



**Fetal and Infant Mortality Review
(FIMR) Project**

2018 Annual Deliberations Report

*A Publication to Review Infant and Fetal Outcomes
Related to Mortality in Leon and Wakulla Counties*



Florida Healthy Start

Capital Area Healthy Start Coalition

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 and Wakulla counties. This publication is a compilation and review of 30 cases of fetal and infant deaths reviewed by the FIMR project as well as some local and State data on all infant and fetal deaths that occurred in 2018. In 2018, there were 30 infant deaths and 26 fetal deaths in Leon and Wakulla counties.

While FIMR is a national model, its local success is largely determined by community members who volunteer their time to serve on the local FIMR 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.



*Dr. Torhonda Lee
President, Board of Directors*



*Chris Szorcsik
Executive Director, CAHSC*

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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 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 to 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 gestation 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 two counties in the FIMR project.

Case Selection: FIMR cases are chosen based on an established set of criteria. SUID (Sudden Unexplained Infant Death), sleeping-related deaths, and cases in which a mother provides an interview are selected first. All other cases are selected using a randomized system.

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.

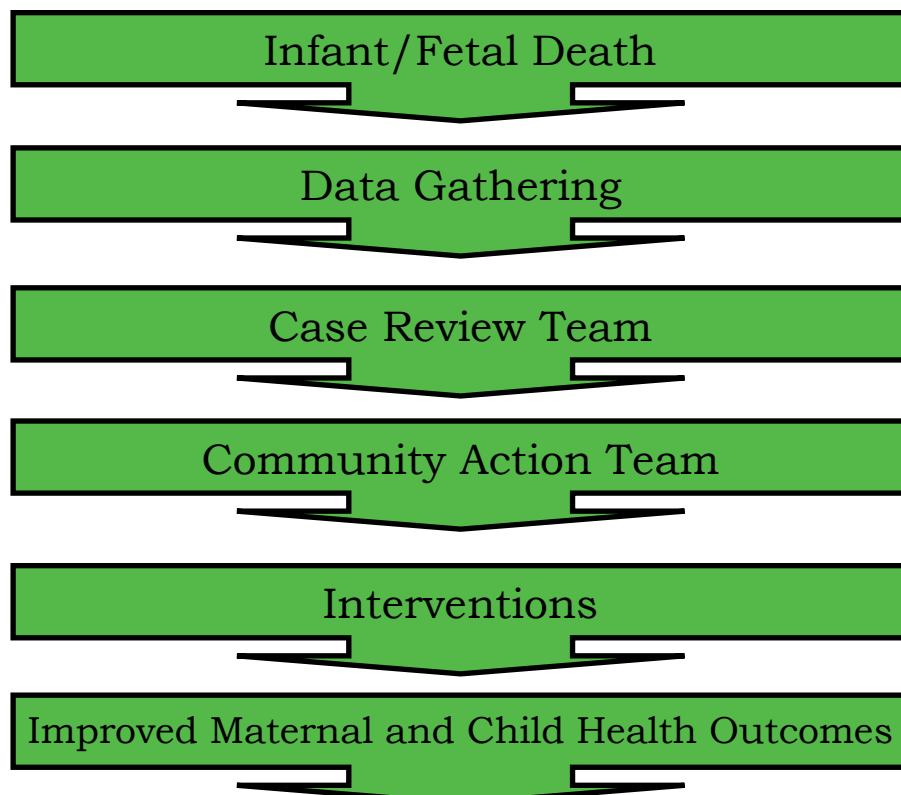




The Case Review Team (CRT): The CRT is composed of healthcare professionals and community representatives who volunteer their time to meet and review the summaries of the cases that have been selected. The CRT meets ten times a year and deliberates three cases at each meeting. The CRT is looking for 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 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.





Primary Cause of Infant and Fetal Deaths 2018

FIMR Cases Reviewed – 30

Primary Cause of Death	
Infant Deaths - 16	Number
Cardiac conditions — Complications of congenital heart defect, Complications of dilated cardiomyopathy, Severe cardiac anomaly	3
Unsafe sleep — Positional asphyxiation while bed-sharing (1), Sudden unexpected infant death while co-sleeping with an adult (1)	2
Hemorrhagic shock, pulmonary hemorrhage	2
Extreme Prematurity	2
Unknown or undetermined	2
Sepsis	2
Lethal fetal anomalies	1
Necrotizing enterocolitis	1
Sudden Unexpected Infant Death (baby had multiple, severe, health problems)	1
Fetal Deaths - 14	Number
Complications of placenta, cord, membranes — placental abruption (2), placental insufficiency (1), rupture of membranes prior to onset of labor (1), chorioamnionitis (1), nuchal cord-small cord (1)	6
Unknown or undetermined	3
Anencephaly	1
Bilateral multicystic dysplastic kidneys	1
Hydrops (Trisomy 21)	1
Maternal Graves Disease	1
Maternal hypertension with superimposed preeclampsia	1

Data source: Fetal and infant death certificates



Primary Cause of Infant and Fetal Deaths 2018

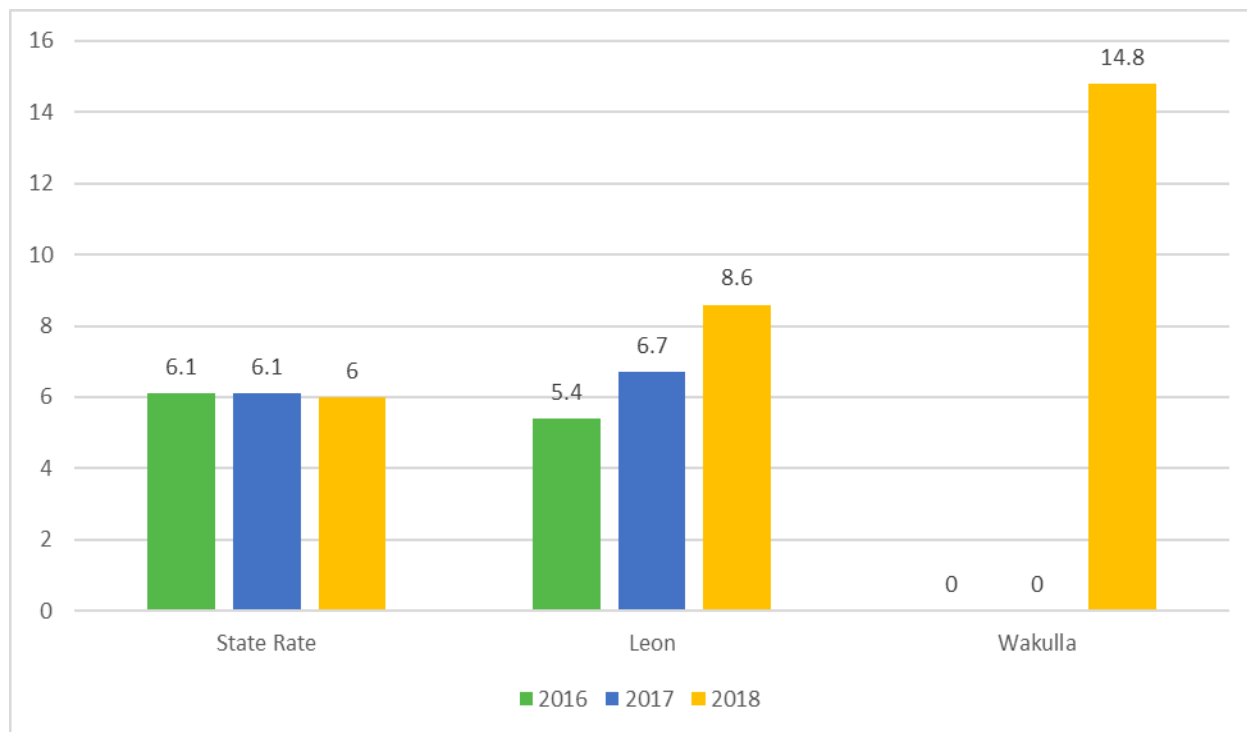
All Cases—56 (cases reviewed and not reviewed)

Primary Cause of Death	
Infant Deaths - 30	Number
Unknown or undetermined	5
Prematurity	4
Cardiac conditions — Severe cardiac anomaly, Complications of dilated cardiomyopathy, Cardiac arrest, Complications of congenital heart defect	4
Extreme prematurity, pre-viability	3
Hemorrhagic shock, pulmonary hemorrhage	2
Unsafe sleep — Positional asphyxiation while bed-sharing, Sudden unexpected infant death while co-sleeping with an adult	2
Necrotizing enterocolitis	2
Sepsis	2
Respiratory Failure	2
Lethal Fetal Anomalies	1
Gastroschisis	1
Premature Rupture of Membranes	1
Sudden Unexpected Infant Death (baby had multiple, severe, health problems)	1
Fetal Deaths - 26	Number
Complications of Placenta, Cord, Membranes — nuchal cord problems (3), placental abruption (1), cord accident (1), placental insufficiency (2), premature rupture of membranes (1), chorioamnionitis or other amniotic fluid infection (2)	10
Unknown or undetermined	6
Anencephaly	2
Previa Preterm Labor	2
Osteogenesis Imperfecta	1
Hydrops (Trisomy 21)	1
Bilateral multicystic dysplastic kidneys	1
Maternal condition: Tobacco use, amphetamine abuse, substance abuse	1
Maternal condition: Graves Disease	1
Maternal condition: Hypertension with superimposed preeclampsia	1

Data source: Fetal and infant death certificates



Infant Deaths per 1,000 live births Florida CHARTS 2016-2018



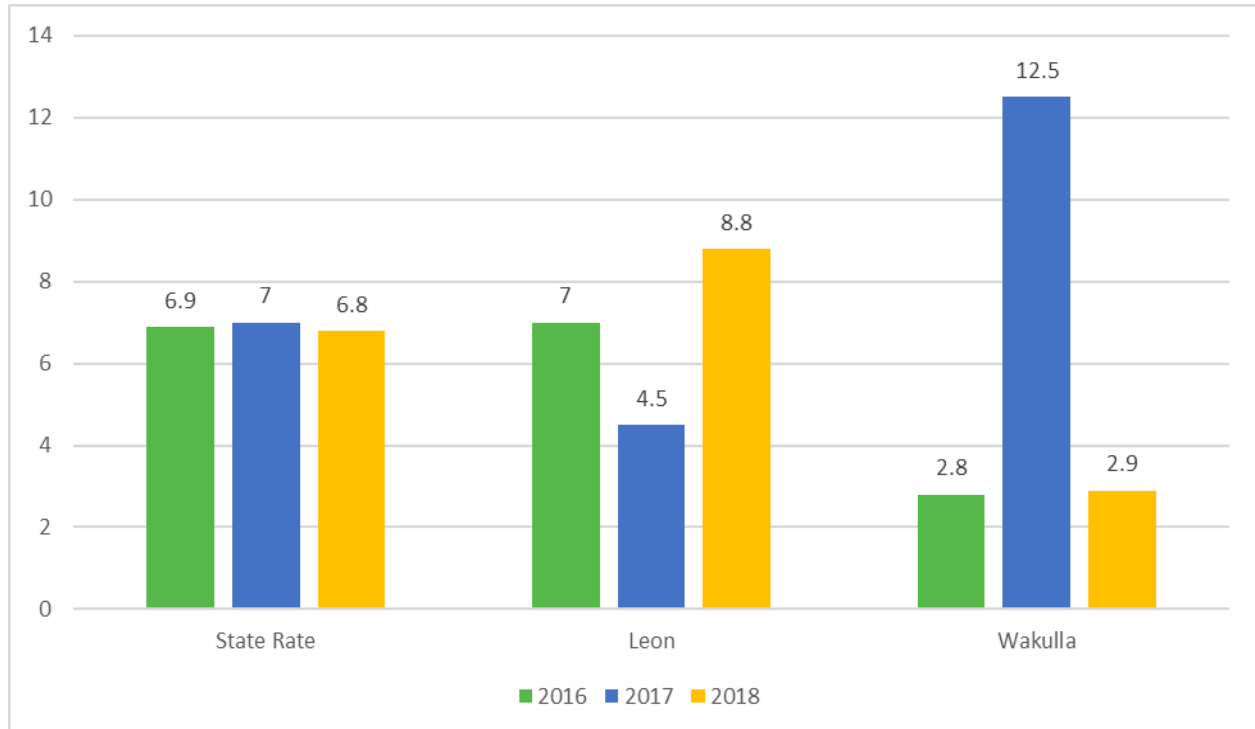
Infant deaths are defined as a baby who is born alive, takes at least one breath, but dies before their first birthday. Infant mortality rates are an important marker of the overall health of a community (CDC, March 27, 2019). In 2017, the infant mortality rate in the United States was 5.8 deaths per 1,000 live births which is lower than the Florida State rate. The infant mortality rates in the two counties served by this FIMR project were higher in some years than the Florida State rates but lower in other years. The State rate has remained stable over the past three years while we have seen an increase in the rate of infant deaths in our counties over the past three years.

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 2018 there were five infant deaths in Wakulla County out of 338 live births (Florida CHARTS). This generates an infant mortality rate of 14.8 deaths per 1,000 live births. Compare this to Leon County where there were twenty-five deaths and 2,914 live births. Additionally, there were 21 infant deaths in 2017 in Leon County and 25 in 2018, but more babies were born in Leon County in 2017 (3,131) than in 2018 (2,914) which results in a higher rate per live births.

Fetal Deaths per 1,000 deliveries

Florida CHARTS 2016-2018



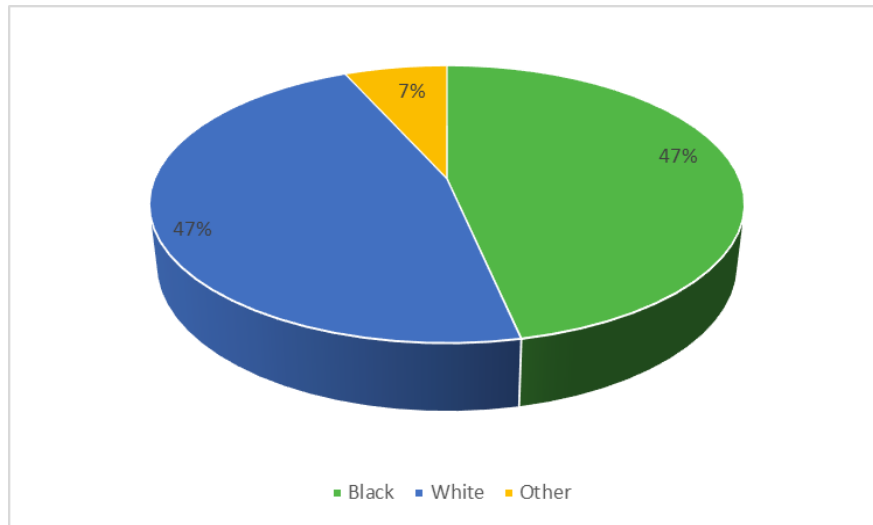
A fetal death is defined as a baby who is delivered after 20 weeks gestation but is not born alive. Babies delivered as a stillbirth (miscarriage) prior to 20 weeks gestation are not reported to Vital Statistics and are not captured as a fetal death. Comparison of our two-county area to State rates vary.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



FIMR Infant and Fetal Deaths 2018

Maternal Race

30 Cases Reviewed

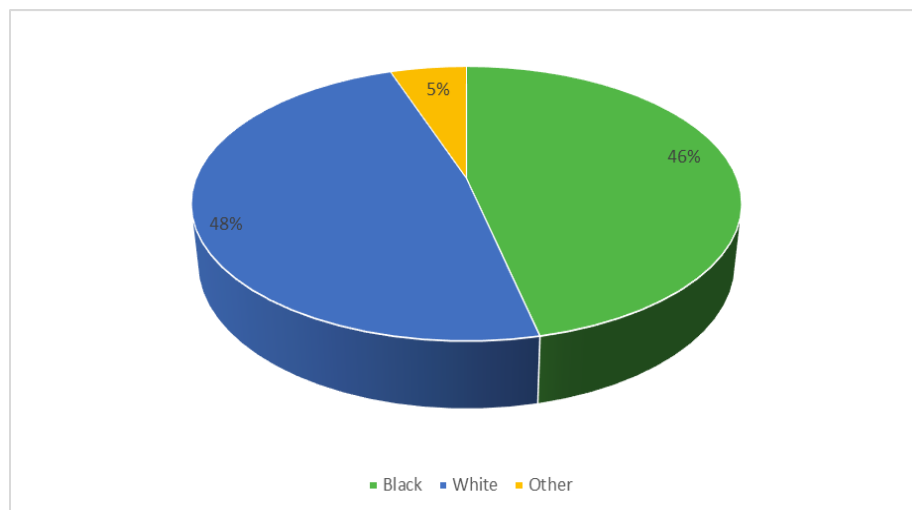


The above chart shows a breakdown by race of the 16 infant death and the 14 fetal death cases that were reviewed during FIMR CRT meetings. Mothers of 8 infants who died were black, 8 were white and one was other. Of fetal deaths, 7 mothers were black, 6 were white, and 1 was other.

All Infant and Fetal Deaths 2018

Maternal Race

56 Total Deaths

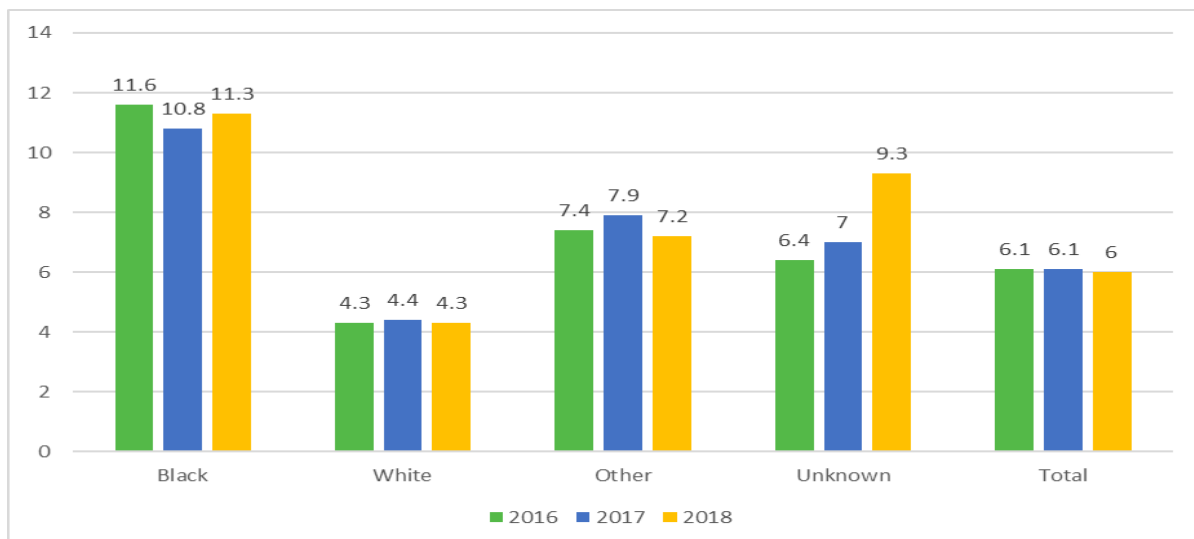


The above chart shows a breakdown by maternal race for the 30 infant death and the 26 fetal death cases that occurred in Leon and Wakulla counties in 2018. Mothers of 14 infants who died were black, 15 were white, and one was another race. Of fetal deaths, 11 mothers were black, 12 were white, and 3 were other.

Florida Fetal Mortality Rate by Maternal Race

per 1,000 deliveries

Florida CHARTS - State Rate 2016-2018

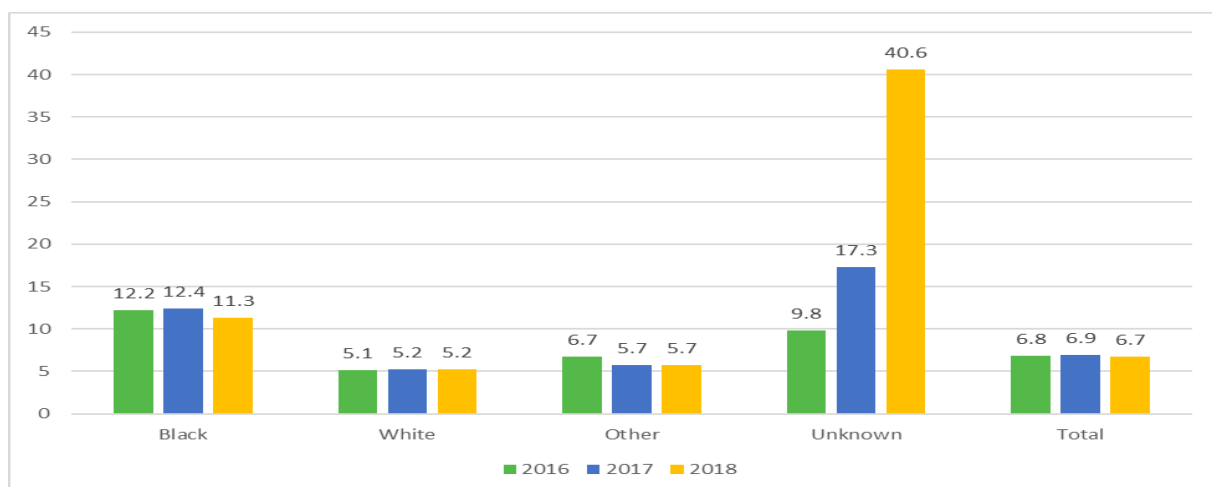


For the three years shown above, black women in Florida had over twice the rate of fetal losses than white women and nearly double that of mothers of all races combined.

Florida Infant Mortality Rate by Maternal Race

per 1,000 live births

Florida CHARTS - State Rate 2016-2018

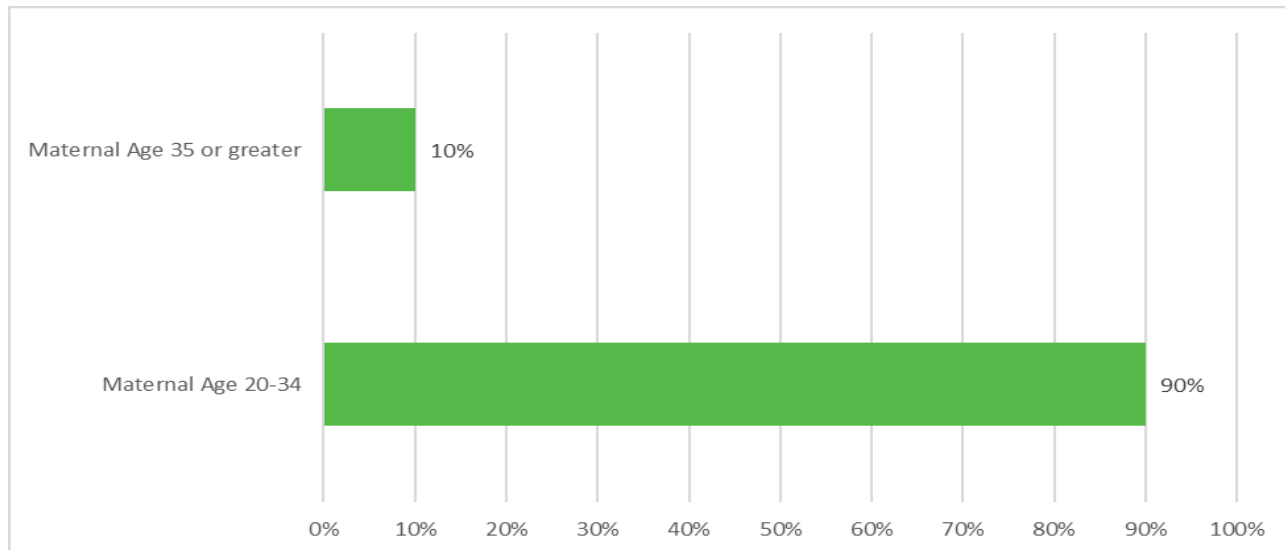


The chart above shows a comparison of infant deaths in Florida for 2016, 2017 and 2018 based on mother's race. There continues to be racial disparity in infant death rates in Florida. In 2018, nearly twice as many babies born to black mothers did not live to celebrate their 1st birthday than all other births. Babies born to black mothers were also more than two-and-a-half times more likely to die before their 1st birthday as were babies born to white mothers in 2018. The racial disparity has not changed significantly over the past three years.

FIMR Infant and Fetal Deaths 2018

Maternal Age

30 Cases Reviewed

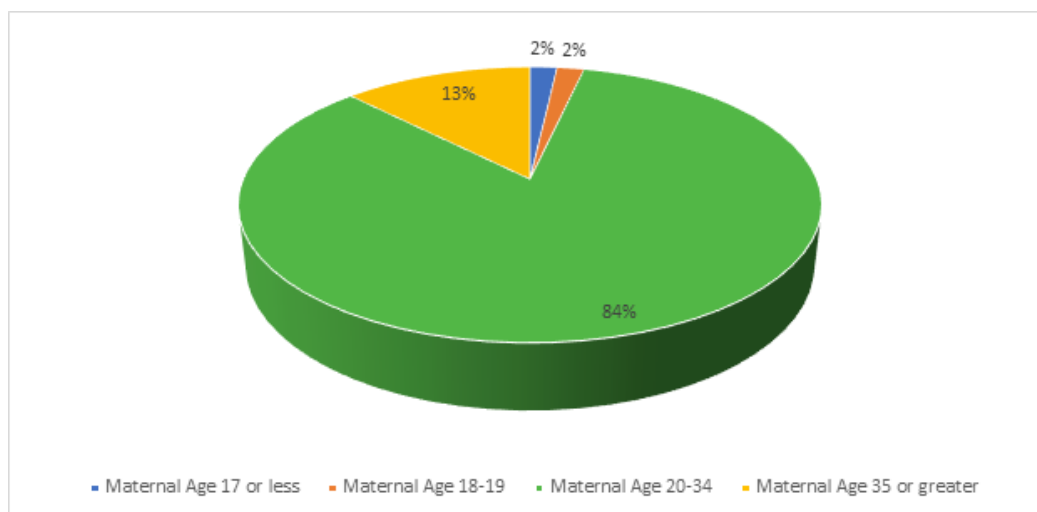


None of the infant or fetal death cases reviewed in our area had mothers who were under the age of twenty at delivery. Ten percent of the mothers who had losses were age 35 or older. The majority of the mothers who had losses were between the ages of 20-34 at delivery.

All Infant and Fetal Deaths 2018

Maternal Age

56 Total Deaths

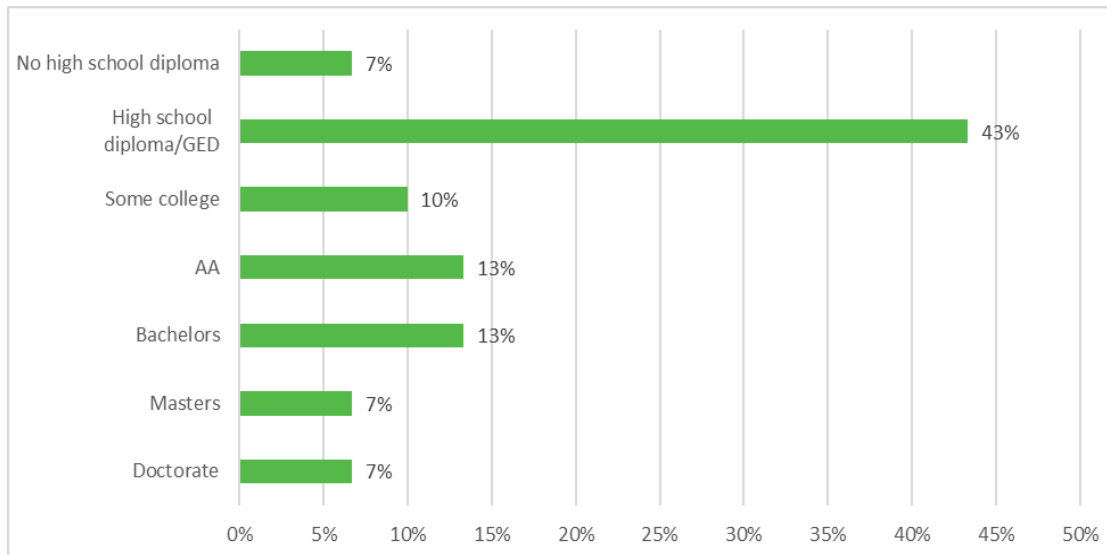


Out of all 56 fetal and infant deaths in our two counties, one mother was age 16 and one was age 19 at delivery. Forty-eight (84%) of the mothers who had losses were ages 20-34 with 7 mothers (13%) age 35 or older.

FIMR Infant and Fetal Deaths 2018

Maternal Education

30 Cases Reviewed

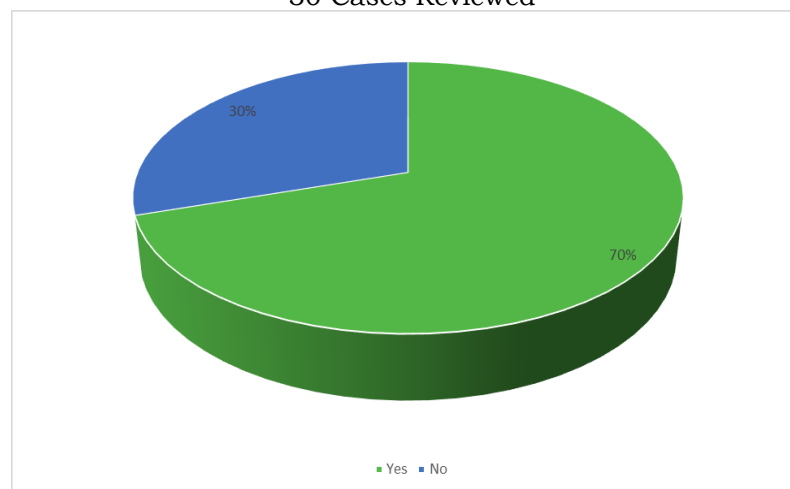


Fifteen of the mothers in the 30 cases reviewed had at least some college education. Thirteen had a high school diploma or GED. Two mothers did not have a high school diploma or equivalent.

FIMR Infant and Fetal Deaths 2018

Prenatal Risk Screens Completed

30 Cases Reviewed

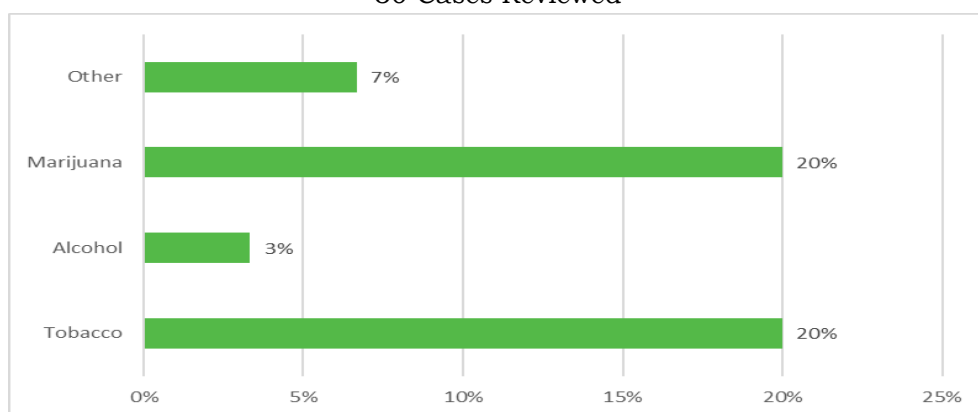


No prenatal risk screens were found in the provider's medical records for 9 of the 30 mothers who had a loss. Of the 21 prenatal risk screens completed, 14 pregnant women were referred for pre-natal home visiting services. Out of these 14 mothers, three received an intake but did not carry through with further services. Of the five women who were referred but received no services, one verbally declined services and the other four did not respond to numerous contact attempts. Six of the 30 mothers had ongoing home visiting services during their pregnancy.

FIMR Infant and Fetal Deaths 2018

Maternal Substance Abuse

30 Cases Reviewed

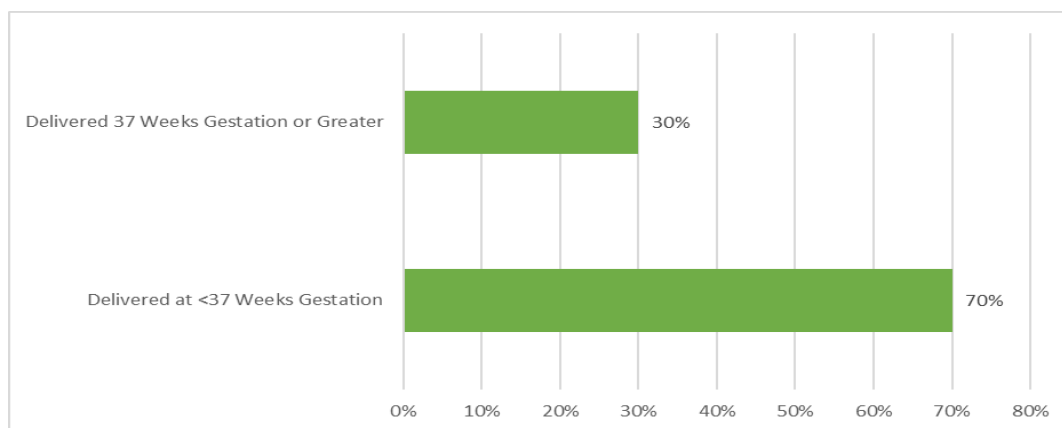


Alcohol and tobacco use while pregnant was by mother's self-report. One mother reported using alcohol while pregnant and six mothers reported tobacco use. For the marijuana and other substances categories, some of the mothers self-reported use while others had drug screenings and tested positive according to their medical records. Six mothers were determined to have used marijuana while pregnant. The "other" category represents use of amphetamines and/or barbiturates by two mothers. Some of the mothers are represented in more than one category due to multi-substance use while pregnant. There were no reports of illicit opioid use by mothers whose cases were reviewed in 2018 but two of the mothers were being prescribed medications to treat opioid addiction (Subutex, Suboxone).

FIMR Infant and Fetal Deaths 2018

Prematurity

30 Cases Reviewed



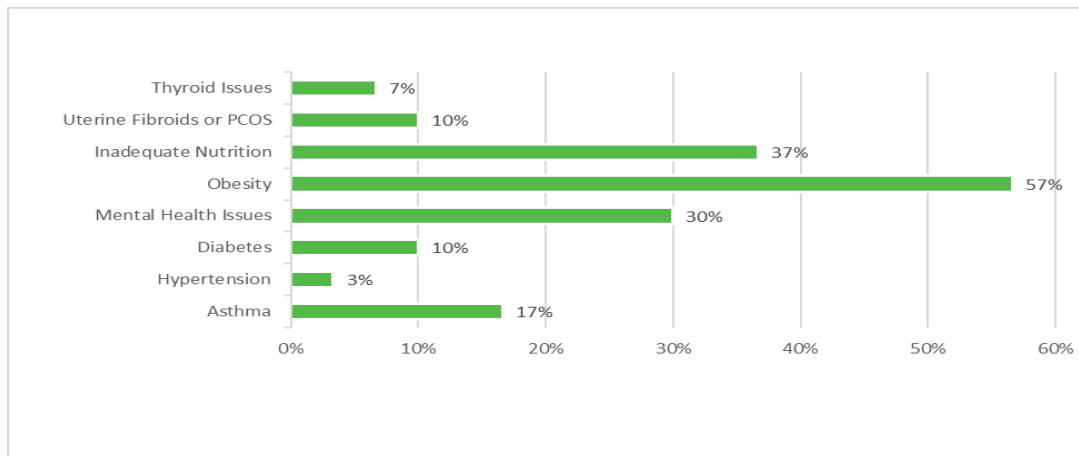
The definition of prematurity is a baby who is delivered prior to 37 weeks gestation. Of all 30 cases reviewed, 21 (70%) of the babies were delivered before 37 weeks gestation. Of the 16 infant death cases reviewed, 12 of these babies were born prematurely (75%). Prematurity was listed as the primary or secondary cause of death in the death certificates for 6 of these 16 cases.



FIMR Infant and Fetal Deaths 2018

Mother's Pre-existing Conditions

30 Cases Reviewed

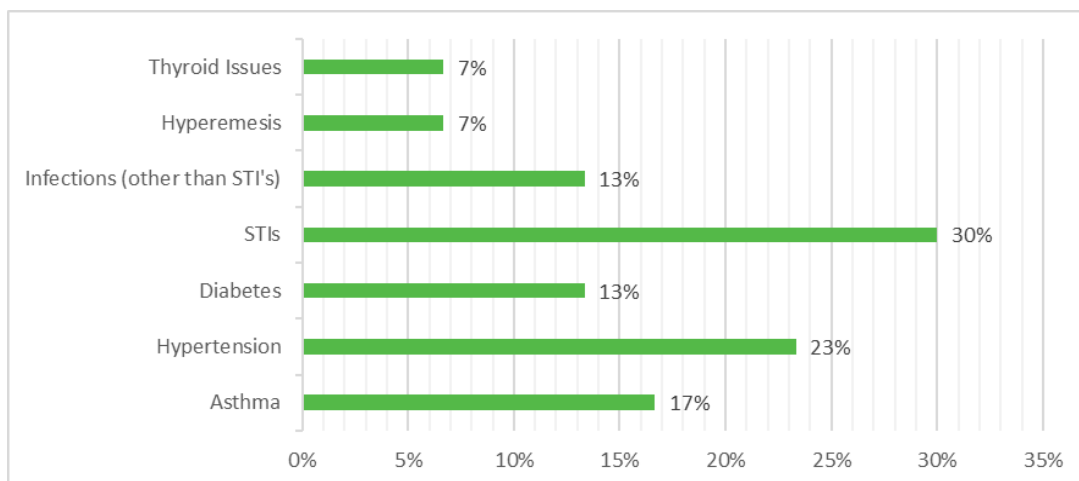


The top three pre-existing conditions in cases reviewed were obesity (57%), inadequate nutrition (37%), and mental health issues (30%). Specific mental health issues varied by case and included conditions such as anxiety, depression, Bipolar diagnosis, and eating disorders. Inadequate nutrition was based on women whose medical records indicated their lab work at their first prenatal care appointment showed hemoglobin levels of <12 or hematocrit <35. Seventeen women were obese prior to pregnancy, 5 had asthma, 3 had uterine fibroids or polycystic ovarian syndrome, 2 had a thyroid condition, and 1 had hypertension.

FIMR Infant and Fetal Deaths 2018

Mother's Medical Conditions This Pregnancy/Labor

30 Cases Reviewed

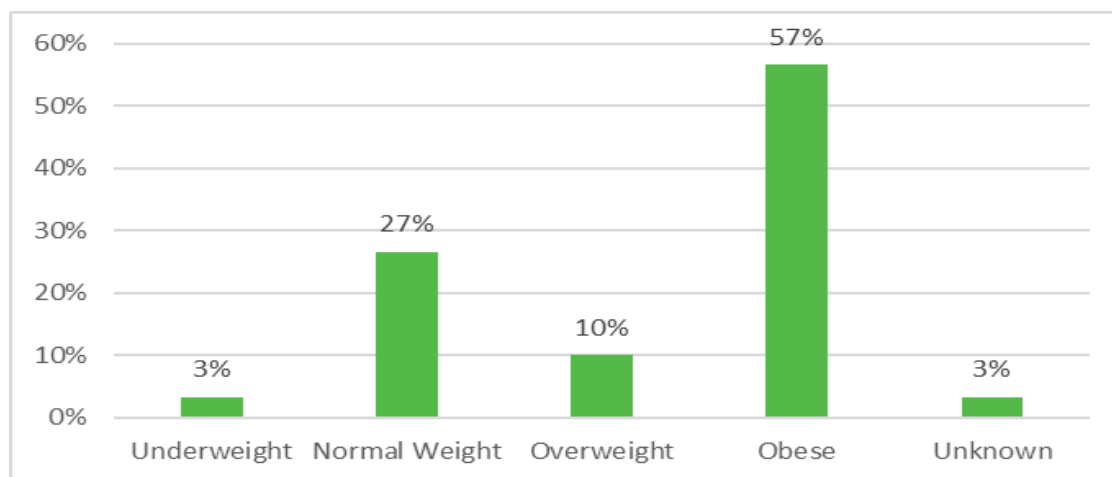


Per medical records reviewed, 21 of the 30 moms who had a loss (70%) had one or more of the conditions listed above while pregnant. Four of the moms had bacterial vaginosis while pregnant while some of the other infections seen were UTIs and HPV1 & 2.

FIMR Infant and Fetal Deaths 2018

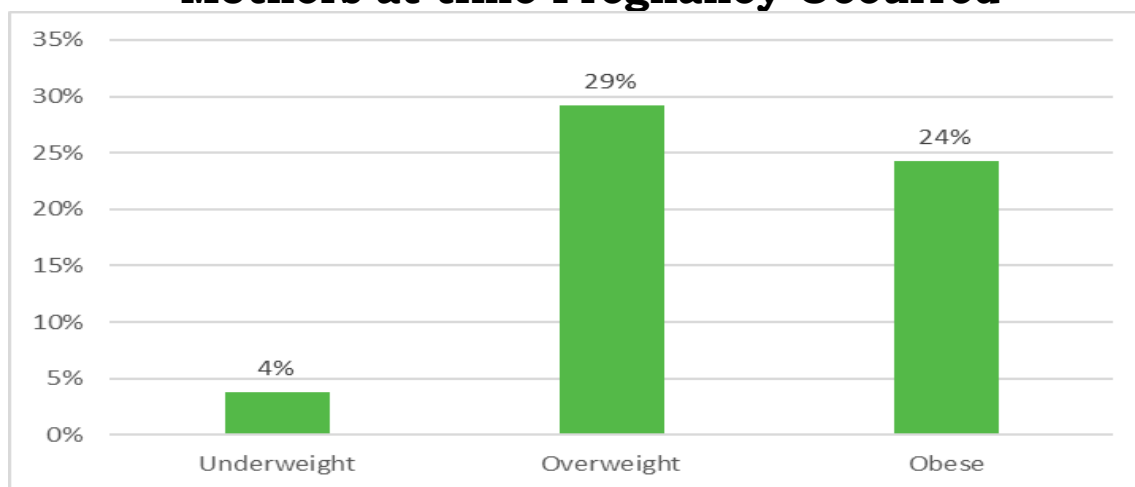
Pre-Pregnancy Weight

30 Cases Reviewed



Of the 30 cases reviewed, 17 women were obese just prior to the pregnancy (57%). Of these 17 women, five had BMIs greater than 45. One woman was underweight, eight were normal weight, three were overweight, and one was unknown. [*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

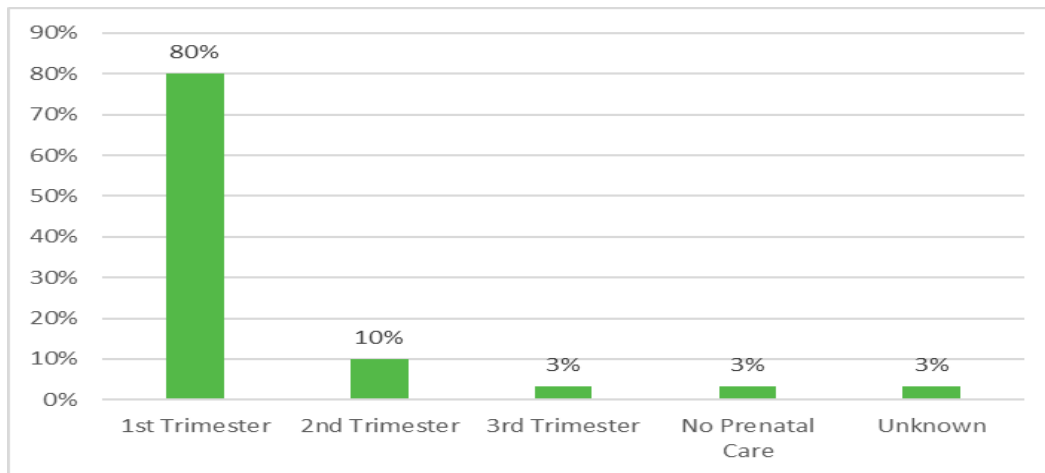


In 2018, 2,914 infants were born in Leon County and 338 infants were born in Wakulla County, to give a total of 3,252 babies born in our FIMR program area (FL CHARTS). One hundred twenty-two of the mothers were underweight just before pregnancy (4%), 948 were overweight (29%), and 788 were obese (24%). Since there is no data available in FL CHARTS for normal weight or weight unknown by county of residence, the weight of the remaining 1,394 women was either normal or was unknown.

FIMR Infant and Fetal Deaths 2018

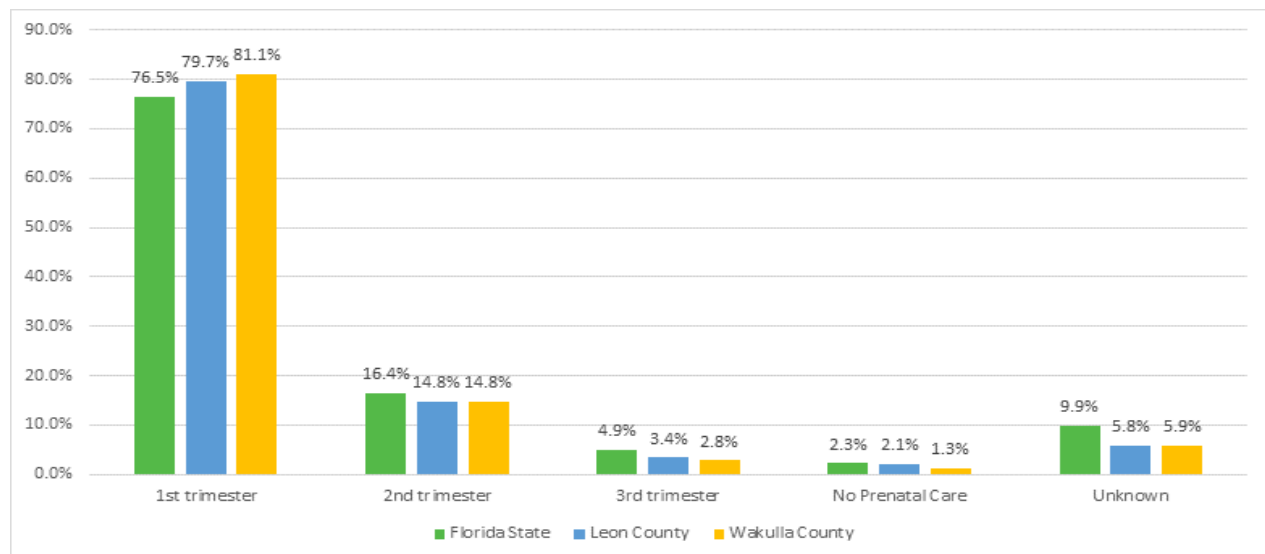
Trimester of Entry into Prenatal Care

30 Cases Reviewed



Twenty-four out of 30 women who had a fetal or infant loss began receiving prenatal care in the first trimester. Three women began care in the second trimester, one had no prenatal care, and one is unknown.

Percentage of All Births to Mothers with First Trimester Prenatal Care - 2018

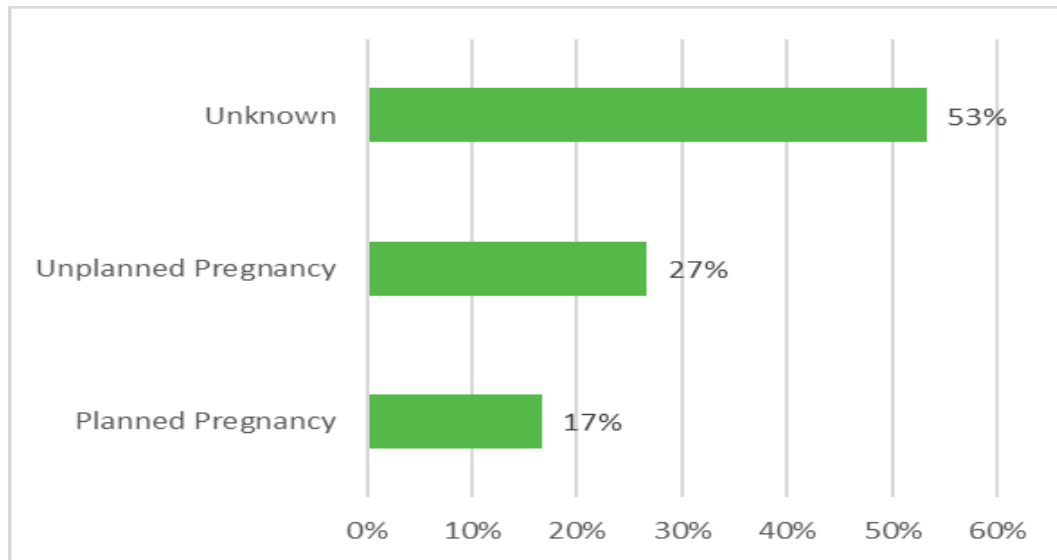


The percentage of women who had a live birth and received early prenatal care in Leon and Wakulla counties (79.7% & 81.1%) is slightly higher than the State rate (76.5%). However, only 11 of the 16 women (68.8%) in Leon and Wakulla counties who experienced an infant loss began prenatal care in the 1st trimester. Two began prenatal care in the second trimester, one in the third trimester, one had no prenatal care, and one was not known. *Sources:* Vital Statistics birth certificates, FIMR records, and FL CHARTS.

FIMR Infant and Fetal Deaths 2018

Family Planning

30 Cases Reviewed

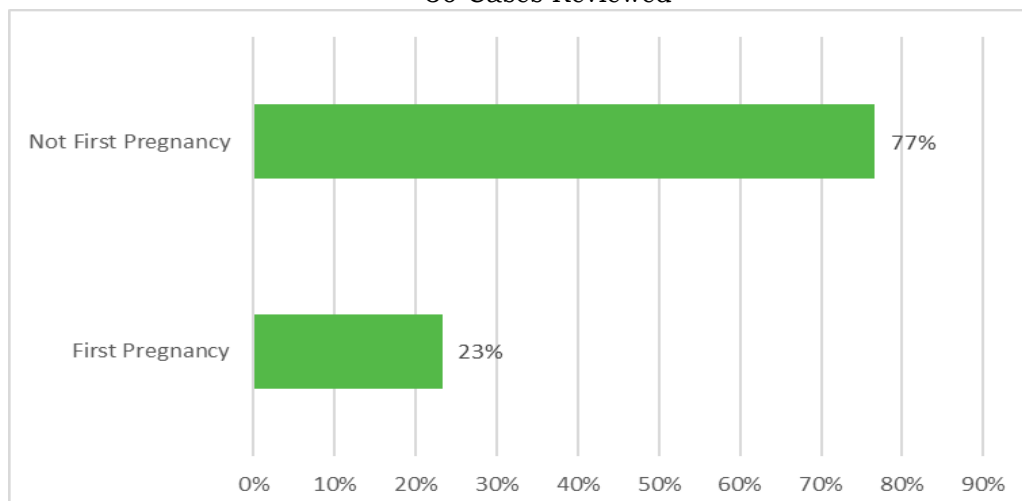


The intent of the pregnancy was available in 13 of the 30 cases reviewed. Records showed that 5 of the 30 pregnancies were planned while 8 were unplanned; the intent for the other 17 is not known. According to a Guttmacher Institute Report (January 2019), 45% of all pregnancies occurring in the United States are unintended pregnancies.

FIMR Infant and Fetal Deaths 2018

First Pregnancy – 23 Cases

30 Cases Reviewed

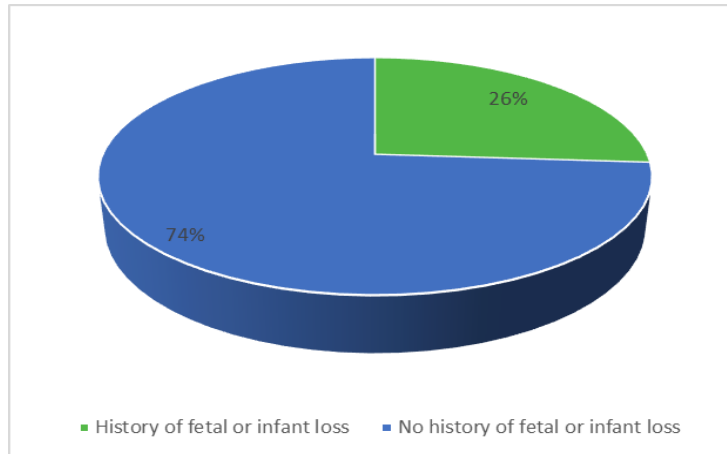


Out of 30 FIMR cases reviewed, 7 of the mothers had never been pregnant prior to this pregnancy.

FIMR Infant and Fetal Deaths 2018

History of Loss with Previous Pregnancy - 23 Cases

30 Cases Reviewed

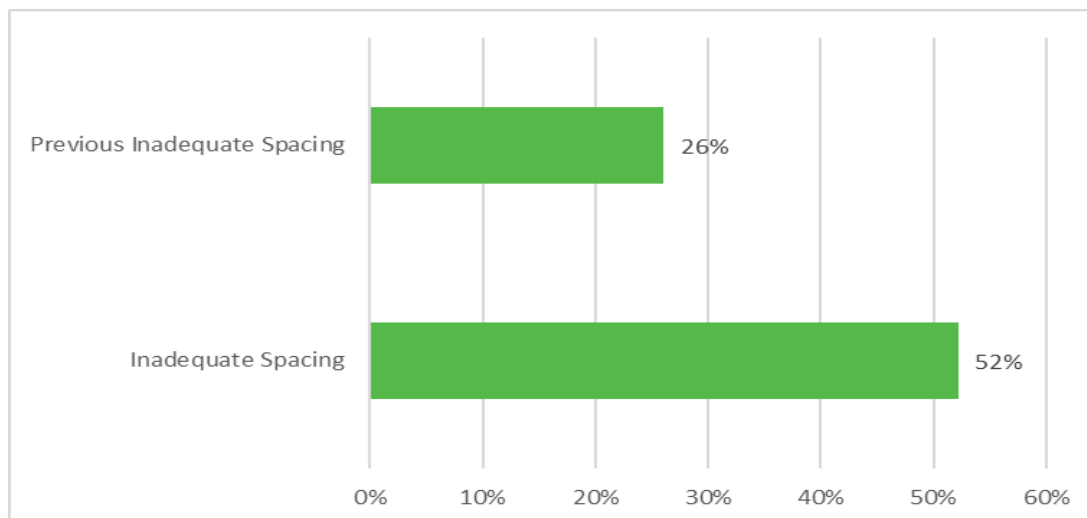


Twenty-three of the 30 mothers who had losses had been pregnant in the past. Six of these mothers (26%) had experienced a previous fetal or infant loss.

FIMR Infant and Fetal Deaths 2018

Birth Spacing - 23 Cases

30 Cases Reviewed

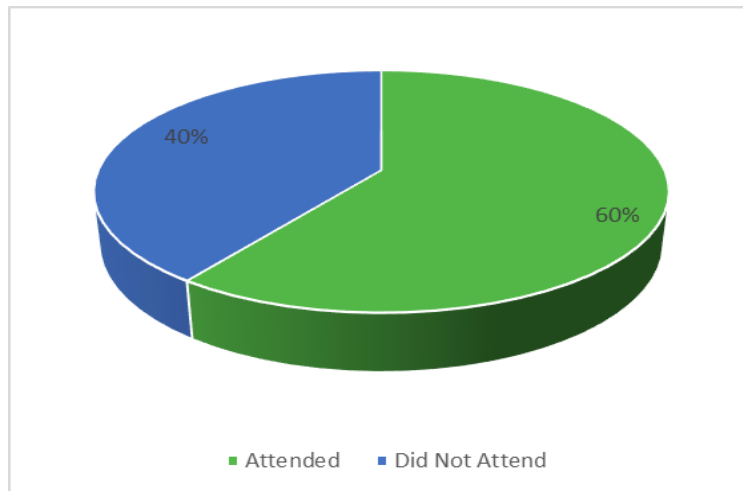


This chart shows the birth spacing for the 23 women who had a loss in 2018 and had been pregnant in the past. Of the 23 women, more than half (52%) had become pregnant less than 18 months after their previous delivery. In addition, six of the 23 women (26%) had inadequate birth spacing between prior pregnancies. *Note:* Some women had less than 18 months between pregnancies in both categories and some had none in either category.

FIMR Infant and Fetal Deaths 2018

Postpartum Appointments

30 Cases Reviewed

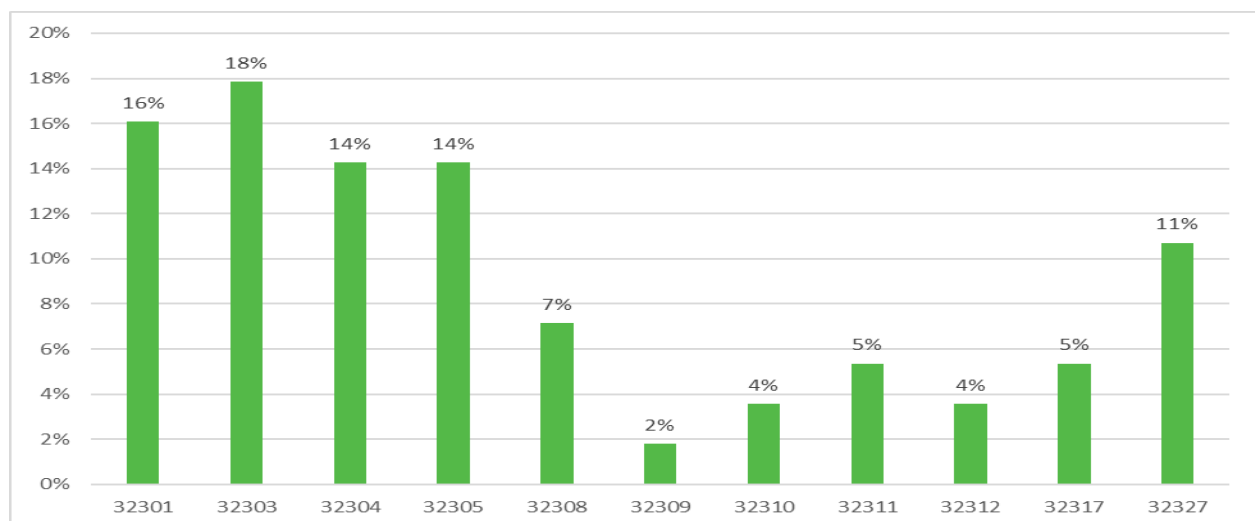


Of the 30 FIMR cases reviewed, 60% of the women attended at least one postpartum visit. However, 3 of these 18 women only attended their two-week follow-up appointment for c-section checks but did not return for their six-week postpartum visit.

FIMR Infant and Fetal Deaths 2018

Zip Codes of Mother's Residence

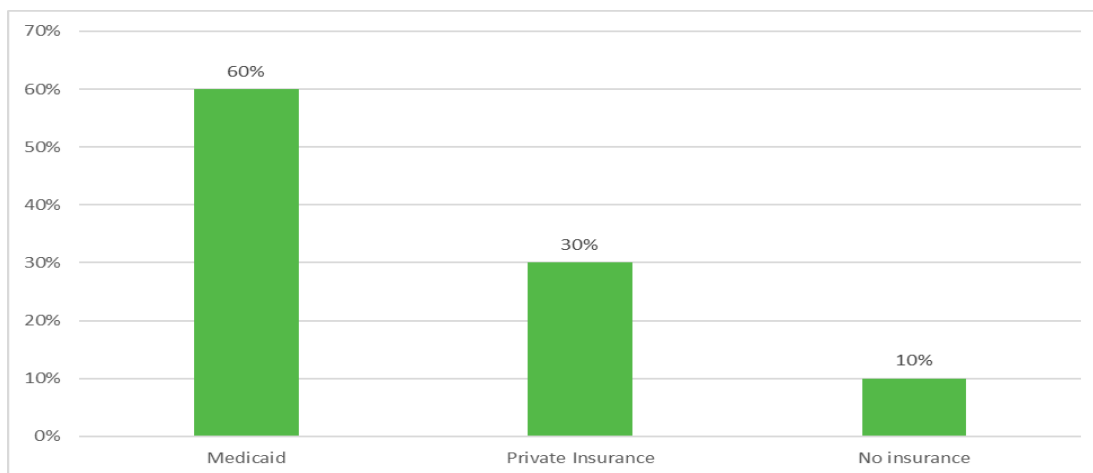
56 Total Deaths



The 32327 zip code is in Wakulla County while the rest are in Leon County. Median household income in each zip code is 32301-\$36,207; 32303-\$47,325; 32304-\$16,916; 32305-\$36,648; 32308-\$58,834; 32309-\$76,857; 32310-\$28,375; 32311-\$51,675; 32312-\$93,121; 32317-\$81,191; 32327-\$44,741 Source for income: zipdatamaps.com

FIMR Infant and Fetal Deaths 2018

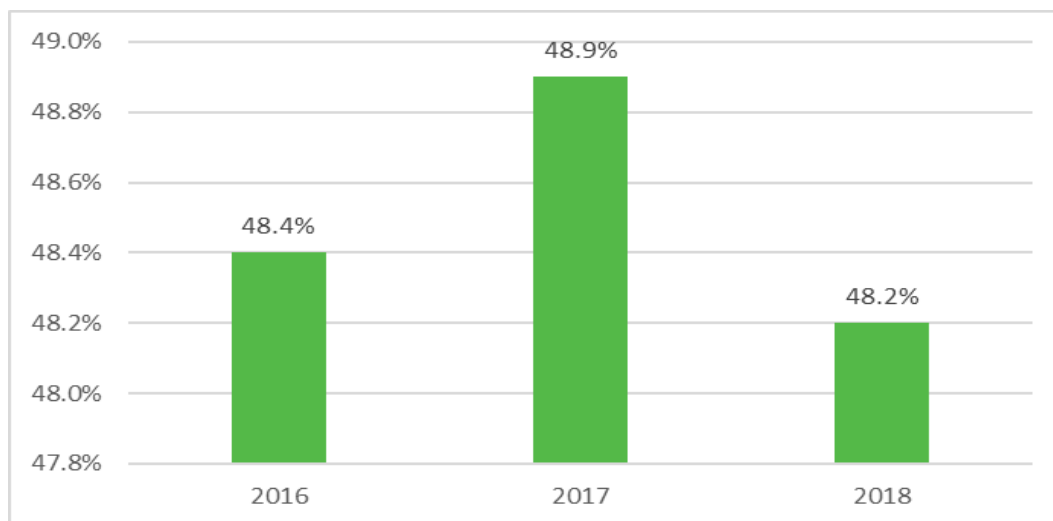
Payment Source
30 Cases Reviewed



In the state of Florida, pregnant women whose income is less than 185% of the Federal poverty guidelines, and are U.S. residents, are eligible to apply for Medicaid to cover medical costs during their pregnancy. Eighteen (60%) of the mothers whose cases were reviewed had Medicaid, nine (30%) had private insurance, and three (10%) had no insurance coverage.

Percentage of Births Covered by Medicaid

Florida CHARTS - State Rate 2016-2018



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



2018 Sleep Related Deaths

The Capital Area FIMR project abstracts and reviews all infant sleeping death cases. In 2018, there were two sleep related deaths in our FIMR review area (Leon and Wakulla counties). The causes of the deaths as listed on the death certificates were Positional Asphyxiation While Bed-Sharing and Sudden Unexpected Infant Death While Co-Sleeping with an Adult. Conditions surrounding those infant deaths are outlined in the table below:

Conditions of the Sleep Related Infant Deaths 2018	
Site of Death	2 - Infant's home
Sleeping Situation	2 - With an adult
Sleeping Location	2 - Adult bed
Sleeping Position When Found	1 - On back 1 - On stomach
Usual Sleeping Position	2 - No info
Condition of the Bedding at Time of Death	2 - Unknown
Items in Bed at Time of Death	2 - Infant blankets 1 - Adult blankets 1 - Adult pillows 1 - Adult sheets 1 - Pacifier 1 - Baby bottle
Feeding Type	0 - Breast 2 - Bottle
Symptoms Within 2 Weeks of Death	2 - No Issues
Second Hand Smoke	2 - Yes



2018 FIMR Case Review Team

Recommendations

Community Education and Outreach

- Provide a community-wide, consistent Safe Sleep message to all parents and caregivers of infants
- Benefits of home visiting programs
- Importance of being healthy physically, mentally, and emotionally, and having a healthy lifestyle before becoming pregnant
- Importance of family planning, prenatal care, and interconception care
- Outreach to pregnant women in local homeless shelters
- Provide information on local counseling resources that are available for women who are experiencing depression, anxiety, substance use, or have other mental health issues

Provider Awareness and Education

- Benefits of completing the Prenatal and Infant Risk Screens
- Benefits of home visiting programs
- Offer referrals for substance use counseling, including smoking cessation
- Access to a list of local mental health referral sources
- Follow-up on, and documentation of, referrals results
- Refer women who have losses and poor pregnancy outcomes for genetic counseling
- Provide Kicks Count education before 3rd trimester
- Schedule postpartum visits prior to mom's discharge from birthing hospitals
- Follow-up on missed postpartum appointments
- Increase screenings and assessments for postpartum depression and increase referrals

Education for Pregnant Women

- Importance of monitoring Kicks Count
- Benefits of home visiting programs
- How to safely use automobile seat belts while pregnant
- Importance of obtaining lab work after receiving the lab orders from providers
- Increased education on signs and symptoms of preterm labor

Interconception & Immediately After Birth

- Address family planning and baby spacing
- Promote Long-Acting Reversible Contraception (LARCs)
- Assure postpartum appointments are scheduled and attended
- Obtain a primary care provider to help manage medical conditions prior to becoming pregnant
- Weight management and nutrition counseling

Bereavement Support

- Bereavement referrals offered by birthing centers and medical providers
- Increase referrals for grief counseling after loss
- Establish support groups for women and families who experience a pregnancy or infant loss



Capital Area Healthy Start Coalition

Initiatives

Outreach and Education. Our Outreach staff attend community events and share information about the importance of being healthy before, during, and after pregnancy.

Kicks Count Refrigerator Magnets. Refrigerator magnets reminding pregnant women to count kicks, and showing how to count kicks, were designed and produced as a result of FIMR recommendations. These magnets are provided to prenatal care providers, to pregnant women in Healthy Start, and are distributed at local health fairs.

Who Will Be Your Baby's Doctor?. Expectant mothers should choose a pediatrician for their infant prior to birth. The Coalition prepares a pamphlet listing all pediatricians and medical providers who enroll infants as their patients to help mothers make an informed choice. This pamphlet is provided to local prenatal providers and Healthy Start participants and is updated regularly.

Capital Area Breastfeeding Coalition. The Breastfeeding Coalition is under the umbrella of the CAHSC. The Breastfeeding Coalition supports breastfeeding efforts locally by promoting breastfeeding through health fairs, awareness events, and by working directly with pregnant women and new mothers.

Bereavement. The FIMR program sends a letter of condolence and a list of bereavement resources to mothers who have experienced an infant or fetal loss.

Walk to Remember. The Coalition holds the Walk to Remember event yearly. The event is to help support families who have experienced the loss of a pregnancy or infant. This year, Walk to Remember will be held on October 10th.

Free Infant CPR classes. Another initiative the Coalition facilitated as a result of recommendations from the FIMR Team and the Community Action Team is to provide free Infant CPR classes in partnership with Leon EMS. To date, a total of ten classes have been held in which 227 new parents and caregivers in our community were trained in Infant CPR.

Traveling Crib Safe Sleep. In 2017, we launched the Traveling Crib Initiative to educate the community on the fact that babies are safest when they sleep **A**lone, on their **B**acks, and in a safe **C**rib. The Traveling Crib has made it's way to businesses, local libraries, daycare centers, housing developments, and medical facilities.





Capital Area Healthy Start Coalition

Programs

The Capital Area Healthy Start Coalition (CAHSC) is dedicated to improving the health of pregnant women, 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 Coordinated Intake and Referral (CI&R) program for pregnant women and infants and oversee the Healthy Start home visiting programs in Leon and Wakulla counties.

Coordinated Intake and Referral (CI&R)

CI&R is the Coalition's newest initiative. All pregnant women and infants from birth to age 3 are eligible to participate. One way of referral into the program is from medical providers and birthing hospitals after pregnant women and mothers of newborns complete the universal prenatal and infant risk screens. Pregnant women and parents/guardians of infants up to age 3 can also self-refer into the program; community agency referrals are accepted as well. An Intake Specialist contacts the women and parents, assesses the mother's and infant's risks and needs, and offers resources which often 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.

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. By Florida Statute, every pregnant woman in Florida is offered a Prenatal Risk Screen at her first prenatal care appointment. 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 Healthy Start 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.



FIMR Project 2018 FIMR Project Case Review Team

FIMR Case Review Team. The FIMR Case Review Team (CRT) is critical to the overall success of the FIMR project. Our CRT is comprised of representatives from healthcare, public health, social services, academic, government, community agencies, and other individuals who volunteer their time. Their role is to review and analyze the information collected from medical and social services records, interviews, and other records as presented during FIMR meetings, and to provide recommendations to improve the community's service delivery systems and resources.

Thank you to FIMR CRT members

<i>Amandla Shabaka-Haynes</i>	<i>Debra Pedersen</i>	<i>Judy St. Petery</i>	<i>Pam Banks</i>	<i>Stephanie Cash</i>
<i>Andrea Ponte</i>	<i>Dianne Powell</i>	<i>Kyra Adams</i>	<i>Paula Reiter</i>	<i>Susan Gilson</i>
<i>Betsy Wood</i>	<i>Faye Gardner</i>	<i>Lauren Wade</i>	<i>Phillip Carter</i>	<i>Susan Hayes</i>
<i>Catherine Hanks</i>	<i>Frances Carney</i>	<i>Libbie Stroud</i>	<i>Rachel Tribble</i>	<i>Tanika Whitfield</i>
<i>Charlene Whiddon</i>	<i>Heather Barrow</i>	<i>Lisa Flannagan</i>	<i>Rebecca Siebert</i>	<i>Tasha Peterson</i>
<i>Chelsea Terry</i>	<i>Jade Staubs</i>	<i>Ludy Willis</i>	<i>Robin Perry</i>	<i>Tomica Smith</i>
<i>Chimere Brooks</i>	<i>Jeff Ahsinger</i>	<i>MaKeytra Crump</i>	<i>Shaniqua Pelham</i>	<i>Torhonda Lee</i>
<i>Chris Szorcsik</i>	<i>Jennie Brock</i>	<i>Mariah Berberich</i>	<i>Sheena Burley</i>	<i>Unam Mansoor</i>
<i>Connie Henry</i>	<i>Jennifer Webb</i>	<i>Mary Westbrook</i>	<i>Shelia Morris</i>	<i>Vivienne Treharne</i>
<i>Danielle Brown</i>	<i>Jessica Worlds</i>	<i>Miriam Gurniak</i>	<i>Sandra King</i>	
	<i>Judith Danford</i>	<i>Monica Tucker</i>	<i>Sandy Glazer</i>	

2018 Community Action Team

FIMR Community Action Team. The Community Action Team (CAT) is 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 visibility of issues related to parents, infants, and families by informing the community about the needs for the actions and providing them with the tools that may be needed. CAT members work with the community to provide education and to implement interventions to improve the health and well-being of moms, babies, and families in our community.

Thank you to FIMR CAT members

<i>Alfreda Mathis</i>	<i>Danielle Brown</i>	<i>Kyra Adams</i>	<i>Phil Carter</i>	<i>Susan Gilson</i>
<i>Betsy Wood</i>	<i>Dianne Powell</i>	<i>Ludy Willis</i>	<i>Robin Gladys</i>	<i>Tanika Whitfield</i>
<i>Chelsea Terry</i>	<i>Elaine Green</i>	<i>Mariah Berberich</i>	<i>Sandra Auguste</i>	<i>Tomica Smith</i>
<i>Chimere Brooks</i>	<i>Glenn Robertson</i>	<i>Mary Westbrook</i>	<i>Sandy Glazer</i>	<i>Unam Mansoor</i>
<i>Connie Styons</i>	<i>Jade Staubs</i>	<i>Pamela Banks</i>	<i>Shelia Morris</i>	

Capital Area Healthy Start Coalition

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To enroll in Healthy Start call:

Leon County

850-488-0288, ext. 106

Wakulla County

850-926-0400 or 850-888-6092

Jefferson County

850-342-0170

Madison County

850-973-5000

Taylor County

850-584-5087

Gadsden County

850-662-1061 ext. 302





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