

Fetal Infant Mortality Review (FIMR) and Healthy Start: Expanding Opportunities For Collaboration

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National Fetal and Infant Mortality Review Program

National Fetal and Infant Mortality Review (NFIMR)



NFIMR is a collaborative effort between the:

- ⌘ American College of Obstetricians and Gynecologists (ACOG)**
- ⌘ Federal Maternal and Child Health Bureau, Health Resources and Services Administration (MCHB)**

Goals of the Presentation



- ⌘ To discuss the characteristics of FIMR that make it a community oriented perinatal intervention
- ⌘ To briefly describe the FIMR process
- ⌘ To describe examples of FIMR/Healthy Start collaboration and action agendas from the established Healthy Start sites in the state of Michigan
- ⌘ To discuss the development of a local FIMR/Healthy Start partnership on behalf of families

2001 Johns Hopkins University Study Validates Components of FIMR.



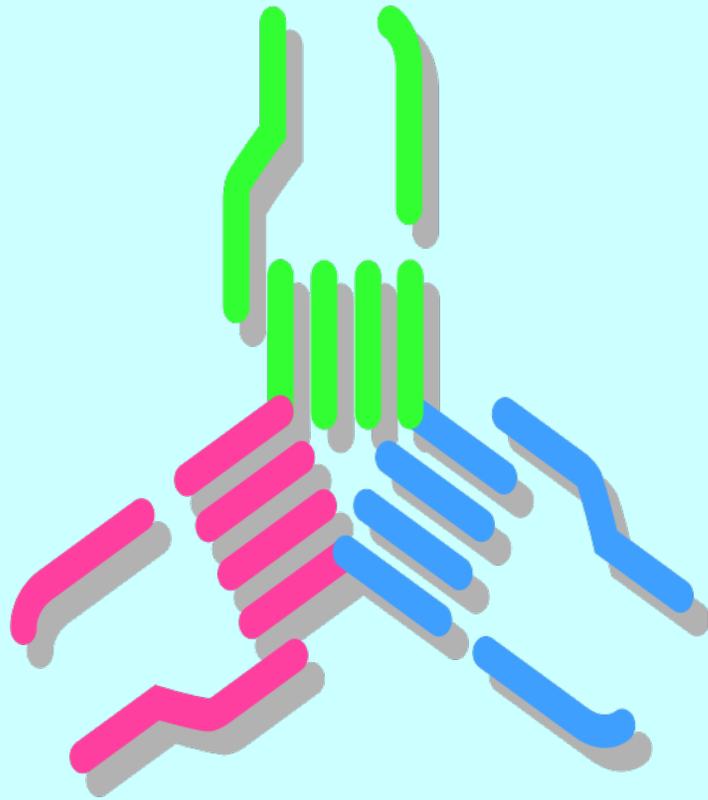
“[The FIMR program] ...also creates a setting and a set of concrete activities wherein everyone has a contribution to make and everyone learns from the process. The case study findings indicate that because the FIMR process extends beyond problem identification to promote problem solutions, observable changes in practice and programs occur; ‘things get fixed’ and participants are inspired to take further action.”

Source: Women's and Children's Health Policy Center, Johns Hopkins University. The evaluation of FIMR programs nationwide: early findings. [Online, 2002]. Available from: <http://www.jhsph.edu/wchpc/pub/Brochure.pdf>.

Synergy



⌘ The national evaluation suggests that a community where FIMR and Healthy Start were both present could achieve as much as **nine times** more progress in systems improvement!



*Selected
Components of
FIMR*

1. Confidentiality Is Key!



⌘ *FIMR cases are de-identified so that the names of families, providers and institutions are confidential – the FIMR focus is on improving systems NOT assigning blame.*

2. *FIMR Focuses on Systems*



- ❖ **Each FIMR case review provides an opportunity to improve communication among medical, public health and human service providers and develop strategies to improve services and resources for women, children and families.**

3. FIMR Includes a Family Perspective



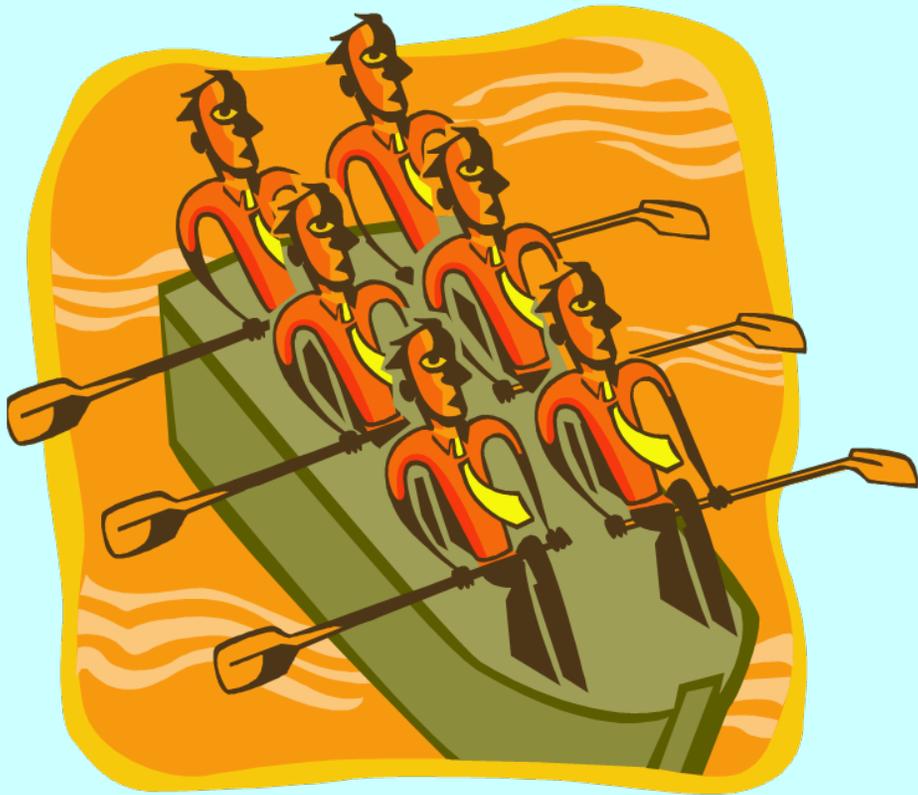
The FIMR process includes a home interview with the mother who has suffered a loss and the mother's story is conveyed to the FIMR team members.

4. *FIMR Promotes Broad Community Participation*

⌘ **FIMR is a community coalition that can represent all ethnic and cultural community views and becomes a model of respect and understanding.**



5. *FIMR is Action-Oriented.*



*FIMR leads to multiple creative community **actions** to improve resources and service systems for women, infants and families.*

National Fetal and Infant Mortality Review (NFIMR)



Since 1990, NFIMR has been a resource center working with states and communities to develop fetal and infant mortality review programs.

For more information about FIMR, call (202) 863-2587, e-mail us at NFIMR@acog.com, or visit us at <http://www.acog.org/goto/nfimr>.



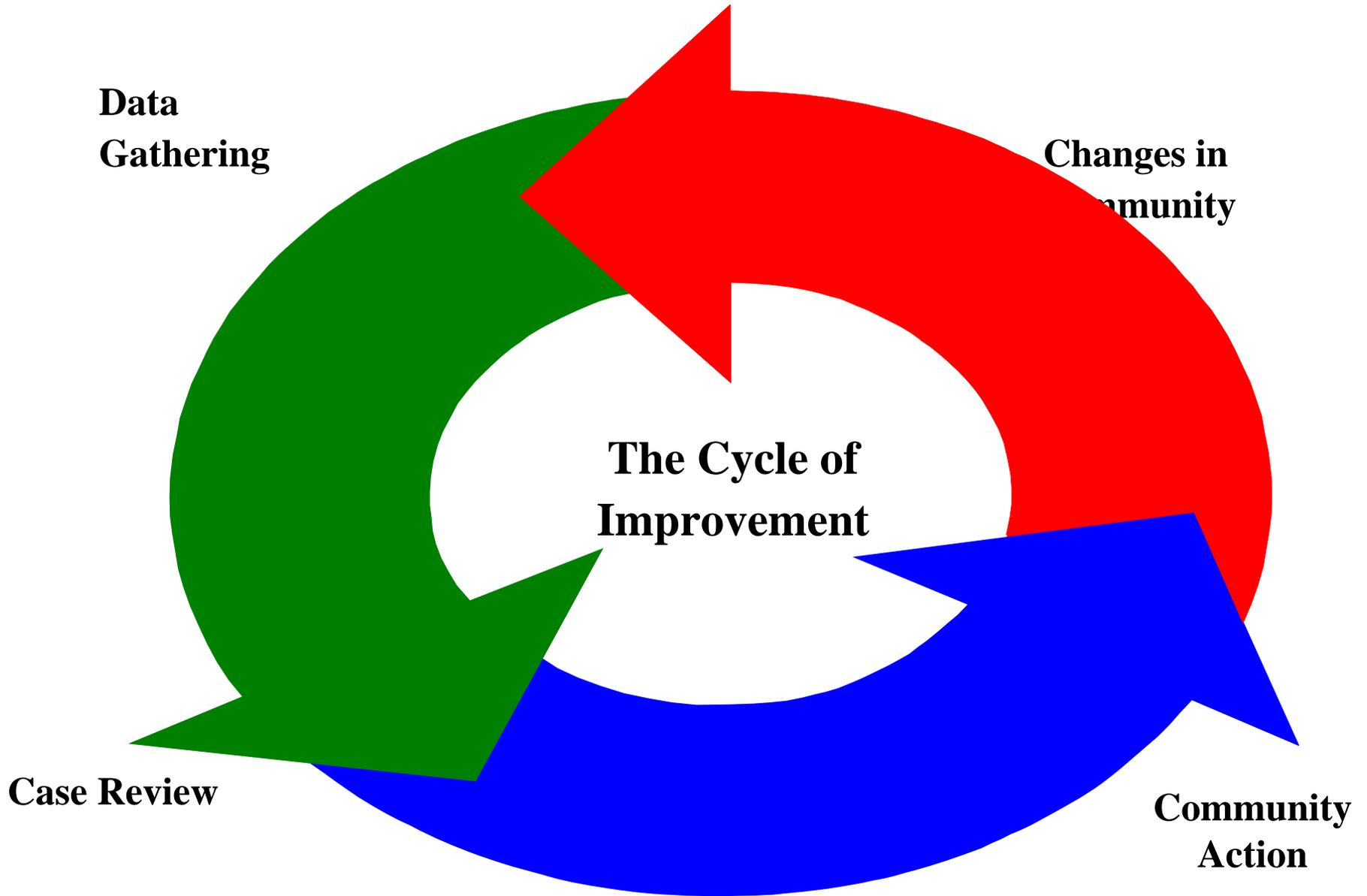
Fetal Infant Mortality Review and Healthy Start: Expanding Opportunities for Collaboration

Rosemary Fournier

State FIMR Program Coordinator for Michigan

3/29/2011

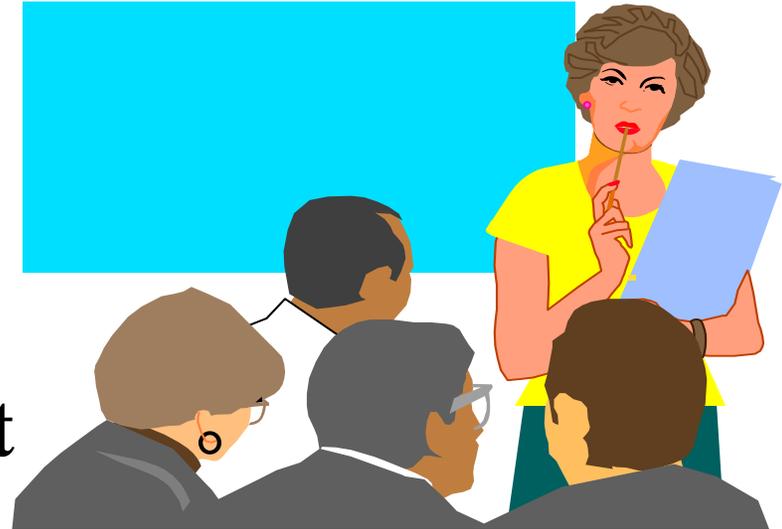
The FIMR Process



The FIMR Process

- **FIMR brings a multidisciplinary community team together to examine confidential, de-identified cases of infant deaths.**

Review Team



FIMR Purpose

The purpose of the review is to better understand all the factors contributing to infant deaths, and to identify areas for improvement in perinatal service systems and community resources for women, children, and families.

FIMR: Two Tiered Process

CRT



Case Review Team

CAT

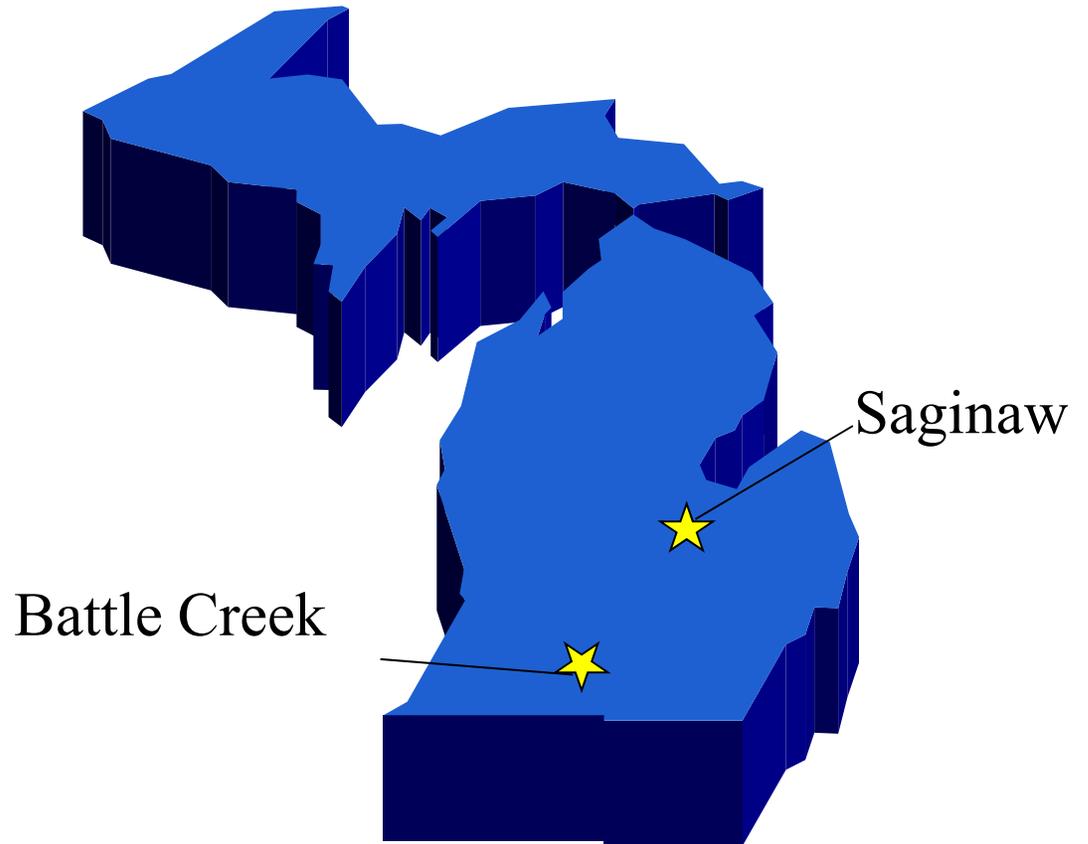


Community Action

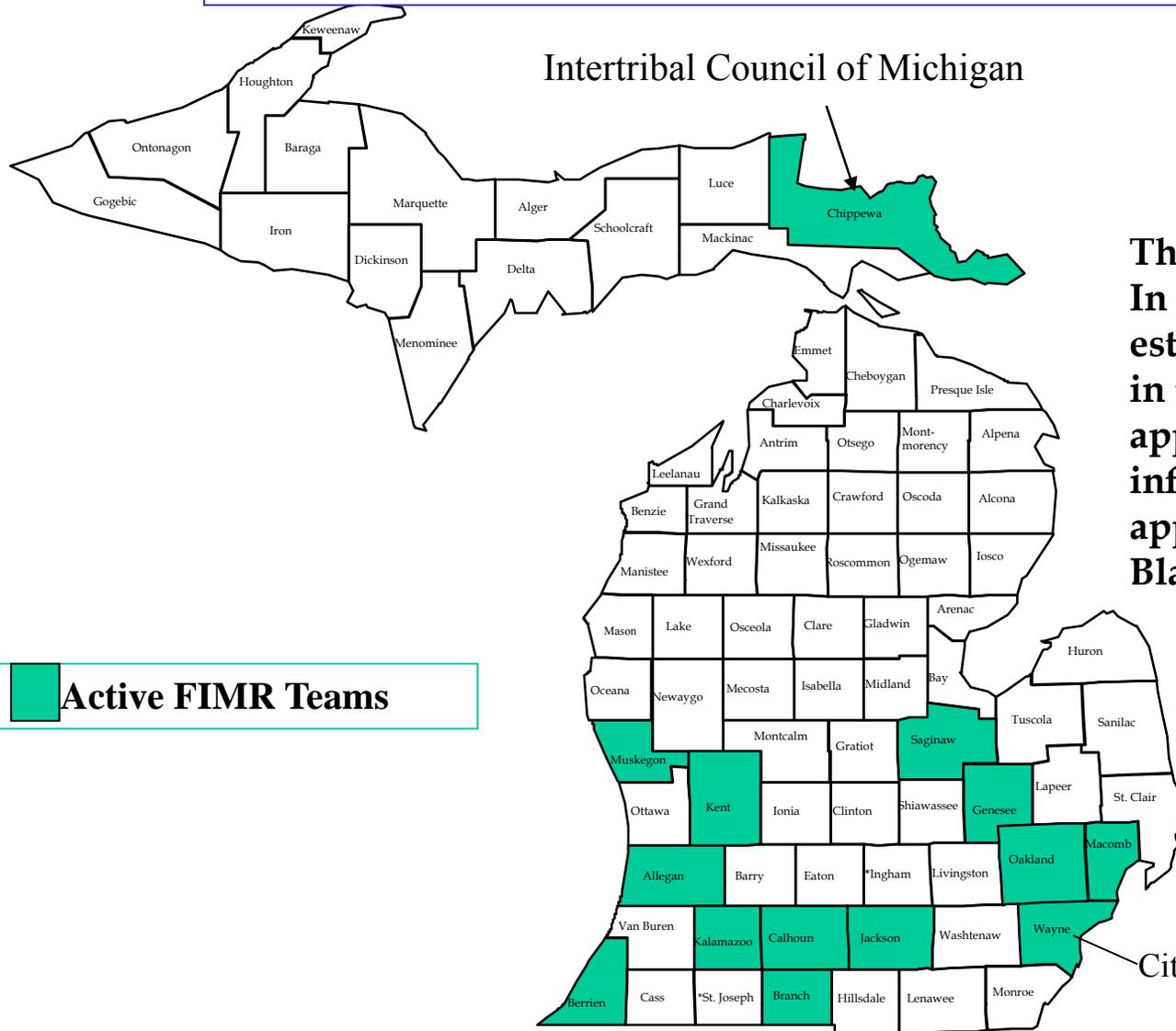
Team

History of FIMR in Michigan

- 1991, two sites among those originally funded by NFIMR



Fetal Infant Mortality Review Teams In Michigan - March 2011

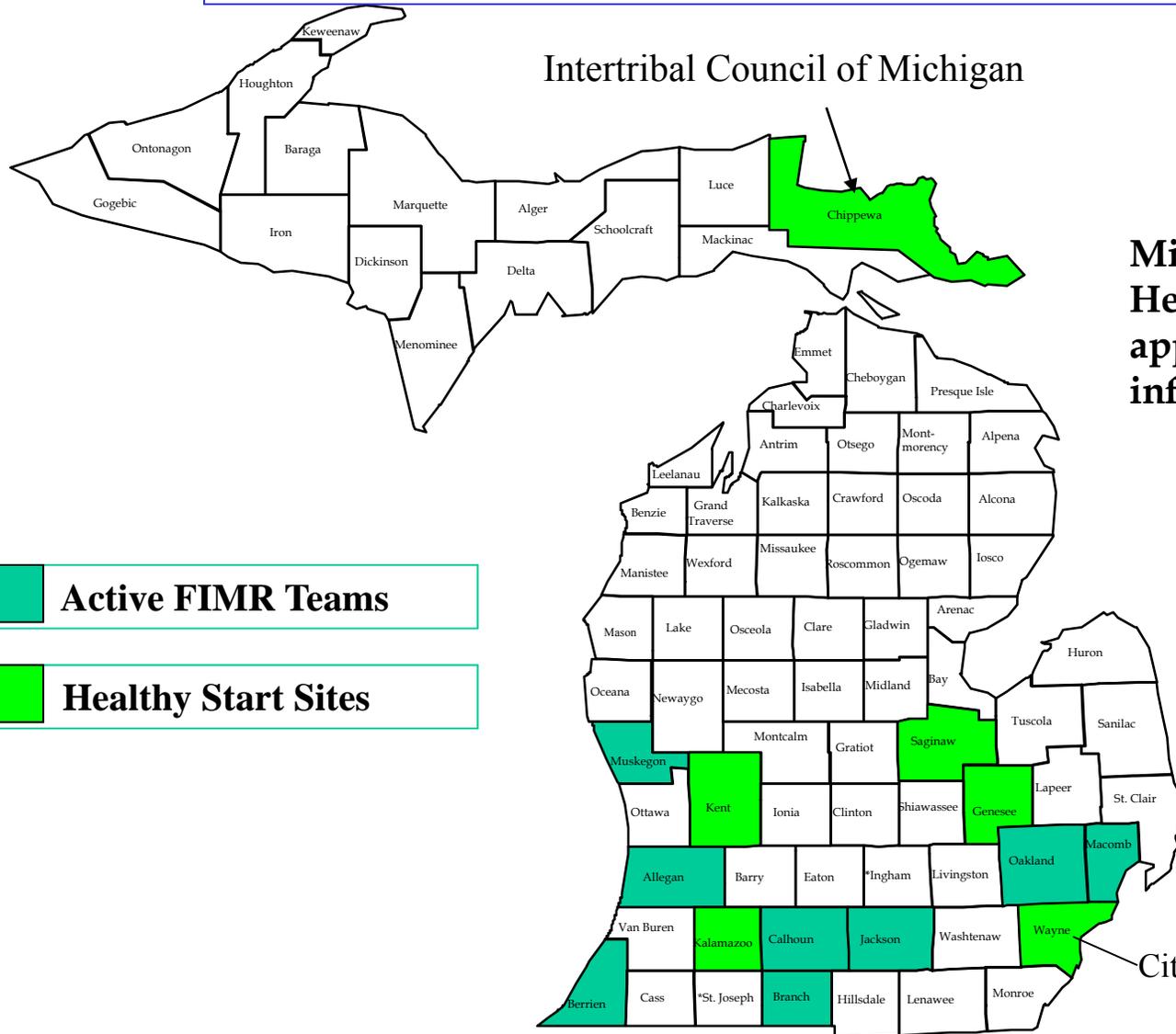


Intertribal Council of Michigan

**There are 14 active FIMR teams
In Michigan's 83 counties,
establishing a FIMR presence
in the communities in which
approximately 65% of Michigan's
infant mortality occurs, and
approximately 95% of Michigan's
Black Infant Mortality**

City of Detroit

Fetal Infant Mortality Review Teams In Michigan - March 2011



Intertribal Council of Michigan

Michigan has 6 federally funded Healthy Start sites, serving approximately 5,550 women, infants & toddlers annually.

City of Detroit

FIMR is an action-oriented, community based continuous quality improvement process that complements Healthy Start efforts in addressing issues related to infant mortality, low birth weight and health disparities.



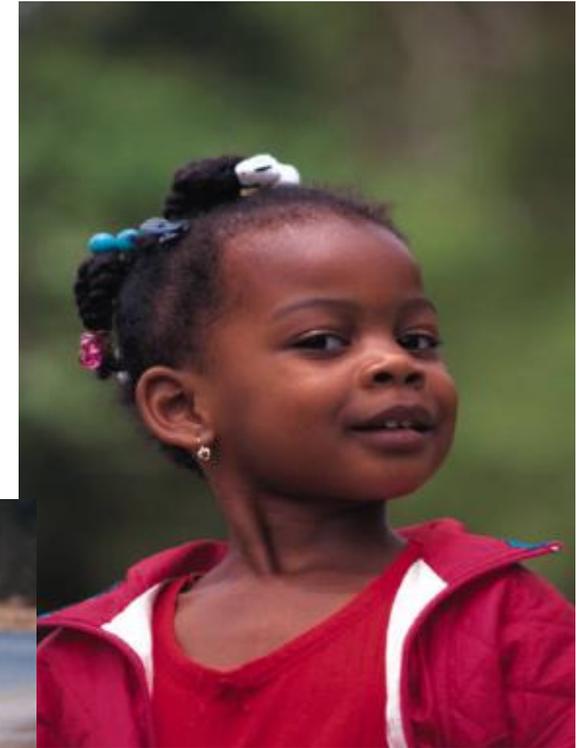
Three components of the FIMR Process are especially valuable to Healthy Start:



- Diverse Coalition/Community Partnership Building
- Inclusion of Home Interview with mothers who have lost their babies
- Outcome Interventions – based on the findings of the review team, the community and the families who live there.

Snapshots of Michigan Healthy Start and FIMR's . . .

Translation of Findings into Action



Saginaw County FIMR

- Began in 1991
- Average of 2,500 births a year
- 25 infant deaths per year, rate of 10.5 deaths per 1,000 live births.
- *CRT reviews all live births not surviving until their first birthday.*

Saginaw Healthy Start Great Beginnings

- Funded in 1998
- Serves 975 annually
- Services:
 - Outreach
 - Case Management
 - Health Education
 - Depression/Mental Health Services
 - Fatherhood/Male Involvement
 - Consortia



Eligible Participants: African American women who reside in Saginaw County who are pregnant and/or have a child less than 2 years of age.

Substance use in Pregnancy: Saginaw County

- 2454 live births in 2008
- 24.4% smoked while pregnant
- 1.5% used illegal drugs during pregnancy
- 1.1% drank alcohol during pregnancy
- 228 Infant death cases reviewed by the CRT 2000 – 2008
- 42% of moms smoked during pregnancy
- 16% used illicit drugs during pregnancy
- 14% used alcohol during pregnancy

Translation to Action: Substance Use

- Community Leadership Team formed, September 2002
- Collaboration with the Children's Research Triangle
- A comprehensive community approach to *SART* (*Screening, Assessment, Referrals, Treatment*)

Translation to Action: Substance Abuse

- Revised Hospital Protocol, standard, universal drug screening
- Adopted the 4 P's plus tool
- Training/Orientation of all Prenatal Care provider sites
- Site visit by Ira Chasnoff, August 2003
 - FIMR
 - OB Physician Grand Rounds
 - Trainings with substance abuse Tx providers
 - Community Town Hall Meeting

Results

- Michigan passed Smoke Free Air law effective 5/1/2010
- Slight decrease in current smokers among women of child bearing age from 2002 – 2008
- Significant decrease in both heavy drinking and binge drinking among Saginaw's women of child bearing age from 2002 – 2008.

*Michigan Behavioral Risk
Factor Survey Data*



Kalamazoo

- Began team reviews Jan. 1998
- Over 250 cases reviewed to date
- Current on-going reviews, 2-3 cases/month
- Significant strides in reducing racial disparity in IM

Kalamazoo Healthy Babies Healthy Start

- Funded in 1997
- Serves 385 annually
- Services:
 - Outreach
 - Case Management
 - Health Education
 - Depression/Mental Health Services
 - Fatherhood/Male Involvement
 - Consortia



Eligible Participants: At risk pregnant and interconception women and children up to 2 years of age, residing in targeted zip codes.

Kalamazoo FIMR

Leading Causes of Death

- #1 = Prematurity/Ext. Prematurity (47%)
- #2 = Respiratory Problems (13%)
- #3 = Congenital Anomalies (8%)
- #4 = Overlay/Mechanical Suffocation (7%)
- #5 = SIDS (6%)

Kalamazoo: Preterm Labor Prevention

- Enhanced education on need for early PNC
- Signs & Symptoms of Preterm Labor on bottles of Prenatal vitamins
- Refrigerator magnets: PTL prevention



Kalamazoo's ABC's of FIMR

The ABCs of Healthy Start

- A: *A*void Unplanned Pregnancy
- B: *B*ack to sleep, in a safe environment
- C: *C*are for yourself before, during and after pregnancy
- D: *D*ecrease stressors and your reaction to stress
- E: *E*liminate risky behaviors (unprotected sex, alcohol, drug and tobacco use)



Genesee County FIMR

- Formed in 1999
- Approximately 5,600 births per year
- Average of 60 infant deaths per year
- In 2008, 19 of the 46 infant deaths, (41%) were post neonatal deaths.
- CRT found that the majority of their SIDS and Suffocation deaths involved infants placed in unsafe sleep environments.

Genesee Healthy Start

- Funded in 1998
- 775 clients served annually

Healthy Start



Public Health
Prevent. Promote. Protect.

- Services:
 - Outreach
 - Case Management
 - Health Education
 - Client
 - Community
 - Depression/Mental Health Services
 - Consortia

Eligible Participants: African American Women who are pregnant and African American bi-racial children ages 0 – 2 who live in selected at risk zip codes.

Action

FIMR engaged community partners including the Department of Human Services, County Health Department, Council for Child Abuse and Neglect, Ready Set Grow Passport, and Priority Children to launch a Safe Sleep Campaign.



Components of the Campaign

- Grant from a local Foundation (4/01/08 - 03/31/09)
 - funds for pack-n-plays crib give - away
 - safe sleep health educator to conduct classes
- Post it notes were created to remind mom to give safe sleep information to anyone who watches her baby
- A stamp was created for pediatric offices for their charts to remind providers to ask their new Moms about Safe Sleep each visit:



HAVE YOU ASKED ABOUT SAFE SLEEP?

- Always on baby's back
- Always alone in own crib
- No fluffy or loose bedding
- Mom taught all caregivers

Results

- Over 928 clients attended the safe sleep class and
- 984 pack-n-plays have been given to parents of infants or expectant parents. .



Results

- Infant Mortality has decreased in Genesee County from 13.1 deaths per 1,000 live births in 2002 to 8.1 deaths per 1,000 live births in 2008.
- Postneonatal death rates have decreased from 4.3 deaths per 1,000 live births (2002-2004 average) to 3.0 deaths per 1,000 live births (2006 – 2008 average)
- Number of Postneonatal deaths decreased from 33 in 2002 to 19 in 2008.

Detroit FIMR

- Initially ran for three years in the early 90's
- Resumed in 2001, reviews sampling of infant deaths by cause
- FIMR/FAS and FIMR/HIV pilot projects, funded by NFIMR

Detroit Healthy Start

- Funded in 1992
- 1,800 clients served annually
- Services:
 - Outreach
 - Case Management
 - Health Education
 - Interconception Care
 - Depression/Mental Health Services
 - Fatherhood/Male Involvement
 - Consortia



Eligible Participants: Low income residents of the project area, including men and women of child bearing age . Pregnant women, and infants from birth to age two.

Life Skills Groups

- Group services to men and women of child bearing age: Curricula aimed at understanding that planning and preparing for pregnancy is an essential step in reducing perinatal health disparities
 - Creating a Life Plan
 - Decision Making
- Primary goal is to improve pre and interconception health.

Native American FIMR

- Intertribal Council of Michigan
- Began in January 2003
- 7-8 infant deaths per year, approximately 775 live births, for IM rate of 10 deaths per 1,000 live births.
- FIMR meets in conjunction with the ITC bi-annual Healthy Start Consortia.

Native American Healthy Start Project

Maajtaag Mnobmaadzid

- Funded in 1998
- 530 clients served annually



Eligible Participants: American Indian Families in 6 tribal and 2 urban areas

- Services:
 - Outreach
 - Case Management
 - Education
 - Client
 - community
 - Depression screening & referral
 - Local and Statewide Consortia
 - FIMR

Accidental Sleep Related Deaths:

- Community Awareness Campaign
- Updated/revised client handouts
- Materials for discussion in community consortia groups
- Community conversations about how local tribal communities can support prevention efforts



Michigan Legislation related to Safe Sleep and Suffocation:

- **House bill 5225 – became Public Act 179 on July 1, 2004**
- **Mandates investigation by county medical examiner for cases of child death (under 2) under circumstances of sudden death, cause unknown.**
- **Promotes consistency and accuracy among county medical examiners in determining the cause of death**



FIMR/HIV Prevention Methodology in Michigan

- **The FIMR model can be adapted to examine other sentinel events**
- **The goal of the FIMR/HIV Prevention Methodology is to improve perinatal HIV prevention systems by using the FIMR case review and community action process.**
- **Identification system strengths, missed opportunities for prevention and, more rarely, failures of interventions to mother to child transmission of HIV**

FIMR/HIV Prevention Methodology in Michigan

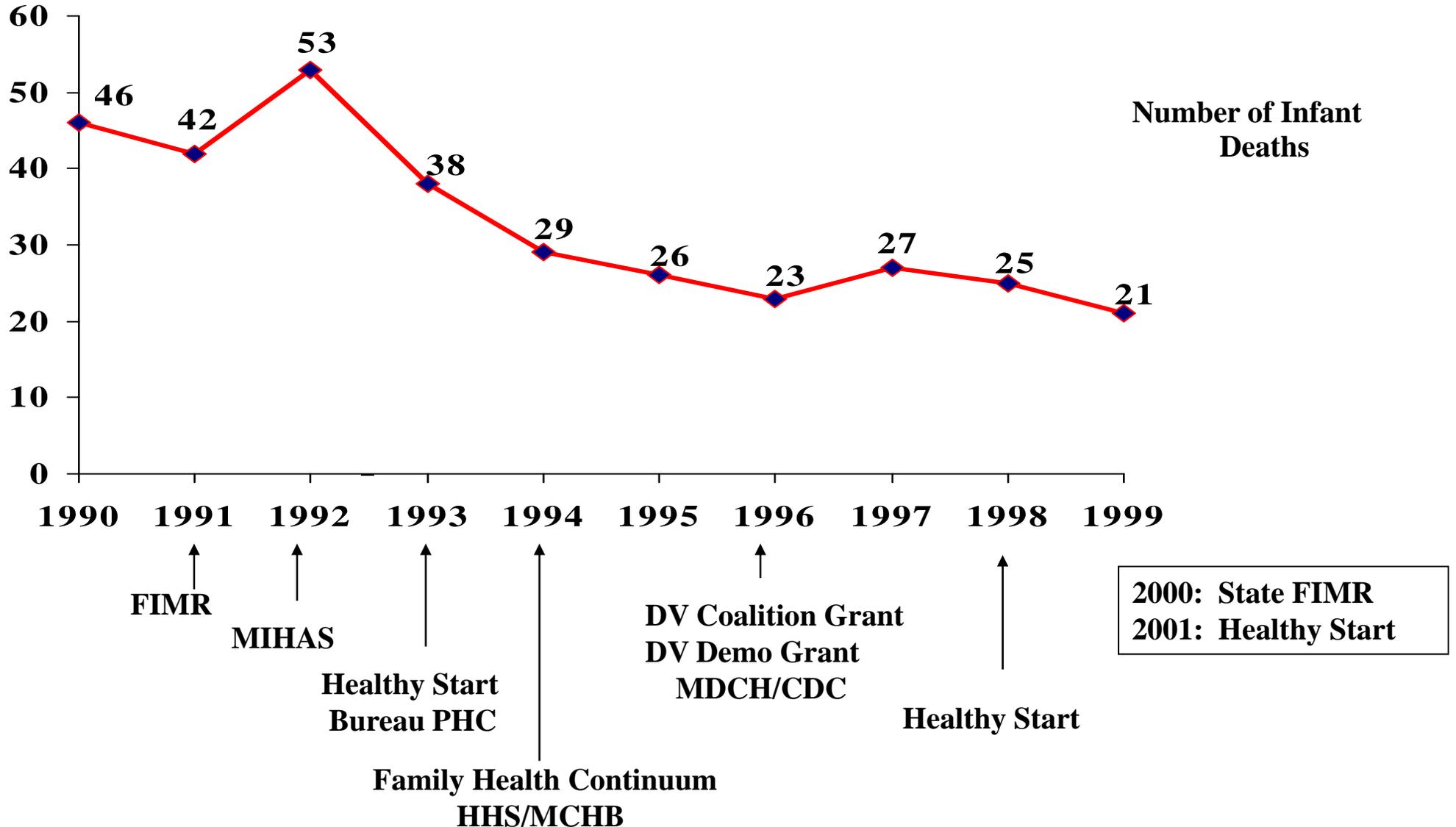
- **State Lead Locally Focused**
 - **Division of Family and Community Health
Women, Infants and Family Health Section
Michigan FIMR**
 - **Division of Health, Wellness, and Disease Control
HIV/AIDS Prevention and Intervention Section
Ryan White Part D Program and
Perinatal Prevention Working Group**
- **1 of only 2 state FIMR/HIV sites**
- **National Collaboration**
 - **CityMatCH, CDC, ACOG, and the National Fetal and Infant
Mortality Review Program (NFIMR)**



Summary: How FIMR and Healthy Start may work together

- FIMR findings may spur a community to apply for a Healthy Start grant
- Healthy Start may fund FIMR in whole or part;
- FIMR may ask the Healthy Start Coalition to act as their FIMR community action team (CAT)
- Healthy Start members may serve on the FIMR Community Review Team (CRT) and or community action team.

Grants Generated by FIMR: Saginaw County



*The FIMR State Support Program is funded by
the Michigan Department of Community Health*



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MICHIGAN PUBLIC HEALTH INSTITUTE



Healthy Start and FIMR Collaboration in Kent County, Michigan

Peggy Vander Meulen, MSN, RN

Project Director

Strong Beginnings (federal Healthy Start)



Background History

- Infant Health I-Team (IHIT) (15 volunteers from 10 agencies) created in 2000 under Healthy Kent 2010 to address racial disparities in infant mortality (IM)
- IHIT was instrumental in bringing FIMR to Kent County in 2001 to discover local causes of Black infant mortality



Background History

- In 2002 IHIT created a package of activities called Strong Beginnings to address Black IM
- Identified Pregnancy Prevention, Access to Quality Care, and Racism as key elements



Background History

- 2003 submitted HS grant application
- Strong Beginnings (SB) funded in 2004
- IHIT now 65 members from 30 agencies with twelve committees (many based on FIMR recommendations)





Healthy Kent 2010
Infant Health Team

Background History

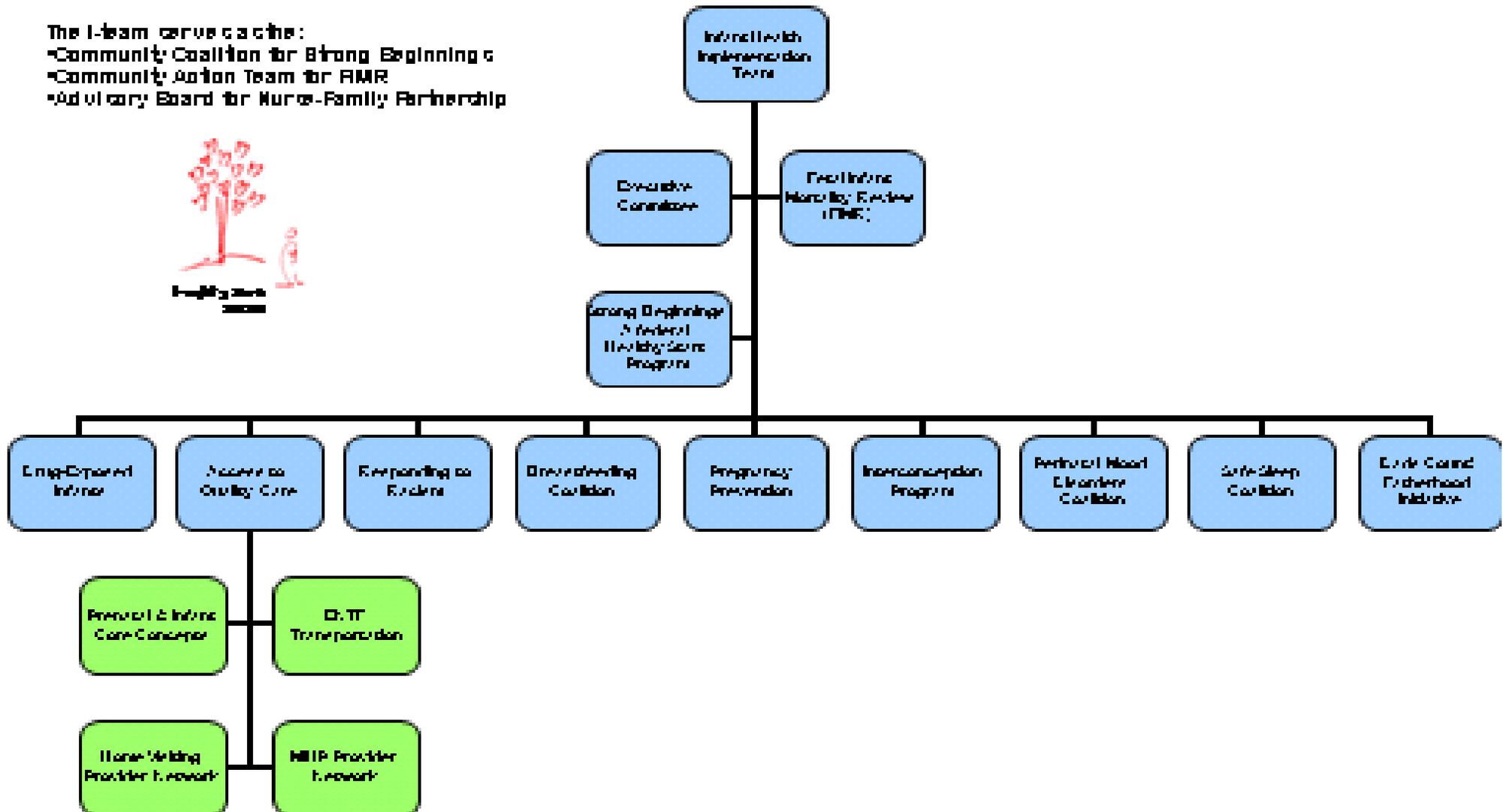


- IHIT serves as Strong Beginnings' community coalition for local systems level work
- IHIT serves as FIMR's Community Action Team
- IHIT serves as Advisory Board for NFP

Infant Health I-Team Structure

The I-team serves as the:

- Community Coalition for Strong Beginnings
- Community Action Team for FMR
- Advisory Board for Nurse-Family Partnership



Background History

- IHIT Executive Committee includes Healthy Start Director and FIMR Coordinator
- Responsible for setting overall strategic plan
- Each IHIT committee sets own objectives and creates own action plan



FIMR – Healthy Start Collaboration: Community Teams

- Both the FIMR Coordinator and the SB Healthy Start Director sit on the IHIT Executive Comm.
- Three SB CHWs sit on FIMR's CRT to provide consumer and community-level perspective
- Several SB partner agency staff also on CRT



FIMR – Healthy Start Collaboration: Community Teams

- FIMR Coordinator brings recommendations from CRT to the CAT (IHIT) at monthly IHIT Exec. Comm. Meetings (40 recommendations so far)
- IHIT Executive discusses ways to implement FIMR recommendations:
 - Incorporate into existing committees
 - Create new committee
 - Add to strategic plan
 - Some not applicable to IHIT



FIMR – Healthy Start Collaboration: Reporting & Sharing

- Update on FIMR is a standing agenda item at monthly IHIT all-member meeting
- One IHIT Committee is Maternal Infant Health Provider (state-funded home visiting program for pregnant women and infants)
- FIMR Coordinator attends bi-monthly MIHP meetings and shares new findings



FIMR – Healthy Start Collaboration: Reporting & Sharing

- FIMR Coordinator and Medical Director share annual report and give presentation on previous year activities to Strong Beginnings' Advisory Board every year
- FIMR Annual Report also presented to full IHIT membership every year
- IHIT members and SB Advisory Board provide feedback to FIMR



FIMR – Healthy Start Collaboration: Funding

- Used federal Healthy Start funds to support FIMR in 2004 and 2005
- Unable to continue funding FIMR due to flat-funding and increasing program costs
- Helped obtain other funding 2006-2011
- FIMR findings helped SB obtain grant funds, e.g., GRCF funds for mental health program based on factor analysis showing mental health issues involved in 42% of black infant deaths



FIMR – Healthy Start Collaboration: Supervision

- 2005-2006: SB Director supervised FIMR Coordinator
- ID'ed bottle-necks in FIMR case-review process and developed strategies to streamline process and increase number of cases reviewed
- Partnered to obtain \$100,000 grant for FIMR
- Now able to review *all* infant deaths (60-75/yr)



FIMR – Healthy Start Collaboration: Mutual Recommendations

- Two-way street – IHIT and SB give recommendations to FIMR on questions to ask during home interview, e.g.:
 - Dental care during pregnancy or 12 months before pregnancy
 - Presence of dental problems during pregnancy
 - Access to birth control
 - Experience of discrimination based on race, ethnicity, or socio-economic status



FIMR – Healthy Start Collaboration: Shared Framework

- Healthy Start and Mich. Dept. of Community Health adopted Life Course Perspective
- Kent County FIMR also adopted LCP as framework for recommendations and annual reports reflecting IHIT implementation, based on Dr. Michael Lu's 12-point plan, e.g.:
 - Provide IC care to women with prior adverse outcome
 - Improve the quality of prenatal care



FIMR – Healthy Start Collaboration: Education

- FIMR Coordinator provides education to community and providers, e.g., Education on safe sleep for childbirth educators and lactation consultants
- FIMR Coordinator and SB Education Coordinator gave interactive presentation on safe sleep to 50 county workers involved in CPS



FIMR – Healthy Start Collaboration: Presentations

- Strong Beginnings Director invited to share IHIT's work on screening and referral tools with State FIMR Coordinators
- SB Director gave presentation on community pregnancy prevention project based on FIMR recommendation at CDC Preconception Health conference in California
- FIMR Coordinator gave same presentation at CityMatCH 2008 annual conference and a research Education Conference in 2009
- Writing journal article jointly for submission 2011



FIMR – Healthy Start Collaboration: Implementing Recommendations

Examples of IHIT & SB activities:

- Created program for inter-conception women with prior poor pregnancy outcome (164 enrolled)
- Trained 500+ providers in peri-natal mood disorders and created tool-kit for them



FIMR – Healthy Start Collaboration: Implementing Recommendations

Examples of IHIT & SB activities:

- Formed Fatherhood Coalition
- Hosted Preconception Health Parties for 200 women
- Worked with 13 hospitals to develop a standardized policy on safe sleep, train all staff and develop patient education materials



FIMR – Healthy Start Collaboration:

One example

- Unintended pregnancy major factor in IM
- FIMR recommendation: Decrease the incidence of unintended pregnancy
- IHIT responded by:
 - Creating the Pregnancy Prevention Committee
 - Hosting annual conferences on family planning
 - Finding EC-friendly pharmacies
 - Community Outreach



Family Planning Outreach Program Components

- Train-the-Trainer sessions for Peer Educators
- Peer group conversations
- Neighborhood outreach
- Family planning referrals
- Preconception risk screening and counseling
- Distribution of preconception health kits
- Provision of free birth control



Community FP Outreach Program

- IHIT received state funds 2006 to engage hard-to-reach African American women in FP services
- Trained 53 non-traditional leaders & members of six Community-Based Organizations in FP and Safe Sleep



Community FP Outreach Program

Family Planning topics:

- Benefits of FP
- How to dialogue about FP
- Contraceptive choices
- Talking with your partner about birth control
- Risks of closely-spaced and unplanned pregnancies
- How to access FP services & local resources



Community FP Outreach Program

- Peer educators held interactive discussions with groups of women within their social networks (280 A-A women educated on FP in small groups of 10-15)



Community FP Outreach Program

- 80 urban residents attended a large-group education event on FP
- Post-tests showed significant increase in knowledge about contraception & pregnancy planning



Community FP Outreach Program

- Two CBOs blanketed urban neighborhoods door-to-door during summer months
- Provided education on FP to approx. 450 urban residents



Community FP Outreach Program

- Enrolled 200 women in family planning at Planned Parenthood



- Refer-a-Friend: \$15 gift card given to sexually-active women not using birth control who accessed FP services (to cover child care or transport)

Community FP Outreach Program

- IHIT funds used to cover costs of physical exam, Pap smear, STI tests & birth control for one year for 165 women without FP coverage
- Created risk screening & preconception counseling tool for women at FP centers with negative pregnancy tests



Community FP Outreach Program

- 300+ women screened and counseled, 90% had at least one risk factor, e.g.:
 - 93% did not want to become pregnant in the next year, but 41% were not using birth control
 - 42% had been treated for an STI
 - 30% screened positive for depression
 - 30% smoked; 33% drank alcohol



Community FP Outreach Program

- Women w/ negative pregnancy test given canvas Preconception Health Kit with:
 - Dental supplies
 - Condoms
 - Vitamins
 - Home pregnancy test
 - Farmers' Market coupon
 - Low-literacy booklet on women's health, birth control and local resources
- 1,000 kits distributed to date



Future Plans

- IHIT to consider ways to implement new FIMR recommendations, e.g.:
 - Establish emergency room standards of care for pregnant women
- Produce a joint report on IHIT-FIMR-Strong Beginnings activities
- Submit Strong Beginnings – FIMR article for publication

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Health Resources & Services Administration, Dept. of Health & Human Services

Q & A Session

Thanks for joining us today.

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