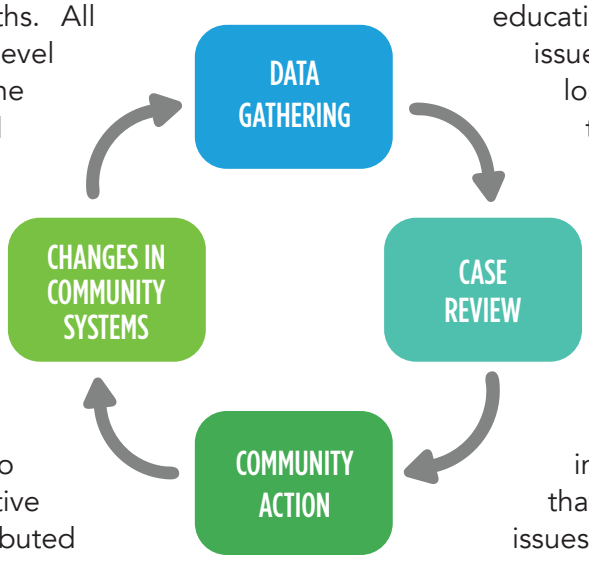
Florida Healthy Start
Broward Healthy Start Coalition

FETAL AND INFANT MORTALITY REVIEW PROGRAM 2019 ANNUAL REPORT

ABOUT THE FETAL AND INFANT MORTALITY REVIEW PROGRAM

Fetal and Infant Mortality Review (FIMR) is a community-based, action-oriented process to review fetal and infant deaths and make recommendations to spark systemic changes to prevent future similar deaths. All FIMR teams operate at the local level (usually the county) to examine medical, non-medical, and systems-related factors and circumstances contributing to fetal and infant deaths.

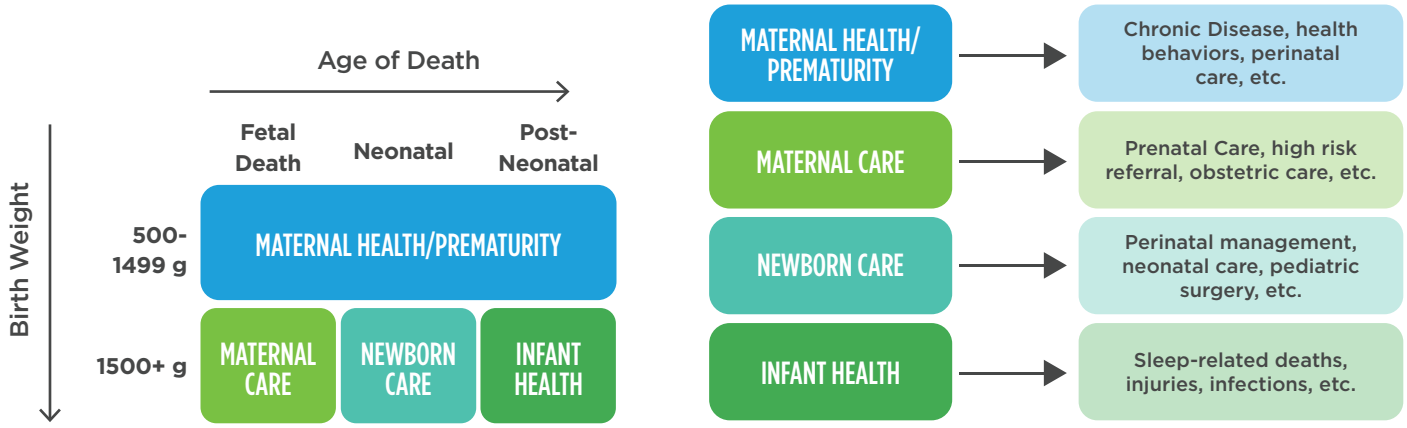
Among the various types of fatality reviews, the FIMR approach is unique because cases are de-identified; they may include a family interview to determine the family's perspective on factors that may have contributed to the infant's life and death; and many of the teams have a Community Action Team (CAG) that, after completion of the review, works to take the case review team's recommendations to action.



The purpose of FIMR's Case Review team is to conduct comprehensive multidisciplinary review of fetal and infant deaths to understand how a wide array of local social, economic, public health, educational, environmental and safety issues relate to the tragedy of infant loss; and use the findings to take action that can prevent other infant deaths and improve the systems of care and resources for women, infants, and families.

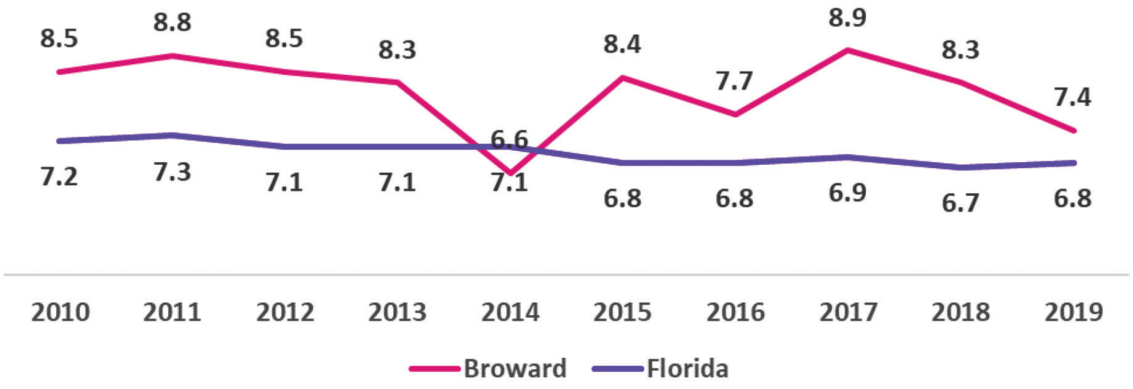
Fetal and infant mortality are important indicators of the health of a community. Fetal and infant deaths are sentinel events that illustrate system and resource issues. Understanding and addressing infant mortality concerns in our community can be challenging, however it is one of the most important things that can be done to improve the overall health of our population.

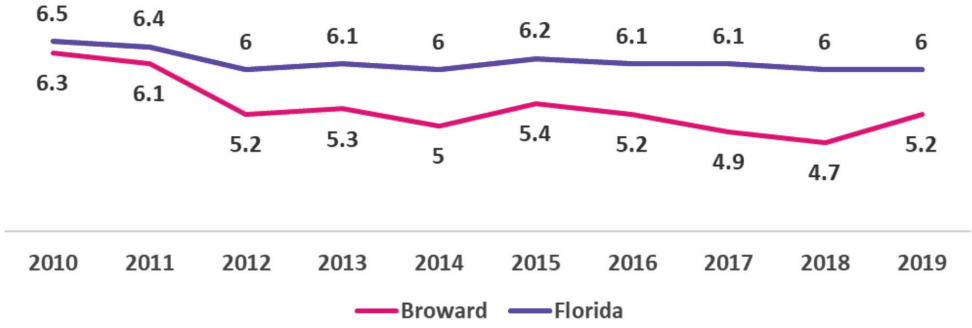
Of the 300 plus fetal and infant deaths in Broward County in 2019, 28 cases were selected systematically using the Perinatal Period of Risk Process (PPOR). The PPOR process identifies groups and periods of risk with the most deaths and the highest rates. Each period of risk is associated with its own set of risks and prevention factors. Cases may seem oversampled in the maternal health/prematurity and maternal care categories; however, this is because they reflect higher rates of fetal/infant mortality.



Fetal Mortality in Broward County

The rate of Broward Fetal Mortality has been **statistically significantly higher** than the rate of the state of Florida in 2010, 2011, 2012, 2013, 2015, 2016, 2017, 2018 and 2019.





Infant Mortality in Broward County

The rate of Broward Infant Mortality (deaths that occur from after birth up to 364 days) has been **statistically significantly lower** than the Florida rates of infant mortality.

CASE REVIEW TEAM FINDINGS

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Pre-pregnancy health of a mother

- Lack of insurance coverage before and after pregnancy
- Chronic health conditions, especially among black moms

Lack of family planning

- Non-use of family planning
- High rate of birth intervals <18 months
- Lack of postpartum visits

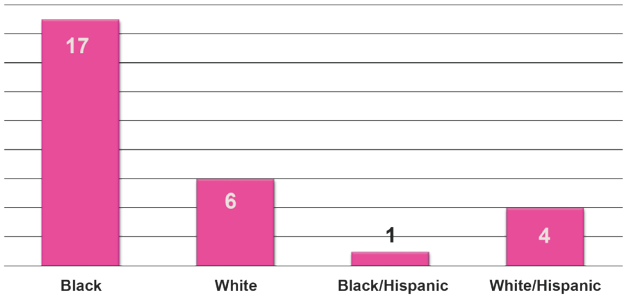
Social Determinants of Health

- Poverty, lack of education, transportation, violence, etc. = STRESS
- Need for culturally sensitive and trauma-informed care
- Lack of awareness among policymakers

Siloed, fragmented care

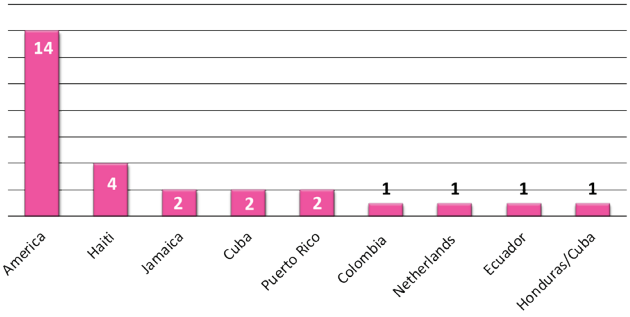
- Disconnect between clinical/medical/hospital & community support services
- Lack of follow-through, engagement and retention in home visiting, care coordination

Race

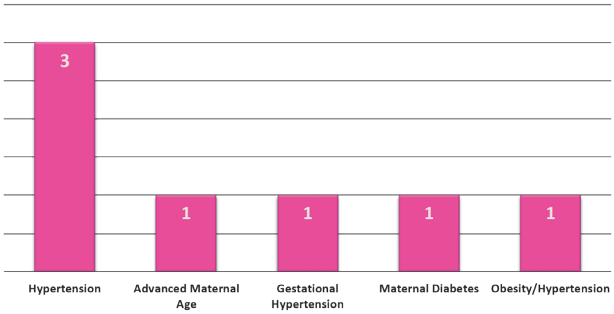


Maternal Age

Parent(s) Who Are First Generation Immigrant(s)

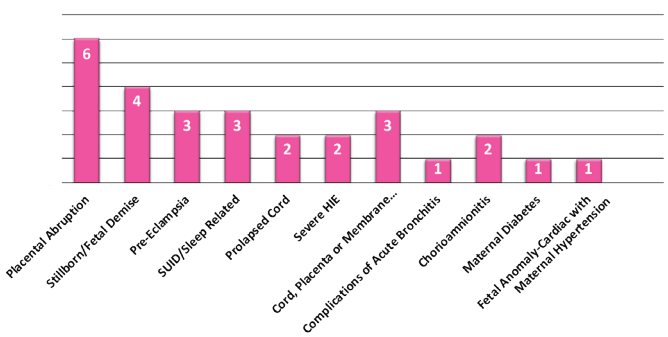


Maternal Conditions that Contributed to the Loss/Death



Zip Codes of Cases Reviewed

Overall Reported Causes of Death



RECURRING RECOMMENDATIONS FROM THE CRT

- Provide Implicit Bias training for all hospital staff, nurses, and physicians
- Address Systemic Racism and barriers to treatment and quality care for women of color
- Educate women on symptoms of diagnosed chronic conditions (hypertension, pre-eclampsia, obesity, diabetes etc.) and the importance of women's health before and during and after pregnancy
- Provide fetal kick count education at every appointment
- Reinforce Healthy Start screening prenatally w/ OB providers for all patients
- Educate women on the importance of early entry into prenatal care
- Promote mandatory parent notification when death was preventable (mostly for sleep related deaths)
- Educate OB's on the importance of reviewing charts prior to post-partum check up to be aware if there was a loss and address the mother appropriately during the visit and acknowledge her loss
- Request healthcare providers to document Safe Sleep Education in Prenatal Care and Pediatric Charts
- Reinforce the importance of following the American Academy of Pediatrics Safe Sleep Recommendations to families which includes educating that babies should be put to sleep alone, on their back, and in a crib

CASE REVIEW TEAM MEMBERS

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The FIMR Program is funded by the Florida Department of Health and administered by Broward Healthy Start Coalition.

For more information on the FIMR Program visit us at www.browardhsc.org

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