

Section on Child Death Review & Prevention

Fall 2025

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Thoughts from the Editor

Howard Needelman, MD, FAAP

While we continue to report on the tragedy of child deaths and to investigate the various causes, a problem that plagues me is that we often have great difficulty in suggesting interventions. I believe there are multiple issues involved.

When I look back at the numerous CDR&P conversations I've been involved in over the years, the general "recommendations" have changed little over the years. I think of preventing prematurity, improving prenatal care, some variation of stressing the importance of safe sleep, smoke alarms in all homes and apartments. These are only a few that immediately come to mind. What I find encouraging is that there seems to be a change in terms—these previous "recommendations" are now being called by some "observations." And that then leads to a more focused discussion of steps that can be outlined to address the findings, and a more realistic exploration of how any intervention can be done and who should be the champion that leads it. We need to make certain that any of our recommendations from our observations are realistic and lend guidance as to how they might be accomplished.

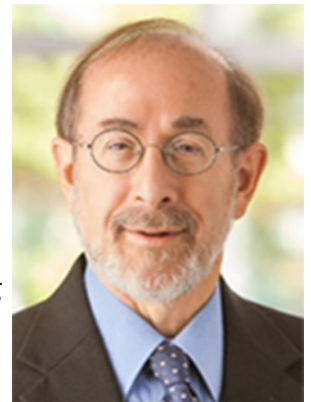
We also need to be certain that while we are members of an AAP Section, we must engage community stakeholders in our discussions. If they are not at the table from the beginning, we cannot realistically expect a successful outcome for many of our recommendations.

And of course there is money. As I think about some of the recommendations I've made, I wonder what sugar daddy I've had in mind to accomplish them.

I like Dr Palusci's comments at the end of his piece in this newsletter—"Child death review stands out as an evidence-based response, but an important first step is a quality investigation." Good recommendations can only come from good facts. The unexpected child death must have a thorough investigation if we are to use it to create something valid. Please read Dr Palusci's piece highlighting the importance of a comprehensive investigation.

Please contact [Dr Kazmir](#), [Bonnie Koziel](#), or [me](#) with any questions.

Howard Needelman, MD, FAAP



Howard Needelman MD, FAAP
Editor, Section on Child Death
Review and Prevention

Quality Investigations After Serious Trauma and Fatality in Babies and Toddlers

Vincent J. Palusci, MD, MS, FAAP, FAPSAC

The number of identified fatal child maltreatment cases in the US has been steadily increasing. Estimates rose from 1,670 (2.25 per 100,000) in 2015 to 2,000 (2.73 per 100,000) in 2023.¹ Almost half (44%) of victims were under the age of 1 year (24.11/100,000) and most (72.2%) were under the age of 4. While the highest risk is before 6 months of age, the highest risk for homicide on a single day is on the day of birth (74.0 per 100,000 person-years); this is at least 5.4 times higher than the daily rate at any other time period.

Young child age, male gender, non-White race, special needs and disability, and behavioral issues are risk factors associated with fatality.² Most perpetrators are caregivers of their victims, and official statistics show that women are more often the perpetrators of infant abuse and neglect-related deaths. Parental mental illness, substance use, access to firearms, prior intimate partner violence, other violence in the home, and criminal history increase risk. Any parent or caretaker of any socio-economic background may be capable of harming or killing a child, but economic hardship often leads to parental stress, frustration, and an inability to provide basic needs.

Child homicides occur in a predictable and non-random manner, but the characteristics and dynamics of these homicides are diverse. The best way to elucidate the circumstances in which the child's death occurred is to first ensure a consistent and comprehensive investigation with coordination and interagency collaboration.³ Ensuring a comprehensive death investigation is central to determining the diagnosis and cause of death and also serves to limit any adverse effects on surviving siblings in the home. These investigations require the synthesis of exhaustive law enforcement and medical investigations and require a timely and complete autopsy, scene investigation, toxicologic testing and a thorough review of the clinical medical history prior to death.

Even more complex are cases of Abusive Head Trauma (AHT). While most children survive, AHT is the most common cause of death due to child abuse among infants and young children.⁴ During 1999–2014, 90% of 2,247 CM deaths were from AHT, ranging from a high of 97% in 2001 to 81% in 2013. Fatal AHT

rates ranged from 0.88 in 2009 to 0.43 per 100,000 children in 2014, and a number of risk factors were identified. A recent technical report from the American Academy of Pediatrics⁵ highlights the medical complexities of abusive head trauma that need to be taken into account during investigation. Pre-verbal babies and toddlers are more vulnerable to serious/fatal inflicted injury for a variety of physiological, developmental and social reasons than children who can talk and walk. These complexities present significant challenges.

There are several difficulties for law enforcement and child welfare agencies. Few resources may be devoted to investigating and prosecuting child maltreatment fatalities, and law enforcement professionals and prosecutors need advanced training on the complex medical and legal issues that often accompany these fatality investigations, particularly those involving babies and toddlers. Criminal investigations, prosecution actions and outcomes, and sentencing vary tremendously, even from case to case or across jurisdictions, often because of lack of specially trained law enforcement. To address the complexities in these cases, specialized investigation teams for deaths in children younger than 4 years should be the gold standard.

The 2025 New York City Babies and Toddlers Trauma Investigations Conference⁶ will be an important source of information to improve investigations and will highlight the new AAP report.⁶ Held Wednesday November 5, 2025 through Friday November 7, 2025 at the Office of Chief Medical Examiner in New York City, this year's conference will begin with a half day preconference with speakers involved with AAP report. The conference will continue all day Thursday and Friday morning with speakers from around the country who will discuss medical diagnoses and legal issues involved in serious injuries and deaths of babies and toddlers. All professionals involved in this multi-disciplinary field—doctors, lawyers, law enforcement, and children's services workers—are welcome to attend. The conference will highlight new information and best practices for all those involved in investigating and responding to injuries and fatalities in this vulnerable group.

(Continued on page 3)

Quality Investigations After Serious Trauma and Fatality in Babies and Toddlers (Cont.)

Vincent J. Palusci, MD, MS, FAAP, FAPSAC

(Continued from page 2)

Child maltreatment fatalities are a complex, multifactorial problem that requires a multi-pronged approach to prevention.² But while they often attract the attention of the public and popular press, tragic and preventable deaths of children from maltreatment continue unabated, undercounted, and under investigated. Child death review⁷ stands out as an evidence-based response, but an important first step is a quality investigation. There is unlikely to be a single intervention that can prevent all child homicide, and we all have a role to play, beginning with continued investment in quality investigations with cross-sector collaboration, evidence-based prevention programs, and societal commitment to supporting families.

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Bio

Vincent J. Palusci, MD, MS, FAAP, FAPSAC is Professor of Pediatrics and Forensic Medicine at NYU Grossman School of Medicine in New York City. He is a former Executive Committee Member of the Section on Child Death Review and Prevention and the Council on Child Abuse and Neglect.

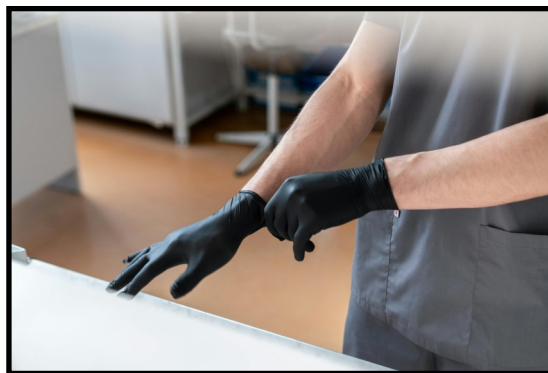


Photo by [Ivan Samkov](#)

AAP Washington Advocacy Team Update

Nathaniel Lim, JD

Government Shutdown Update:

State of play: The government remains partially shut down as lawmakers continue to negotiate terms for funding the federal government. Democrats have continued to push for the reversal of H.R. 1's Medicaid cuts, the extension of enhanced premium tax credits for people covered through the Affordable Care Act, and guardrails to ensure appropriated funds are spent by the Administration in the way intended by Congress. Republican congressional leaders are still seeking to pass a continuing resolution, which would maintain current government funding levels through November 21.

The ongoing shutdown also takes place as the November 1 open enrollment period approaches for individuals covered through the Affordable Care Act, which could become a political pressure point for congressional negotiations as premiums are set to rise significantly without extension of the tax credits.

Impacts on child health programs: The AAP is closely monitoring the shutdown's impacts on child health programs. The Trump Administration recently began implementing cuts across federal agencies using reduction in force (RIF) orders, including those that oversee key child health programs. RIFs, which are permanent terminations of government jobs, differ from furloughs, which are temporary layoffs more commonly seen during government shutdowns. On Wednesday, October 15, a federal judge issued a ruling that temporarily pauses many of the most recent RIFs. The AAP will continue tracking this litigation and is engaged with congressional offices to explain long-term impacts of these cuts.

AAP's latest advocacy: The AAP continues to advocate for prioritizing funding for child health programs regardless of the status of government funding. If you are experiencing direct impacts in your community from the government shutdown, please email patientstories@aap.org and share what you are experiencing. Please be sure to deidentify any stories shared. AAP advocacy staff will use these to inform strategy and to share with congressional offices and with the media to help paint a picture of how the shutdown is impacting communities.

Injury Prevention:

In May, President Trump [fired](#) the three Democratic commissioners on the Consumer Product Safety Commission (CPSC). These firings followed disagreements between the commissioners and the Trump Administration. In July, the Supreme Court allowed the Trump Administration to remove the commissioners while the case challenging the legality of the firings is pending. In August, the AAP joined other leading consumer product safety organizations in an [amicus brief](#) in *Boyle v. Trump*, urging the US Court of Appeals for the Fourth Circuit to protect the CPSC's independence in order to protect children and families from dangerous products.

In August, the CPSC held its annual priorities hearing; however, the CPSC broke from longstanding agency norms and did not permit oral testimony this year. Ahead of this hearing, the AAP joined a [letter](#) with other consumer product safety organizations calling on the CPSC to allow for oral presentations and submitted written [testimony](#) regarding the AAP's product safety priorities.

The administration's budget proposal also called for the elimination of the CPSC and for CPSC's authorities to be moved to a sub-agency under HHS. The AAP joined a [letter](#) opposing this effort and will continue to call on Congress to fully fund and support the CPSC.

Gun Violence Prevention:

The AAP continues its work leading the medical, public health, and research community's advocacy for federally funded research to prevent firearm violence through the Gun Violence Prevention Research Roundtable coalition. The AAP continues to lead over 410 medical, public health, and research organizations in calling on Congress to support continued funding of \$25 million for firearm violence prevention research, split evenly between the CDC and the NIH. The AAP is continuing its efforts to make clear the importance of at least maintaining current funding for FY 2026, including holding a June fly-in of firearm violence researchers in strategic states and Congressional districts, to educate Members of

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AAP Washington Advocacy Team Update (Cont.)

Nathaniel Lim, JD

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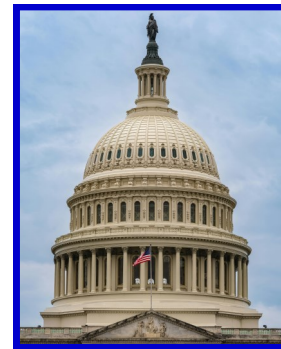
Congress about the impact of these investments, as well as mobilizing members through grassroots engagement. To grow the number of spokespeople on this issue, the AAP is leading a Media and Advocacy ECHO training focused on gun violence prevention research. In August, the chair of the AAP Council on Injury, Violence, and Poison Prevention participated in a virtual media tour and interviewed with more than 20 television and radio stations across the country focused on the importance of gun violence prevention research, which reached an estimated 40 million people. During September, the AAP also ran an ad in POLITICO, aimed at a policymaker audience, highlighting the message that firearm violence prevention research saves lives.

The AAP also remains engaged in a strategy to elevate pediatrician stories about gun violence to drive policy change, including new funding opportunities for pediatrician videos on social

media to elevate this issue. The AAP's Firearm Injury Prevention Special Interest Group (SIG) also continues to hold events throughout the year to engage our members in firearm violence prevention efforts.

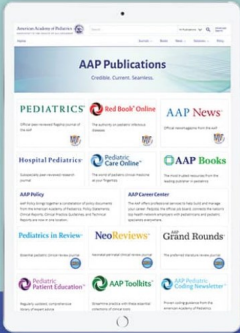
Advocacy Report:

For more on these and other advocacy wins, please visit this [link](#).



Pexels: [photo by Trev W. Adams](#)





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Fall Home Safety “Check-Up”: A Seasonal Reset for Families

Sundes Kazmir, MD, FAAP

As the days grow shorter and families spend more time indoors, autumn offers a natural opportunity for pediatricians to revisit home safety. Encourage families to treat the fall season like a “home safety check-up”—a quick but high-impact review of common household hazards that can prevent injuries before winter sets in. Tying this to the fall “daylight savings clock change*” can make it easy for families to remember: **“When you change the clocks, check your safety.”**



Check smoke and carbon monoxide detectors.

Remind families to test alarms monthly, replace batteries twice a year, and confirm that there’s a working smoke detector on every floor and outside each sleeping area. Carbon monoxide poisoning peaks during heating season, so this is the perfect time to check or install CO detectors near bedrooms.



Re-secure furniture and TVs.

Furniture and television tip-overs remain a leading cause of injury for toddlers. Encourage parents to anchor dressers, bookshelves, and flat-screen TVs to the wall, and to store heavier items in lower drawers. A few inexpensive brackets can prevent devastating injuries.



Inspect window guards and stair gates.

Windows may stay closed more often in colder months, but falls can still occur when families open them for ventilation. Check that window guards are properly installed and stair gates are mounted with hardware—not pressure mounts—at both the top and bottom of stairs.




Review medication and cleaning product storage.

With flu season ahead, families often stock up on medicines and cleaning supplies. Remind caregivers to store all potentially toxic products in locked or latched cabinets, out of sight and reach of children, and to safely dispose of expired medications.



Reassess car seat fit and outerwear.

Bulkier fall and winter clothing can affect car seat safety. Advise parents to remove puffy coats before buckling and to use thin, warm layers or a blanket placed over the harness instead.

 Encouraging families to take a few minutes for this fall home safety check-up can make a measurable difference in injury prevention—and gives pediatricians a simple, seasonal talking point for well visits.

Safe Kids Worldwide – 2025 Awards

We are very pleased to share that several of our colleagues were presented with Safe Kids Awards from Safe Kids Worldwide for their outstanding commitment to child injury prevention. These individuals and organizations were honored at the recent Safe Kids Childhood Injury Prevention Convention (PrevCon), a three-day gathering of more than 600 safety professionals working to enhance the safety of America's children.

"There is nothing more important to a parent than the safety of their children and we're proud to honor an amazing group of leaders, whose contributions in the field of child injury prevention are truly extraordinary," said Torine Creppy, president of Safe Kids Worldwide. "Safe Kids is inspired by their passion and we are eager to continue to engage, partner, and support their efforts."

Safe Kids presented the following awards:

C. Everett Koop Medal of Distinction:



Joseph L. Wright, MD, MPH, FAAP (AAP Chief Health Equity Officer/Senior Vice President, Equity Initiatives), was awarded the C. Everett Koop Medal of Distinction for his outstanding work on children's health advocacy and injury prevention. The C. Everett Koop Award is named for the former US surgeon general and founding chairman of Safe Kids Worldwide, who was a pioneer in the field of child safety. *"For almost four decades, Dr. Wright has been one of the most influential voices for promoting advocacy, access, and research in the pediatric and injury prevention communities,"* said Michelle Riley-Brown, president and chief executive officer of Children's National Hospital, who presented the medal to Dr. Wright. *"Dr. Wright is the embodiment of Dr. Koop's legacy of fighting for all children in all communities and truly making a difference."*

Torine Creppy, president of Safe Kids Worldwide, said: *"We are honored to work with such a visionary leader and are humbled to recognize him for his dedication, intelligence, vision, and his passion on behalf of children everywhere."*

Dr. Martin R. Eichelberger Community Organization Award:



Community Partnership Approaches for Safe Sleep (CPASS Chicago) was honored with the Dr. Martin R. Eichelberger Community Organization Award. Named in honor of Dr. Martin Eichelberger, the co-founder and former Children's National Trauma Surgeon, this award recognizes an exceptional lead agency or community organization for its unwavering commitment and dedication to the cause of child injury prevention. Gina Lowell MD, MPH, FAAP, who leads the Sudden Unexpected Infant Death Case Registry for Cook County accepted the award on behalf of CPASS. In 2022, the Cook County SUID Case Registry team established Community Partnership Approaches for Safe Sleep — Chicago, or CPASS Chicago, as its prevention arm. Housed at Rush University Children's Hospital, CPASS Chicago connects with families in their communities and starts conversations about sleep-related infant death and safe sleep with parents and those who support them.

"CPASS Chicago is working tirelessly to address prevention efforts through community-based partnerships and leveraging their SUID surveillance data to drive outreach to communities most impacted," said Torine Creppy, president of Safe Kids Worldwide. *"They are leading the way when it comes to safe sleep and we're thrilled to recognize their contributions with our Dr. Martin R. Eichelberger Community Organization Award."*

(Continued on page 8)

Safe Kids Worldwide – 2025 Awards (Cont.)

(Continued from page 7)

Martha Collar Partnership Award:



Eastern Carolina Injury Prevention Program at ECU Health Medical Center

Jessica Ritter, American Trauma Society, Pennsylvania Division

Abby Collier, National Center for Fatality Review and Prevention (NCFRP)

Abby Collier, Director of the National Center for Fatality Review and Prevention, was honored with the Martha Collar Partnership Award. Named for the beloved Oklahoma Safe Kids State Coordinator, Martha Collar, who was known for her ability to bring people together, this award recognizes an inspirational individual or organization who exhibits outstanding leadership and a commitment to collaboration and partnerships. Dr Collier provides essential support, coaching, and training to fatality review teams across the nation. Her expertise spans best practices in fatality review, creating and maintaining healthy fatality review teams, fostering partnerships, and individual and team well-being. Her academic research explores the intersection of individual well-being and organizational structure and culture.

“Abby Collier is thoughtful, inclusive, determined, and completely dedicated to bringing people together,” said Torine Creppy, president of Safe Kids Worldwide. “We’re thrilled to recognize Abby, who is so completely respected for her tireless work to make meaningful change in communities across the country.”



NCE 2025 Abstract (O2066) - Asthma Deaths in the SUID and SDY Case Registry

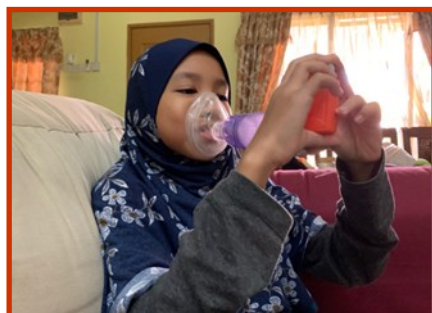
Heather MacLeod, MS, CGC; Erik Buczkowski, MPH; Meghan Faulkner, MA; Krisha Felzke, MPH; Aaron Chidekel, MD; Jennifer Kahoud, MD, MBA, FACEP; Roy Hoffman, MD, MPH; Kristin M. Burns, MD

Background: Asthma accounts for up to 790,000 Emergency Department visits per year and affects up to 6 percent of all children. Most asthma deaths are preventable but it still accounts for a portion of pediatric deaths. Understanding how and why infants, children, and young adults die suddenly and unexpectedly is the goal of the Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry. Since 2015, the Registry has compiled information about young people (0-20 years) who die suddenly and unexpectedly. Understanding patterns and demographics of pediatric asthma deaths captured in the Registry may lead to novel prevention strategies.

Methods: Data were derived from the Registry which is a population-based surveillance system that compiles information from autopsies and death investigations including information about the circumstances at death and the medical history of the child. Registry cases are categorized using a standardized algorithm. We examined cases categorized as Explained Other per the Registry Algorithm that were either categorized with a cause of asthma or from cases where causes of death from death certificates included the following: Asthma, Influenza, Pneumonia, Other Infection, Other perinatal, Other medical cause, COVID-19, Undetermined if medical or external injury, Not Answered/Unknown. All cases with a diagnosis of asthma and/or death related to asthma were included. We included reactive airway disease if treated with albuterol and the child was over 1 year of age.

Results: Of 5600 Registry cases assessed, 686 were categorized as Explained Other, and of those 98 met our case definition of an asthma deaths. Deaths occurred more frequently in children who are Black (70.4%). Deaths were evenly distributed over age ranges (0 to 4, 5 to 9, 10-14, and 15-20) and occurred slightly more often in males (53.1%) than females (46.9%). Fifty-eight-point two percent of children were indicated to be up to date with vaccinations (40% missing/unknown). Forty eight percent were indicated to be compliant with prescribed medications (38.7% missing/unknown). 11.2% were born prematurely. Most deaths occurred at the child's home and were witnessed (75.5%) and most often by a parent (67.3%). At the time of incident 23% were noted to have been sleeping. 22.4% of families reported experiencing a barrier to implementing the asthma care plan for the child. Eighteen percent described a barrier to accessing prescribed asthma medication.

Conclusion: Sudden, unexpected pediatric asthma deaths persist in the US. As in previous studies of asthma death, Black children and males died most often. Families experiencing an asthma-related death report barriers to accessing and implementing care for their children including accessing medications. Further prevention of asthma deaths requires the design and implementation of strategies targeting at-risk populations and aimed at addressing educational and care implementation needs and eliminating barriers to accessing care.



NCE 2025 Abstract (O2067) - Emerging Trend of Sodium Nitrite and Nitrate Self-Poisoning: Fatality Review Challenges and Public Health Implications

Francis T. Pleban, PhD; Abigael Collier, DrPH

Background: Sodium nitrite (NaNO_2) and sodium nitrate (NaNO_3) ingestion is an emerging method of suicide, especially among young individuals. Both substances cause methemoglobinemia (MetHb), leading to severe hypoxia and death. The rising number of deaths linked to sodium nitrite/nitrate self-poisoning, particularly among adolescents, has raised concern [1]. A study using data from the National Violent Death Reporting System (2018–2020) identified 260 suicides across 37 states and one territory due to sodium nitrite/nitrate ingestion. Victims were typically white males with a history of depression and suicidal ideation [1]. However, forensic investigations remain inconsistent, and current surveillance methods may underreport such incidents [2, 3].

Methods: Data from the Pediatric National Fatality Review-Case Reporting System (NFR-CRS) was analyzed for pediatric suicides between 2018 and 2023. Two groups were examined: one consisting of 34 children aged 14–21 who died by sodium nitrate (SN) poisoning or another salt-based chemical, and a comparison group of 4,544 children who died by suicide without mention of sodium nitrate.

Results: The mean age was similar for both groups (16.7 years for SN, 16.0 years for non-SN). In the SN group, 38% were aged 14–16, compared to 64% in the non-SN group. White

children made up 62% of the SN group and 73% of the non-SN group, with the next highest proportion being Asian (24%) in the SN group and Black (12%) in the non-SN group. Males represented 71% of the SN group and 73% of the non-SN group. Children who died by SN poisoning were more likely to have seen a healthcare provider within a month before death (13% SN vs. 8% non-SN), had a mental health emergency department visit in the year prior (13% SN vs. 9% non-SN), and had been hospitalized for mental health issues (20% SN vs. 9% non-SN). However, children who died by SN suicide were less likely to have received mental health services (21% SN vs. 26% non-SN), had a history of substance use (6% SN vs. 22% non-SN), or experienced maltreatment (6% SN vs. 21% non-SN).

Conclusion: Addressing sodium nitrite/self-poisoning should be part of a broader public health approach to suicide prevention. Collaborations with healthcare providers, emergency responders, and crisis response teams can help spread awareness. Further studies are needed to evaluate the impact of safety interventions on the incidence of sodium nitrite self-poisoning.



Photo by [Castorly Stock](#)

NCE 2025 Poster (P2.039) - Association Between Rurality and Race/Ethnicity and Pediatric Cancer Early Mortality: A Population-Based Cohort Study Using SEER Data from 2000 to 2021

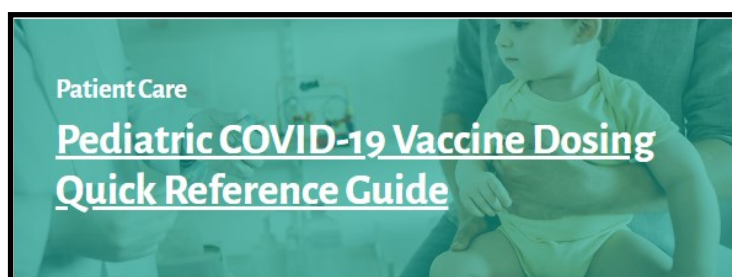
Presenting Author: Kiersten M. Preuss; **Co-Author(s):** Emma Hymel, MPH, Melissa Acquazzino, MD, Shinobu Watanabe-Galloway, PhD

Background: Pediatric cancer mortality rates have steadily declined since 2009, but over a thousand deaths still occur annually. While existing research highlights the effects of race/ethnicity and rurality on overall survival, few studies have specifically analyzed these factors in relation to early mortality, defined as death within 12 months of diagnosis.

Methods: This study utilized SEER Research Plus Limited-Field Data (2000-2021) to examine the association between race/ethnicity, rurality, and early mortality in pediatric cancer patients. A cohort of 138,648 individuals was analyzed using Cox proportional hazards regression models to calculate hazard ratios and 95% confidence intervals (CIs).

Results: The results demonstrated that both race/ethnicity and rurality were significantly associated with early mortality. Non-Hispanic Black patients were 70% (95% CI: 1.60-1.82) more likely to die within the first year of diagnosis compared to non-Hispanic Whites, and other racial/ethnic groups also saw significant associations. The adjusted hazard ratio for early mortality compared to urban counties greater than 1 million was significant ($p < 0.05$) for all degrees of rurality. Pediatric cancer patients in rural counties not adjacent to urban counties had the highest risk of early mortality, 27% (95% CI: 1.13-1.42), within 1 year of diagnosis. A subanalysis of adolescent patients also showed similar patterns.

Conclusion: These findings emphasize the need to address disparities in early mortality for pediatric cancer patients, particularly among racial/ethnic minorities and those in rural communities.



Recommended Child and Adolescent Immunization Schedule: United States, 2025

The American Academy of Pediatrics evidence-based immunization schedule includes updated guidance for children and adolescents from birth to age 18.

[View](#)

NCE 2025 Poster (P2.040) - Choking Death Prevalence

Presenting Author: Rachel Ruiz, MD, CLC;

Co-Author: Amariel Ralbovsky, MD MS,

Background: Historically, specific emphasis has been placed on prevention of choking throughout the process of solid food introduction in infancy, which has informed recommendations for food size, texture, and type introduced to reduce choking risk. In recent years, there has been a shift towards re-evaluating these guidelines, with efforts to diversify the approach to food introduction. In this article we present CDC mortality data to underscore the types (food vs non-food) of foreign objects most frequently fatally aspirated, and related patient demographics including age and sex, in an attempt to inform future strategies for effective prevention.

Methods: This study utilized data from the CDC WONDER Online Database spanning from 2018 to 2023. Choking-related deaths were stratified by age, type of foreign body aspirated, and sex. Mortality rates associated with aspirated food and non-food foreign bodies were compared across different age groups, ranging from less than 1 year to 100+ years. A focused analysis was conducted for the age range of 1-5 years, with further comparison by specific year of age within this group.

Results: We examined choking mortality rates for three main age groups, infancy (<1 year old), childhood (<1-5 years old), and total life span (<1-100+ years old). Within the first year of life, mortality from choking on objects was significantly higher than that from choking of food ($p < 0.05$). Infants

within the recommended period of food introduction (4 months-11 months) had significantly lower mortality rates from choking for both food and non-food objects compared to infants as a whole (birth-1 year). Choking related mortality for aspirated food peaks at 1 year of age and is significantly higher than for aspirated food during infancy or toddlerhood 2 years and beyond. Both food and object choking rates decline significantly from infancy through age 3, but stabilize between 3 and 5 years old. The highest rate of food or object related choking deaths occur from 85-89 years old. Food and object related choking deaths have a male predominance at all ages.

Conclusion: This study demonstrated several unexpected trends in choking mortality including a higher rate of infant mortality due to object-related choking compared to food-related choking during the first year of life. It isn't until after one year of age that choking on food becomes more common than choking on objects, which is often outside of the period of close monitoring that comes with solid food introduction. CDC data also indicates that choking remains a concern throughout life, increasing in incidence with age and peaking between 65 and 90 years of age. The analysis consistently identified a male predominance in choking-related mortality for both food and non-food objects.

Click [here](#) to view this poster.



2026 National Conference & Exhibition - Call for Proposals

The 2026 AAP National Conference & Exhibition will be taking place in San Diego, CA, from October 2-6, 2026. The 2026 Call for General Session Proposals and Section/Council Program & Course requests is now open. Proposals and requests will be accepted through November 14th at 11:59PM.



General Session Proposals – Due November 14

Session proposals are now being accepted for the 2026 National Conference. Final decisions on proposed sessions will be made by the National Conference & Exhibition Planning Group who develop and oversee the National Conference education program. General session proposal notifications are expected to be shared in February 2026. Please review additional details, including the proposal portal, session types and submission information [here](#). All proposals must be submitted through the online portal before the deadline. **We are currently working on proposals to be submitted on behalf of SOCDRP. If you are interested in submitting a session proposal, please contact SOCDRP Program Chairperson, Jamie Spurrier Kondis MD, FAAP at kondis_j@wustl.edu by November 5, 2025.**

Watch for additional information via the listserv.



Welcome to Pediatrics On Call: a podcast on children's health from the AAP. Each episode features interviews about new research and hot topics in the field of pediatrics. Hear about the most important innovations in pediatrics, from the people who are behind them. While designed for pediatricians and other health professionals, the podcast will also appeal to parents, caregivers and anyone else interested in the science behind children's health.

Co-hosts -- pediatricians David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP -- draw on their expertise and training as physicians, as well as their many conversations with families and their own experiences as parents to inform their interviews.

A special series, "**Pathways to Pediatrics**," focuses on AAP leaders and celebrated pediatric authorities as they discuss the childhood experiences and early training that brought them to and through pediatrics. Pediatrics On Call, is giving the medical community just what the doctor ordered. Find the newest episodes at www.aap.org/podcast.

Pediatrics On Call is supported by Johnson & Johnson, the global healthcare company. The podcast is available on Apple Podcasts, Google, Spotify, and wherever podcasts are found.

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Let us know...

The Section wants to hear from you! Please share your team success stories such as prevention recommendations, advocating for legislation, or overcoming barriers to effective review.

Email your story to bkozial@aap.org.

Welcome New/Rejoining Section on Child Death Review and Prevention Members!

(July 1, 2025 - October 15, 2025)

Daniel Aboagye (NY)	Alexander Dahl (LA)	Kathryn Kalata (CO)	Jency Patel (NY)
Emanuela Aligwo (NY)	Brian Dickson (OK)	Nishi Kansara (India)	Prutha Patel (VA)
Fadiyah Alkhatabi (Saudi Arabia)	Michaela Duke (MA)	Hiba Kausar (CA)	Michael Pedicone (FL)
Meenakshi Awasthi (TX)	Beatrice Egboh (MN)	Shatha Kayed (CA)	Muhammad Rashid (Pakistan)
Nasam Bachuri (MI)	Andrew Eisen (NV)	Sadiqa Kendi (MD)	Lauren Rebel (PA)
Nouran Badreldin (Egypt)	Sai Erambalur (Canada)	Shrayash Khare (NY)	Alissa Reed (CA)
Michael Bagg (WA)	Fariya Fatima (TX)	Sameen Khurshid (IL)	Aurea Rivero (Mexico)
Alexander Baker (NM)	Kala Frye Bourque (MA)	Breanna Kooienga (MI)	Rachael Roberts (MS)
Odeth Baldeon Chavez (Peru)	Joseph Galizia (NY)	Nitya Kumaran (FL)	Heather Ross (NY)
Liesl Benda (OR)	Leah Garvin (IN)	Widad Labban (FL)	Salma Sadaf (IL)
Sakviseth BIN (Cambodia)	German Garzon Franco (Columbia)	Audrey-Ann Lafontaine (OH)	Joshua Saucedo (MO)
Rebecca Birnbaum (FL)	Sara Golden (AR)	Maria Libertin (KY)	Kay Saving (IL)
Laura Bricklin (OH)	Sydney Green (ME)	Kassondra Little (CO)	Oung Savly (Cambodia)
Corinna Brown Ton (NE)	Thiana Grunow (El Salvador)	Gabriela Maldonado Marty (PR)	Bryn Seltzer (NY)
Alex Bryant (OH)	Rebecca Haber (GA)	Alba Martínez Carreón (VA)	Ravindra Sharma (India)
Carrie Busch (SC)	James Hanley (AL)	Jocelyn McGill (TX)	Kamal Sharma (AL)
Rebecca Butterfield (NY)	Barbara Harre (IA)	Laura Mendoza Gonzalez (Dominican Republic)	Bijay Shrestha (AL)
Cagla Buyukkoc (NJ)	Bria Harris (GA)	Crysta Moreno (TX)	Shawn Singleton (AZ)
Nakya Bynum (TX)	Stephen Harvey (MN)	Maria Munguia Ochoa (CA)	Noah Smith (OH)
Iagn Nino Kenji Cabahug (DC)	Kyce Hassuneh (WI)	Grace Musiime (Kenya)	Natalie Tan (NY)
Veronica Campanella (Canada)	Skye Heckman (AR)	Makayla Muzinic (UT)	Jack Thomas (TN)
Omar Carcamo (Honduras)	Carl Hoekstra (Australia)	Brandon Nauss (NY)	Lucy Tomb (CO)
Alister Carvalho (Jamaica)	Lyndsey Hultman (KS)	Matthew Nestander (NE)	Gabriella Trujillo (FL)
Ingrid Channa (CA)	Aldina Imamovic (MN)	Vy Nguyen (OR)	Airong Wang (China)
Naga Pratyusha Cheruvu (NY)	Carey Johnson (AL)	Nikoli Nickson (TX)	Leslie Young (VT)
Nara Cho (OH)	Alexander Jones (UT)	Michael Northrop (NC)	Alexa Ytterberg (SC)
Raeven Chung (IL)	Adriana Junco (NY)	Nereyda Ochoa-Jacob (NY)	Aalif Zaheer (United Arab Emirates)
Abby Collier (WI)	Agustina Kadaristiana (Indonesia)	Danielle Ogonowski (NC)	Ramy Zakaria (OR)
Rachel Cramton (AZ)		Hannah Park (VA)	
Amber Cunha (TX)			

