FETAL & INFANT MORTALITY REVIEW

Quarterly Meeting Summary

June 2026

What We Do

Fetal and Infant Mortality Review (FIMR) aims to prevent stillbirths[1] and infant[2] deaths in Dane County. FIMR is an evidence-based, community-driven strategy.

Through quarterly review meetings, cases are comprehensively analyzed to understand circumstances facing individuals, families, and systems in Dane County.

10 Cases reviewed by Public Health's Core FIMR Team

5 Cases reviewed by Pre-FIMR Team

2 Cases reviewed by FIMR Case Review

Stillbirth: 7 **Infant: 3**

Records & Timeline

Dane County FIMR monitors all stillbirths and infant deaths. General timeliness is crucial to identify trends and prevention factors while they are relevant. We abstract cases as timely as records are available and aim to review within 1 year of the death.

The cases reviewed are not a comprehensive record of **all** deaths that occurred during a specific timeframe. During the June case review cycle, the deaths reviewed happened during 2023-2025.

Themes

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

- BadgerCare/ Medicaid (7)
- One or more maternal health issue (6)
- Financial stress (6)
- One or more prior loss: miscarriage (3), stillbirth (2)
- Housing concerns or stress (5)

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Public Health Madison & Dane County coordinates the Fetal Infant Mortality Review process for Dane County.

Case Discussion Points: June 2026

Across Pre-FIMR and Case Review Team meetings, 24 total partners participated in June case review. These points reflect both major discussions and commonalities between cases.

Two cases involved sleep setting and respiratory illness.

- An additional case had an infant with respiratory illness at death.
- Discussion identified the need to start talking with families sooner, potentially as early as during prenatal care, about how their infant is highly susceptible to respiratory illnesses.

Access to obstetrical (OB) care across perinatal course.

- Four cases started prenatal care late, after 19 weeks. All four had BadgerCare/MA insurance.
- Timing and number of postpartum OB appointments: All cases had at least 1 OB appointment. Half of the cases had an OB contact within 2 weeks.

Intimate partner violence (IPV) negatively impacts pregnancy outcomes.

- There are discrepancies across health systems with 1) handling restraining orders, 2) documenting need to protect a patient's privacy, and 3) privacy or safety options.
- Discussion noted the importance of terminology: "Domestic violence" (DV) is the more commonly used term, even though "IPV" is a specific form of DV.

When a pregnant individual visits the Emergency Department or OB triage as much, or more, times than prenatal appointments.

- This pattern is concerning for 1) unmanaged health needs and 2) continuity of care.
- Primary care is critical for care continuity. Discussion identified a potential entry point: Asking about primary care during prenatal intake, then individuals without a PCP can be identified and established.

Five cases had past mental health conditions. Perinatally, four of these cases experienced mental health concerns.

- Two cases had past self-harm: Neither had mental health/psychiatric provider(s). Both experienced acute concerns postpartum.
- Limitations to address past or chronic mental health conditions for perinatal persons include provider shortages and siloed care.

Patterns of seeking help and missed opportunities to address recurring needs.

- Discussion acknowledged how referrals can be reactive with no coordinated action.
- In a few cases, referrals and resources were repeatedly used in response to crisis. This can indicate a possible reliance on referrals as a substitute for intervention, causing inadequate follow-up.

Reflection

Access to care means use of health services to promote and maintain health, as well as prevent and manage disease, injury, and disability. Adequate care access is timely and covered by insurance. Access to care during the perinatal period is a systemic gap in Dane County:

- What are barriers to care in your community or organization?
- What tangible steps can you take to impact access to care?

Nurse-Family Partnership (NFP) is an evidence-based program to improve care access and support for pregnant and postpartum people (refer to page 3).

- What are opportunities for you to refer people to NFP?

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Fetal Infant Mortality Review is how we honor families who have experienced stillbirth and infant loss. We are grateful for every FIMR support and participant for being engaged in this difficult work.

Thank you for reading this report!

[1]**Stillbirth** (fetal death) is defined as an intrauterine death at least 20 weeks gestation or a delivery weight of at least 350 grams (Wis. Stat. § 69.18(1)(e)).

[2]**Infant death** is defined as a death of a liveborn child before one year of life (CDC).

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Program Highlight: **Nurse-Family Partnership**

Nurse-Family Partnership offers a free, personal nurse to meet with families during pregnancy and after birth to offer support, health information, connections to community services, and much more.

We support moms and birthing people from pregnancy until a child is 2 years old.

- **How it works:** Nurses provide personalized support for pregnancy and birth, breastfeeding, child development and baby health, community resources, and navigating parenthood. We support families in setting their own goals and reaching them.
- **We are flexible in where we meet families.** Many families choose to have a nurse come to where they live, but we can arrange to meet anywhere in Dane County.
- **We provide support in the person's language.** We have several bilingual nurses on staff for Spanish speaking families and interpreter support for other languages.
- **NFP is effective, saves money, and reduces disparities.** NFP has 45+ years of evidence showing positive outcomes for maternal health, child health and development, and family stability and success.
- **To be eligible for NFP, a birthing person must:**
  - Live in Dane County
  - Be low income (for example, eligible for WIC and/or Medicaid; they do not need to be enrolled, they just need to meet the income requirement)
  - Be currently pregnant (does not need to be first pregnancy)

NFP by the Numbers

286
Number of families we supported in 2025.

$4.80
is the cost-savings for every $1 invested into NFP in WI.

50%
Percent of our nurses identify as non-white.

3
Bilingual nurses who speak Spanish.

Referring to NFP is easy!

- **Who to refer:** Anyone who meets the eligibility criteria above and has consented to you referring them.
- **When to refer:** Anytime during pregnancy, the earlier the better.
- **How to refer:** Fill out our referral form in English or Spanish. Include as much detail about needs as possible.
- **Enrollment is based on a family's needs, not just their referral date.** This means families who have more needs are more likely to get support. In the referral form, be sure to include:
  - Known physical or mental health concerns (ex. diabetes, hypertension, heart disease, late prenatal care, substance use)
  - Food or housing concerns
  - Experience of intimate partner violence or domestic violence
  - Any other details that could be helpful for us to know, the more detail the better
- **We receive a high number of referrals and maintain a waitlist.** We reach out to every family, but we may not be able to enroll everyone. Please refer anyone who is eligible, and we will do our best to enroll them!
  - We have a webpage with dozens of helpful resources for anyone who might need additional support while they are on the waitlist: publichealthmdc.com/resources
- **Questions?** Reach out to us! 608-266-4821

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Public Health
MADISON & DANE COUNTY
Healthy people. Healthy places.