

NATIONAL PAEDIATRIC MORTALITY REGISTER SUMMARY REPORT 2026

The National Paediatric Mortality Register (NPMR) aims to collect, analyse and report on information relating to all deaths of children and young people aged under 19 years in the Republic of Ireland. Although the incidence of deaths among children has declined globally, many deaths continue to occur. Understanding the reasons behind these deaths is important so that steps can be taken to prevent them where possible.

The report provides an overview of child mortality in the Republic of Ireland and highlights the need for a national system to ensure that all child deaths are reported in a consistent way. Such a system would allow information to be analysed and reported in a timely manner. The report presents an updated review of deaths among children and young people in Ireland using death registration data from 2019 to 2024 and builds on findings from previous NPMR reports.

PLEASE BE AWARE THAT THE CONTENT OF THIS REPORT, WHICH DETAILS CHILD DEATHS, MAY BE DISTRESSING FOR SOME READERS.

If you, or someone you know need advice on grief, bereavement or loss visit: www.hse.ie/grief



A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES

*We wish to extend our condolences to the families
whose child's death contributed to this report.*

Kate Burke and Liz O'Donoghue



DANIEL'S STORY

Fiona shares the story of her son Daniel, who died unexpectedly at 14 months of age while the family was on holiday abroad. Daniel had appeared to be a healthy child, meeting developmental milestones and showing no obvious signs of illness. After his death, further investigation identified hypertrophic cardiomyopathy, an underlying heart condition that had not previously been detected. Fiona reflects on the experience of seeking answers after an unexpected loss and the importance of listening to parents' concerns when assessing a child's health. Scan the QR code to read Daniel's story.



**SCAN THE QR CODE TO
READ DANIEL'S FULL
STORY ON PAGE 18**



KEY FINDINGS

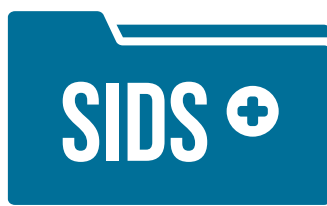
INFANT MORTALITY

- Deaths of infants (aged under 1 year) made up the majority of CYP deaths. Between 2019 and 2024, there were 1,096 infant deaths.
- The number of babies dying increased from 2.8 per 1,000 live births in 2019 to 3.3 in 2023. The provisional rate estimated for 2024 is of 3.6 per 1,000 live births.
- Ireland's infant mortality rate in 2023 matched the European Union average but remains higher than several high-performing European countries, such as Finland (1.8) and Norway (2.0).



BETWEEN 2019 AND 2024, THERE WERE 1,096 INFANT DEATHS.

MORTALITY INCREASED FROM 2.8 INFANT DEATHS PER 1,000 LIVEBIRTHS IN 2019 TO 3.3 IN 2023.



SIDS ACCOUNTED FOR 29% OF DEATHS IN BABIES AGED 29 DAYS TO ONE YEAR DURING 2019–2024.

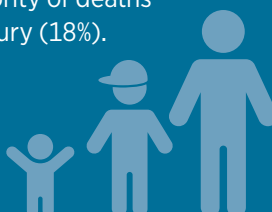
SUDDEN INFANT DEATH SYNDROME

- Sudden infant death syndrome (SIDS), often known as cot death, is once again the leading cause of death in babies aged 29 days to one year:
 - SIDS accounted for 29% of deaths in this age group during 2019–2024.
 - The number of SIDS deaths in 2023 (n=25) was the highest recorded since 2008.
- Delays in official registration of deaths make it harder to identify trends early. Direct notification to the NPMR will improve the timeliness of data and allow emerging patterns in child mortality to be detected sooner.

CHILD MORTALITY RATES

- Outside of infancy, the greatest number of deaths occurred among older children aged 15–18 years, which accounted for 41% of deaths in all children aged 1–18 years. The total number of deaths of children aged 1–18 years registered in Ireland during the period 2019–2024 was 715, the equivalent of 119 deaths per year in this age group.
- Most deaths in infants aged under 1 year and children aged 1–14 years (63%) occurred in hospital settings. Hospital deaths are less common among children aged 15–18 years, with the majority of deaths occurring at home (43%) or at the scene of an injury (18%).

THERE WERE 715 DEATHS OF CHILDREN AGED 1–18 YEARS REGISTERED IN IRELAND DURING THE PERIOD 2019–2024



- A higher percentage of boys than girls died across all age groups during 2019–2024. This trend becomes more pronounced with increasing age:



54% (under 29 days)

51% (29–364 days)

59% (1–14 years)

66% (15–18 years)

This report presents estimates of deaths among children and young people (CYP) in Ireland between 1 January 2019 and 31 December 2024. It describes the main causes of death at different stages of childhood and reviews yearly trends based on updated data on when deaths occurred.

1,811 CYP DEATHS WERE REGISTERED IN IRELAND DURING 2019–2024.

CANCER

Cancer was the leading cause of death among children aged 1–14 years during 2019–2024, accounting for almost one in four deaths.



CANCER ACCOUNTED FOR ALMOST ONE IN FOUR DEATHS

SUSPECTED SELF-HARM

- Suspected self-harm* remains the leading cause of trauma deaths among those aged 15–18 years, accounting for almost half (48%) of all trauma-related deaths and 25% of all registered deaths in this age group between 2019 and 2024. Among trauma deaths in children aged 1–14 years, 16% were due to suspected self-harm.

*The figure for suspected self-harm relates to a subset of injury deaths that in the absence of better data are most likely to be caused by self-harm and are an estimate of the true number of self-harm deaths. This figure may vary from Central Statistics Office (CSO) published data on suicide deaths.

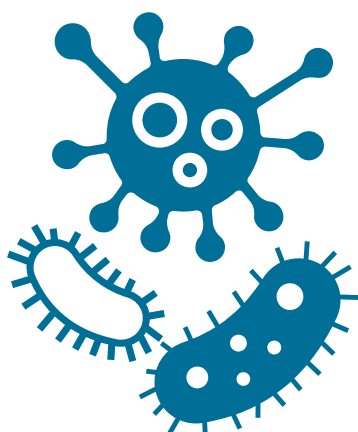
TRAUMA



- Trauma was the leading cause of death among adolescents aged 15–18 years during 2019–2024, accounting for just over half of deaths. It accounted for one in five deaths in children aged 1–14 years.
- Mortality rates from trauma improved from 2017 onwards, suggesting effective prevention or safety interventions. However, provisional figures for 2024 are higher than previous years.

ROAD TRAFFIC COLLISIONS AND DROWNINGS

- Road traffic collisions (RTCs) accounted for almost one-third (31%) of all trauma deaths in children aged 1–14 years. Drowning accounted for 13% of trauma deaths in this age group.
- Among adolescents aged 15–18 years, RTCs were the second leading cause of trauma-related death (16%), followed by toxicity related to drugs, alcohol or medication ingestion (9%) and drowning (7%).



INFECTION

- Infection was the certified cause of death in 14% of deaths among CYP between 2019 and 2024.
- Rates were highest in infants under 1 year old (36.1 deaths per 100,000 population). Among children older than one year (all CYP aged 1–18 years), the combined infection related mortality rate was 1.71 per 100,000 population, indicating that while infection contributes meaningfully to mortality, the absolute rate outside infancy is low.
- Infection-related deaths in older children were commonly associated with complex chronic conditions.

RECOMMENDATIONS

This report highlights the importance of timely, high-quality data on deaths among children and young people to support prevention, service planning and equitable care. The NPMR electronic child death notification system, which was implemented in 2026, will support more timely and complete data collection and monitoring.

RECOMMENDATION 2

National action to prevent sudden infant death syndrome (SIDS) should be strengthened. Parents and caregivers should receive clear, consistent advice on safer sleep during pregnancy and after birth. Additional support and targeted information should be provided to families and communities where the risk of SIDS may be higher.



A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES

“Behind each of the 1,811 deaths recorded are families who continue to grieve the loss of their child. Their experiences and voices must remain central to how we understand these data and how we act upon them.

The increase in the incidence of sudden infant death syndrome (SIDS) is especially concerning. We strongly advocate for a renewed national public awareness campaign focused on safe sleep practices and the prevention of these deaths. Families need clear, consistent and accessible information, and we believe this should be prioritised at a national level.

Suspected self-harm among young people also requires urgent attention. Public awareness, early intervention and improved access to mental health supports are critical, particularly for adolescents aged 15–18.

Working with mortality data that is up to three years out of date is deeply frustrating for families and services. As PPI representatives, we strongly call for the electronic notification system to be prioritised so that data can be collected in real time and used to identify risks earlier, influence practice, and ultimately prevent avoidable childhood deaths.”

Liz O'Donoghue,

Patient and Public Interest Representative



“On first reading, the standout pieces are clear – the alarming rise in SIDS deaths and the high rate of (suspected) self-harm and trauma-related deaths.

I'm neither a clinician nor a statistician. I'm just a regular mum, but sadly one who understands what it is to bury her child and the lifelong impact that has. I

try to read these reports with my head rather than my heart, but my role as a PPI representative and a bereaved mum is surely to be the voice of the heart. When I became a PPI representative, I imagined at this point in time reading these reports and saying, “My gosh, look how far we've come!” Instead, I'm saying, “Is this all the progress we've made?”

As a bereaved mum of a child lost to a terminal illness, it is a travesty to witness so many preventable deaths for lack of basic information leading to positive action. I appreciate the huge body of work that is being done by an amazing, passionate and driven team to develop the child death notification system we sorely need, but it is beyond frustrating to me that this is taking so long. I feel like we are failing these children and their families. We can and should do better.”

Kate Burke,

Patient and Public Interest Representative



NOCA National Office of
Clinical Audit

4TH FLOOR, 118 ST STEPHEN'S GREEN, DUBLIN 2, D02 X0N1

Tel: +353 1 402 8577

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COMMENTS PLEASE FEEL FREE TO EMAIL

npmr@nocai.ie

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