National Center Quick-Look

The National Center for Fatality Review and Prevention (National Center) is committed to providing support and technical assistance to the fatality review programs across the U.S. and its territories. Forty-seven states have agreements which allow them to enter Child Death Review (CDR) and/or Fetal and Infant Mortality Review (FIMR) data into the National Fatality Review Case Reporting System (NFR-CRS), a free, web-based data collection system.

Child Death Review

Overview

CDR teams are active in all 50 states, the District of Columbia, and within some tribes. The CDR process convenes a multidisciplinary team to review individual deaths to identify risk and protective factors that may have contributed to the death. CDR teams seek to help communities celebrate more birthdays by preventing future fatalities.

Limitations

- States review child deaths according to their governing statutes or program policies. Some states only review deaths known to their child protective services office; other states review unintentional deaths and choose according to the time allowed by volunteer staff. A few states review all deaths. Because not all states review all deaths, these data may not be representative of all child deaths, and they cannot be used to calculate fatality rates.
- When teams meet, they rely on representatives from multiple disciplines such as law enforcement, medical examiners/coroners, and first responders. Data are only as inclusive as the information brought to the attention of the team.
- Reviews may happen years after the death, resulting in a loss of detail and the potential for high proportions of missing or unknown data elements.

Fetal and Infant Mortality Review

Overview

FIMR teams are active in more than half of the U.S. Reviews include a multi-disciplinary team, the inclusion of medical record abstraction and a family interview when possible. Recommendations from the review team are then taken to a Community Action Team to implement prevention activities in the community.

Limitations

- Case selection varies across jurisdictions. Case selection may be influenced by public health priorities, program
 capacity, cause/manner of death, and disparities.
- While attempted, not all cases have a parental family interview, often due to difficulty in finding and engaging caregivers and program capacity.
- FIMR teams vary in their use of the NFR-CRS. Currently, 20 of 26 states are using NFR-CRS in some capacity.



Common Questions

Do these data represent all deaths?

Data contained in the Quick-Looks represent 75% of total NFR-CRS deaths. Deaths that were migrated into NFR-CRS from previous state reporting systems are excluded.

How do you calculate the percentages?

To address limitations, percentages are calculated on cases in which a specific answer was indicated by the review team. The percentages are not reflective of the proportion reported, but of the proportion where a response is indicated.

How are you reporting race categories?

Beginning in June 2022, categories for race are determined by prioritizing American Indian (AI) or Alaska Native (AN) identity. Regardless of additional race selections, if a child has AI or AN selected as a race in the NFR-CRS, they are included in the "AI/AN" category. This is due to an overrepresentation of AI/AN children in the multiracial category. Non-AI/AN children with a single race selected in the NFR-CRS are categorized by that race (e.g., Asian, Black, white). Non-AI/AN children with more than one race selected in the NFR-CRS are categorized as "multiracial."

Where can I find more information?

- More information on fatality review is found on National Center's website at www.ncfrp.org.
- Specific information about limitations of the data collection system is available at Injury Supplement page.
- Visit our NFR-CRS page tab for more information on Reporting Tools.
- Information about accessing NFR-CRS data for research opportunities can be found on the Data Dissemination page.

