Florida Healthy Start

Capital Area Healthy Start Coalition

Capital Area Fetal and Infant Mortality Review (FIMR) Project

2017 Annual Deliberations Report

A Publication to Review Infant and Fetal Outcomes Related to Mortality in Leon, Jefferson, Madison, Taylor and Wakulla Counties

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The Capital Area Healthy Start Coalition (CAHSC) is dedicated to reducing fetal and infant mortality in Leon and Wakulla counties. This mission requires knowing what factors contribute to those heart-breaking outcomes and working hard to mitigate or eliminate them, year after year.

The CAHSC facilitates the "Capital Area Fetal and Infant Mortality Review" (FIMR) Project to identify factors that contribute to our fetal and infant losses in Leon, Jefferson, Madison, Taylor, and Wakulla counties. This publication is a compilation and review of 29 cases of fetal and infant deaths in the five-county region in 2017. In that year there were a total of 48 fetal and infant losses.

While FIMR is a national model, its local success is largely determined by community members who volunteer their time to serve on the local Case Review Team. Theirs is an arduous task of reviewing cases to highlight strengths and challenges while also recommending changes we can make in our community to improve maternal, child, and infant health outcomes. This group is made up of healthcare, social service, academic, government, and community representatives to whom we owe a great deal of gratitude.

The knowledge gained through the FIMR process helps CAHSC focus its resources and efforts to reduce fetal and infant mortality. We aim to serve the community by using these tragic experiences to improve maternal and child health policies and practices.

This report, hopefully, will also encourage many other individuals and organizations to join in our multi-county community efforts to lower fetal and infant mortality.

Glenn Robertson
Immediate Past President
Board of Directors

Tomica Smith
Executive Director

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The Capital Area Fetal and Infant Mortality Review (FIMR) Project is dedicated to reducing fetal and infant mortality rates in Leon, Jefferson, Madison, Taylor, and Wakulla counties.

The infant mortality rate is a reflection of the overall health of a community. High infant mortality equates to an unhealthy community. FIMR is a community based effort aimed at addressing factors and issues that affect infant mortality and morbidity. The objectives are to examine the significant social, economic, cultural, environmental, and health systems factors associated with fetal and infant mortality through a review of records. It is important to remember that the purpose of the review is not to find fault but to discover patterns of contributing factors and develop strategies for system and community changes.

The FIMR Process

Fetal or Infant Death: The process begins with the death of a fetus 20 weeks or older or an infant up to 364 days of age. Birth and death certificates are picked up from the Leon County Department of Vital Statistics for the five counties in the FIMR project.

Case Selection: All cases are selected based on an established set of criteria. FIMR looks for trends in cause of death, anomalies, and SUID (Sudden Unexplained Infant Death). Any cases fitting these criteria are selected first. Infant deaths and fetal deaths in the last trimester are given priority.

Data Abstraction: All available medical, hospital, public health, and case management records are reviewed. Autopsy reports, law enforcement records and EMS records are also reviewed when applicable.

Maternal Interviews: A voluntary interview may be conducted with the mother who has experienced the loss. All mothers are offered an interview.

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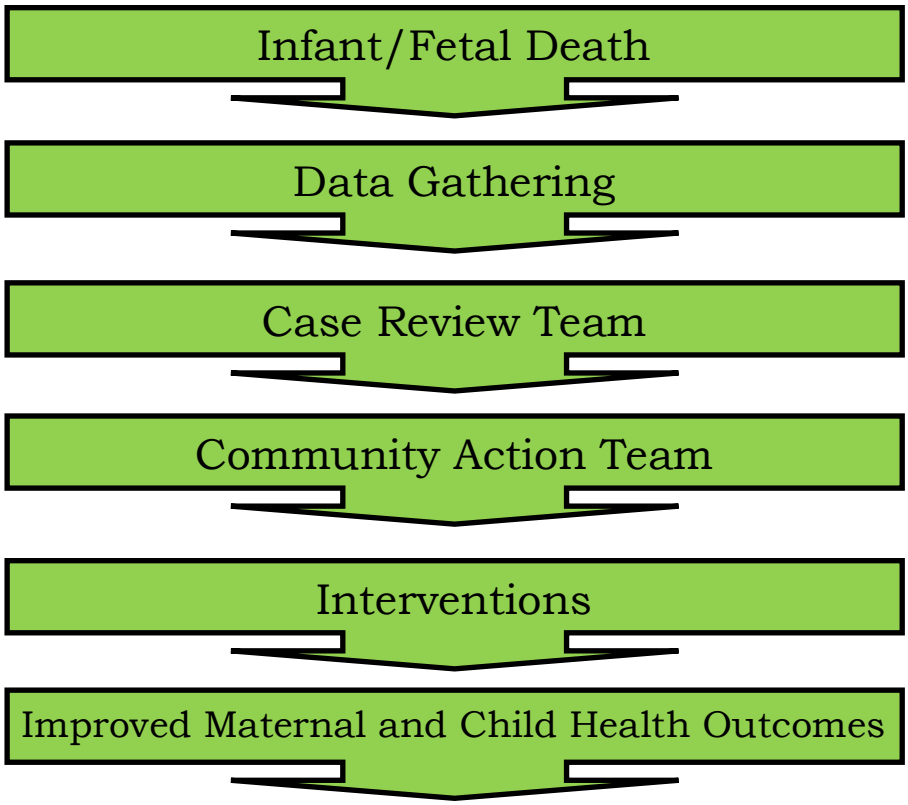
The Case Review Team (CRT): The CRT is composed of healthcare professionals and representatives from community agencies who volunteer their time to meet and review the summaries of the cases that have been selected. The CRT meets the first Thursday of the month and deliberates three cases at each meeting. The CRT is looking for the following:

1. *What were this mother's needs: social, emotional, cultural, economic, and medical?*
2. *Which of this mother's needs were met?*
3. *Which of this mother's needs were not met? Consider the following:*
   * *Was the mother referred to available community services and resources?*
   * *Was the mother referred to community services and resources, but did not access them?*
   * *Were there services and resources not available that might have been helpful to this mother?*
4. *What could have been done differently for this mother?*

Using these guidelines, the team identifies any issues that may have contributed to the poor pregnancy outcome and makes suggestions for interventions, where appropriate, to forward to the Community Action Team (CAT). The CAT then reviews the recommendations and selects issues to focus on and address for the upcoming year.



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Primary Cause of Infant and Fetal Deaths 2017

FIMR Cases Reviewed – 29

Primary Cause of Death	
Infant Deaths - 16	**Number and %**
Prematurity	3 (18.75%)
Extreme prematurity	2 (12.5%)
Positional Asphyxiation (with bedsharing)	2 (12.5%)
Sudden Unexplained Infant Death while co-sleeping with an adult	1 (6.25%)
Positional Asphyxiation (trapped between recliner and wall)	1 (6.25%)
Trisomy 18 with multiple anomalies	1 (6.25%)
Natural causes	1 (6.25%)
Severe lung hyproplasia	1 (6.25%)
Necrotizing Enterocolitis (NEC)	1 (6.25%)
Cardiorespiratory arrest	1 (6.25%)
Hydranencephaly	1 (6.25%)
Undetermined after autopsy	1 (6.25%)
Fetal Deaths - 13	**Number and %**
Complication of placenta, cord, membranes: Torsion of umbilical cord (1); abruptio placenta (1); nuchal cord, mother positive for cocaine use (1); abruptio placenta, maternal preeclampsia (1); ROM, oligohydramnios, mother with incompetent cervix (1); Chorioamnionitis (1)	6 (46.2%)
Unknown: Mother used cocaine and marijuana (1); maternal hypertension, uterine fibroids (1)	2 (15.4%)
Short umbilical cord with maternal herpes infection	1 (7.7%)
Maternal condition (Williams syndrome)	1 (7.7%)
Fetal anomaly – cardiac	1 (7.7%)
Subchorionic hematoma	1 (7.7%)
Extreme prematurity	1 (7.7%)

Data source: Fetal and infant death certificates

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Primary Cause of Infant and Fetal Deaths 2017

All Cases—48 (cases reviewed and not reviewed)

Primary Cause of Death	
Infant Deaths - 22	**Number and %**
Prematurity	3 (13.6%)
Extreme prematurity	3 (13.6%)
Unknown	2 (9.1%)
Positional asphyxiation (with bedsharing)	2 (9.1%)
Sudden Unexplained Infant death while co-sleeping with an adult	1 (4.5%)
Positional Asphyxiation (trapped between recliner and wall)	1 (4.5%)
Trisomy 18 with multiple anomalies	1 (4.5%)
Natural causes	1 (4.5%)
Severe lung hydroplasia	1 (4.5%)
Necrotizing Enterocolitis (NEC)	1 (4.5%)
Cardiorespiratory arrest	1 (4.5%)
Hydranencephaly	1 (4.5%)
Undetermined after autopsy	1 (4.5%)
Pulmonary hypoplasia	1 (4.5%)
Subfalcine herniation with midline shift	1 (4.5%)
Chromosomal aneuploidy/abnormality	1 (4.5%)
Fetal Deaths - 26	**Number and %**
Complication of placenta, cord, membranes: Torsion of umbilical cord (1); abruptio placenta (2); other—unremarkable (1); nuchal cord, mother positive for cocaine use (1); abruptio placenta, maternal preeclampsia (1); ROM, oligohydramnios, mother with incompetent cervix (1); Chorioamnionitis (2); ROM, mother with fibroids (1); cord accident (1); tight, double nuchal cord (1); nuchal cord x 2 (1); abruptio placenta, placental insufficiency (1); multiple tight twist in cord (1)	15 (57.7%)
Unknown: mother used cocaine and marijuana (1); maternal hypertension, uterine fibroids (1)	2 (7.7%)
Pending autopsy or histological results	2 (7.7%)
Short umbilical cord with maternal herpes infection	1 (3.8%)
Maternal condition (Williams syndrome)	1 (3.8%)
Fetal anomaly – cardiac	1 (3.8%)
Subchorionic hematoma	1 (3.8%)
Extreme prematurity	1 (3.8%)
Other obstetrical or pregnancy complications (not defined)	1 (3.8%)
Incompetent cervix	1 (3.8%)

Data source: Fetal and infant death certificates

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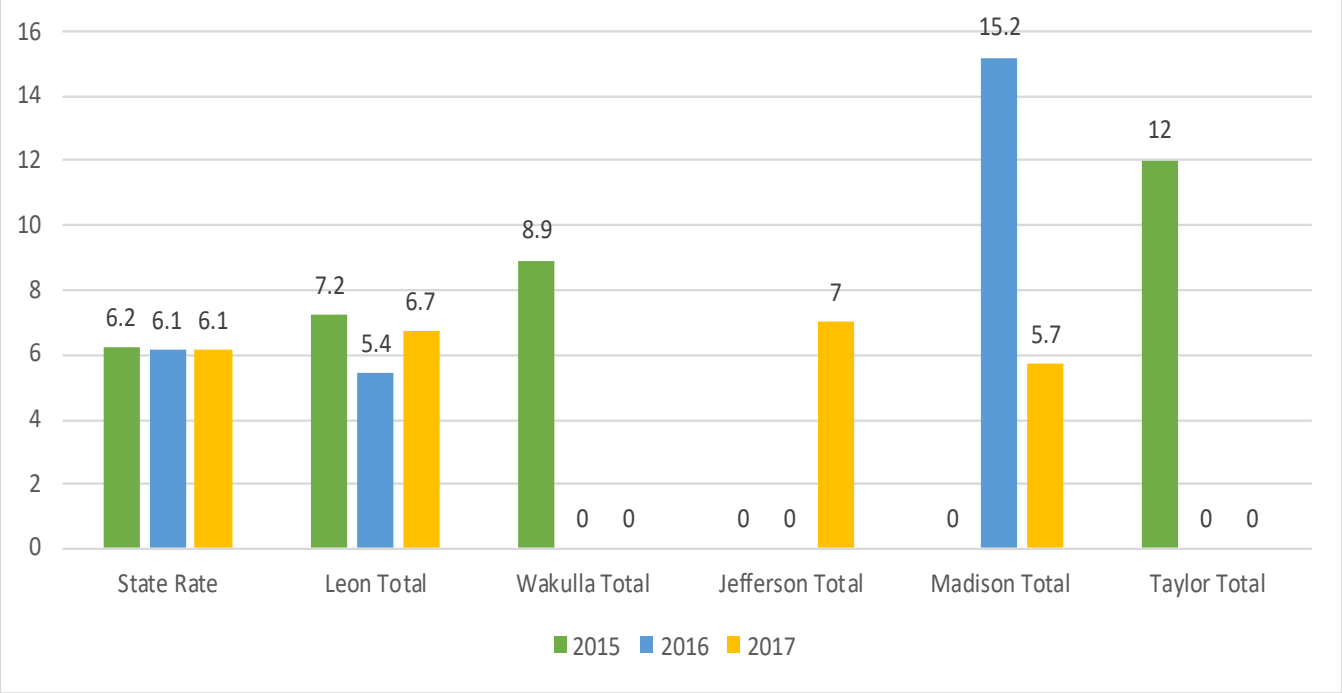
Infant Deaths per 1,000 live births

Florida CHARTS 2015-2017



Infant deaths are defined as a baby who is born alive but dies before their first birthday. Infant mortality rates are an important marker of the overall health of a community (CDC, Aug. 3, 2018). In 2016, the infant mortality rate in the United States was 5.9 deaths per 1,000 live births which is lower than the Florida State rate. The infant mortality rates in the five counties served by this FIMR project were generally higher than the Florida State rates. The exceptions were that Leon County had a lower rate in 2016 and each of the smaller counties had no infant deaths in at least one of the three years reported above.

Note: Use caution when interpreting rates in smaller counties because the rates are generated by comparing the number of deaths to the number of live births in that county. For example, in 2015 there were three infant deaths in Wakulla County compared to 338 live births (Florida CHARTS). This generates an infant mortality rate of 8.9 deaths per 1,000 live births. Compare this to Taylor County where there were also three deaths, and 249 live births. This generates an infant mortality rate of 12 deaths per 1,000 live births (Florida CHARTS). So while both counties experienced three infant deaths, the rate in Taylor County is higher than the rate in Wakulla County, because Taylor County had fewer live births.

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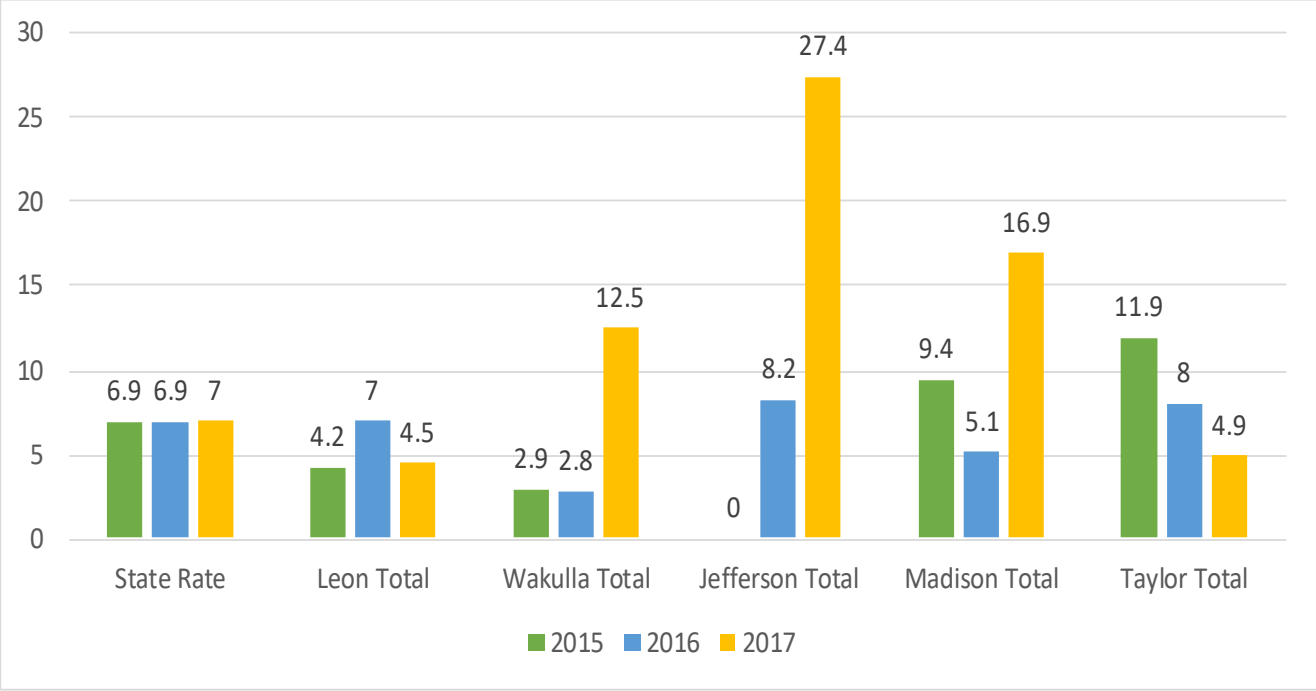
Fetal Deaths per 1,000 deliveries

Florida CHARTS 2015-2017



A fetal death is defined as a baby who is delivered after 20 weeks gestation, but is not born alive. Babies delivered as a stillbirth or miscarriage (prior to 20 weeks gestation) are not reported to Vital Statistics and thus not captured as a fetal death. Comparison of our five -county area to State rates vary. State rates were generally stable over the three-year time span, whereas county rates varied greatly from year to year.

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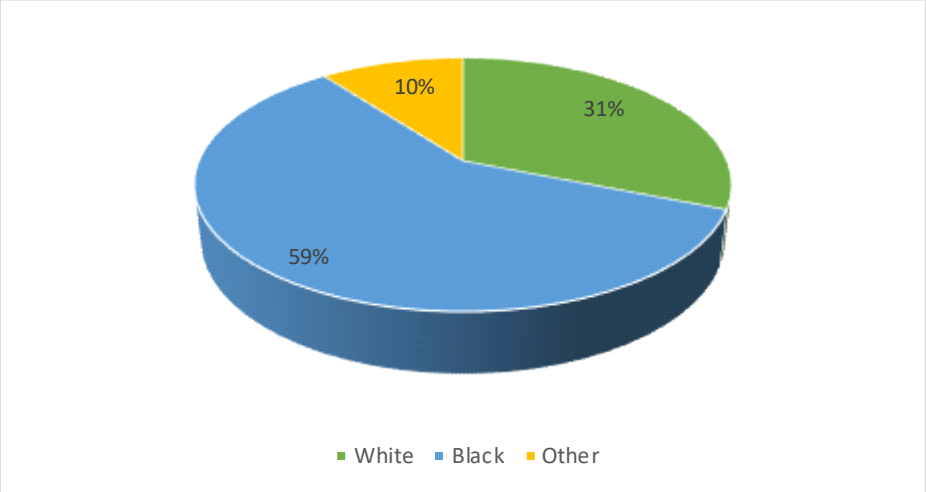
FIMR Infant and Fetal Deaths 2017

Maternal Race

29 Cases Reviewed

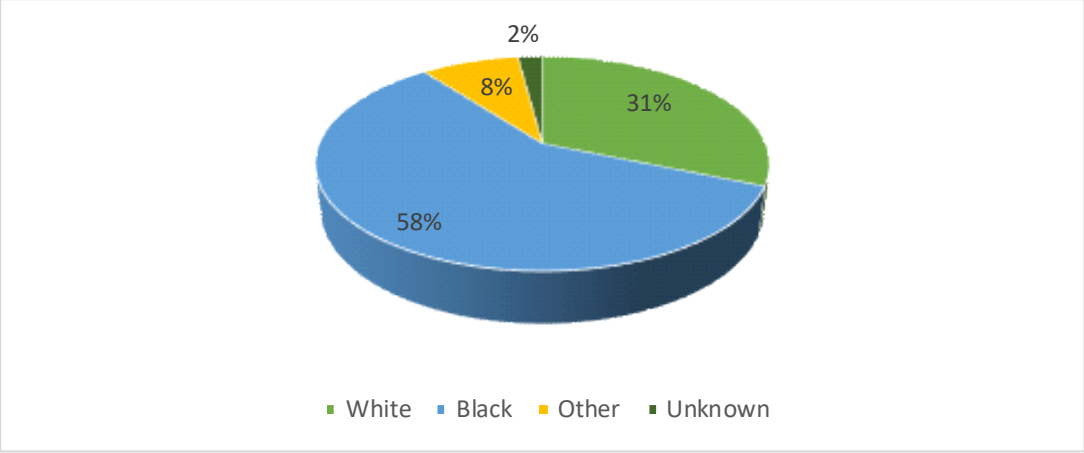


In 2017 the Black rate for fetal and infant deaths was almost twice as high as the White rate. Two of the infant death cases reviewed were twins. Their mother was Asian Indian and is represented in the "other" category.

All Infant and Fetal Deaths 2017

Maternal Race

48 Total Deaths



This chart shows the race of mothers for all of the fetal and infant deaths cases in our five-county area for 2017. It includes the 29 cases reviewed as well as the 16 cases not reviewed. Nearly 60% of the mothers who experienced losses were black, 31% were white, and the other 10% were another race. The race of one mother was unknown.

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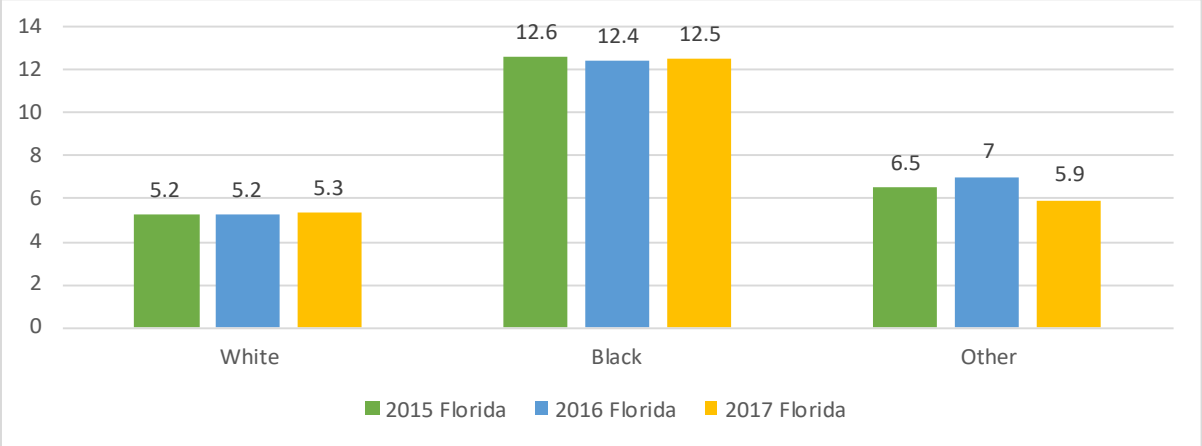
Florida Fetal Mortality Rate by Race

per 1,000 deliveries

Florida CHARTS - State Rate 2015-2017

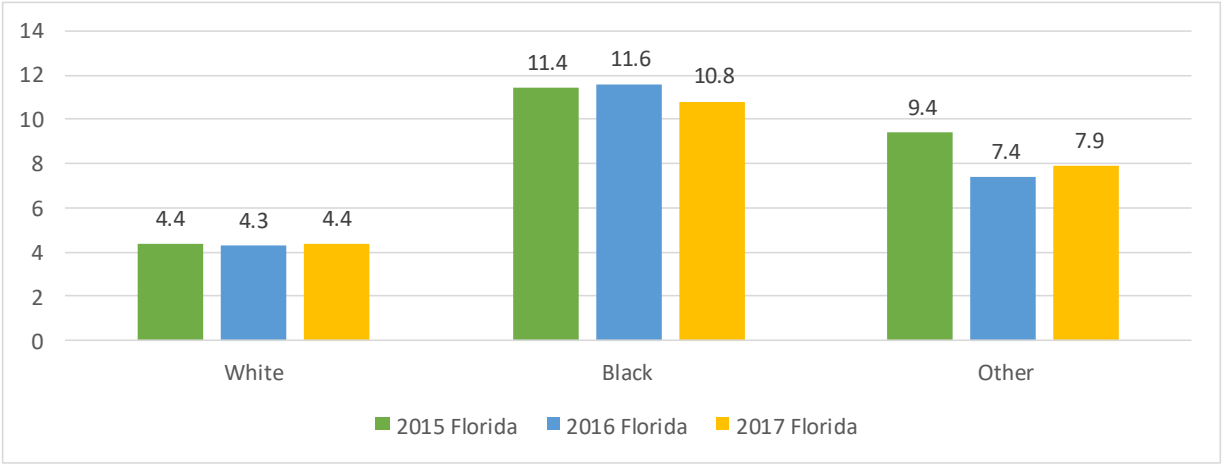


This graph shows a comparison of all fetal deaths in Florida for 2015, 2016, and 2017 by race. The rate of Black women experiencing fetal losses was more than double the rate for White women each of the three years and nearly double the rate for other races. This data is also reflected locally, where 58% of mothers experiencing fetal or infant losses were Black, 31% were White, 8% were other, and 2% were unknown.

Florida Infant Mortality Rate by Race

per 1,000 live births

Florida CHARTS - State Rate 2015-2017



For the three years shown, Black women in Florida had nearly two and a half times the rate of infant losses than White women.

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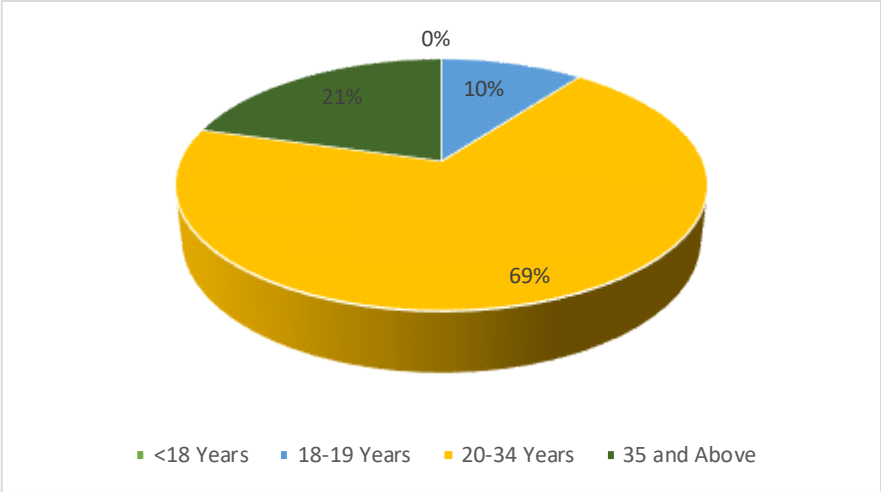
FIMR Infant and Fetal Deaths 2017

Maternal Age

29 Cases Reviewed

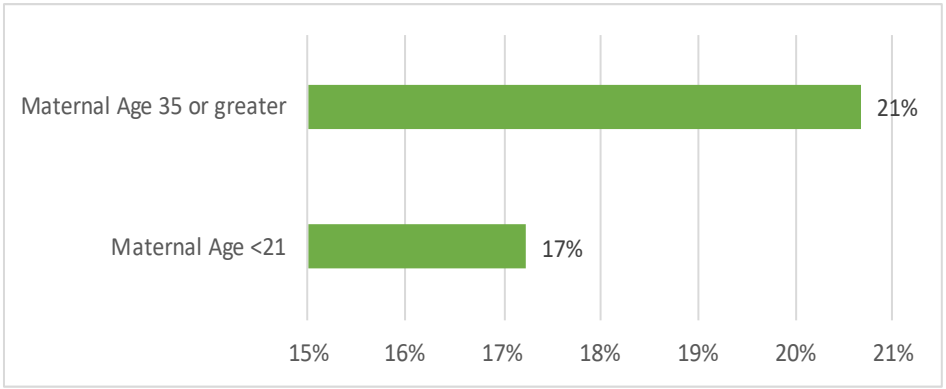


None of the infant or fetal deaths cases reviewed in our area had mothers who were under the age of 18 at delivery. Twenty-one percent of the mothers were age 35 or older, and 10% were ages 18-19. The majority of mothers with infant and fetal losses were between the ages of 20-34.

FIMR Infant and Fetal Deaths 2017

Maternal Age

29 Cases Reviewed



This chart shows the percentage of mothers who had losses who were over the age of 35 and mothers who had losses who were under the age of 21 at time of delivery. Of the five mothers who were under the age of 21, none were younger than 19.

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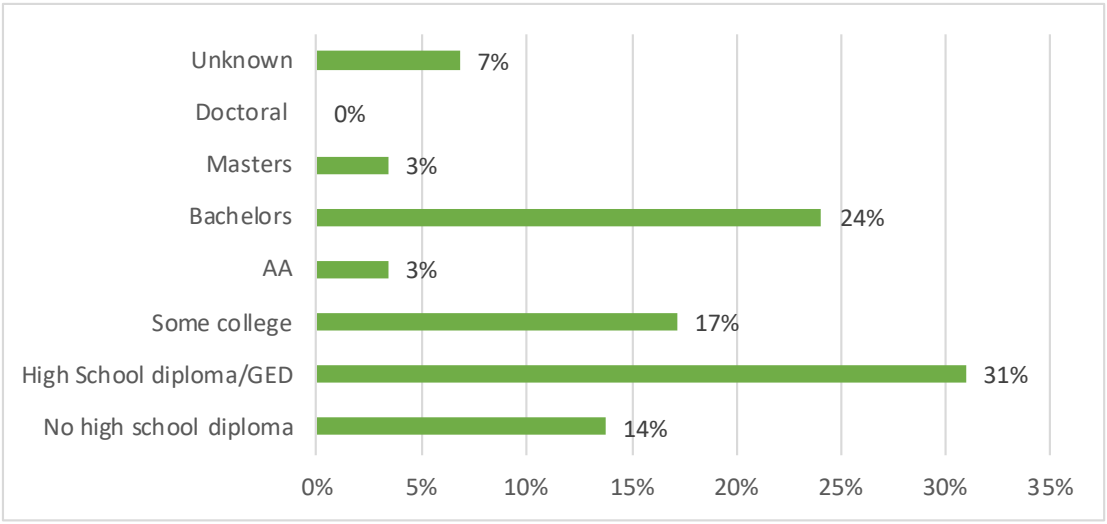
FIMR Infant and Fetal Deaths 2017

Maternal Education

29 Cases Reviewed



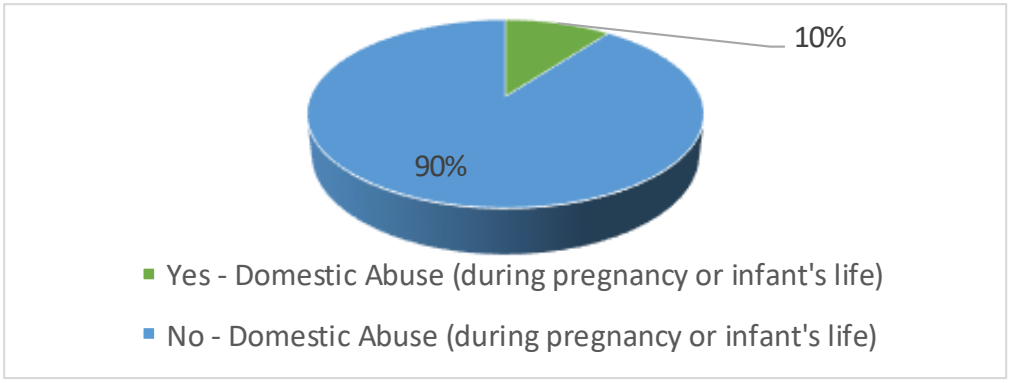
Fourteen of the mothers in the 29 cases reviewed had at least some college education. Nine mothers had a high school diploma or GED. Four mothers (14% of cases reviewed) did not have a high school diploma.

FIMR Infant and Fetal Deaths 2017

Domestic Abuse

(during pregnancy or infant's life)

29 Cases Reviewed



Medical records abstracted for the 29 cases reviewed indicated that three of the mothers had reported they had been physically abused either while pregnant or after the baby was born.

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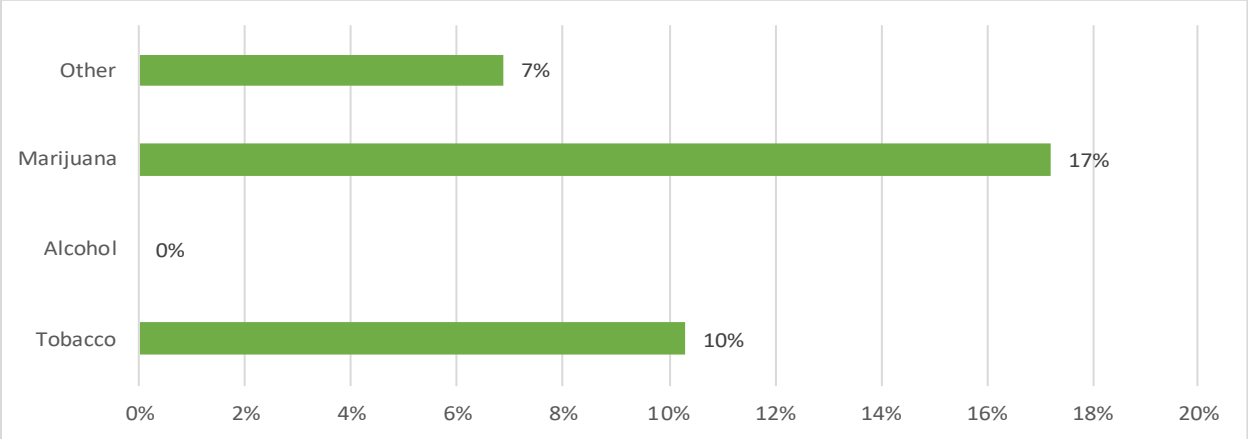
FIMR Infant and Fetal Deaths 2017

Maternal Substance Abuse

29 Cases Reviewed

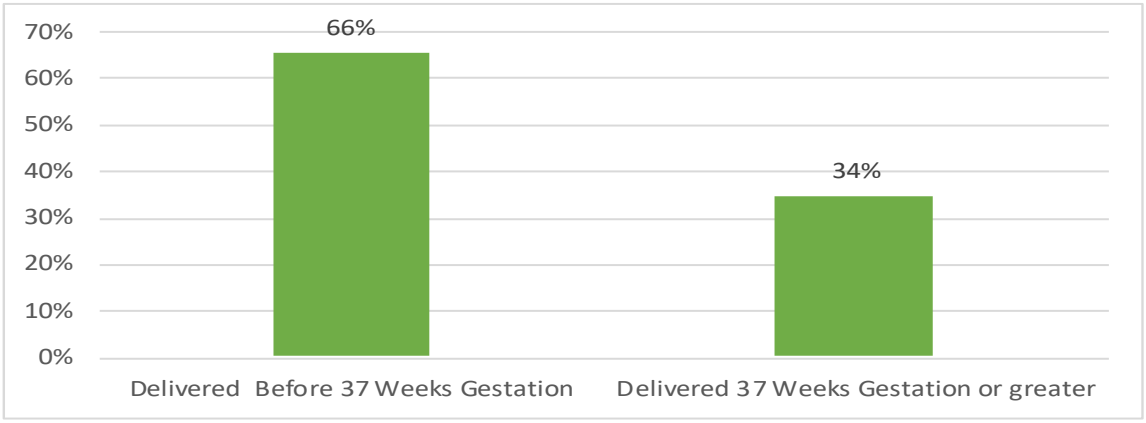


Alcohol and tobacco use while pregnant was by mother's self-report. No mothers reported using alcohol while pregnant, and three mothers reported tobacco use. For the marijuana and other substances categories, some of the mothers self-reported use while others had drug screenings and tested positive for the substances according to their medical records. Five mothers were determined to be using marijuana while pregnant. The "other" category represents cocaine and/or oxycodone use by two mothers. Some of the mothers are represented in more than one category due to multi-substance use while pregnant.

FIMR Infant and Fetal Deaths 2017

Prematurity

29 Cases Reviewed



The definition of prematurity is a baby who is delivered prior to 37 weeks gestation. Of the 29 cases reviewed, 19 (66%) of the cases were delivered before 37 weeks gestation. Prematurity was listed as the primary or secondary cause of death in the Vital Statistics death certificates for 10 of these 19 cases.

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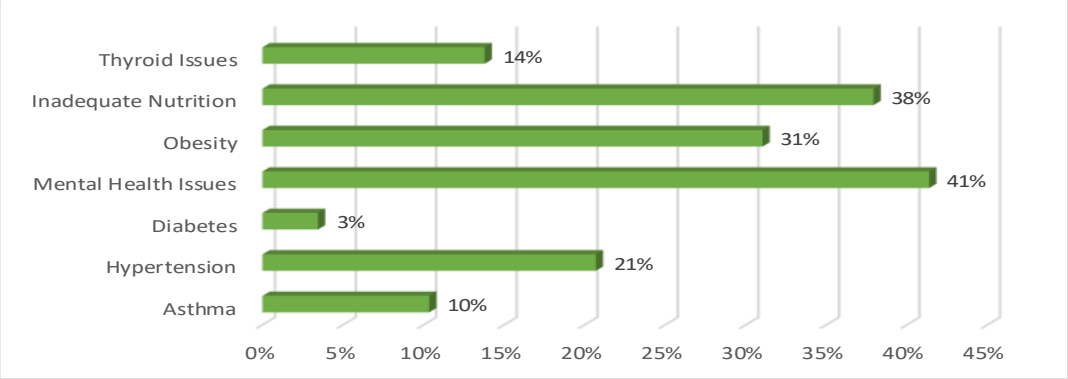
FIMR Infant and Fetal Deaths 2017

Mother's Pre-existing Conditions

29 Cases Reviewed

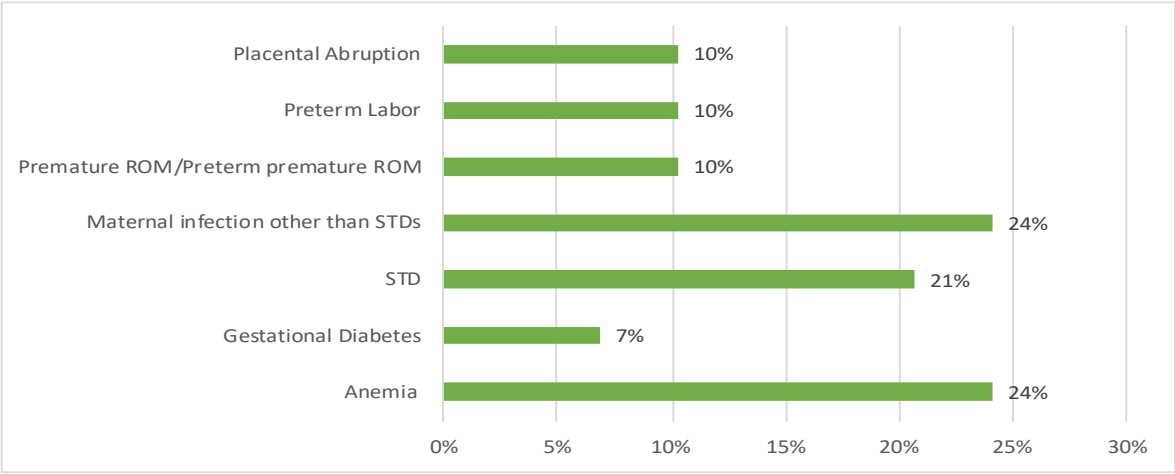


The top two pre-existing conditions in cases reviewed were mental health issues (41%) and inadequate nutrition (38%). Specific mental health issues varied by case and included issues such as anxiety, depression, and anger control issues. Inadequate nutrition included women whose medical records indicated their lab work (done as part of their first prenatal care appointment) showed hemoglobin levels of <12 or hematocrit <35. Nine women were obese prior to pregnancy, 6 had hypertension, 4 had a thyroid condition, and 3 had asthma.

FIMR Infant and Fetal Deaths 2017

Mother's Medical Conditions This Pregnancy/Labor

29 Cases Reviewed



Per medical records reviewed, STDs, anemia, and/or other maternal infections were present in nearly 25% percent of the cases during pregnancy. Other issues seen more than once were preterm labor, Premature Rupture of Membranes (PROM), placental abruption, and gestational diabetes. [*Note*: Each mom may be represented in one or more than one category.]

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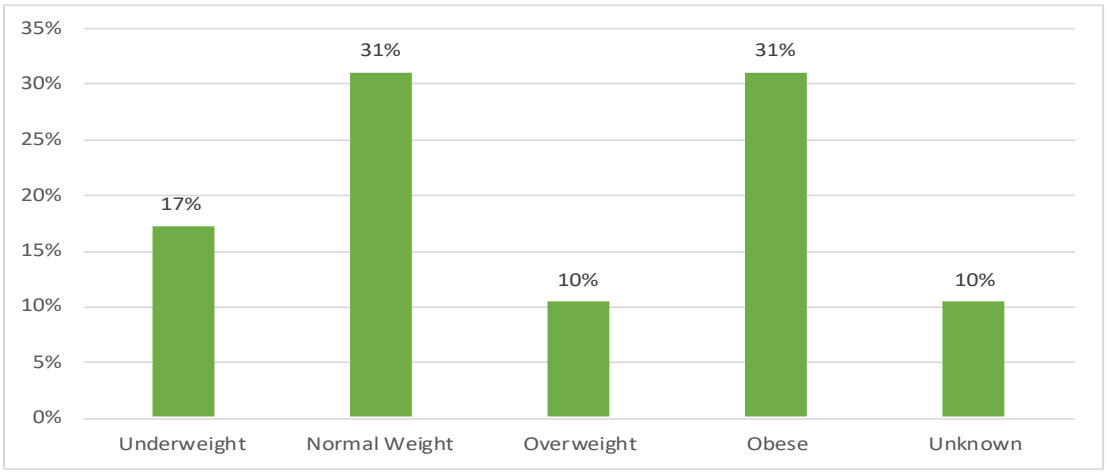
Pre-Pregnancy Weight

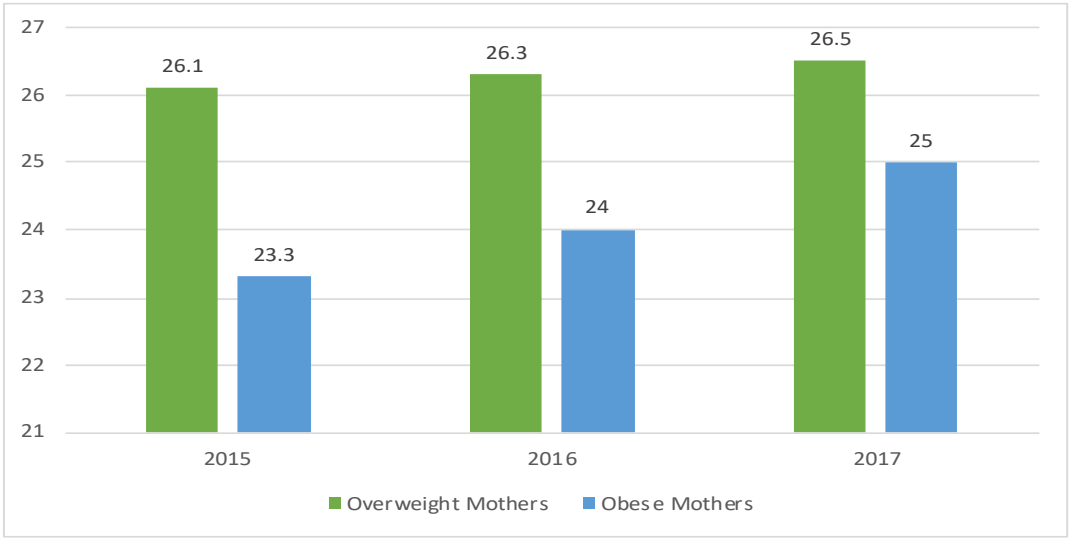
29 Cases Reviewed



Of the cases reviewed, 9 women were obese just prior to pregnancy (31% of cases reviewed) and another 3 were overweight (10% of cases reviewed). Five women were underweight (17% of cases reviewed). *Underweight=BMI <18.5; Normal weight=BMI 18.5-24.9; Overweight=BMI 25-29.9; Obese=BMI >30*

Percentage of Births to Overweight and Obese Mothers at time Pregnancy Occurred

Florida CHARTS - State Rate 2015-2017



From 2015-2017, approximately 24% of all pregnant women in Florida were obese at time of conception. Another 26% of the pregnant women were overweight.

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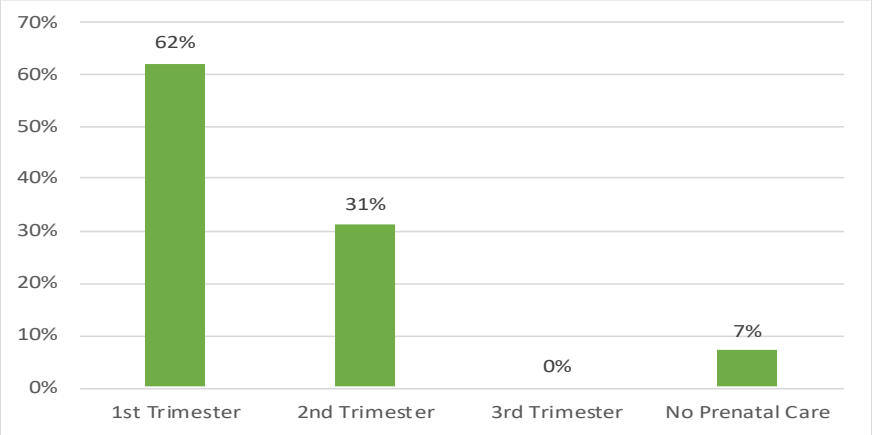
FIMR Infant and Fetal Deaths 2017

Trimester of Entry into Prenatal Care

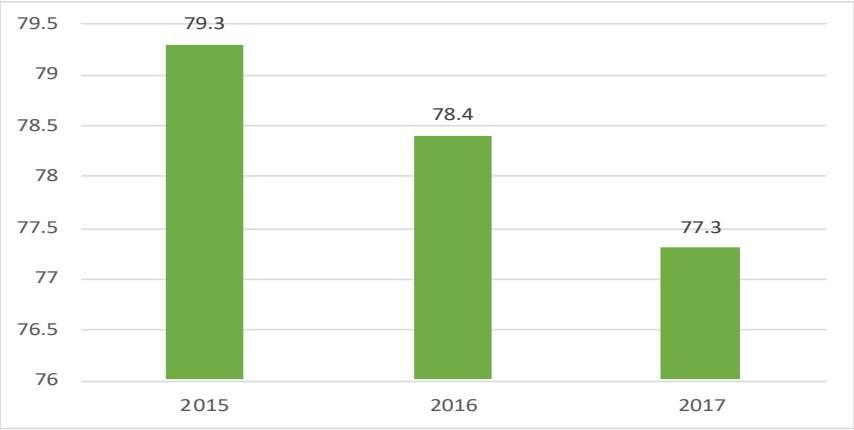
29 Cases Reviewed



Per medical records, 18 women out of 29 began receiving prenatal care in the first trimester (prior to 13 weeks gestation). Nine women began care in the second trimester and two women had no prenatal care.

Percentage of Births to Mothers with First Trimester Prenatal Care

Florida CHARTS - State Rate 2015-2017



In Florida, the percentage of women beginning their prenatal medical care during the first trimester of pregnancy has decreased slightly over the past 3 years. The State rate is, however, higher than the percentage of women who had losses in our five-county area in 2017 (77.3% compared to 62%).

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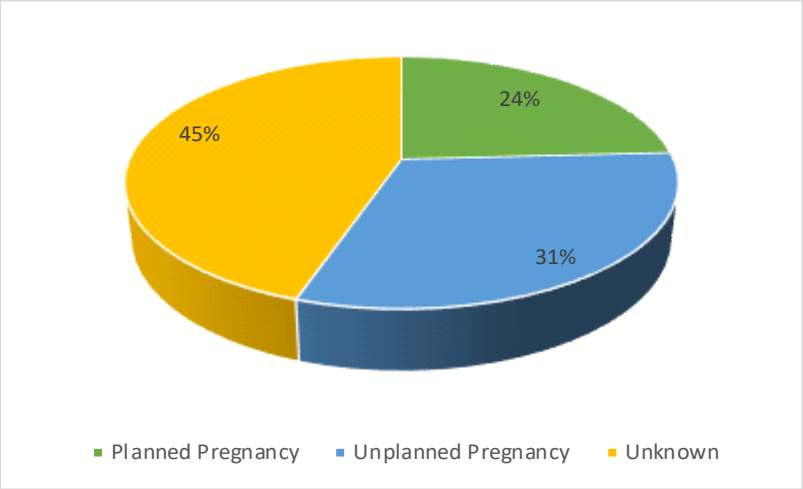
FIMR Infant and Fetal Deaths 2017

Family Planning

29 Cases Reviewed

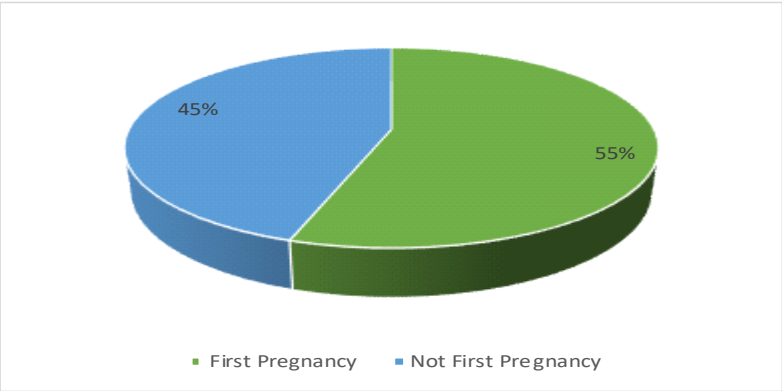


The intent of the pregnancy was available in 16 of the 29 cases reviewed. Records showed that 7 of 16 pregnancies were planned while 9 were unplanned. According to a Guttmacher Institute Report (September 2016), 45% of all pregnancies occurring in the United States are unintended pregnancies.

FIMR Infant and Fetal Deaths 2017

First Pregnancy -16 Cases

29 Cases Reviewed



Out of 29 FIMR cases reviewed, 16 of the mothers had never been pregnant.

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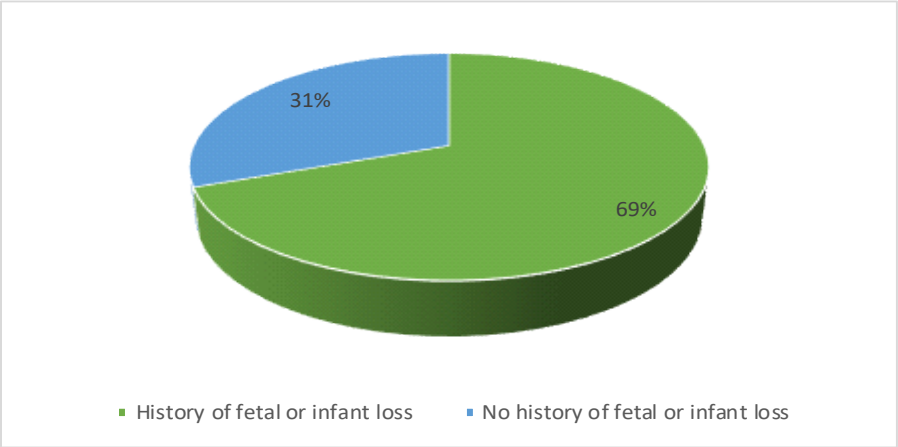
History of Loss with Previous Pregnancy -13 Cases

29 Cases Reviewed

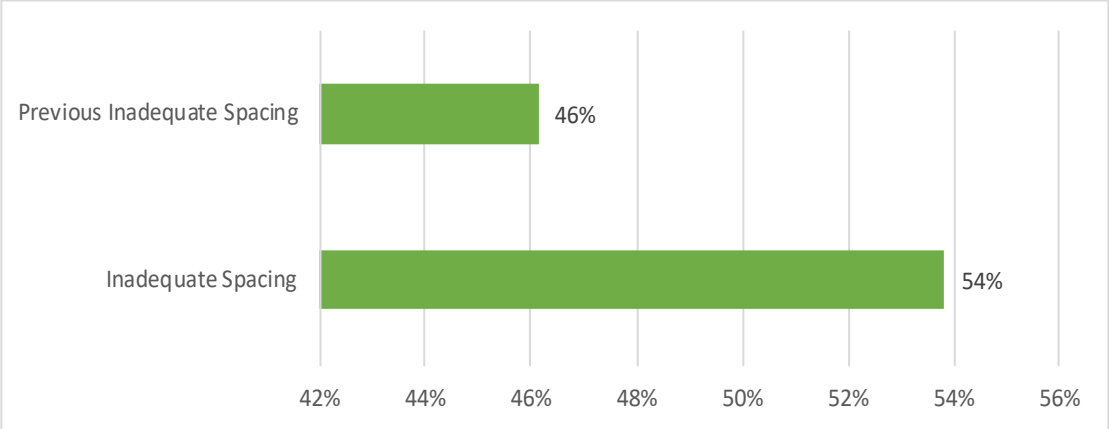


Thirteen of the 29 mothers who had losses had been pregnant in the past. Nine of these mothers (69%) had experienced a previous fetal or infant loss.

FIMR Infant and Fetal Deaths 2017

Birth Spacing - 13 Cases

29 Cases Reviewed



This chart shows the birth spacing for 13 women who had a loss in 2017 and had also been pregnant in the past. Of the 13 women, more than half (54%) had been pregnant less than 18 months before their loss in 2017. In addition 46% of the women who had been pregnant in the past, had more than one pregnancy with inadequate birth spacing. [*Note*: Some women had less than 18 months between pregnancies in both categories and some had none in either category. It is coincidental that both categories in this chart add up to 100%.]

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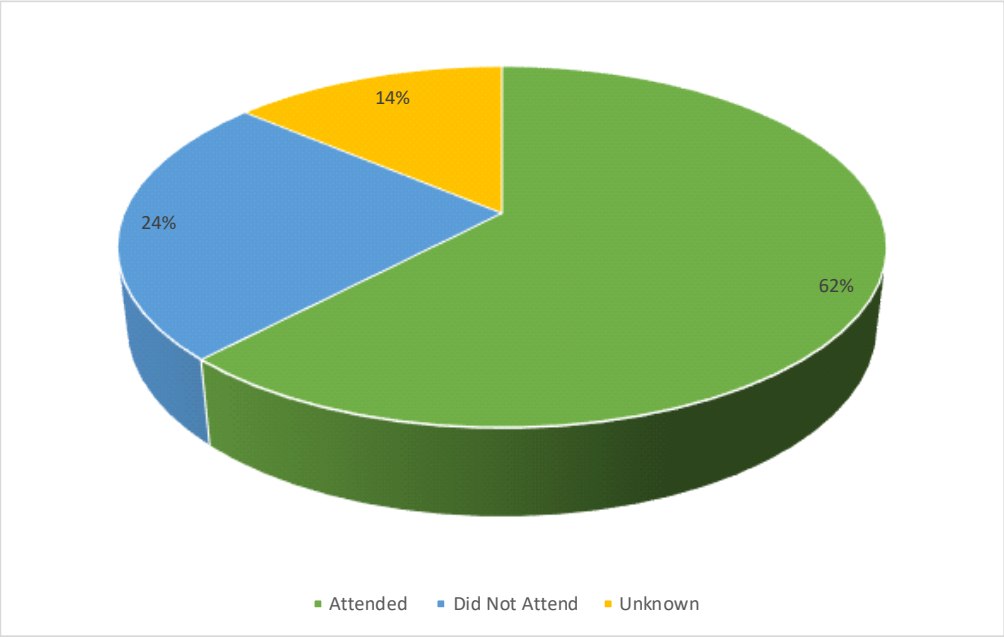
Postpartum Appointment

29 Cases Reviewed



In at least 24% of the FIMR cases reviewed, the women did not attend their postpartum appointment. Since there were no notes in medical records regarding whether or not four of the women attended their postpartum appointment, the percentage could be higher. The American College of Obstetricians and Gynecologists (ACOG) have advocated that all women, including those who have losses, attend a postpartum appointment within six weeks of delivery. ACOG recently released new recommendations (May 2018) that all women should have contact with their medical provider within the first 3 weeks postpartum followed by a more comprehensive visit within 12 weeks of delivery.

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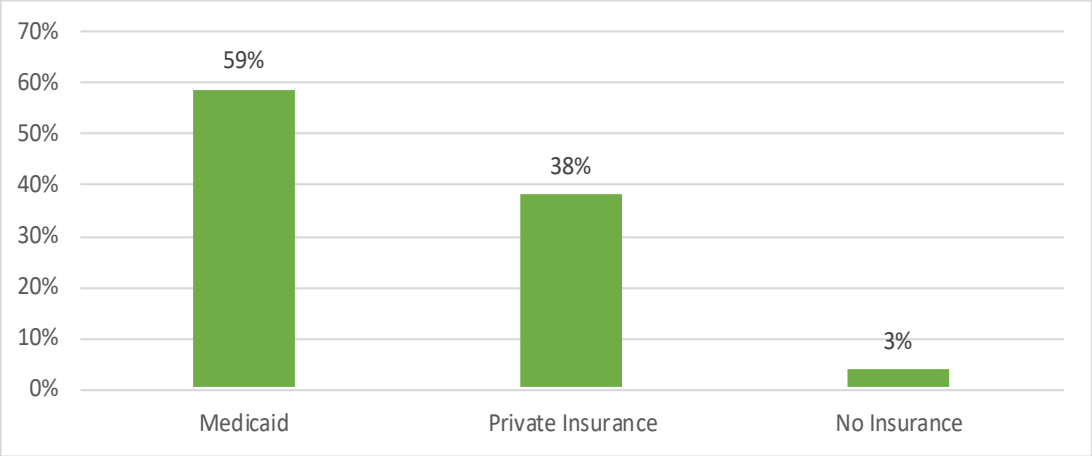
FIMR Infant and Fetal Deaths 2017

Payment Source

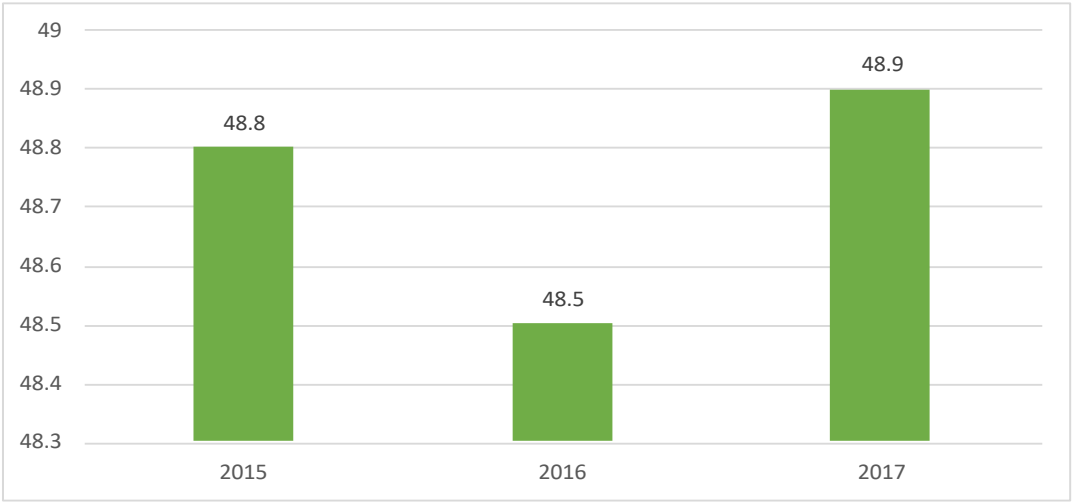
29 Cases Reviewed



In the state of Florida, pregnant women whose income is less than 185% of the Federal poverty guidelines, and are U.S. citizens, are eligible to apply for Medicaid to cover medical costs during their pregnancy. Seventeen (59%) of the mothers whose cases were reviewed had Medicaid, eleven (38%) had private insurance, and one had no insurance coverage.

Percentage of Births Covered by Medicaid

Florida CHARTS - State Rate 2015-2017



In all three years, nearly half of the pregnant women in Florida had Medicaid as their health care insurance.

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2017 Sleep Related Deaths

Over the last several years the Capital Area FIMR project has reviewed all cases of sleeping infant deaths. In 2015 there were six sleep related deaths. Conditions of those deaths were: 4 were sleeping with others; 4 were sleeping in unsafe places (adult beds and couch or chair); 5 had unsafe items in the sleeping area. In 2016 there were two sleep related deaths. Causes of death for the infants were (1) Sudden Unexplained Infant Death while co-sleeping with an adult and (2) "Other" Probable Positional Asphyxiation (while Co-Sleeping). In 2017 there were five sleep related deaths. Conditions surrounding those infant deaths are outlined in the table below:

Conditions of Sleep Related Deaths 2017	
Site of Death	3 - Infant's Home 2 - Other
Sleeping Situation	1 - Alone 4 - With Others
Sleeping Location	3 - Adult Bed 1 - Mattress on Floor 1 - Couch or Chair
Sleeping Position When Found	3 - Abdomen 1 - Other-upside down 1 - No Info
Usual Sleeping Position	2 - Abdomen 2 - No Info 1 - Back
Bedding at Time of Death	2 - Soft bedding 3 - No info
Items in Bed at Time of Death	3 - Adult Pillow 5 - Adult Comforter 1 - Adult Blanket 1 - Infant Blanket
Feeding Type	0 - Breast 3 - Bottle 2 - Breast and Bottle
Symptoms Within 2 Weeks of Death	1 - Spitting up 1 - Cough, Cold, Congestion 1 - Fever 1 - No Issues 1 - No Info
Second Hand Smoke	5 - No Info

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2017 FIMR Case Review Team

Recommendations

Educate Mothers, Caregivers and the Community

- Importance of Kickcounts
- Pregnancy risks associated with obesity
- Importance of early/consistent prenatal care
- Proper nutrition and weight gain during pregnancy
- Benefits of home visiting programs
- Importance of being healthy before pregnancy
- Importance of family planning/prenatal care/interconception care
- Safe sleep practices

Provider Awareness and Education

- Benefits of home visiting programs
- Benefits of completing the Prenatal Risk Screen

During Pregnancy

- Make referrals for smoking cessation treatment and genetic testing/counseling
- Training providers on depression and other mental health issues
- Follow up with mothers on mental health issues and referrals for appropriate counseling
- Address mother's health conditions such as incompetent cervix and benefits of cerclage, and chronic health issues, like blood pressure and anemia prior to next pregnancy

Interconception & Immediately After Birth

- Address family planning
  Including birth control immediately after birth, family planning counseling, persistent follow up with mothers, introduce Long-Acting Reversable Contraception (LARC)
- Ensure postpartum visit is scheduled prior to discharge
- Increase screenings and assessments for Postpartum Depression and increase referrals
- Increase referrals for grief counseling after loss

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Initiatives

The Capital Area Healthy Start Coalition (CAHSC) is dedicated to improving the health of infants and their families. In addition to the FIMR Project, we provide community outreach and education on maternal, child, and infant health related issues. We also coordinate the Community Intake and Referral (CI&R) program for pregnant women and infants and oversee the Healthy Start home visiting programs in Leon and Wakulla counties.

Outreach and Education
Our Outreach staff attend community events and share information about the importance of being healthy before, during, and after pregnancy. In the last ten years we have had a special focus on safe sleep due to our high and often fluctuating number of sleep related deaths. In 2016 our Community Action Team recommended a focus on safe sleep education, but not just to expecting mothers. Through the FIMR Project we learned that the message of safe sleep should be shared with everyone who supports the mother and her baby. In 2017 we launched the Traveling Crib Initiative to educate the community on the fact that babies sleep best when they are **A**lone on their **B**acks and in a safe **C**rib. The Traveling Crib has made its way to businesses, local libraries, and health departments. We are always looking for community partners to share this valuable resource.

Coordinated Intake and Referral (CI&R)
CI&R is the Coalition's newest initiative. After newly pregnant women and mothers of newborns complete the universal prenatal and infant risk screens, they are referred by their doctor to the CI&R Program. An Intake Specialist makes contact, further assesses the mother's and infant's risks, and offers resources which may include a referral to local home visiting programs. The goal is to make sure that mothers and infants receive the best services that meet their needs while eliminating duplication of services.

Momcare Program
Momcare assists pregnant women who have been approved for Medicaid in selecting a prenatal healthcare provider and in navigating the Medicaid system for their healthcare. Mothers are also provided with information about enrolling in WIC, Healthy Start, and other needed services.

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Healthy Start Home Visiting Program

The Healthy Start program provides services and support needed by pregnant women to have a healthy pregnancy and healthy baby. Every woman at her first prenatal care appointment is offered a Prenatal Risk Screen. This screen helps us identify any risks that could negatively affect the mother and the baby. Healthy Start home visiting services are free of charge to all pregnant women and infants (birth to age three) and include:

- Pregnancy health education
- Nutrition education
- Childbirth preparation
- Breastfeeding education and support
- New baby care
- Parenting education and support
- Help to quit smoking
- Stress management and emotional support
- General support and community referrals

Our Care Coordinators work individually with moms to determine the right support and services needed to ensure a healthy pregnancy, healthy birth, and healthy baby. Healthy Start also provides home visiting services and support interconceptionally to women who recently had a pregnancy loss or have given birth but are not the caregivers for their infant.

To enroll in Healthy Start call:
Leon County
850-488-0288, ext. 106
Jefferson County
850-342-0170
Madison County
850-973-5000
Taylor County
850-584-5087
Wakulla County
850-926-0400

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FIMR Project
Case Review Team & Community Action Team

The FIMR Case Review Team (CRT) is critical to the overall success of the FIMR Project. The CRT is comprised of representatives from healthcare, social service, academic, government, and community organizations. Their role is to review and analyze the information collected in interviews and medical data abstractions. They then summarize findings and create recommendations to improve the community's service delivery systems and community resources. Those recommendations are then transferred to our Community Action Team (CAT) to review and prioritize.

The CAT is also charged with developing new and creative solutions to improve services and resources for families from the recommendations made by the CRT. They are also charged with enhancing the credibility and visibility of issues related to parents, infants and families within the broader community by informing the community about the need for these actions through presentations, media events, and written reports. CAT members work with the community to implement interventions to improve services and resources.

2017 Case Review Team & Community Action Team

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