



**Fetal and Infant Mortality Review
(FIMR) Project
2019 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 27 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 2019. In 2019 there were 28 infant deaths and 15 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.

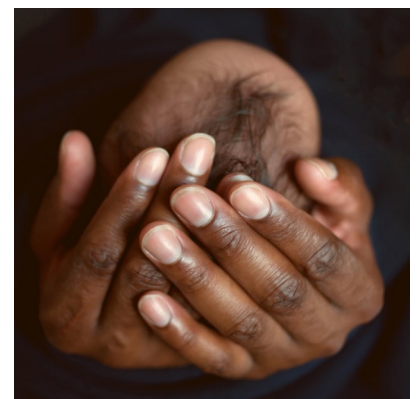


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The Capital Area Fetal and Infant Mortality Review (FIMR) Project is dedicated to reducing fetal and infant mortality rates in Leon and Wakulla counties.

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.

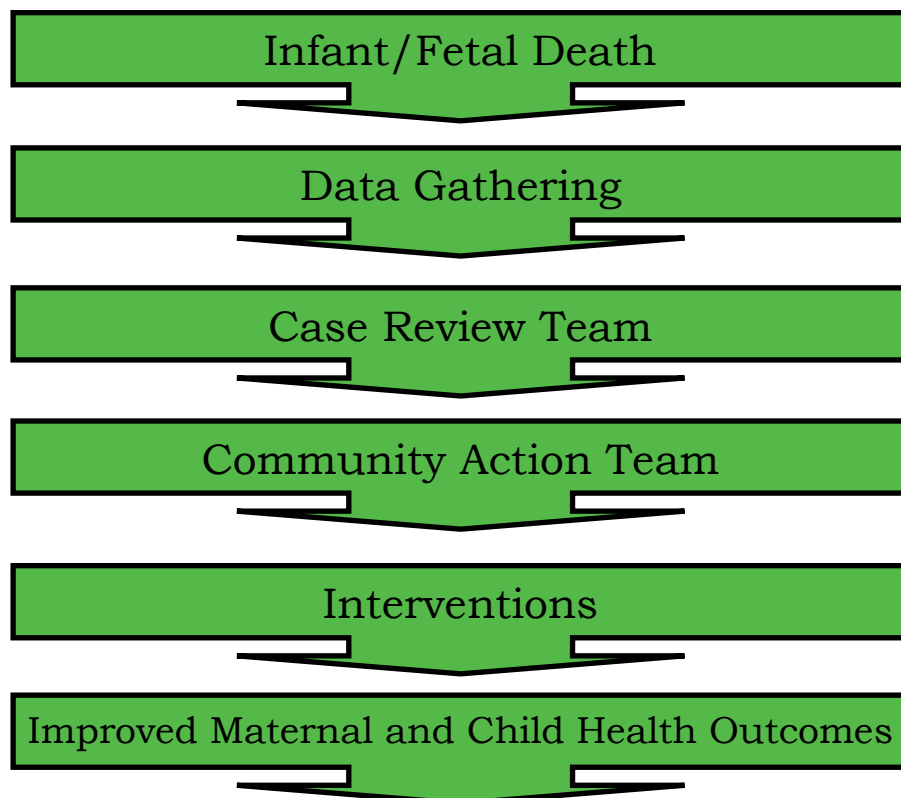




The Case Review Team (CRT): The CRT is composed of healthcare professionals and community representatives who volunteer their time to meet and review the summaries of the cases that have been selected. The CRT meets ten times a year and deliberates three cases at each meeting. The CRT is looking for 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 2019

FIMR Cases Reviewed – 27

Primary Cause of Death	
Infant Deaths - 21	Number
Unsafe sleep — Sudden Unexpected Infant Death (SUID) while sleeping in an unsafe environment (3), positional asphyxiation while bed-sharing (2), probable positional asphyxiation in an unsafe sleeping environment (2), and respiratory arrest while sleeping in an unsafe environment (1).	8
Extreme Prematurity — 19 weeks (1); 20 weeks (2), 21 weeks (1), 22 weeks (1), 23 weeks (1)	6
Pulmonary hemorrhage	2
Acute bronchitis with bronchopneumonia	1
Failure to thrive; chronic granulomatous	1
End stage liver disease	1
Cardiomyopathy	1
Hypoxic ischemic encephalopathy	1
Fetal Deaths - 6	Number
Complications of placenta, cord, membranes — Placental abnormalities (3), Rupture of membranes prior to onset of labor (1), cord clot (1)	5
Fetal anomalies of brain, heart, and limbs	1

Data source for pages 6-7: Fetal and infant death certificates



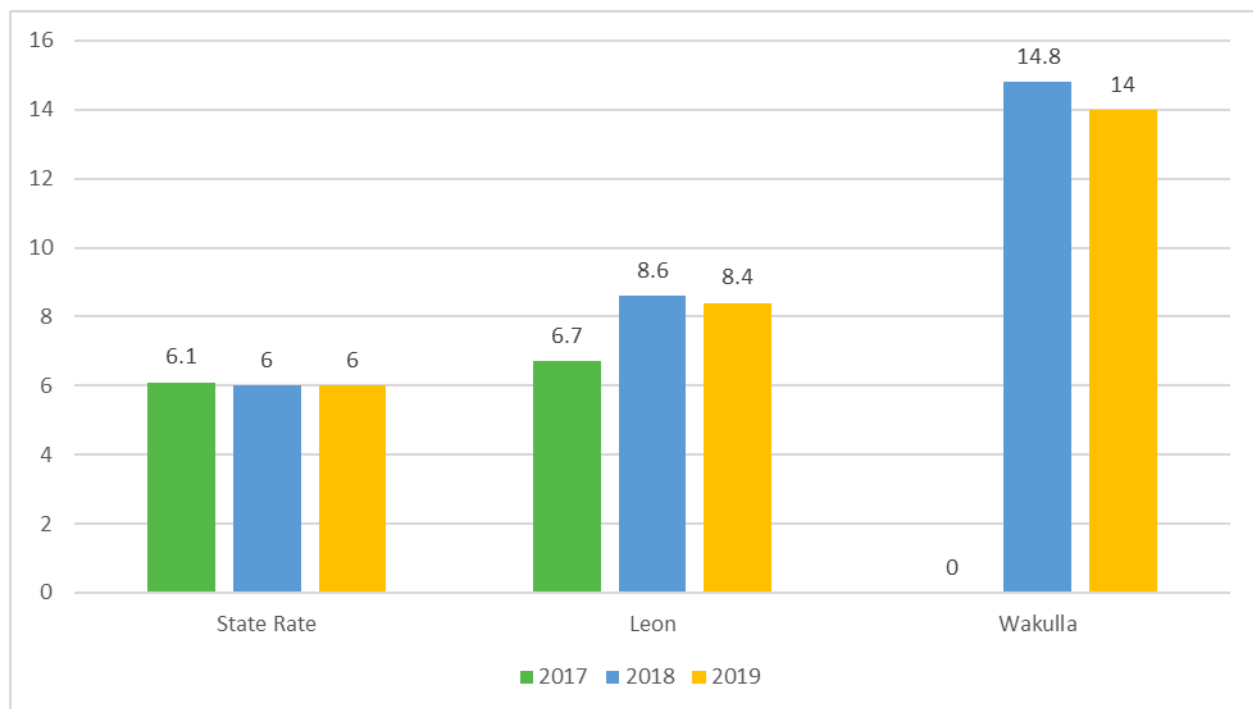
Primary Cause of Infant and Fetal Deaths 2019

All Cases—43 (cases reviewed and not reviewed)

Primary Cause of Death	
Infant Deaths - 28	Number
Unsafe sleep — Sudden Unexpected Infant Death (SUID) while sleeping in an unsafe environment (3), probable positional asphyxiation in an unsafe sleeping environment (3), positional asphyxiation while bed-sharing (2)	8
Extreme prematurity — 20 weeks (2), 21 weeks (2), 22 weeks (1), 23 weeks (1)	6
Respiratory failure with complex cyanotic heart disease (2) - conjoined twins	2
Anoxic encephalopathy; respiratory arrest while sleeping in an unsafe environment	1
Respiratory Failure with congenital hydraencephaly	1
Acute bronchitis with bronchopneumonia	1
Failure to thrive; chronic granulomatous	1
Pulmonary hemorrhage	1
Cardiomyopathy	1
Hypoxic ischemic encephalopathy	1
Chorioamnionitis (born at 19 weeks gestation)	1
Bradycardia; refractory pulmonary hypertension and pulmonary hypoplasia	1
Hemorrhage and placental abruption (born at 20 weeks gestation)	1
Hydrops fetalis	1
End stage liver disease	1
Fetal Deaths - 15	Number
Complications of Placenta, Cord, Membranes — Chorioamnionitis or other amniotic fluid infection (4), Cord clot (1), Cord Accident (1), Premature Rupture of Membranes (1)	7
Fetal anomalies — brain, limbs and heart (1), face and feet with tight nuchal cord (1), not defined (1)	3
Fetal arrhythmia; polyhydramnios	1
Trisomy 18	1
Mass in small bowel	1
Maternal condition: Preeclampsia and HELLP	1
Maternal condition: Chlamydia and preeclampsia; tight nuchal cord	1



Infant Deaths per 1,000 live births Florida CHARTS 2017-2019

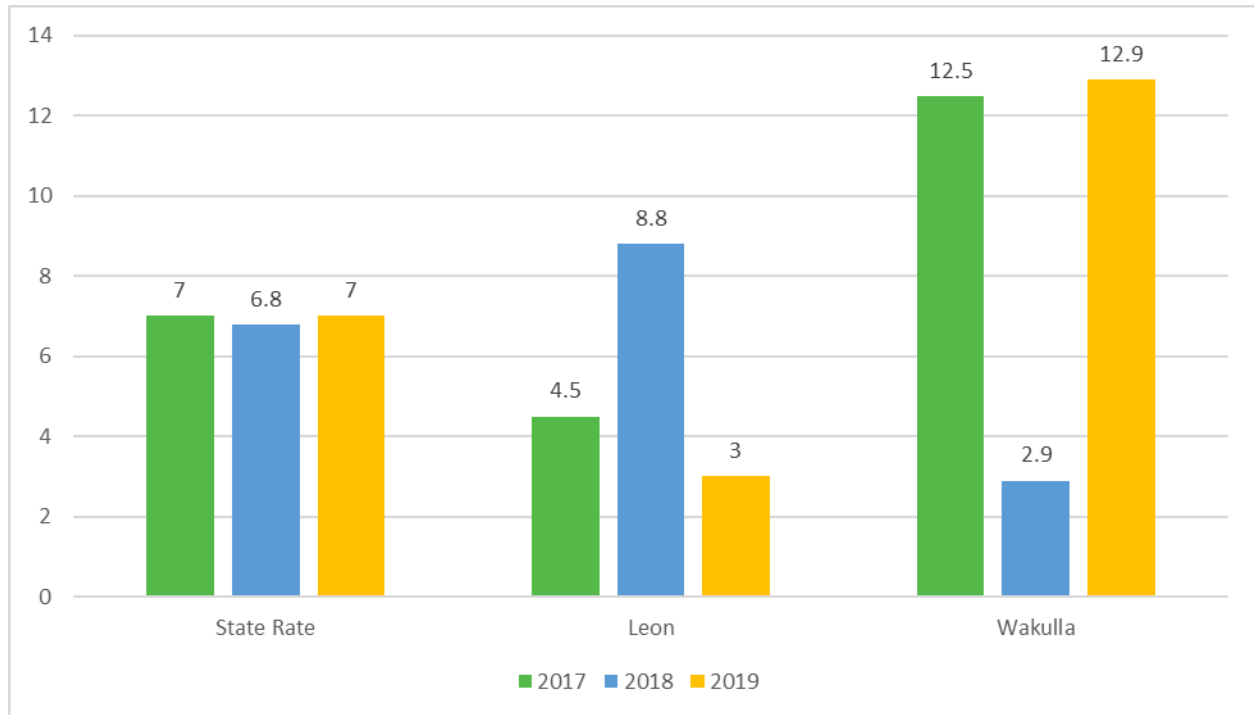


Infant deaths are defined as a baby who is born alive, takes at least one breath, but dies before their first birthday. Infant mortality rates are an important marker of the overall health of a community (CDC, March 27, 2019). In 2018, the infant mortality rate in the United States was 5.9 deaths per 1,000 live births which is lower than the Florida State rate (6.0). 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 a fluctuation 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 2019 there were four infant deaths in Wakulla County out of 307 live births (Florida CHARTS). This generates an infant mortality rate of 14 deaths per 1,000 live births. Compare this to Leon County where there were twenty-five deaths and 2,968 live births. This generates an infant mortality rate of 8.4 deaths per 1,000 live births.

Fetal Deaths per 1,000 deliveries Florida CHARTS 2017-2019



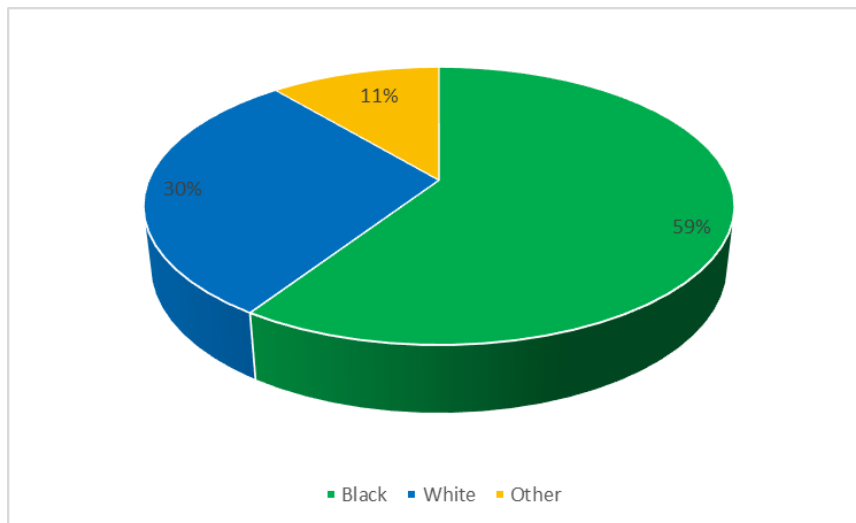
A fetal death is defined as a baby who is delivered after 20 weeks gestation but is not born alive. Babies delivered as a stillbirth (miscarriage) prior to 20 weeks gestation are not reported to Vital Statistics and are not captured as a fetal death. Comparison of our two-county area to State rates vary. State rates were generally stable over the three-year time span, whereas county rates varied greatly from year to year. In 2019, Leon County saw the lowest rate of fetal deaths since Florida CHARTS began tracking in 1989.



FIMR Infant and Fetal Deaths 2019

Maternal Race

27 Cases Reviewed

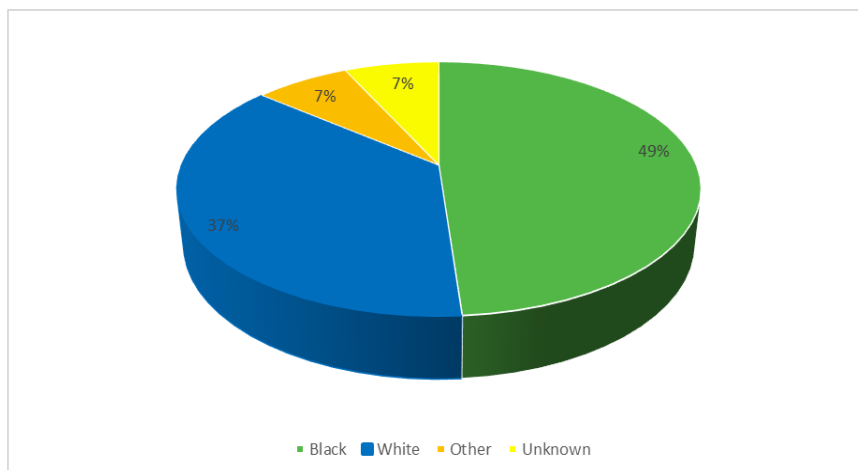


The above chart shows a breakdown by race of the 21 infant death and the 6 fetal death cases that occurred in Leon and Wakulla counties in 2019 and were reviewed during FIMR CRT meetings. Mothers of 14 infants who died were black, 5 were white and 2 were another race. Of fetal deaths, 2 mothers were black, 3 were white, and 1 was other.

All Infant and Fetal Deaths 2019

Maternal Race

43 Total Deaths

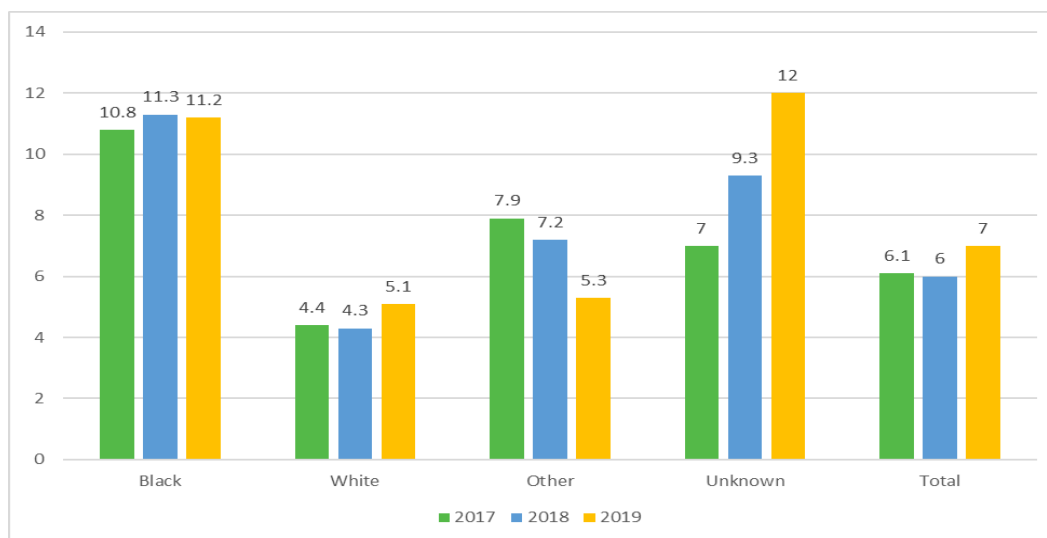


The above chart shows a breakdown by maternal race for the 28 infant death and the 15 fetal death cases that occurred in Leon and Wakulla counties in 2019. Mothers of 16 infants who died were black, 10 were white, and 2 were another race. Of fetal deaths, 5 mothers were black, 6 were white, 1 was other and three were unknown.

Florida Fetal Mortality Rate by Maternal Race

per 1,000 deliveries

Florida CHARTS - State Rate 2017-2019

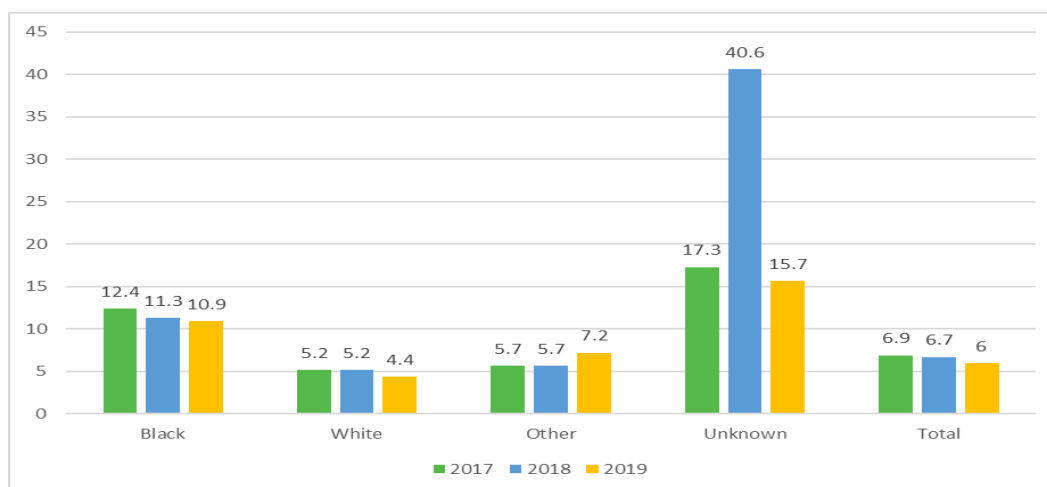


For the three years shown above, black women in Florida had over twice the rate of fetal losses than white women and nearly double that of mothers of all races.

Florida Infant Mortality Rate by Maternal Race

per 1,000 live births

Florida CHARTS - State Rate 2017-2019

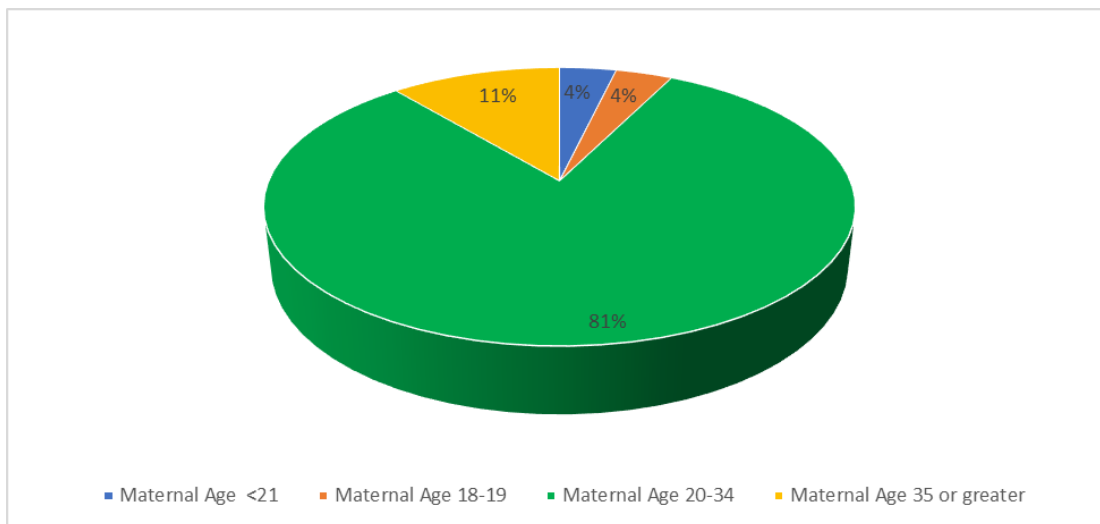


The chart above shows a comparison of infant deaths in Florida for 2017, 2018 and 2019 based on mother's race. There continues to be racial disparity in infant death rates in Florida. In 2019, nearly twice as many babies born to black mothers did not live to celebrate their 1st birthday than all other 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 2019. The racial disparity has not changed significantly over the past three years.

FIMR Infant and Fetal Deaths 2019

Maternal Age

27 Cases Reviewed

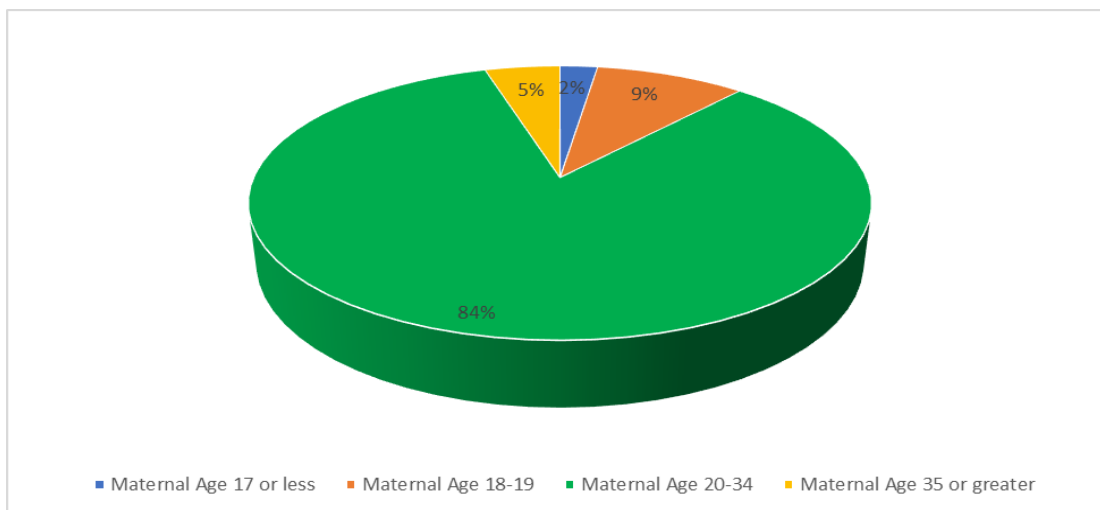


Out of the cases reviewed, two cases were under the age of 20. Eleven percent of the mothers who had losses were age 35 or older. The majority of the mothers who had losses were between the ages of 20—34 at delivery.

All Infant and Fetal Deaths 2019

Maternal Age

43 Total Deaths

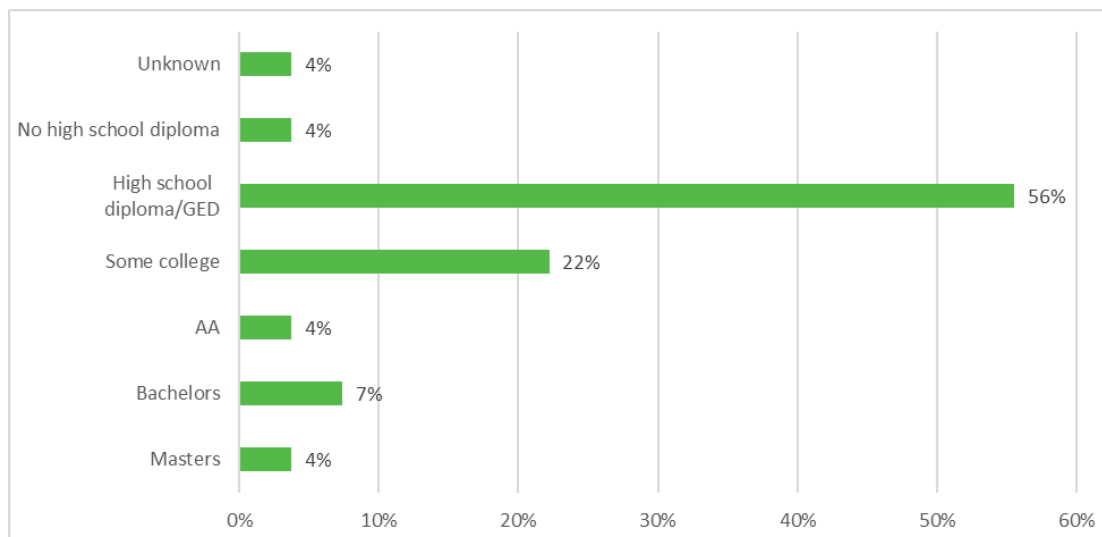


Out of all 43 fetal and infant deaths in our two counties, one mother was age 17, one was age 18, and three were age 19 at delivery. Eighty-Four percent of the mothers who had losses were ages 20-34 with 2 mothers (5%) age 35 or older.

FIMR Infant and Fetal Deaths 2019

Maternal Education

27 Cases Reviewed

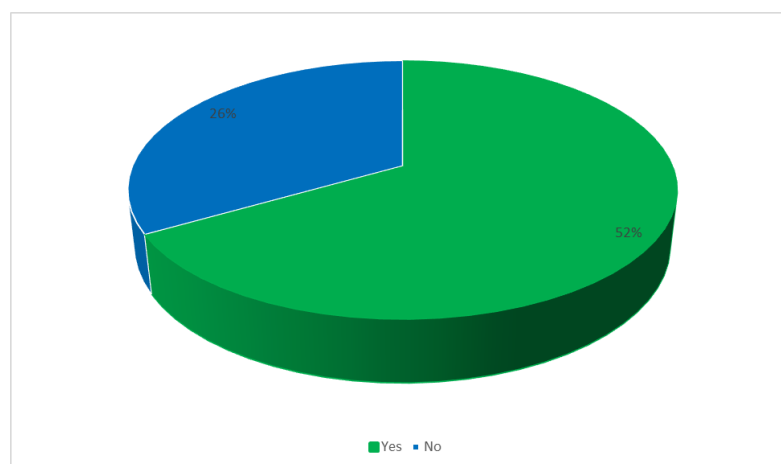


Fifteen of the mothers in the 27 cases reviewed had a high school diploma or equivalent. Six had some college education. One mother did not have a high school diploma or equivalent. There was one case where the education achieved was unknown.

FIMR Infant and Fetal Deaths 2019

Prenatal Risk Screens Completed

27 Cases Reviewed

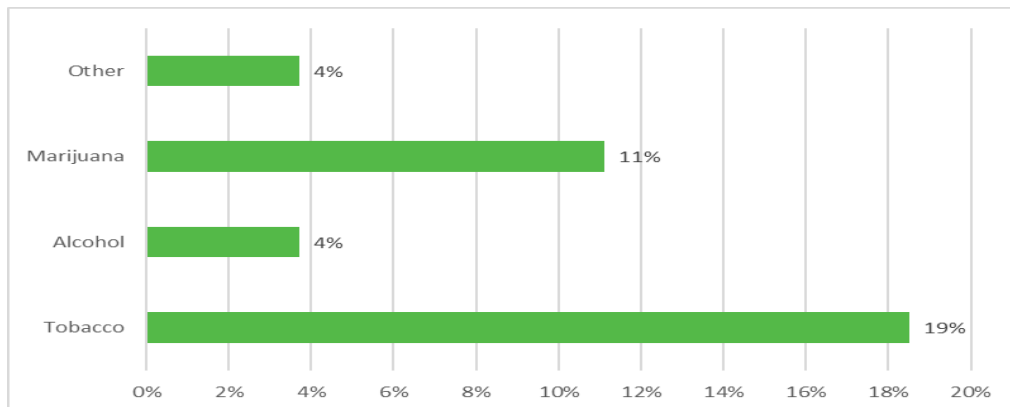


Of the 21 prenatal risk screens completed, 14 pregnant women were referred for prenatal home visiting services. Out of these 14 mothers, 4 received an intake only and then did not carry through with further services. Of the 7 women who received no services, 2 verbally declined services and the other 5 did not respond to numerous contact attempts. Three of the 27 mothers who had losses and their cases reviewed in FIMR CRT meetings had ongoing home visiting services during their pregnancy. No prenatal risk screens were found in the provider's medical records for the remaining six.

FIMR Infant and Fetal Deaths 2019

Maternal Substance Abuse

27 Cases Reviewed

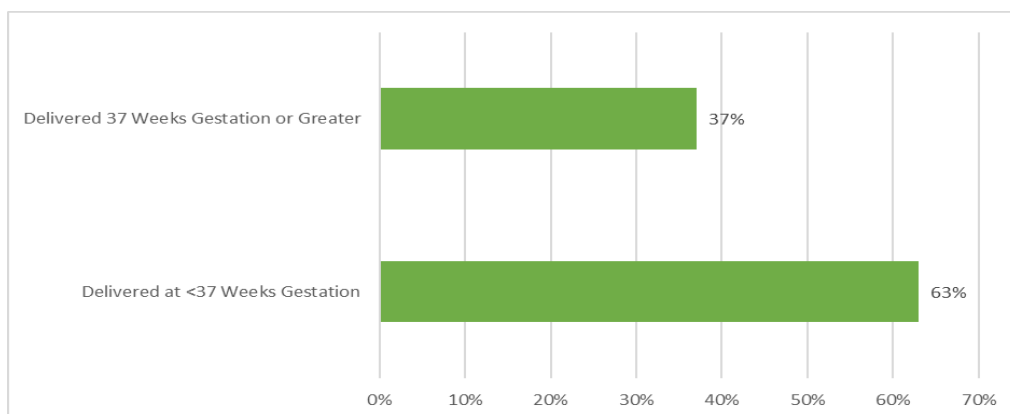


Alcohol and tobacco use while pregnant was by mother's self-report. One mother reported using alcohol while pregnant however Mom did not realize she was pregnant. Five mothers reported tobacco use. For the marijuana and other substances categories, some of the mothers self-reported use while others had drug screenings and tested positive according to their medical records. Three mothers were determined to be using marijuana while pregnant. The "other" category represents use of amphetamines by one mother. Some of the mothers are represented in more than one category due to multi-substance use while pregnant.

FIMR Infant and Fetal Deaths 2019

Prematurity

27 Cases Reviewed

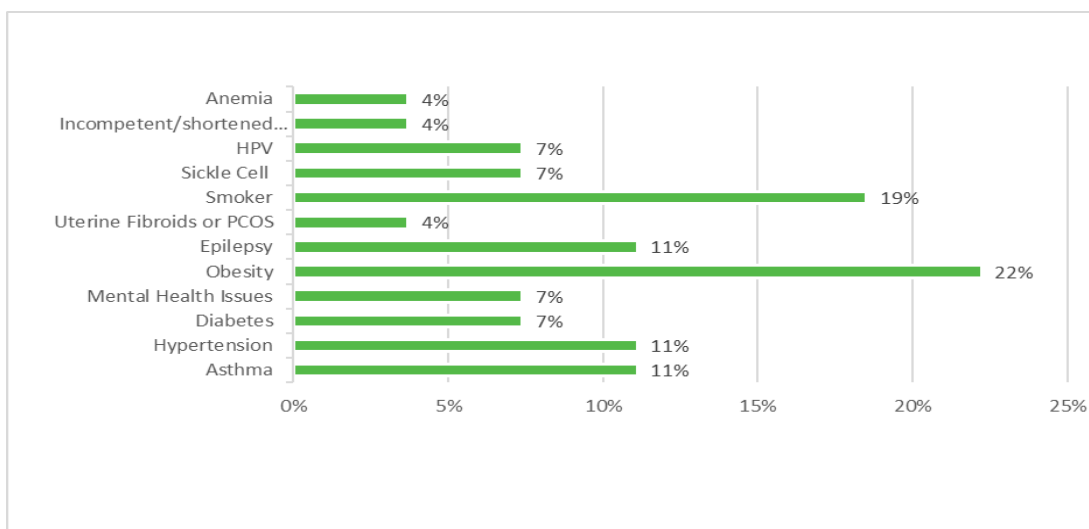


The definition of prematurity is a baby who is delivered prior to 37 weeks gestation. Of all 27 cases reviewed, 17 (63%) of the babies were delivered before 37 weeks gestation. Of the 21 infant death cases reviewed, 11 of these babies were born prematurely (52%). Prematurity was listed as the primary or secondary cause of death in the Vital Statistics death certificates for 7 of these 21 cases.

FIMR Infant and Fetal Deaths 2019

Mother's Pre-existing Conditions

27 Cases Reviewed

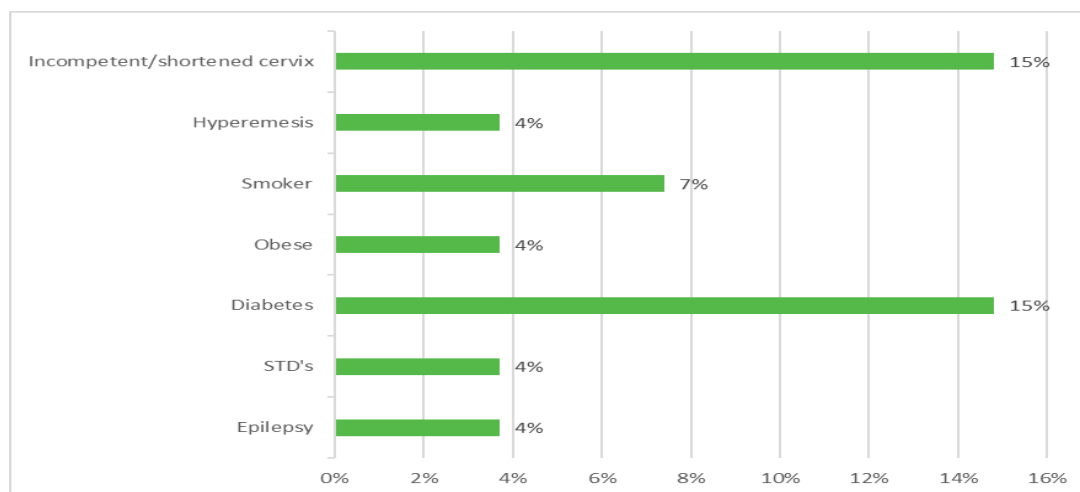


The top two pre-existing conditions in cases reviewed were obesity (22%) and smoker (19%), while hypertension, epilepsy, and asthma tied for third (11%). Two women were HPV positive, 2 had diabetes, 2 had mental health issues, 5 had asthma, 1 had uterine fibroid or polycystic ovarian syndrome, 2 had sickle cell, 1 had hypertension, 1 had anemia, and 1 had incompetent/shortened cervix.

FIMR Infant and Fetal Deaths 2019

Mother's Medical Conditions This Pregnancy/Labor

27 Cases Reviewed

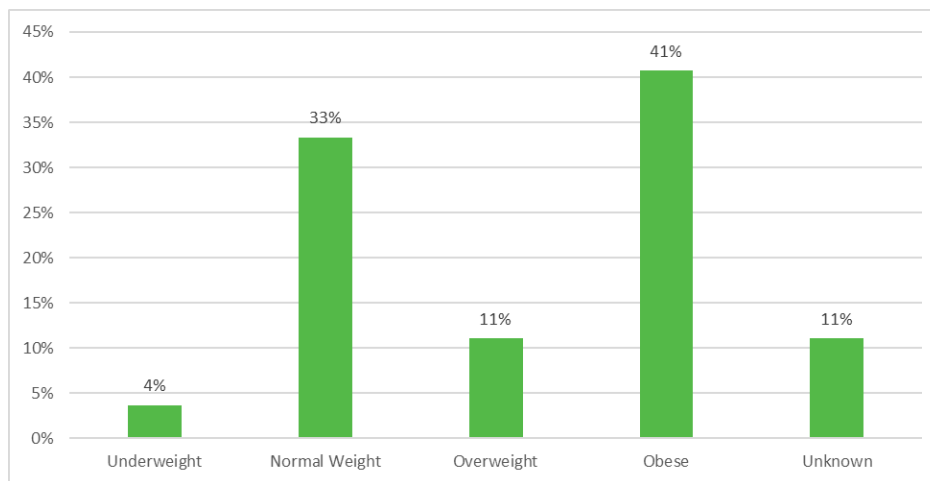


Per medical records reviewed, none of the moms had more than one of the conditions listed above while pregnant.

FIMR Infant and Fetal Deaths 2019

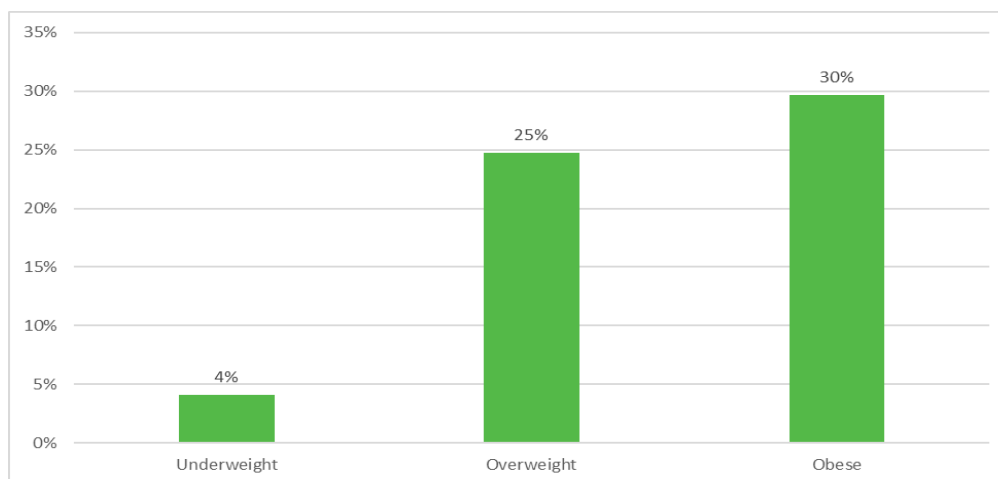
Pre-Pregnancy Weight

27 Cases Reviewed



Of the 27 cases reviewed, 11 women were obese just prior to the pregnancy (41%). Of these 11 women, one had a BMI greater than 45. One woman was underweight, nine were normal weight, three were overweight, and three were 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

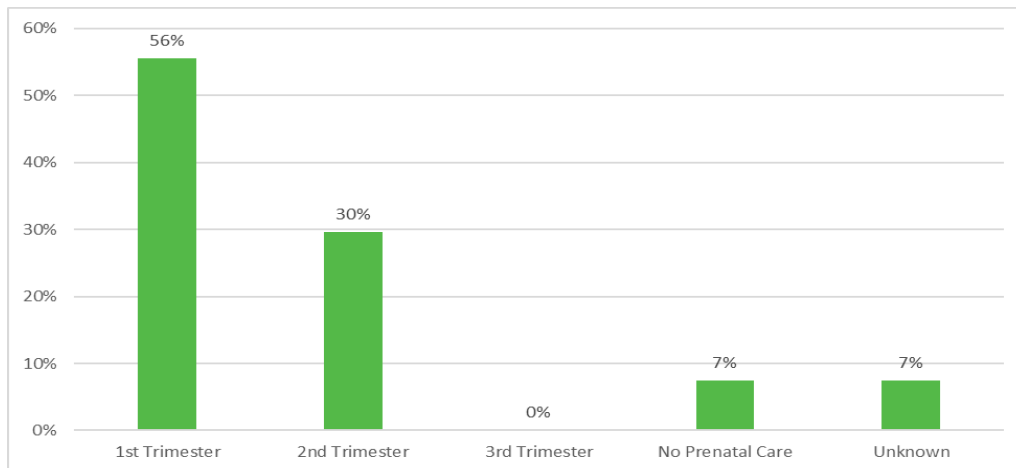


In 2019, 2,968 babies were born in Leon County and 307 babies were born in Wakulla County, to give a total of 3,275 babies born in our FIMR program area (FL CHARTS). One hundred thirty-three of the mothers were underweight just before pregnancy (4%), 810 were overweight (25%), and 971 were obese (30%). The remaining 1,054 women either had a normal weight or their weight was unknown. There is no data in FL CHARTS for normal weight or weight unknown by county of residence.

FIMR Infant and Fetal Deaths 2019

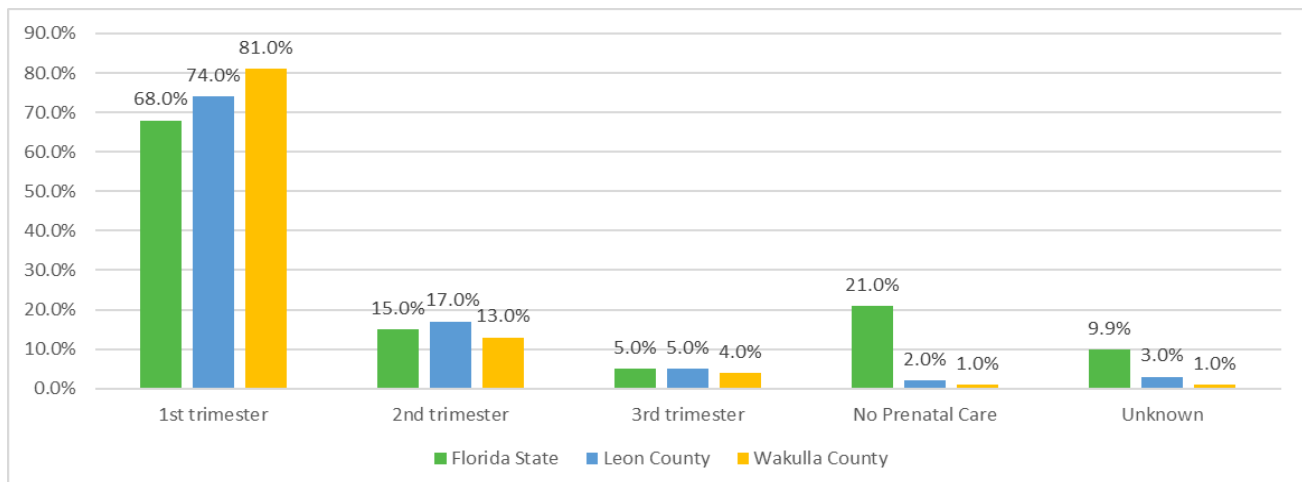
Trimester of Entry into Prenatal Care

27 Cases Reviewed



Fifteen out of 27 women who had a fetal or infant loss began receiving prenatal care in the first trimester. Eight women began care in the second trimester, two had no prenatal care, and two are unknown.

Entrance to Prenatal Care of All Births for Mothers - 2019



The percentage of women who received early prenatal care in Leon and Wakulla counties, and had a live birth, is higher than the State rate.

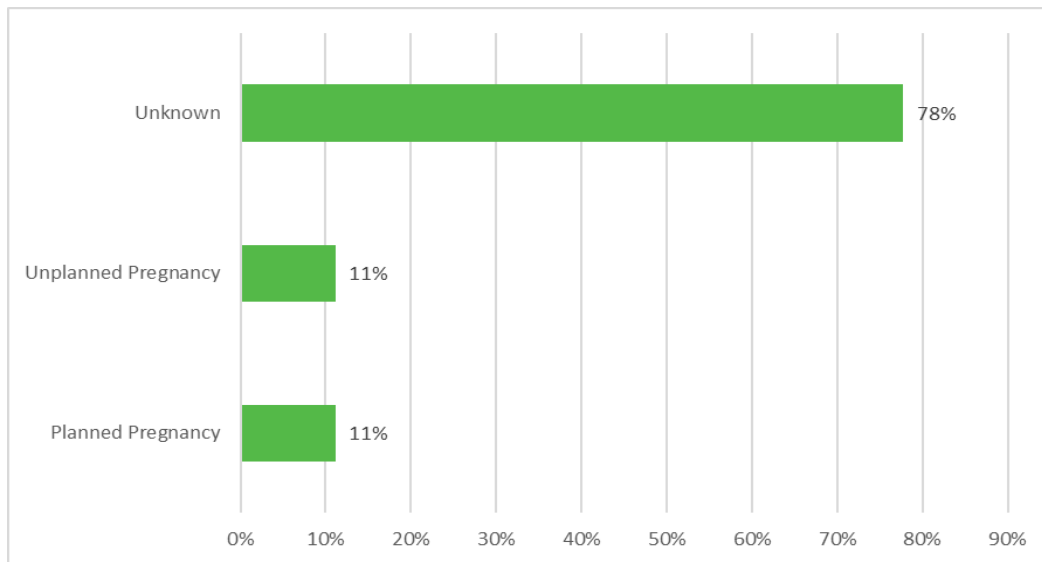
Fifty-one percent of the women in Leon and Wakulla counties who experienced an infant loss had early prenatal care. This is significantly lower than the general population in which 80% of all pregnant women in our area had early prenatal care.

Sources: Vital Statistics birth certificates for all births. Information on entry into prenatal care is not available for fetal deaths as this is not recorded by Vital Statistics.

FIMR Infant and Fetal Deaths 2019

Family Planning

27 Cases Reviewed

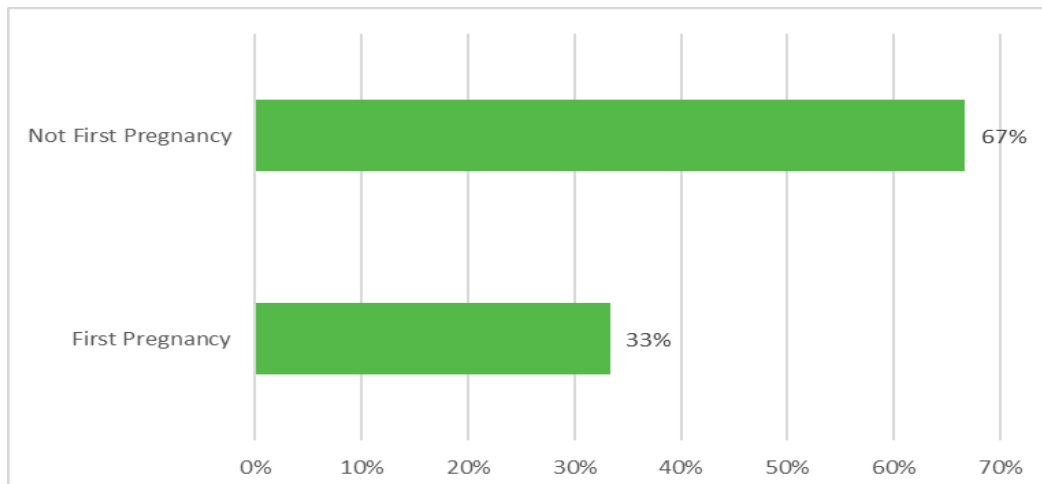


The intent of the pregnancy was available in 6 of the 27 cases reviewed. Records showed that 3 of the 27 pregnancies were planned while 3 were unplanned. According to a Guttmacher Institute Report (January 2019), 45% of all pregnancies occurring in the United States are unintended pregnancies.

FIMR Infant and Fetal Deaths 2019

First Pregnancy

27 Cases Reviewed

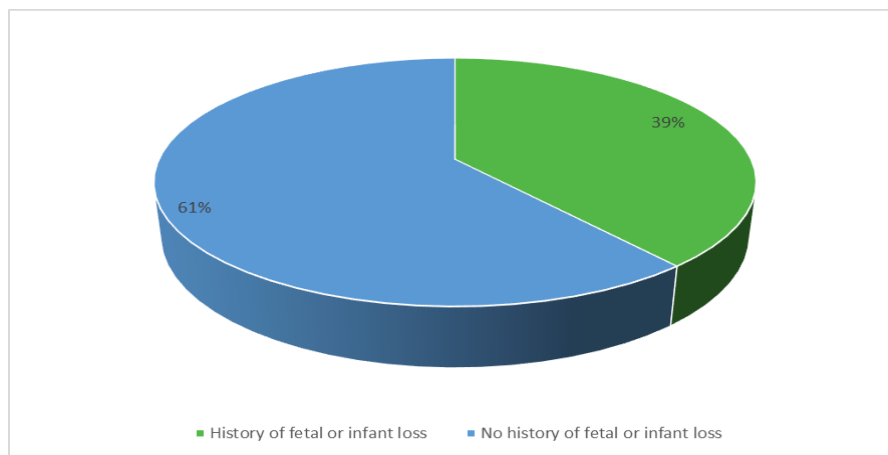


Out of 27 FIMR cases reviewed, 9 of the mothers had never been pregnant prior to this pregnancy.

FIMR Infant and Fetal Deaths 2019

History of Loss with Previous Pregnancy - 18 Cases

27 Cases Reviewed

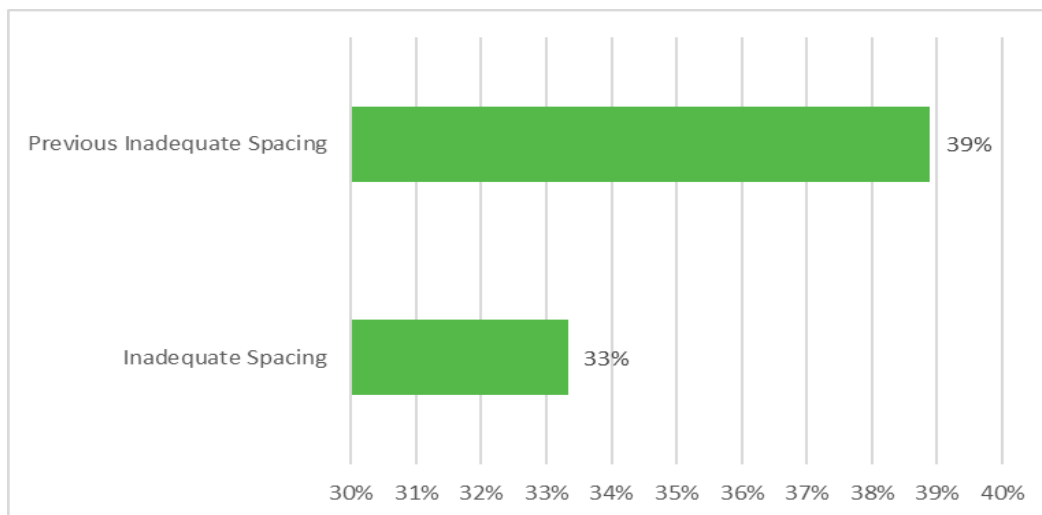


Eighteen of the 26 mothers who had losses had been pregnant in the past. Seven of these eighteen mothers had experienced a previous fetal or infant loss.

FIMR Infant and Fetal Deaths 2019

Birth Spacing - 18 Cases

27 Cases Reviewed

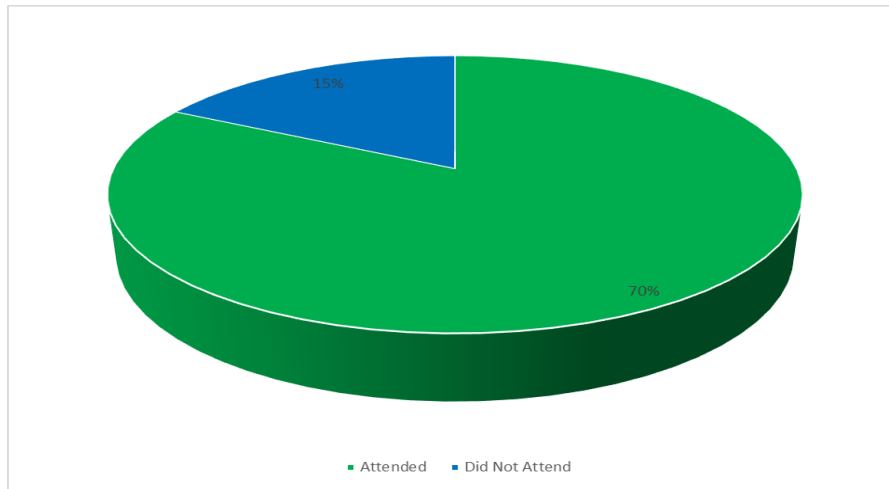


This chart shows the birth spacing for 18 women who had a loss in 2019 and had also been pregnant in the past. Of the 18 women, 6 of the women (33%) had become pregnant less than 18 months after their previous delivery. In addition, 7 of the 18 women (39%) had inadequate birth spacing between prior pregnancies. [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 2019

Postpartum Appointments

27 Cases Reviewed

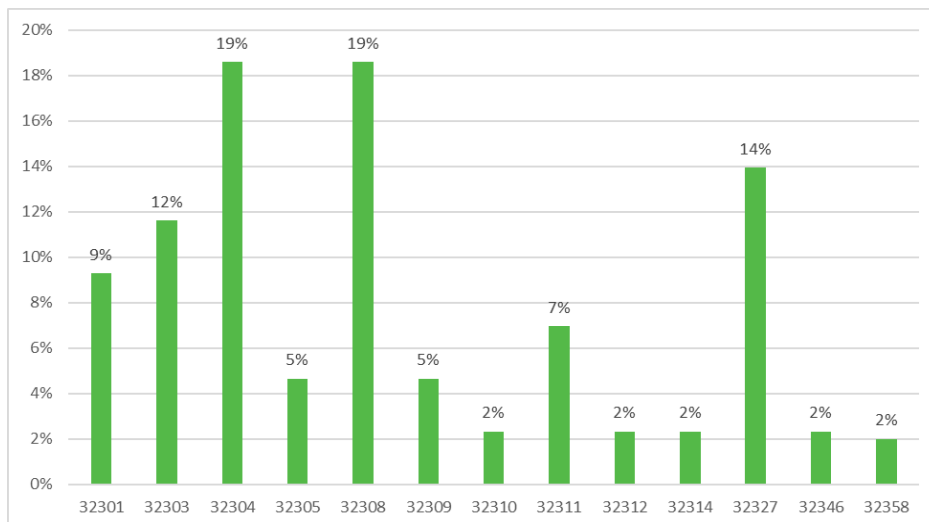


For the 27 FIMR cases reviewed, 70% of the women attended at least one postpartum visit. Of the 19 women who attended at least one postpartum appointment, four chose a family planning method per their medical records. One received a tubal ligation, one received a Depo shot, and two got a prescription for birth control pills.

FIMR Infant and Fetal Deaths 2019

Zip Codes of Mother's Residence

43 Total Deaths

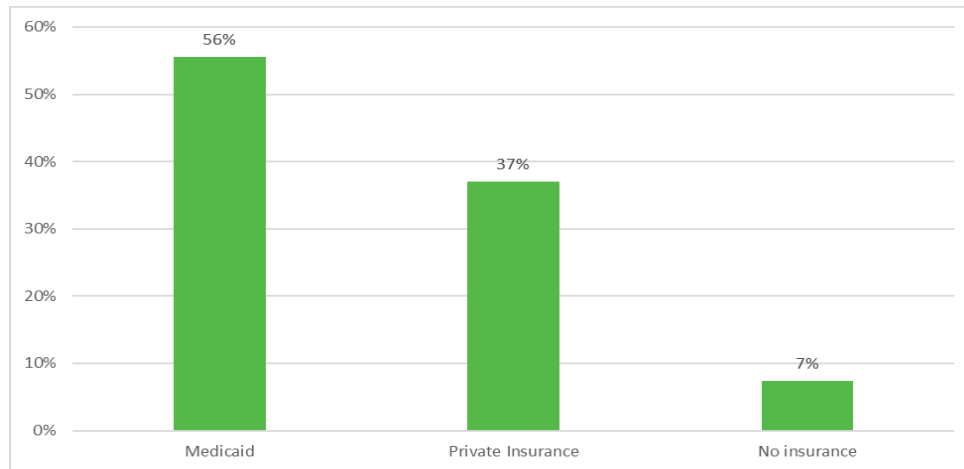


The 32327, 32346 and 32358 zip codes are in Wakulla County while the rest are in Leon County. Median household income in each zip code is 32301-\$36,207; 32303-\$47,325; 32304-\$16,916; 32305-\$36,648; 32308-\$58,834; 32309-\$76,857; 32310-\$28,375; 32311-\$51,675; 32312-\$93,121; 32314-unknown; 32327-\$44,741; 32346-\$32,588; and 32358-\$42,884.

Source for income: zipdatamaps.com

FIMR Infant and Fetal Deaths 2019

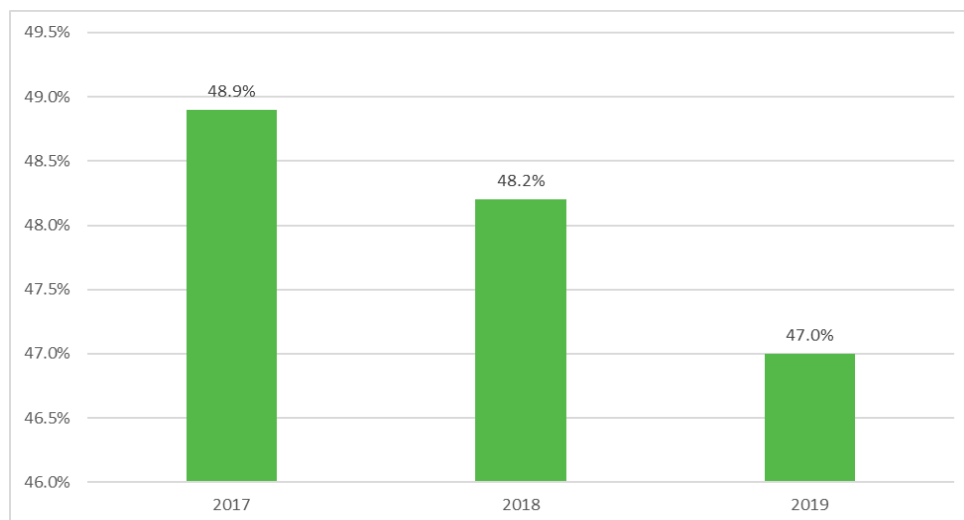
Payment Source
27 Cases Reviewed



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. Fifteen (56%) of the mothers whose cases were reviewed had Medicaid, ten (37%) had private insurance, and two (7%) had no insurance coverage.

Percentage of Births Covered by Medicaid

Florida CHARTS - State Rate 2017-2019



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

2019 Sleep Related Deaths

In 2019, there were nine sleep related deaths in our FIMR review area (Leon and Wakulla counties). The Capital Area FIMR project abstracted and reviewed eight of the nine cases. The causes of the deaths as listed on the death certificates were Sudden Unexpected Infant Death (SUID) while sleeping in an unsafe environment (3), probable positional asphyxiation in an unsafe sleeping environment (3), positional asphyxiation while bed-sharing (2), and respiratory arrest while sleeping in an unsafe environment (1). Conditions surrounding the eight cases that were reviewed are outlined in the table below.

Conditions of the Sleep Related Infant Deaths 2019	
Site of Death	5 - Infant's home 2 - Another home 1 - Childcare center
Sleeping Situation	4 - Alone 2 - No info 1 - With an adult 1 - With siblings
Sleeping Location	3 - Adult bed 1 - Crib 1 - Bean bag 1 - Rock 'n Play 1 - On the floor 1 - No info
Sleeping Position When Found	4 - On stomach 3 - On side 1 - No info
Usual Sleeping Position	5 - On back 1 - On stomach 2 - No info
Condition of the Bedding at Time of Death	5 - Blankets 2 - Pillows 1 - Bedspread
Other Items in Bed at Time of Death	1 - Clothes 1 - Rolled up towel 1 - Open box of animal crackers
Feeding Type	6 - Formula 1 - Breastmilk and formula 1 - No info
Symptoms Within 2 Weeks of Death	4 - None 2 - Possible respiratory illness/cold 1 - Thrush 1 - No info
Second Hand Smoke	8 - No



2019 FIMR Case Review Team

Recommendations

Safe Sleep Education

- Develop a universal Safe Sleep fact sheet for all parents and caregivers of infants
- Widely distribute the safe sleep education through community agencies, businesses, faith-based organizations, and partners to reach all parents, guardians, and caregivers of infants
- Medical providers to educate pregnant women, parents and caregivers of infants on safe sleep

Community Education and Outreach

- Provide information about infant product recalls to the community
- Benefits of home visiting programs
- Importance of being healthy physically, mentally, and emotionally, and having a healthy lifestyle before, during, and after pregnancies
- Advocate for expanded Medicaid for moms to have access to care between pregnancies
- Provide information on the prevention of STDs/STIs and their effects on pregnancy outcomes
- Advocate for universal drug screening for all moms and their babies after delivery
- Train all home childcare providers, babysitters, and other infant caregivers in Safe Sleep and CPR
- Community awareness about the difference between 37 and 39 weeks gestation in fetal development
- Educate community on risks of non-medically necessary C-sections

Provider Awareness and Education

- Benefits of completing the Prenatal and Infant Risk Screens
- Advocate for the benefits of home visiting programs and refer based on risks and needs
- Offer nutritional education and referrals to pregnant women
- Obtain baseline testing for protein levels on pregnant women with a history of preeclampsia
- Refer women who have losses and poor pregnancy outcomes for genetic counseling
- Discuss family planning options, including the benefits of LARCs, with prenatal & postnatal women
- Schedule postpartum visits prior to mom's discharge from birthing hospitals
- Follow-up on missed postpartum appointments
- Have social workers in ERs and OB offices or available to contact
- Refer pregnant women and moms experiencing mental health or substance abuse issues
- Follow-up on, and document, referral results

Education for Pregnant Women

- Increased education on signs and symptoms of preterm labor
- Do not wait to contact healthcare provider/go to the ER if experiencing preterm labor symptoms
- Importance of monitoring Kicks Counts
- Do not wait to contact healthcare provider/go to the ER if experiencing decreased fetal movement
- Discuss family planning method with healthcare provider and chose method before delivery
- Benefits of home visiting programs

Interconception & Immediately After Birth

- Schedule and attend postpartum appointments regardless of birth outcome.
- Receive birth control after delivery and discuss at postpartum appointment
- Interconceptional health care after birth and before next pregnancy

Bereavement and Loss Support

- Advocate for free autopsies for families who do not have funds
- Providers to refer women for counseling who have symptoms of depression



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 8th.

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 fifteen classes have been held in which 320 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 **Alone**, on their **Backs**, and in a safe **Crib**. 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 2019 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.

<i>Alyssa Szorcsik</i>	<i>Claudia Blackburn</i>	<i>Jeanna Olsen</i>	<i>Ludy Willis</i>	<i>Sandra King</i>
<i>Amanda Slama</i>	<i>Clarissa Wilson</i>	<i>Jeff Johnson</i>	<i>Lynn Forrester</i>	<i>Sandy Glazer</i>
<i>Amelia Morse</i>	<i>Connie Henry</i>	<i>Jennie Brock</i>	<i>Smith</i>	<i>Sheena Burley</i>
<i>Anya Monroe</i>	<i>Courtney Atkins</i>	<i>Jennie Johnson</i>	<i>Mary Westbrook</i>	<i>Stephanie Cash</i>
<i>Betsy Wood</i>	<i>Danielle Brown</i>	<i>Judy St. Petery</i>	<i>Maryam Price</i>	<i>Susan Gilson</i>
<i>Brooke Harville</i>	<i>Debra Pederson</i>	<i>Julia Capas</i>	<i>Meisha Fennell</i>	<i>Tameka Footman</i>
<i>CaShanda Coleman</i>	<i>Emily Imboden</i>	<i>Kalybriah Haskin</i>	<i>Miaisha Mitchell</i>	<i>Tatianna Mappe</i>
<i>Catherine Hanks</i>	<i>Esther Jean-</i>	<i>Katherine Guthrie</i>	<i>Monica Flowers</i>	<i>Torhonda Lee</i>
<i>Catherine Henry</i>	<i>Baptiste</i>	<i>Kayleigh Wright</i>	<i>Monica Tucker</i>	<i>Unam Mansoor</i>
<i>Chad Ward</i>	<i>Frances Carney</i>	<i>Kelly Heffner</i>	<i>Pam Banks</i>	<i>Vanessa Wynn</i>
<i>Charlene Whiddon</i>	<i>Francisco Paez</i>	<i>Kimberly Clark</i>	<i>Pamela Saulsby</i>	<i>Zaire Weldon</i>
<i>Chris Szorcsik</i>	<i>Jacquelyn Hairston</i>	<i>LaCrest Reed</i>	<i>Paula Reiter</i>	
	<i>Jalaycia Lewis</i>	<i>Libbie Stroud</i>	<i>Robin Perry</i>	

2019 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.

<i>Amanda Slama</i>	<i>Connie Henry</i>	<i>Jacquelyn Hairston</i>	<i>Mary Westbrook</i>	<i>Stephanie Cash</i>
<i>Anya Monroe</i>	<i>Darcy Ward</i>	<i>Jalaycia Lewis</i>	<i>Pamela Banks</i>	<i>Susan Gilson</i>
<i>Betsy Wood</i>	<i>Debra Dawd</i>	<i>Jennie Brock</i>	<i>Paulette Raymonvil</i>	
<i>Chris Szorcsik</i>	<i>Eli Barrera-Nitz</i>	<i>Judy St. Petery</i>	<i>Philip Carter</i>	
<i>Christine DeFreze</i>	<i>Heather Dahmer</i>	<i>Kyra Adams</i>	<i>Sandy Glazer</i>	

Capital Area Healthy Start Coalition

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 Faye Gardner, Intake Specialist

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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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