

Louisiana Child Death Review

2021-2023 Annual Legislative Report

In Accordance with RS 40:2019

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Executive Summary

The Louisiana Child Death Review report examines infant and child injury-related mortality trends from 2021 to 2023 and provides recommendations to help reduce and prevent child mortality. It is produced by the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH).

Summation of Data

- From 2021 to 2023, there was an average of **56,162** live births each year.
 - A yearly average of 416 infants died before their first birthday.
 - A yearly average of 217 children died between the ages of one to 14.
- From 2021 to 2023, **1,900 children died due to all causes**. During this time period, Louisiana ranked in the top 10 states with the **highest mortality rates for infants and children** in almost all age groups.
- Between 2021 and 2023, **680 infants and children died due to injury**. More than one-third of all infant (less than one year old) and child (ages one to 14) deaths are injury-related. **Injury-related deaths are preventable**.
 - **Among infants, most injury-related deaths occur in the sleep environment** and are classified as sudden unexpected infant deaths. This term is used to describe any sudden and unexpected death occurring during infancy, whether explained or unexplained (including sudden infant death syndrome; accidental suffocation or strangulation in bed; and deaths coded as ill-defined or having an unknown cause).
 - **For children ages one to 14, injury-related deaths, specifically homicides, motor vehicle crashes, and drownings, are the leading causes of all deaths.**
- Children with special health care needs are at higher risk of injury-related death, especially from drowning and homicide due to child maltreatment.^{1 2 3}

Key Recommendations from the Child Death Review Panel

- Increase funding for and accessibility to high-quality, affordable child care centers.
- Encourage health plans to reimburse and offer incentives for child injury prevention devices and services.
- Increase access to and utilization of home visiting programs.
- Implement screenings for social determinants of health and mental health, as well as safety screenings for caregivers and children before and during well-child or primary care visits.
- Assess and provide resources and support for infants and children with special health care needs.
- Implement routine toxicology screening protocols for all child fatalities and for children evaluated in emergency departments to improve data quality and support prevention strategies.
- Establish and standardize first responder protocols for the response to and reporting of child fatality cases to ensure consistency, accuracy, and timely information sharing.
- Establish comprehensive bereavement resources and services to Louisiana families.
- Provide education and training for first responders on the Child Death Review legislation, specifically the responsibility to provide timely records related to unexpected child fatalities.

¹ (Lee, Harrington, Chang, & Connors, 2008)

² (Hoffman, 2024)

³ (Legano, Desch, Messner, Idzerda, & Flaherty, 2021)

Introduction

Legislative Mandates

Investigation of unexpected infant and child deaths has been a part of the state's public health activities since 1992. Louisiana Revised Statute 40:2019 defines unexpected deaths as those resulting from undiagnosed disease or trauma in which surrounding circumstances are suspicious, obscure, or unexplained, including deaths attributed to sudden infant death syndrome.

The statute establishes requirements for death investigations, reporting entities, access to records and confidentiality protections. It also authorizes the establishment of state and regional panels, which are charged with reviewing cases and making recommendations to prevent deaths in the future.

Louisiana Child Death Review

Coordinated by the Bureau of Family Health, the Louisiana Child Death Review uses a multidisciplinary approach to review unexpected, injury-related deaths among infants and children, ages 0 through 14. Records related to the unexpected death of a child reviewed in this process are confidential. The primary goal of these case reviews is not to evaluate the investigations or handling of specific cases, but rather to analyze these deaths at both the state and local levels to uncover opportunities for improving investigations and enhancing future prevention efforts.

Cases commonly reviewed through the child death review process include:

- deaths related to unintended injuries,
- homicide (including abuse and neglect),
- suicide,
- sudden unexpected infant death, and
- unknown causes.

Case information is obtained from the Office of State Registrar and Vital Records, hospital medical records, autopsies, death scene investigations, and first responder reports to create case summaries presented for review at child death review panel meetings.

In Louisiana, there are nine regional child death review panels and one state child death review panel. Review panels are made up of multidisciplinary groups of professionals, including state health officials, legislators, law enforcement, coroners, pathologists, health care professionals, and other statewide agencies.

Recommendations developed through the review process are shared with Community Action and Advisory Teams and prevention partners to support local and statewide prevention strategies. For more detailed information on the Louisiana Child Death Review process and for the latest data surveillance report, visit partnersforfamilyhealth.org/childdeathreview/.⁴

⁴ (<https://partnersforfamilyhealth.org/childdeathreview/>, n.d.)

Funding for Child Death Review

Child death review activities are supported through federal funding, including the Title V Maternal and Child Health Block Grant provided through the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau and funding from the U.S. Centers for Disease Control and Prevention (CDC) for the Sudden Unexpected Infant Death Case Registry.

These funds are used to support the staff and activities of the Louisiana Child Death Review. Staffing includes a maternal and child health regional supervisor and regional maternal and child health coordinators who abstract cases of infant and child death and prepare the cases for review. They also convene regional child death review panels to review the cases and regional Community Action and Advisory Teams to implement prevention activities at the local level. The mortality surveillance epidemiologist identifies cases of infant and child death for review and analyzes the findings from the child death review for the annual surveillance report. This position is supported by the Bureau of Family Health senior epidemiologist, the mortality surveillance supervisor, and the violence and injury prevention manager. Federal funding also supports data providers by reimbursing coroners and death scene investigators for submitting autopsy reports and sudden unexpected infant death investigation forms in a timely manner.

Findings and Recommendations

Overview

Injury-related deaths are deaths that result from an injury and can be intentional or unintentional. Intentional injuries are inflicted on purpose, either by the victim or another person, while unintentional injuries are not inflicted on purpose. Injury-related deaths impact hundreds of children each year. By addressing the risk and protective factors involved, future infant and child deaths can be prevented. The data show that:

- Louisiana has consistently had higher child mortality rates than the U.S. as a whole.
- Infant and child mortality affects Black infants and children more than white infants and children.
- Children between the ages of one and four had the highest injury-related mortality rate among all children.
- Injury and violence specific to infants and children with special health care needs are underreported.
 - Infants and children with special health care needs require additional support and resources.
 - A primary reason for the deaths to be underreported is that death certificate data does not include diagnoses or conditions indirectly related to the cause of death.
 - Examples include autism, deafness, blindness, or conditions resulting in reduced mobility.

Each year, the Louisiana Child Death Review Panel develops recommendations to prevent deaths in infants (birth to one year) and children (ages one to 14) based on in-depth reviews of infant and child death cases and overall data and findings. State and regional child death review panels developed recommendations after reviewing findings and data from 2021 to 2023 that span across injury topic areas. There are overarching recommendations that have the potential to prevent injuries from a variety of causes and have been organized by the point of intervention, as well as recommendations related to specific injury topics.

- Injury prevention initiatives have gained traction. While rates of injury-related child mortality have not yet decreased, there are promising prevention strategies currently being implemented in communities. These include:
 - Providing free water safety and swim lessons to children;
 - Providing information and support to new parents for implementing safe sleep practices;
 - Educating around secure storage for firearms;
 - Training school health personnel on suicide prevention methods; and
 - Educating about current child passenger safety laws.

Findings and Recommendations by Injury

Sudden Unexpected Infant Deaths

Sudden unexpected infant deaths are the leading cause of injury-related death for children under the age of 15. This is the sudden and unexpected death of a baby younger than one year and often happens during sleep or in the baby's sleep area. Sudden unexpected infant death refers to any sudden and unexpected infant death, whether explained or unexplained. This includes accidental suffocation or strangulation in bed, Sudden Infant Death Syndrome (SIDS), and ill-defined deaths or deaths having an unknown cause.

Key Findings from the Louisiana Child Death Review

- A majority of injury-related infant deaths were classified as sudden unexpected infant deaths and were related to the sleep environment.
- From 2021 to 2023, Louisiana had the fourth-highest infant mortality rate in the country. Injury-related infant mortality has increased in both the U.S. and Louisiana.
- Overall, infant and sudden unexpected infant mortality rates have not decreased significantly in Louisiana or the U.S. since 2011.
- Maternal health before conception and during pregnancy is closely linked to low birth weight and premature birth, both of which are risk factors for sudden unexpected infant death.
- Most deaths occur among infants one to three months old.
- Common risk factors included infants sleeping with other people (78%); infants sleeping somewhere other than a crib or bassinette (76%); and infants sleeping with loose bedding or toys (62%).⁵
- Stomach- or side-sleeping position; preterm birth or low birth weight; cigarette smoke in the home; and alcohol, drug, or tobacco use during pregnancy were associated with increased risk.
- Sudden unexpected infant death is considered largely preventable by reducing risk factors and increasing protective factors.
 - Some of these risk factors, including low birth weight or preterm infants and maternal smoking, trace back to maternal health.
 - Other risk factors are behavioral, such as caregivers placing infants to sleep on unsafe surfaces with soft bedding and toys, or environmental, such as cigarette smoke in the home.⁶
 - Protective factors include consistently following safe sleep practices, breastfeeding, regular prenatal care and well-baby check-ups, and keeping infants up to date on immunizations.⁷

⁵ (Louisiana Department of Health, Office of Public Health, Bureau of Family Health, 2021 - 2023)

⁶ (Moon, Carlin, & Hand, 2022)

⁷ (Moon, Carlin, & Hand, 2022)

Recommendations

Sudden unexpected infant death prevention is multifaceted. A major component is safe sleep prevention efforts. The state has experienced insignificant fluctuations in rates from year to year, without a consistent decrease in the sudden unexpected infant death rate.

State policymakers are encouraged to consider the following actions:

- Continue legislative support for Medicaid expansion to reduce financial barriers to accessing prenatal care.
- Support policies that provide universal home visiting resources to all pregnant women and families.
 - Home visiting should be offered to parents of multiple children regardless of insurance status.
- Support legislation that increases the number of affordable and safe licensed child care centers.
- Encourage the agencies responsible for training and licensure of child care providers (both center-based and in-home) to provide training on safe sleep practices and monitor compliance.
- Ensure Louisiana “Home Alone” laws for children match or exceed the [national recommendation](#)⁸ from Safe Kids to have a caregiver present for children under the age of 12 when they are at home.
 - These laws should be simply stated, specific, and easily understood by parents and caregivers.

Insurance payors and health plans are encouraged to:

- Improve maternal health by increasing access to family planning services and quality primary care before and between pregnancies; and
- Increase referrals to voluntary home visiting programs that focus on care coordination and personalized support, encourage early and adequate prenatal care, and help pregnant women obtain health insurance that meets their needs, find prenatal care providers, and maintain regular appointments.

Pediatricians and health care providers are encouraged to incorporate the following information in their safe sleep policies and practices:

- Share the website GiveYourBabySpace.org⁹ with families;
- Follow up with patients if newborn appointments are missed; and
- Offer telemedicine services for patients to alleviate stressors related to attending pediatric appointments (i.e., lack of transportation).

⁸ (Safe Kids Worldwide, 2025)

⁹ (Give Your Baby Space, n.d.)

Hospitals and health care systems are encouraged to:

- Provide education and training that includes strategies for caregivers to cope with environmental stressors (infant crying, lack of sleep, etc.).
- Encourage lactation support programs and persons to incorporate safe sleep education into their teachings or trainings. Encourage breastfeeding mothers to have a plan in place to prevent falling asleep with the infant.
- Ensure that hospitals use safe sleep practices. Encourage hospital staff to use best practices, including but not limited to training for staff and patients, hospital signage, and participation in community task forces/committees that address sudden unexpected infant death or safe sleep. Additional provider resources related to safe sleep can be found at the [National Institutes of Health](#).¹⁰
- Increase referrals to home visiting programs prior to hospital discharge after delivery.
- Provide education in culturally appropriate methods suited to different learning styles to best convey the information (i.e., caregivers reciting information back). Language interpreters should be used as needed.

Law enforcement and coroner offices are encouraged to:

- Incorporate sudden unexpected infant death investigation processes and forms into their training and onboarding to improve and streamline investigations; and
- Complete sudden unexpected infant death investigation forms for every sudden unexpected infant death.

Media and baby product manufacturers are encouraged to:

- Follow safe sleep guidelines in their messaging, advertising, production, and sales to promote safe sleep practices as the social norm.

¹⁰ (National Institutes of Health, 2025)

Homicide Deaths

Homicides are the second leading cause of injury-related deaths for children under the age of 15. Homicides are injuries inflicted by another person with the intent to injure or kill, by any means. The homicides described in this report are predominantly due to firearms, blunt force trauma, abusive head trauma, asphyxia (suffocation), and poisoning.

Key Findings from the Louisiana Child Death Review

- Seventy-one percent of homicides in infants were due to abusive head trauma and blunt force injuries.
- The leading cause of death for children ages 1-4 years was homicide. Specific methods of homicide in this age group include deaths due to blunt force injuries, poisoning, and firearms.
- Among 5-9 year-olds, 67% of homicide deaths were due to firearms.
- Among 10-14 year-olds, 95% of homicide deaths were due to firearms.
- Between 2021 and 2023, Black children were six times as likely to die from homicide compared to white children.
- The top cause of injury-related death for Black children was homicide.

Recommendations

State policymakers are encouraged to consider legislation around the following:

- “Red flag” laws that require mandatory surrender of firearms for all persons who present as a danger to themselves or others, including people with a documented history of domestic abuse;
- Universal background checks prior to all gun sales and transfers, including those performed by private sellers, wherever the sale or transfer takes place;
- Waiting periods between applying for a firearm license and being able to purchase a gun, with longer waiting periods for people with a documented history of psychiatric illness; and
- Completion of firearm safety training for any individual purchasing a firearm. Training should include education around gun safety, responsible gun ownership, and risks of sharing guns with individuals with a history of violent behavior. Parents should discuss gun safety and storage with their children after completing the course.

Health care systems are encouraged to:

- Promote provider participation in the Louisiana Perinatal Quality Collaborative’s Caregiver Perinatal Depression Screening Learning Collaborative. The collaborative is a quality improvement initiative focused on improving the implementation of perinatal depression screening, using a validated tool and referral to resources in pediatric clinics. This should happen at the one-, two-, four-, and six-month well-child visits, in accordance with recommendations from the American Academy of Pediatricians; and
- Implement programs such as [Provide Resources and Outreach Tools for Every Child and Teen, or PROTECT](#).¹¹ This is a hospital violence intervention program for victims who are 17 years of age and under and is currently offered at Ochsner LSU Health Shreveport and Monroe. This program works with victims, alongside their families, while they are being treated for firearm-related injuries.

¹¹ (Ochsner LSU Health Shreveport, 2025)

Pediatricians should regularly discuss the following information with caregivers and parents:

- Secure Firearm Storage: Encourage the secure storage of firearms in homes with children and homes of their relatives. Secure storage includes locking up firearms and storing them and ammunition separately. Free resources can be found at [BeSMART for Kids Louisiana](#).¹²
- Strategies for Managing Stressful Parenting Situations: Provide strategies and resources for managing stressful situations such as excessive crying in infants or toddler meltdowns, including safe age-appropriate methods of discipline.
- Trauma-Informed Counseling Resources: Share resources for trauma-informed counseling for family members of victims and witnesses of gun violence.

First responders on a scene are encouraged to:

- Have clear protocols on how to report cases to the Department of Children and Family Services and follow through to ensure cases are reported to the intake center. Cases should remain open until an autopsy is completed and shared with law enforcement; and
- Provide emotional support to staff members who provide or have provided care to child victims.

Community agencies are encouraged to support and implement the following:

- Community programs that engage children and adolescents, including recreational activities and social-emotional support activities such as community gardens.
- Mentorship and counseling programs, including those incorporated into the rehabilitation process for offenders in the juvenile justice system.
- Evidence-based violence intervention programs that focus on the primary prevention of violence.^{13 14}
 - Community agencies should make sure these programs reach the families most likely to experience gun violence and include strategies on how to de-escalate and interrupt cycles of retaliatory violence (violent actions in response to previous violence or perceived offense, which can create cycles of aggression and ongoing conflicts).
- Partnerships with agencies that have a fatherhood initiative program (i.e., Healthy Start) to increase the number of male role models who can provide education and to increase prevention programs for youth and teens in communities with high rates of violence.
 - [Senate Concurrent Resolution No. 9 of the 2025 Regular Session](#) created “the Task Force on Fatherhood Engagement to study how Louisiana can increase the engagement of fathers in the lives of their children, to research best practices, and develop recommendations for each state agency to promote the full inclusion of fathers and the involvement of fathers in the lives of their children.”¹⁵ The Task Force will provide a report on their findings and recommendations to the legislature, as well as a list of organizations that serve families by February 28, 2025. This could provide a roadmap to implementing this recommendation.

¹² (Be SMART Louisiana, 2025)

¹³ (Centers for Disease Control and Prevention, 2024)

¹⁴ (National Center for Injury Prevention and Control, 2023)

¹⁵ (Duplessis, n.d.)

Motor Vehicle-Related Deaths

Motor vehicle-related crashes are the third leading cause of injury-related death for children under the age of 15. These are predominantly crashes involving motor vehicles, but include all transport-related deaths, such as incidents involving all-terrain vehicles (ATVs), as well as children who were parties to the crash as pedestrians or cyclists.

Key Findings from the Louisiana Child Death Review

- Motor vehicle crashes were the most common cause of injury-related death in the five to nine year old age group.
- Among motor vehicle crash deaths in the five to nine-year-old age group, children were more likely to die inside the vehicle as passengers (87%) versus outside the vehicle as pedestrians.
- Among motor vehicle crash deaths in the 10 to 14 year old age group, children were more likely to die inside the vehicle as passengers (68%) than outside the vehicle as pedestrians.
- The top cause of injury-related death for white children was motor vehicle crashes.
- For the majority of child deaths due to motor vehicle crashes, child restraints were not used or were used improperly.

Recommendations

State policymakers are encouraged to consider legislation that addresses all of the following:

- Revise the Louisiana Graduated Driver’s License licensure eligibility requirement for 16-year-olds and under to extend through age 17 and state that the driver “may not transport more than one passenger under 21 years of age between 6 p.m. and 5 a.m. unless the passenger is immediate family” (except in cases of emergency).
- Require ATV rider safety courses for all ATV purchasers, with supporting legislation for ATV dealers to provide education on ATV safety guidelines for child and teenage drivers at the time of purchase.
- Enforce existing laws prohibiting ATVs on public roadways via executive order. This legislation should outline specific enforcement procedures, establish penalties for violations, and allocate necessary resources for law enforcement agencies. Additionally, it should include provisions for training officers on the new enforcement measures and mechanisms for assessing the policy’s effectiveness in enhancing public safety.
- Require all people possessing a valid driver’s license to complete continuing education on updated motor vehicle laws annually, or at least every two years. This could be completed and submitted through the Louisiana Department of Motor Vehicles website. If not a legislatively mandated requirement, insurance companies could incentivize rates for completion of an annual continuing education course.

Pediatricians are encouraged to:

- Regularly discuss the importance of the appropriate use of child safety restraints at each visit with both children and their caregivers; and
- Refer families to the [Louisiana Passenger Safety Taskforce](#)¹⁶ for resources such as child safety seat check events and designated child restraint fitting stations that are available across the entire state.

¹⁶ (Louisiana Highway Safety Commission, 2025)

The Louisiana Highway Safety Commission and the Louisiana State Police are encouraged to:

- Create Louisiana comprehensive online safety training and educational materials for ATV owners, with a focus on proper operation, safety regulations, and legal requirements. Ensure such resources are accessible and mandatory for review before an ATV purchase.

Insurance providers are encouraged to:

- Offer incentives for drivers who complete an ATV safety course (such as [ATV Rider Course](#)¹⁷), especially for children under 17, to promote responsible riding. Ensure these requirements are reflected in insurance rewards.

Motor Vehicle Passenger Safety for Children with Special Health Care Needs

- Early intervention specialists, case managers, respite and attendant care service providers, pediatricians, and allied health providers (e.g., speech-language pathologists, occupational and physical therapists) should:
 - Ensure every child has an appropriately sized and supportive child safety seat. Providers may need to make referrals for seating assessments, write prescriptions, or provide letters of medical necessity for payor authorizations.
 - Educate caregivers and families on wheelchair transportation safety protocols, including the need for secure locking systems and appropriate head and neck supports.
 - Contact the [Community Injury Prevention Program](#),¹⁸ which offers child car seat assessments and education at fitting stations in each region of Louisiana by nationally certified child passenger safety technicians.
 - A fitting station is a place where parents and caregivers can learn how to safely transport children by using the appropriate child safety seat or vehicle safety belt correctly from a certified passenger safety technician.
 - View the [Special Needs Resources Card](#)¹⁹ for a list of regional technicians certified in transportation needs of children with special health care needs.
- Providers and public health agencies should work with families to provide letters of medical necessity when appropriate. Louisiana Medicaid Managed Care Organizations are required to pay for transportation accommodations, including specialized safety seats, for families that can demonstrate medical necessity. More transportation safety resources, including those focused on accommodations for children with special health needs, can be found at preventinjury.medicine.iu.edu/adaptive-transportation.²⁰
- Additional efforts include:
 - Placing identifiers that convey personal health information or medical diagnoses on or inside cars to quickly alert emergency responders to passengers' special health needs in the event of a crash. Examples of identifiers include seat belt clips or notification stickers that indicate a condition such as deafness, autism, paralysis, rare protocol needs, inability to speak, etc. Providers and agencies serving children with special health care needs should consider partnering with community organizations to provide personal health identifiers to families for use in their cars; and

¹⁷ (ATV Safety Institute, 2025)

¹⁸ (Louisiana Highway Safety Commission, 2025)

¹⁹ (University Medical Center New Orleans LCMC Health, 2025)

²⁰ (Adaptive Transportation, n.d.)

- Expanding awareness for vehicle heat safety by promoting the National Highway Traffic Safety Administration’s [Stop. Look. Lock.](#) campaign.²¹ This is important for all caregivers and families, but children with special health care needs can be particularly vulnerable.
 - Children with chronic medical conditions may be at higher risk in extreme heat situations, as they can be more sensitive to heat and less likely to sense or respond to changes in temperature, or take medications that compound the effects of extreme heat.²²

²¹ (NHTSA, 2025)

²² (Centers for Disease Control and Prevention, 2017)

Drowning Deaths

Drownings are the fourth leading cause of injury-related deaths for children under the age of 15 and the second leading cause of death in the one to four year old age group. Most drownings (45%) occurred in swimming pools, hot tubs, or spas.

Key Findings from the Louisiana Child Death Review

- Inadequate supervision of children and a lack of barriers around water were the top contributing factors in drowning deaths.

Recommendations

Policymakers and community and municipal leaders are encouraged to consider the following:

- Promote legislation to provide coverage of swimming lessons through Medicaid or private insurance for all children under the age of 12 years;
- Require by law or ordinance that open ponds in residential areas must be fenced and/or have warning signs;
- Require building officials and insurers to enforce the use of standard safety features around pools, spas, and ponds, such as barriers, gates, door and pool alarms, and covers; and
- Support and fund life jacket loaner programs at public swimming and boating sites.

Pool owners, water safety instructors, and community agencies are encouraged to consider the following:

- Emphasize or require active supervision of all children, at all times, when they are in or around water;
- Increase awareness that children with medically complex diagnoses (i.e., autism or seizure disorders) may be at higher risk of drowning; and
- Promote drowning prevention materials from sources such as poolsafety.gov or safekids.org and increase public awareness of drowning risks and prevention strategies.

Pediatricians and other health and social service professionals serving families are encouraged to consider the following:

- Instruct parents and caregivers to maintain constant supervision of infants while they are in bathtubs and limit toddlers' access to all water sources, including bathtubs, fountains, buckets, and storm drains; and
- Assess elopement or wandering risk for children with autism and developmental disabilities and provide education and resource information to parents.

All providers serving children with special health care needs are encouraged to consider the following:

- Early intervention specialists, case managers, respite and attendant care service providers, pediatricians, and allied health providers, such as physical and occupational therapists, should ensure children have appropriately supportive bath equipment. Providers and public health agencies may need to make referrals for seating assessments, write prescriptions, or provide letters of medical necessity for payor authorizations for supportive bath equipment.
- Providers should familiarize themselves with and refer families to community organizations that offer swimming lessons, specifically for children and youth with special health care needs, such as [JoJo's Hope](#).²³

²³ (JoJo's Hope, 2025)

- Search for certified trainers trained to help children with autism, sensory and motor coordination, anxiety, trauma, or simple discomfort in the water.
 - [Swim Angelfish](#)²⁴ is a leader in adaptive swim instruction that provides a certified training program for swim instructors to teach adaptive swim lessons.
- The following resources offer water safety tips for families of children with special needs:
 - chop.edu/resources/water-safety-your-special-needs-child²⁵
 - safekids.org/video/water-safety-families-children-special-needs²⁶

²⁴ (Swim Angelfish, 2025)

²⁵ (Children's Hospital of Philadelphia, 2025)

²⁶ (Safe Kids, 2025)

Suicide Deaths

Suicides are the fifth leading cause of injury-related child death. Nearly half of these suicides were due to firearms.

Key Findings from the Louisiana Child Death Review

- Suicide is the third leading cause of death in the 10 to 14-year-old age group.
- The top risk factors for suicide in the 10 to 14-year-old age group include access to lethal means of self-harm, such as firearms, and a history of trauma or adverse childhood experiences.
 - Adverse childhood experiences include all types of abuse, neglect, and other potentially traumatic experiences that happen to people under the age of 18.

Recommendations

Policymakers are encouraged to:

- Support diverse and sustainable funding for the full continuum of crisis response, including but not limited to lifeline call centers (someone to call), mobile crisis response services (someone to respond), and crisis respite and stabilization centers (somewhere to go); and
- Continue to support federal funding for evidence-based suicide prevention training, such as [Living Works ASIST](#),²⁷ [Living Works SafeTALK](#),²⁸ or [Question Persuade Refer](#),²⁹ for youth and youth-serving agencies.

Pediatricians and other health care providers and counselors should:

- Regularly talk to parents about securely storing all firearms in homes of children and their relatives. Secure storage includes locking up firearms and storing firearms and ammunition separately. Free resources can be found at [BeSMART](#).
- Use evidence-based suicide risk screening tools for pediatric patients ages 12 and up, following [American Academy of Pediatrics guidelines](#).³⁰
- Use valid, reliable screening tools (e.g. [ASQ Suicide Risk Screening Tool](#)³¹ or the [Beck Scale for Suicide Ideation](#)³²) to assess children for suicide risk.

Health care systems are encouraged to:

- Increase the availability of behavioral health providers in medically underserved and provider shortage areas, as well as expand telehealth options for mental health and substance use treatment.

School systems are encouraged to:

- Increase suicide prevention activities, including staff and student education, by adopting the [Louisiana Department of Education recommendations and policies for suicide prevention](#).³³

²⁷ (Living Works ASIST, 2025)

²⁸ (LivingWorks, 2025)

²⁹ (QPR Institute, 2025)

³⁰ (American Academy of Pediatrics, 2023)

³¹ (National Institute of Mental Health, 2025)

³² (Pearson Assessments, 2025)

³³ (Louisiana Department of Education, 2025)

The Louisiana Department of Health and other state agencies should:

- Encourage and support education and training on how to integrate strengths-based, trauma-informed approaches into clinical, community, and school settings. For more information and sector-specific resources, visit [Whole Health Louisiana](#)³⁴ and [Louisiana Childhood Adversity Resilience Education Network](#).³⁵

All providers serving children with special health care needs are encouraged to consider the following:

- Care coordination efforts and policies should include screening for emotional, behavioral, and mental health conditions for the child, parents, siblings, caregivers, and subsequent referrals to services for the whole family. Early access to behavioral health supports for parents of children with special health care needs, the children themselves, and their siblings protects against depression, anxiety, and toxic stress.³⁶
- The Department of Education and local school boards are encouraged to collaborate with community and national partners to implement anti-bullying and inclusion campaigns in schools.³⁷ Students with disabilities are more likely to be bullied by their peers and are more likely to experience social isolation.³⁸
- Home visiting, parent education, and family support programs should be expanded and enhanced to meet the needs of families of children and youth with special health care needs. While these parents can benefit from the traditional coaching on parenting, life skills, and family health, they could also use additional systems navigation skills and stress management and coping techniques³⁹ to help learn what is needed to care for a child with special health care needs.
- Promote the [988 Suicide and Crisis Lifeline](#),⁴⁰ a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week, supports include specific resources for individuals with neurodivergence, youth, individuals who are deaf or hard of hearing, and maternal mental health, among many others.

³⁴ (Whole Health Louisiana, 2025)

³⁵ (Louisiana Childhood Adversity Resilience Education Network, 2025)

³⁶ (Mattson & Kuo, 2019)

³⁷ (United States Department of Education, 2014)

³⁸ (PACER's National Bullying Prevention Center, 2016)

³⁹ (Mattson & Kuo, 2019)

⁴⁰ (988 Lifeline, 2025)

General Injury-Prevention Recommendations

1. Increase funding for and accessibility to high-quality, affordable child care centers. A lack of affordable child care options with nontraditional hours creates barriers that can lead to children being at risk for injury and/or death when suitable, age-appropriate caregivers are not available or present.
 - Policymakers: Federal, state, and local governments should develop a range of policies that support equitable and affordable child care options.
 - Employers and Businesses: Establish family-friendly policies and provide paid parental leave for a minimum of 12 weeks or more for all working parents.
2. Encourage health plans to reimburse and offer incentives for child injury prevention devices and services. Reducing financial burdens and providing incentives for families in need of devices, such as child safety seats or portable cribs, can help increase the use of these life-saving devices.
 - Policymakers: Promote legislation to include essential injury prevention devices and services in Medicaid coverage, such as swimming lessons, child safety seats, GPS location tracking devices for elopement (running away) response, and safe sleep environments (i.e., portable crib or pack-n-plays).
 - Insurance Payors and Health Plans: Use discounts or gift cards for the purchase of child safety devices. For example, some health plans offer members a 15% discount on their purchase of safety equipment with a special member discount code for safety websites. Coverage should include GPS location tracking devices for elopement response in children with autism and developmental disabilities.⁴¹
3. Increase access to and utilization of home visiting programs. Home visiting programs can help pregnant women and parents of young children improve health and well-being for themselves and their families, as well as decrease the risk of child injuries and neglect. Increased enrollment and engagement with home visiting programs would allow for more adequate assessments and targeted education on injury prevention topics such as safe sleep, water safety, child car seat safety, etc.
 - Hospital Systems and Birthing Centers:
 - Implement streamlined postpartum discharge processes for all families that include referrals to home visiting programs for qualifying families. To ensure continuity of care, these referrals should be documented in an integrated electronic medical record checklist.
 - Encourage enrollment in home visiting programs in early pregnancy when possible. This would allow sufficient time for families to engage with target education and benefit from available support services.
 - Insurance Payors and Health Plans: Provide universal home visiting to all pregnant women and families, regardless of insurance payor. Home visiting resources should focus on perinatal and infant/child health and safety education for first-time and multiple-child parents.

⁴¹ (National Institute for Health Care Management (NIHCM) Foundation, n.d.)

4. Implement screenings for social determinants of health and mental health, as well as safety screenings for caregivers and children before and during well-child or primary care visits. Consistent screenings at routine health care visits can ensure that both children and their caregivers receive the support they need to maintain optimal health and address any issues before they become more serious.
 - Health Care Systems: Support pediatric providers in joining the Louisiana Perinatal Quality Collaborative’s Caregiver Perinatal Depression Screening Initiative to improve screening and referrals for perinatal depression in pediatric practices. Participation in the collaborative includes support with expert coaching and quality improvement tools.
 - Health Care Systems and Health Care Providers: Implement procedures to screen families for social determinants of health to identify barriers to care—like transportation—when scheduling pediatric appointments, especially for children who often miss visits. To help more children attend their well-child visits, health care systems and providers should offer different ways to participate, such as telehealth, home visits, or support from community health workers.
 - Pediatricians and Health Care Providers: Assess elopement (running away) or wandering risk for children with autism and developmental disabilities. Provide education and resource information to parents. “Nearly half of children with autism spectrum disorder attempt to wander or bolt from a safe, supervised place. More than half of these wandering children go missing—often into dangerous situations.”⁴² This can lead to drowning, traffic-related accidents, and other tragedies.
5. Assess and provide additional resources and supports for infants and children with special health care needs. Evidence shows that infants and children with special health care needs can be at higher risk of injury-related death and often require additional supports and resources.^{43 44 45}
 - Specialized Equipment
 - When families need special medical or safety devices:
 - Pediatricians should provide prescriptions, referrals, and letters of medical necessity to durable medical equipment companies.
 - Allied health professionals should provide operating and safety education to families who need to use the equipment.
 - Respective vendors should provide regular maintenance and safety inspections of medical or safety equipment and maintain documentation of these activities.
 - Case managers should routinely inquire about equipment issues or needs and facilitate appropriate referrals.

⁴² (Anderson , et al., 2012)

⁴³ (Lee, Harrington, Chang, & Connors, 2008)

⁴⁴ (Hoffman, 2024)

⁴⁵ (Legano, Desch, Messner, Idzerda, & Flaherty, 2021)

- Insurance companies should expedite authorizations for specialized medical equipment, such as:
 - Oxygen concentrators;
 - Ventilators;
 - Bi-level Positive Airway Pressure (BiPAP) machines;
 - Suction machines;
 - Hospital beds;
 - Wheelchairs;
 - Standers and standing aids;
 - Enteral feeding pumps;
 - Generators for a backup power source (may be provided through insurance or community organizations); and
 - GPS locating devices for elopement response.
- Elopement Prevention and Response

“Nearly half of children with autism spectrum disorder (ASD) attempt to wander or bolt from a safe, supervised place. More than half of these wandering children go missing – often into dangerous situations.” This can lead to drowning, traffic-related accidents, and other tragedies.⁴⁶

 - Pediatricians, case managers, educators, and direct service providers should assess elopement (running away) or wandering risk for children with autism and developmental disabilities and provide education and resource information to parents.
 - Medicaid and private insurance providers should provide coverage of GPS location tracking devices for elopement response for children with autism and developmental disabilities.
 - Resources for elopement prevention and response plans are available for families through [Autism Speaks](#),⁴⁷ for pediatricians through the [American Academy of Pediatrics](#),⁴⁸ and for educators through [The Autism Project](#)⁴⁹ and [Teachers Pay Teachers](#).⁵⁰
 - [Autism Safety Kit](#)⁵¹ includes free tools to develop a comprehensive safety plan.
 - Basic elopement prevention tips include:
 - Secure the home or school environment;
 - Use a GPS location tracking device;
 - Use an ID bracelet;
 - Alert neighbors and first responders; and
 - Enroll the child in adaptive swimming lessons.

⁴⁶ (Anderson , et al., 2012)

⁴⁷ (Autism Speaks, 2025)

⁴⁸ (American Academy of Pediatrics, 2021)

⁴⁹ (The Autism Project, 2025)

⁵⁰ (Teachers Pay Teachers, 2025)

⁵¹ (Autism Speaks, 2025)

- Fire Safety
 - For families who receive in-home early intervention services, case management, attendant or respite care services, allied health services, such as physical or occupational therapy, or home health services, providers should:
 - Regularly document fire safety education and fire drill demonstrations;
 - Perform and document environmental scans, noting and addressing any risks or hazards, such as blocked exits, open-flame candles and space heaters, and a lack of working smoke detectors and fire extinguishers; and
 - Verify the presence of working smoke detectors, fire extinguishers, and window stickers identifying the location of the child’s bedroom for firefighters. If any of these items are missing in the home, refer families to community organizations that provide smoke detectors, replacement batteries, fire extinguishers, and identifying window stickers.³⁰
 - Families with children who are deaf or hard of hearing should use smoke detectors that use visual alarm indicators, such as flashing lights, especially in the room where the child sleeps. They can contact a [Louisiana Commission for the Deaf \(LCD\) Regional Service Center](#)⁵² for assistance. Contact information for LCD can be found at ldh.la.gov/LCD.
6. Implement routine toxicology screening for child fatalities and children in the emergency room. Timely toxicology testing upon arrival is crucial for appropriate diagnosis and treatment for children who present unresponsive in the emergency room. If positive findings are noted, the toxicology results could then be used to aid in the incident and scene investigation.
- Health care systems: Create and implement a protocol for routine toxicology screening for all unresponsive children who present to the emergency room, including testing for illicit substances like fentanyl.
 - Policymakers: Create legislation to grant standing warrants for toxicology testing of caregivers and supervisors in cases of unexpected child fatalities. Timely performance of toxicology testing allows for the preservation of evidence for case investigation.
 - Law Enforcement and Coroners: Establish a detailed interagency protocol for law enforcement and coroners to ensure thorough investigations of unexpected child deaths. Develop a standardized interagency notification network for child fatalities, particularly when foul play is suspected.

⁵² (Louisiana Commission for the Deaf, 2025)

7. Implement first responder protocol for responding to and reporting child fatality cases. Leverage the existing Department of Children and Family Services reporting system to provide additional support and training to law enforcement and coroners, promoting a more streamlined and consistent approach to responding to and reporting child fatality cases.
 - Law Enforcement and Coroners: Train first responders and scene investigators with clear protocols on how to report fatality cases to the Department of Children and Family Services, including follow-through to ensure cases are reported to the intake center. Do not close cases until autopsies are complete.
8. Establish comprehensive bereavement resources and services to Louisiana families. The grief and trauma of losing a child can have profound effects on parents and family members, impacting their mental and physical health in significant ways.
 - Direct Service Providers (clinical and non-clinical): Bereavement resources and services that are trauma-informed and culturally sensitive should be available and accessible through hospitals, emergency medical services, coroner’s offices, and funeral homes.
 - Pediatricians: [Follow the American Academy of Pediatricians recommendations](#)⁵³ for suggestions and resources that pediatricians can use to support family members following the death of a child or adolescent.
 - Policymakers and Insurance Payors: Increase support and utilization of bereavement and counseling services for caregivers and siblings that are covered by Medicaid and private insurance.
9. Provide education and training for first responders on the Child Death Review legislation, specifically their responsibility to provide timely records related to unexpected child fatalities. The Child Death Review Panel identified delays in receiving law enforcement records, especially in homicide cases that can take years to resolve, as a major barrier to timely case reviews. Improved understanding of record-sharing obligations is essential to support the review process.
 - Law Enforcement and Coroners: Provide the Louisiana Child Death Review Panel with records related to unexpected child fatality cases when official records requests are from LDH. These records requests differ from public records requests.

⁵³ (Weaver, Nasir, Lord, Starin, & Linebarger, 2023)

Conclusion

In July 2025, the Louisiana Child Death Review Panel reviewed all of their recommendations to identify priorities to advance as a state panel. They selected four priority recommendations in July and added a fourth in September. The priority recommendations are:

1. Provide education and training for first responders on the Child Death Review legislation, specifically the responsibility to provide timely records related to unexpected child fatalities;
2. Increase access to and utilization of home visiting programs;
3. Implement routine toxicology screening protocols for child fatalities and for children presenting unresponsive to emergency departments to improve data quality and support prevention strategies; and
4. Increase funding for and accessibility to high-quality, affordable child care centers.

The panel members are forming workgroups for each of the four recommendations and identifying actions to accelerate progress on each of the four areas over the next two years.

The progress on the implementation of these recommendations will be included in future legislative reports.

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