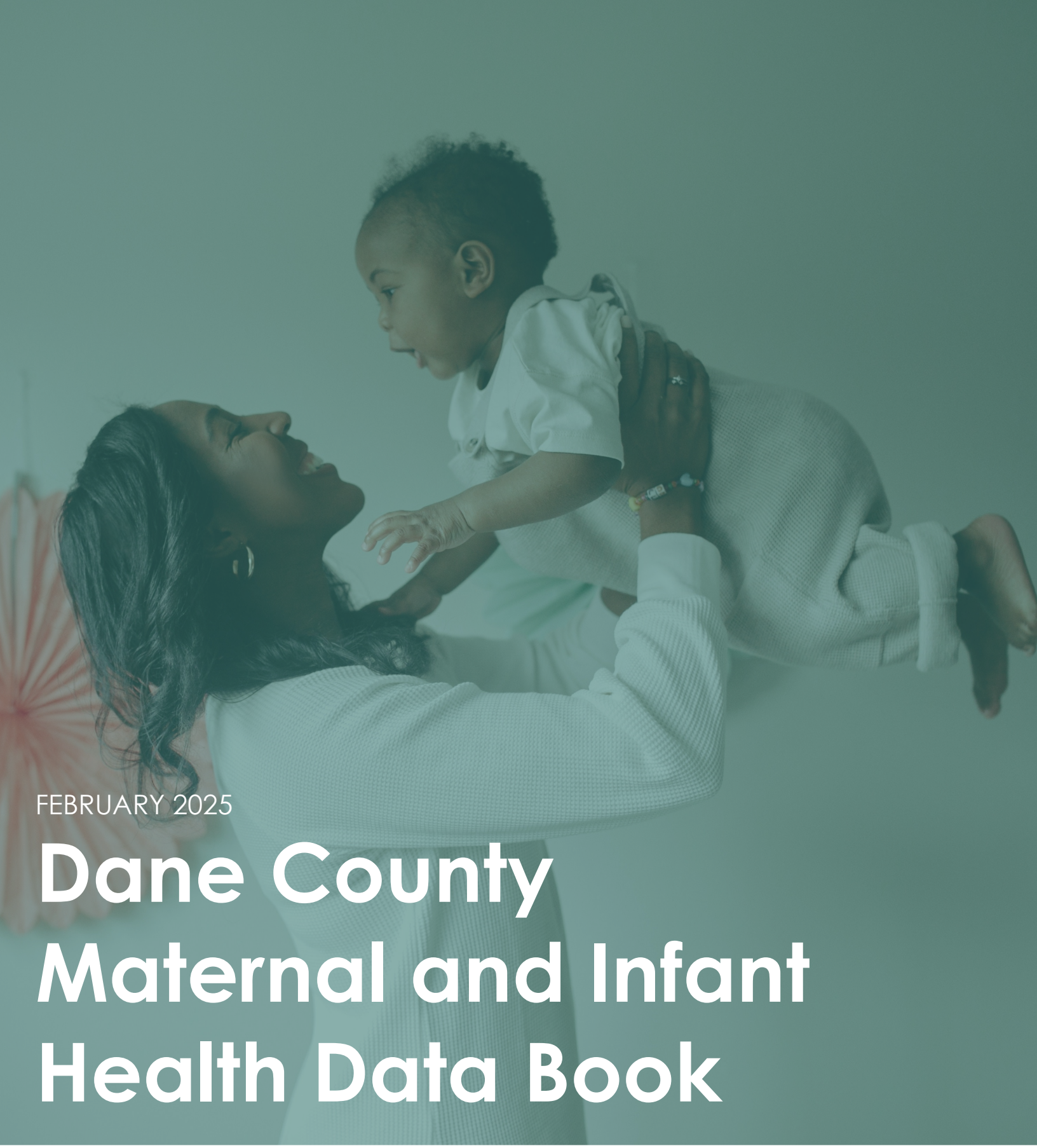


FEBRUARY 2025

Dane County Maternal and Infant Health Data Book

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

A note on data and framing

Dear Reader:

On behalf of Public Health Madison & Dane County and the people living in Dane County, I want to present to you the Maternal and Child Health Data Book. We at Public Health hope you will find it a useful tool to better understand the health of mothers, birthing people, and babies in Dane County. Presenting data to the public is a key function of our role in public health. By using data to show how Dane County families are faring, we can begin to create better solutions and drive change, as well as demonstrate and celebrate progress. Data, which includes both numbers and stories of community members' lived experiences, guide all the work that we do.

How we communicate about data—especially data highlighting health inequities—matters. Health inequities are differences in health outcomes of groups within a population. Health inequities are both systemic and avoidable. We know that individual behaviors do not account for the large and persistent inequities that people of color experience; the causes of these inequities are, in the end, the result of structural racism and white supremacy. Our vision for health equity is that all people in Dane County will have fair and just opportunities to be healthy, which requires confronting and addressing obstacles that make it more difficult for certain groups and individuals to be healthy because of their race, class, language, gender, sexual orientation, pregnancy status, or ability.

In this report, we:

- Aim to frame data in the context of the long-standing systems of racism and injustice in Wisconsin and the United States more broadly.
- Talk about the inequities that people in Dane County, like the rest of the country, experiences. We know that families of color, particularly Black, Latino, and Indigenous families, persistently experience worse health outcomes than other communities of color and white families. These data are essential to show who is affected so that, together, we can push for change and action.
- Aim to make this report visual and accessible to as many as possible, so that people can be empowered with knowledge about their own communities.
- Elevate the voices and experiences of people most impacted by maternal and infant health inequities.

Even with context and accessibility, we know that the data in this report may cause pain and harm. We hear and acknowledge how painful and exhausting it is for families of color to hear, again and again, how they show up in these statistics. Statistics cannot show, or account for, the myriad social circumstances that either hinder or help a community's ability to achieve health equity. Consequently, we know the framing in this report is inadequate. These data do not reflect the achievements, strengths, and contributions of individuals from communities of color, and fail to paint an adequate picture of these communities. The voices of people with lived experience are vital to completing the data picture, and we're grateful to the community members working in this space to elevate those stories.

More than anything, we all must remember that the numbers in this report represent real people. These data represent our families, our friends, our neighbors, and ourselves. Because health inequities are socially determined circumstances, they are also preventable. We hope that this report can serve as a catalyst for improved health outcomes for our families and our communities. In partnership, we are working toward a Dane County where health equity is our goal.

Be well,

Janel Heinrich
Director, Public Health Madison & Dane County

Table of contents

Health and wellbeing are influenced by experiences in each stage of life.

This data book includes information about mothers, birthing people, and babies shortly before pregnancy, during pregnancy, and shortly after pregnancy. This information is the most current data available from birth certificates, fetal and infant death certificates, the Pregnancy Risk Assessment Monitoring System (PRAMS), and hospital discharge data. We included information specific to Dane County when possible. However, for some measures, we noted the county-level estimates were statistically unstable or non-releasable to protect the privacy of real people. In these instances, we provided Wisconsin estimates. The data summary pages are intended to provide a snapshot, highlights, and broad interpretations of data. For a more in-depth look at the numbers, specific trends, and methodology, turn to the appendix containing the data tables.

Some populations, such Black, Hispanic/Latina, American Indian, and other women and birthing people of color are more likely to experience social and economic challenges at all stages of life, or through the life course. Experiences such as poverty, discrimination, housing instability, and food insecurity often lead to negative health outcomes for mothers and birthing people and their children and contribute to racial disparities in maternal and birth outcomes. These challenges do not happen by chance. They are the result of the way systems were designed to exclude, devalue, and harm people of color, LGBTQ people, women, and poor people throughout history and today. Importantly, inequities are intergenerational. The health of mothers, birthing people, and fathers, even before conception, impacts children's outcomes through adulthood.

Note that this data book frequently uses the terms "woman," "women," "mother", and female-gendered pronouns "she," "her," and "Latina" because most people represented in this document are women. Additionally, pregnancy and birth data that is collected and reported often focuses solely on cisgender, straight women and does not capture the specific experiences of queer and gender-diverse people. Thus, we also use terms like "birthing people," "pregnant people," and "postpartum people" to describe all people who experience pregnancy and birth, regardless of sex assigned at birth or gender identity. We acknowledge the existence and validity of all people along the gender spectrum who experience pregnancy and birth, including but not limited to transgender men, non-binary people, and genderfluid people. We also recognize these barriers in collecting and reporting data, as it limits community members from seeing themselves accounted for and represented in the data.

A note on race and ethnicity

In this report, we break down data by race/ethnicity to show comparisons in health outcomes across racial/ethnic subgroups. Showing pregnancy and birth outcomes by race/ethnicity is important because it allows us to identify and understand health disparities (or differences in outcomes across groups).

Naming health inequities is the first step in creating change. When we know about health inequities, policymakers and other interest-holders can then address the root systemic causes of those inequities across different areas of health care, insurance access, housing, food insecurity, and more.

We've mostly aligned our race and ethnicity categories with the U.S. Census race and ethnicity categories to allow for comparison to state and national estimates when available, with the exception of American Indian/Alaska Native people. We define race and ethnicity categories as follows:

- **American Indian/Alaska Native (AI/AN):** We count all people with American Indian and/or Alaska Native race as AI/AN regardless of any other reported race or ethnicity. AI/AN is not a mutually-exclusive category. This means that some people counted in the AI/AN category may also be counted in another race or ethnicity category. We follow guidelines per the Urban Indian Health Institute's Best Practices for American Indian and Alaska Native Data Collection. In Dane County, there is significant overlap between people who identify as AI/AN and people who identify as Hispanic/Latino.
- **Asian or Pacific Islander (PI):** Non-Hispanic ethnicity and Asian or Pacific Islander race alone (includes Native Hawaiian)
- **Black or African American:** Non-Hispanic ethnicity and Black race alone
- **Hispanic or Latino:** Hispanic/Latino ethnicity regardless of race
- **White:** Non-Hispanic ethnicity and white race alone

Throughout this report and appendix, we use the terms "significant" and "statistically significant" interchangeably to emphasize important trends. Statistical significance testing is one way we can look at data. Testing for statistical significance is standard epidemiological practice. It tells us whether the data show a pattern that is likely due to chance, or likely due to something other than chance.

Statistical significance is important, but it doesn't show the whole picture of what is happening in a population. It is influenced by both sample size (the amount of data we have) and effect size (the size of the difference we're interested in). Sometimes we see patterns in data that may be important even if they don't reach the level of statistical significance. Statistical significance alone (or lack thereof) cannot tell us what is meaningful or important for a community.

Key takeaways for Dane County overall

In 2023, Dane County was ranked among the top counties in both Wisconsin and the United States in terms of health outcomes (e.g., how long people live and how healthy they feel) and health factors (e.g., health behaviors, social and economic factors, and physical environment).[1] The data presented in this data book confirm that we have a lot to celebrate in Dane County — we have met or exceeded targets for many Healthy People 2030 measures, indicating that mothers, birthing people, and babies, as a whole, have good outcomes in our county. Still there are many opportunities for growth.

PRECONCEPTION HEALTH

- Pre-pregnancy smoking rates have declined to 4%.
- More pregnancies were spaced closer together—making it harder for the body to recover—than in previous years.
- Pre-pregnancy diabetes and high blood pressure have steadily increased over the past decade.

PREGNANCY HEALTH

- 8 in 10 Dane County mothers and birthing people had early and adequate prenatal care during pregnancy, meeting the Healthy People 2030 goal.
- The rate of severe maternal morbidity—severe complications during birth and delivery like acute kidney failure or hemorrhage—has increased.
- More mothers and birthing people are accessing supportive services like WIC, nurse home visiting, doula support, and wraparound community-based care like ConnectRx.

INFANT HEALTH

- The fetal mortality rate increased slightly over the past 10 years, though the 2021-2023 rates for both fetal and infant mortality met the Healthy People 2030 goals.
- More than 9 in 10 Dane County mothers and birthing people initiated breastfeeding and were still breastfeeding 8 weeks after their baby's birth.
- Rates of preterm birth and low birth weight increased over the past 10 years, though the 2021-2023 preterm birth rate met the Health People 2030 goal.

POSTPARTUM HEALTH

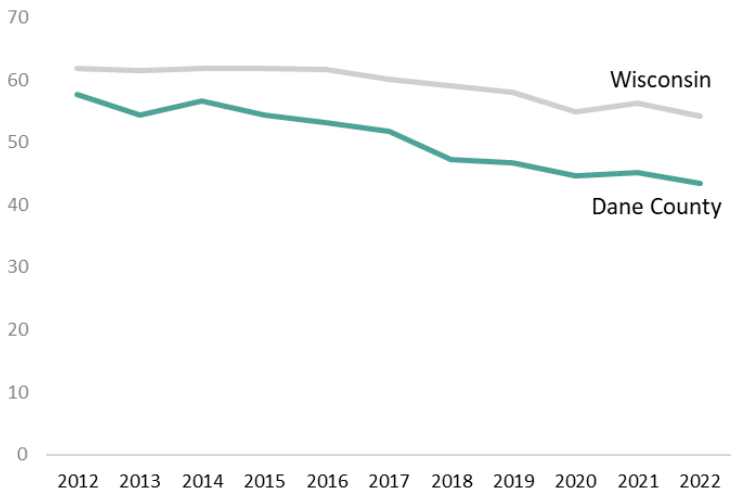
- More than 9 in 10 Dane County mothers and birthing people report having a postpartum visit with their healthcare provider.
- Nearly 1 in 10 Dane County mothers and birthing people report experiencing postpartum depression.
- About 8 in 10 Dane County mothers and birthing people report doing something to prevent pregnancy shortly after having a baby.

Births & pregnancy demographics

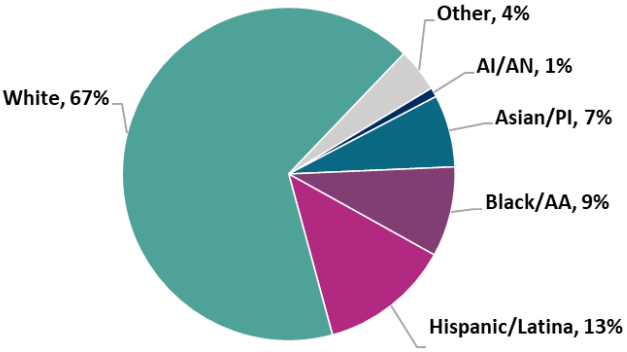
The birth rate has steadily declined in Dane County over the past decade.

During the past decade, there was a high of 6,346 births in 2014 and a low of 5,534 births in 2023. The 2022 birth rate in Dane County was 43.4 per 1,000 women aged 15-44 years, lower than the Wisconsin birth rate (54.2 per 1,000).

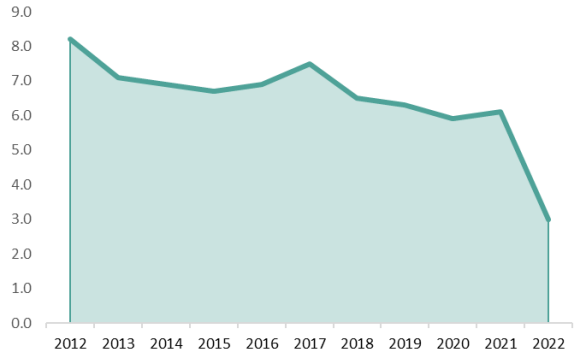
The majority of 2023 births were to women and birthing people who were white (almost 3,700 births), followed by Hispanic/Latina (over 700 births), Black/African-American (nearly 500 births), and Asian and Pacific Islander (nearly 400 births). Almost 1 in 5 births (18%) were to women and birthing people who were born outside the United States.



Annual births per 1,000 women 15-44 years old, Dane County & WI

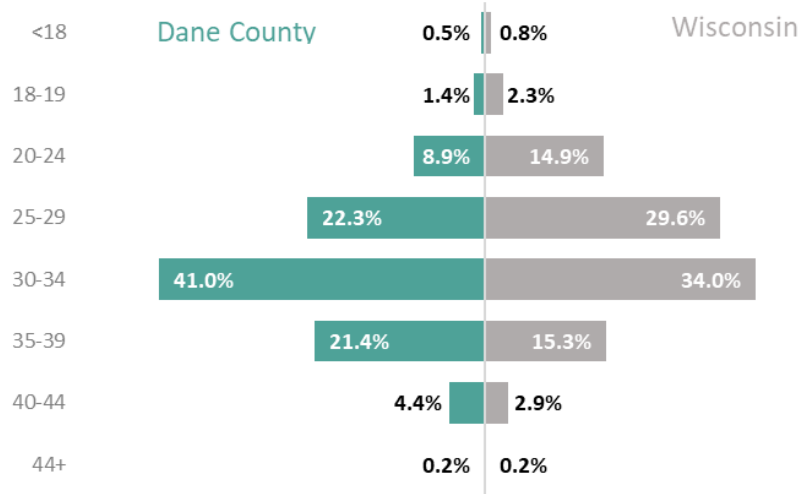


Percent of births by race/ethnicity of birthing person, Dane County, 2023



Annual induced abortions per 1,000 women 14-44 years old, Dane County (excludes pregnancy terminations performed outside WI)

Women and people who give birth in Dane County are generally older than women and people who give birth in Wisconsin overall.



Percent of births by age of mother/birthing person, Dane Co & WI, 2022

Nearly 7 in 10 Dane County births are to women and birthing people who are 30 years of age and older, compared to 5 in 10 Wisconsin births overall.

The average age of Dane County women and birthing people giving birth for the first time is 30 years old.

Chronic conditions before pregnancy

Ensuring women and birthing people are as healthy as possible before pregnancy is important for good maternal and infant outcomes.

Preconception health includes physical health, mental health, and experiences people have before they become pregnant. Optimizing preconception health even if a person does not plan to become pregnant is important, as unintended pregnancies are common and are associated with poor maternal and birth outcomes such as postpartum depression and preterm birth.[2]

People with chronic conditions are at higher risk for pregnancy complications such as severe maternal morbidity and mortality.[3]

50% of Dane County mothers and birthing people had a BMI of 25 or greater (considered overweight or obese) prior to pregnancy. (2021-2023)

2% of Dane County mothers and birthing people had diabetes in the 3 months prior to pregnancy. (2021-2023)

4% of Dane County mothers and birthing people had hypertension (high blood pressure) in the 3 months prior to pregnancy. (2021-2023)

11% of Dane County mothers and birthing people had anemia in the 3 months prior to pregnancy. (2017-2021)

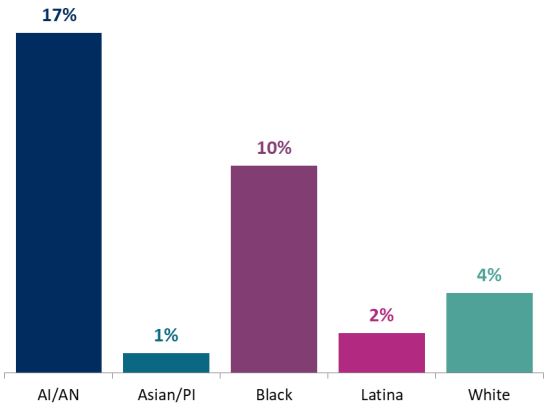
4% of Dane County mothers and birthing people who had a baby smoked before pregnancy. (2021-2023)

13% of Dane County mothers and birthing people had depression and **27%** had anxiety in the 3 months prior to pregnancy. (2017-2021)

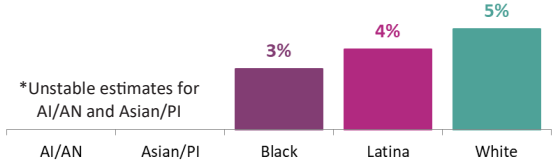
46% of Dane County mothers and birthing people took a multivitamin, prenatal vitamin, or folic acid supplement every day in the month prior to pregnancy. (2017-2021)

Pre-pregnancy cigarette use has dropped in Dane County, especially among Black women and birthing people.

Pre-pregnancy cigarette use remains high among AI/AN women and birthing people. In contrast, pre-pregnancy vaping (electronic cigarette use) is highest among white women and birthing people.



Percent of people in Dane County who smoke cigarettes pre-pregnancy by race/ethnicity, 2017-22



Percent of people in Dane County who vape pre-pregnancy by race/ethnicity, 2017-22

Pregnancy intention & spacing

More than 1 in 10 Dane County births are unintended, compared to more than 2 in 10 statewide.

An unintended pregnancy is when a pregnancy is mistimed or unwanted at the time of conception. Women and birthing people who experience unintended pregnancies are more likely to initiate prenatal care later, experience perinatal depression, and experience violence during pregnancy. Unintended pregnancy is also associated with an increased risk of poor birth outcomes, including preterm birth and low birth weight.[3]

Unintended pregnancy in Dane County is highest among people who:

Are 20-24 years old (43%)

Are poor or near-poor (31%)

Experience food insecurity (34%)

Poor or near-poor = household income less than 200% of the Federal Poverty Limit

Disparities in unintended pregnancy are influenced by a number of factors, including differences in the ability to receive family planning services for people of all genders, contraceptive use rates, how people seeking contraceptives are treated based on their race or income, and challenges accessing abortion care.[4-5]

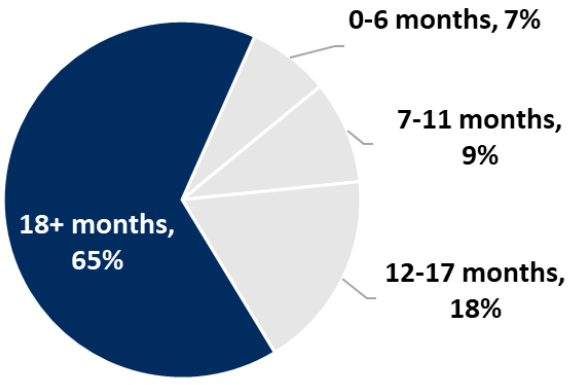
Systemic barriers like policy changes to publicly-funded family planning services in Wisconsin has made it harder for people to access contraceptive care. Changes to Title X funding rules at both the state and federal levels led to a 34% percent decrease in Title X-funded clinics and an 83% decrease women receiving contraceptive care covered by Title X between 2018 and 2020.[6]

Giving a person's body time to recover between pregnancies is important for both the mother or birthing person and their baby.

ACOG recommends avoiding becoming pregnant within 6 months after birth, and that providers should counsel people about the risks and benefits of an interpregnancy interval (the time between birth and the beginning of the next pregnancy) shorter than 18 months.[7]

Some research studies have shown that shorter interpregnancy intervals are associated with poorer birth outcomes.[8]

More than 6 in 10 Dane County mothers and birthing people had an interpregnancy interval at least 18 months from 2021-2023, a decrease from 7 in 10 from 2015-2017.

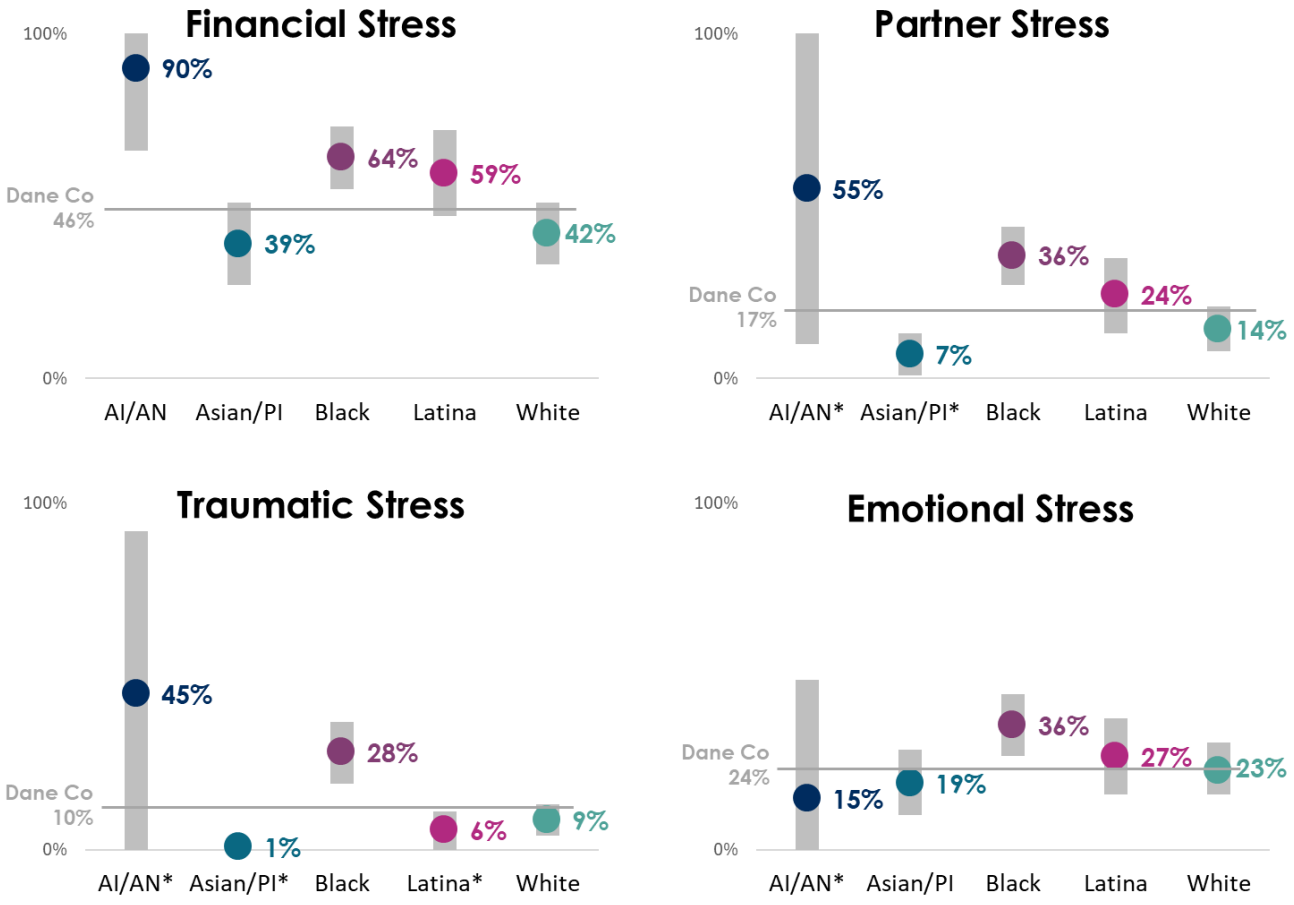


Percent of non-first time births by months since prior pregnancy, Dane County, 2021-2023

Social & economic factors

High social, economic, and other types of stress are associated with poor pregnancy and birth outcomes.

When stress is severe or happens for a long period of time, mothers and birthing people may be more likely to experience health problems such as hypertension and preeclampsia.[9] These conditions may also increase their risk of their baby being born too early. American Indian, Black, and Hispanic/Latina mothers and birthing people experience higher levels of prenatal stressors* compared to both other racial/ethnic groups and Dane County overall. Social and economic factors can also be protective. Policies and community supports for stable living income, social support, safe housing, affordable education, and positive relationships can support better birth outcomes.



PRAMS, Dane County, 2017-2021
*See Appendix for stressor definitions

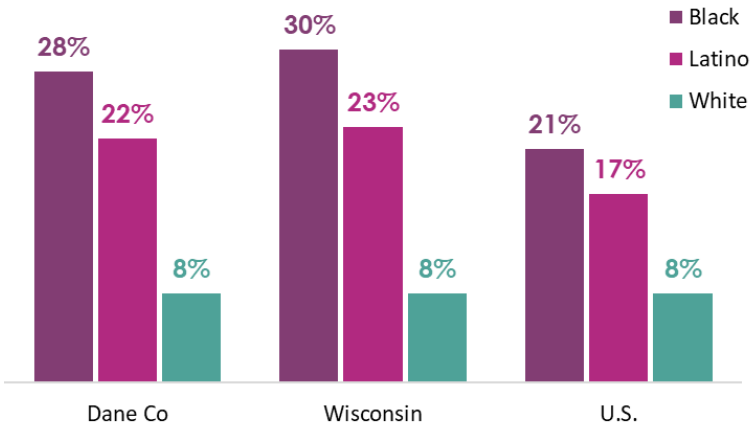
Additionally, more than 3 in 10 Black Dane County mothers and birthing people and more than 2 in 10 Indigenous Wisconsin mothers and birthing people experience racial discrimination in the year before having a baby.[10] Discrimination and systemic racism contributes to disparities in pregnancy outcomes. Indigenous people are more likely to experience sexual or interpersonal violence, including during pregnancy. They are more likely to experience systemic barriers to prenatal care, such as higher rates of poverty and longer travel distances to health care services.[11]

Social & economic factors

Food insecurity

Food insecurity among people and families in Dane County has increased dramatically since the beginning of the Covid-19 pandemic.[12]

Food insecurity occurs when someone doesn't have reliable access to sufficient, affordable food. This might look like running out food and not having money to buy more, cutting back on the size of meals, or skipping meals. In Dane County, nearly 1 in 10 people were food insecure in 2022, including children. Emergency food distribution (such as food pantries) in Dane County hit an all-time high in 2024.[12] In Dane County and Wisconsin, food insecurity is more common among Black and Latino people, families, and households due to structural issues like systemic racism and low access to affordable and healthy food.



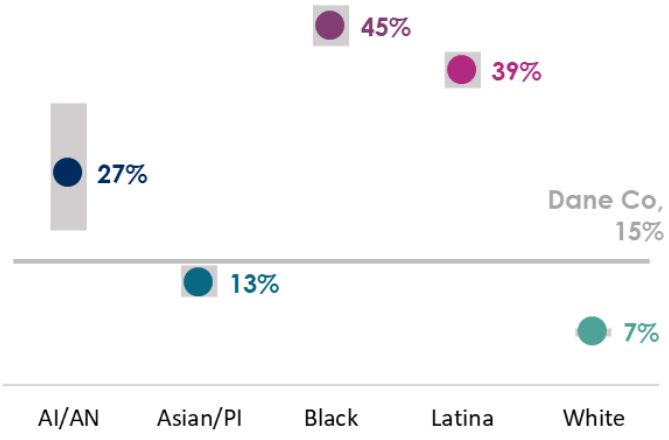
Food-insecure households by selected race/ethnicity, 2022

Experiencing food insecurity during pregnancy can increase the likelihood of complications for both the mother or birthing person and their infant.[13]

People who experience food insecurity during pregnancy are more likely to experience gestational diabetes and preeclampsia, and their babies are more likely to be born prematurely (before 37 weeks) and be admitted to the Neonatal Intensive Care Unit (NICU) after delivery.

Nutritional food assistance programs, like Women, Infants, and Children (WIC), improve birth outcomes by addressing food insecurity.[13-14]

WIC has played an important role in improving birth outcomes since the program first began in 1974. Studies show that WIC participation reduces fetal and infant mortality, reduces low birthweight birth rates, improves pregnant women's dietary intake and weight gain, and improves the growth of infants and children. In Dane County, more than 1 in 10 pregnant people receive WIC during their pregnancy.



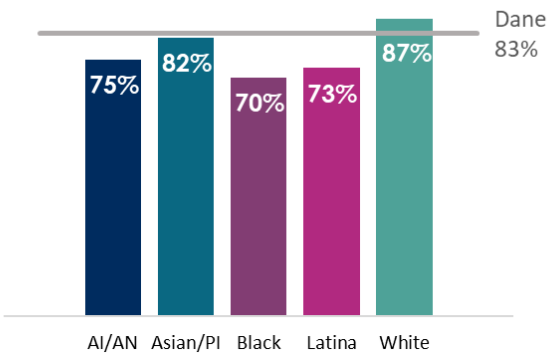
Percent of births where pregnant person received nutritional food assistance (WIC) by race/ethnicity, Dane County, 2021-2023

Prenatal care and chronic conditions

Prenatal care, the health care people receive during pregnancy, can help keep mothers and birthing people and their babies healthy during pregnancy.

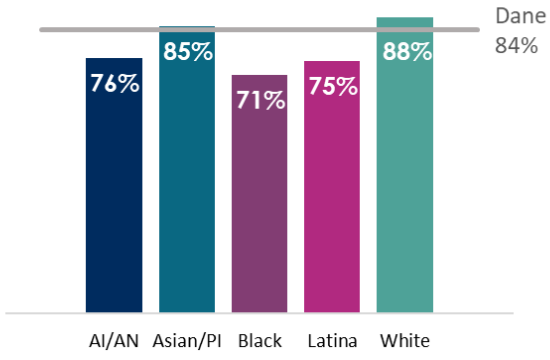
Early and regular prenatal care allows health care providers to work with people early in pregnancy to identify challenges and address them sooner, and connect people to a variety of support resources such as nurse home visiting, smoking cessation, and doula services. American Indian/Alaska Native, Asian/Pacific Islander, Black, and Latina mothers and birthing people and are less likely than white mothers and birthing people to receive early and adequate prenatal care.

Early Prenatal Care



Percent of births with early prenatal care by race/ethnicity, Dane County, 2021-2023

Adequate Prenatal Care



Percent of births with adequate prenatal care by race/ethnicity, Dane County, 2021-2023

Adequate prenatal care = mother or birthing person received 80% or more of the recommended prenatal visits. Takes into account the month that prenatal care began and the number of prenatal visits, adjusted for gestational age.
Early prenatal care = mother or birthing person began receiving prenatal care in the first trimester of pregnancy.

Chronic conditions during pregnancy increase the risk of pregnancy complications such as severe maternal morbidity and poor birth outcomes such as preterm birth or low birth weight.[3]

Black, American Indian, and other mothers and birthing people of color in the United States experience discrimination and structural racism. These experiences create additional social and economic obstacles such as food insecurity, transportation challenges, and barriers to safe and affordable housing, all of which contribute to chronic disease and poor maternal and birth outcomes.

19% of Dane County mothers and birthing people gained the recommended amount of weight during pregnancy. (2021-2023)

18% of Dane County mothers and birthing people had gestational hypertension (high blood pressure). (2021-2023)

11% of Dane County mothers and birthing people had gestational diabetes. (2021-2023)

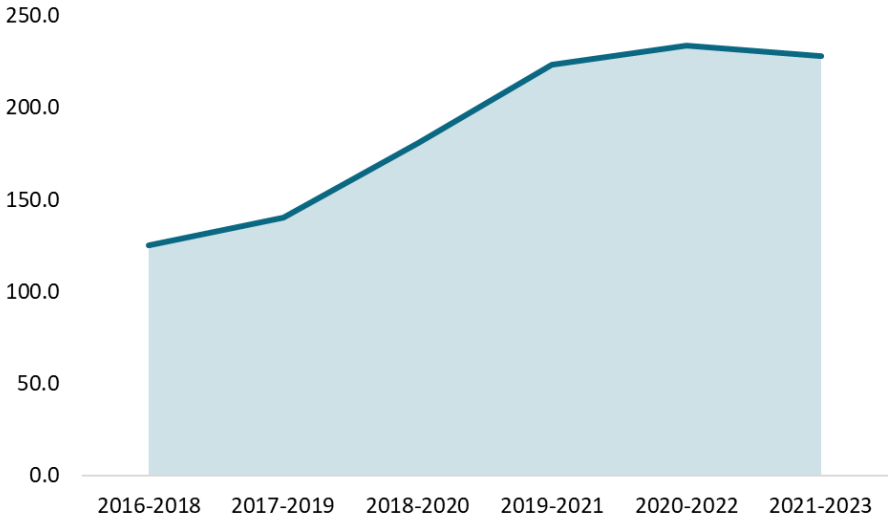
3% of Dane County mothers and birthing people smoked during pregnancy. (2021-2023)

Sexually transmitted infections (STIs)

Untreated sexually transmitted infections (STIs) during pregnancy may cause serious health problems for the mother or birthing person and their baby.[15]

Untreated chlamydia or gonorrhea may cause serious long-term health problems such as infertility or pelvic inflammatory disease (PID) among women and people with uteruses. All three bacterial STIs, when untreated during pregnancy, increase the chance of preterm birth and other poor health outcomes. Some STIs, like syphilis and HIV, can be passed along to the baby during pregnancy or birth.

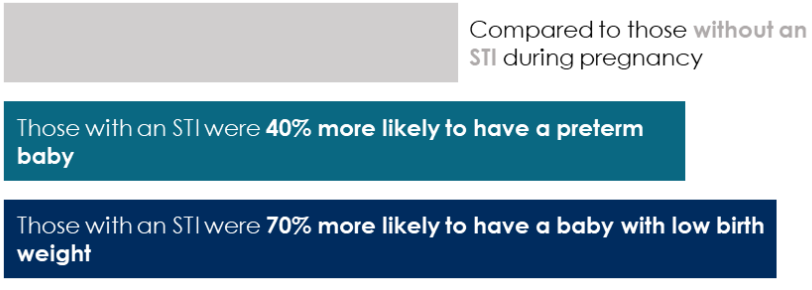
The STI rate among pregnant people* increased significantly in Dane County from 2016 to 2023.



STI rate per 10,000 births, Dane County, 2016-2023

*Defined as diagnosed with or treated for chlamydia, gonorrhea, and/or syphilis during pregnancy

Dane County mothers and birthing people who had an STI during pregnancy were more likely to have a baby that was preterm or with low birthweight.



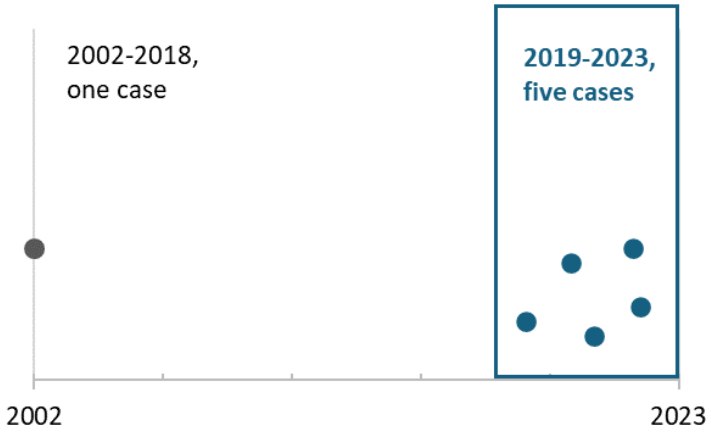
Dane County, 2021-2023

Syphilis rates are rising among women, people with uteruses, and pregnant people in Dane County.

Untreated syphilis can cause miscarriage, stillbirth, or even infant death shortly after birth. Syphilis cases among women and people with uteruses increased six-fold from 2016 to 2022. Cases among pregnant people have more than doubled in recent years, rising from 5 to 18 per 10,000 from 2016-2018 to 2021-2023.

Congenital syphilis

Congenital syphilis, or when a person with syphilis passes the infection to their baby during pregnancy, has increased dramatically in Dane County, Wisconsin, and nationally.



Congenital syphilis cases, Dane County

When transmitted during pregnancy, syphilis can lead to miscarriage or preterm birth. Up to 2 in 5 babies with congenital syphilis are stillborn or die from the infection.[16]

Between January 2019 and November 2023, five babies were diagnosed with congenital syphilis in Dane County compared to only one baby in the previous 17 years. In Wisconsin, congenital syphilis cases increased from 2 cases in 2019 to 29 cases in 2023—an increase of more than 1,000%.[17] Nationally, congenital syphilis cases have more than tripled since 2017.[19]

The reasons for increasing congenital syphilis cases are complex and often related to delayed or absent prenatal care.

In all 5 recent congenital syphilis cases in Dane County, the pregnant person received very late or no prenatal care, and subsequently, late or no syphilis screening during their pregnancy. Nationally, a lack of timely testing and adequate treatment contributes to nearly 9 in 10 congenital syphilis cases.[19] Structural barriers such as limited health insurance and/or health care access prevent people from receiving timely and adequate prenatal care.

Wisconsin is one of the few states that doesn't require at least one syphilis test during pregnancy.[20]

It's recommended, but not required. Most states' laws require health care providers to screen pregnant women for syphilis at least once, if not three times, during pregnancy. ACOG recommends that all obstetric health providers screen all pregnant people for syphilis at:[21]

First prenatal care visit

Third trimester (28 weeks)

At birth

Tobacco, alcohol, & other substance use

While smoking during pregnancy has declined in Wisconsin, vaping and electronic cigarette use during pregnancy has slowly increased.

5%

Of Wisconsin women and birthing people smoke during pregnancy

vs. 5% nationally[22]

3%

Of Wisconsin women and birthing people vape during pregnancy

vs. 5% nationally[23]

15%

Of Wisconsin women and birthing people use alcohol during pregnancy

vs. <14% nationally[24]

5%

Of Wisconsin women and birthing people use opioids during pregnancy

vs. 7% nationally[25]

Untreated perinatal substance use is related to inadequate prenatal care and other poor pregnancy outcomes.

Approximately half of people who use substances during pregnancy experience late or no prenatal care.[26] There are few substance use treatment options for pregnant people, especially in rural areas, and few substance use treatment programs accept mothers and existing children together.[27-28] Evidence -based programs like First Breath help people make changes to their tobacco, alcohol, and other substance use during pregnancy and beyond.

Current Wisconsin law discourages pregnant people who use substances, including those who use alcohol, from seeking treatment and prenatal care.

Wisconsin Act 292 classifies prenatal substance use as "unborn child abuse" and provides no protection for the pregnant person. Although prenatal substance use is not a crime in Wisconsin, Act 292 allows the court system to force pregnant people who are suspected of substance use into treatment or civil confinement. This has deterred pregnant people who use substances in Wisconsin from fully disclosing their medical history and needs to their prenatal care team.[29] In some cases, pregnant people using substances may avoid prenatal care entirely.[30] Moreover, this has caused harm to thousands of pregnant people in Wisconsin since 1998.[31-32]

While maternal deaths in Dane County are rare, nearly half of pregnancy-related maternal deaths in Wisconsin involve mental health conditions like substance use disorder, including overdose.

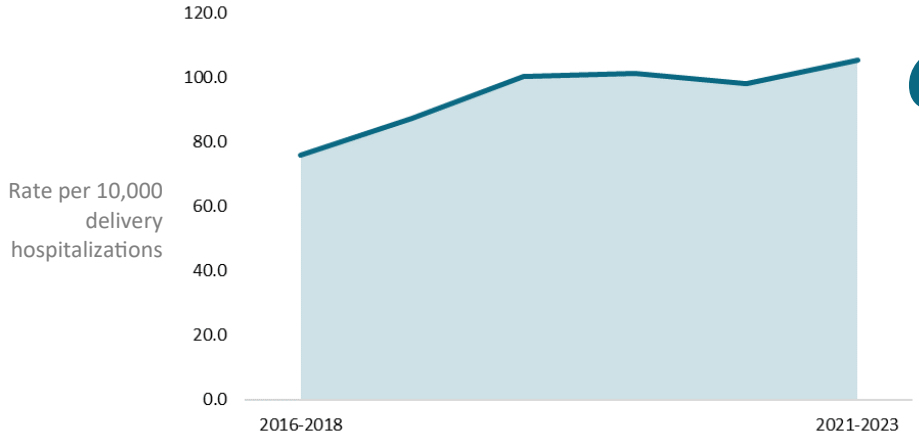
Half of pregnancy-associated overdose deaths in Wisconsin occur more than 6 months after birth.[33]

Severe maternal morbidity

Severe maternal morbidities (SMM) are unexpected complications during labor and delivery that have short and long-term consequences for mothers and birthing people, including long and expensive hospital stays, trauma, and further postpartum complications.

While maternal deaths are rare in Dane County, the CDC estimates that for every maternal death, another 100 women and birthing people experience severe complications related to labor and delivery. Understanding SMM provides information about women and birthing people who are at risk for maternal death. During 2021-2023, the SMM rate in Dane County was 105 per 10,000 delivery hospitalizations compared to 73 per 10,000 delivery hospitalizations statewide.[34]

The severe maternal morbidity rate increased in Dane County from 2016 to 2023.



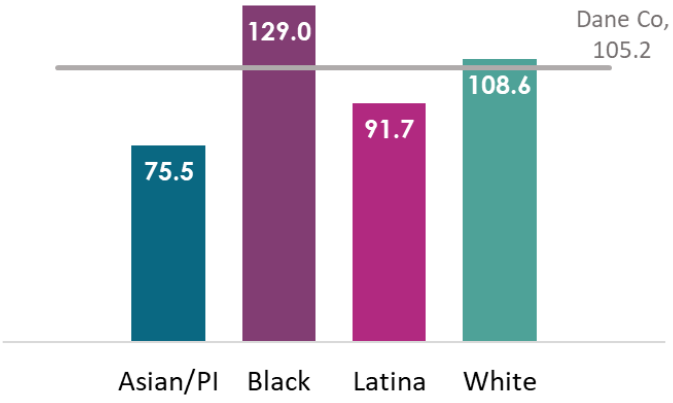
Severe maternal morbidity rate, Dane County

> The opportunity exists to reimagine and redesign the health care delivery and education systems through a lens of health equity and racial justice […] **no one is safe until everyone is safe**.[35]

Black women and birthing people experienced the highest SMM rate in 2021-2023.

The SMM disparity between Black and white people is similar to disparities statewide and nationally.[34,36-37] Structural racism is associated with these disparities and may affect the amount and quality of care Black women and birthing people receive before and during pregnancy, during delivery hospitalization, and postpartum.[38-39]

Black women and birthing people are more likely to have their pain dismissed or untreated during labor and delivery—this can lead to severe complications being misdiagnosed or diagnosed later.[40-41]



Severe maternal morbidity rate by race/ethnicity, Dane County, 2021-23

Severe maternal morbidity = when a person experiences any one of 20 serious conditions at the time of delivery hospitalization. See appendix for a full list of the 20 conditions. Historically, people who receive blood transfusion during delivery account for a large proportion of SMM. Consistent with federal and state SMM surveillance, we excluded blood transfusions.

Infant death

Fetal and Infant Mortality Review (FIMR)

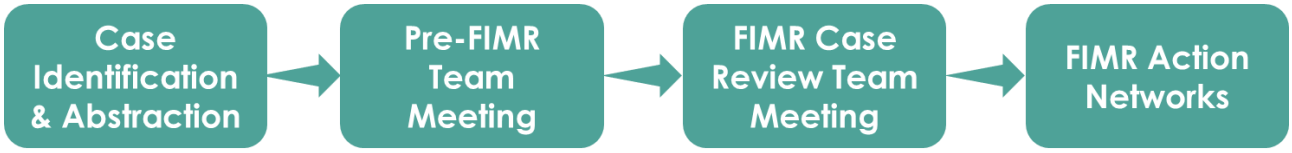
There were 163 fetal and infant deaths in Dane County from 2021-2023.

These deaths were evenly split between infant (82) and fetal deaths (81). Infant deaths are defined as a death at any time from birth up to one year of life. Fetal deaths, or stillbirths, are reported in Wisconsin beginning at 20 weeks gestation or when the baby weighs 350 grams. Thus, the total number of deaths do not reflect all pregnancy losses, since not all losses meet these criteria.

Fetal and Infant Mortality Review (FIMR) is a community-driven strategy focused on preventing stillbirths and infant deaths. The FIMR process is about creating change and implementing tangible action.

Dane County's FIMR was established in 2011 to address stillbirths and infant deaths, with the ultimate goal to move the needle on birth disparities. Disparities are differences in birth outcomes that are based on factors like race (racism) and socioeconomic status. FIMR convenes the Case Review Team, a multidisciplinary group of individuals representing the community and people who have experienced an infant or pregnancy loss, as well as public health, health care systems, perinatal care professionals (e.g., doulas, home visiting nurses, lactation specialists), social workers, and community health workers.

The team meets quarterly to examine deidentified cases of fetal and infants deaths to identify factors that contributed to each loss, track common themes across cases, identify protective factors or aspects of care that were beneficial, and determine systems-level problems. Collaboration across sectors is crucial to the success of FIMR, as well as centering the people most impacted by infant and fetal mortality.



Centering people with lived experience of loss in FIMR is vital to deepening our learning and encouraging more inclusive, collaborative, and effective infant mortality prevention strategies.

> "One notable shift has been the emergence of more insightful understandings of each team member's roles within their respective jobs. This deeper understanding allows us to collaborate more effectively, leveraging each other's expertise and perspectives."
>
> **- Ms. Tracey, Doula & FIMR Member**

> "I have noticed a shift in the dialogue from an overly-medicalized analysis of a case to wondering together what the mothers and families who were impacted have experienced… I have noticed myself more into a space of greater listening and learning, realizing that there is important information, that I do not have direct access to, that is critical to my capacity to do my work most effectively."
>
> **- Jen P, Mental Health Professional & FIMR Member**

Infant death

Common FIMR case review themes

Certain themes, or factors that contribute to health outcomes, are consistent across cases or frequently come up in FIMR case review.

In 2024, 46 deidentified cases of infant death and stillbirth were reviewed; 17 of those were discussed by the Case Review Team. Thirty-eight total themes were tracked in addition to social determinants of health. On average, 28 partners participated in FIMR case review each quarter.

Late, limited, or absent prenatal and/or postpartum care

- The current postpartum care model recommends one appointment 1-3 weeks after delivery, followed by another appointment at 6 weeks. But in cases of stillbirth and infant death, the mother/birthing person's postpartum care is often inconsistent or completely absent.
- Insurance type (private vs. Medicaid) impacts longevity of care, number of appointments, and types of appointments in the postpartum period.

Perinatal maternal mental health concerns, including substance use

- Mental health concerns, including active substance use, are one of the most common themes across all stillbirths and infant deaths reviewed by FIMR.
- While screening for perinatal mental health conditions is high in Dane County, accessing treatment is challenging locally due to a shortage of mental health services (especially providers of color and providers who speak Spanish), long waitlists, and limited perinatal-specific options.

Maternal health issues

- Maternal health issues like high blood pressure and gestational diabetes are one of the most common themes across all stillbirths and infant deaths reviewed by FIMR.
- Access to prenatal dental care is challenging for pregnant people with Medicaid/BadgerCare. Untreated dental problems during pregnancy is associated with preterm birth and low birthweight.
- Nutrition challenges/food insecurity is a common theme across FIMR cases, and few parents of stillborn babies or babies lost before their first birthdays received a nutrition consultation or referral to nutritional assistance programs like WIC.

Find out more about FIMR on our website, including our quarterly case review meeting summaries and annual report, which covers recommendations for infant mortality prevention.

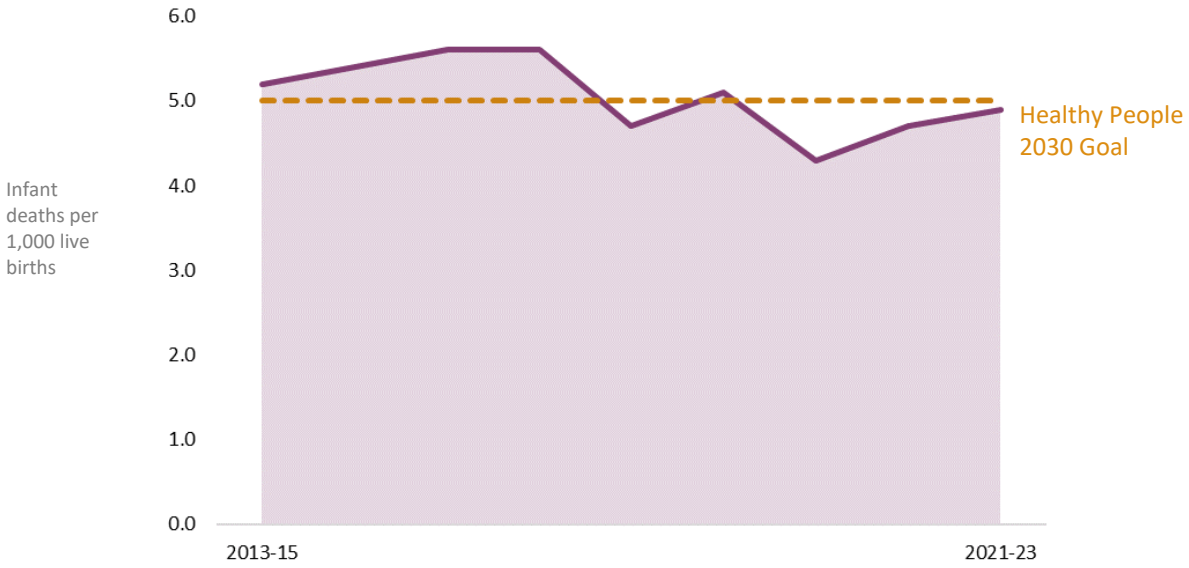
Infant death

Trend

Infant death, or when a baby dies before their first birthday, has a lasting impact on the baby's family and community.

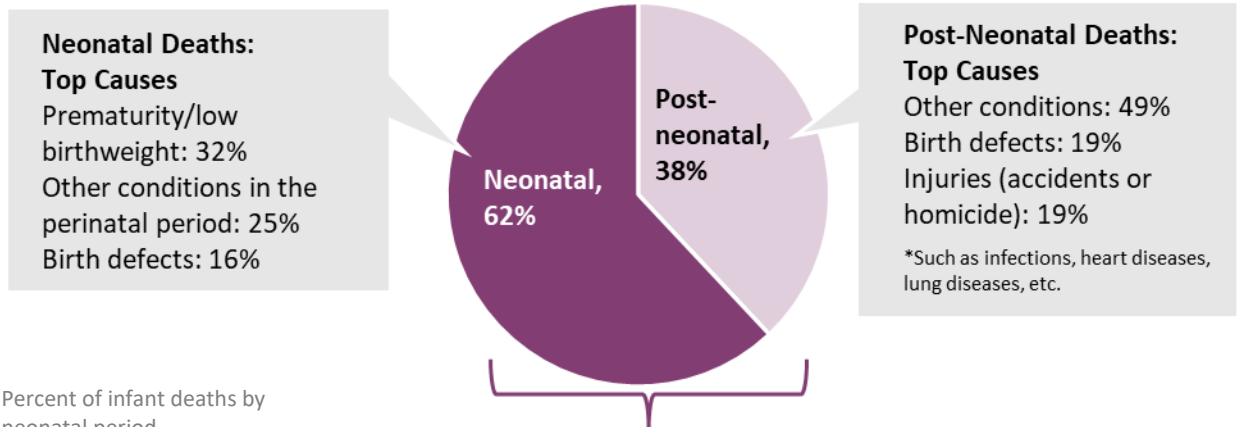
Infant mortality, or the number of babies who die per every 1,000 live births in a community, is an important population health indicator. Eighty-two babies died before their first birthday in Dane County from 2021 to 2023. The infant mortality rate in Dane County was 4.9 per 1,000 live births from 2021-2023, which was lower than the infant mortality in Wisconsin during 2020-2022 (5.6 per 1,000 live births).

The infant mortality rate did not change significantly in Dane County overall from 2013 to 2023.



Infant mortality rate, Dane County, 2013-2023

About 2 in 3 Dane County infant deaths occur within the first 27 days of life (neonatal period).



Percent of infant deaths by neonatal period, Dane County, 2021-23

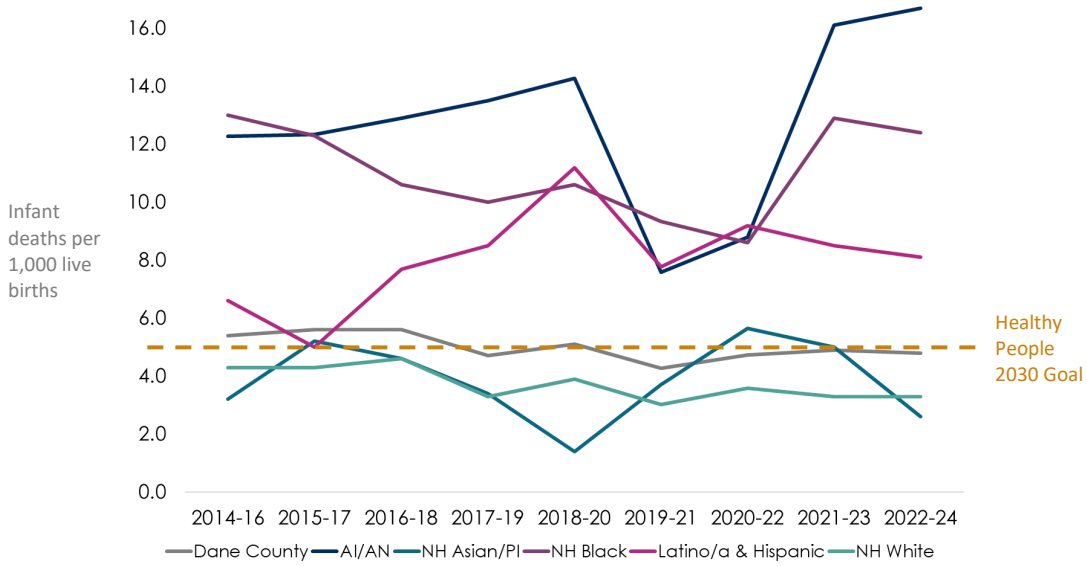
19% of all infant deaths were related to Sudden Unexplained Infant Death (SUID).

Infant death

Trends by race/ethnicity

Infant mortality rates are persistently highest among babies born to Indigenous people and people of color in Dane County.

Rates for **American Indian,** **Black,** and **Latino** babies far exceed Healthy People 2030's national goal for infant mortality, which is 5.0 infant deaths or less per every 1,000 live births.

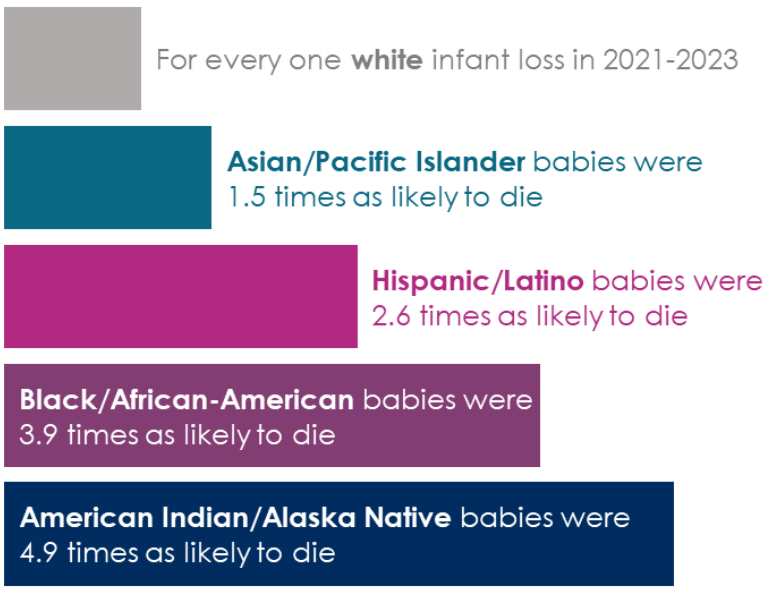


Infant mortality rate by selected race/ethnicity, Dane County

For more detailed data on infant mortality and other infant health outcome trends by race/ethnicity, see our annual infant health data snapshot.

57

additional Black, Hispanic/Latino, and American Indian, and Asian/Pacific Islander* Dane County babies could have **celebrated their first birthdays** from 2019-2023, if they'd experienced the same infant and fetal mortality rates as white babies.



Infant mortality rate ratios by race/ethnicity, Dane County, 2021-23

*In absolute terms, this equals 36 Black, 18 Latino, 2 American Indian, and 1 Asian/Pacific Islander excess infant deaths.

Infant death

Maternal characteristics

Infant mortality rates are disproportionately high for some groups of mothers and birthing people.

During 2021-2023, infant mortality rates were higher among babies born to:

- Mothers and birthing people less than 20 years old,
- Unmarried people compared to married people (being in a legal marriage sometimes means the mother/birthing person has more social support), and
- Mothers and birthing people with Medicaid/BadgerCare or other insurance.

Infant mortality rate by maternal characteristics, 2021-2023 (N=16,779)

		BIRTHS	DEATHS	RATE per 1,000 live births
MATERNAL AGE	<20 years	362	9	**24.9**
	20-24 years	1,523	15	**9.8**
	25-29 years	3,843	19	**4.9**
	30-34 years	6,826	17	**2.5**
	35+ years	4,225	22	**5.2**
MARITAL STATUS	Married	12,260	33	**2.7**
	Not married	4,482	49	**10.9**
EDUCATION	Less than high school	865	11	**12.7**
	High school	2,518	31	**12.3**
	More than high school	13,310	39	**2.9**
INSURANCE	Medicaid/BadgerCare	4,116	42	**10.2**
	Private insurance	12,379	35	**2.8**
	Other insurance	253	4	**15.8**

Category row totals may not match overall totals due to missing data on birth or death certificates.
"Not married" may include people in significant relationships other than legal marriage.
"Other insurance" includes Indian Health Service, CHAMPUS/TRICARE, other government insurance, and other insurance.

Mothers and birthing people who are younger, have less education, are unmarried, and/or have lower income often face more financial and social obstacles to optimal health than other people. These obstacles may make it harder for people to connect to the resources and support they need during pregnancy. A major contributor to poor birth outcomes, including infant death, is toxic, accumulated stress over the life course. This results from social factors like housing challenges, income inequity, and other root causes that people disproportionately affected by infant mortality experience.

Infant death

Pregnancy characteristics

Infant mortality rates vary for mothers and birthing people with different experiences during their pregnancy.

During 2021-2023, infant mortality rates were significantly higher among babies born to people:

- With late or inadequate prenatal care compared to people with early or adequate prenatal care
- Who smoked during pregnancy compared to people who did not smoke during pregnancy
- With a pre-pregnancy BMI of less than 18.50 (underweight) or 30.00 or greater (obese)
- Who experience food insecurity during pregnancy

Infant mortality rate by pregnancy characteristics, 2021-2023 (N=16,779)

		BIRTHS	DEATHS	RATE per 1,000 live births
PRENATAL CARE INITIATION	First trimester	13,676	53	**3.9**
	Second/third trimester or none	2,756	25	**9.1**
ADEQUATE PRENATAL CARE (KOTELCHUCK)	Adequate	14,021	60	**4.3**
	Not adequate	2,696	22	**8.2**
INTERPREGNANCY INTERVAL	<18 months	3,190	13	**4.1**
	18+ months	6,007	30	**5.0**
SMOKING DURING PREGNANCY	Yes	447	4	**8.9**
	No	16,200	75	**4.6**
GESTATIONAL DIABETES	Yes	1,856	10	**5.4**
	No	14,915	72	**4.8**
GESTATIONAL HYPERTENSION	Yes	2,927	11	**3.8**
	No	13,844	71	**5.1**
PRE-PREGNANCY BMI	<18.50	365	2	**5.5**
	18.50-24.99	7,702	28	**3.6**
	25.00-29.99	4,447	24	**5.4**
	30.00+	4,185	25	**6.0**
FOOD INSECURITY	Yes	2,467	22	**8.9**
	No	13,997	54	**3.9**

Category row totals may not match overall totals due to missing data on birth or death certificates.
Food insecurity = receipt of WIC (supplemental nutrition) during pregnancy.

Women and pregnant people who enter prenatal care early in pregnancy and receive adequate prenatal care benefit from working with health care providers to identify problems or chronic health conditions and address them sooner.[42] Women and pregnant people can be connected to a variety of resources such as nurse home visiting, smoking cessation support, supplemental nutrition (WIC), and doula services.

Infant death

Birth characteristics

Infant mortality rates are high among babies born too early and too small.

During 2021-2023, infant mortality rates were significantly higher among babies:

- Born too early (before 37 weeks gestation)
- Born with very low birth weight or low birth weight (less than 2,500 grams)
- With a twin or triplet
- Born in a household with someone who smokes

Infant mortality rate by birth characteristics, 2021-2023 (N=16,779)

		BIRTHS	DEATHS	RATE per 1,000 live births
PRETERM BIRTH	Preterm (<37 weeks)	1,487	46	**30.9**
	Term (≥37 weeks)	15,281	36	**2.4**
BIRTH WEIGHT	Very low birth weight (<1,500 grams)	209	33	**157.9**
	Low birth weight (1,500-2,499 grams)	1,005	11	**10.9**
	Not low birthweight (≥2,500 grams)	15,560	35	**2.2**
PLURALITY	Singleton birth	16,156	73	**4.5**
	Multiple birth	623	9	**14.4**
MOM LIVES WITH SMOKER	Yes	664	8	**12.0**
	No	16,021	71	**4.4**

Category row totals may not match overall totals due to missing data on birth or death certificates.

Preterm birth is one of the leading causes of infant death in Dane County, and is the most common cause of low birth weight. Major contributors to poor birth outcomes such as preterm birth is food insecurity during pregnancy, social and financial stressors during pregnancy, and housing challenges.

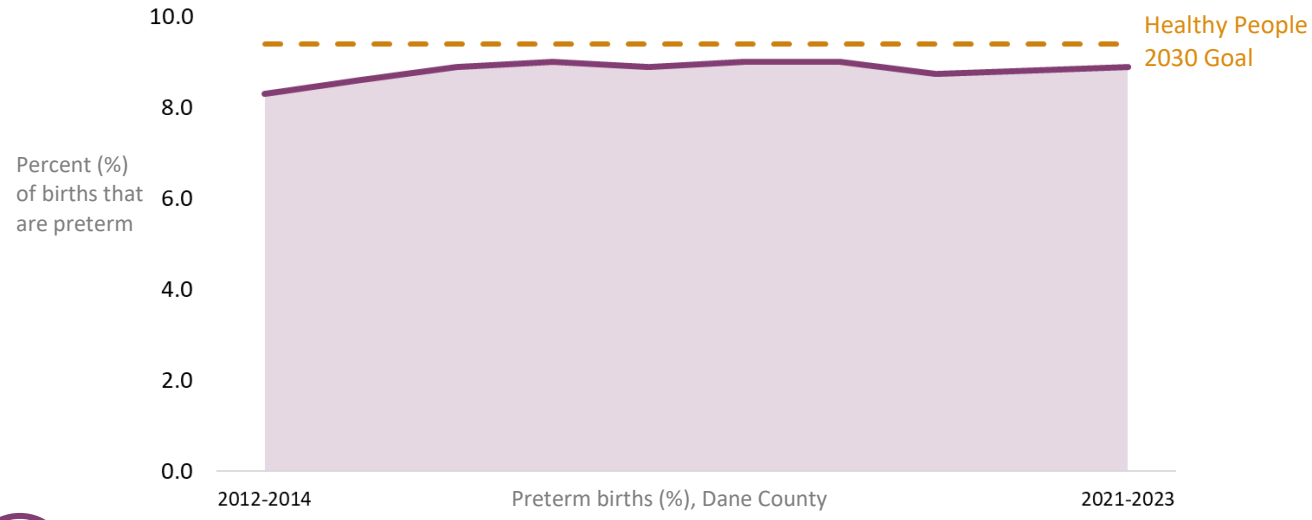
Leading causes of infant death

Preterm-related

Preterm birth is closely related to infant death.

More than 1 in 2 infant deaths in Dane County are among babies born too early. Preterm (or premature) births happen when the baby is born before the 37th week of pregnancy. Preterm babies may have more health problems, such as problems with breathing, feeding, and increased vulnerability to infections. In 2021-2023, 8.9% of Dane County births, or nearly 1 in 10, were preterm.

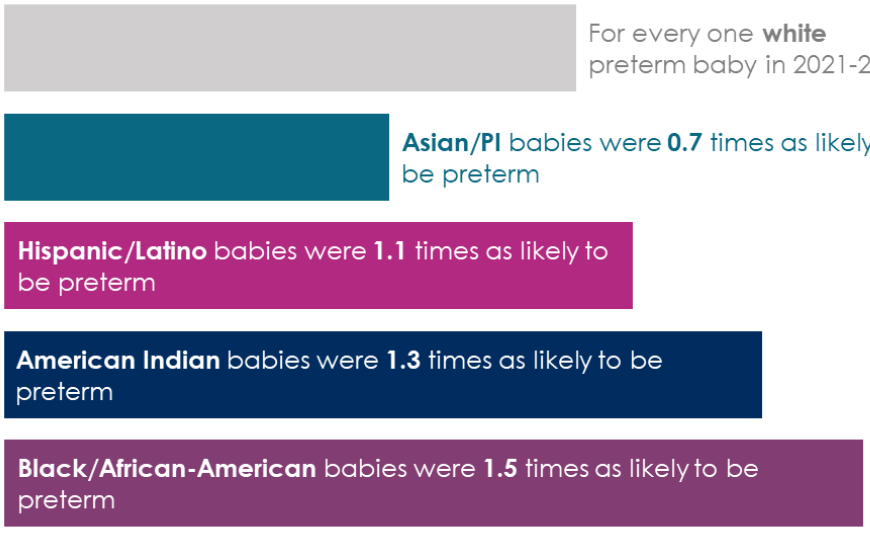
The preterm birth rate in Dane County has increased significantly.



Early findings from ConnectRx Wisconsin show that wraparound social support from community-based health workers and doulas may be an effective strategy to reduce preterm birth for Black women and birthing people.[43]

Preterm birth rates are highest among Black babies in Dane County.

Over the past decade, preterm birth rates have increased significantly for Hispanic/Latino and white babies, as well as Dane county babies overall.



Preterm birth risk ratios by race/ethnicity, Dane County, 2021-23

For more detailed data on preterm birth, see our annual infant health data snapshot.

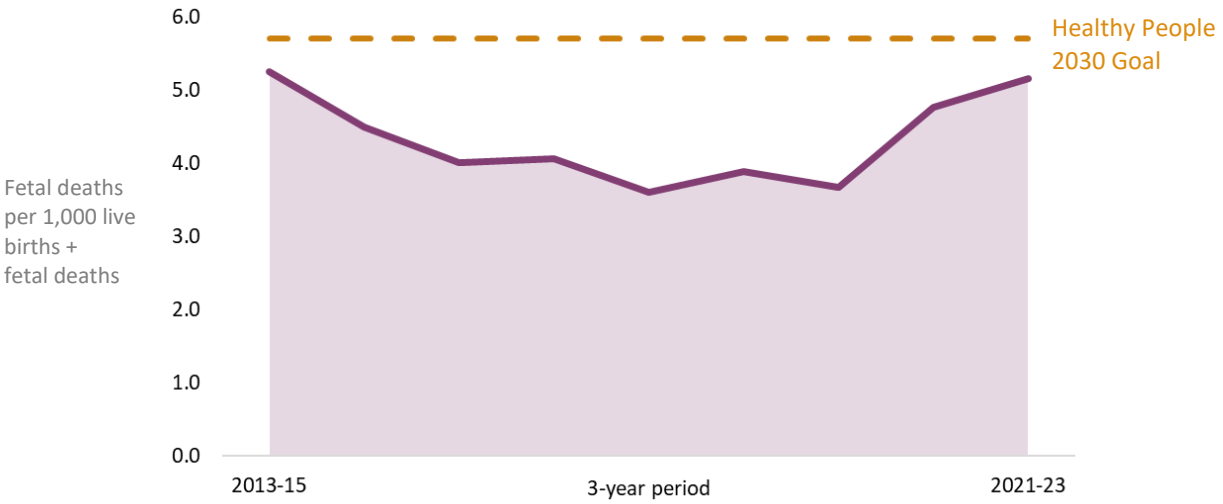
Fetal death

Trend

Fetal death, or stillbirth, is the death of a baby before or during delivery.

These losses have lasting impacts on the families who experience them. There were a total of 87 stillbirths in Dane County from 2021 to 2023. The fetal mortality rate from 2021-2023 was 5.2 stillbirths per 1,000 live births and fetal deaths. This rate is about the same as the 2022 fetal mortality rate in Wisconsin, which was 5.3 per 1,000 live births and fetal deaths.[44]

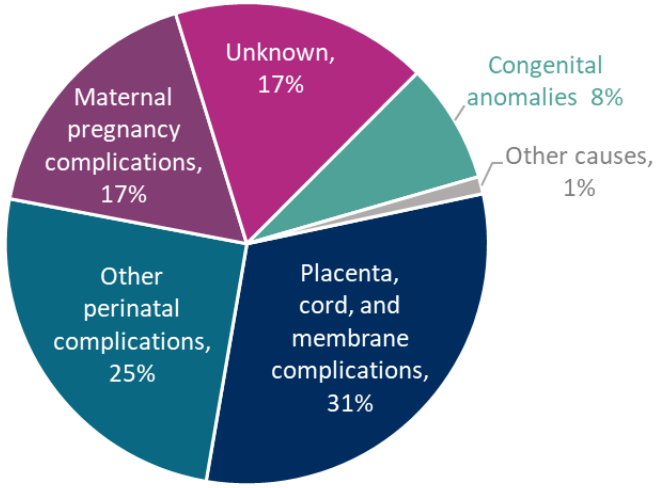
The fetal mortality rate in Dane County did not change substantially from 2013 to 2023.



Fetal mortality rate, Dane County

The leading cause of stillbirth in 2021-2023 was problems with the placenta, cord, or membranes, at more than 1 in 4 stillbirths.

This was followed closely by other perinatal conditions (such as infection or gestational diabetes); maternal pregnancy complications (such as premature rupture of membranes, when the water breaks too early); unknown causes; congenital anomalies or birth defects; and other causes (such as cancer or cysts).



Stillbirths by cause of death (%), Dane County, 2021-23

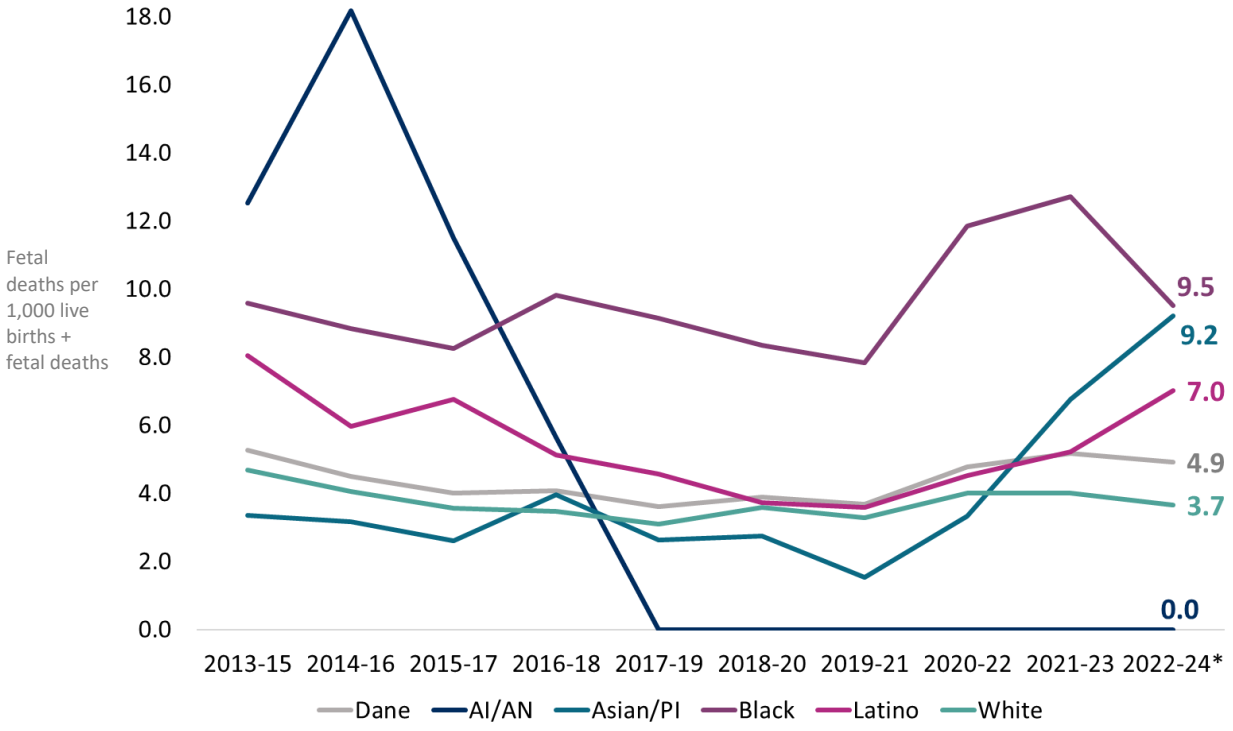
Autopsies are important for determining the cause and mechanism for stillbirth, as well as understanding if future pregnancies may be affected. During 2021-2023, an autopsy was done for less than half (46%) of all fetal deaths in Dane County. Autopsy rates are lower for Black and Asian babies.

Fetal death

Racial disparities

Fetal mortality is persistently higher among Black and African-American babies compared to other racial and ethnic groups and Dane County babies overall.

Black mothers and birthing people experience stillbirths at higher rates than other racial/ethnic groups and Dane County overall. While the causes of stillbirth are not well understood, factors associated with preterm birth are also associated with stillbirth. Black mothers and birthing people are more likely to experience social and economic challenges such as racism and discrimination, food insecurity, poverty, transportation challenges, and barriers to care. These stressors may increase risk of stillbirth. Over the past decade, the fetal mortality rate for Black babies has remained about double the rate of Dane County babies overall. Over the past five years, the fetal mortality rate for Hispanic/Latino and Asian/PI babies has risen as well.



Fetal mortality rate overall and by race/ethnicity, Dane County
*There were zero AI/AN fetal deaths from 2017-2024

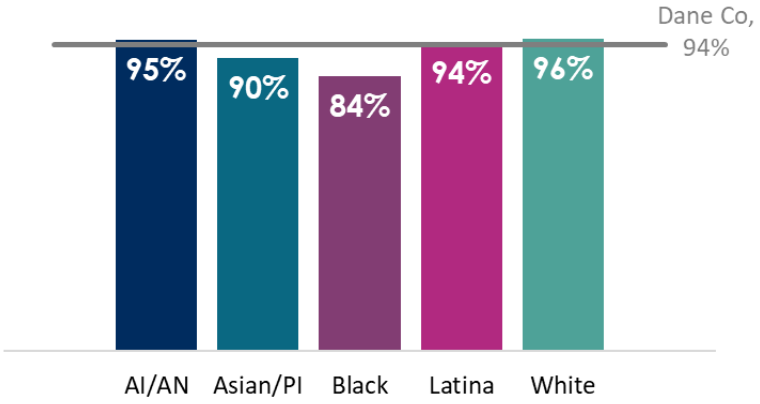
While stillbirth prevention is not yet as well-understood as infant mortality prevention, our Healthy People 2030 national goal is 5.7 fetal deaths or less per 1,000 live births and fetal deaths.[45] In Dane County, the most common causes of stillbirth are problems with the placenta, cord, or membranes (31%) and other perinatal conditions such as infection, gestational hypertension, or gestational diabetes (25%).

Pregnant people who experience a stillbirth often observed decreased fetal movement (fewer kicks) in the days leading up the stillbirth, especially when the cause is related to placental insufficiency. Self-monitoring fetal movement, such as using a mobile application like Count the Kicks, may help to identify pregnancies at risk of stillbirth so a health care provider can intervene.[46]

Breastfeeding & chestfeeding

Babies benefit from human milk. Mothers and birthing people also benefit from breastfeeding (or chestfeeding).

Feeding babies only human milk in the first 6 months of life reduces the chances that babies will get infections (including respiratory tract infections, ear infections, and gastrointestinal infections) and also reduces the risk of sleep-related infant death.[47] Breastfeeding/chestfeeding also reduces the chances that mothers and birthing people will get ovarian or breast cancer and postpartum depression.[48] Although Black women and birthing people continue to have lower breastfeeding/chestfeeding initiation rates than other groups and Dane County overall, rates have increased slightly over the past decade.



Breastfeeding/chestfeeding initiation by race/ethnicity, Dane County, 2021-2023

Rates of prolonged breastfeeding or chestfeeding 8 weeks after baby's birth are highest among Dane County mothers and birthing people in who:

Are 30+ years old (93%)
vs. 20-24 years old (77%)

Are not poor (94%)
vs. poor or near-poor (83%)

Are food-secure (94%)
vs. experience food insecurity during pregnancy (80%)

Have private health insurance (94%)
vs. have public health insurance like BadgerCare (74%)

People with less financial and economic resources may be more likely to experience challenges in prolonged breastfeeding/chestfeeding such as returning to work earlier after having a baby, not receiving enough information, and barriers to support services for breastfeeding/chestfeeding, such as lactation consultants, postpartum doulas, and having protected time and private space to breastfeed/chestfeed or pump milk.[49] In fact, preliminary findings from ConnectRx Wisconsin, a wraparound care model that connects pregnant people to community-based health workers and doulas, greatly improved breastfeeding/chestfeeding initiation (94%) among Black women and birthing people.[50]

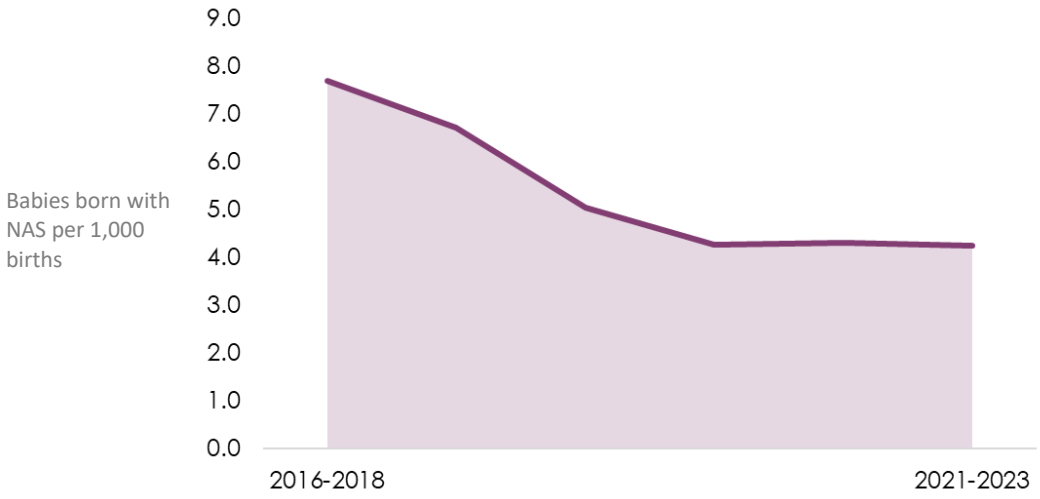
Neonatal Abstinence Syndrome (NAS)

Dane County families, including mothers, birthing people, and babies, are affected by the opioid epidemic.

Opioids are natural or manufactured substances that reduce pain. There are many types of opioids, including prescription pain medications (such as oxycodone, hydrocodone, codeine, and others), heroin, and synthetic opioids (such as fentanyl and tramadol). The rate of opioid deaths and hospitalizations has increased locally, statewide, and nationally over the last 20 years.[51-52]

Opioid use during pregnancy more than tripled from 2009 to 2014 in Wisconsin.[53] A consequence of opioid use during pregnancy is Neonatal Abstinence Syndrome (NAS). NAS occurs when a baby withdraws from different substances they've been exposed to, most often opioids.[54] Babies with NAS may be more likely to be born with low birth weight and may need to stay in the hospital longer than babies born without NAS. During 2021-2023, 71 Dane County babies were diagnosed with NAS in the first 28 days of life.

The rate of babies born with neonatal abstinence syndrome (NAS) in Dane County decreased from 2016 to 2023.



Rate of neonatal abstinence syndrome, Dane County

There is treatment for NAS that is safe and effective.

However, mothers and birthing people may not always disclose their substance use to their health care team due to stigma, fear, and discrimination.

Did you know? NAS is a reportable condition to public health in only a handful of states—Arizona, Florida, Georgia, Kentucky, Virginia, and Tennessee. As a result, the national burden of NAS (including the overall burden in Wisconsin) is not well-understood and believed to be underreported.[55-56]

Postpartum visits

A postpartum visit within 6 weeks after delivery is important in supporting mothers' and birthing people's health and well-being.

New parents experience exciting and sometimes overwhelming challenges. Their bodies are recovering from childbirth, they're learning to care for their babies, and they are navigating hormonal and emotional changes that are common after giving birth. The postpartum visit (PPV) is critical for managing chronic conditions, connecting to mental health and other support services, future family planning, and transitioning to regular primary care.

More than 9 in 10 Dane County mothers and birthing people report attending a postpartum visit with a health care provider. However, postpartum visit rates are lower among mothers and birthing people who:

Are under 20 years old (78%)
vs. 30+ years old (97%)

Are poor or near-poor (92%)
vs. not poor (98%)

Have public insurance like BadgerCare (92%)
vs. private insurance (98%)

Why does it matter? 23% of pregnancy-related maternal deaths in Wisconsin occur between 1 and 6 weeks postpartum and 30% occur more than 6 weeks postpartum.[57]

While PPV rates are high in Dane County overall, modestly lower rates among some groups suggests opportunities to better engage people during the postpartum period. In Dane County, Latina/Hispanic women and birthing people in particular report the lowest PPV attendance compared to all other race/ethnicity groups. Among Hispanic/Latina women and birthing people who are unable to attend a PPV statewide:

1 in 3 Hispanic/Latina women and birthing people who don't attend a PPV said they don't have health insurance coverage

vs. less than 1 in 10 people in all other race/

3x

Hispanic/Latina women and birthing people are **3x more likely** to name a lack of health insurance as a barrier to postpartum care

vs. all other race/ethnicity groups

Women and birthing people of color as well as those with lower incomes face challenges that prevent them from attending PPVs, such as discrimination within the healthcare system, transportation barriers, and little or no paid leave from their jobs. Promising strategies to increase postpartum visit rates identified by the Center for Medicaid Services include doula support and home visits in the postpartum period, and guaranteed paid family leave.[58-59] Research suggests that states expanding postpartum Medicaid coverage to 1 year is associated with improvements in PPV attendance and reductions in maternal deaths.[60] Wisconsin currently provides postpartum Medicaid coverage for 60 days.

Postpartum contraception

Women and birthing people may become pregnant soon after having a baby.

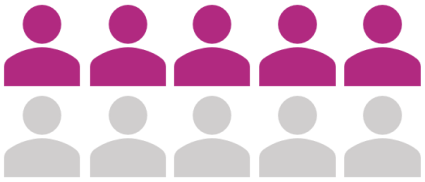
The American College of Gynecologists (ACOG) recommends avoiding becoming pregnant within 6 months after birth, and that providers should counsel people about the risks and benefits of an interpregnancy interval (the time between birth and the beginning of the next pregnancy) shorter than 18 months.[7] Shorter interpregnancy intervals are sometimes associated with poor outcomes for mothers and birthing people and their babies, including preterm birth.[8]

Some forms of contraception are more effective in helping people delay their next pregnancy.

Highly or moderately effective forms of contraception include hormonal injections, implants, pills, patches, rings, and IUDs; copper IUDs; diaphragms; and procedures such as tubal ligation, vasectomy, and hysterectomy. Using a highly or moderately effective method helps people delay pregnancy, as they are associated with a low risk of unintended pregnancy when used properly and consistently.

Nearly 9 in 10 Dane County women and birthing people are doing something to prevent pregnancy postpartum

vs. 8 in 10 Wisconsin-wide



About 5 in 10 Dane County women and birthing people are using a moderately or highly effective method to prevent pregnancy postpartum

vs. 5 in 10 Wisconsin-wide

Healthcare providers should talk with women and birthing people about their desires and goals related to future pregnancy and breast/chestfeeding to help people choose the best contraceptive method for them. In discussing effective contraceptive methods, particularly long-acting reversible contraception (LARC), providers should consider the history of reproductive injustices experienced by Black and Latina women and birthing people, low income communities, and people with disabilities, including forced sterilization and aggressive marketing of some contraceptive methods.[61-62]

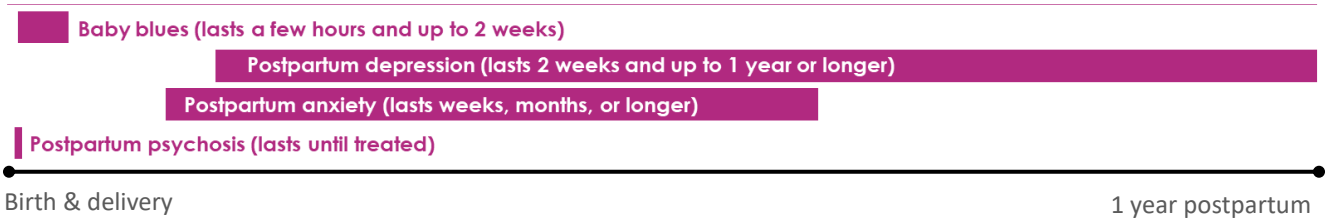
Postpartum mental health

During the postpartum period, women and birthing people are vulnerable to mental health conditions like depression, anxiety, and psychosis.

Maternal mental health disorders, broadly defined by ACOG as mental health concerns occurring up to one year after birth, can have significant physical and emotional consequences for both the mother or birthing person and their baby.[63] Although maternal deaths are rare in Wisconsin, 2 in 5 pregnancy-related deaths in 2020 were caused by mental health conditions.[64]

The timing and duration of postpartum mental health challenges varies widely, depending on the condition.[63]

The "baby blues" is a common and temporary experience that usually begins in the first week after delivery and resolves 12 days postpartum. The baby blues are not considered a mental health condition needing intervention or treatment. In contrast, postpartum depression, which can include intense sadness, despair, or hopelessness, as well as suicidal thoughts, usually begins in the first three months postpartum. Postpartum anxiety, a condition characterized by fear, panic, and/or intrusive thoughts, typically begins sometime between delivery and six weeks postpartum. Postpartum psychosis, a rare and serious condition that can include hallucinations and paranoia, may begin between 24 hours and three weeks after delivery.



Even though postpartum mental health challenges are common, people face barriers to accessing adequate mental health care and support during pregnancy and the postpartum period. Barriers include stigma surrounding mental illness, lack of awareness and education about maternal mental health, shortages of mental health providers trained in perinatal mental health, and structural barriers such as cost and insurance coverage limitations. According to County Health Rankings, there is only 1 mental health care provider for every 210 people who live in Dane County. There is a need to increase the racial, cultural, and linguistic diversity of the mental health care workforce who can provide culturally-concordant perinatal mental health care treatment.

Successful mental health care for postpartum people requires wraparound support from health care providers, health care systems, and community.[64]

> "My role extends beyond physical assistance to encompass emotional support. I create a safe and nurturing environment, actively listening to concerns, fears, and joys, fostering trust, and helping individuals navigate the emotional aspects of pregnancy, birth, and postpartum."

- Chandra L, Full-Spectrum Doula & FIMR Member

Postpartum mental health

Postpartum depression

Nearly 1 in 10 Dane County mothers and birthing people report postpartum depression.

Postpartum depression (PPD) is very common; nationwide, 1 in 7 mothers and birthing people experience PPD. The symptoms of PPD are more severe and last longer than the "baby blues." Women and birthing people may be more likely to experience PPD if they have a personal or family history of depression, have lost a baby, don't have personal or community resources and support, have a history of substance use or addiction, have a complicated or traumatic delivery experience, and/or have a history of abuse, violence, or childhood trauma.[63]

Postpartum depression is higher among Dane County mothers and birthing people who are:

Black/African-American (19%)
vs. Dane County (8%)

Are poor or near-poor (18%)*
vs. not poor (7%)

Experience food insecurity (12%)
vs. do not experience food insecurity

*Data shown for Wisconsin overall due to unstable estimates at the county level.

Postpartum depression, when left untreated, can make it difficult for a mother or birthing person to care for themself and their baby.

Untreated maternal depression can impair maternal-infant bonding, increase the risk of preterm birth, low birth weight, and negatively impact child development and long-term mental health outcomes.[65] Although postpartum depression screening rates are high among all racial/ethnic subgroups in Dane County (93-96%), we know less about how many people diagnosed with PPD receive treatment.

Higher levels of postpartum depressive symptoms among Black, American Indian, and Latina women and birthing people are related to experiences of racial discrimination during pregnancy and throughout the life course, even after adjusting for other social factors like poverty and education.[66]

Acknowledgements

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Dane County FIMR Case Review Team

The Dane County FIMR Case Review Team includes physicians, nurses, and other clinical staff; doulas, midwives, and lactation consultants; public health staff; social workers; community health workers; child protection advocates; health insurance advocates; maternal and child health organizations; and community members. We would like to thank every member of the Dane County FIMR Case Review Team for your insights as we work together to identify opportunities to enhance systems that touch Dane County mothers and birthing people, babies, and families. We are grateful for your commitment to FIMR and the families we all serve.