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What is FIMR?

The Fetal Infant Mortality Review (FIMR) Program has been in existence in Douglas County since 2006. It is an agent of the Nebraska Child and Maternal Death Review Team (NCMDRT) which gives it the authority to gather, investigate and interpret information on infant deaths. FIMR is a best practice, community-based, action-oriented process aimed at improving service systems and resources for women, infants and families. This evidence-based process examines fetal and infant deaths, determines preventability, and engages communities to take action.¹

How does the FIMR process work?

FIMR engages a multi-disciplinary case review team to review the case summaries from de-identified infant deaths. These case summaries include maternal interviews to give the mothers a voice and also to hear her perspective on why the death occurred. Based on these reviews, the team makes recommendations for system changes. A team of community leaders (community action team) is then assembled to take recommendations to action, resulting in the development of the Douglas County Community Action Plan.

Who participates in FIMR?

In Douglas County, the case review team includes health care providers (OBs, neonatologists, pathologists, nurse practitioners, visiting nurses), social workers, and other community experts. The community action team, also known as the Baby Blossoms Collaborative, is made up of 40 community agencies with a maternal child health (MCH) focus, and a vested interest in decreasing the infant mortality and health disparity rates in Douglas County.

How does FIMR make a difference?

FIMR data inform a continuous quality improvement process. The case review data are used to identify issues and gaps in service systems that may contribute to infant deaths, and may be used to augment community needs assessments and help to analyze root causes of infant health disparities. Actions taken based on recommendations from these case reviews are monitored and their effectiveness tracked. This is done within the context of the Community Action Plan. In addition, the FIMR Program has traditionally utilized the CityMatCH Perinatal Period of Risk (PPOR) Model to assist with infant mortality data review and analysis. The cycle of improvement seen above outlines the FIMR continuous quality improvement process.²

¹ Since 2014, the Douglas County FIMR Program has been reviewing infant cases only based on a directive from NCMDT.
Infant mortality rate has increased from 6.6 (2015) to 7.2 (2016)
Source: 2016 Douglas County population-based infant only data

2017 provisional data shows a drop in the infant mortality rate to 6.6
[Source: DCHD Vital Statistics]

African American mothers (20.7) have a higher infant mortality rate than Hispanic mothers (5.8) and Caucasian mothers (4.9)
Source: 2016 Douglas County population-based infant only data

2017 provisional data shows a drop in infant mortality rates for African American mothers (14.2) and Caucasian mother (4.1) with an increase for Hispanic mothers (6.2)
[Source: DCHD Vital Statistics]
Infant mortality rates have increased for African American mothers and decreased for Caucasian mothers, with the health disparity increasing from 2.3 (2015) to 4.2 (2016)

Source: 2016 Douglas County population-based infant only data

2017 provisional data shows a decrease in the health disparity rate from 4.2 to 3.5
(Source: DCHD Vital Statistics)

Top 5 single causes of infant mortality (2016)
1. Perinatal Conditions
2. SIDS/SUID
3. Prematurity/Extreme Prematurity
4. Congenital Anomalies
5. Infectious and Parasitic Diseases

FIMR Case Selection Criteria (2017)
1. The mother must be a Douglas County resident
2. The infant loss must have occurred from 20 weeks to 40 weeks of pregnancy (prior to 20 weeks is considered a miscarriage)
3. Infant cases with a diagnoses of 1) very low birth weight (1500 grams) and 2) SIDS/SUIDS will be prioritized for review (PPOR data indicates this is where excess deaths are occurring)

Number of FIMR Cases Reviewed in 2017
- Twenty-one infant cases were reviewed (Including 2 twin cases)
- Phone contact was achieved with 6 out of 21 cases (29%)
- 2 out of 21 cases (9.5%) resulted in a maternal interview.

Top 5 contributing factors to infant mortality (2017)
1. Prematurity
2. Previability
3. Chorioamnionitis
4. Infant Sleeping with Others
5. Infant in Non-bed (any sleep setting other than a safety approved crib, bassinet or Pack-N Play)

*The above contributing factors were identified by CRT members during case review.
2017 Highlights

The Douglas County FIMR Program participated in IRB Research Study during Year 2017:

**Title:** Factors Associated with Fetal and Neonatal Deaths as Related to Maternal Body Mass Index (BMI). **Collaboration:** Creighton Medical School & Douglas County FIMR Program. **Goal:** Analyze neonatal and fetal mortality in Douglas County and investigate potential associations with maternal BMI. **Methods:** The study used data on neonatal or fetal mortality in Douglas County from 2006-2016. Cases were reviewed by the FIMR Case Review Team (CRT) with mother's BMI necessary for inclusion. Of 318 mothers, 264 had BMI information available and were included in the study. **Results:** Out of N=264 CRT cases, 7.6% were underweight, 31.4% were normal weight, 25% were overweight and 36% were obese. **Conclusions:** Overweight or obese status may play a role in fetal/neonatal loss.

**Partnerships** that were developed or strengthened in 2017 include:

- **Nebraska Sudden Infant Death Syndrome (SIDS) Foundation** (A charitable organization dedicated to increasing community awareness of SIDS and providing support for those impacted):
  - Refined FIMR's referral process to NE SIDS Foundation
  - Utilized Foundation members in focus group and interviews for research study, *A Qualitative Exploration of Safe Sleep Practices to Prevent Sudden Unexpected Infant Deaths*.

- **Douglas County Coroner's Office** (Investigates SIDS/SUID cases that occur within Douglas county and employs forensic pathologists to determine cause of death via autopsies):
  - Collaborated with the DC Coroner's Office to develop a more timely referral process for parents with a SIDS/SUID loss
  - Refined process in which FIMR Program receives SIDS/SUID autopsy reports

- **Nebraska Children's Home, Douglas County Women, Infants and Children (WIC) Food and Nutrition Program, Omaha Healthy Start, Nebraska Chapter of American Academy of Pediatrics. Children's Physicians, Pediatrics at Methodist Health System**
  - Supported Research Study (A Qualitative Exploration of Safe Sleep Practices to Prevent Sudden Unexpected Infant Deaths) through participation in focus groups/interviews or provision of participant incentives

**Trainings** provided at Baby Blossoms Collaborative (BBC) Quarterly Meetings (2017) included:

- *Children's Patient Centered Medical Home and Care Collaboration* – Debra Tomek, MD, Children's Hospital & Medical Center
- *Making Evaluation Work for You* – Barbara Jackson, Ph.D., Munroe Meyer Institute, University of Nebraska Medical Center
- *Academic Detailing: Your Best Referral Friend* – Julie Chytil, MPA, Nebraska Department of Health and Human Services
The Douglas County FIMR Program is currently involved in IRB Research study for Years 2018 - 2019

Title: A Qualitative Exploration of Safe Sleep Practices to Prevent Sudden Unexpected Infant Deaths. Collaboration: UNMC College of Public Health and the Douglas County FIMR Program. Goal: Understand the current infant safe sleep practices in Douglas County by identifying barriers, facilitators, best practices, environmental factors and unmet needs to practicing infant safe sleep. Methods: Utilize focus groups and key informant interviews with parents of loss, parents with children less than 2 years of age, grandparents, and general pediatricians, all in the Omaha metro area. Results: Pending. Conclusions: Pending.

The BBC Affinity Groups continue to work on the Community Action Plan:

- **Infant Health Affinity Group** – Developed White Paper that defined quality infant medical home for our community & identified current certified and non-certified pediatric medical home practices.

- **Safe Sleep Affinity Group** – Once results from the Safe Sleep Research Study (listed below) are complete, affinity group members will work with the research team to develop messaging for a community-wide Safe Sleep Campaign. They continue to seek grant funding from a number of different funding sources for the Campaign.

- **Prenatal Care/Fetal Death Affinity Group** - Contacted every OB provider in Douglas County to determine if they have incorporated “Count the Kicks” Program into their practice. If not, further education on benefits of program was provided.

- **Prenatal Care/Prematurity Affinity Group** – Utilized birth certificate data to determine that obesity is the primary risk factor driving the prematurity rate in Douglas County. This group will partner with 2 other affinity groups (Preconception Health & Prenatal Care/Early Access to Prenatal Care) to develop a Preconception Health Pilot Project which has a 2-pronged approach (provider & community).

For more information, contact:

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