

## Child Death Review Subcommittee

Meeting Minutes  
December 9, 2025

COMMITTEE MEMBERS			
	Andrew Allen – not present	x	Dennis Klein
x	Ryan Baldrige	x	Tammie Krausman
x	Emily Blomme		
x	John Dagle	x	Casey Manser
x	Lisa DuFour	x	Amy McCormick
	Melissa Ellis – not present		Matthew Burns – Not present
	Jerry Fiala – arrived at 11:05		Vera Wallican – not present
	Lori Frick -not Present	x	Dawn Schissel
x	Kim Gonzales	x	Abby Schueller
x	Amy Groen	x	Jonathan Thompson
x	Chad Jensen	x	Marvin Vanderwiel
	Peter Johnson – not present	x	Melissa Walker
	Dennis Kleen – not present	x	Kelly Wandishion
Staff and Guests			
x	Analisa Pearson, CDR Coordinator		
x	Kaitie Smith, CDR Abstractor	x	Jennifer Pham

### 1. Call to Order

Committee Chair Van Der Wiel called the meeting to order at 10:04 AM

### 2. Roll Call

Chair conducted a roll call as indicated above; a quorum was present.

### 3. Member Organization Updates

Groen- Gave an update on the vaccination requirements. Informed subcommittee of the Iowa AAP working with the Iowa SIDS foundation on Safe Sleep Education and presenting this in the spring.

Manser – Informed subcommittee that there has been a decrease in bereavement referrals for safe sleep. Update on what the Iowa SIDS foundation has been working on such as safe sleep education.

McCormick- Gave update regarding new services and process at Vera French.

### 4. Approval of Minutes

Thompson moved to approve the October 7, 2025, minutes, seconded by Schissel. Motion carried.

### 5. HHS Request for CDR to become CAPTA Citizen Review Panel

Members discussed the possibility of becoming the CAPTA Citizen Review Panel.

Members had concerns that the cases, both CRP and CDR would not get the time they deserve in trying to do both. Thoughts were mixed on the alignment with the mission and scope of CDR. CDR is currently behind and attempting to review 3 years of data in July 2025-December 2026 to catch up, this is already a significant increase in workload for staff and members. The ongoing annual caseload for CDR (~300 cases) far exceeds the other SMRC subcommittees (10-20 cases annually for MMR and DADR) was also a concern.

Some members may be interested in being a part of the CRP as a separate group. It was also mentioned that CDR could provide some consultation to a CRP related to fatalities if the Department/CRP desired.

Motion made by Klein that at this time the CDR is not able to accept the request to become a CRP. If the Department is still in need of a CRP in 2027, the CDR would take that under consideration. Amended to include that CDR supports any members wishing to join the CRP separate from CDR by Thompson. Van Der Wiel Made the motion, Schissel seconded. Motion carried.

## **6. Public Comment**

No members of the public wished to comment.

## **7. Closed Session**

The committee voted to enter closed session to review and analyze confidential death data, including death certificates, patient records, and other confidential records and information deemed appropriate for use in preparing an annual report to the governor and general assembly concerning the causes and manner of deaths as outlined in Iowa Code §§ 135.43 and 135.111, and protected by Iowa Code § 21.5.

Klein moved to enter closed session under the legal authorities outlined above, seconded by Thompson.

## **Roll Call Vote**

Baldrige, Bloome, Dagel, DuFour, Gonzales, Groen, Jensen, Klien, Krausman, Manser, McCormick, Schissel, Schueller, Thompson, Van Der Wiel, Walker, Wandishion

Members logged into closed session at 10:34 AM and discussed aggregate data, case discussions, and prevention recommendations based upon current cases.

Members re-entered open session at 02:35 PM.

## 8. Discussion of Recommendations

1. Increase safe sleep education for caregivers in addition to mother (father, significant other, grandparents, etc.) and empower mother to advocate for safe sleep with other caregivers.
  - a. Ensure safe sleep education includes all literacy levels.
2. Increase public service announcements and social media information on safe sleep and true risks of accidental suffocation and strangulation, including stories from families who have lost an infant.
  - a. Address C-Shape Sleep Position (cuddle curl) being widely promoted online as the safest way to sleep with your baby.
  - b. Educate parents and caregivers on social media and online algorithms. Watch one video on “safe sleeping with baby” and all your results will now tend to unsafe sleep practices, ads for unsafe sleep products and these unsafe sleep practices will appear normal.
  - c. Use targeted ads and search engine optimization to ensure safe sleep messages are reaching new and expecting parents, child care providers and extended family caregivers.
3. Make home visiting available to all families with a new baby in Iowa.
4. Recommend health care providers use electronic medical record checklists, AI or other means to streamline going through parent completed assessments to detect changes and unsafe sleep behaviors to alert provider for intervention.
5. Health care providers educate parents on realistic sleep expectations including what is normal during the first 6 months of a newborn’s life and real risk of unsafe sleep behavior.
  - a. Increased use of a set of terminology that communicates risk of unsafe sleep and coding for safe sleep education (Sleep Hygiene Risk, Risk for Asphyxia during Sleep).

The terms Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) do not communicate the risk of unsafe sleep behaviors, preventability of these deaths and may not be tangible to caregivers. Using other terms like accidental suffocation and strangulation can be more effective in communicating risk of the most prevalent cause of death in children being unsafe sleep behaviors in infants. 113 of 114 sleep-related infant deaths involved unsafe sleep behaviors.
6. All birthing hospitals in Iowa should have safe sleep policies that require all staff to follow safe sleep guidelines in the hospital

- a. Educate families when using unsafe sleep practices for medical reasons that should not continue after discharge or exactly how and for how long to continue practices after discharge.
  - b. Ensure family is educated about and can provide teach back on safe sleep.
  - c. Provide additional education on the risk of unsafe sleep for NICU infants before discharge.
    - i. Include in checklists in electronic medical records
- 7. Ensure all emergency room and urgent care providers have a handout on nasal suction and humidification for infants with respiratory symptoms. (Distribute Blank Children's Hospitals resource)
- 8. Provide education to providers on these recommendations through their association newsletters.
- 9. Require registration for in home child care or place restrictions on the number of infants an unregistered provider can care for and the total number of children in care when there are infants in care. Require home-based child care providers to have written safe sleep policies and unresponsive infant plans.

Members discussed previous meeting recommendations and determined that Coordinator should email the current and previous recommendations to members for consideration and refinement with a vote on motor vehicle and safe sleep recommendations at the beginning of the next meeting.

## **9. Adjournment**

Dagle moved to adjourn, seconded by Schissel. Motion carried by voice vote.  
Meeting adjourned at 03:10 PM.