Meeting Results:
By the end of the meeting the CRT will:
- 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>Kathy Wall</td>
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<td>Kristin Thomas</td>
<td>HomeSafe</td>
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<td>Pamela Heithoff</td>
<td>AWHONN</td>
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<tr>
<td>Dr. Collette Brown-Graham</td>
<td>Obstetrician/gynecologist Private practice</td>
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Program Staff

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<td>Sandra Despagne</td>
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<td>FIHI, PBC FIMR Site Coordinator</td>
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Case #54:

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Single parent
   - Bacterial vaginosis
   - PPROM
   - Unintended pregnancy
   - Lack of family support
   - Recent move/group home
   - Depression/mental illness in postpartum period
   - Social chaos
   - Multiple stresses
   - Child support/paternity issue
   - Missing data
   - Inconsistency in the information
   - Lack of home visiting (eligible for NFP but program at capacity)

2. Medical: Fetal/Infant
   - Prematurity
   - ELBW (< 750)
   - Respiratory Distress Syndrome
   - Pulmonary hypertension
   - Pneumonia

Strengths:

- Medicaid
- Employed
- Family support
- Early entry into PNC
- Referral to social services
- Self-advocacy
- Edinburgh depression screening
- Perinatology referral
- Neonatology consult

Gaps in Service Delivery or Community Resource Systems:

- NFP referral rejected due to program being at capacity. Spotty documentation

Recommendations:

- Education on the signs of preterm labor
- Better comprehensive documentation in medical records. Complete all questions/sections

Was this death preventable: Not preventable
Case #55

Significant Issues/Present and Contributing Factors:

1. Preconception/Medical History of Mother
   - Single parent
   - Late teen pregnancy
   - Lack of knowledge
   - Inconsistent prenatal care
   - Multiple stressors
   - Preterm labor
   - Non-compliant with plan of care
   - Missed appointments
   - Unintended/unwanted pregnancy
   - Lack of FOB support
   - Lack of family support
   - Inadequate assessment
   - Self-pay
   - Poor provider to patient communication
   - Lack of appropriate referrals

2. Medical: Fetal/Infant
   - N/A

Strengths:

- Postnatal social consult ordered
- Early entry to care
- Honest/open about feelings
- Support of her mother

Gaps in Service Delivery or Community Resource Systems:

- No social service referrals based on patient’s response on initial visit.

Recommendations:

- Increase awareness of mental health services in the community to medical providers
- Create a cheat sheet/check list of signs to look for when making assessment for mental health services
- Promote/encourage the use of mental health services, remove stigma/bias of using mental health services
- Promote the use of social services throughout prenatal/postpartum period even after initial decline. Participant can always be enrolled at a later date into services
- Use telehealth services to encourage/engage the community to seek mental health services
- Provide more training to medical providers to engage high risk patients on social and mental health services
- Use telehealth services to get more information out into the community about available social and mental health services. Use telehealth live portal for education, enrollment, coordination of care and engagement