Palm Beach County Fetal and Infant Mortality Review
Case Review Team Meeting Notes
Tuesday September 17, 2019
6:00 PM – 8:00 PM
Quantum Building Community Room
2701 N Australian Ave., West Palm Beach, FL 33407

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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<tbody>
<tr>
<td>Dr. Allen Dinnerstein</td>
<td>Retired OB/GYN</td>
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<tr>
<td>Jeff Goodman</td>
<td>Children’s Services Council of PBC</td>
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<td>Jennifer Boutin</td>
<td>Nutritious Lifestyles</td>
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<td>Kristin Thomas</td>
<td>HomeSafe</td>
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<td>Dr. 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>Safiya Young</td>
<td>WIC</td>
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<td>Patrick Bernet</td>
<td>Florida Atlantic University</td>
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<td>Danick Joseph</td>
<td>Student/University of Miami</td>
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<td>David Cooper</td>
<td>PBC Fire Rescue</td>
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<td>Program Staff</td>
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Collective Case Deliberation/Review Notes

Case #20:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - History of mental illness -depression
   - Complicated grief
   - Medication (diabetes meds; albuterol)
   - Diabetes, hypertension. shingles
   - Unemployed
   - History of suicide attempt
   - Inadequate assessment
   - Multiple stressors
   - Single parent
   - History of fetal loss

2. Prenatal
   - N/A

3. Medical: Fetal/Infant
   - Prematurity
   - VLBW (<1500 grams)
   - Respiratory Distress Syndrome

Strengths:
   - Father of baby involved
   - Screened for HMHB services
   - Bereavement support offered
   - Early entry to PNC
   - Medicaid + WIC
• Social support (counseling)
• Received good medical care

Gaps in Service Delivery or Community Resource Systems:
• No documentation of diabetes management education
• Patient not referred to a perinatologist based on her medical history
• Not referred to Healthy Start services even though she had a high score.
• Mom not given the opportunity for alternative services.

Recommendations:
• Refer high risk patient to perinatology
• Re-engage patients into services after initial encounter and make them aware that they are able to re-enter program at any time.
• Better documentation of psychosocial assessment in medical records
• Sharing of information between HMHB and doctors/Ob/GYN

Was this death preventable? Unable to determined based on the information available.

Case #28:

Significant Issues/Present and Contributing Factors:

2. Preconception/Medical History of Mother
   • Excessive weight gain (obese)
   • No documentation of nutritional education
   • Single parent
   • Lack of grief support
   • Lack of home visiting (eligible)
   • Lack of WIC (eligible)
   • Poor provider to patient communication
   • No prenatal education noted in medical records during 2nd and 3rd trimester
   • Not enough information/ inadequate information

2. Prenatal
   • Mother’s BMI increased significantly during pregnancy

3. Medical: Fetal/Infant
• Cord problem

Strengths:

• Employed
• Early entry to PNC
• Medicaid

Gaps in Service Delivery or Community Resource Systems:

• No documentation of bereavement support
• Standard of care not met during prenatal office visits

Recommendations:

• Weight management /nutritional education and follow-up
• Better documentation in medical record from one trimester to another
• Provide standardize bereavement support /care after a family suffers a perinatal loss

Was this death preventable? Yes, with better monitoring.

Case #29:

Significant Issues/Present and Contributing Factors:

3. Preconception/Medical History of Mother

• Advanced maternal age (pregnancy > 35)
• Gestational diabetes
• Overweight
• Previous fetal loss
• Unintended pregnancy
• Not provided with birth control although patient requested
• Multiple stressors
• Client dissatisfaction
• Language barrier
• Lack of Home visiting (eligible)
• Poor provider to patient communication
• No referral to perinatology
• Mis-score of prenatal screens

2. Prenatal
• Standard of care not met
• Possible exposure to pesticides (farm worker)

3. Medical: Fetal/Infant
   • No cause of death listed

Strengths:
  • Father of baby involved
  • Family support
  • Married
  • Bereavement support offered
  • Early entry to PNC
  • Private insurance
  • Financial stability

Gaps in Service Delivery or Community Resource Systems:
  • Patient not referred to a perinatologist based on her medical history
  • Mis-score of prenatal screens
  • Lack of certified medical interpreter

Recommendations:
  • Refer high risk patient to perinatology based on their medical history and current issues
  • Better communication between patient and provider
  • Use of certified medical interpreter or language line
  • Sensitivity and cultural competence training to all providers
  • Provider should value patient’s opinion and concerns about their medical care

Was this death preventable? Yes

Case #30:

Significant Issues/Present and Contributing Factors:

4. Preconception/Medical History of Mother
  • Lack of social support
  • Previous DCF involvement
  • Criminal history
- Lack of ability to communicate issues (family, medical)
- Multiple stressors
- Social chaos
- Problem with family/relatives
- History of abuse
- History of illicit drug use
- Father was unable to communicate baby’s medical issues to medical staff accurately

2. Prenatal

- No info

3. Medical: Fetal/Infant

- N/A

Strengths:

- Father of baby involved
- Parents recognized signs of illness and sought medical attention
- Engaged with some social services
- Established pediatric care
- Scene re-enactment and autopsy completed
- Bereavement support offered

Gaps in Service Delivery or Community Resource Systems:

- N/A

Recommendations:

- Continued DCF involvement
- Provide financial assistance for burial and cremation for families who can’t afford it
- Provide bereavement support/ trauma informed care services for surviving children.

Was this death preventable? Yes