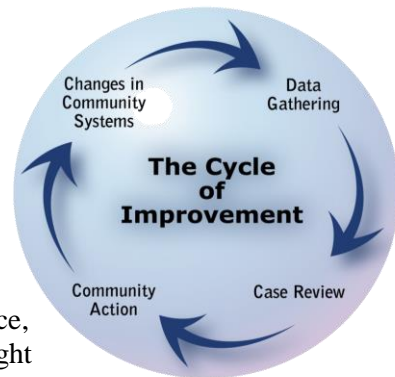


DOUGLAS COUNTY Fetal and Infant Mortality Review (FIMR) 2010 Annual Report

To address infant mortality in Douglas County, the Baby Blossoms Collaborative (BBC) initiated the FIMR process in 2006. The overall goal of this process is to improve local service delivery systems and resources for women, infants and families. The FIMR Cycle of Improvement, recognized nationally as best practice, is illustrated on the right as an ongoing process. This report will highlight the four unique components of the cycle as experienced in Douglas County.



HIGHLIGHTS OF 1st COMPONENT OR DATA GATHERING:

- Overall, in Douglas County the feto- infant mortality rate has decreased from 10.7 in 1993-96 to 8.1 in 2006-09.
- In 2006-09, Black mothers continue to experience higher death rates than white mothers especially in maternal and infant health periods at a rate of 14.4 compared to 7.7 respectively.
- From population-based data, cases with mothers that experience feto- infant death from extreme prematurity or SIDS or Sudden Unexpected Infant Death drive the county's infant mortality and were therefore prioritized for further review.
- In 2006-09, Hispanic feto-infant mortality rates became available; the rate of 5.9 for the Hispanic population fell below both their black & white counterparts. However, as the total numbers for this population remains small, the rates are deemed less stable.

HIGHLIGHTS OF 2nd COMPONENT OR CASE REVIEW:

Summary of cases reviewed over the last 17 months:

- Based on PPOR data, infant death cases with a diagnosis of extreme prematurity or SIDS/ SUID were prioritized for review.
- 41 cases were reviewed from August 1, 2009-December 31, 2010 (19 fetal/ 22 infant) for a total of 133 cases since 2006.
- 27% of cases were reviewed less than 3 months after death/ 65% reviewed less than 6 months after death.
- 54% of mothers participated in home interview.

Summary of findings:

Based on the case review team’s deliberation, the top 10 most frequent categorical themes identified in this year’s case reviews were:

- | 2009 | 2010 |
|-----------------------------------|-----------------------------------|
| (1.) Medical conditions of mother | (1.) Medical conditions of mother |
| (2.) Family planning | (2.) Medical condition of infant |
| (3.) Mental health/ stress | (3.) Services provided |
| (4.) Social support | (4.) Family planning |
| (5.) Medical conditions of infant | (5.) Mental Health /stress |
| (6.) Prenatal care | (6.) Culture |
| (7.) Sleep environment | (7.) Other (No medical home) |
| (8.) Substance abuse | (8.) Prenatal care |
| (9.) Services provided | (9.) Sleep environment |
| (10.) Family transition | (10.) Social support |

A comparison of the 2010 top 10 frequent themes with those of 2009 finds a slight shift in the reoccurrence of identifiable themes. Medical condition of the mother remains the #1 categorical theme identified. The categorical themes of “medical condition of the infant” and “services provided” moved up (denoted in red) to the 2nd and 3rd positions on the most frequent themes’ list while family planning, mental health/stress, prenatal care, sleep environment, and social support issues all declined (denoted in blue) in frequency of occurrence. New entries (denoted in purple) on the list of categorical themes include both “culture” and “other” (i.e.no medical home and/or no consistent provider). Notable deletions from the top 10 list of frequent themes are “substance abuse” and “family transition”.

HIGHLIGHTS OF 3rd and 4th COMPONENTS (COMMUNITY ACTION AND SYSTEM CHANGE):

In order to ensure that the systems change implemented by BBC is substantial and sustainable, the Community Action Team (CAT) adjusted their cycle of development so that the Community Action Plan will be used for two years. This allows the collaborative to devote ample time to completing priorities. Because of this modification, the previous 2009 Priority Recommendations of Preconception Health, Prenatal Care, Safe Sleep, and Medical Home remain in place in 2010. Beginning in 2011 and in subsequent odd number years, the deliberative process to draft recommendations and an action plan will be implemented. Below is a table delineating the planning cycle to be followed by the CAT:

Baby Blossoms Calendar of Community Improvement

EVEN NUMBERED YEARS

January	April	July	October
Present research and/or best practice activities. Unveil BBC Community Report.	Present biannual data including PPOR.	Present Case Review Team (CRT) findings of reoccurring themes.	Evaluate local capacity and need in relation to Case Review Team (CRT) findings.

ODD NUMBERED YEARS

January	April	July	October
Present research and/or best practice activities.	Present update in data including PPOR.	Present biannual recommendations from Case Review Team findings.	Develop strategies for Community Action Plan.

Priority Recommendations:

2010 Goal

- Integrate Life Course Health Development Model and preconception health messages into existing youth development curricula and/or interactions with adolescents 9-18 years of age in after school and human service agencies.

Themes/ issues	Implementations	Accomplishments
<ul style="list-style-type: none"> • <i>No birth control</i> • <i>Unintended pregnancy</i> • <i>1st PG before age 18</i> • <i>Single parent</i> • <i>Lack of partner support</i> • <i>Multiple life stressors</i> • <i>Concern for enough money</i> • <i>Depression/ Mental illness preexisting</i> • <i>Pregnancy spacing <18 months</i> 	<p>Preconception Health Work Group will work to train community-based professionals in the use of the <i>Life Course</i> model</p>	<p>Completed environmental scan of current practices in youth development.</p> <p>Enhanced BBC membership by adding eight representatives of youth serving agencies.</p> <p>Identified correlations between preconception health and Life Course Model. Developed training for community based after-school youth service agency providers based on those correlations.</p> <p>Trained approximately 50 after-school program professionals regarding the relationship between Life Course and youth development.</p> <p>Created an evaluation tool to document changes in preconception health awareness of youth serving agencies staff.</p> <p>Identified construct within current youth development programming (the 40 Developmental Assets) to integrate the Life Course Health Model and defined 10 shared concepts between the two frameworks.</p>

2010 Goal

- Develop consistent and ongoing screening process for preterm labor, maternal depression and smoking throughout the prenatal period those results in a tiered response by Health Professionals so that pregnant women have a greater awareness of the risk factor and the desired response.

Themes/ issues	Implementation	Accomplishments
<ul style="list-style-type: none"> • <i>Entry to prenatal care</i> • <i>Tobacco/substance use</i> • <i>Infections</i> • <i>Preterm labor</i> • <i>Unrecognized or delayed response to preterm labor</i> • <i>Prematurity</i> • <i>Extremely low birth weight</i> • <i>Previous fetal loss</i> 	<p>Prenatal Care Work Group will work with health care professionals and the public to address 1) preterm labor signs and 2) ongoing screening practices to promote timely entry to care.</p>	<p>Defined timely entry for prenatal care as: up to the 13th week of gestation.</p> <p>Identified local screening practices through physician interviews in the area of preterm labor risk factors.</p> <p>Conducted and analyzed Health Professional Practice Self-Assessment survey with 26 health practitioners in 6 health care entities.</p> <p>Conducted an environmental scan of resources available to address maternal depression and smoking.</p>

2010 Goal

- Develop consistent messaging strategy regarding safe sleep environment with a specific focus on breastfeeding components.

Themes/ issues	Implementation	Accomplishments
<ul style="list-style-type: none"> • <i>Co-sleeping/ soft bedding</i> • <i>Non back sleep position</i> • <i>Tobacco/substance use</i> • <i>Little or no breastfeeding</i> 	Utilizing expertise of BBC members, Metro Omaha Medical Society, NE Breastfeeding Coalition, clinical practice groups and the UNMC College of Public Health, a training and dissemination strategy regarding safe sleep dialogs between physicians and mothers patients will be developed.	Completed an assessment “The Practices of Douglas County Pediatricians Related to Communicating Messages about Safe Infant Sleep” by a UNMC College of Public Health Capstone student.

2010 Goal (New)

- Investigate the concept of Medical Home within Douglas County as it pertains to the priority areas of preconception health, prenatal care and safe sleep.

Themes/ issues	Implementation	Accomplishments
<ul style="list-style-type: none"> • <i>Lack of continuity of care for pregnant women and infants residing in Douglas County</i> 	Preceptor site for Community Survey to WIC participants by Creighton Nursing Students	Obtained baseline local data pertaining to <ul style="list-style-type: none"> • lack of access to health care • importance of having a regular healthcare provider • deterrents for seeking healthcare • sites for accessing healthcare

ⁱ Results are based on a *non-random* sample of deaths, and thus cannot be attributed to the overall population of Douglas County infant deaths