Meeting Results:
By the end of the meeting the CRT will:

- Review each case presented by the Palm Beach County FIMR team
- Individually and in assigned groups identify the factors/causes contributing to the case
- Review the case collectively during the FIMR Abstractor team presentation
- Following the presentation, deliberate collectively on the contributing factors, strengths and suggestions
- Collectively determine if the death was preventable
- Formulate recommendations to be shared with the Community Action Group (CAG)

Meeting Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Christine Walsh</td>
<td>Children’s Services Council of PBC</td>
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<tr>
<td>Lauren Young</td>
<td>PBC Fire Rescue</td>
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<tr>
<td>Jennifer Boutin</td>
<td>Nutritious Lifestyles</td>
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<td>Kristin Dean</td>
<td>HomeSafe</td>
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<td>Dr. Collette Brown-Graham</td>
<td>T. Leroy Jefferson Medical Society</td>
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<td>Dr. John Caravello</td>
<td>ObGyn Specialists of the Palm Beaches</td>
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<td>Zoraime Ramos-Cortes</td>
<td>WIC</td>
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<td>Dr. Lesly Desrouleaux</td>
<td>Florida Dept. of Health</td>
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<tr>
<td>Julie Swindler</td>
<td>Families First</td>
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<tr>
<td>Lisa Greenwood</td>
<td>Healthy Mothers Healthy Babies</td>
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<td>Program Staff</td>
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<tr>
<td>Martine Jolicoeur</td>
<td>DOH, PBC-FIMR Qualitative Abstractor</td>
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<td>Debra Oliver</td>
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<tr>
<td>Fay Glasgow</td>
<td>FIHI, PBC-FIMR Site Coordinator</td>
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<tr>
<td>Danielle Lewald</td>
<td>FIHI, PBC-FIMR Program Manager</td>
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Collective Case Deliberation/Review Notes

Case #00015:
Significant Issues/Present and Contributing Factors:

- Placental abruption (contributing factor)
- Pre-existing hypertension (contributing)
- Preeclampsia (contributing)
- Pregnancy < 18 months apart (present)
- Inadequate assessment (contributing)
  - Unknown if patient had hypertension
  - Limited antepartum testing
  - Lack of evidence of education on signs and symptoms of preeclampsia
- 1 previous fetal loss (present)
- Previous LBW delivery (present)
- Previous preterm delivery (present)
- Previous C-Section (present)
- Sickle cell trait (present)
• Unintended pregnancy (present)
• Multiple stresses (present)
• Multiple providers/sites (present)
  o High risk provider referral to another OB provider
• Client dissatisfaction with services provided (present)
• Single parent (present)
• Other source of infection: UTIs (present)
• Possible herpes

Strengths:
• Family support
• College education
• Full-time employment
• Health insurance

Gaps in Service Delivery or Community Resource Systems:
• Outdated prenatal forms used by medical providers
• Currently no incentive for providers to complete prenatal risk screen

Recommendations:
• Improve documentation of education provided to patients within medical records
• Give awards to providers that meet benchmarks for using prenatal risk screen.
  *Example models/best practices:*
  o Healthy Start of Coalition of Miami-Dade Annual Awards & Recognition Ceremony
  o Sunshine State Health Plan incentive-does not pay for provider services if risk screen is not submitted

Was this death preventable? YES

Case #00017:
Significant Issues/Present and Contributing Factors:
• Preconception Health: Obesity (contributing)
• Gestational diabetes (contributing)
• Mother’s weight BMI >30 (contributing)
• Prenatal Care: Lack of referral (present)
• Unintended pregnancy (present)
• Missed prenatal care appointments (present)
• Mental health (present)
  o Reported on Healthy Start prenatal risk screen that she did feel down, depressed or hopeless
• Social chaos (present)
  o Mother went through multiple traumas year of pregnancy, including death of a loved one and a murder in the family
• Lack of grief support (contributing)
• Lack of referrals (contributing)
• Lack of home visiting-eligible (present)
• Standard of care not met (contributing)
  o Mother reported that after baby’s death, OB said they would pay more attention next time
• Poor patient to provider and provider to patient communication
  o Not explained to patient why she was not put on medication for high blood sugar levels
• Patient lacked self-advocacy
  o Felt there was racial discrimination but did not seek alternative provider
Strengths:
- College education (Associate’s degree)
- Health insurance
- Received initial referrals through the Healthy Beginnings System
- Family and social support
- Support from father of baby
- Employed-enjoyed job

Gaps:
- Significant lack of understanding by provider of how to manage diabetes during pregnancy
- Patient understanding of medical information

Recommendations:
- Increased preconception health education around obesity prevention including behavioral interventions

Was this death preventable? YES

Next Steps
- Case #16 will be held for review at next meeting

Save the Dates for Upcoming Meetings and Events:
- Next CRT Meeting: Tuesday, April 9, 2019; 6-8pm; Quantum Building
- Upcoming CAG Meeting: Wednesday, March 27, 2019; 10:30am-1pm; Quantum Building
  - RSVP to Fay Glasgow at FGlasgow@flhealthinnovation.org
- Child Abuse Death Review (CADR) Symposium, “Safety Updates for the Educators of Newborn Parents”: April 11; 9am-12:30pm at Children’s Services Council of PBC (REGISTER HERE)
- House of Loveillionaires Trauma Workshop/Community Discussion, “Birthing Generations that Survive, Thrive & Flourish”: April 13; 2-6pm at Port of Palm Beach (see flyer attached)
- The Florida Perinatal Quality Collaborative will be hosting its annual conference April 4-5 in Tampa (REGISTER HERE)