Palm Beach County
Fetal and Infant Mortality Review

Equity Awareness and Education/Community Action Group Meeting

April 24, 2019
10:00 a.m.-1:00 p.m.
Welcome/Introductions

• Introduction to FIMR Team
• EAG/CAG Member Introductions
  – Name
  – Organization
  – How your work aligns with the goals of FIMR?
Meeting Results

By the end of this meeting, participants will have:

• Reviewed population health data to identify trends in fetal and infant mortality in PBC
• Developed and prioritized strategies for action based on case review and population health data
• Identified best practices and partners with a role to play in turning the curve
Headline Indicator #1: Rate of Low Birth Weight (LBW) Babies

(Live Births Under 2500 Grams)

- 2013: 8.2
- 2014: 8.5
- 2015: 8.5
- 2016: 8.3
- 2017: 8.5

Legend:
- LBW Births PBC
- LBW Births Florida

Florida Institute for Health Innovation
FIMR
Florida Health
Children's Services Council
Palm Beach County
Healthy. Safe. Strong.
Headline Indicator #2: Preterm Birth Rate
(<37 weeks gestation)

- Preterm Birth Rate PBC
- Preterm Birth Rate Florida
Headline Indicator #3:
Fetal Mortality Rate by Race
(Death of a fetus after 20 weeks gestation. Baby born without signs of life.)
# PBC FIMR Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
<th>Healthy People 2020</th>
<th>National Average</th>
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<tbody>
<tr>
<td>Preterm Birth Rate</td>
<td>9.3</td>
<td>9.9</td>
<td>9.2</td>
<td>9.4</td>
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<td>9.4</td>
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<tr>
<td>Black Preterm Birth Rate</td>
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<td>11.1</td>
<td>12.2</td>
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<td>9.4</td>
<td>13.4</td>
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<tr>
<td>White Preterm Birth Rate</td>
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<td>8.3</td>
<td>8.4</td>
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<td>9.4</td>
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<tr>
<td>LBW Rate</td>
<td>8.5</td>
<td>8.5</td>
<td>8.3</td>
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<td>7.8</td>
<td>8.3</td>
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<tr>
<td>LBW Rate White</td>
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<td>6.8</td>
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<td>LBW Rate Black</td>
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<td>7.8</td>
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<td>Fetal Mortality Rate</td>
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<td>5.6</td>
<td>10.7</td>
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Source: [www.flhealthcharts.com](http://www.flhealthcharts.com)
Action Commitments

- Based on my commitments from the last meeting:
  - What did I accomplish?
  - What prevented me from getting it done?
  - What would have helped me take action?

The Accountability Pathway

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<table>
<thead>
<tr>
<th>Unaccountable for commitments to action</th>
<th>Accountable for commitments to action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Acknowledge reality</td>
</tr>
<tr>
<td>Blame others</td>
<td>Own action commitment</td>
</tr>
<tr>
<td>“I can’t excuses”</td>
<td>Find solutions</td>
</tr>
<tr>
<td>Wait &amp; Hope</td>
<td>Make “it” happen</td>
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UNDERSTANDING OUR POPULATION: FIMR
Case Selection Guiding Principles

• Prioritize cases representing community trends and risk factors identified with a higher incidence of fetal and infant deaths including:
  – Racial/ethnic minority
  – Living in high-risk zip code
  – Single mother, teen mother or advanced maternal age
  – Less than high school education
  – Low SES

• Exclude cause of death due to genetic abnormalities to prioritize preventable causes of death

• Apply Perinatal Periods of Risk (PPOR) ratios for PBC
Case Review Data Summary

• 19 cases were reviewed by PBC-FIMR Case Review Team (CRT) between 9/18/18 and 4/9/19
  – 14 fetal deaths; 5 infant deaths
  – 7 Hispanic, 12 Black mothers
  – 16/19 Medicaid recipients; 3/19 private insurance
  – 15/19 (79%) of mothers were overweight or obese
  – 11/19 (58%) were unplanned pregnancies
  – 7/19 (37%) included a maternal interview
Data Walk Instructions

In small group conversations...
1. What do you notice about the data?
2. What else would you need to know as we think about strategies to address fetal and infant mortality?
Sociodemographic Profile (Station 1)

FIMR Maternal Race by Cases Reviewed

- Black: 12, 63%
- Hispanic: 7, 37%

FIMR Maternal Age by Number of Cases Reviewed

- 18-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
Sociodemographic Profile (Station 1)

FIMR Maternal Education by Cases Reviewed

- 14, 74% HS graduate or higher
- 3, 16% Unknown
- 2, 10% Less than HS education

Baby's Age at Death by Number of Cases Reviewed

- Fetal/stillborn: 14 cases
- Infant death (0-7 days): 2 cases
- Infant death (8-28 days): 1 case
- Infant death (29-364 days): 2 cases
Perinatal Periods of Risk (PPOR) (Station 2)

PPOR Categorization by Cases Reviewed

- Maternal Health/Prematurity: 10, 53%
- Maternal Care: 8, 42%
- Newborn Care: 1, 5%
- Infant Care:
PPOR Categories of Risk Definitions

- **Maternal Health and Prematurity:** Fetal or Infant death in which the babies weighed from 500 to 1,499 grams. Risk factors relate to the health of the mother in general irrespective of her pregnancy.

- **Maternal Care:** deaths occurring before delivery to fetuses weighing 1500 grams or more and generally in the third trimester of gestation.

- **Newborn Care:** deaths to infants weighing more than or equal to 1,500 grams and occurring before the infant is 28 days old. Most occur before the baby is discharged from the hospital.

- **Infant Care:** Infant deaths that occur to infants born at least 1,500 grams and occurring after the first 27 days of life to end of first year of life. The majority of these deaths occur after the baby leaves the hospital.
CRT Findings (Station 3)

Top 5 Significant Issues by Number of Cases Reviewed

- Possible Language Barriers: 7
- Financial Stress: 7
- Diabetes: 8
- Unplanned/Unwanted/Mistimed Pregnancy: 11
- Obesity/Overweight: 12
Fetal Deaths to Overweight and Obese Mothers (Palm Beach County) (Station 3)
Service Delivery Gaps Identified in 2 or More FIMR Cases
By Number of Cases Reviewed (Station 4)

- Concern about lack of quality care provided based on insurance type: 2
- Document referrals made in hospital record: 3
- Trauma informed care: 3
- Qualified language interpretation services: 3
- Physician education and data sharing: 3
- Consumer education around prenatal health and available services: 4
- Case management: 5
- Available free services not being utilized: 8
Recommended Improved Linkages for 2 or More FIMR Cases by Number of Cases Reviewed (Station 4)

- Improve documentation of education provided to patients within medical records: 2
- Education around use of aspirin for hypertensive women to prevent pre-eclampsia: 2
- Culturally competent bereavement resources: 3
- Education on signs of labor: 3
- Education around pre-eclampsia: 3
- Education of prenatal risk screen scoring and referrals: 5
- Referral to HB network of services: 5
- No evidence of family planning, home visits, postpartum care, or interconception care: 8
- Palliative care/bereavement support: 9
GROUP DISCUSSION ON DATA WALK
Data Walk Observations

1. What did you notice about the data?
2. What else would you need to know as we think about strategies to address fetal and infant mortality?
DEVELOPING STRATEGIES FOR FETAL AND INFANT MORTALITY IN PBC
CRT Recommendations

Patient Communications and Patient Encounter

1. Home visits to check on patient during and after pregnancy (or death of child).

2. Communication with patient: they still can continue receiving care at the RPICC clinic whether they have insurance or not.

3. Develop or share an existing checklist for pregnant women (kick counts, signs of pre-eclampsia, labor symptoms, where to access prenatal care, locations of birthing centers, etc.).

4. Identify why patients are not enrolling in free services and how better to communicate the benefits of these programs.

5. Community-based case management and trauma-informed care provided via social worker/Community Health Worker (CHW) assigned to high risk mothers at Health Care District of PBC and Regional Perinatal Intensive Care Center (RPICC).

6. Improve postnatal and interconception care services to manage health issues and help parents prepare for next pregnancy (bereavement support, diet/nutrition education, education to address maternal obesity, family planning and birth control counseling).
CRT Recommendations

Health Equity and Cultural Competency

7. Identify health clinic and hospital protocols for providing families with qualified interpreters to ensure medical information is accurately relayed to the patient.

8. Address inequities in care provided to patients based on payer source (i.e. private insurance vs. Medicaid) and cultural background.

9. More culturally competent services and closer follow-up for families, including culturally sensitive staff that are ethnically similar to the community served.

10. Enhance the availability of services provided to mothers at RIPCC (specifically undocumented immigrants).
CRT Recommendations

Provider Communications

11. Highlight FIMR cases as a way to demonstrate to physicians the importance of using certified language services, clearer communication/counseling needed during prenatal visits so patients understand risk factors, and documenting previous poor birth outcomes and chronic disease issues so that key referrals are made.

12. Improve coordination and alignment between L&D services and ED services.

13. Improve documentation of education provided to patients within medical records, and explore making two-vessel cord an indication for early delivery.

14. Stress the importance of using aspirin during pregnancy if hypertensive to help prevent severe preeclampsia.

15. Require all providers to complete prenatal risk screen regardless of patient’s payer source and consider giving awards/incentivizing providers that meet benchmarks for using prenatal risk screen.
CRT Recommendations

**Improving System Efficiency**

16. Improve training around the system of screening that generates referrals to the HB system, including more education for all staff on question 21 of the prenatal risk screen: *Does patient have an illness that requires ongoing medical care?*

17. Create a health information exchange hub for Palm Beach County that could combine patient information across data systems (HBDS, EMRs, etc.).

18. Standardize bereavement care and process for linking families that have experienced a loss to support services and trauma-informed care (TrustBridge, VITAS, M.E.N.D., and Eve’s Victory).

19. Identify March of Dimes funding opportunities that could help support CAG initiatives.

20. Expand Centering Pregnancy Program (prenatal care co-facilitated by doctor and public health educator) to the full county.

21. Establish a dedicated staff person from HMHB in doctors’ offices that can serve as a resource for physicians when they are concerned about patients who can provide additional education, counseling and support.

22. Support Safe Sleep Certification for all maternity hospitals in PBC to create consistency in materials and education provided.
Strategy Prioritization Exercise

The following factors will be used to rate each strategy/community action proposed by the PBC-FIMR CRT:

1. **Specificity**: Is the idea specific enough to be implemented? Can it actually be done?
2. **Leverage**: How much difference will the proposed action make on results, indicators and turning the curve?
3. **Values**: Is it consistent with our personal and community values?
4. **Reach**: Is it feasible and affordable? Can it actually be done and when?
Developing a Strategy and Action Plan

*Rate each proposed action item as high (H), medium (M) or low (L).
Small Group Discussion

1. What are the best practices to address each issue?
2. Who can we learn from?
3. What other partners are needed to address each issue?
Results-Based Accountability (RBA) and Turn the Curve Thinking

1. How are we doing?
2. What is the story behind the curve?
3. Who are the partners who have a role to play in turning the curve?
4. What works to turn the curve?
5. What is our action plan to turn the curve?

Turn the Curve?
Deadly deliveries: Some Florida hospitals face high rates of maternal complications

Florida considers a new option for moms who don’t want to give birth in a hospital

Lawmakers are debating “advanced birthing centers,” which would be more comfortable than hospitals but more advanced than birth centers already in place.
Announcements

April 25th is Financial Health Matters Day!

We’re partnering with the Center for Financial Services Innovation (CFSI) to spotlight how financial health matters to mothers and families planning to have a child.

• Visit our blog (flhealthinnovation.org), Facebook (Facebook.com/flhealthinnovation) and Twitter (@flhealthinnova) where we’ll be posting the article.

• Help spread the word by sharing with your networks!

• Stay tuned for an upcoming webinar this September hosted by CFSI and FIHI about the intersection between financial health and infant mortality.
Wrap Up/Next Steps

• Action Commitments
• Member Feedback Survey
• Upcoming FIMR Meetings:
  – EAG/CAG Meeting: 5/22/19; 10am-1pm; Quantum Building
  – CRT Meeting: 5/14/19; 6-8pm; Quantum Building

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