HEALTH BASICS

Death among children and adolescents

An explanation of how deaths in childhood and adolescence are defined, recorded, and understood.

WHAT IT IS
Deaths recorded from birth through the teenage years

WHERE IT COMES UP
Death certificates, public-health reports, and bereavement care

WHY IT MATTERS
Helps identify health risks and improve safety

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Pediatric clinician, emergency service, or bereavement service

HOW IT IS CHECKED
Clinical confirmation, death certification, and mortality records

Overview

"Death among children and adolescents" is not a disease. It is a broad public-health topic covering deaths from birth through the teenage years.

The exact age range differs between reports. Some statistics cover children younger than 5 years. Others use ages 1 to 9 for children and 10 to 19 for adolescents. A report may also include newborns, infants, or young adults. Checking the age groups is essential when comparing figures.

Deaths are studied by age, cause, location, time period, and circumstances. This information can show where safer environments, vaccination, medical care, mental health support, or other services may help.

A population statistic cannot predict what will happen to one child. It describes what happened across a defined group during a particular period.

How it works

A qualified clinician confirms that a person has died according to local medical and legal rules. This usually involves confirming the permanent loss of circulation and breathing.

In some hospital situations, death may be determined using neurological criteria. This means that all functions of the brain have permanently stopped. It is different from a coma or a long-term disorder of consciousness.

A death certificate records information such as the person's age, the date and place of death, and the medical cause. The underlying cause is the disease, injury, or event that began the chain leading to death. Other conditions that contributed may be recorded separately.

For example, a certificate might name a road traffic injury as the underlying cause and severe bleeding as part of the chain that followed. The immediate cause alone does not always explain how events began.

A medical examiner, coroner, or similar authority may investigate when a death is sudden, unexpected, unexplained, related to injury, or legally reportable. The title and powers of this authority differ by location. An investigation may include reviewing medical records, speaking with family members, examining the scene, ordering laboratory tests, or performing a post-mortem examination, also called an autopsy.

Public-health agencies combine death-certificate information into mortality statistics. A mortality rate is the number of deaths in a defined population over a stated time. Rates may be adjusted for age when researchers compare populations with different age structures.

Statistics may change after an investigation is completed or records are corrected. Differences in death certification, access to testing, and data quality can also affect comparisons between places.

Why it matters for your health

The causes and circumstances of death change greatly with age and setting.

Among newborns, important causes include complications of premature birth, problems during labour or delivery, infections, and congenital conditions. A congenital condition is a condition present at birth, although it may be found later.

After infancy, injuries become increasingly important. These may include road traffic injuries, drowning, burns, poisoning, and falls. The pattern is influenced by housing, transport, supervision, safety laws, emergency care, and access to treatment.

During adolescence, road injuries, violence, and suicide are major concerns in many settings. Infections and other medical conditions remain important, especially where access to

preventive care or timely treatment is limited.

Less common causes still have a major effect on individual families. These include cancer, heart conditions, neurological disorders, severe infections, and complications of chronic illness.

Mortality information helps communities decide where to focus resources. It may support safer roads, water safety, vaccination, newborn care, injury prevention, violence reduction, mental health services, and better access to urgent treatment.

These data must be interpreted carefully. A higher rate does not identify the reason by itself. Poverty, discrimination, conflict, environmental hazards, rural isolation, and barriers to healthcare can overlap. A complete explanation usually requires more information than a death count alone provides.

What can go wrong

Several problems can make deaths more likely or make mortality information less reliable.

Medical conditions associated with death in children include complications of prematurity, congenital heart disease, severe infection, cancer, epilepsy, and other serious disorders. Whether a particular condition becomes life-threatening depends on its severity, available treatment, and the child's overall health.

Injuries may result from traffic crashes, drowning, unsafe sleep environments, firearms, poisoning, burns, falls, or violence. The main risks differ by age and living situation.

Suicide is a cause of death rather than a diagnosis. It may be associated with mental health conditions, distress, bullying, abuse, substance use, isolation, or access to lethal means. Warning signs require attention even when it is unclear whether a young person intends to act.

Errors can also occur in official records. The underlying cause may initially be uncertain. Records may be incomplete, causes may be classified differently, and some deaths may not be registered promptly. These limitations are especially important when comparing countries or small groups.

Grief after a child's death can affect parents, siblings, friends, classmates, and care teams. People may experience sadness, anger, guilt, numbness, sleep problems, or difficulty concentrating. These are responses to bereavement, not symptoms belonging to the topic of childhood mortality itself.

What you can do

There is no single test or action that measures an individual child's chance of death from all causes. Practical steps depend on why you are reading about the topic.

When reviewing a report, check:

If your child has a serious medical condition, ask the relevant pediatric team which warning signs apply to that condition and whom to contact after hours. Keep an up-to-date list of diagnoses, medicines, allergies, emergency contacts, and any written emergency plan.

If a child or adolescent is unresponsive, is not breathing normally, has a life-threatening injury, or is in immediate danger, call local emergency services now. Follow the dispatcher's instructions. Use cardiopulmonary resuscitation or an automated external defibrillator if directed and you can do so safely.

Treat active suicidal intent, a suicide attempt, or an immediate threat of serious harm as an emergency. Contact emergency or crisis services, stay with the young person if it is safe, and reduce access to immediate means of harm where this can be done safely.

Questions about a death certificate, autopsy, or investigation are usually routine rather than emergency matters. The hospital bereavement team, certifying clinician, medical examiner, coroner, or registration service can explain the local process.

After a death, routine support may come from a primary care clinician, pediatric bereavement service, counselor, faith or cultural community, school, or peer-support group. Urgent help is needed if a bereaved person may harm themselves or someone else, cannot remain safe, or has a medical emergency.

- The ages included and the period covered
- Whether figures are counts, percentages, or population rates
- Whether newborn, injury, or suicide data are reported separately
- The country or region and the quality of its records
- Whether the figures are final or provisional

Common questions

Does "child mortality" always include teenagers?

No. Definitions differ. Some reports include only children younger than 5, while others include everyone younger than 18. Adolescent statistics commonly use ages 10 to 19. Always check the report's definition.

Is an infant death the same as a stillbirth?

No. An infant death happens after a live birth. A stillbirth is the death of a fetus before or during birth, using gestational-age or birthweight thresholds set by the reporting system.

Does a cause of death show that the death was preventable?

Not by itself. Preventability requires a separate review of the circumstances, available care, and realistic opportunities to change the outcome. It should not be assumed from a short entry on a certificate.

Why might the cause of death be listed as pending?

Laboratory testing, specialist review, an autopsy, or an investigation may still be underway. A temporary certificate or record may later be updated.

Is brain death the same as coma?

No. Brain death means the permanent loss of all brain function and is legally recognized as death in many jurisdictions. A person in a coma is alive and retains some brain function.

Can mortality statistics tell me my child's personal risk?

Usually not. Population figures do not account for every child's age, health, environment, access to care, or personal circumstances. A pediatric clinician can discuss risks linked to a specific diagnosed condition.

Sources

- World Health Organization. Children: Improving Survival and Well-Being . Fact sheet.
- World Health Organization. Newborn Mortality . Fact sheet.
- World Health Organization. Adolescent and Young Adult Health . Fact sheet.
- United Nations Inter-agency Group for Child Mortality Estimation. Levels & Trends in Child Mortality: Report 2023 . UNICEF, 2024.
- Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System: Fatal Injury Data .
- Centers for Disease Control and Prevention, National Center for Health Statistics. Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting . 2003 revision.
- Greer DM, Kirschen MP, Lewis A, et al. Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Practice Guideline. Neurology . 2023;101(24):1112-1132.