

# FETAL INFANT MORTALITY REVIEW

December 2024

Quarterly Meeting Summary

## What We Do

The Dane County Fetal and Infant Mortality Review (FIMR) aims to prevent pregnancy loss<sup>1</sup> and infant deaths<sup>2</sup> in Dane County.

FIMR is an evidence-based, community level prevention strategy. The purpose of case review is to identify systems-level problems and advocate for solutions.



Stillbirth: 4 Infant: 5

## Records & Timeline

General timeliness is crucial for case review to identify and illustrate themes, trends, and factors facing individuals and systems in our community. FIMR case review timeliness varies, and we review cases as timely as records are available. The cases reviewed are not a comprehensive record of *all* deaths that occurred during a specific timeframe.

During the December case review cycle, the deaths reviewed happened during 2022 and 2024. For infant deaths, the pregnancy and/or birth may have occurred in the calendar year prior to the year of death.

## Themes

Themes are factors that influence health outcomes. Certain themes were consistent in several cases. The number of cases for each theme is in parentheses.



Variations in postpartum appointments (8)



One or more maternal health issue (7)



Environment concerns including sleep, housing, stress (7)



Adverse birth situation (5)



Mental health concerns across perinatal course (5)

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## Case Review Discussion Points

During both Pre-FIMR and Case Review Team meetings, 32 partners participated in comprehensive case review. These points reflect both major discussions and commonalities between cases.

**The current postpartum care model is one contact 1-3 weeks after delivery, followed by an appointment at 6 weeks. The American College of Obstetricians and Gynecologists recommendation is to expand the postpartum appointment timeframe to 12 weeks (ACOG, 2018).**

- Postpartum care was not consistent across cases: In four cases, the birthing person had no care after 7 weeks postpartum. In four cases, the birthing person had no care before 6 weeks postpartum.
- Type of insurance (private versus BadgerCare/Medicaid) impacted longevity of care, number of appointments, and types of appointments.

**Several gaps exist in postpartum care, especially for a parent who could benefit from ongoing support beyond the initial six weeks.**

- There are extremely limited options for bereavement support that are culturally concordant or congruent and in languages other than English.
- Discussion generated ideas about opportunities for continuity of care: 1) OB support transition to primary care, 2) referral to specialized doula or community health worker, 3) warm hand off between providers, and 4) standard interconception guidance.

**Dental needs during pregnancy has been a steady theme across FIMR cases over time.**

Five cases this quarter needed dental care during pregnancy. Access to dental care is impacted by limited options for folks with BadgerCare/Medicaid.

**Five cases had BadgerCare/Medicaid. Some were uninsured before accessing prenatal care.**

- Discussion identified possible barriers: 1) confusion about BadgerCare/Medicaid eligibility, 2) don't know how or when to enroll, and 3) unclear how to access care.
- One potential factor is language access: Are resources on insurance and accessing medical care in Spanish, and are these reaching Spanish-speaking communities?
- One particular area of concern is challenges to insurance enrollment for folks who recently immigrated.

**Technical sleep education is 'one size fits all'. Adaptive sleep education uses harm-reduction to facilitate conversations about sleep.**

- Three cases involved sleep setting, which highlighted gaps in sleep education for non-birth parent caregivers and how to contextualize caregiver impact on sleep environment.
- Discussion centered on the importance of conversations and public messaging about factors that might impact a baby's sleep, especially during respiratory illness season.

**Mental health screening is consistently done, but substance use screening or any documented conversation about it is not.**

Specific considerations: 1) periodic and standard substance use screening, 2) screening or asking about mental health and substance use at all postpartum appointments, 3) dual treatment as preventative medicine, and 4) need for dual diagnosis support with any history of substance use in a family.

## Year in Review: 2024

Four quarter cycles of FIMR were completed in 2024.

- ⇒ In total, 46 cases were reviewed → 17 of those were reviewed by the Case Review Team.
- ⇒ With every case, 38 themes were tracked, in addition to social determinants of health.
- ⇒ On average, 28 partners participated per quarter.



Fetal and Infant Mortality Review is an important way to honor families who have experienced pregnancy and infant loss. While FIMR is an essential process that works toward preventing tragedies, we also acknowledge how heavy and challenging this work can be.

Thank you to every FIMR support and participant for being engaged in this difficult work.

<sup>1</sup>Pregnancy loss (fetal death) is defined as an intrauterine death at least 20 weeks gestation or a delivery weight of at least 350 grams ([WI statute](#)).

<sup>2</sup>Infant death is defined as a death of a liveborn child before one year of life ([CDC](#)).