DEDICATION

This annual report is dedicated to those individuals who have suffered a loss due to fetal or infant mortality.
Acknowledgements

The Health Council of Southeast Florida (HCSEF) wishes to thank the Children’s Services Council (CSC) for their assistance, guidance and funding support for the Fetal and Infant Mortality Review (FIMR) in Palm Beach County.

HCSEF wishes to extend their appreciation and special thanks to the many agencies and organizations, represented by a group of very dedicated professionals, community leaders and consumers who comprise the Case Review Team (CRT) and the Community Action Group (CAG). We recognize that FIMR involves time and effort and are greatly appreciative of their strong commitment to reducing fetal and infant mortality and improving birth outcomes. Members of the CRT and CAG have participated in and contributed their time and expertise to the activities and accomplishments listed in the Palm Beach County FIMR 2015 Annual Report.
Members of the Case Review Team

- Children’s Services Council of Palm Beach County
- Families First of Palm Beach County
- Florida Atlantic University- Community Health Center
- Florida Department of Health- Palm Beach County
- Genesis Community Health Center
- Healthy Mothers, Healthy Babies Coalition of PBC
- Midwife - Tammy Dieffenbach
- Nurse Midwife- Sandi Blankenship
- Nutritious Lifestyles
- Palm Beach County Fire Rescue
- Palm Beach Gardens Medical Center
- Physician - Michael Black
- Physician - Collette Brown-Graham
- Physician - Marie Morel
- Physician - Sylvia Seigfried
- Physician - Ruel Stoessel
- Physician - Janet Wingkun
- Planned Parenthood of South Florida and the Treasure Coast
- Sickle Cell Foundation PBC - Community Voice Program
- Special Supplemental Nutrition Program for Women, Infants, and Children
- T. Leroy Jefferson Medical Society
- Tenet Health
Members of the Community Action Group

- 211 Palm Beach/Treasure Coast
- Boys & Girls Clubs of Palm Beach County
- Center for Child Counseling, Inc.
- Children’s Services Council of Palm Beach County
- Community Partners
- (The) Consortium
- Families First of Palm Beach County
- Florida Department of Health- Palm Beach County
- Health Care District of Palm Beach County
- Healthy Mothers, Healthy Babies Coalition of PBC
- HomeSafe
- Palm Beach County Cooperative Extension Service/UF-IFAS
- Palm Beach County Food Bank
- Palm Beach County Library System
- Palm Beach County Medical Society
- Palm Beach County Parks and Recreation Department
- R.E.A.C.H: Real Estate, Education And Community Housing
- School District of Palm Beach County
- Sickle Cell Foundation PBC- Community Voice Program
- Special Supplemental Nutrition Program for Women, Infants, and Children
- Wellcare/Staywell
FIMR Program Overview

FIMR is a national model that was first introduced in 1990 as a collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and the Federal Maternal and Child Health Bureau (MCHB). Florida adopted the FIMR model in 1992. Florida FIMR projects are organized under Florida Statutes 766.101. Confidentiality of all information is strictly maintained. All cases brought before the review team are de-identified of patient, provider or institutional information. There are currently over 200 FIMR programs in the country. In November 2012, CSC provided funding to re-establish FIMR process in Palm Beach County.

HCSEF is the coordinating and lead entity for FIMR in Palm Beach County. HCSEF is one of 11 Local Health Planning Councils established under Florida Statutes 408.033 to conduct regional health planning and implementation activities. HCSEF covers a five-county service area of Palm Beach and the Treasure Coast, including Indian River, Martin, St. Lucie, and Okeechobee counties. HCSEF develops regional health plans containing data, analysis and recommendations that relate to the health care status and needs in the community.

HCSEF contracts and collaborates with Florida Health Palm Beach County to provide nurse abstraction services to gather information from vital statistics, available medical records, including hospital and prenatal records, autopsy reports, social services case notes, and other sources pertinent to the fetal and infant deaths.

FIMR works to reduce the incidence of fetal and infant mortality and improve pregnancy outcomes, as well as provide bereavement support information to parents and families who have experienced a pregnancy loss or death of an infant. Through the dedication and compassion of many stakeholders in the community and the collaboration of several grieving parents and families who agreed to share their experiences through an interview, FIMR in Palm Beach County has made great progress toward improving the well-being of women, infants and families while improving the service delivery systems available to them.
There are two main components of FIMR:

1. The Case Review Team (CRT) is comprised of a multidisciplinary team of professionals, both clinical and non-clinical. There is a concerted effort to include membership from a broad spectrum of service providers and to include providers who work with diverse populations in the community. These professionals represent the local health department, OB/GYN providers, pediatric care providers, social service agencies, family planning services providers, drug treatment, hospitals, law enforcement and community advocates. The Palm Beach County CRT began meeting in March 2013 and currently has 24 members. This year, new members have been added to the CRT as a result of the recruitment efforts of the lead agency.

2. The Community Action Group (CAG) is also comprised of a multidisciplinary team of professionals, both clinical and non-clinical. These professionals represent the local health department, local municipalities, medical societies, local government agencies, bereavement support groups, faith-based communities, the local school district, social service agencies, family planning services, educators, drug treatment centers, hospitals, law enforcement and community advocates. As with the CRT, there is a concerted effort to include membership from a broad spectrum of service providers and to include providers who work with diverse populations in the community. The CAG has been meeting since September 2013 and currently has 33 members. The CAG uses the findings and recommendations of the CRT to develop a strategic approach, including specific actions steps that, once implemented, aim to decrease fetal and infant mortality and improve pregnancy outcomes.
FIMR Process

The goal of FIMR is to enhance the well-being of women, infants, and families while improving the service delivery systems available to them. The program works to reduce the incidence of fetal and infant mortality, improve pregnancy outcomes, and provide bereavement support information to parents and families who have experienced a pregnancy loss or death of an infant. To achieve this goal, the FIMR model brings together key community components by patterning the cycle of improvement model seen in Figure 1.

Data Gathering: HCSEF contracts and collaborates with Florida Health Palm Beach County to provide nurse abstraction services to gather information from multiple sources, including interviewing women who have experienced a loss. These maternal interviews are generally conducted by the nurse abstractor, and are an important component of the FIMR data gathering process.

Case Review: The CRT reviews the fetal and infant cases prepared by the nurse abstractor. The CRT reviews fetal and infant death cases in an effort to identify factors causing or contributing to the fetal and infant deaths. The information derived from the CRT reviews is used to identify fetal and infant death trends, as well as preventable contributing factors and serves as a tool that helps the community implement changes to prevent future losses.

Community Action: The CAG uses the findings and recommendations of the CRT to develop a strategic approach, including specific actions steps that, once implemented, aim to decrease fetal and infant mortality and promote successful pregnancy outcomes.

Changes in Community Systems: FIMR’s model relies on feedback and assessment of the recommendations and actions steps taken towards the achieving the goals. It is critical that the implemented steps and actions are successful at addressing the identified problem(s). Continuous review and feedback allows the FIMR to take action to correct areas requiring attention or reveal that the new actions have indeed been successful.

Satisfaction Survey: In collaboration with Children’s Services Council’s Research & Evaluation Team, HCSEF developed a survey tool to glean CRT and CAG member feedback on important aspects of the FIMR process. The survey results helped to gauge the CRT and CAG members’ levels of satisfaction with the FIMR process, as well as identify opportunities for continuous quality improvement. Overall, the data gathered via the electronic delivered Satisfaction Survey was positive. The feedback and results will help inform the continuous improvement efforts for the FIMR process.

Figure 1: The Cycle of Improvement
Data Profile: Fetal & Infant Deaths

On a scale where 1 represents the county with the highest mortality rate, Palm Beach County ranked 27th in fetal death and 49th in infant death among 67 counties in Florida in 2014.

The figure below shows the fetal and infant death rates per 1,000 live births in Palm Beach County and Florida for 2014. Palm Beach County ranked lower than Florida for the rate of infant death, but experienced a higher fetal death rate during 2014.

Complied by the Health Council of Southeast Florida, 2015
ZIP Code

The figures below shows the infant and fetal deaths in Palm Beach County by the top 40 ZIP codes in 2014. The ZIP codes with the highest number of infant deaths were: 33415 (6); 33461 (5); 33407 (4) and 33463 (4). The ZIP codes with the highest number of fetal deaths were: 33411 (8); 33430 (7); 33460 (7), 33435 (6) and 33467 (5).

Complied by the Health Council of Southeast Florida, 2015
Race and Ethnicity

The chart below shows the race and ethnicity of mothers who experienced a fetal or infant death in Palm Beach County in 2014. Note that there are significant disparities between the fetal and infant death rates of ‘Blacks & Others’ as compared to ‘Whites.’

Fetal and Infant Death Rates by Race and Ethnicity

Age, Education, Entry into Care

The figures show fetal deaths by mother’s age, education and entry into prenatal care. Women within the 40-44 year age group experienced the highest incidence of fetal death during 2014. Nearly 50% of women who experienced a fetal loss in 2014 had less than a high school level education and one-third either began prenatal care in their third trimester or had no documented prenatal care.

Compiled by the Health Council of Southeast Florida, 2015
Case Review Team Deliberations

Method of Case Review

Thus far, for the current program year (October 2014 – September 2015), 41 cases - 22 fetal and 19 infant, have been reviewed and deliberated. The criteria used to select the cases for abstraction is data driven. It is based, in part, on the Perinatal Periods of Risk (PPOR) as well as community trends. Cases that are active with the Department of Children and Families (DCF) or that involve suspected cases of abuse or neglect are not reviewed, as they are part of a separate review process.

The nurse abstractor retrieves information on each case from multiple data sources including: Florida Department of Health’s Bureau of Vital Statistics, hospital medical records, autopsy reports, obstetric/gynecologic offices, Children’s Medical Services (CMS), Healthy Start, Women, Infant and Children Program, and maternal interviews.

Through the review of each case, a series of codes is identified by the CRT related to the circumstances of the specific case. The codes are organized into categories: ‘Strengths,’ ‘Contributing Factors,’ and ‘Suggestions.’ The codes are entered in the Baby Abstracting System and Information Network (BASINET). The following charts show codes, identified in 10 or more cases during this reporting period.
**Strengths**

The strengths identified during the case review represent circumstances and occurrences that were present despite the fetal or infant loss. These strengths highlight how the community is educating, providing services and supporting the mothers and families. The greatest strengths among the cases reviewed was attributed to socioeconomic factors which includes family and community support. The individual factors that ranked highest among the strengths of the cases are seen below.

<table>
<thead>
<tr>
<th>Strength</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Support</td>
<td>31</td>
</tr>
<tr>
<td>Screened for HS</td>
<td>17</td>
</tr>
<tr>
<td>Quality prenatal care w/ approp referrals</td>
<td>15</td>
</tr>
<tr>
<td>Pregnancy Interval (at least 12 mos)</td>
<td>16</td>
</tr>
<tr>
<td>Planned pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Patient w/ private insurance</td>
<td>12</td>
</tr>
<tr>
<td>Patient w/ Medicaid</td>
<td>23</td>
</tr>
<tr>
<td>Nutritional</td>
<td>13</td>
</tr>
<tr>
<td>Pregnancy interval (at least 12 mos)</td>
<td>16</td>
</tr>
<tr>
<td>Grief support: Chaplain, pastor, nurse, HS, or SW</td>
<td>24</td>
</tr>
<tr>
<td>Early Prenatal Care (1st Trimester)</td>
<td>24</td>
</tr>
<tr>
<td>Drug screening done</td>
<td>24</td>
</tr>
<tr>
<td>Comprehensive NICU care</td>
<td>19</td>
</tr>
<tr>
<td>Compliance w/ prenatal care/kept appts</td>
<td>19</td>
</tr>
<tr>
<td>Compliance w/ postpartum care/kept appts</td>
<td>11</td>
</tr>
</tbody>
</table>

Contributing Factors from Reviewed Cases

The contributing factors identified during case review represent factors that may have contributed to fetal or infant loss. The most common contributing factors identified by the CRT during deliberation was attributed to "Mother’s Medical/OB History" and "Medical conditions" during this pregnancy/labor.

**Top Contributing Factors**

- Pre-existing medical conditions: 16 cases
- Obesity: 16 cases
- Inadequate nutrition: 11 cases
- History of fetal/infant loss: 17 cases
- Poverty: 12 cases
- Preterm labor: 16 cases
- No Healthy Start screening: 20 cases
- Unplanned pregnancy: 14 cases
- Cord problem: 13 cases
- Prematurity: 14 cases
- Fetal/Infant Infection: 16 cases
- Available medical/social services not used: 14 cases

*Source: BASINET, Cases deliberated October 2014 – July 2015*
Suggestions

The suggestions below represent community education, services or supports that were identified through case review that may help prevent future losses.

Top Suggestions

![Chart showing top suggestions with corresponding number of cases.]

Recommendations from the CRT to the CAG

Medical care /Provider Opportunities

- Increase the emphasis on mothers receiving healthy start prenatal screen

  Note: Every doctor in the state of Florida is required to offer a Healthy Start Screening to pregnant women. This screening tells if the baby has potential health risks. The goal of the screening is to identify women at risk of poor birth, health and developmental outcomes for their newborn babies.

- Provide an understanding of the benefits of Healthy Start/Healthy Families services as evidenced by referrals
- Conduct closer evaluations of dietary habits and evaluation of diet content and nutrition counseling

Patient, Caregiver and Community Education

- Provide education on:
  - The importance of being healthy before pregnancy
  - The importance of proper nutrition and weight gain during pregnancy
  - The risks associated with obesity
  - The importance of early and consistent prenatal care

Family Planning

- Increase emphases on family planning/ preconceptional and interconceptional care
- Provide education on the importance of HS/ HF services
- Incorporate education on appropriate birth spacing in patient’s plan of care
- Recommend birth control in the immediate postpartum period and increase compliance with chosen contraceptive method

Grief Support

- Provide grief counseling and support, prior to discharge from the health care facility
- Provide referrals to community agencies for grief counseling and support

Community Action Group (CAG)

The CAG has focused on the recommendations previously identified to decrease high risk factors. The following four priorities were identified by the CAG at the last annual review:

- **Priority 1:** Preconception/Interconception Health: Importance of being healthy before pregnancy
- **Priority 2:** Prenatal: Education/Access to Care Issues
- **Priority 3:** Grief Counseling/Bereavement Services
- **Priority 4:** Racial Disparities

The CAG has been working on Priority 1: Preconception/Interconception Health, the priority addressed in the 2014 Strategic Plan. The CAG sought to increase knowledge about services currently provided in the community through provider and community education. The following are highlights of some CAG activities this year:

- The annual report was developed and disseminated to provider’s offices, WIC Clinic Staff, Community Partners and to health and human services professionals throughout Palm Beach County
- The CAG is developed a bi-fold to educate the general public about the purpose, mission and recommendations of FIMR
- CAG members gave presentations to specific groups to increase awareness of the resources offered through the FIMR program
- The bereavement resource was updated and is now available to providers and the community
- PBC FIMR used active social media through its Twitter and Facebook to disseminate maternal health and wellness information, events and resources
- PBC FIMR is an outreach partner for Text4baby, which promotes prenatal and infant wellness and safety
Next Steps

This report summarized the findings of the Case Review Team and the accomplishments of the Community Action Group this past year. The CAG will use the findings from the reviewed de-identified fetal and infant cases to monitor progress towards the goals and objectives set forth in the current strategic plan. The cases reviewed this year have reflected similar strengths, contributing factors and opportunities as the previous year; however, there was significantly more emphasis on opportunities related to grief services and support and family planning education, which align with the priorities identified by the CAG.

The CAG has begun to work on Priority 2: Prenatal: Education/Access to Care Issues. The usual channels and access points for receiving prenatal care in Palm Beach County has changed, increasing the possibility of late entry into prenatal care, especially among vulnerable populations. CAG members are working to engage organizations across Palm Beach County to promote the communities knowledge of access to prenatal care and develop a strategic plan addressing the priority of education and access to care issues.

The CRT will continue to review and deliberate cases of fetal and infant mortality in the county on a monthly basis. FIMR staff will continue to actively recruit for the CRT and the CAG to fill in the gaps in the groups represented, including additional physicians and community representatives. Staff, working together, will continue to identify creative and effective strategies for addressing the opportunities identified. There will be a specific emphasis on collaborating and partnering with existing and related efforts underway in this area. Lastly, the local FIMR will also continue to work collaboratively and share information and resources with other FIMR programs in Florida, and nationally.
FIMR PBC is under the direction of the following Health Council of Southeast Florida staff:

Andrea Stephenson, Executive Director
Odeth O’Meally, Director of Planning
Chandni Patel, Health Planner and Program Manager

Florida Department of Health – Palm Beach staff:
Catlin Lewis, Nurse Abstractor
Karen Thomas, M.D., M.P.H, Epidemiology Program Manager

Children’s Services Council of Palm Beach County staff:
Regina Battle, Program Officer

If you are interested in engaging in the FIMR efforts in Palm Beach County, please contact HCSEF at 561.844.4220, ext. 2900

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