Meeting Results:
By the end of the meeting the CRT will:
- Review each case prepared 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 review, 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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<tr>
<td>Julie Swindler</td>
<td>Families First</td>
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<td>Jennifer Boutin</td>
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<td>Kristin Thomas</td>
<td>HomeSafe</td>
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<td>Lesly Desrouleux</td>
<td>Florida Department of Health</td>
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<td>Lauren Young</td>
<td>PBC Fire Rescue</td>
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<td>Lisa Greenwood</td>
<td>Healthy Mothers Healthy Babies of PBC</td>
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<td>Louella Lutchi</td>
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<td>Patrick Bernet</td>
<td>Florida Atlantic University</td>
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<td>Regina Battle</td>
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<td>Rich Ellis</td>
<td>PBC Fire Rescue</td>
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<tr>
<td>Janis Jones</td>
<td>T. Leroy Jefferson Medical Society</td>
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Program Staff

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<tr>
<td>Dr. Rodrick King</td>
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<td>Fay Glasgow</td>
<td>FIHI, PBC FIMR Site Coordinator</td>
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Collective Case Deliberation/Review Notes

Case #00024:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Social Support: Single parent
   - Unexpected/unplanned/unwanted pregnancy
   - Lack of social support (mother felt alone; FOB was not emotionally involved)
   - Unemployed (Mom’s mom was source of income)
   - History of drug use (impaired judgement)
   - Multiple stressors (relationship issues; unemployed; living with mom)
   - 2 previous abortions
   - Unsafe sleep location

2. Prenatal
   - N/A

3. Medical: Fetal/Infant
   - N/A

Strengths:

- Family support
- Screened for HMHB services
- Associate degree
- Financial assistance from FOB
- Early entry to PNC
- Established pediatric appointments
- Educated on safe sleep practice in hospital
- Had a crib for baby
- Private insurance

Gaps in Service Delivery or Community Resource Systems:

Mom should have been offered the opportunity to receive services outside of her home if she was uncomfortable with receiving in home visitation.

Recommendations:

- Educate all caregivers on infant safe sleep practices (not just parents)
- Provide safe sleep education at all points of entry to care (prenatal, hospitals, pediatricians) that is culturally appropriate.
- Participate in community events (health fairs, community baby showers) to bring awareness of the issue of infant mortality
- Partner with faith based organizations to provide infant safe sleep education
- Invite MOB to participate in conversation (I.e. participate in CAG; share their story).
- Use social media to promote infant safe sleep practice (using AAP recommendations)
- Work with retail stores to promote appropriate infant safe sleep practice to customers.

Was this death preventable? YES
Case #00025:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Social Support: Single parent
   - Previous preterm birth
   - High school education
   - Sickle cell trait
   - Unsafe sleep environment (although mother was educated on infant safe sleep practices)
   - Mom's history of substance exposure (as an infant)
   - Mental health/family dynamic issues
   - Behavioral patterns (mom chose to co-sleep although she was educated on infant safe sleep practice)

2. Prenatal
   - Overweight
   - GBS positive

3. Medical: Fetal/Infant
   - N/A

Strengths:
   - Family support
   - Early entry to prenatal care
   - Screened for HMHB services
   - Autopsy completed (no findings of abuse or neglect)
   - FOB involved

Gaps in Service Delivery or Community Resource Systems:

N/A

Recommendations:
   - Educate all caregivers on infant safe sleep practices (not just parents)
   - Provide safe sleep education at all points of entry to care (prenatal, hospitals, pediatricians) that is culturally appropriate.
   - Participate in community events (health fairs, community baby showers) to bring awareness of infant mortality.
   - Partner with faith based organizations to provide infant safe sleep education
   - Strategies to address behavioral patterns in a culturally sensitive manner.

Was this death preventable? YES
Case #00026:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Insulin dependent diabetic
   - Positive for PPD (Tuberculosis test) in 2004
   - Previous C-section
   - Language barrier
   - Less than 8th grade education
   - Unclear insulin regimen
   - Unclear instructions on how to take diabetic medication
   - Misuse of family member to translate for mom
   - Lack of information

2. Prenatal
   - Overweight
   - Late entry into care (started care in Mexico)
   - Don’t know when mom stop feeling fetal movement

3. Medical: Fetal/Infant
   - GBS positive
   - Breech position

Strengths:

   - Family support
   - FOB involved
   - Referred for bereavement support

Gaps in Service Delivery or Community Resource Systems:

   - Misuse of family member to translate for mother, medical provider should always use an approved medical translator or language line
   - Mismanagement of diabetes care

Recommendations:

   - Language line/translation services in doctors’ offices.
   - Case management/nurse home visiting program for high risk mothers.

Was this death preventable? Yes, depends on when mom sought medical care/ if diabetes was managed properly.
Case #00027:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Failed contraceptive
   - Unplanned/unwanted (by FOB) pregnancy
   - Gestational diabetes
   - Unstable financial situation (unemployed & struggling to pay bills)
   - Missed appointments due to childcare issues
   - Undocumented status
   - Multiple stressors
   - Incorrect Healthy Start score
   - Lack of information

2. Prenatal
   - Overweight
   - Late entry into care (started at 26 weeks)
   - Don’t know when mom stop feeling fetal movement

3. Medical: Fetal/Infant
   - Positive IGG antibody

Strengths:

- Referred to perinatology
- Referred for mental health services during pregnancy
- Well controlled diabetes

Gaps in Service Delivery or Community Resource Systems:

- Mom had a high Edinburgh Depression score after delivery but was not referred for services. Lack of wrap around services.

Recommendations:

- Early entry into prenatal care
- Access to mental health services during and after pregnancy

Was this death preventable? Unable to determine
Next steps

Save the Dates for upcoming Meetings and Events

- Next CRT Meeting: Tuesday September 17, 2019; 6-8pm; Quantum Building
- Upcoming CAG Meeting: Wednesday August 28, 2019; 10am-1pm; Quantum Building
  - RSVP to Fay Glasgow at FGlasgow@flhealthinnovation.org