

ST. JOSEPH COUNTY HEALTH DEPARTMENT FETAL INFANT MORTALITY REVIEW (FIMR) PROGRAM



Annual Report - 2015 to 2017

Studying Infant Mortality

In 2015, the St. Joseph County Health Department, through a grant from the Indiana State Department of Health and support from Beacon Health System and Saint Joseph Health System, began a Fetal Infant Mortality Review Program to study cases of infant deaths in our county. The FIMR process is used to identify the patterns, risk factors and system issues that contribute to infant mortality and to develop community solutions to reduce the rate of infant loss. The team reviewed 64 cases of infant death for the years 2015 through 2017 and the findings are presented here.

Infant mortality is an indicator of the overall health of a community. When infant mortality is high, you can also expect to see a higher rate of overall poor health outcomes across the population for things like cardiovascular disease and cancer, this is the case in Indiana. For FIMR, data is collected from medical records of both mother and babies and through interviews with the mother and families. All of the information is de-identified to protect the privacy of the family.

Infant mortality is measured by the number of infant deaths per 1000 live births.

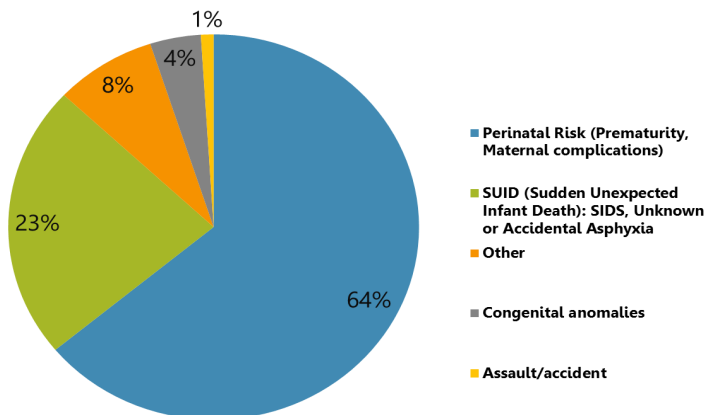
St. Joseph County:	8.2
Indiana:	7.2
United States:	5.9

Nationally, we've ranked in the 10 worst states for infant mortality for the last 50 years."

Dr. Kristina Box, Indiana State Health Commissioner

Causes of Infant Mortality

In St. Joseph County, 64% of infant deaths are due to complications during pregnancy, with most of those deaths occurring due to prematurity. A full term pregnancy is 40 weeks long and these infants were born on average at 23 weeks gestation due to preterm labor. 23% of infant deaths in St. Joseph County are due to Sudden Unexpected Infant Death that can include: Sudden Infant Death Syndrome (SIDS), accidental asphyxiation or an undetermined cause. The remaining deaths are from congenital anomalies or other medical issues.



FIMR CASE REVIEW TEAM

Team members are physicians, nurses, social workers and maternal child health professionals from community agencies and organizations who work with mothers, families and children.

FIMR COMMUNITY ACTION TEAM

Members of the Case Review Team plus community leaders from government, non-profits, the SJC Health Department and the University of Notre Dame.

Women's Health Prior to Pregnancy

While every case is unique, the FIMR team found that the most important factor in improving the health of an infant at birth is improving the health and well-being of the mother prior to pregnancy.

The most common factors present in the infant mortality cases studied were: Medicaid coverage, unintended pregnancy, mental health diagnoses, tobacco use during pregnancy and infection.

Smoking cessation is a vital aspect of reducing infant mortality. The smoking rate for pregnant women in St. Joseph County (11%) is one and a half times the national average (7%) and is over five times the national average in the cases of infant death in our community. (39%)

Also, a wide racial disparity exists in infant mortality with the rate for white infants at 4.5, black infants at 19 and Hispanic infants at 10.5. The rate of infant mortality for black infants compared to white infants in the United States is 2.5 times. A great deal of reporting and research has been done on this issue and is connected to the lived experience of black women and the stressors of racism, poverty, access to resources and education. In St. Joseph County, regardless of race, most families experiencing infant mortality have a lower income and Medicaid for insurance.

It's important to know that infant loss is related to more than prenatal care during pregnancy. 80% of the women in our cases received prenatal care during the first three months of pregnancy.

The states with the best infant mortality rates simply start pregnancy with healthier mothers.

Indiana Perinatal Quality Improvement Collaborative

Preconception and Interconception Health

Women's Health Prior to and Between Pregnancies.

One Key Question



*Would you like to
become
pregnant in the next
year?*

To address the importance of the health of women in St. Joseph County prior to pregnancy, the FIMR Team will offer a webinar on July 17, 2018 to introduce providers to The **One Key Question Initiative**. OKQ is used by primary care providers, OB/GYNs and community agencies to prompt discussions with women about their pregnancy intentions and is endorsed by the Committee Opinion from the American College of Obstetricians and Gynecologists, the National Association of Nurse Practitioners in Women's Health and The American Public Health Association. The One Key Question can also be used to address reproductive health for men.

This question facilitates pre and between pregnancy planning by prompting a discussion about pre-existing health issues that can contribute to poor infant health including smoking, diet, chronic illness, mental health and unintended pregnancy. If a woman plans to become pregnant in the next year, then they can get help to quit smoking, reduce stress, and address overall health. If they do not wish to become pregnant in the next year and are sexually active, they can discuss all of the available options to prevent pregnancy with their medical provider.

The success of this question is tied to its framing. Asking a woman if she would like to become pregnant in the next year is culturally sensitive and immediately removes assumptions about a woman's plans and allows her to share the preference for herself and her family.

Recommendations for Safe Sleep for Every Baby.

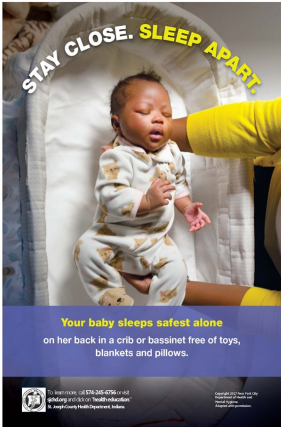
Sudden Unexpected Infant Death (SUID) is a general term that includes Sudden Infant Death Syndrome (SIDS), accidental asphyxiation or sleep related deaths of unknown causes. Most SUID cases in St. Joseph County are found to be from an unknown cause.

The FIMR team follows the recommendations of the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) to support our efforts to reduce the rate of SUID. Our recommendation is that, **keeping your baby in the same room; close to you; in her own crib; bassinet or pack and play; on her back without pillows, blankets, toys, boppys or other items is a safe recommendation for every baby. Breastfeeding for any period of time is protective for infants against SIDS and is encouraged.** Many factors significantly contribute to the incidence of a sleep related death and this manner of sleeping takes those known and unknown risks into consideration.

The FIMR team recognizes that families have wide ranging views and opinions on infant sleep. We urge families who are not following these recommendations to speak with their infant's medical provider.

In the 15 cases that occurred from 2015 to 2017 in St. Joseph County, the most frequent risk factor, found in all but one case was sharing an adult bed with at least one person. Tobacco exposure was present in nearly half the cases and using blankets and/or pillows (including boppy pillows) was also a noted factor.

Factors that significantly increase the risk of Sudden Unexpected Infant Death associated with bed-sharing include:



- ◆ Infants born prematurely.
- ◆ Low birthweight infants.
- ◆ Sharing a bed with an infant less than 4 months old, even if breastfeeding.
- ◆ Bed-sharing with a current smoker, if the mother smoked during pregnancy, or any exposure to secondhand smoke.
- ◆ Bed-sharing with someone who is impaired in his or her alertness or ability to arouse because of fatigue or use of sedating medications.
- ◆ Bed-sharing with anyone who is not the infant's parent, including non-parental caregivers and other children.
- ◆ Bed-sharing on a soft surface, such as a waterbed, old mattress, sofa, couch, or armchair.
- ◆ Bed-sharing with soft bedding accessories, such as pillows or blankets or positioners.

www.Pediatrics.aappublications.org/content/138/5/e/20162938

Addressing Social Determinants of Health through Home Visits

Income, Racism, Employment, Education, Food insecurity, Child Care, Safety, Housing

The health and well being of a woman prior to pregnancy is also dependent upon the socio-economic factors present in her life. To help women and families increase their opportunities, overcome obstacles and navigate the insurance and health care systems, the FIMR team is working with community partners who offer home visiting programs to increase the availability and utilization of this support for at risk mothers and infants during and after pregnancy.

State policy also plays an essential role in addressing social determinants of health. The FIMR team shared our findings with Indiana's State Health Commissioner, Dr. Kristina Box and state legislators in April of 2018 and discussed how issues including tobacco policy, the Medicaid system, wages, employment and paid family leave can all make an impact on reducing infant mortality in Indiana. Governor Holcomb wants Indiana to be the "Best in the Midwest" by 2024 for infant mortality. We look forward to helping him reach that goal.

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