

# FETAL & INFANT MORTALITY REVIEW

## About Us & Our Process

Updated September 2025

### What is FIMR?

Fetal and Infant Mortality Review (FIMR) aims to prevent pregnancy loss and infant deaths in Dane County. FIMR is an evidence-based, community-driven prevention strategy. The FIMR model is built on partnering for impact: we bring together all necessary voices to comprehensively assess and understand every death, while we all work toward our collective goal to eliminate birth disparities.

Public Health Madison & Dane County (Public Health) coordinates the FIMR process for Dane County. While Public Health is the process facilitator, FIMR members are the drivers of change.



### Which deaths are reviewed?

- Stillbirth (pregnancy loss, fetal death): An intrauterine death at least 20 weeks gestation or a delivery weight of at least 350 grams ([WI statute](#)).
- Infant death: A death of a liveborn child before one year of life ([CDC](#)).

If the decedent's family lived in Dane County at the time of death and the death fits either definition, then it is counted as a Dane County FIMR case.

Please refer to the [Dane County Maternal and Infant Health Data Book](#) for specific information on causes of infant and fetal deaths. Please refer to [FIMR Quarterly Reports](#) for information on themes.



# Case Review Process

Every case is an important story that, no matter the cause, FIMR can learn from to improve systems in Dane County. Every step in the case review process is informed and improved by continuous feedback from participants.

## Timeline

Timely case review is crucial to identify prevention factors while they are still relevant. As a result, we aim to abstract and review all FIMR cases within one year of their death event. In 2024, we met this goal for about 80% of the cases.

## Abstraction

Public Health monitors all applicable deaths. FIMR gathers data and information on every applicable death using medical records, vital records, birth and death certificates, pathology, and occasionally family conversations. Once the necessary records and information have been abstracted, they are compiled into a deidentified 'case narrative'. A case narrative summarizes the mother's/birthing person's experiences from their first pregnancy-related medical contact to six weeks postpartum (or up to one year, depending on timing of infant death, if applicable). Deidentified means all identifiable details, such as names and dates of care, are removed. Case narratives are deidentified to protect those involved in the case. Every FIMR participant signs a confidentiality agreement to further protect families' privacy.

## Workflow

The internal FIMR team at Public Health meets regularly to discuss cases, abstraction challenges, emerging themes, and overall progress. Every case is reviewed by the FIMR abstractor and FIMR coordinator. Every quarter, about 12-15 cases are abstracted into narratives. Unfortunately, we occasionally run into barriers with record acquisition and are not able to access all needed information for every case. Cases with limited information are not moved forward beyond internal review, as an incomplete narrative does not generate a meaningful discussion.

Two review teams meet quarterly: Pre-FIMR and Case Review Team (CRT).

10-12 cases are chosen for Pre-FIMR review based on types and criteria. A priority criteria is cases that impacted Black, Latino, and Indigenous families in Dane County, as these communities are the most affected by birth inequities. The Pre-FIMR team is tasked with selecting cases for that quarter's FIMR CRT meeting.

The CRT is tasked with critically examining cases to:

1. Discuss factors, themes, and emerging trends,
2. Identify systems-level problems or gaps that need change,
3. Create recommendations for actionable intervention areas, and
4. Advocate for community-informed solutions.



Case  
monitoring



Case  
abstraction



Pre-FIMR  
meeting



FIMR  
coalition  
meeting

# FIMR Participation

---

Dane County FIMR is built on community organizing: We bring all the necessary people together to analyze the deaths and identify areas of intervention, with the ultimate goal to mobilize our shared power to improve birth outcomes. Community organizing and community-driven interventions have the power to make an impact on birth outcomes.

In 2023, we implemented a formal membership model with participation by invite only. Our membership model involves committing to two years of participation and signing the CRT Member Agreement. This was to create consistent participation, develop shared accountability, and improve comprehensive discussion.

In 2024, we focused on fostering genuine relationships with our FIMR members through dependable communication, setting expectations, and grounding in the same goals. By developing authentic relationships with our partners, we harness collective strengths to address complex challenges by ensuring all the necessary voices are at the table.

The Pre-FIMR team has 13 members, made up of both Public Health staff and external partners.

The Case Review Team (CRT) is a multidisciplinary group of approximately 35 members. These members represent people who have experienced an infant or pregnancy loss, public health, health care systems, perinatal care (e.g., doulas, home visiting nurses, lactation specialists), social work, and community health work. On average in 2024, 28 partners participated per quarter.

The success of FIMR hinges on strong partnerships. Our partnerships drive case review conversations to action. Through post-meeting evaluations, FIMR members shared why FIMR is effective and important.

“

Having a diverse group of people contributed positively to the meeting. Varied perspectives and experiences enriched the discussions.”

“

[FIMR] is certainly a way to collaborate with each other for improved maternal and infant outcomes. For example: if I am working with a mother and need help from one of the staff that attend the FIMR meetings it is easier to initiate that conversation because we already know each other and know we are working on the same outcomes.”

# Partnering with People with Lived Experience

Since 2023, a central focus of Dane County FIMR has been challenging the historical exclusion of communities with the greatest inequities in birth outcomes. Partnering with people with lived experience of fetal and infant loss is essential for Dane County FIMR to be truly community informed. We prioritize including people with lived experience and compensating their partnership with us because they are experts.

By compensating these individuals for their participation in FIMR, we acknowledge their experiences and contributions are just as valuable as individuals participating in FIMR through their professional roles.

## **Beyond participating in FIMR Case Review, we have partnered with individuals with lived experience of loss in several other ways:**

- Shared about their involvement in FIMR to Public Health staff during an Equity Cafe
- Co-presented on the partnership at two national conferences
- Participated with Public Health staff in a Strategic Storytelling Cohort facilitated by the National Center for Fatality Review and Prevention
- Collaborated on a blog series about the roles of doulas and accessing doula care locally
- Informed the FIMR process by providing feedback to the FIMR team after every quarterly meeting on how to change and improve processes
- In addition to being compensated for their participation in pre-FIMR and CRT meetings, individuals are compensated for time they spend on activities listed above. They are also offered a travel stipend and childcare stipend for in-person meetings. In 2024, over \$2,200 was provided to individuals participating in this partnership.

