

Northern Territory Child Deaths Review and Prevention Committee

Annual Report 2019-2020

Northern Territory Child Deaths Review and Prevention Committee

The NT Child Deaths Review and Prevention Committee respects the beliefs of Aboriginal and Torres Strait Islander people and advises there is information in this report regarding deceased Aboriginal and Torres Strait Islander children.

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ISSN 1837-3852

Printed by Colemans Printing

Suggested citation

CDRPC (2020). *Annual Report 2019-2020*,
Northern Territory Child Deaths Review and Prevention Committee,
Office of the Children's Commissioner, Darwin

This report is available in electronic format on the Attorney-General and Justice website located at <https://justice.nt.gov.au/attorney-general-and-justice/committees-and-boards/child-deaths-review-and-prevention-committee>



NORTHERN TERRITORY OF AUSTRALIA

Child Deaths Review and Prevention Committee

Letter to Parliament

The Honourable Selena Uibo MLA
Attorney-General and Minister for Justice
Parliament House
Mitchell Street
DARWIN NT 0800

Dear Minister

I am pleased to provide you with the Annual Report of the Northern Territory Child Deaths Review and Prevention Committee for 2019-2020, in accordance with section 213 of the *Care and Protection of Children Act 2007*.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sara Watson', with a horizontal line underneath the name.

Dr Sara Watson
Convenor
NT Child Deaths Review and Prevention Committee
30 September 2020

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Northern Territory Child Deaths Review and Prevention Committee

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NT Child Deaths Review
and Prevention Committee
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Senior Director of Quality and Safety
Department of Health, NT

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Director,
Centre for Child Development and Education
Menziess School of Health Research
Advisor to the Committee

Ms Amanda Hubber

General Manager,
Student Wellbeing and Inclusion
Department of Education, NT

Committee Secretariat**Ms Alana Carter**

Research Officer
Office of the Coroner
Attorney-General and Justice, NT

Glossary of terms

ABS	Australian Bureau of Statistics
AGD	Department of Attorney –General and Justice, NT
AIFS	Australian Institute of Family Studies
ANZCDR&PG	Australia and New Zealand Child Death Review and Prevention Group
ASGC	ABS Australian Standard Geographical Classification
BDM	Northern Territory Office of the Registrar of Births, Deaths and Marriages
CDR	Child Death Register
CDRPC	Child Deaths Review and Prevention Committee
COD	Cause of Death
Committee	Child Deaths Review and Prevention Committee
Coroner	Office of the NT Coroner
DoH	Department of Health, NT
ICD-10 AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision – Australian Modified
LGA	Northern Territory Local Government Areas
Menzies	Menzies School of Health Research
NCIS	National Coronial Information System
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
Register	Child Deaths Register
SUDI	Sudden Unexpected Death in Infancy
SIDS	Sudden Infant Death Syndrome
TF	Territory Families
the Act	<i>Care and Protection of Children Act 2007</i>
UCOD	Underlying Cause of Death
WHO	World Health Organisation

Definitions

Aboriginal

The following definition is provided for the term Aboriginal in section 13 of the *Care and Protection of Children Act 2007* ("the Act"):

Aboriginal means: (a) a descendant of the Aboriginal peoples of Australia; or (b) a descendant of the Indigenous inhabitants of the Torres Strait Islands.

Throughout this report the term Aboriginal will be used for people of either Aboriginal or Torres Strait Islander descent except where specific reference is being made to publications that use other terminology, for example, the ABS which often uses the term Indigenous.

Cause of death (COD)

All those diseases, morbid conditions, or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced such injuries.¹

Child

Section 13 of the Act defines child as (a) a person aged seventeen years and under; or (b) a person apparently less than 18 years of age if age cannot be proved.

Child death

Section 208 of the Act defines child death as (a) the death of a child who usually resided in the Territory (whether the death occurred in the Territory or not); or (b) a stillbirth as defined in the *Births, Deaths and Marriages Registration Act 1996* that occurred in the Territory.

Greater Darwin

Greater Darwin incorporates the City of Darwin, the City of Palmerston and the Litchfield Shire.

Congenital malformations

Congenital malformations, including deformities and chromosomal abnormalities, are physical and mental conditions present at birth that are either hereditary or caused by environmental factors.

Infancy

The infancy period extends from birth to 12 months of age. An infant death is the death of a live born child under 1 year of age.²

Neonatal

The neonatal period extends from birth to 28 days of age. A neonatal death is the death of a live born baby within 28 days of birth³

-
- 1 World Health Organisation (2016), *ICD-10 International Statistical Classification of Diseases and Related Health Problems, 10th Revision, (5th edition)*. Geneva: World Health Organisation.
 - 2 Abeywardana, S. & Sullivan, E.A. (2008) *Congenital anomalies in Australia 2002-2003. Birth anomalies series no. 3. Cat. No. PER 41*. Sydney: Australian Institute
 - 3 Laws, P.J. & Hilder, L. (2008). Australia's mothers and babies 2006. Perinatal statistics series no. 22. Cat. No PER 46. Sydney: Australian Institute of Health and Welfare National Perinatal Statistics Unit.

Perinatal

The Perinatal period extends from 20 weeks gestation to 28 days following birth. A perinatal death is a fetal death (of at least 20 weeks gestation or at least 400 grams birthweight⁴) or a neonatal death (of a live baby within 28 days from birth). Perinatal deaths are a combination of stillbirths and neonatal deaths (as defined in the *NT Births, Deaths and Marriages Registration Act 1996*).

Post-neonatal

The post-neonatal period is the period from 28 days to 1 year of age.

Rest of the NT

Rest of the NT incorporate those areas outside the City of Darwin, the City of Palmerston and the Litchfield Shire.

Stillbirth (fetal death)

In accordance with section 4 of the *Births Deaths and Marriages Registration Act 1996*, a stillbirth means the birth of a still-born child, which is defined as a child of at least 20 weeks gestation or with a body mass of at least 400 grams at birth that exhibits no sign of respiration or heartbeat, or other sign of life, after birth.⁵

Sudden infant death syndrome (SIDS)

SIDS (Sudden infant death syndrome), is a subset of SUDI, and defined as the sudden and unexpected death of an infant <1 year of age, with the onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history. (San Diego, 2004 definition).

Sudden unexpected death in infancy (SUDI)

SUDI (also described as Sudden Unexpected Infant Death, SUID), is a term that describes the sudden and unexpected death of an infant under the age of 12 months, and may be due to natural or unnatural causes, or remain unexplained. At one point all unexplained SUDI deaths were labelled as Sudden Infant Death Syndrome, SIDS.

Underlying cause of death (UCOD)

The disease or injury which initiated the train of morbid events leading directly to death; or

The circumstances of the accident or violence, which produced the fatal injury (WHO).⁶

4 Ibid

5 Ibid

6 op cit.

Foreword

This is the twelfth Annual Report of the Northern Territory Child Deaths Review and Prevention Committee (the Committee). The report is based on information provided to the Committee on the 34 deaths of children whose usual place of residence is the NT and of 39 stillbirths that occurred during the calendar year 2019. The report also provides summary information on 202 child and infant deaths that occurred in the five-year period 2015-2019.

This report is the third to be produced by the Northern Territory Office of the Coroner who now has responsibility for the Secretariat of the Committee.

The death of any child is a tragedy and the members of the Committee extend their sincere condolences to the family, friends and communities of the children and young people cited in this report. In highlighting the circumstances relating to these deaths and by conducting research based on identified patterns and trends, the Committee's objective is to effect change that will prevent and reduce child deaths, accidents and diseases in the Northern Territory.

In addition to providing an analysis of the child and infant deaths that occurred during 2019 and the preceding four years, this report provides information on injury related child deaths released by the Committee and tabled in Parliament.

This year saw the resignation of Mr Peter Panquee, a senior Aboriginal Committee member who has been a member since 2014. Other resignations were from Commander David Proctor, Ms Maree Garrigan and Ms Suzanne (Sue) Beynon as Committee members. All members made invaluable contributions and on behalf of the Committee I would like to express our sincere gratitude. We also welcomed the recent appointments of Ms Amanda Hubber, Commander Martin Dole and Ms Christine Fitzgerald. Between them, they bring extensive knowledge and expertise in Northern Territory Housing, Police and Education. We welcomed the appointment of Mr Stephen Boyle as an Aboriginal member located in Alice Springs.

After a tragic case of drowning in 2019, the Committee reviewed deaths by drownings in domestic swimming pools (small premises). Between 2007 and 2020 two cases were identified as requiring compliance fencing and four cases were identified as occurring on properties larger than 1.8 hectares (large premises), which do not require compliance fencing. The Department of Infrastructure, Planning and Logistics (DIPL) is responsible for swimming pool safety compliance and enforcement under the *Swimming Pool Safety Act 2004* (Act). Under the Act owners of pools, which require an interim compliance certificate, a compliance certificate and compliance fencing are responsible for notifying DIPL of the pool or their intention to construct a pool. The Committee has written to DIPL to seek advice regarding community understanding of pool owners' responsibilities, encouraging the enforcement of the inspectorate function and enforcement of the legislation.

In the 2018-2019 Annual Report the Committee highlighted a sentinel event and subsequently made a recommendation that the Government consider a Territory-wide plan to prevent and reduce obesity and type 2 diabetes. The Northern Territory Minister for Health advised the National Obesity Strategy is now progressing under the Australian Health Ministers Advisory Committee and Health Council and is expected to be finalised by the end of 2020. The Department of Health will work with government, non-government and community controlled organisations to consider implementation of the National Obesity Strategy specific to the needs of Territorians. This provides a valuable opportunity to include a Northern Territory-wide plan to prevent and reduce obesity and type 2 diabetes, alongside an updated nutrition and physical activity strategy, the next chronic condition management and prevention strategy, and the recently developed Healthy Life style Grants for local councils, as part of the Northern Territory implementation of the National Obesity Strategy.

The Northern Territory Diabetes Network (the Network) is focused on reducing type 2 diabetes in Aboriginal youth. The Network has progressed a range of initiatives including:

- Delivering ongoing professional development through a number of presentations by leading clinicians at local seminars and conferences;
- Developed new screening and referral pathways for youth who are at risk of developing type 2 diabetes and who are living with type 2 diabetes;
- Developed new electronic care plan for the management of youth who are at risk of developing type 2 diabetes and who are living with type 2 diabetes;
- Developed communication resources for clinicians to engage with youth and their families; and
- Developed information about youth type 2 diabetes in easy to understand language for youth and their families.



Dr Sara Watson
Convenor
NT Child Deaths Review and Prevention Committee

30 September 2020

Executive Summary

Background and overview of the Committee activities

The Committee is established pursuant to Part 3.3 of the *Care and Protection of Children Act 2007* (the “Act”). The purpose of the child deaths review process undertaken by the Committee is to assist in the prevention and reduction of child deaths in the Northern Territory. It achieves this through:

- a) Maintaining a database on child deaths;
- b) Conducting research about child deaths, diseases and accidents involving children and
- c) Contributing to the development of appropriate policy to deal with such deaths, diseases and accidents. The Committee’s specific functions are set out in the Act.
- d) Action on issues arising from the on-going quality assurance of the Child Deaths Register (the Register);

Issues relating to child deaths data in the NT

Chapter 2 examines contextual factors and sources of data for the work of the Committee. This includes data obtained from national bodies such as the Australian Bureau of Statistics (ABS) and the National Coroners’ Information System (NCIS), which provide data on child deaths and demographics.

The primary source of data on child deaths is obtained from the Office of the Registrar of Births, Deaths and Marriages (BDM) which also provides data on stillbirths in the NT. Other sources such as medical records from the Department of Health (DoH) and documents held by the Office of the NT Coroner provide additional detail relating to individual deaths.

Other issues include the following:

- Although this is the Committee’s 2019-2020 Annual Report, the focus is on child deaths for the calendar year 2019 with a further overview of calendar years 2015-2019.
- Presentation of data is based on the actual year of death rather than the year of registration of the death which is used by other agencies (e.g. ABS);
- ICD-10-AM codes are used for classifying the cause of death in line with the practice of most other similar committees within Australia;
- For all child deaths that involved a review by the NT Coroner, the delivery of coronial findings follows a thorough coronial investigation to determine a cause of death before it is reported to BDM. This may take months, possibly years to complete these investigations, hence the delay in reporting these deaths;
- The need to obtain additional data beyond that supplied by BDM;
- The need to canvas other jurisdictions including BDM registries in other states and territories, for information on the deaths of NT children that occurred interstate.

Child deaths in the NT, 2015-2019

Chapters 3 and 4 provide data on the deaths of children whose usual place of residence is the NT. The data for 2019 is current but it is important to view data aggregated over five years when determining trends or interpreting changes.

2019 snapshot

34 deaths of children whose usual place of residence is in the NT.

- » 26 (76.5%) were male; 6 (17.6%) were female; 2 (5.9%) were unknown
- » 24 (70.6%) were Aboriginal; 10 (29.4%) were non-Aboriginal
- » 24 (70.6%) were from outside the Greater Darwin area.

22 (64.7%) of the 34 were infant deaths; 1 (2.9%) were 1 to 4 years old, 5 (14.7%) was 5 to 9 year olds, 2 (5.9%) were 10-14 years old and 4 (11.8%) were 15-17 years old.

Of the 22 infant deaths, 4 (18.2%) were female, 16 (72.7%) were male and 2 (9.1%) were unknown; 17 (77.3%) were Aboriginal and 5 (22.7%) were non-Aboriginal.

34
deaths
in 2019

39
stillbirths
in 2019

Of the 22 infant deaths, 18 (82%) were neonatal (under 1 month old) deaths, of which 14 (77.8%) were Aboriginal and 4 (22.2%) were non-Aboriginal.

In addition, **39 stillbirths** were registered as having occurred in the NT. 16 (41%) were female and 23 (59%) were male; 24 (61.5%) were Aboriginal and 15 (38.5%) were non-Aboriginal.

There were 57 perinatal (39 stillbirths + 18 neonatal) deaths registered in the NT: 38 (66.7%) were Aboriginal and 19 (33.3%) were non-Aboriginal.

2015-2019 aggregated snapshot

202 deaths of children who were usually resident in the NT:

- » 83 (41%) were female, 115 (57%) were male and 4 (2%) was unknown;
- » 141 (70%) were Aboriginal and 61 (30%) were non-Aboriginal
- » 140 (69.3%) were from outside the urban Greater Darwin area.

131 (64.9%) were infants, 17 (8.4%) were 1 to 4 years old, 11 (5.4%) were 5 to 9 years old, 15 (7.4%) were 10 to 14 years old and 28 (13.9%) were 15 to 17 years old.

Of the 131 infant deaths, 58 (44.3%) were females, 69 (52.7%) were males and 4 (3%) was unknown; 93 (71%) were Aboriginal and 38 (29%) non-Aboriginal.

Of the 131 infant deaths 95 (72.5%) were neonates, under one month of age of which 67 (70.5%) were Aboriginal and 28 (29.5%) were non-Aboriginal.

In addition, 179 stillbirths were registered in the NT: 96 (53.6%) were male, 80 (44.7%) were female and 3 (1.7%) were unknown; 94 (52.5%) were non-Aboriginal and 85 (47.5%) were Aboriginal.

There were 274 perinatal (179 stillbirths + 95 neonatal) deaths registered in the NT, 152 (55.5%) were Aboriginal and 122 (44.5%) were non-Aboriginal.

202
deaths over
2015 - 2019

Infant SUDI / SIDS deaths by year, gender, Aboriginal status, usual residence and co-sleeping status, NT, 2015-2019

SUDI (Sudden Unexpected Death in Infancy) is a term that describes the sudden and unexpected death of an infant under the age of 12 months, and may be due to natural or unnatural causes, or remain unexplained.

SIDS (Sudden infant death syndrome), is a subset of SUDI, and defined as the sudden and unexpected death of an infant <1 year of age, with the onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history. (San Diego, 2004 definition).

Between 1 January 2015 and 31 December 2019, a total of 202 deaths of children normally resident in the NT, were registered in the NT.

In the specific infant age group (under 1 year) there were (n=131, 64.9%) deaths. Of the 131 infant deaths, (n=34, 26%) were reportable deaths to the Coroner (Section 12(1) *Coroners Act 1993*). Of the 34 reportable deaths, 26 cases (76.5%) fall into the subset of SUDI (as per the above definition). At the time of this report, there were 2 deaths from 2018 awaiting the outcome of coronial investigations.

In the years 2015 – 2019, the number of Aboriginal infant deaths classified as SUDI (n=20, 77%) was substantially greater than the proportion of non-Aboriginal children (n=6, 23%) in the total NT population. The number of co-sleeping events (n=17, 65.4%) were noticeably higher than non co-sleeping events (n=9, 34.6) with (n=14, 53.8%) occurring outside the greater Darwin area and (n=12, 46.2%) occurring in the greater Darwin area.

Infant SUDI / SIDS deaths by year, gender, Aboriginal status, usual residence and co-sleeping status NT, 2015-2019

Infant Deaths under 1 year	Gender		Aboriginal Status		Region		Co-sleeping		Open cases
	Male	Female	Aboriginal	Non-Aboriginal	Greater Darwin	Rest of NT	Yes	No	
2015 = 9	4	5	7	2	3	6	6	3	0
2016 = 4	1	3	2	2	2	2	2	2	0
2017 = 3	2	1	3	0	1	2	2	1	0
2018 = 8	4	4	6	2	4	4	6	2	2
2019 = 2	1	1	2	0	2	0	1	1	0
TOTAL	12	14	20	6	12	14	17	9	2
	26		26		26		26		2

Source: NT Child Deaths Register & National Coronial Information System (NCIS)

Chapter 1 – Introduction

Introduction

This is the Child Deaths Review and Prevention Committee's (CDRPC or Committee) twelfth annual report. It provides information related to the deaths of 34 children under the age of 18 years whose usual place of residence is in the Northern Territory (NT) and 39 stillbirths registered in 2019. The report also includes information on child deaths and stillbirths from 2015 to 2019 for comparative and historical purposes.

Functions of the Committee

The Committee's functions are:

- to establish and maintain the Child Deaths Register.
- to conduct or sponsor research into child deaths, diseases and accidents involving children and other related matters (such as childhood morbidity and mortality), whether alone or with others;
- to make recommendations on the research into child deaths, diseases and accidents;
- to monitor the implementation of the recommendations;
- to raise public awareness in relation to:
 - i. the death rates of children;
 - ii. the causes and nature of child deaths and diseases and accidents involving children;
 - iii. the prevention or reduction of child deaths, diseases and accidents;
- to contribute to any national database on child deaths in Australia;
- to enter into an arrangement for sharing of information with anyone in Australia who has functions similar to those of this Committee;

At the end of each financial year the Committee is required to prepare a report about the operation of the Committee during that financial year. Should the Committee conduct or sponsor research about issues identified as being relevant to child deaths in the NT, the resulting report must also be presented to the Minister. The Minister is required to table the Committee's Annual Report and research report/s in the Legislative Assembly.

The Child Deaths Register

Under the *Care and Protection of Children Act 2007*, there is a statutory obligation for the CDRPC to establish and maintain a Child Deaths Register (the Register). The Register contains information relating to the deaths of children and young people under the age of 18 years whose usual place of residence is the NT. Section 208 of the Act defines a child death as:

- a) the death of a child who usually resided in the Territory (whether the death occurred in the Territory or not); or
- b) a stillbirth as defined in the *Births, Deaths and Marriages Registration Act 1996* that occurred in the Territory.

The Register contains information related to date of birth, date of death, date of registration, age, gender, Aboriginal and Torres Strait Islander status, place of birth, place of death, usual place of residence and family details. Information is also gathered in relation to the underlying causes of deaths and external factors which may have contributed to the death. Information in the Register is predominantly sourced from data held by a number of NT Government agencies, including the Department of the Attorney-General and Justice (AGD), Department of Health (DoH) and Territory Families (TF). Information is also provided by government funded health clinics and private medical centres.

Information relating to the deaths interstate of children whose usual place of residence is the NT, is sourced either from child death registers of other jurisdictions or the respective state or territory BDM's. Due to a number of legislative impediments preventing some jurisdictions sharing identifiable information relating to child deaths, including children whose usual place of residence is in the Northern Territory, it is not possible to report on these deaths.

Activities of the Committee

National representation and engagement

The CDRPC has representation on the Australian and New Zealand Child Death Review and Prevention Group (ANZCDR&PG), which comprises representatives from all the Australian jurisdictions and New Zealand.

The aim of the ANZCDR&PG is to identify, address and potentially decrease the number of infant and children deaths by sharing of information across jurisdictions and working collaboratively to improve national and international reporting.

Unfortunately, the ANZCDR&PG did not meet in 2020 due to COVID-19 restrictions.

Queensland Family & Child Commission – Supplementary Chapter 2017 Australian and New Zealand child death statistics - https://www.qfcc.qld.gov.au/sites/default/files/2020-01/Aust_%26_NZ_Child_Death_Statistics_2017.pdf

Chapter 2 – Issues relating to child death data in the Northern Territory

Sources of data on child deaths

Australian Bureau of Statistics (ABS)

The Australian Bureau of Statistics (ABS) publishes a series of reports and tables on deaths that occur in all Australian jurisdictions.

There are a number of limitations with the ABS data, which include: the time lag between the recorded date of death with the NT BDM Registry and the publication of the ABS reports, only the medical causes of death are recorded and not the related risks such as the social factors that may have contributed to the deaths. The ABS 2019 child death tables do not provide data for unknown gender population.

Registry of Births, Deaths and Marriages

The Department of the Attorney-General and Justice's (AGD) Registry of Births, Deaths and Marriages provides details of all child deaths occurring in the NT such as name, residence, date of birth, age, gender, Aboriginal or Torres Strait Islander status, date and place of death and where available the cause of death.

The Registry of Births, Deaths and Marriages also provides information relating to stillbirths in the NT including date and place of birth, gestation age and gestation weight.

The National Coroner's Information System

The Committee obtains and compares information such as Coronial Findings, Autopsy Reports, Toxicology Reports and Police Reports related to reportable deaths in the NT from the National Coroner's Information System (NCIS).

Office of the NT Coroner

The Office of the NT Coroner provides information to NCIS related to deaths of children deemed to be reportable under provisions contained in the *Coroners Act 1993*.

A reportable death is defined as a death that:

- appears to have been unexpected, unnatural or violent;
- appears to have resulted, directly or indirectly from an accident or injury;
- occurred during an anaesthetic or as a result of an anaesthetic and is not due to natural causes;
- occurred when a person was held in, or immediately before death, was held in care or custody;
- was caused or contributed to by injuries sustained while the person was held in custody;
- is of a person whose identity is unknown;
- and in certain other circumstances.

The death of a child that is considered to have occurred whilst being in care or custody includes those circumstances:

- where the child or young person is deemed to be 'in care' in accordance with provisions contained in the *Care and Protection of Children Act 2007*; or
- where the child or young person is an involuntary patient under the *Mental Health and Related Services Act 1998*, whether in hospital or temporarily removed from hospital; or
- if the young person's death occurs in a detention centre approved under the *Youth Justice Act 2005*.

Other sources of data

Doctor issued death certificates and other relevant information required by the Committee is provided by the Department of Health (DoH) and other health service providers.

Confidentiality of information

The *Care and Protection of Children Act 2007* contains provisions that help ensure the confidentiality of information obtained by the Committee in the exercising of its statutory responsibilities. It is an offence under the Act for a person to disclose, or use information obtained as part of the performance of their functions.

The Act allows for the disclosure of information for the purposes of research; as part of an inquiry or investigation conducted by Police or a Coroner; to a court or tribunal, or where otherwise required or authorised by law.

Coding cause of death

The Committee uses the International Statistical Classification of Diseases and Related Health Problems, (ICD-10 which was developed by the World Health Organisation, WHO) to code the underlying and multiple causes of death. The ICD-10 is designed to promote international compatibility in the collection, processing, classification and presentation of morbidity and mortality statistics. ICD-10-AM (Australian Modified) 11th Edition has been modified to ensure that the classification is current and appropriate for Australian clinical practice whilst ensuring that international compatibility is maintained.

Calendar year reporting

The Committee has elected to report on child deaths based on the calendar year as opposed to the financial year. The majority of other Australian jurisdictions use the same reporting period.

Chapter 3 – Child deaths in the Northern Territory

This chapter provides statistical data related to child deaths in the calendar year 2019 and for the period 2015-2019. The data includes demographic details relating to age, gender, Aboriginal status and underlying causes of death and whether the child and/or a sibling is known to the child protection system. Updated data is used in the present report so there may be some variations in the data reported for previous years.

Child deaths rates

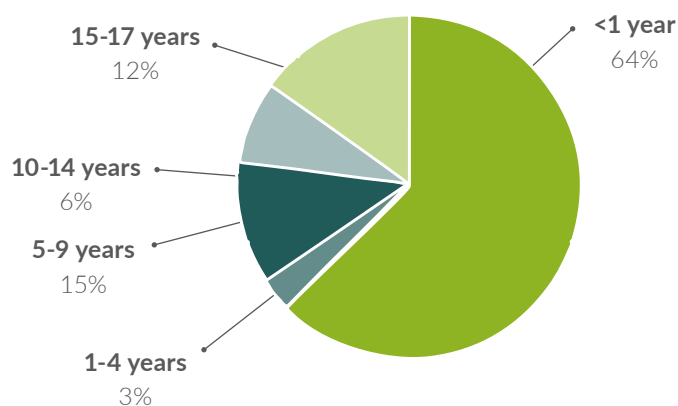
A child death rate is a measure that adjusts the number of deaths for difference in the population size. Child death rates are reported as the number of deaths per 100,000 population of children. Both child death rates and infant death rates are standard units of measurement. Rates within age groups are reported, as age-group specific rates (number of deaths per 100,000 populations).

Child deaths in 2019

Child deaths by age group, NT, 2019

There were 34 child deaths registered in 2019. The highest number of deaths (n=22, 64%) occurred during infancy, with (n=1, 3%) deaths in the 1 to 4 year age group, (n=5, 15%) in the 5 to 9 years age group, (n=2, 6%) 10 to 14 years and (n=4, 12%) in the 15 to 17 years age group.

Figure 1: Number of child deaths by age group, NT, 2019



Age Group	No.
< 1 year	22
1 - 4 years	1
5 - 9 years	5
10 - 14 years	2
15 - 17 years	4
Total	34

Source: NT Child Deaths Register

Child deaths by age group and gender, NT, 2019

Table 1: Number of child deaths by age group and gender and Aboriginal status, NT, 2019

Age Group	Female	Male	Unknown	Total
< 1 year	4	16	2	22
1 - 4 years	0	1	0	1
5 - 9 years	0	5	0	5
10 - 14 years	0	2	0	2
15 - 17 years	2	2	0	4
Total	6	26	2	34
Aboriginal Status				Total
Aboriginal				24
Non-Aboriginal				10
Grand Total				34

Source: NT Child Deaths Register

Child deaths, 2015-2019

Between 1 January 2015 and 31 December 2019, a total of 202 deaths of children normally resident in the NT were registered in the NT.

Child deaths by year, gender and age group, NT, 2015-2019

The majority of child deaths over the five year period occurred during infancy (n=131, 64.9%). The age group with the second largest number of deaths was the 15-17 years age group (n=28, 13.9%), while the 5-9 years age group had the fewest number of deaths (n=11, 5.4%). Although the year dates have changed these figures are similar to last year's figures.

Males made up 51.3% of all children in the NT population (ABS 2019), and accounted for (n=115, 57%) of all child deaths over these years.

Table 2: Child deaths by year, gender and age group, NT, 2015-2019

Year and Gender		< 1 year	1-4 years	5-9 years	10-14 years	15-17 years	Total
2015	Female	11	1	0	3	3	
	Male	12	2	1	3	2	
	Subtotal	23	3	1	6	5	38
2016	Female	14	2	1	1	1	
	Male	13	4	2	0	1	
	Subtotal	27	6	3	1	2	39
2017	Female	15	2	0	0	5	
	Male	14	3	1	2	6	
	Unknown	1	0	0	0	0	
	Subtotal	30	5	1	2	11	49
2018	Female	14	1	0	1	2	
	Male	14	1	1	3	4	
	Unknown	1	0	0	0	0	
	Subtotal	29	2	1	4	6	42
2019	Female	4	0	0	0	2	
	Male	16	1	5	2	2	
	Unknown	2	0	0	0	0	
	Subtotal	22	1	5	2	4	34
Total	Female	58	6	1	5	13	
	Male	69	11	10	10	15	
	Unknown	4	0	0	0	0	
	Total	131	17	11	15	28	202

Source: NT Child Deaths Register and ABS 3101.0, June 2019

Total may differ from last year's report due to late registrations and interstate deaths

Child deaths by year, Aboriginal status and age group, NT, 2015-2019

In the years 2015-2019, the number of Aboriginal child deaths was substantially greater than the number of non-Aboriginal children. There was a total of (n=141, 69.8%) deaths of Aboriginal children, which is much greater than the proportion of non-Aboriginal children (n= 61, 30.2%) in the total NT population for these age groups.

Table 3: Child deaths by year, Aboriginal status and age group, NT, 2015-2019

Year and Aboriginal Status		< 1 year	1-4 years	5-9 years	10-14 years	15-17 years	Total
2015	Aboriginal	17	2	1	5	4	
	Non-Aboriginal	6	1	0	1	1	
	Subtotal	23	3	1	6	5	38
2016	Aboriginal	22	4	2	1	2	
	Non-Aboriginal	5	2	1	0	0	
	Subtotal	27	6	3	1	2	39
2017	Aboriginal	16	4	1	0	6	
	Non-Aboriginal	14	1	0	2	5	
	Subtotal	30	5	1	2	11	49
2018	Aboriginal	21	2	1	2	4	
	Non-Aboriginal	8	0	0	2	2	
	Subtotal	29	2	1	4	6	42
2019	Aboriginal	17	0	2	1	4	
	Non-Aboriginal	5	1	3	1	0	
	Subtotal	22	1	5	2	4	34
Total	Aboriginal	93	12	7	9	20	
	Non-Aboriginal	38	5	4	6	8	
	Total	131	17	11	15	28	202

Source: NT Child Deaths Register

Total may differ from last year's report due to late registrations and interstate deaths

Child deaths by usual residence, age group and Aboriginal status, NT, 2015-2019

Usual residence refers to the child's usual place of residence as recorded in the BDM register and reported by the parents or next of kin. For the purpose of this report, usual residence has been classified as either greater Darwin or the Rest of the NT.

In the five year period from 2015 to 2019, the majority of child deaths (n=132, 65.3%) occurred among children living outside Greater Darwin region. This difference was driven by the larger number of deaths of Aboriginal children most of whom are living outside the Greater Darwin area (n=119, 59%).

Table 4: Child deaths by usual residence, age group and Aboriginal status, NT, 2015-2019

Age Group	Greater Darwin	No. (%)	Rest of NT	No. (%)
< 1 year	49	70%	82	62%
1 - 4 years	4	6%	13	10%
5 - 9 years	5	7%	6	5%
10 - 14 years	4	6	11	8%
15 - 17 years	8	11%	20	15%
Total	70	100%	132	100%
Aboriginal Status	Greater Darwin	No. (%)	Rest of NT	No. (%)
Aboriginal	22	31%	119	90%
Non-Aboriginal	48	69%	13	10%
Total	70	100%	132	100%

Source: NT Child Deaths Register

Total may differ from last year's report due to late registrations and interstate deaths

Child death rates by year, NT, 2015-2019

In this report, population numbers for the denominator are based on ABS Estimated Resident Population data for single years – for children aged 0-17 years in the NT (ABS Cat. 3101.0, 2019). Given the relatively small number of deaths each year in the NT, aggregating data across five years provides a more reliable indicator of the underlying rates.

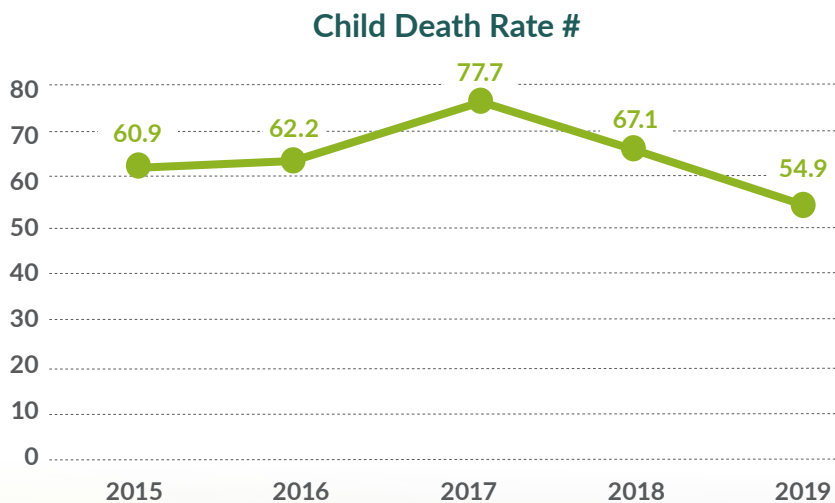
For the five year period from 2015-2019, there were a total of 202 deaths of NT children. The annualised death rate for this period was 64.6 deaths per 100,000 children. The annual rates are presented in Table 5 and Figure 2. It needs to be remembered that there may be additional deaths in recent years that have not yet been reported.

Table 5: Child death rates by year, NT, 2015-2019

Year	Number of Deaths	Rate #
2015	38	60.9
2016	39	62.2
2017	49	77.7
2018	42	67.1
2019	34	54.9
Total	202	64.6

Source: NT Child Deaths Register and ABS 3101.0, June 2019
per 100,000 children

Figure 2: Child death rates by year, NT, 2015-2019



Source: NT Child Deaths Register and ABS 3101.0, June 2019
per 100,000 children

Child death rates by age group, NT, 2015-2019

Annualised age group specific death rates for the five year period are shown in Table 6. The infant death rate of 682.4 deaths per 100,000 children reflects the large number of deaths, most in the neonatal period, that occur in this age group and were the majority of all NT child deaths. The 15-17 years age group are the second highest death rate at 61.2 deaths per 100,000 children and the lowest death rate is the 5 to 9 years age group at 12.1 deaths per 100,000 children.

Table 6: Child death rates by age group, NT, 2015-2019

Age Group	Number of Deaths	Rate #
< 1 year	131	682.4
1 - 4 years	17	22.6
5 - 9 years	11	12.1
10 - 14 years	15	18.4
15 - 17 years	28	61.2
Total	202	64.6

Source: NT Child Deaths Register and ABS Cat 3101.0, June 2019
per 100,000 children

Child death rates by age group and gender, NT, 2015-2019

Of the total 202 deaths, (n=115, 57%) were male, (n=83, 41%) were female and (n=4, 2%) was unknown. The respective rates were 54.8 for females and 71.3 for males with an overall rate of 64.6 per 100,000 children. Across the 5 year period, the annualised infant death rate was 627.0 per 100,000 infants for females and 693.7 for males.

Table 7: Child death rates by age group and gender, NT, 2015-2019

Age Group	Female		Male		Unknown	
	Number of Deaths	Rate #	Number of Deaths	Rate #	Number of Deaths	Rate #
< 1 year	58	627.0	69	693.7	4	
1 - 4 years	6	16.4	11	28.6	0	
5 - 9 years	1	2.3	10	21.4	0	
10 - 14 years	5	12.7	10	23.8	0	
15 - 17 years	13	59.7	15	62.7	0	
Total	83	54.8	115	71.3	4	

Source: NT Child Deaths Register and ABS Cat 3101.0, June 2019. ABS Cat 3101.0 does not record unknown gender population.
per 100,000 children

Some totals may vary from last year's report due to late registrations and interstate deaths

Infants Deaths, 2015-2019

Infant deaths by gender and Aboriginal status, NT, 2015-2019

There were 131 infant deaths between 2015-2019 in the NT. A slight majority of those were male (n=69, 53.7%) and (n=93, 71%) a high majority of those were Aboriginal children.

Table 8: Infant deaths by gender and Aboriginal status, NT, 2015-2019

Aboriginal Status	Female	Male	Unknown	Total
Aboriginal	41	49	3	93
Non-Aboriginal	17	20	1	38
Total	58	69	4	131
Percentage	44%	53%	3%	100%

Source: NT Child Deaths Register

Perinatal deaths by type, Aboriginal status and year, NT, 2015-2019

Given that there is a substantially greater risk of death in the perinatal period, the Committee has always monitored this period. Perinatal deaths are the combination of neonatal deaths and stillbirths. Table 9 shows there are a total of (n=179, 65.3%) stillbirths and (n=95, 34.7%) neonatal deaths and the percentage of Aboriginal (n=85, 47.5%) and non-Aboriginal (n=94, 52.5%) stillbirths. In the period 2015-2019 there were 95 neonatal deaths. The high majority of neonatal deaths (n=67, 70.5%) were Aboriginal children.

Table 9: Perinatal deaths by type, Aboriginal status and year, NT, 2015-2019

Row Labels	2015	2016	2017	2018	2019	Total (%)
Aboriginal						
Neonatal	11	17	12	13	14	67
Stillbirth	15	15	12	19	24	85
Subtotal	26	32	24	32	38	152 (55.5%)
Non-Aboriginal						
Neonatal	4	2	12	6	4	28
Stillbirth	20	15	20	24	15	94
Subtotal	24	17	32	30	19	122 (44.5%)
Total	50	49	56	62	57	274 (100%)

Source: NT Child Deaths Register

Individual totals may differ from last year's report due to late registrations and interstate deaths

Post neonatal infancy by Aboriginal status and year, NT, 2015-2019

Table 10 presents post-neonatal infant deaths over the recent five year period by Aboriginal status. Of the total number of deaths in this age group, there is a majority that were Aboriginal children (n=26, 72.2%).

Table 10: Post neonatal infancy by Aboriginal status and year, NT, 2015-2019

Post Neonatal	2015	2016	2017	2018	2019	Total
Aboriginal	6	5	4	8	3	26
Non-Aboriginal	2	3	2	2	1	10
Total	8	8	6	10	4	36

Source: NT Child Deaths Register

Deaths of children with a family involvement in child protection service 2015-2019

Children involved with the child protection system are considered to be a particularly vulnerable subgroup of the population. Given that the risk is often associated with families, it is prudent that child death committees consider the 'child protection' history of children who have died as well as that of their siblings, as an indicator of vulnerability.

A child is considered to be 'known' to the child protection system if an 'action' has been taken under Chapter 2 of the *Care and Protection of Children Act 2007* to safeguard the wellbeing of the child. This 'action' by Territory Families can involve; receiving a child abuse notification, the assessing of child abuse notifications, child protection investigations, the undertaking of protective assessments, the provision of family support services, the taking out of statutory child protection orders, or the placement of a child into care.

The death of a child who is in the care of the Chief Executive Officer of Territory Families is required by law to be referred to the Office of the NT Coroner for him/her to make a finding on the child's death (Death in Care). In the present reporting period 2015-2019 there have been 5 deaths of children who were known to Territory Families and referred to the Office of the NT Coroner.

Characteristics of child death by children and families known to TF status, NT, 2015-2019

Children known to child protection services may originate from families characterised by dysfunction, including domestic and family violence, alcohol, drug and volatile substance abuse, mental illness, and involvement with the criminal justice system.

Of the 202 recorded child deaths in the NT in the reporting period 2015-2019, (n=83, 41%) were 'known' to Territory Families and (n=119, 59%) were 'not known' to Territory Families within the 3 years prior to their death. Of the 83 deaths of children known to Territory Families the highest number of involvement was in the <1 year range (n=41, 49.4%) and the lowest number of involvement was in the 5-9 years range (n=8, 9.7%) and 10-14 years range (n=8, 9.7%).

Of the 83 deaths of children involved in the child protection system, (n=71, 85.5%) were Aboriginal and (n=12, 14.5%) were non-Aboriginal.

Table 11: Characteristics of child death by children and families known to TF status, NT, 2015-2019

Child Characteristics	Known to TF Number (%)		Not known to TF Number (%)	
Gender				
Female	33	40%	50	42%
Male	49	59%	66	55%
Unknown	1	1%	3	3%
Total	83	100%	119	100%
Aboriginal Status				
Aboriginal	71	85%	70	59%
Non-Aboriginal	12	15%	49	41%
Total	83	100%	119	100%
Location				
Greater Darwin	20	24%	50	42%
Rest of NT	63	76%	69	58%
Total	83	100%	119	100%
Age Group				
< 1 year	41	49%	90	76%
1 - 4 years	11	13%	6	5%
5 - 9 years	8	10%	3	2%
10 - 14 years	8	10%	7	6%
15 - 17 years	15	18%	13	11%
Total	83	100%	119	100%

Source: NT Child Deaths Register

Chapter 4 – Underlying causes of child deaths in the Northern Territory, 2015-2019

This section provides information about the Underlying Cause of Death (UCOD) for 191 of the 202 child deaths in this five year reporting period. At the time of this report, there were 11 deaths awaiting the outcome of coronial investigations. One of these deaths is from 2016, 2 from 2017, 5 from 2018 and 3 are from 2019.

Underlying cause of death by ICD-10 chapter and year, NT, 2015-2019

Tables 12 to 15 provide a comparative breakdown of the UCOD by reporting years, gender and Aboriginal status, usual residence and age groups.

Table 12 details the underlying cause of death for children, which has been classified using the standard international coding system at broad chapter level. Certain conditions originating in the perinatal period (79) and external causes of morbidity and mortality (39) made up the greatest number of deaths in the 202 total.

Table 12: Underlying cause of death by ICD-10 chapter and year, NT, 2015-2019

ICD-10-AM Chapter No.	Code prefix	ICD-10-AM Chapter Descriptions	2015	2016	2017	2018	2019	Grand Total
1	A and B	Certain infectious and parasitic diseases	2	4	3	3	1	13
2	C and D	Neoplasms	1	2	2	3	1	9
4	E	Endocrine, nutritional and metabolic diseases	1	0	1	0	1	3
6	G	Diseases of the nervous system	0	0	1	0	1	2
9	I	Diseases of the circulatory system	1	0	0	1	0	2
10	J	Diseases of the respiratory system	0	1	0	1	0	2
11	K	Diseases of the digestive system	0	0	1	0	0	1
16	P	Certain conditions originating in the perinatal period	11	20	17	13	18	79
17	Q	Congenital malformations, deformations and chromosomal abnormalities	6	2	8	7	3	26
18	R	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	5	2	3	4	1	15
20	U-Y	External causes of morbidity and mortality	11	7	11	5	5	39
	Not yet coded	Awaiting coronial findings and/or cause of death*	0	1	2	5	3	11
		Total	38	39	49	42	34	202

Source: NT Child Deaths Register

Proportions may differ from last year's report due to updated numbers, late registration etc

*includes 11 deaths which are still open coronial cases

Underlying cause of death by ICD-10 chapter, gender and Aboriginal status, NT, 2015-2019

Table 13 shows for all sub-groups the leading coded causes of death were “certain conditions originating in the perinatal period and external causes of morbidity and mortality”. There was a significant difference between the numbers of male and female deaths over this period and significantly more Aboriginal (n=141, 70%) than non-Aboriginal (n=61, 30%).

Table 13: Underlying cause of death by ICD-10 chapter, gender and Aboriginal status, NT, 2015-2019

ICD-10-AM Chapter Descriptions	Gender			Aboriginal Status	
	Female	Male	Unknown	Aboriginal	Non-Aboriginal
Certain infectious and parasitic diseases	10	3	0	11	2
Neoplasms	1	8	0	4	5
Endocrine, nutritional and metabolic diseases	0	3	0	2	1
Diseases of the nervous system	2	0	0	2	0
Diseases of the circulatory system	1	1	0	2	0
Diseases of the respiratory system	1	1	0	1	1
Diseases of the digestive system	0	1	0	1	0
Certain conditions originating in the perinatal period	34	41	4	63	16
Congenital malformations, deformations and chromosomal abnormalities	11	15	0	12	14
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	7	8	0	10	5
External causes of morbidity and mortality	11	28	0	24	15
Awaiting coronial findings and/or cause of death*	5	6	0	9	2
Total	83	115	4	141	61

Source: NT Child Deaths Register & National Coronial Information System (NCIS)

*includes 11 deaths which are still open coronial cases

Thirty nine deaths were due to ‘external causes of morbidity and mortality’ of which (n=24, 62%) deaths were of Aboriginal children and (n=15, 38%) were non-Aboriginal children. Of these, (n=14, 35.9%) children who died were the result of intentional self-harm, 9 Aboriginal and 5 non-Aboriginal deaths. There were (n=2, 5.1%) children who died from drowning, both were non-Aboriginal and there were (n=13, 33.3%) children who died from motor vehicle-related accidents, 8 Aboriginal and 6 non-Aboriginal.

Underlying cause of death by ICD-10 chapter and gender, and chapter and Aboriginal status, NT, 2015-2019

Figures 3 and 4 provide a comparison by gender and Aboriginal status for each of the ICD-10-AM chapters.

Figure 3: Underlying cause of death by ICD-10 chapter and gender, NT, 2015-2019

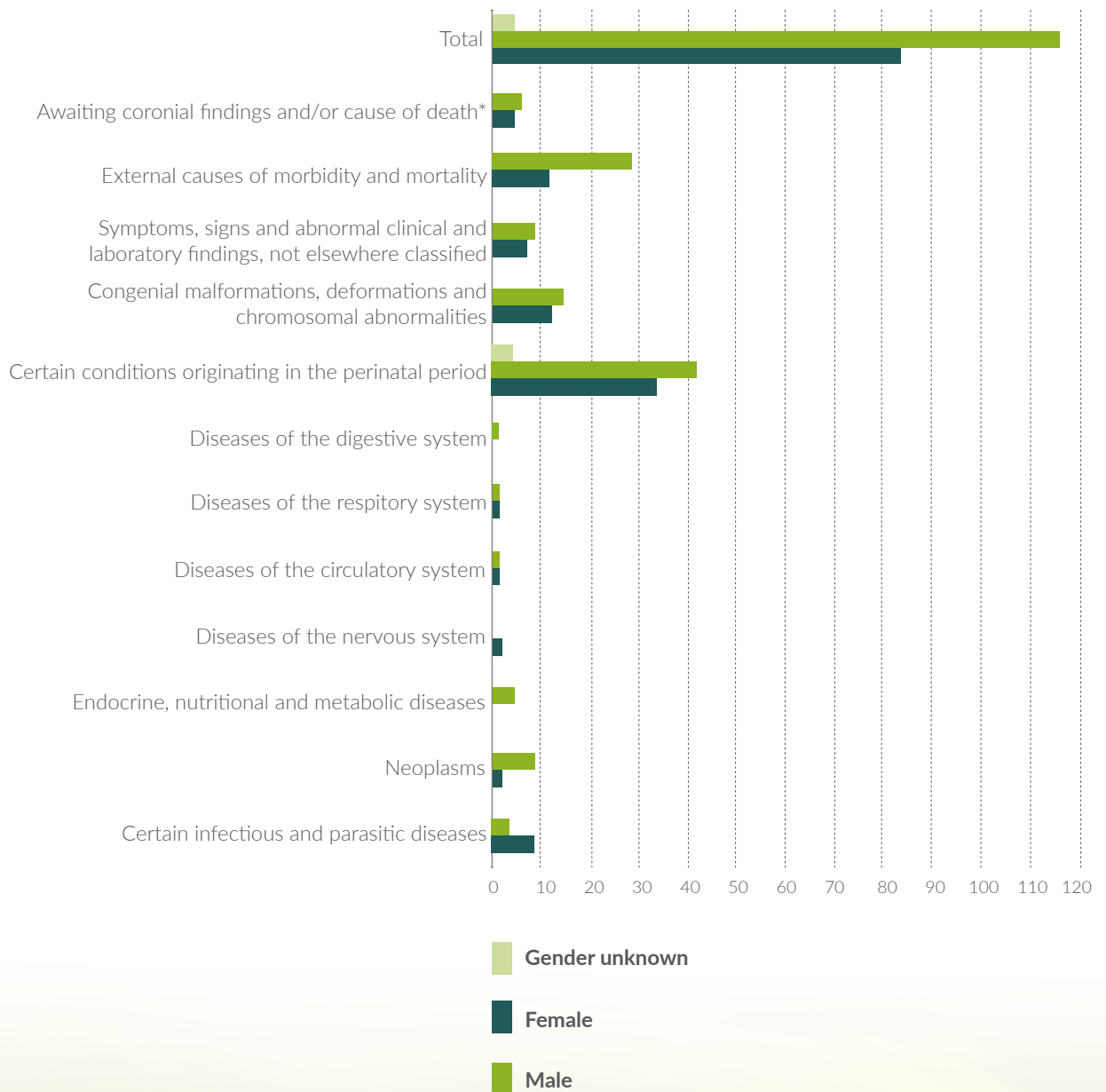
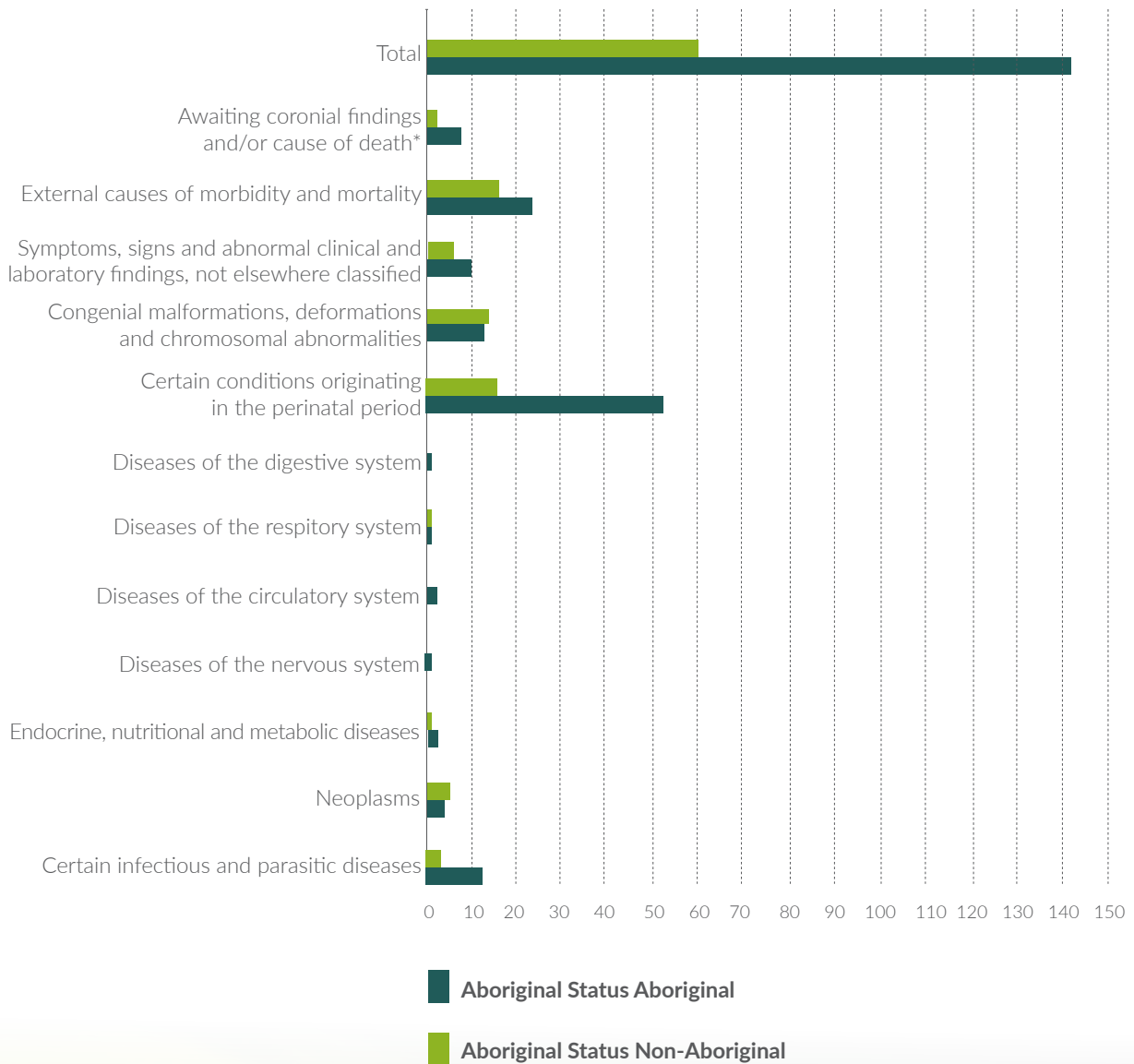


Figure 4: Underlying cause of death by ICD-10 chapter and Aboriginal status, NT, 2015-2019



Underlying cause of death by ICD-10 chapter and usual residence, NT, 2015-2019

Table 14: Underlying cause of death by ICD-10 chapter and usual residence, NT, 2015-2019

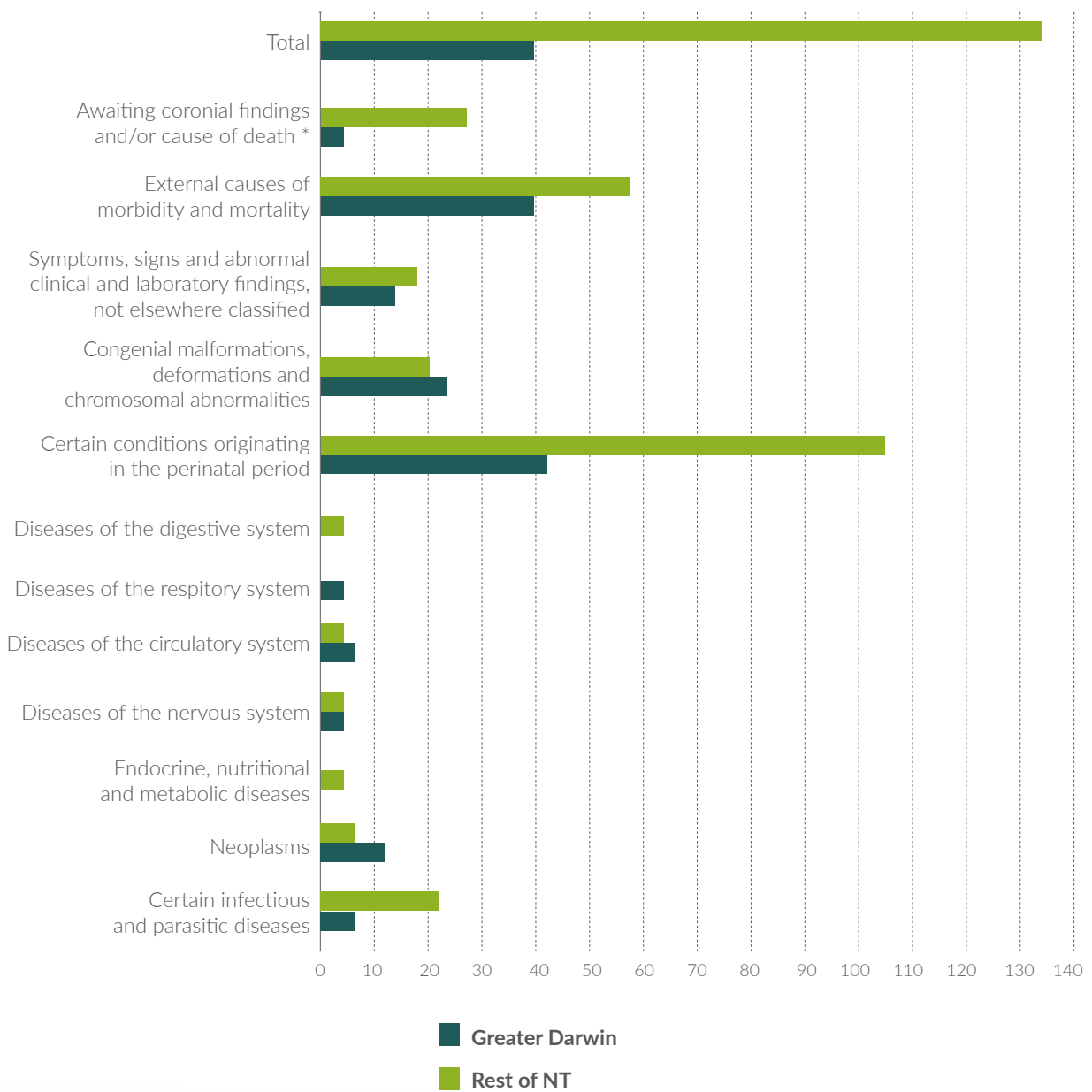
ICD-10-AM Chapter Descriptions	Greater Darwin	Rest of NT
Certain infectious and parasitic diseases	1	12
Neoplasms	6	3
Endocrine, nutritional and metabolic diseases	0	3
Diseases of the nervous system	0	2
Diseases of the circulatory system	2	0
Diseases of the respiratory system	2	0
Disease of the digestive system	0	1
Certain conditions originating in the perinatal period	21	58
Congenital malformations, deformations and chromosomal abnormalities	16	10
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	7	8
External causes of morbidity and mortality	13	26
Awaiting coronial findings and/or cause of death*	2	9
Total	70	132

Source: NT Child Deaths Register

*includes 11 deaths which are still open coronial cases

Of the 202 child deaths recorded, (n=132, 65.3%) were from the Rest of the NT. The leading cause of death in Greater Darwin was 'certain conditions originating in the perinatal period' (n=21, 30%) and in the Rest of NT was 'certain conditions originating in the perinatal period' (n=58, 44%).

Figure 5: Underlying cause of death by ICD-10 chapter and usual residence, NT, 2015-2019



Source: NT Child Deaths Register

*includes 11 deaths which are still open coronial cases

Underlying cause of death by ICD-10 chapter and age group, NT, 2015-2019

The largest number of deaths in children aged less than 1 year was from 'conditions originating in the perinatal period' (n=79, 53.4%) followed by 'congenital malformations, deformations and chromosomal abnormalities' (n=22, 16.8%). For all other age groups, the leading cause of death was 'external causes'. As previously stated under Table 13 'external causes' includes motor vehicle accidents, drownings and intentional self-harm which are potentially preventable causes of death.

Table 15: Underlying cause of death by ICD-10 chapter and age group, NT, 2015-2019

ICD-10-AM Chapter Descriptions	< 1 year	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years
Certain infectious and parasitic diseases	6	5	1	0	1
Neoplasms	2	1	3	1	2
Endocrine, nutritional and metabolic diseases	0	2	1	0	0
Diseases of the nervous system	0	0	0	0	2
Diseases of the circulatory system	2	0	0	0	0
Diseases of the respiratory system	1	1	0	0	0
Diseases of the digestive system	0	1	0	0	0
Certain conditions originating in the perinatal period	79	0	0	0	0
Congenital malformations, deformations and chromosomal abnormalities	22	0	2	1	1
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	15	0	0	0	0
External causes of morbidity and mortality	3	7	3	11	15
Awaiting coronial findings and/or cause of death*	1	0	1	2	7
Total	131	17	11	15	28

Source: NT Child Deaths Register

Proportions may differ from last year's report due to updated numbers, late registration etc

*includes 11 deaths which are still open coronial cases

Appendices

Appendix 1: Table of underlying cause of child deaths by ICD-10 chapters, NT, 2015-2019

Number of Deaths	Causes - ICD-10 Chapter 1: Certain infectious and parasitic diseases (A00-B99)
1	Acute meningococcaemia
2	Cytomegaloviral disease, unspecified
1	Enterovirus infection, unspecified site
1	Gastroenteritis and colitis of unspecified origin
2	Haemophilus influenzae infection, unspecified site
2	Meningococcal meningitis
1	Naegleriasis
1	Other and unspecified infectious diseases
1	Sepsis due to unspecified staphylococcus
1	Sequelae of viral encephalitis
13	Total

Number of Deaths	ICD-10 Chapter 2: Neoplasms (C00-D48)
3	Acute myeloblastic leukaemia [AML], without mention of remission
1	Beta thalassaemia
1	Malignant neoplasm of bone and articular cartilage, unspecified
1	Malignant neoplasm of brain stem
2	Malignant neoplasm of brain, unspecified
1	Malignant neoplasm of kidney, except renal pelvis
9	Total

Number of Deaths	ICD-10 Chapter 4: Endocrine, nutritional and metabolic diseases (E00-E99)
2	Other sphingolipidosis
1	Obesity due to excess calories
3	Total

Number of Deaths	ICD-10 Chapter 6: Diseases of the nervous system (G00-G99)
1	Status epilepticus, unspecified
1	Epilepsy, unspecified, without mention of intractable epilepsy
2	Total

Number of Deaths	ICD-10 Chapter 9: Diseases of the circulatory system (I00-I99)
1	Ventricular tachycardia
1	Myocarditis, unspecified
2	Total

Number of Deaths	ICD-10 Chapter 10: Diseases of the respiratory system (J00-J99)
1	Other specified respiratory disorders
1	Pneumonia due to <i>Mycoplasma pneumoniae</i>
2	Total

Number of Deaths	ICD-10 Chapter 11: Disease of the digestive system (K00-K99)
1	Acute periodontitis
1	Total

Number of Deaths	ICD-10 Chapter 16: Certain conditions originating in the perinatal period (P00-P96)
1	Bacterial sepsis of newborn, unspecified
1	Disseminated intravascular coagulation of fetus and newborn
3	Extreme immaturity, 24 or more completed weeks but less than 28 completed weeks
9	Extreme immaturity, less than 24 completed weeks
11	Extremely low birth weight 499g or less
2	Extremely low birth weight 500 - 749g
1	Extremely low birth weight 750 - 999g
1	Fetal blood loss from ruptured cord
10	Fetus and newborn affected by chorioamnionitis
8	Fetus and newborn affected by incompetent cervix
3	Fetus and newborn affected by maternal infectious and parasitic diseases
1	Fetus and newborn affected by maternal renal and urinary tract diseases
1	Fetus and newborn affected by multiple pregnancy
1	Fetus and newborn affected by oligohydramnios
1	Fetus and newborn affected by other and unspecified conditions of umbilical cord
3	Fetus and newborn affected by other forms of placental separation and haemorrhage
3	Fetus and newborn affected by other maternal complications of pregnancy
2	Fetus and newborn affected by other maternal conditions
1	Fetus and newborn affected by placental transfusion syndromes
4	Fetus and newborn affected by premature rupture of membranes
2	Intraventricular (nontraumatic) haemorrhage, grade 3, of fetus and newborn
1	Neonatal aspiration of meconium
1	Other bacterial sepsis of newborn
1	Other low birth weight 1250 - 1499g
1	Other low birth weight 1500 - 2499g
1	Prematurity, unspecified
1	Slow fetal growth, unspecified
2	Termination of pregnancy, affecting fetus and newborn
1	Unspecified intraventricular (nontraumatic) haemorrhage of fetus and newborn
1	Unspecified pulmonary haemorrhage originating in the perinatal period
79	Total

Number of Deaths	ICD-10 Chapter 17: Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
2	Anencephaly, unspecified
1	Atresia of foramina of Magendie and Luschka
2	Chromosomal abnormality, unspecified
1	Congenital eventration of diaphragm
1	Congenital malformation of tongue, unspecified
1	Congenital malformation, unspecified
1	Double outlet right ventricle
2	Down's syndrome, unspecified
1	Edwards' syndrome, unspecified
3	Hypoplastic left heart syndrome
1	Malformation of coronary vessels
1	Microcephaly
2	Other specified chromosome abnormalities
1	Patau's syndrome, unspecified
2	Patent ductus arteriosus
1	Polycystic kidney, unspecified
1	Renal agenesis, unspecified
1	Spina bifida, unspecified, unspecified whether lesion is open or closed
1	Tetralogy of Fallot
26	Total

Number of Deaths	ICD-10 Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
5	Other ill-defined and unspecified causes of mortality
1	Other specified general symptoms and signs
9	Sudden infant death syndrome with mention of autopsy
15	Total

Number of Deaths	ICD-10 Chapter 20: External causes of morbidity and mortality (V00-Y99)
1	Accidental poisoning by and exposure to liquefied petroleum gas [LPG]
1	Accidental poisoning by and exposure to other specified gas and vapours
3	Accidental suffocation and strangulation in bed
1	Car occupant injured in collision with car, pick-up truck or van, driver, traffic accident, sedan
4	Car occupant injured in noncollision transport accident, passenger, traffic accident, all-terrain four-wheel drive
1	Car occupant injured in noncollision transport accident, passenger, traffic accident, sedan
1	Car occupant injured in noncollision transport accident, passenger, traffic accident, unspecified car [automobile]
2	Drowning and submersion following fall into swimming-pool
2	Exposure to excessive natural heat
2	Hanging, strangulation and suffocation, undetermined intent
1	Intentional self-harm by handgun discharge
12	Intentional self-harm by hanging
1	Motorcycle rider injured in collision with car, pick-up truck or van, driver, traffic accident, motorcycle designed primarily for off-road use
1	Other accidental hanging and strangulation
1	Other specified fall from one level to another
1	Pedestrian injured in collision with car, pick-up truck or van, nontraffic accident
3	Pedestrian injured in collision with car, pick-up truck or van, traffic accident
1	Struck by thrown, projected or falling object
39	Total

Number of Deaths	Not yet coded
11	Awaiting coronial findings
11	Total

202 deaths
over 2015-2019 period

References

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