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>Jennifer Boutin</td>
<td>Nutritious Lifestyles</td>
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<td>Kristin Thomas</td>
<td>HomeSafe</td>
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<td>Lisa Greenwood</td>
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<td>Kathy Wall</td>
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<td>Fay Glasgow</td>
<td>FIHI, PBC FIMR Site Coordinator</td>
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Case #49:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Single parent
   - Obesity
   - Depression
   - Multiple providers on site
   - Recent move
   - Multiple stressors/ family stress (not accepting pregnancy
   - Unintended pregnancy
   - Irregular blood pressure
   - Preeclampsia
   - Client dissatisfaction
   - Lack of referral for nutritional counseling
   - No birth control
   - Lack of home visiting (eligible)
   - Stressful work environment
   - Unwanted pregnancy
   - Financial concerns (insurance deductible)
   - Circumcision performed less than 24 hrs. post delivery (questionable protocol of postnatal care)

2. Medical: Fetal/Infant
   - Respiratory failure
   - Sepsis-E. coli
   - Seizures
   - Renal dysfunction
   - Metabolic acidosis
   - Hypoglycemia & hypocalcemia

Strengths:

- Early prenatal care entry
- FOB involved
- Private insurance
- Employed
- Educated
- Breastfeeding
- Referral for counseling
- Good support system
- Fiscally responsible
- Attended postpartum visit
- Weight counseling discussed during pregnancy
Gaps in Service Delivery or Community Resource Systems:

- Lack of referral to nutritionist based on weight and BMI; lack of care coordination; Not referred to HMHB/HS

Recommendations:

- Provide better care coordination
- Offer funding to pay deductible and other outstanding medical cost
- Ensure that patient is healthy and at optimum health/weight before and between pregnancy
- Educate providers on Healthy Start services to ensure they promote services to patients
- No infant should be circumcised before 24 hours of life. (standard of care)

Was this death preventable? Unable to determine

Case #50:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother

   - Obesity (weight BMI)
   - Involved medical history (hx of cerebral vascular accident, Antiphospholoid syndrome, deep vein thrombosis)
   - RH negative (needs medication)
   - Previous losses (fetal loss & SAB or miscarriage)
   - Unintended pregnancy
   - Lack of home visiting (eligible)
   - Placental abruption
   - Single parent
   - Pregnancy < 18 months apart
   - Chronic anemia

2. Medical: Fetal/Infant

   - N/A

Strengths:

- FOB involved
- Early entry to prenatal care
- Medicaid
- Supplemental insurance (MPC funding healthcare district)
- Referral to perinatologist
- Genetic counseling
- Adherence to plan of care (medication)

Gaps in Service Delivery or Community Resource Systems:

- Had to wait for supplemental insurance to be able to get extensive testing.
Recommendations:

- Family planning
- Nutritional counseling
- Ensure that patient is healthy and at optimum health/weight before and between pregnancy
- Home visiting/ case management services

Was this death preventable? Unable to determine

Case #51:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Kick count education conducted after loss
   - Involved medical history (hx of gestational diabetes Meletus & preeclampsia)
   - Unintended pregnancy
   - Recent death in family (3 month old nephew)
   - Lack of home visit (eligible)
   - Single parent
   - Previous preterm delivery
   - Previous C-section
   - No birth control
   - Previous SAB or miscarriage
   - Toxic stress (did not deal with loss)
   - Fibroids
   - Financial stressors
   - No bereavement support noted

2. Medical: Fetal/Infant
   - N/A

Strengths:

- Father of baby involved (financially & emotionally)
- Medicaid
- Early entry to prenatal care
- Family support
- Social
- Educated
- Referral to perinatology

Gaps in Service Delivery or Community Resource Systems:

- Lack of kick count education during pregnancy
Recommendations:

- Family planning
- Ensure that patient is healthy before during and after pregnancy
- Reach out to financial institutions to partner with to provide budget management and financial planning (provide live chats & online services)
- Link providers to services already established (i.e. Bridges) to ensure appropriate linkage/services.
- Work with providers to encourage mothers to respond to HMHB follow-up
- Community awareness about kick count education (provide education/information about kick counts throughout pregnancy)
- Include financial planning/budget management as part of the postpartum education

Was this death preventable? Unable to determine