive system that functions mainly to regulate the condition of the inner lining (endometrium) of the uterus. Progesterone and related steroids such as 17-hydroxy progesterone (17P) may be used in pregnancy in the attempt to prevent spontaneous miscarriage, treat recurrent miscarriage, and prevent pre-term birth.
- *Lack of referrals*: Conditions or circumstances were identified in assessment, but no referral(s) made to existing appropriate services.
- *Missed appointments*: Missed prenatal appointments resulted in sporadic care.
- *Multiple providers/sites*: Mother received prenatal care from more than one provider, resulting in sporadic and fragmented care.
- *Lack of dental assessment*: A systematic collection, analysis, and documentation of the oral and general health status and patient needs was not done during pregnancy.
- *Lack of dental care*: The type of dental treatment required to either maintain or restore a patient's optimum dental health or dental condition was not received during pregnancy.
- *Inappropriate use of ER:* Multiple visits to the ER to treat conditions that could be handled by attending physician, either general practitioner or OB doctor.
- *Other, specify:* Specify any other present or contributing prenatal care/delivery issues not described above.

6. Medical: Fetal/Infant

- *Pre-viable fetus:* An expelled or delivered fetus which, although it is living, cannot possibly survive to the point of sustaining life independently, even with the support of available medical therapy.
- *LBW (<2500 grams):* Low Birth Weight, any newborn, regardless of gestational age, whose weight at birth is less than 2500 grams, or 5lb. 5 oz.
- *VLBW (<1500 grams):* Very Low Birth Weight, any newborn, regardless of gestational age, whose weight at birth is less than 1500 grams, or 3 lb. 5 oz.
- *ELBW (<750 grams):* Extremely Low Birth Weight, any newborn, regardless of gestational age, whose weight at birth is less than 750 grams, or 1 lb. 10 oz.
- *Gestational age: <28 weeks:* Infant delivered at less than 28 completed weeks gestation.
- *Gestational age: 28 - 31 weeks:* Infant delivered between 28 and 31 completed weeks gestation.
- *Gestational age: 32 - 36 weeks:* Infant delivered between 32 and 36 completed weeks gestation.
  Gestational age: 37 - 40 weeks: Infant delivered between 37 and 40 completed weeks gestation.
- *Gestational age: >40 weeks:* Infant delivered more than 40 completed weeks gestation.
- *Fetal Growth Restriction*: Birth weight of the fetus is below the 10th percentile of mean weight for gestational age.

- *Congenital anomaly*: Birth defects, malformations, chromosomal conditions, and other conditions noted prenatally, at delivery, or on autopsy.
- *Infection/sepsis*: Infant shows clinical evidence or symptoms known to be associated with infection.
- *Failure to thrive:* An abnormal lag in growth and development of an infant resulting from conditions that interfere with normal metabolism, appetite, and activity. Causative factors may include chromosomal conditions, major organ system defects, disease, acute illness, physical deprivation, or neglect.
- *Birth injury*: Insult or injury occurring to the fetus in the process of birth (e.g., hypoxia, fractured clavicle, cephalohematoma).
- *Feeding problem:* Infant exhibits inability or lack of desire to feed from breast or bottle.
- *Respiratory Distress Syndrome:* Acute lung disease of the newborn caused by progressive respiratory failure resulting from inadequate surfactant function, also called Hyaline Membrane Disease.
- *Developmental delay*: Infant falls below the norm in any one of these five areas: gross motor control, fine motor control, social interaction, language, or self-help.
- *Inappropriate level of care*: Infant was delivered or mother was treated in facility without level of care designation needed for the mother or infant conditions. For example, a 24-week gestation infant being delivered at a facility without a NICU.
- *Positive drug test*: Infant had a positive toxicology screen post-delivery.
- *Other, specify:* Specify any other present or contributing medical issues for the fetus/infant not described above.

7. Pediatric Care

- *Standard of care not met*: Infant assessment of treatment did not meet commonly accepted pediatric practice standards.
- *Inadequate assessment*: Pediatric provider did not appropriately assess for certain conditions or circumstances.
- *No pediatric care*: The infant was not seen for routine well baby visits, immunizations, or other non-emergency care.
- *Lack of referrals*: Conditions or circumstances were identified in assessment, but no referral(s) made to existing appropriate services.
- *Missed appointments/immunizations*: Missed pediatric appointments resulted in ineffective pediatric care or missed one or more standard immunizations recommended for age.
- *Multiple providers/sites*: Infant received pediatric care from more than one provider, resulting in sporadic and fragmented care.
- *Inappropriate use of ER*: Multiple visits to ER to treat conditions that could be handled by attending physician, either general practitioner or primary care pediatric doctor.
- *Other, specify:* Specify any other present or contributing pediatric care issues not described above.

8. Environment

- *Unsafe neighborhood*: Mother or family discloses that there is general fear for safety in the neighborhood where she resided during pregnancy and while the infant was alive. Neighborhood known to local law enforcement or public health to have a high incidence of violence, crime, or neglect.

- *Substandard housing*: Any housing that does not meet local housing codes. There may be evidence of unreliable heat, poor water quality, infestations, and structural insufficiencies.
- *Overcrowding*: More people living in the housing space than the space was designed to accommodate.
- *Secondhand smoke*: Regular ongoing smoke inhaled by a pregnant woman or the infant from tobacco, marijuana, or crack cocaine.
- *Little/no breastfeeding*: Infant was not breastfed or did not receive pumped breast milk for significant amount of time as determined by the team's subjective deliberation.
- *Improper formula prep/feeding:* Guidelines for sanitation of bottles, and water, mixing, dilution, safe handling, and storage of formula was not followed. Evidence of unsafe feeding practices, such as bottle propping, over or underfeeding, frequency, and amount of feeding not within AAP guidelines.
- *Unsafe sleep location:* Infant was placed to sleep in near proximity to one or more persons, on the same sleep surface, when found unresponsive. Infant was sleeping on a surface other than one specifically designed for safe infant sleep* when found unresponsive. Infant was found unresponsive on bedding softer than a firm crib mattress and/or near unsafe items (e.g., pillow, blankets, comforter, waterbed, sheepskin). (**CPSC approved).*
- *Objects in the sleep environment:* Indicate if there was anything in the sleep space with the baby. For more information, refer to question I2o, *Objects in child's sleep environment and relation to airway obstruction.*
- *Infant overheating*: When found unresponsive, infant was overheated. This may be due to over dressing with too many clothes or blankets, the room or area being overly warm from a furnace, space heater, fireplace, or oven, or by a lack of ventilation allowing heat to build up.
- *Not back sleep position:* Infant put to bed or found in any position other than on their back.
- *Lack of adult supervision*: An event in which parent or caretaker did not provide adequate and reasonable supervision of infant due to absence or impairment. Also see category #14, Family Violence/Neglect.
- *Other, specify:* Specify any other present or contributing environment issues not described above.

9. Injuries

- *Suffocation/strangulation:* Accidental suffocation or strangulation in bed, or ASSB, occurs when something limit's a baby's breathing such as soft bedding, entrapment between two objects, such as a mattress and wall, or overlay by another person. Suffocation occurs when something presses on or wraps around the infant's head and neck, blocking the airway.
- *Abusive head trauma*: Infant died due to injuries or conditions resulting from abusive head trauma, including being intentionally shaken by another person.
- *General trauma:* Any injury that has the potential to cause prolonged disability or death, accidental or intentional.
- *Other, specify:* Specify any other present or contributing injury issues not described above.

10. Social Support

- *Lack of family support*: The mother had few or no friends or family members providing emotional, financial, or physical support during or after her pregnancy.

- *Lack of neighbors/community support*: The mother did not feel that she could rely on neighbors or nearby community members for help or support if she needed it.
- *Lack of partner support*: The biological father did not contribute in a significant emotional, financial, or physical fashion.
- *Single parent:* A parent who has a dependent child or dependent children and who is widowed, divorced, unmarried, or otherwise raising a child or children alone, without the support of a partner.
- *Living alone*: Mother is living on her own or alone with her dependent children.
- *< 12th grade education*: Last grade of school completed by the mother is less than 12th grade.
- *Special education*: Mother has documented learning disability or condition resulting in impaired understanding or use of knowledge.
- *Physical/cognitive disability:* Mother had documented physical or cognitive disability.
- *Other, specify*: Specify any other present or contributing social support issues not described above.

11. Partner/Caregiver
    Partner/biological father/caregiver is indicative of another person, besides the mother, who has shared care for the infant on a regular basis or other individual in the role of parent.

- *Employment:* Was employment an issue that was a present or contributing factor in the death? If present or contributing, mark "yes" if the partner/biological father/caregiver was employed or "no" to indicate the partner/biological father/caregiver was not employed.
- *History of mental illness:* Documented history of mental illness.
- *Substance or tobacco use/abuse – History:* Any use by the partner/biological father/caregiver of any alcohol, illicit drugs, or tobacco product prior to pregnancy up to the time of the infant's conception. Specify the type(s) of drug, including tobacco, if known. (*Note: secondhand smoke from any source in the home is noted in category #8, Environment.)*
- *Substance or tobacco use/abuse – Current*: Any use by the partner/biological father/caregiver of any alcohol, illicit drugs, or tobacco product during or after pregnancy up to the time of the infant's death. Specify the type(s) of drug, including tobacco, if known. (*Note: Secondhand smoke from any source in the home is noted in category #8, Environment.)*
- *Other, specify:* Specify any other present or contributing partner/caregiver issues not described above.

12. Family Transition

- *Frequent/recent moves*: Living situation is unstable and mother has moved frequently before, during, or after the pregnancy.
- *Living in shelter/homeless*: The mother and baby were homeless, living on the street, living in a shelter, or making frequent moves among friends and family members immediately before, during, or after the pregnancy or while the infant was alive.
- *Concern re: citizenship*: The mother or other principal caretaker exhibited concerns that their documentation or citizen status may compromise their ability to seek or receive services.
- *Divorce/separation*: The mother separated or divorced from her spouse or intimate partner immediately before, during, or after the pregnancy or while the infant was alive.
- *Multiple partners:* The mother had more than one sexual partner in a 12-month period.
- *Mother in prison/parole/probation:* Mother was incarcerated, paroled, or on probation immediately before, during, or after the pregnancy or while the infant was alive.

- *Father in prison/parole/probation*: Either biological father or other individual in the role of parent was incarcerated, paroled, or on probation immediately before, during, or after the pregnancy or while the infant was alive.
- *Major illness/death in family*: A major illness or death of a family member, causing stress or anxiety or having an impact on the family's socioeconomic status or essential functions immediately before, during, or after the pregnancy or while the infant was alive.
- *Other, specify:* Specify any other present or contributing family transition issues not described above.

13. Mental Health/Stress

- *Mother history of mental illness*: Just prior to conception, mother had a history of documented mental illness, suicide attempts or gestures, hospitalizations, supervised medication, or other indicators of mental illness.
- *Depression/anxiety/mental illness during pregnancy*: The mother of the baby displayed clinical symptoms of depression, made suicidal attempts or gestures, was hospitalized or under supervised medication, or otherwise experienced other indicators of mental illness during pregnancy.
- *Depression/anxiety/mental illness in postpartum period:* The mother of the baby displayed clinical symptoms of depression, made suicidal attempts or gestures, was hospitalized or under supervised medication, or otherwise experienced other indicators of mental illness. Anxiety disorders share features of excessive fear and anxiety and related behavioral disturbances. These disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition.
- *Multiple stresses:* The mother experienced three or more family, economic, environmental, or other stresses during pregnancy or while the infant is alive.
- *Social chaos*: The mother's history suggests social interactions and social support systems are destructive and/or disruptive of functional stability making it difficult for them to function in life.
- *Employment:* Was employment an issue that was a present or contributing factor in the death? If present or contributing, mark "yes" if the mother was employed or "no" if not employed.
- *Concern about enough money*: The mother or other principal caretaker expressed concerns about having enough money on a month-to-month basis to meet basic needs of the family during pregnancy or while the infant is alive.
- *Work/employment problems*: An aspect of the mother's employment or work situation caused worry or stress during pregnancy or during the time the infant was alive (e.g., insufficient, or no parental leave, large amounts of time without rests).
- *Child(ren) with special needs:* Other dependent child(ren) of the mother or partner experienced health or behavioral problems.
- *Problems with family/relatives:* The mother's friends, partner, the biological father, and/or family members were a negative influence or contributed to the mother acting in a manner detrimental to her health or her baby's health.
- *Lack of grief support*: Family did not receive appropriate and culturally relevant services related to bereavement and grief support following the death of the infant. These are examples of lack of grief support:
    - No referral for grief services made.
    - No appropriate bereavement services available in this community.

    - Referral was made and services were reasonably available, however family did not access services.
- *Other, specify:* Specify any other present or contributing mental health/stress issues not described above.

14. Family Violence/Neglect

- *History of abuse (Mother)*: Disclosure or evidence of past physical, emotional, or sexual abuse of mother, not with current partner or biological father, not during the pregnancy or while the infant was alive. Specify the type of abuse.
- *Current abuse (Mother)*: Disclosure or evidence of physical, emotional, or sexual abuse of the mother by spouse, current or former dating partner, or any other family member, friend, or relative. Current abuse includes events taking place in the three months prior to conception, during the pregnancy, and while the infant was alive. Specify the type of abuse.
    - *Physical abuse*: Hitting, slapping, pushing, throwing objects, or any other act, which results in non-accidental physical injury to the mother.
    - *Emotional abuse:* Name-calling, threats, intimidation, coercive behavior, controlling or preventing mother from seeking and engaging in services.
    - *Sexual abuse:* Forced or hurtful sex, non-protected sex, or otherwise engaging the mother in sexual acts she did not want to do.
- *History of abuse (Father)*: Disclosure or evidence of past physical, emotional, or sexual abuse of biological father, not during the mother's pregnancy or while the infant was alive. Specify type of abuse.
- *Current abuse (Father)*: Disclosure or evidence of physical, emotional, or sexual abuse of the biological father by spouse, current or former dating partner, or any other family member, friend, or relative. Current abuse includes events taking place in the three months prior to conception, during the pregnancy, and while the infant was alive. Specify the type of abuse.
    - *Physical abuse*: Hitting, slapping, pushing, throwing objects, or any other act, which results in non-accidental physical injury to the biological father.
    - *Emotional abuse:* Name-calling, threats, intimidation, coercive behavior, controlling or preventing biological father from seeking and engaging in services.
    - *Sexual abuse:* Forced or hurtful sex, non-protected sex, or otherwise engaging the biological father in sexual acts he did not want to do.
- *History child abuse, this infant*: Evidence of past physical, emotional, or sexual abuse of this child by the parent or caretaker. May be disclosed in home interview, suspected, or confirmed reports to Child Protective Services, law enforcement records, and/or medical records.
- *History child abuse, other child*: Evidence of past physical, emotional, or sexual abuse of any other child(ren) in the household by the parent or caretaker. May be disclosed in home interview, suspected, or confirmed reports to Child Protective Services, law enforcement records, and/or medical records. Include children in other homes, for example a biological father's previous relationship and non-custodial children.
- *Current child abuse, this infant*: Evidence of current physical, emotional, or sexual abuse of this child by the parent or caretaker. May be disclosed in home interview, suspected, or confirmed reports to Child Protective Services, law enforcement records, and/or medical records. Current abuse includes events taking place while the infant was alive.
- *Current child abuse, other child*: Evidence of current physical, emotional, or sexual abuse of any other child(ren) in the household by the parent or caretaker. May be disclosed in home interview, suspected, or confirmed reports to Child Protective Services, law enforcement

records, and/or medical records. Include children in other homes, for example a biological father's previous relationship and non-custodial children.

- *History child neglect, this infant*: Evidence of past negligent treatment or maltreatment of this child by the parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that their personal health is endangered (e.g., failure to provide adequate food, clothing, shelter, medical care, competent supervision).
- *History child neglect, other child*: Evidence of past negligent treatment or maltreatment of any other child(ren) in the household by the parent or caretaker under circumstances indicating harm or threatened harm to the children's health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that their personal health is endangered (e.g., failure to provide adequate food, clothing, shelter, medical care, competent supervision).
- *Current child neglect, this infant*: Evidence of current negligent treatment or maltreatment of this child by the parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that their personal health is endangered (e.g., failure to provide adequate food, clothing, shelter, medical care, competent supervision).
- *Current child neglect, other child*: Evidence of current negligent treatment or maltreatment of any other child(ren) in the household by the parent or caretaker under circumstances indicating harm or threatened harm to the children's health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that their personal health is endangered (e.g., failure to provide adequate food, clothing, shelter, medical care, competent supervision).
- *CPS referrals:* Any Child Protective Services (CPS) referrals, substantiated or not.
- *Police reports*: More than one occurrence where either parents or caretakers of the infant are involved in police reported incidents as victim, perpetrator, or witness to violent or potentially criminal events.
- *Other, specify:* Specify any other present or contributing family violence/neglect issues not described above.

15. Culture

- *Language barriers*: The mother and/or other principal caretakers for the infant had difficulty communicating effectively with those around them due to language differences. This could include different social contexts (e.g., school, health care, broad community settings) even if interpreters were provided to support communication needs and includes if a child had to translate for other family members.
- *Beliefs re: pregnancy/health*: The mother or principal caretakers for the infant exhibited health beliefs inconsistent with standard medical practice.
- *Other,* specify: Specify any other present or contributing culture issues not described above.

16. Payment for Care

- *Private:* Private health insurance refers to health insurance plans marketed by the private health insurance industry, as opposed to government-run insurance programs. Examples of private health insurance companies may be Aetna, Humana, or Blue Cross Blue Shield (BCBS). Common types of private health insurance plans include:
    - Health Maintenance Organizations (HMOs)

    - Participating Provider Options (PPOs)
    - Point-of-Service (POS)
    - Fee for Service Plans
    - Health Savings Accounts
- *Medicare:* Family's medical care was paid for by Medicare.
- *Medicaid:* Medicaid is a health care program that assists low-income families or individuals in paying for long-term medical and custodial care costs. Medicaid is a joint program, funded primarily by the federal government and run at the state level, where coverage may vary.
- *Self-Pay/medically indigent*: Patient/family did not have insurance or other means for paying for prenatal care, delivery, and/or pediatric care.
- *Other, specify:* Specify any other present or contributing care payment issues not described above.

17. Services Provided

- *Inadequate information*: The family/mother did not receive prevention education and information that would have helped to prevent the infant death. Specify the education topic area in the space provided (e.g., signs and symptoms of preterm labor, infant safe sleep environment).
- *Lack of WIC (eligible*): Lack of participation in the Women, Infants, Children's program (WIC), despite eligibility.
- *Parent/child not eligible*: The mother, principal caretaker, and/or child are not eligible for a needed service.
- *Lack of Home Visiting (eligible):* Lack of evidence-based home visiting despite eligibility. This could apply when there are no services in the area, or the mother declined home visiting.
- *Poor provider-to-provider communication:* The service providers in the case were not known to each other or did not share with each other potentially important information about the case. This is provider-to-provider communication.
- *Poor provider-to-patient communication*: Health information was not effectively communicated to the patient. This could be due to several factors including no, poor, or inappropriate communication, or low health literacy.
- *Client dissatisfaction*: The family's dissatisfaction with a pediatric care provider, hospital, prenatal care provider, or other medical health professional was a factor in their not using a service in a timely or effective manner.
- *Dissatisfaction—support services:* The family had fear of, distrust, or dissatisfaction with services such as WIC, Healthy Start, etc.
- *Lack of child care*: Parent or principal caregiver did not have access to quality, affordable child care; for example, by relatives, support persons (e.g., friends, neighbors), or licensed day care during pregnancy, delivery, or while infant was alive. This includes if services were available, but they were cost prohibitive or if the family could not access child care assistance programs (CCAP).
- *Other, specify:* Specify any other present or contributing service issues not described above.

18. Transportation

- *No public transportation:* No existing or readily accessible public transportation during pregnancy, time of delivery, postpartum, and while infant was alive.

- *Inadequate/unreliable transportation:* Mother or principal caretaker of infant did not have reliable private transportation to needed services, or lack of transportation caused mother or caretaker to miss appointments or services.
- *Other, specify:* Specify any other present or contributing transportation issues not described above.

19. Documentation

- *Inconsistent/unclear information*: Abstractor or review team members felt some part of the record was ambiguous or unclear, or data from different sources is found to be conflicting (e.g., prenatal record shows 5 OB/GYN visits, but birth certificate shows 10).
- *Missing data*: Data was documented as ordered or assessed, but results were not found (e.g., placental pathology was ordered but could not be found in the mother's chart).
- *No death scene investigation:* No death scene investigation was performed if the incident that precipitated the infant's death occurred outside of the hospital.
- *No doll re-enactment*: No doll re-enactment was done during the death scene investigation and the incident that precipitated the infant's death occurred outside of the hospital.
- *Other, specify:* Specify any other present or contributing documentation issues not described above.

20. Other

    Document any other issues pertinent to this case which have not already been captured in a prior category.

Section P. Form Completed By

Person, Title, Agency, Phone and Email will auto populate with the information contained in the user's contact information upon initial record creation of the case. User may edit the fields at any time.

Person: Provide the name of the individual completing the Report Form.

Title: Provide the position title of the individual completing the Report Form.

Agency: Identify the person's employing or affiliated agency.

Phone: Provide the best phone number to contact the individual completing the form.

Email: Provide the best email to use to contact the individual completing the form.

Date completed: Provide the date that this form was completed.

Data entry completed for this case: Indicate if the data entry for this case is complete.

For State Program Use Only: DATA QUALITY ASSURANCE COMPLETED BY STATE?: This checkbox is used by state program staff in charge of cleaning and completing cases and should be checked only when the case is completely entered and reviewed, and all data quality assurance protocols are complete.

Data Quality Review

The last section during data entry is called “Data Quality Review.” This section allows users to check for completeness of priority variables. Any National Center priority variable with a missing or unknown response will be listed in this section. If you are a state/jurisdiction participating in the SUID and SDY Case Registry, you will also see a list of CDC priority variables.

Review all items in this section to ensure completeness and improve data quality. To revisit and complete any listed item, click the “Navigate to this question” hyperlink to be immediately brought to that question in the Pediatric NFR-CRS. Once a question is completed with a response that is not “unknown,” it will be removed from the list in the Data Quality Review section.

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