Florida Healthy Start

Capital Area Healthy Start Coalition

Fetal and Infant Mortality Review (FIMR) Project

2020 Annual Deliberations Report

A Publication to Review Infant and Fetal Outcomes

Related to Mortality in Leon and Wakulla Counties

Publication Date: August 25, 2021

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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.

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 data on all infant and fetal deaths that occurred in 2020. In 2020, there were 32 infant deaths and 25 fetal deaths in Leon and Wakulla counties. At the time of this publication, data for the State was not available. As this data does become available, a supplemental report will be made available.

The Coronavirus presented numerous challenges to our local families in 2020. While we can't prove the impact of COVID-19 on our infant and fetal deaths, the pandemic did affect how healthcare was accessed and how it was provided. We saw the prenatal risk screen rate drop from 89.6% in March of 2020, just before the state shutdown, to 43% in December of 2020.

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. The Team has 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.

Audrey Moore
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. Fetal mortality, or stillbirth, is defined as the death of an unborn infant that occurs during or after 20 weeks of gestation. Fetal losses that occur prior to 20 weeks are termed as a miscarriage and are not tracked in Florida. In the United States, the definition of a fetal death is expanded to include the absence of breathing, heart rate, pulsation of the umbilical cord, or clear movements of the voluntary muscles at delivery. Infant mortality is the death of an infant who is born alive but dies before their 1st birthday regardless of gestational age at birth.

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.

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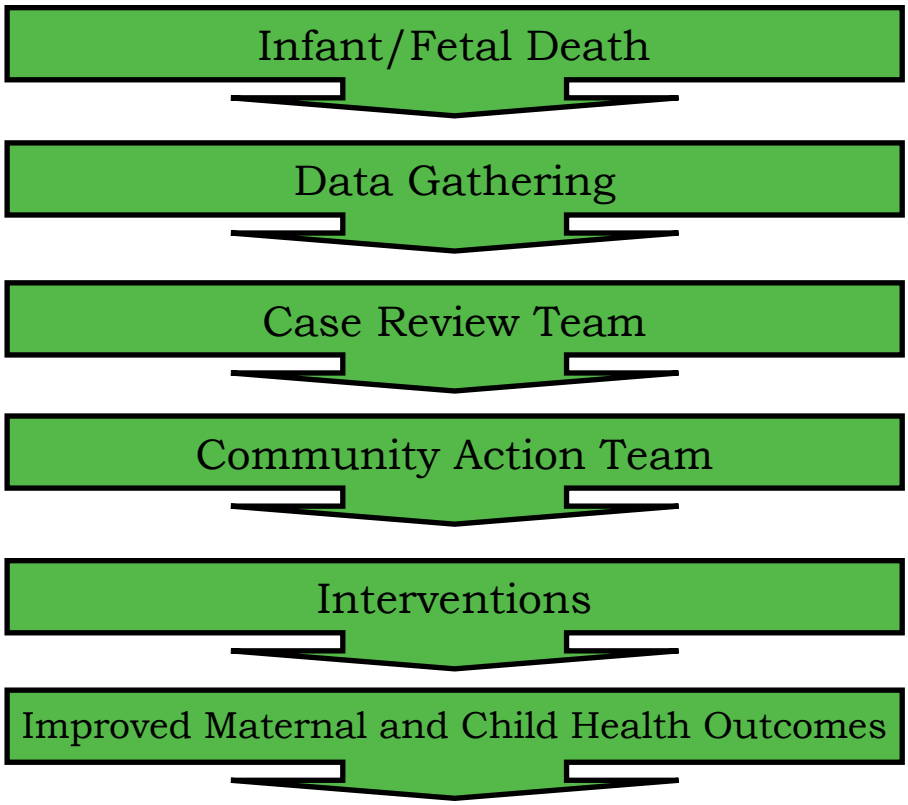
The Case Review Team (CRT): The CRT is composed of healthcare professionals and community representatives who volunteer their time to meet and review the summaries of the cases that have been selected. The CRT meets ten times a year and deliberates three cases at each meeting. The CRT is looking for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



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Primary Cause of Infant and Fetal Deaths 2020

FIMR Cases Reviewed – 30

Primary Cause of Death	
Infant Deaths - 17	**Number**
Unsafe sleep — Sudden Unexpected Infant Death (SUID) while sleeping in an unsafe environment (1), SUID while co-sleeping with adults (1), positional asphyxiation while bed-sharing (1), asphyxiation while bedsharing with adults (1), probable compressional asphyxiation (overlay)(1), and compressional asphyxiation (overlay) while co-sleeping with an adult (2)	7
Extreme Prematurity - 19 weeks (3), 20 weeks (3),17 weeks (1)	7
Preterm labor—21 weeks	1
Medical complications from Wolf Hirschhorn Syndrome	1
Undetermined	1
Fetal Deaths - 13	**Number**
Complications of placenta, cord, membranes — Abruptio Placenta (1), Rupture of membranes prior to onset of labor (1), extremely tight nuchal cord (1), true knot (1), placental insufficiency and umbilical cord with narrowing (1)	5
Maternal conditions/diseases: Diabetes and Hypertension (1), Hypertension and Anemia (1)	2
Fetal anomalies of brain, heart, and limbs	1
Fetal anomalies of brain, heart, and limbs; symmetric fetal growth restriction, bilateral hand contractures, left club foot	1
Polyhydramnios	1
Incompetent cervix	1
Other fetal conditions/disorders: not specified	1
Maternal conditions/diseases: Gestational Diabetes Mellitus, Chronic Hypertension; placental insufficiency	1

Data source for pages 6-8 Fetal and infant death certificates

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Primary Cause of Infant and Fetal Deaths 2020

All Cases—57 (cases reviewed and not reviewed)

Primary Cause of Death	
Infant Deaths - 32	**Number**
Extreme Prematurity - 17 weeks, (3), 18 weeks, (1), 19 weeks (3), 20 weeks (4), 27 weeks (1)	12
Unsafe sleep — Sudden Unexpected Infant Death (SUID) while sleeping in an unsafe environment (1), SUID while co-sleeping with adults (1), positional asphyxiation while bed-sharing (1), asphyxiation while bedsharing with adults (1), probable compressional asphyxiation (overlay) (1), and compressional asphyxiation (overlay) while co-sleeping with an adult (2)	7
Preterm labor - 21 weeks (2)	2
Trisomy 18	2
Pulmonary hypertension	2
Severe acute and chronic pyelonephritis	1
Severe hypoxic ischemic encephalopathy	1
Underdeveloped lungs	1
Necrotizing Enterocolitis Stage 3B	1
Medical complications from Wolf Hirschhorn Syndrome	1
Respiratory Failure	1
Undetermined	1

Data source for pages 6-8 Fetal and infant death certificates

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Primary Cause of Infant and Fetal Deaths 2020

All Cases—57 (cases reviewed and not reviewed)

Primary Cause of Death	
Fetal Deaths - 25	**Number**
Complications of placenta, cord, membranes — Abruptio Placenta (3), Premature Rupture of Membranes (1), Oligohydramnios (1), true knot (1), extremely tight nuchal cord (1), not specified (1), placental insufficiency and cord accident (1), placental insufficiency and umbilical cord with narrowing (1)	11
Maternal conditions/diseases: Diabetes and Hypertension (1), Hypertension and Anemia (1)	2
Other fetal conditions/disorders: not specified	2
Complications of placenta, cord, membranes: rupture of membranes prior to onset of labor, prolapsed cord, Chorioamnionitis; Fetal infection (unknown)	1
Fetal anomalies of brain, heart, and limbs	1
Fetal anomalies of brain, heart, and limbs; symmetric fetal growth restriction, bilateral hand contractures, left club foot	1
Fetal anomaly: Hypoplastic right heart; Intrauterine Growth Restriction	1
Fetal anomaly: Cystic Hygroma Non-Immune Hydrops	1
Maternal conditions/diseases: Gestational Diabetes Mellitus, Chronic Hypertension; placental insufficiency	1
Extreme Prematurity at 19 weeks*	1
Incompetent cervix	1
Polyhydramnios	1
Pending autopsy or histological exam results	1

*Taken directly from death certificate, unable to get clarification.

Data source for pages 6-8 Fetal and infant death certificates

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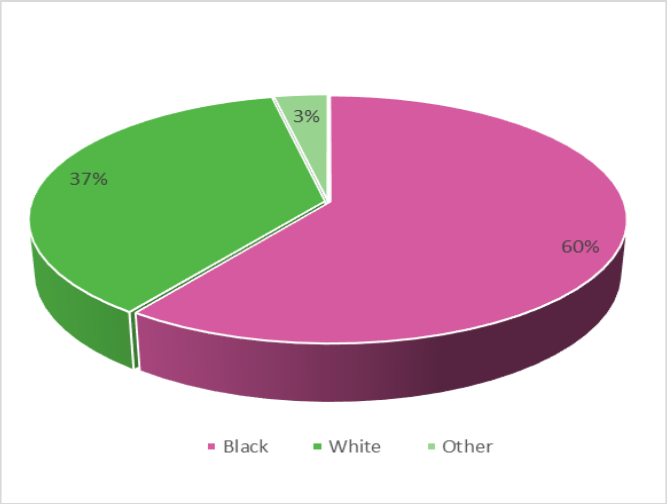
FIMR Infant and Fetal Deaths 2020

Maternal Race

30 Cases Reviewed

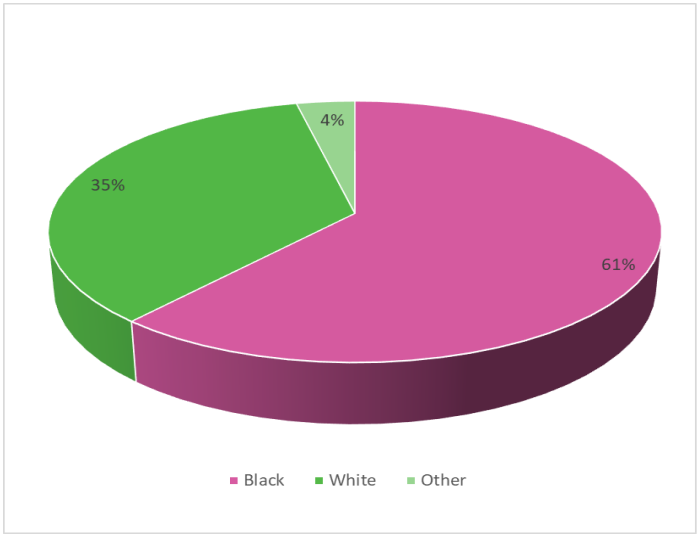


The above chart shows a breakdown by maternal race of the 30 infant and fetal deaths that occurred in Leon and Wakulla counties in 2020 that were reviewed during FIMR CRT meetings. Of the infants that died, 11 mothers were Black and 6 were White. Of the fetal deaths, 7 mothers were Black, 5 were White, and 1 was Other.

All Infant and Fetal Deaths 2020

Maternal Race

57 Total Deaths



The above chart shows a breakdown by maternal race for the 32 infant deaths and 25 fetal deaths that occurred in 2020 in Leon and Wakulla counties. Of the infant deaths, 21 mothers were Black and 11 were White. Of the fetal deaths, 14 mothers were Black, 9 were White, and 2 were Other.

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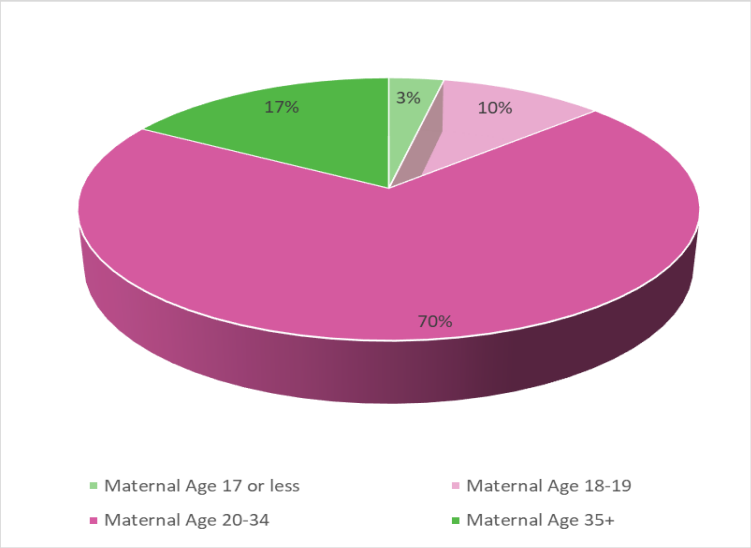
FIMR Infant and Fetal Deaths 2020

Maternal Age

30 Cases Reviewed

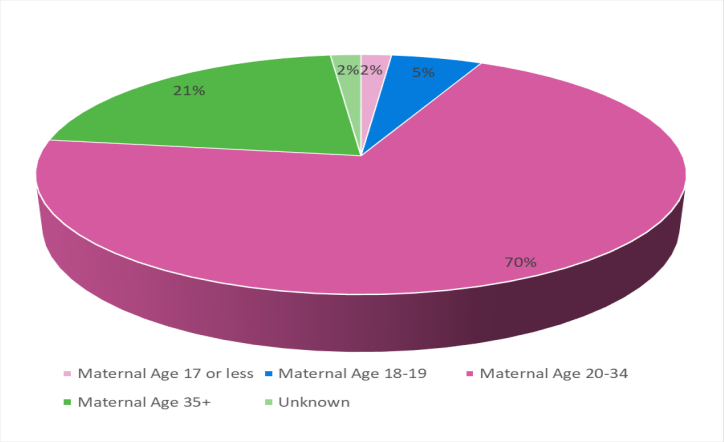


The above chart shows an overview of maternal ages at the time of delivery. Out of the cases reviewed there were 4 teenage mothers and 5 mothers age 35 and over. The majority of mothers were between ages 20-34.

All Infant and Fetal Deaths 2020

Maternal Age

57 Total Deaths



This chart shows an overview of maternal ages at the time of delivery for all the infant and fetal deaths occurring in Leon and Wakulla counties for 2020. There were 4 teenage mothers age 19 and under. There were 12 mothers age 35 and over and 1 mother whose age was unknown. The majority (70%) of mothers that experienced losses were between the ages of 20-34.

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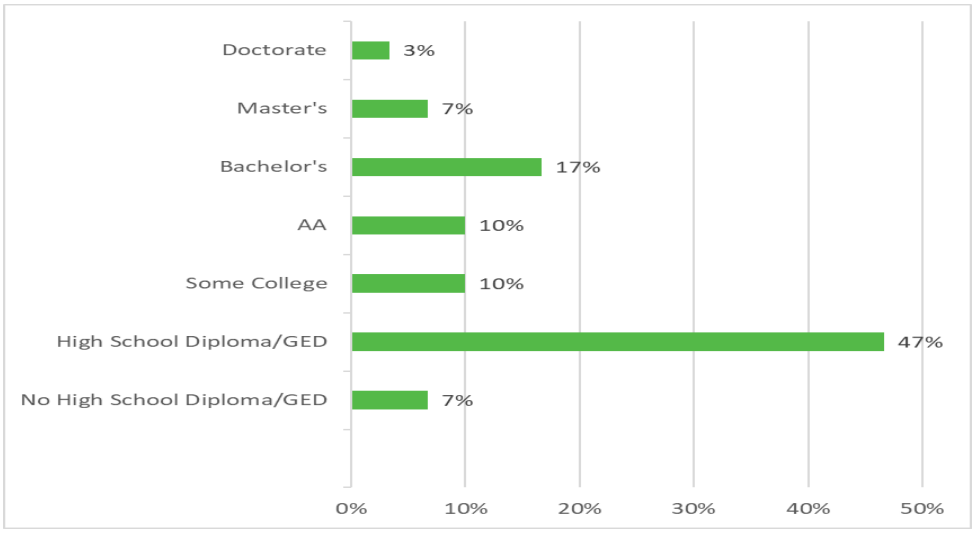
FIMR Infant and Fetal Deaths 2020

Maternal Education

30 Cases Reviewed

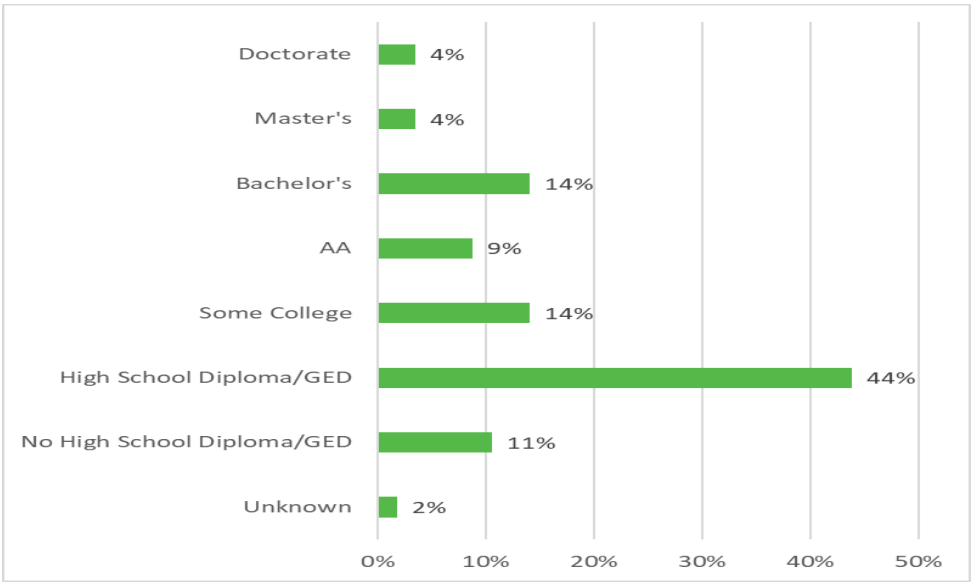


For the cases reviewed, almost half of the mothers had a high school education, 5 had Bachelor's degrees, and 6 had an Associate's degree or attended some college. There were 2 mothers that did not complete high school and 3 mothers had post-graduate degrees.

FIMR Infant and Fetal Deaths 2020

Maternal Education

57 Total Deaths



Twenty-five of the 57 mothers that experienced a loss had a high school education, which made up the majority. Sixteen mothers either attended some college or had a Bachelor's degree. Six mothers did not have a high school diploma or GED and 5 had an Associate's degree. Four mothers had post-graduate degrees and 1 mother's education level was unknown.

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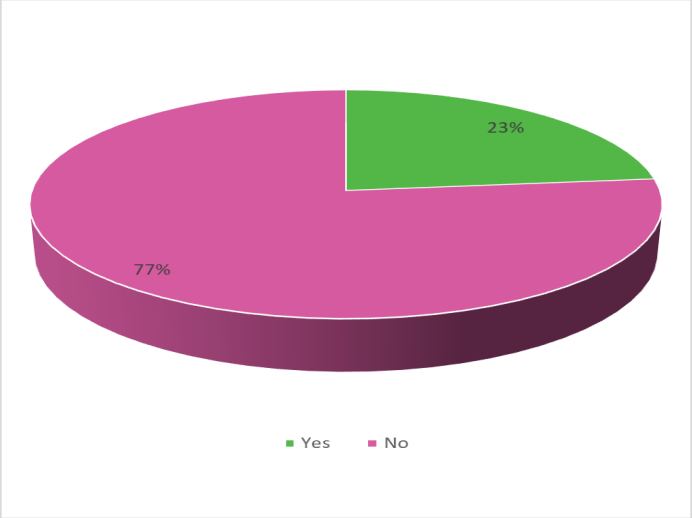
FIMR Infant and Fetal Deaths 2020

Prenatal Risk Screens Completed

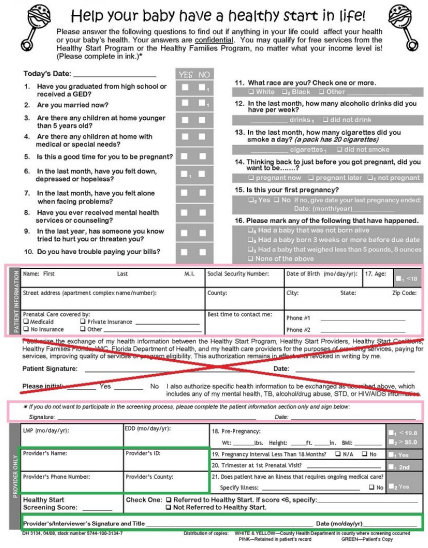
30 Cases Reviewed



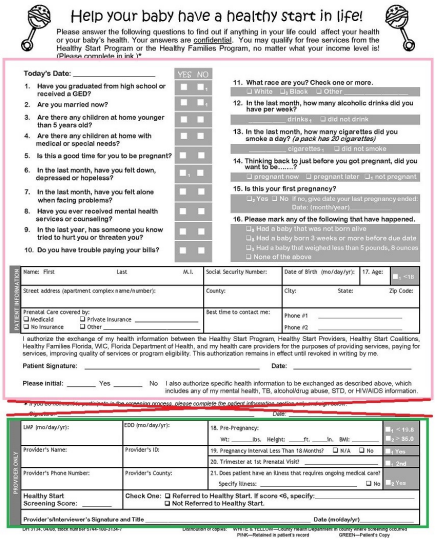
Seven prenatal risk screens were completed of the 30 cases reviewed and of these 7 cases, 6 pregnant women were referred for prenatal home visiting services. No prenatal risk screens were found in the provider's medical record for the remaining 23 cases. To address the decrease in screening rate, the Coalition has been doing trainings with staff in the prenatal provider offices in addition to providing visual aids surrounding the prenatal risk screen.

Figure A and B were given to staff in provider offices to help them see how to fill out the screen properly when someone agrees to the screen or declines. It also shows the appropriate steps to take for referral and processing.

A



B



C

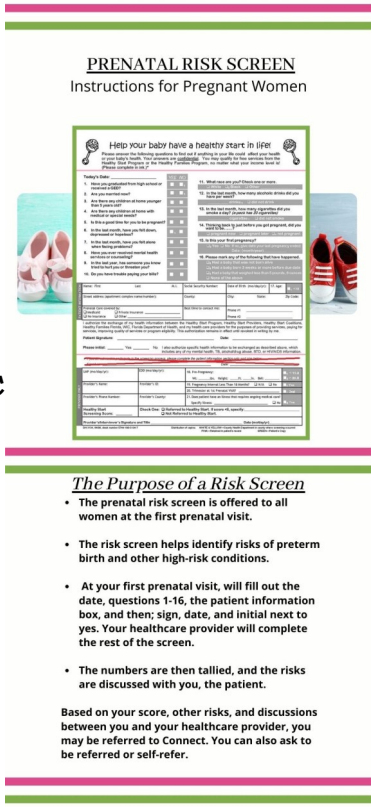


Figure C was given to pregnant women before filling out prenatal screens so that they can understand the purpose of the screen and advocate for themselves.

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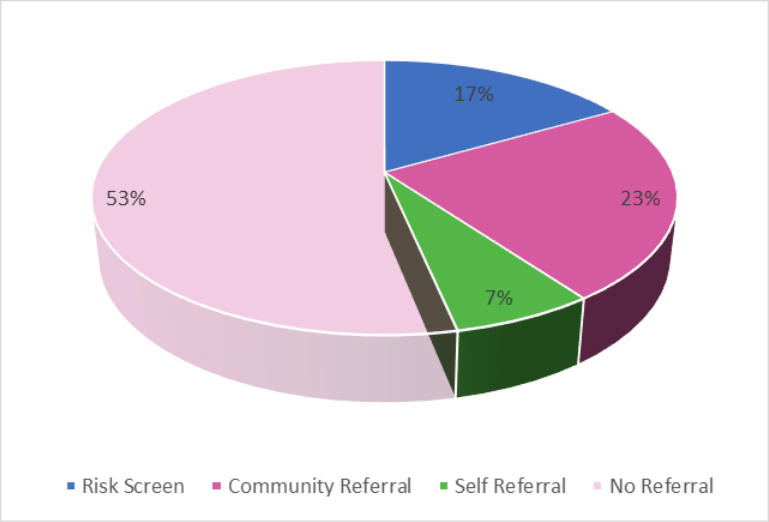
FIMR Infant and Fetal Deaths 2020

Prenatal Referrals to Coordinated Intake and Referral (CI&R)

30 Cases Reviewed

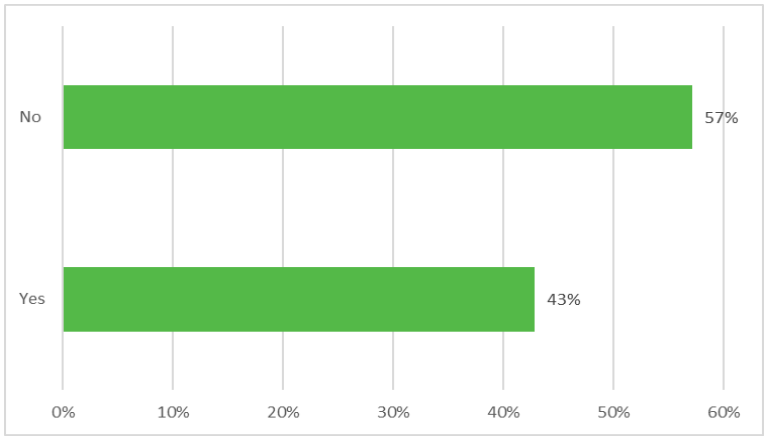


CI&R is the first point of contact in order to assess the needs of the client and direct them to the appropriate resources (*For more information about CI&R, see page 24*). Seven of the cases reviewed were referred to our CI&R program via community referral, 5 were referred via the risk screen and 2 self-referred. Sixteen of the cases were not referred prenatally. Women may also be referred for bereavement services after they have a loss. In 2020, there were 8 women referred to CI&R after the loss.

FIMR Infant and Fetal Deaths 2020

Coordinated Intake and Referral Intakes Completed

14 of 30 Cases Reviewed



Of the 14 women referred to CI&R prenatally, 6 completed an intake. Of the intakes completed, 3 were referred to home visiting services while 3 declined. Of those 3 who accepted the referral, one actually participated in home visiting services.

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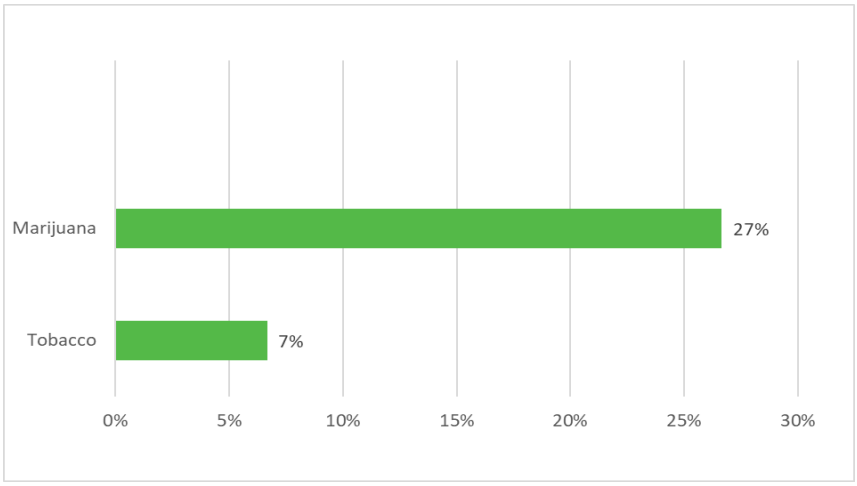
FIMR Infant and Fetal Deaths 2020

Maternal Substance Use

30 Cases Reviewed

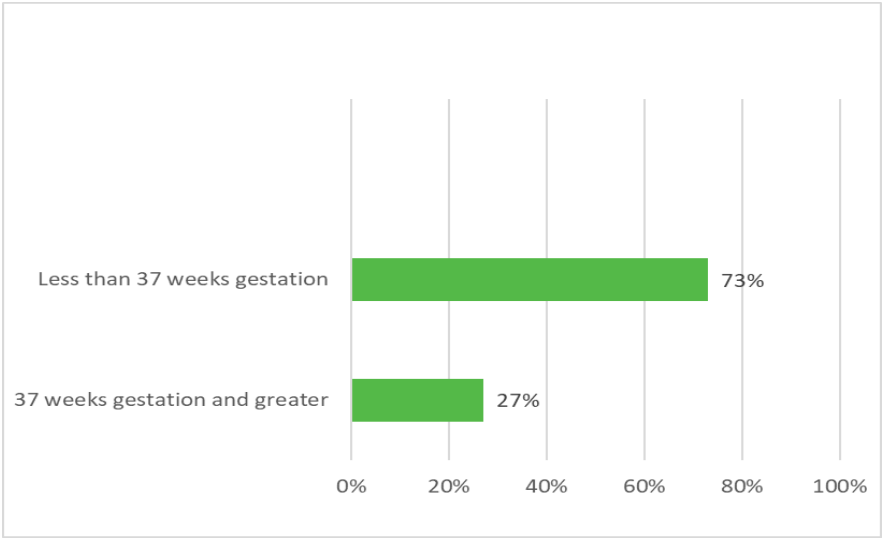


Substance use while pregnant is either self-reported by the mother or determined through drug screens during prenatal care or upon delivery. Eight of the 30 cases reviewed had mothers that used tobacco, marijuana, or both. Two of the mothers used marijuana and tobacco throughout pregnancy; therefore they are counted in both categories.

FIMR Infant and Fetal Deaths 2020

Prematurity

30 Cases Reviewed



A premature baby is defined as a baby that is delivered prior to 37 weeks gestation. Of the 30 cases reviewed, 22 of the babies were delivered prior to 37 weeks gestation. Twelve of these 22 were fetal deaths and 10 were infant deaths. Prematurity was listed as the primary or secondary cause of death for 9 of the 10 infant death cases on the death certificates.

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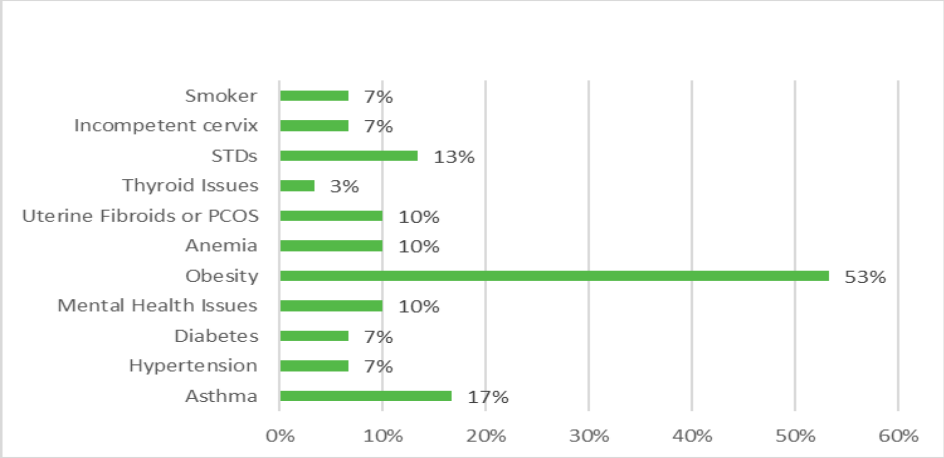
FIMR Infant and Fetal Deaths 2020

Mother's Pre-existing Conditions

30 Cases Reviewed

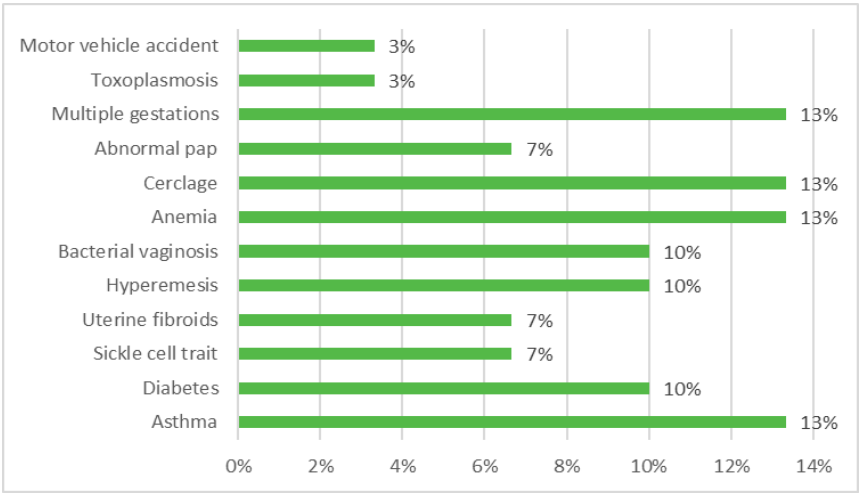


The top pre-existing conditions in cases reviewed were obesity (53%), asthma (17%), and STDs (13%). Three moms (10%) had anemia and 3 had uterine fibroids. Two moms (7%) had hypertension, 2 had diabetes, 2 had an incompetent cervix, and 2 smoked. Some moms had two or more conditions while 8 of the moms had no known pre-existing conditions.

FIMR Infant and Fetal Deaths 2020

Mother's Medical Conditions During This Pregnancy

30 Cases Reviewed



Four mothers (13%) had asthma while they were pregnant, 4 had anemia, 4 had a cerclage placed, and 4 had multiple gestations. Three (10%) mothers had hyperemesis, 3 had bacterial vaginosis, and 3 had diabetes. Two (7%) had an abnormal pap, 2 had sickle cell trait, and 2 had uterine fibroids. One mother had toxoplasmosis and 1 was in a motor vehicle accident during the pregnancy. Some of the moms had more than one medical condition during the pregnancy; only 4 of the 30 moms had no medical conditions during the pregnancy.

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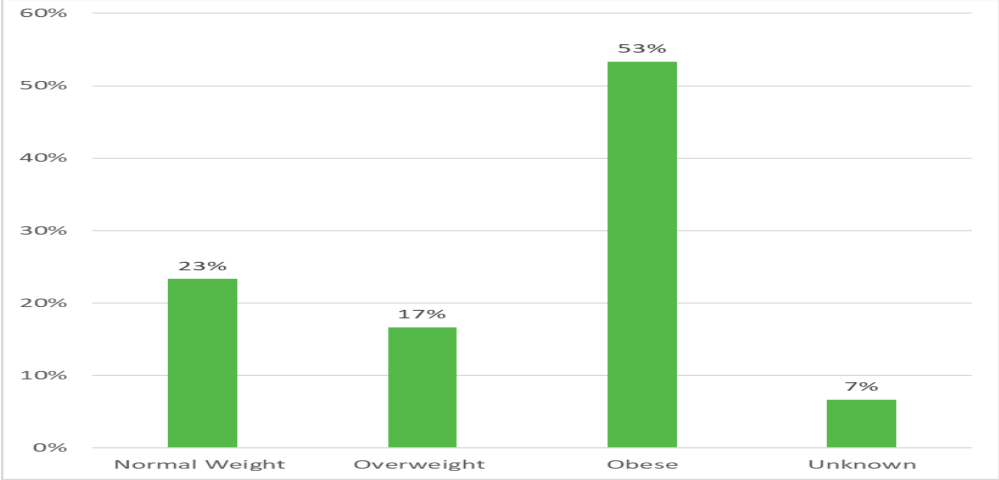
FIMR Infant and Fetal Deaths 2020

Pre-Pregnancy Weight

30 Cases Reviewed

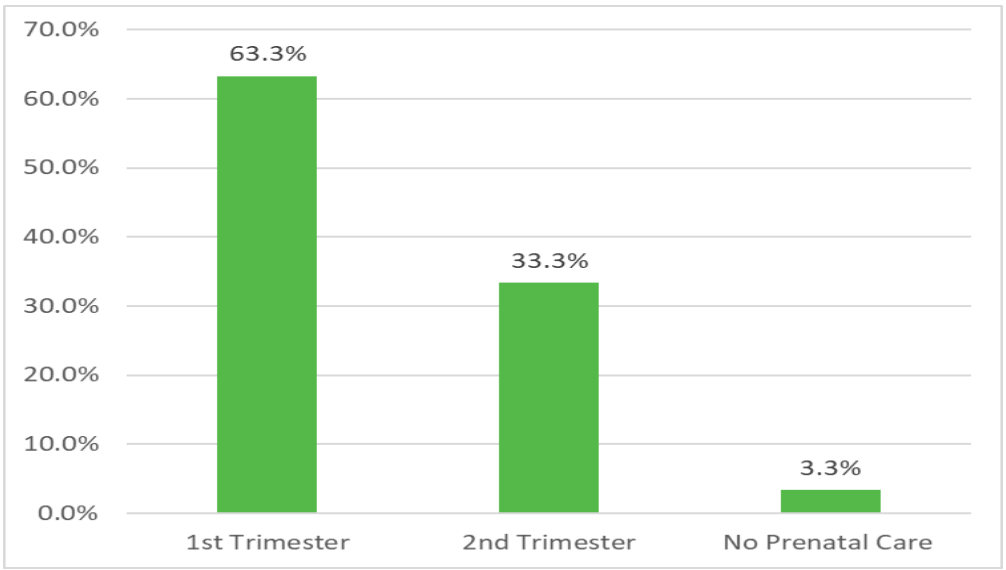


Over half of the women in the 30 cases reviewed were obese before pregnancy. Of these 16 women, 7 were considered to be morbidly obese, having a BMI of 35 or greater, and 2 had a BMI of 45 or greater. Seven women were normal weight, 5 were overweight, and there were 2 cases where the mother's pre-pregnancy weight was unknown. *[Underweight = BMI <18.5; Normal weight = BMI 18.5-24.9; Overweight = BMI 35-29.9; Obese = BMI 30+]*

FIMR Infant and Fetal Deaths 2020

Trimester of Entry into Prenatal Care

30 Cases Reviewed



Nineteen women of the 30 cases reviewed started prenatal care in the first trimester. Ten women started in the second trimester and 1 woman had no prenatal care.

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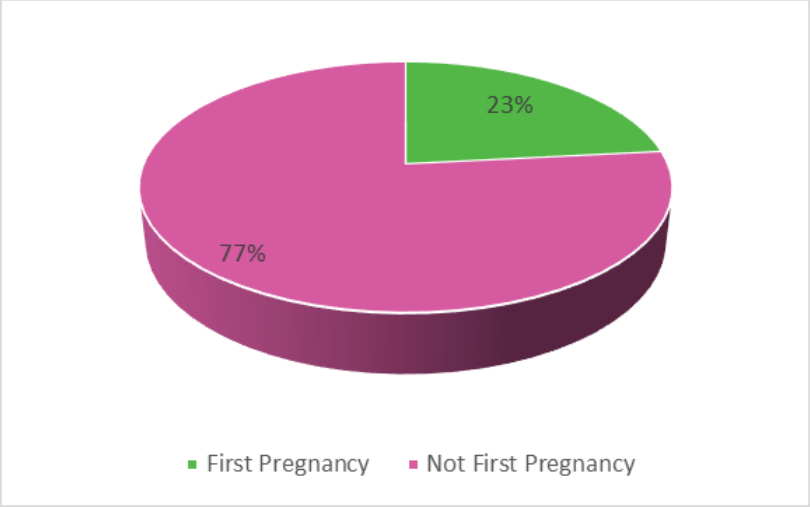
FIMR Infant and Fetal Deaths 2020

First Pregnancy

30 Cases Reviewed

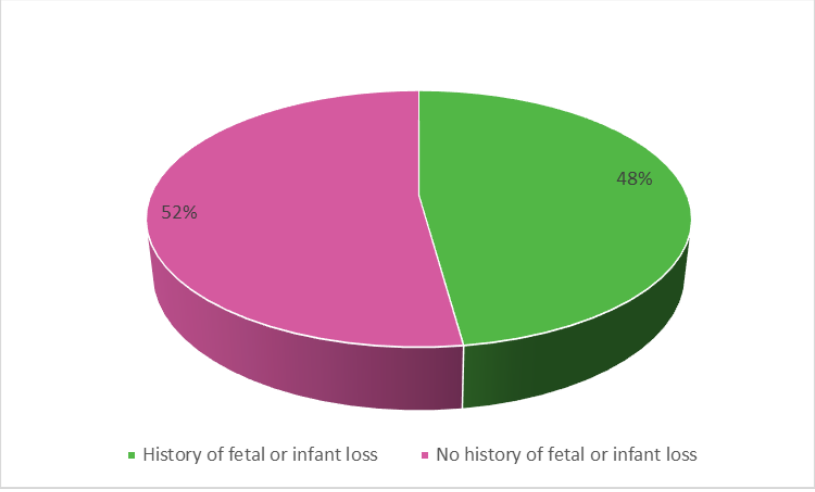


Out of 30 FIMR cases reviewed, 7 of the mothers had never been pregnant prior to this pregnancy.

FIMR Infant and Fetal Deaths 2020

History of Loss in a Previous Pregnancy

23 out of the 30 Cases Reviewed



Twenty-three of the 30 mothers who had losses in 2020 had been pregnant in the past. Eleven of these 23 mothers had also experienced a previous fetal or infant loss.

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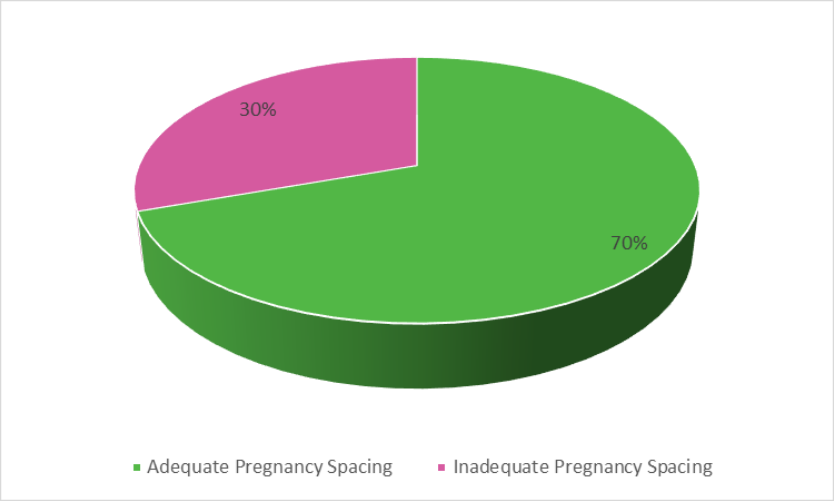
FIMR Infant and Fetal Deaths 2020

Birth Spacing

23 out of the 30 Cases Reviewed

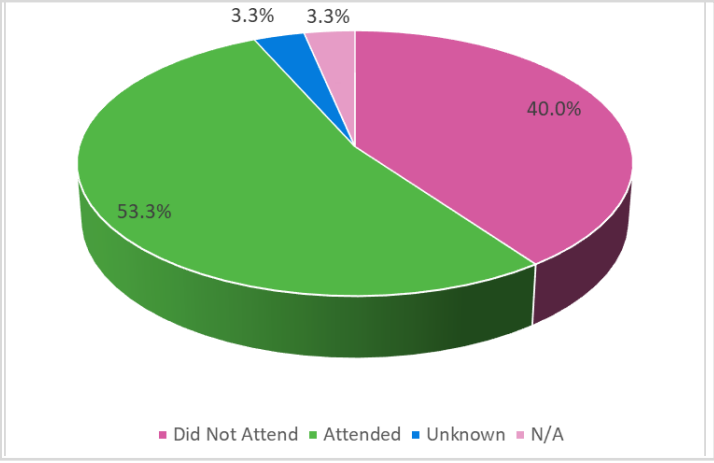


This chart shows the birth spacing for 23 women who had a loss in 2020 and had also been pregnant in the past. Of the 23 women, 7 (30%) had become pregnant less than 18 months after their previous delivery.

FIMR Infant and Fetal Deaths 2020

Postpartum Appointments

30 Cases Reviewed



Out of the 30 FIMR cases reviewed, 53% of the women attended at least one postpartum visit. One of the women moved out of state after delivery and another woman died after delivery (listed as N/A in the chart). Of the 16 women who attended at least one postpartum appointment, 5 chose a family planning method per their medical records. One received a Depo shot, 2 were given prescriptions for birth control pills, and 2 received an IUD.

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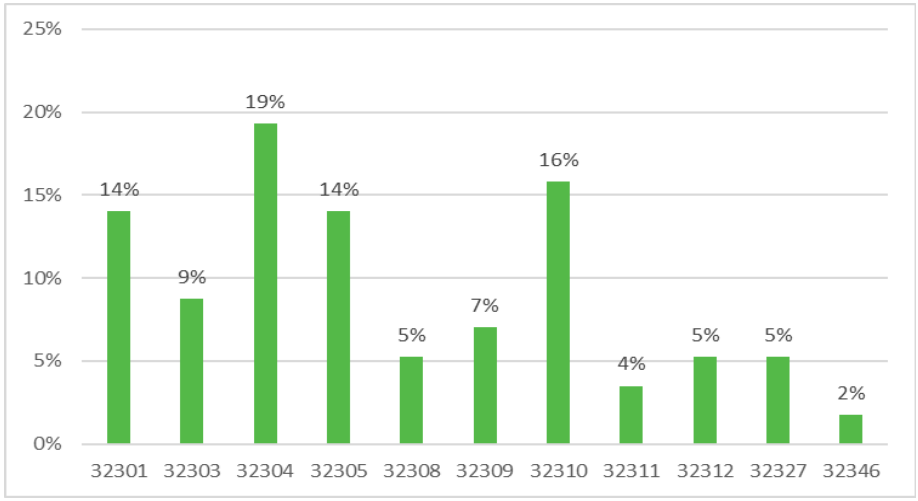
FIMR Infant and Fetal Deaths 2020

Zip Codes of Mother's Residence

57 Total Deaths

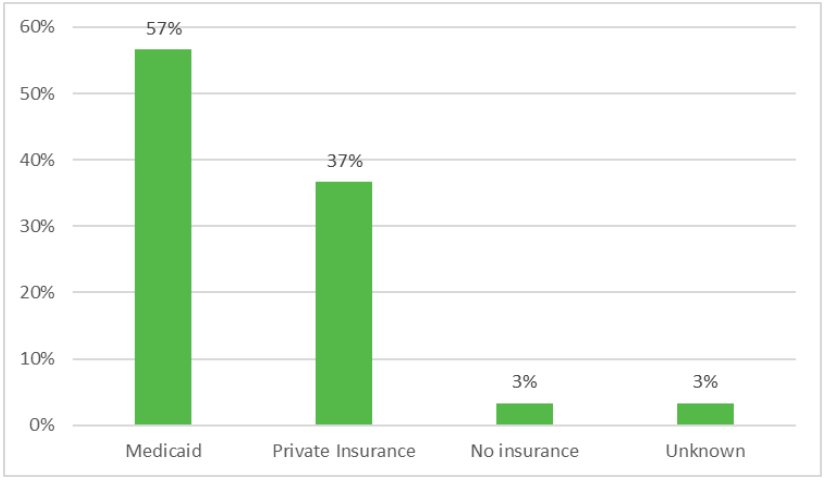


The 32327 and 32346 zip codes are in Wakulla County while the rest are in Leon County. Median household income in each zip code in 2020 was 32301-$45,235; 32303-$50,726; 32304-$23,638; 32305-$40,703; 32308-$65,949; 32309-$80,902; 32310-$36,127; 32311-$74,244; 32312-$100,360; 32327-$64,308; and 32346-$48,669. *Source for income*: incomebyzipcode.com

FIMR Infant and Fetal Deaths 2020

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. Seventeen (57%) of the mothers whose cases were reviewed had Medicaid, 11 (37%) had private insurance, 1 (3%) had no insurance coverage, and 1 (3%) was unknown.

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2020 Sleep Related Deaths

There were 7 sleep related deaths in our FIMR review area (Leon and Wakulla counties) in 2020. The Capital Area FIMR program abstracted and reviewed all 7 cases. The causes of deaths listed on the death certificates are as follows: compressional asphyxiation (overlay) while co-sleeping with an adult (2), Sudden Unexpected Infant Death (SUID) while sleeping in an unsafe sleeping environment (1), SUID while co-sleeping with adults (1), probable compressional asphyxiation (overlay) (1), positional asphyxiation while bedsharing (1), and asphyxiation while bedsharing with adults (1). The conditions surrounding the 7 cases that were reviewed are outlined below.

Conditions of the Sleep Related Infant Deaths 2020	
Site of Death	7—Infant's home
Sleeping Situation	3—With 2 adults 2—With one adult 1—Alone 1—With sibling and adult
Sleeping Location	7—Adult bed
Sleeping Position When Found	4—On stomach 1—On stomach underneath adult 1—On back 1—Unknown
Usual Sleeping Position	4—On back 3—Unknown
Bedding at Time of Death	6—Pillow(s) 4—Blanket(s) 3—Sheet(s) 2—Comforter
Other Items in Bed at Time of Death	1—Clothes
Feeding Type	3—Formula 2—Not specified 1—Formula and breast milk 1—Breast milk
Symptoms Within 2 Weeks of Death	5—None 1—Oral yeast infection 1—Mild congestion
Substance Exposure in the Home	4—None 2—Marijuana 2—Tobacco

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2020 FIMR Case Review Team

Recommendations

Provider Awareness and Education

- Educate providers on pharmaceutical patient assistance programs which may cover the cost of medications for patients
- Refer parents who have a loss to genetic counseling
- Referring agency to specify the language of referred family if they do not speak English
- Refer all high-risk pregnancies to Maternal Fetal Medicine specialist
- Advocate for obstetric and pediatric providers to screen for depression and substance use during and after pregnancy
- Providers to offer prenatal risk screens to all pregnant women
- Birthing centers to complete infant risk screens
- Providers to refer patients to services outside of the office if needed and to follow-up on referrals

Safe Sleep Education

- Ask pregnant women and new mothers if they have a safe place for the baby to sleep before being discharged and, if not, provide a list of resources
- Update educational materials to show images that illustrate why it is safer for infants to sleep on their backs
- Offer safe sleep education to faith-based communities
- Make sure that babies are placed in a safe sleep environment after breastfeeding
- Use clear language when educating about safe sleep practices
- Provide safe sleep education to the family's support system
- Identify a celebrity who would be willing to do a public service announcement about safe sleep

Education for Pregnant Women and Mothers

- Educate pregnant women and mothers on the significance of recommended vaccinations and screenings
- Educate women on marijuana use during pregnancy
- Teach women to advocate for themselves in medical offices by bringing and asking questions
- Encourage women to follow up on referrals and medical advice (e.g., dietetic counseling, lab work)

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2020 FIMR Case Review Team

Recommendations

Community Education and Outreach

- Assure that all sleeping death incidents are reported to DCF
- Educate the community on the process for pregnant woman applying for pregnancy Medicaid
- Educate the community on low-cost or no cost prenatal care for women who have no health insurance or are underinsured
- Provide education on marijuana use during pregnancy and the effects of second-hand exposure to marijuana

Interconception & Immediately After Birth

- Women to access medical care prior to becoming pregnant
- Encourage providers to discuss family planning prior to discharge from birthing centers
- Encourage providers and mothers to work together to schedule a postpartum appointment before discharge from birthing centers

Bereavement and Loss Support

- Providers to give a list of bereavement resources to all mothers who have experienced a loss
- Community agencies to ensure that fathers and significant others are also provided with resources for bereavement services

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 and handouts from the Count the Kicks initiative are provided to prenatal care providers, to pregnant women in Healthy Start, and are distributed at local health fairs.

Local Resources Information. CAHSC has created pamphlets that are shared with agencies and medical providers to distribute to their pregnant patients and clients based on recommendation from FIMR. The "Who Will Be Your Baby's Doctor?" lists local pediatric providers. The Maternal Mental Health Resource guides list local resources and websites for maternal mental health services. A post -pregnancy rack card was developed that contains information on healing physically and emotionally after delivery. Material 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.

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 14th.

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. Classes were put on hold due to the COVID pandemic but will resume when it is safe to do so.

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.

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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, facilitation of local initiatives, and providing community outreach and education, CAHSC also provides oversight for three direct client services programs in Leon and Wakulla counties. These programs are free of charge to participants.

Connect
Connecting families to community programs

Coordinated Intake and Referral (CI&R) Program

CI&R, also known as the Connect program, is a referral and risk reduction program open to all pregnant women and to infants from birth to age 3. Participants are referred into CI&R from medical providers and birthing centers via completion of universal prenatal and infant risk screens. These screens help us identify any risks that could negatively affect the mother and the baby. Pregnant women and parents/ guardians of infants up to age 3 can also self-refer into the program and community agency referrals are accepted as well. A CI&R Intake Specialist contacts the women and parents/guardians, assesses their risks and needs, assists to ensure they have access to health care, provides health education, and provides referrals to community resources which often include referrals to local home visiting programs.

The home visiting programs in our two counties that work with our pregnant women and babies are Healthy Start and Healthy Families. Healthy Start works with pregnant women and parents/guardians of infants and toddlers to reduce the risk of poor pregnancy outcomes and to increase the health and well-being of pregnant women, infants, and their families. Healthy Families works with expectant parents and parents of newborns and children to promote positive parent-child relationships and to reduce child abuse and neglect. Both home visiting programs provide education and support during pregnancy and after birth, using models tailored to their specific mission and goals, and both are voluntary programs. Our CI&R team of professionals help the women and families to determine which home visiting program will best meet their needs and offset their risks.

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Capital Area Healthy Start Coalition

Healthy Start Home Visiting Program

The Healthy Start program provides services to pregnant women and infants up until age three to support healthy pregnancies and healthy babies. Our Healthy Start Care Coordinators work with each client to determine the right support, education, and services needed to ensure a healthy pregnancy, healthy birth, and healthy baby. Services are tailored to meet the individual needs of each client and are provided using a home visiting model. Education, support, and services include:

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

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.

Sister Friends Tallahassee Birthing Project

The Sister Friends Tallahassee Birthing Project is CAHSC's newest program. This program follows the extended family model of the National Birthing Project USA (BPUSA). The mission of BPUSA is to shepherd, support, and improve the health status of women of color by assisting local and global communities in addressing the systemic causes of their lack of well-being. The Sister Friends Tallahassee Birthing Project brings this model to our community to address the challenge of a mother's lack of knowledge or understanding about causes and ways to prevent unhealthy pregnancies and birth outcomes. The program will allow women who understand their community resources to be a link between these resources and women who need those resources. Sister Friends are trained by CAHSC to help their little sisters by providing support during pregnancy and after delivery. Some of the services provided are coordination for receiving prenatal care, guidance in navigating the healthcare system, encouragement to ensure there is compliance with medical provider instructions, and referrals for other needs.

Sister Friends
Tallahassee Birthing Project

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FIMR Project
2020 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

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Betsy Wood
Brent Couch
Brooke Harville
CaShanda Coleman
Catherine Henry
Chad Ward
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Monica Hayes
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Sheena Burley
Stephanie Cash
Susan Gilson
Terrence Watts
Tifini Austin
Tokunboh Dawodu
Torhonda Lee

2020 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 based on recommendations made by the CRT. The team selected six initiatives to work on this year and all six were implemented and/or enhanced. They were safe sleep initiatives including the Traveling Crib and local safe sleep collaborations, free Infant CPR classes (on hold during the pandemic), community education to reduce c-sections, community education on the Florida Perinatal Quality Collaborative's MORE (Maternal Opioid Recovery Effort) to reduce maternal substance use, creation of local maternal mental health resource rack cards and guides, and postpartum care messaging to encourage self-care after delivery.

Thank you to FIMR CAT members

Amelia Morse
Anya Monroe
Betsy Wood
Chris Szorcsik
Jasmine Thornton
Jennifer Brock
Jennifer Webb
Judy St. Petery
Kyra Adams
Mary Westbrook
Meghan Lawlor
Monica Hayes
Olivia Alford
Pamela Banks
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To enroll in Healthy Start call:

Leon County
850-921-0772
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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