

FETAL INFANT MORTALITY REVIEW

March 2025

Quarterly Meeting Summary

What We Do

The Dane County Fetal and Infant Mortality Review (FIMR) aims to prevent pregnancy loss¹ and infant deaths² 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 change.

11

Cases reviewed
by Public Health's
Core FIMR Team

9

Cases reviewed
by Pre-FIMR
Team

5

Cases reviewed
by FIMR Case
Review Team

Stillbirth: 6 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 March case review cycle, the deaths reviewed happened during 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.



One or more
maternal health
issue (10) including
hypertension (4)
and diabetes (3)



Mental health
concerns across
perinatal course (7)



Adverse birth
situation (7)
including
C-section (4)



One or zero
postpartum OB
appointment (6)



Placental
insufficiency (5)

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Case Review Discussion Points

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

In seven cases, the mother's weight was categorized as overweight or obese. Out of these seven, five had minimum one chronic condition.

- With maternal health issues as one of the most common themes across FIMR cases, discussion centered on how to improve care for chronic conditions during pregnancy, but also management before a person gets pregnant, and that this management must factor in social determinants.
- Discussion emphasized the importance of interconception (between pregnancies) medical care to identify all risk factors, in order to concretely work towards management and promotion of general reproductive health.

The timing of postpartum OB appointments widely varied, regardless of birthing situation.

- For the cases with one OB appointment, that appointment was at or before 3 weeks postpartum.
- For the cases with at least two, all had their first OB contact by 2 weeks and nearly all had an OB appointment around 5-6 weeks postpartum.

“Count the Kicks” is a method to monitor and document fetal movement during pregnancy. This monitoring can signal to a pregnant person that their baby's movement has changed.

- Several cases had no documentation of this method being taught, yet one case did document “Count the Kicks” as reason for noticing decreased fetal movement.
- Discussion revealed potential discrepancy across healthcare systems and clinics with varying levels of “Count the Kicks” being taught.

Seeking needed care and accepting referrals varied, which may reflect the significance of both the content of information and the way it is communicated.

- In certain cases, even if a resource or referral is needed, the birth person/family declined or did not follow through on a recommendation.
- Discussion highlighted complex factors that may impact acceptance of referrals or support: 1) who is the messenger, 2) literacy and comprehension level, 3) cultural and social context, 4) trust, and 5) capacity to self-navigate information.

How can referrals and resources be increased for all birthing people and their families during perinatal care?

- This question stems from the need for standardized wraparound care that could be built into the perinatal care model.
- Three particular contexts of concern: 1) historical or existing mental health concerns, 2) social isolation, and 3) folks who recently immigrated.

A major need in Dane County is services and support for pregnant people who recently immigrated.

- Group consensus acknowledged that this need is greater than services currently available and we have few bilingual/bicultural providers.
- This has created built-in barriers for providers to navigate in order to find appropriate services, potentially perpetuating vulnerability of an already vulnerable situation.

Two Noteworthy Protective Factors

- The current prenatal care model schedules the first prenatal appointment during the first trimester, or by 12 weeks: seven cases met this timing.
- All the cases with reported food insecurity were enrolled in the Special Supplemental Nutrition Program for Women, Infants & Children (WIC).



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.

¹Pregnancy 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](#)).

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