

**Fetal/Infant Mortality Review
Broward County
January 21, 2009**

**Michelle Reese
Director of Program Services
Healthy Mothers, Healthy Babies
Coalition of Broward County, Inc**

FIMR



Overall FIMR Objective:

- **To enhance the health and well being of women, infants and families by improving the community resources and service delivery systems available to them.**

Fetal/Infant Mortality Review Process

- **Death Occurs** Data is collected from Vital Statistics and charts are abstracted by a medical abstractor

↓

- **Cases Reviewed** Our Case Review Team examines 45 cases each year and makes their recommendations

↓

- **Action Plan Developed** The Community Action Group reviews FIMR recommendations and implements interventions (i.e. Call to Action, Haitian Nutrition Video)

↓

- **Goals/Results** Improved Maternal and Infant Health throughout Broward County

FIMR is a Community Cycle of Improvement



The Language of FIMR

- **Fetal Death:**

being born with no evidence of life

- **Infant Death:**

- Neonatal**

- **birth to 28 days of life**

- Post-Neonatal**

- **28 days – 364 days of life**

PPOR

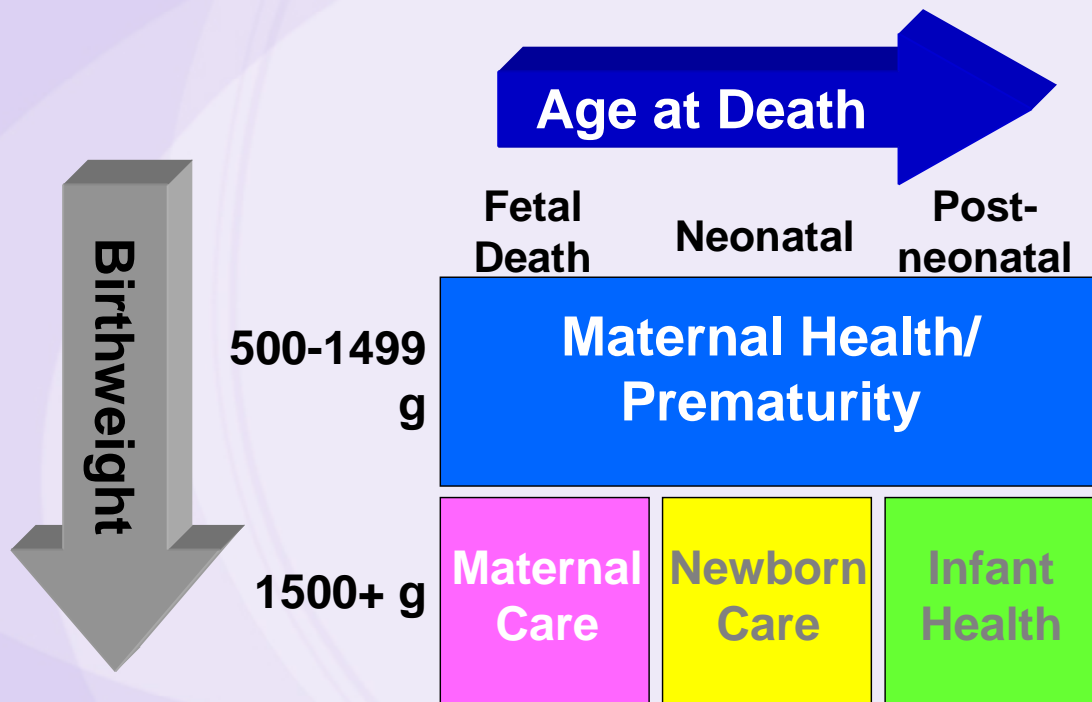
**FIMR Incorporating
Perinatal Periods
of Risk Analysis
(PPOR)**

PPOR Defined

- Examines the Four “Periods of Risk”
 1. Maternal Health/ prematurity
 2. Maternal Care
 3. Newborn Care
 4. Infant Health
- Identifies groups and periods of risk with the most deaths, highest rates.
- Uses comparison groups to estimate “excess deaths” for these groups and periods of risk.
- Outcome: Allows us to see where the excess mortality lies and systematically pull cases from the areas with the greatest number of excess deaths.

PPOR

PPOR *Maps* Fetal & Infant Deaths



FIMR Findings Overview

Comparison 2008/2007

2008

2007

49%	Received bereavement support at the hospital	64%
65%	Psychosocial stressors	73%
47%	Entered Prenatal Care <12 weeks of gestation	60%
58%	Maternal infection including STD	51%
51%	Receiving Medicaid	42%
64%	Overweight and Obese	47%
60%	Receiving WIC	42%
4%	Used drugs during pregnancy (toxicology report)	9%
13%	Gestational Diabetes	9%

FIMR 2009 Mid Year Findings

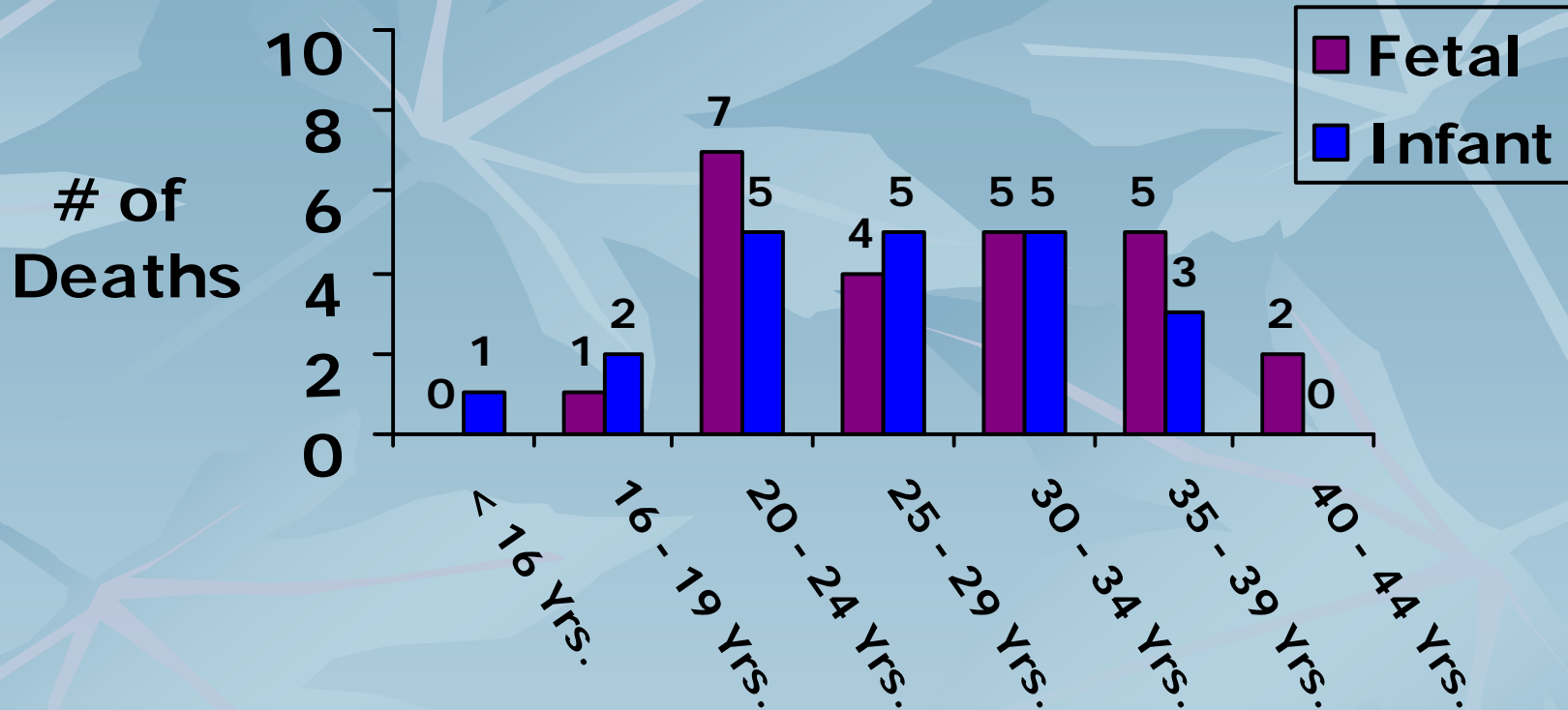
2009

2008

56%	Received bereavement support at the hospital	49%
48%	Psychosocial stressors	65%
52%	Entered Prenatal Care <12 weeks of gestation	47%
60%	Maternal infection including STD	58%
52%	Receiving Medicaid	51%
24%	Overweight and Obese	64%
64%	Receiving WIC	60%
8%	Used drugs during pregnancy (toxicology report)	4%
0%	Gestational Diabetes	13%

Fetal Infant Mortality by Mother's Age

Reviewed Cases = 45
January - December 2008

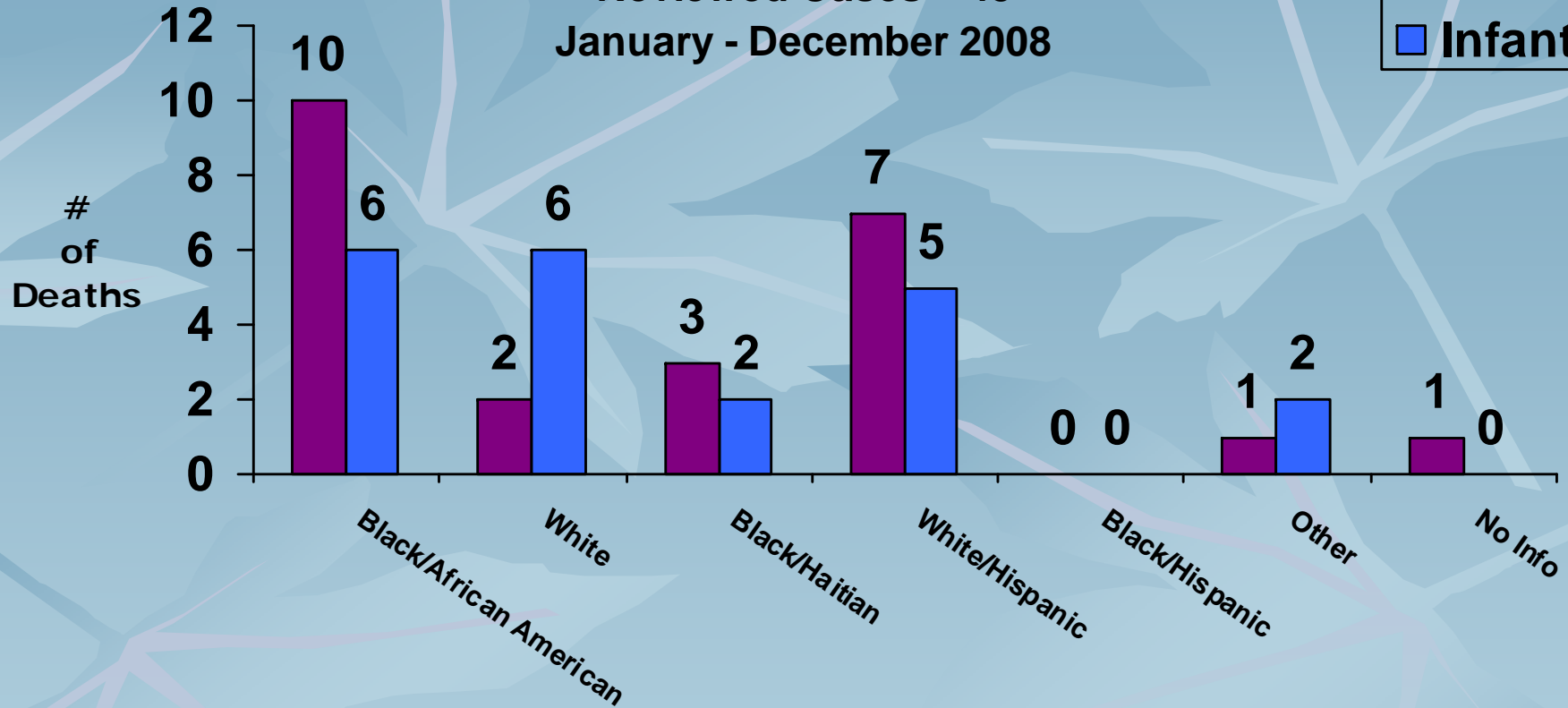
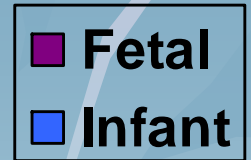


The largest number of fetal and infant deaths occurred to mothers age 20-24 and age 30-34.

Fetal/Infant Mortality by Mother's Ethnicity

Reviewed Cases = 45

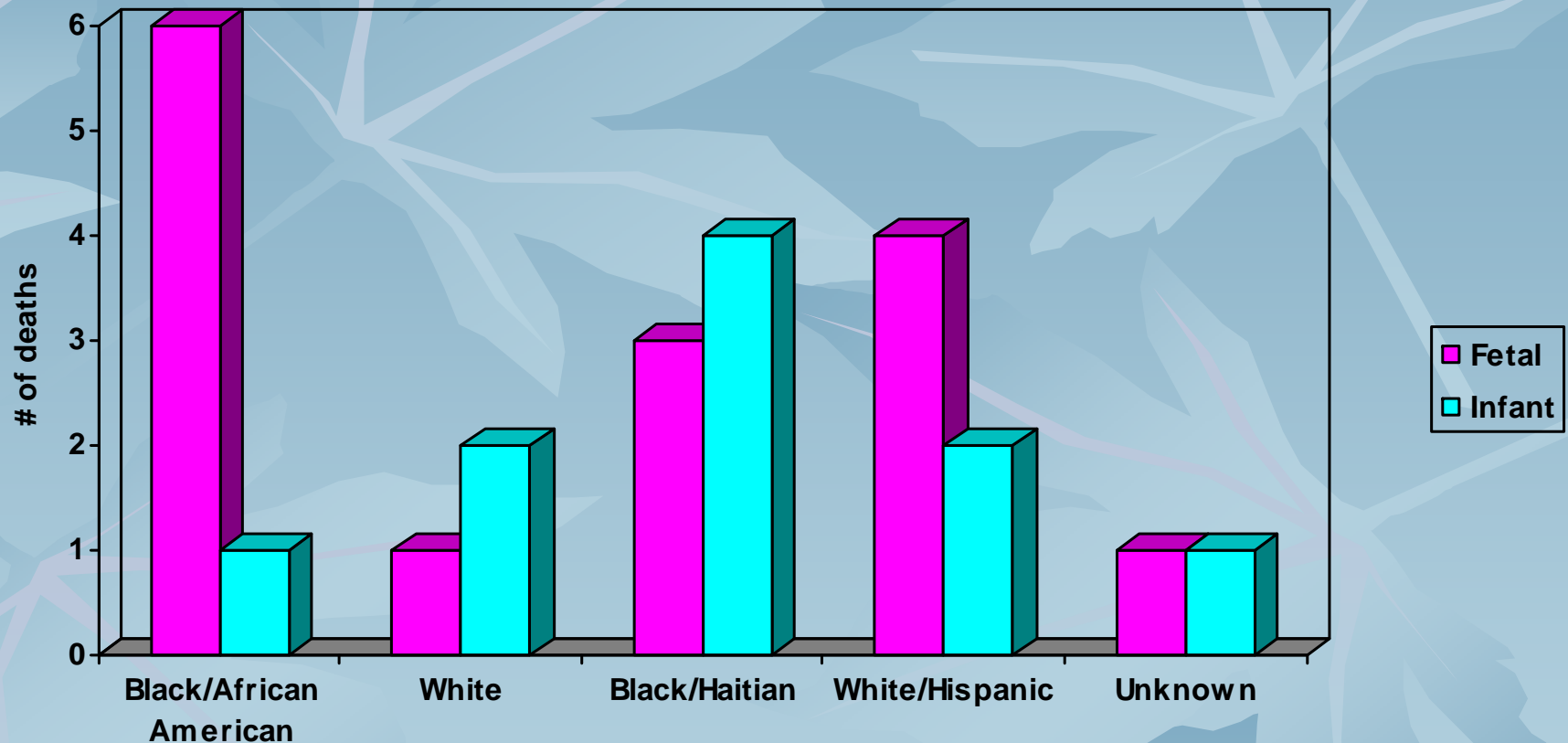
January - December 2008



When you examine the deaths by ethnicity, disparity is evident. African American deaths happened at two times the rate of White American deaths. In comparison to 2007, there are more White/Hispanic deaths being reviewed in FIMR by 35%.

Fetal/Infant Mortality by Ethnicity

2009 Mid Year Data



So far in 2009, African American deaths are also occurring at more than 2 times the number of White American deaths. Also note, that White Hispanic deaths are 2 x that of White/Caucasian deaths.

SIDS/ Sleep Related Deaths

Year	# SIDS Deaths
2005	8 SIDS Deaths
2006	7 SIDS Deaths
2007	5 SIDS Deaths
2008	3 SIDS Deaths

2008 statistics show a total of
16 SIDS/Sleep Related Deaths

69% were Black

25% were White

6% were Hispanic

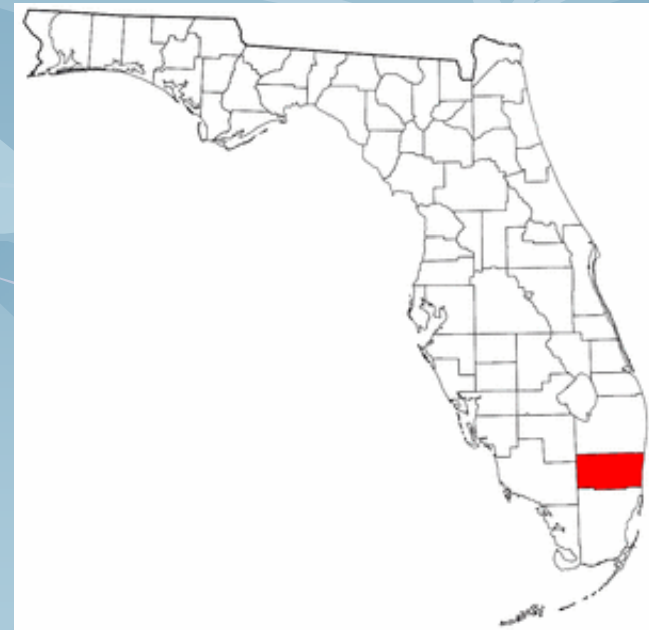
SIDS/ Sleep Related Deaths in 2009

***provisional data**

- **SIDS deaths remain the same at 3 deaths this year.**
- **Sleep related deaths are still pending, but preliminarily there could be a total of six sleep related deaths, which would be down from 13 last year.**

Fetal/Infant Deaths in Targeted Zip Codes of 33311 & 33313

Zip Code	Highest Frequency of Deaths in 2008
33311*	25
33313*	17
33025	12
33064	11
33065	11



- 33311 – Slight increase from 20 deaths in 2007.
- 33313 – Slight decrease from 20 deaths in 2007.



FIMR 2009 Top Zip Codes

33064, 33068 and 33025

Total Vital Statistic Details 2008

- Broward County is the 2nd largest county in the state of Florida with an estimated population of 1,751,234 for the year 2008
- Broward County ranks 22 out of 67 counties for its infant mortality rate.

Total Infant Mortality Rates 2008

- From 1999 through 2008, the infant mortality rate in Broward County fluctuated at a high of 7.0 deaths per 1,000 live births in 1999 to a low of 5.7 deaths per 1,000 live births in 2007. In general, the infant mortality rate for Broward County has been lower than the infant mortality rate for Florida during the past 10 years.

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Broward	7	5.8	6.6	6	6.4	5.9	6.2	6.3	5.7	5.9
Florida	7.3	7.0	7.3	7.5	7.5	7.0	7.2	7.2	7.1	7.2



FIMR/HIV Project

October 2009- September 2010

Overall FIMR/HIV Objective

- **The goal of the FIMR/HIV Prevention Methodology is to improve perinatal HIV prevention systems by using the FIMR case review and community action process.**

FIMR/HIV – A National Collaboration

- **CDC, City Match, ACOG/FIMR**
- **Nine Sites including Broward County**

Baltimore, MD

Chester, PA

Philadelphia, PA

Chicago, IL

Indianapolis, IN

Newark, NJ

New Orleans, LA

Washington DC

Local Collaboration

- **HMHB of Broward**
- **CDTC**
- **Broward County Health Department-
HIV Surveillance**
- **Private Sector**
- **Broward Health and Memorial
Healthcare Systems**

Case Review Process

Case Definition

- **HIV exposed infant/fetus ≥ 24 weeks gestation and ≤ 24 months of age at the time of review**
- **Prioritized for each community, not randomly selected**
- **Cases are selected based on key indicators of missed HIV prevention or treatment opportunities. (*late maternal HIV diagnosis during prenatal period, lack of maternal hiv treatment or poor viral suppression during pregnancy*)**

HIV Case Review Team (CRT) and HIV Community Action Team

HIV CRT-

Dr. Puga - CDTC-Infectious Disease/Pediatrics

Dr. Gonzalez-Garcia - Broward Health –Perinatologist /OB

Dr. Holding- BCHD HIV/AIDS Clinic

Marsha Mullings, MPH- BCHD/Epidemiology

Dr. Mitchell Stern- Plantation General Hospital/Neonatology

Patricia Kodish, MPH- Community Representative- March of Dimes

Evelyn Walker, RN- 7th Avenue Clinic

Pat Callahan- Disease Surveillance- BCHD

Dr. Barrington Murray- Community OB



Thank you.