

One in five child deaths in England preventable

September 5 2014

Child deaths have fallen to very low rates in all industrialised countries, but many deaths in children and adolescents are still potentially preventable, and much more could be done to cut future deaths, according to a new three-part Series on child deaths in high-income countries, published in *The Lancet*.

The Series highlights the substantial number of [preventable deaths](#). For example, 20% of [child deaths](#) reviewed in England between 2010 and 2011 (800 of 4601) were from preventable causes including accidents, suicide, abuse, and neglect [Paper 1, page 3, table 2]. Moreover, the Series reveals that death rates vary widely between and within high income countries and between different age groups. For example, in England and Wales, death rates tend to be higher in the Midlands and north England and lower in the south and east [Paper 2, page 2, table 1]. At an international level, a higher proportion of deaths in older children in the USA, Australia, and New Zealand are due to external causes such as homicides, accidents, and suicides compared with England and Wales [Paper 1].

"What these variations in mortality tell us is that more could be done to prevent child deaths across all age groups", explains Dr Peter Sidebotham, Series leader and Associate Professor of child health at the University of Warwick in the UK.

"Although some contributing factors are relatively fixed, including a child's age, sex, and genetics, many environmental, social, and health

service factors are amenable to interventions that could lessen risks and help prevent future deaths."

The Series highlights a "persistent socioeconomic gradient" for child deaths, with children from deprived backgrounds significantly more likely to die than their wealthier peers [Paper 3]. Indeed, the five high-income countries with the worst child death rates (USA, New Zealand, Portugal, Canada, and the UK) are also those with the widest inequalities in income.

Worryingly, the Series indicates that health services do not always deliver optimal care for children and lives are lost as a result. For example, WHO estimates that 1500 more children die every year in the UK than Sweden due to poor health service provision [Paper 2]. The authors call for better training of healthcare staff to improve recognition of serious illnesses and knowledge of best practice guidelines to reduce avoidable child deaths [Paper 3].

Much more needs to be done, says Dr Sidebotham. "It needs to be recognised that many child deaths could be prevented through a combination of changes in long-term political commitment, welfare services to tackle child poverty, and health-care services. Politicians should recognise that child survival is as much linked to socioeconomic policies that reduce inequality as it is to a country's overall gross domestic product and systems of health-care delivery."

The authors conclude that while this knowledge could be used to help drive prevention initiatives, a simple categorisation of cause of death on death certificates does not capture all the factors that contribute to a child's death or provide the information necessary to develop effective prevention programmes to protect other children [Paper 1]. "Child death review processes that are being developed in many [high-income countries](#) provide important details of the circumstances surrounding a

death and can add to a greater understanding of how and why children die. To be effective, child death reviews need to be conducted by multidisciplinary teams that share information about the circumstances of child deaths, with the goal of preventing future deaths and improving child health and welfare."

More information: www.thelancet.com/series/child-death-reviews-high-income-countries

Provided by Lancet

Citation: One in five child deaths in England preventable (2014, September 5) retrieved 3 May 2024 from <https://medicalxpress.com/news/2014-09-child-deaths-england.html>

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