



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission
900 King Street
Wilmington, DE 19801-3341

CAPTA¹ REPORT

In the Matter of
Andrew Wilson
Minor Child²

9-03-2009-00016

January 25, 2013

¹ The federal Child Abuse Prevention and Treatment Act requires the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 31 Del.C. § 323 (a).

² To protect the confidentiality of the family, case workers, and other child protection professionals, pseudonyms have been assigned.

Background and Acknowledgements

The Child Death, Near Death and Stillbirth Commission (CDNDSC) was statutorily created in 1995 after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of CDNDSC is to safeguard the health and safety of all Delaware children as set forth in 31 Del.C., Ch., 3.

Multi-disciplinary Review Panels meet monthly and conduct a retrospective review of the history and circumstances surrounding each child's death or near death and determine whether system recommendations are necessary to prevent future deaths or near deaths. The process brings professionals and experts from a variety of disciplines together to conduct in-depth case reviews, create multi-faceted recommendations to improve systems and encourage interagency collaboration to end the mortality of children in Delaware.

Case Summary

In January 2008, Andrew was born at 37 weeks gestation via cesarean section due to non-reassuring heart tones. At birth Andrew weighed seven pounds, two ounces and no congenital anomalies or abnormal conditions were noted. Andrew was discharged home to the care of mother and father on day three of life.

The case regarding Andrew Wilson is considered a near death incident due to physical abuse resulting from abusive head trauma. At the time of Andrew's near death, Andrew was approximately one month, twenty three days old and residing in the home of his mother and father.

Prior to Andrew's near death incident there was no documented history with the Division of Services for Children, Youth and Their Families regarding either mother or father. Furthermore, there was no criminal history as it pertained to Andrew's parents.

Andrew's Near Death Event:

At 54 days of age, in late February 2008, Andrew was brought to the Emergency Department via Emergency Medical Services for an episode of unresponsiveness, apnea, and possible seizure like activity. Andrew was noted to have purposeful movements, flat fontanels, but no spontaneous eye opening. A computed tomography (CT) scan of the head was completed and demonstrated a probable small chronic subdural fluid collection on the left side of his brain. Andrew was admitted overnight for observation and then released the next day for follow up with his primary care physician (PCP).

That morning, Andrew saw his PCP who ordered an electroencephalography (EEG) and magnetic resonance imaging (MRI) at the children's hospital. The MRI was performed three days after Andrew's visit to the Emergency Department and showed multiple subdural hematomas at varying ages, likely indicating multiple incidents of trauma. The child was immediately admitted to the Pediatric Intensive Care Unit for further evaluation and treatment. An ophthalmology exam was performed and showed no

retinal hemorrhages. Clotting studies and a skeletal survey were also completed and results were within normal limits. Andrew had no external injuries present.

Mother and Father were noted to be the primary caretakers for Andrew. Both mother and father reported that they are home with the child for a period of eight to nine hours per day. Mother stated that Andrew was not fussy, but had eating issues since birth and vomited frequently following his visit to his grandparents who resided out of state. Mother and father reported that a fall occurred, one month prior, from a bed which was approximately two feet off the floor. Father stated that he did not observe any injuries to the child and that neither he nor mother took the child to the doctor following the fall.

Father denied having ever shaking, hitting, or committing any act that would cause harm to his son. Father further indicated that he had never seen mother do anything to harm their son either.

On the day of the near death incident, the medical history of Andrew, given by father, indicated no significant past medical or surgical issues. Father stated that he was trying to burp Andrew when Andrew vomited, arched his back, appeared to stop breathing, became limp and then began to twitch in his right leg.

The Department of Services for Children, Youth and Their Families' Division of Family Services' (DFS) Child Abuse and Neglect Reportline was contacted, alleging the abusive head trauma of Andrew. The referral was classified as an urgent and accepted for investigation. Law enforcement was also contacted and informed of the circumstances surrounding Andrew's injuries. Law enforcement was dispatched to the children's hospital for further follow up.

Delaware's Child Abuse Expert examined Andrew and reviewed records from the child's recent hospitalization, the skeletal survey, and the MRI scan. The Child Abuse Expert further reviewed records prior to the child's hospitalization, which included records from the child's PCP office and the results of blood tests that were requested by the PCP, prior to Andrew's near death incident. The Child Abuse Expert concluded that the child had experienced inflicted head trauma. He indicated that there was a recent episode of head trauma occurring before the child's recent hospitalization and based on the MRI findings, it appeared that there was at least one additional episode of trauma in the past. Andrew was only eight weeks of age at the time of the incident and therefore self-inflicted trauma was not a plausible explanation as the child was not developmentally age appropriate.

The Expert noted that the subdural hematoma surrounded both sides of the child's brain and even extended below the two lobes of the brain. He stated that there was a difference in appearance of the two sides which generally suggested a difference in the timing of the injuries. The bleeding on the left side of the brain appeared to be newer than the bleeding on the right side of the brain.

The Expert further indicated that the parent's explanation of Andrew's fall from the bed had occurred about four weeks prior to his hospitalization. With that said, it was very unlikely that the child would have suffered a bilateral subdural hematoma from falling off a bed that was two feet off the ground and that if a fall did cause the injury, there would be significant symptoms such as difficulty breathing, vomiting and changes in responsiveness. This fall also would not have accounted for the presence of new blood.

Upon further testing, the Child Abuse Expert determined that there was no evidence of a bleeding disorder or bleeding tendency present in the child. It was further explained that seizures do not cause subdural hematomas, therefore, ruling out any concern posed by the parents that Andrew's seizure like activity could have caused the head trauma.

Additionally, Andrew's mother and father asked if the child's injuries could have resulted from birth trauma. The Child Abuse Expert stated that the locations of the injuries are not consistent with birth trauma and birth trauma does not account for the presence of acute blood, which is present for a period of 72 hours following trauma. Furthermore, the Child Abuse Expert noted that the child was seen by his PCP at four days of age, at eleven days of age, and at fourteen days of age. At each of these visits there was no documented evidence of injury by the PCP.

In March 2008, DFS petitioned for and was granted temporary custody of Andrew Wilson. Andrew was discharged four days after admission to the hospital and placed in a foster home coordinated by DFS. Supervised visitation was requested by the parents and granted by DFS for Andrew, mother, and father.

Law enforcement was also informed of the Andrew's diagnosis and based upon those findings it was determined that an interview with father was needed. The detective informed the caseworker that once father's interview was completed, the caseworker would be able to speak to the parents about the allegations. However, father retained an attorney and was advised by his attorney not to interview with law enforcement which in turn complicated the investigation as father became uncooperative.

A home visit of the parent's residence was conducted by DFS ten days after Andrew's near death incident. Mother and father discussed their visit with Andrew's grandparents, who resided out-of-state, and voiced no concerns about the child's injury being caused by either of the parents and/or grandparents. During this home visit, father reported a time in which he was alone with Andrew and became frustrated due to being tired. Father stated that he left the child in the living room and punched a hole in the wall of the adjacent bedroom. Father indicated that this incident occurred around the beginning of February. Although father was frustrated and became aggressive, he was still adamant that he did not cause harm to his son at that point in time or on any other occasion.

Mother and father received a Polygraph in September 2008. The results from the Polygraph Examination Report indicated that father's answers were deceptive. From the results of this exam it appeared that father had caused some harm to Andrew, but did not do it intentionally. Mother's answers were also deceptive. It was reported that mother felt responsible for the child's injuries because, on at least two occasions, Andrew awoke in the middle of the night crying and that mother put a pacifier in his mouth with some force or assertiveness.

The deceit indicated in the polygraph examination could have been caused by one of two scenarios. The first scenario was that the parents did something specific to harm the child. The second was that the parents had guilt feelings about something that did occur and that the guilt feeling caused the deceptive response.

Apart from the polygraph, the detective assigned to the case was never able to interview the father concerning the injuries sustained to Andrew. Without this interview it was unable to be determined which parent had injured Andrew. As a result, there was insufficient evidence to proceed criminally against either parent.

In April 2008, Andrew's mother and father were substantiated for physical abuse, level IV and placed on the Child Protection Registry. Andrew's paternal grandparents were awarded permanent guardianship of Andrew. Supervised visitation was granted to mother and father. Since paternal grandparents were awarded permanent guardianship, a petition for the Termination of Parental Rights was dismissed as moot. Furthermore, the Court ordered that if paternal grandparents are to die prior to Andrew reaching his eighteenth birthday, then custody of Andrew will be awarded to the DFS Parents will be given no weight and/or consideration in such an event.

System Recommendations

After review of the facts and findings of this case, the Panel determined that not all systems met the current standards of practice and therefore the following system recommendation was put forth:

MEDICAL

1. CDNDSC shall send a letter to the treating hospital recommending that consultation occur with an expert when infants present with intracranial hemorrhages and history of abnormal neurological activity.
 - a. Rationale: The child had a non-traumatic birth via c-section. The age of the subdural bleed is unclear from the computed tomography (CT) scan. There is concern that the hospital discharged the child prior to the review and consultation of the CT scan.
 - b. Anticipated Result: A more thorough assessment of infants who present with intracranial hemorrhages and abnormal neurological activity.
 - c. Responsible Agency: Delaware Hospitals