Project IMPACT Community Action Recommendations

1. Address the increase in sleep-related deaths in NE Florida through the implementation of an awareness and information campaign. Information should include: proper sleep positioning, dangers of bed sharing, impact of second hand smoke, importance of breastfeeding and appropriate use of infant beds. Strategies should be developed to target three groups:
    a. Expectant and new families - Information should be provided by prenatal care and pediatric providers on safe sleep recommendations. This information should also be provided through Healthy Start, Healthy Families and other case management and support programs.
    b. Providers - Information about sleep-related mortality should be provided to all health care providers who come into contact with expectant and new families. This communication should emphasize their roles in providing patient education. Suggested educational resources (pamphlets, brochures, etc.) should also be provided for their use and distribution.
    c. General public - Efforts should be made to identify and distribute appropriate PSAs to area media. Offer presentation at large public baby showers. Utilize Parish Nurse Programs and other faith based community service programs.

2. Implement strategies to address preconception health and planned pregnancies:
    a. As above, include the general public, women of child bearing age and providers in educational efforts. Share local FIMR statistics.
    b. Expand the WIC voucher program to all of the counties in the region. This program, currently operating in St. Johns County, enables participants to purchase fresh fruit and vegetables from local farmers.
    c. Facilitate WIC enrollment and increase program focus on obesity and other nutritional issues.
    d. Educate pregnant women and providers on the importance of contraception and baby spacing. Encourage women to return for their postpartum visit.

Florida Vital Statistics, 2006 Florida Department of Health; Project *Impact* Summaries of Case Review Team Deliberations, January 2000- June 2007

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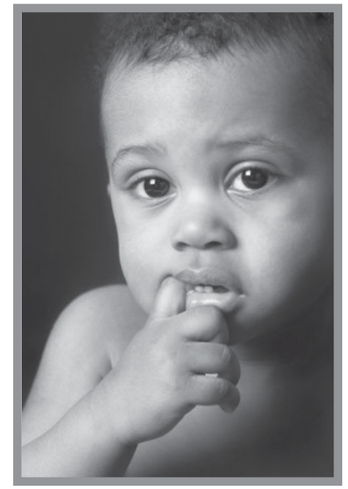
Healthy Start and **Project *Impact*** are funded by the Florida Department of Health

Fetal & Infant Mortality Review Project

PROJECT IMPACT

2006-2007 Community Report



Project *Impact* is a fetal and infant mortality review (FIMR) project for Baker, Clay, Duval, Nassau and St. Johns Counties. Its goal is to reduce infant mortality by gathering and reviewing detailed information to gain a better understanding of fetal and infant deaths in Northeast Florida. The project examines cases with the worst outcomes to identify gaps in maternal and infant services and to promote future improvements.

Project *Impact*, which started in 1995, is carried out by the Northeast Florida Healthy Start Coalition with funding from the Florida Department of Health.

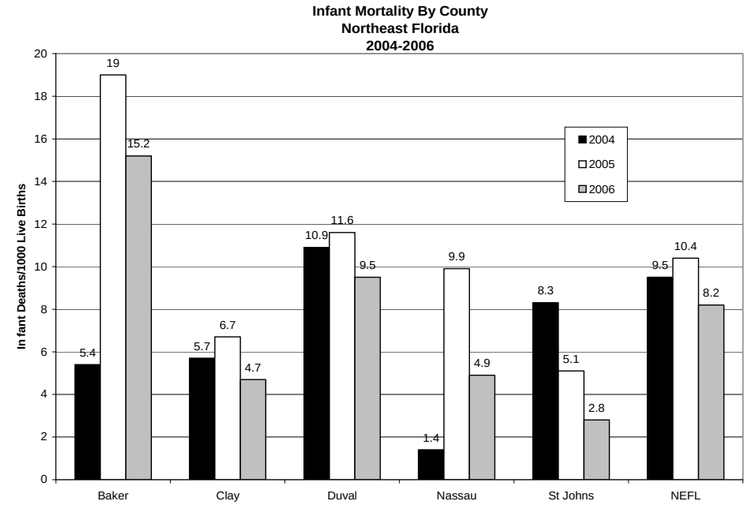
Each month, fetal/infant death cases are selected for the project based on specific criteria. Between 2000-2007, more than 200 cases were reviewed through this process. Utilizing an approach developed by the American College of Obstetrics and Gynecology (ACOG), information is abstracted from birth, death, medical, hospital and autopsy records. Efforts are also made to interview the family. No information which identifies the family or medical providers is included on the abstraction form. Case summaries are developed and presented bimonthly to the Case Review Team (CRT).

The CRT, a multidisciplinary group of community medical and social service professionals, examines each case to determine medical, social, financial and other issues that may have impacted on the poor birth outcome.

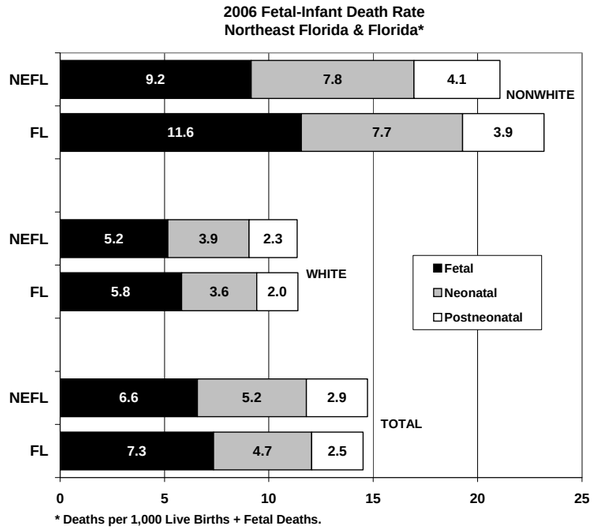
High Rates Persist in Baker County

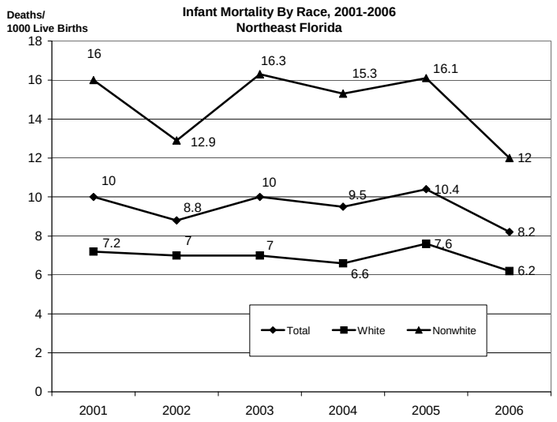
Infant Deaths Drop in Northeast Florida in 2006

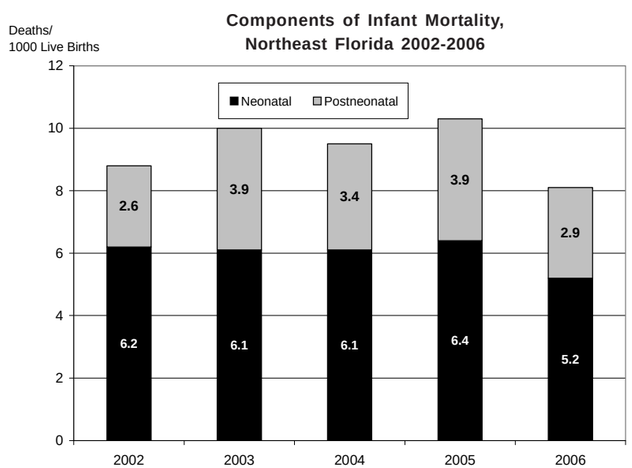
The infant mortality rate in Northeast Florida reached its lowest level in ten years, with improvements posted in each of the region's five counties. The area's infant death rate was 8.2 deaths per 1000 live births in 2006 compared to 10.4 deaths per 1000 in 2005. The region continues to exceed the statewide infant mortality rate of 7.2 deaths per 1000 live births. Regional death rates fell in both the neonatal and postneonatal periods. Infant mortality rates ranged from 15.2 deaths per 1000 in Baker County to 2.8 deaths per 1000 in St. Johns County. Duval County's infant mortality rate dropped from 11.6 to 9.5 deaths per 1000.



A publication of the Northeast Florida Healthy Start Coalition







Infant Losses

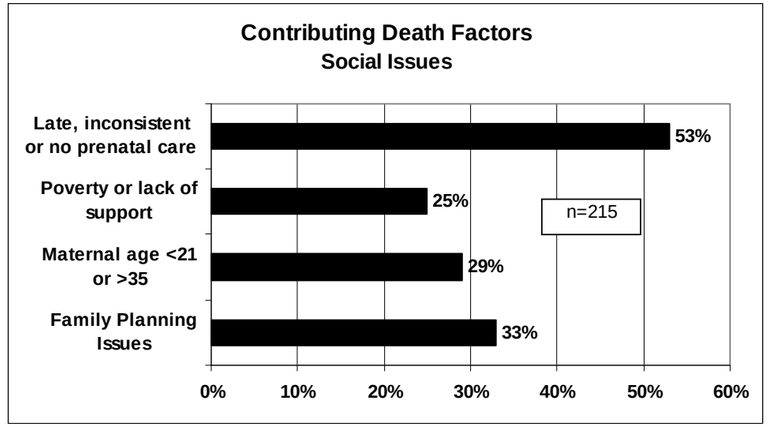
In 2006, there were a total of 282 infant losses in Northeast Florida. This includes 126 fetal deaths or stillbirths (45%) and 156 infant deaths (55%). There were 43 fewer fetal and infant deaths in 2006, compared to 2005.

The five-county area had a fetal-infant mortality rate of 14.7 per 1,000 live births and fetal deaths in 2006, comparable to the state rate of 14.5 per 1,000. Fetal-infant mortality rates for nonwhites were below state rates in 2006.

Infant mortality includes deaths to live born babies during their first year of life. In 2006, the five-county area had an infant mortality rate of 8.2 deaths per 1,000 live births, the lowest infant death rate in 10 years. Despite improvements, the infant mortality rate for nonwhites (12 deaths per 1,000) remained twice as high as the rate for whites (6.2 deaths per 1,000).

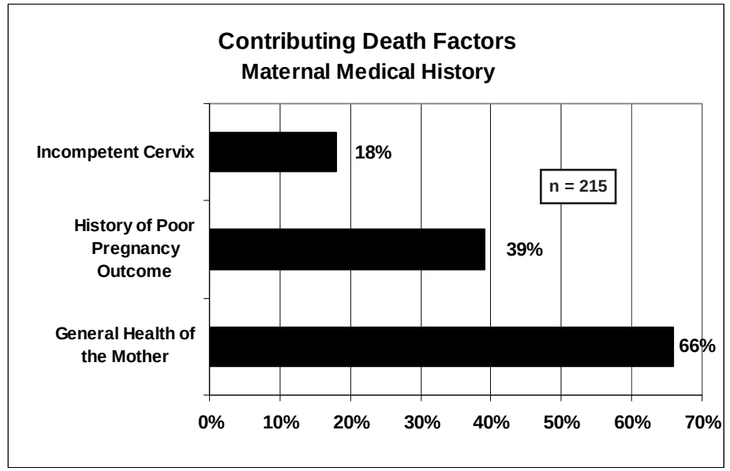
Northeast Florida continues to exceed state infant mortality rates, but differences narrowed in 2006 for nonwhites. Florida's infant mortality rate was 7.2 deaths per 1,000 live births in 2006. Statewide, the infant mortality rate for whites was 5.6 per 1,000 live births; for nonwhites it was 11.8 per 1,000.

Infant mortality includes two components: neonatal mortality (deaths to infants less than 28 days old) and postneonatal mortality (deaths to infants between 28 and 364 days old).



Maternal Medical History

General health of the mother was the most frequently identified factor in the 215 fetal and infant death cases reviewed in 2000-2007. Included in this category are pre-pregnancy conditions such as diabetes, hypertension and related conditions. This risk was identified in 66 percent of the cases reviewed. Poor nutrition and obesity were the predominant problem areas with this category. In 50 percent of the cases reviewed, the mother had nutritional issues prior to or during her pregnancy.



Most Frequently Identified Factors
FIMR Case Reviews

Contributing Factor	*% Cases*
General Health of Mother	66%
Maternal Infections & STDs	58%
Late/No Prenatal Care	53%
Preterm Labor/PROM	52%
Previous Poor Outcome	39%
Life Course*	39%
Pregnancy Conditions/Complications	35%
Family Planning Issues	33%
Substance Abuse	29%
Maternal Age (<21 or >36)	29%
No Healthy Start, Other Screening	27%
Social Issues (poverty/lack of support)	25%

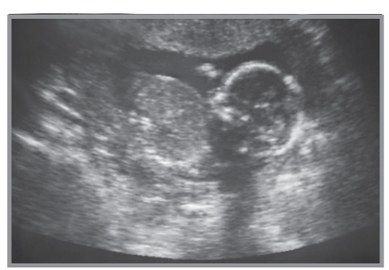
Source: January 2000 - June 2007 FIMR Case Reviews (n=215). Multiple factors may be present in individual cases. *Life course added in 2005 (n=71)

Social Issues

Late, inconsistent or no prenatal care occurred in more than half of the FIMR cases reviewed in 2000-07. Other frequently cited contributing factors included: poverty and lack of social support (25%) and maternal age <21 or >35 (29%). FIMR reviews began considering life course factors in 2005; in nearly 40 percent of the cases cited factors that occurred over the woman's lifetime as affecting the poor outcome.

Fetal/Infant Medical Issues

Pre-existing medical conditions, including congenital anomalies, were cited as a contributing factor in 14 percent of FIMR cases. In 18 percent of the cases, the infant experienced an infection.



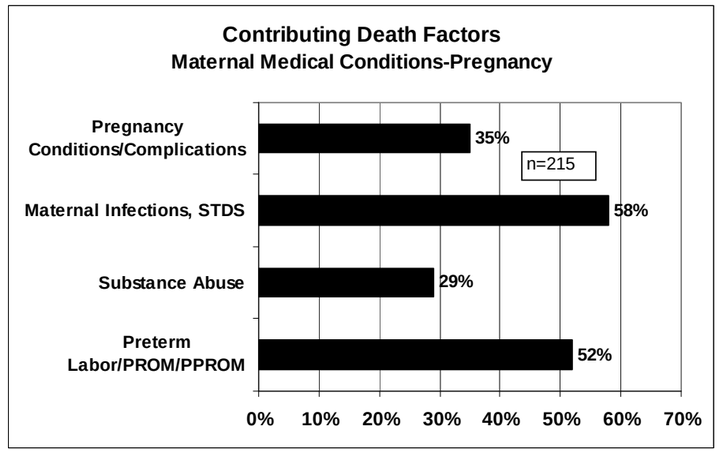
FIMR Reviews Highlight Impact of Maternal Health on Outcomes

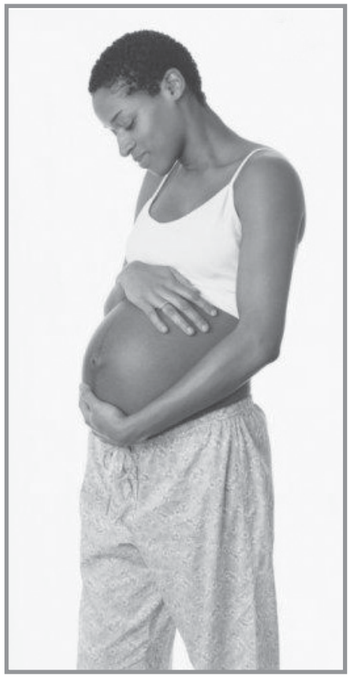
Fetal and infant deaths, reviewed using the FIMR process in 2000-2007, highlight the impact of a mother's health prior to and during pregnancy on poor birth outcomes.

Cases were selected for review during this period based on specific criteria including, type of death (fetal vs. infant), residence (target area vs. other areas) and race (black vs. others). The selection process reflected concern with the disparity in infant health and its contribution to overall fetal and infant mortality in the region.

Maternal Medical Conditions During Pregnancy

Maternal infections and STDs were identified in 58 percent of the cases reviewed by the FIMR case review team. In nearly 30 percent of the cases, the mother was involved in substance use, including tobacco, alcohol or drugs. Pregnancy complications, including pre-eclampsia, placental abruption, gestational diabetes, gestational diabetes, and hyperemesis, was cited as a contributing factor in more than a third of the cases reviewed.





Provider Issues

Problems were cited in 23 percent of the cases reviews with poor communication by health care providers, lack of appropriate referrals for high-risk women, poor follow-up of medical conditions and delays in initiating Healthy Start services. Appropriate screening (domestic violence, Healthy Start, substance use) was not evident in 27 percent of the cases examined in 2000-07. In about 25 percent of cases, fear or dissatisfaction with services was noted as a factor in case reviews.

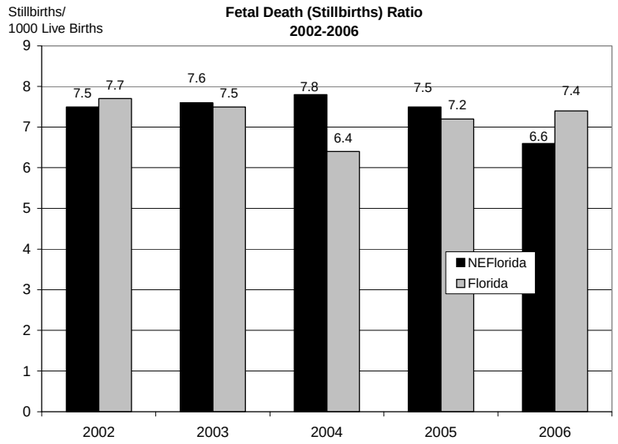
Parent Education Issues

In one third of the cases reviewed, family planning issues were identified as a contributing factor in the fetal or infant death. This included short interpregnancy intervals and inconsistent use of family planning methods.The mother failed to respond to lack of fetal movement, premature labor and ruptured membranes in about 20 percent of the FIMR cases.

Fetal Mortality

Fetal mortality or stillbirths includes deaths which occur before birth following at least 20 weeks gestation. In 2006, the five-county area had a ratio of 6.6 fetal deaths for every 1,000 live births, below the state rate (7.4 deaths per 1,000 live births).

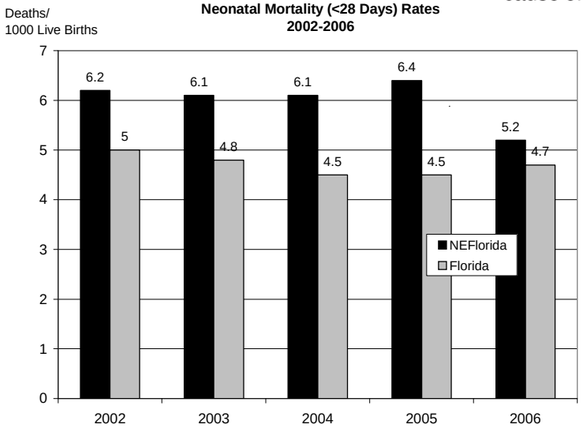
The fetal mortality ratio for whites in the region was 5.2/1,000 live births compared to 5.9/1,000 statewide. For nonwhites it was 9.2/1,000, compared to 11.7/1,000 statewide.

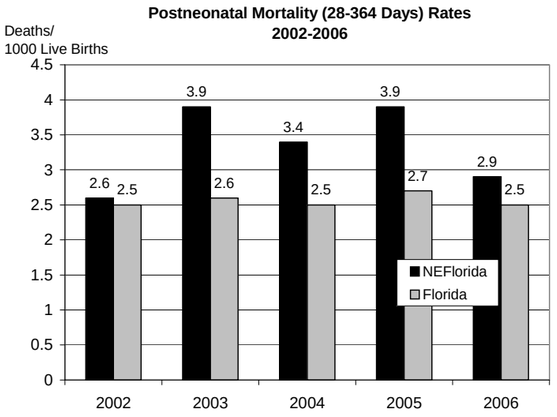


Neonatal Mortality

Neonatal mortality includes deaths occurring to infants before they are 28 days old. In 2006, the neonatal mortality rate in Northeast Florida was 5.2 deaths per 1,000 live births, compared to 6.4 deaths per 1000 in 2005. The neonatal mortality rate for whites was 3.9 deaths per 1,000; for nonwhites the rate was 7.8 per 1,000. Statewide, the neonatal mortality rate in 2006 was 4.7/1,000 (3.6/1,000 for whites and 7.8/1,000 for nonwhites).

Most of the infants (60+%) who die in the neonatal period die within the first 24 hours of life. Prematurity or low birthweight is the primary cause of neonatal mortality.





Postneonatal Mortality

Postneonatal mortality includes deaths of infants from 28 days to 364 days of age. In 2006, the five-county area had a postneonatal death rate of 2.9 per 1,000 live births (2.3/1,000 white and 4.2/1,000 nonwhite). The postneonatal death rate in the region was 25% lower in 2006 than the previous year and was comparable to the state rate of 2.5 per 1,000 live births.

Leading causes of postneonatal death in the region are prematurity, congenital anomalies, and sleep-related deaths, including SIDS.

SIDS Expert, Awareness & Training Highlight Safe Sleep

National SIDS expert Fern Hauck, MD kicked off a year-long education and awareness effort in 2006 to reduce sleep-related deaths in Northeast Florida. Lead by the Safe Sleep Partnership, a multi-agency committee representing public health, child care and other community organizations, the campaign featured a media campaign and in-service training for family-serving providers.

Dr. Hauck, a member of the American Academy of Pediatrics, presented "Update on SIDS: Risk Reduction Guidelines, Controversies and Implementation" at Flagler Hospital in St. Augustine and Shands Jacksonville in March. Over 100 people attended each event. Attendees included physicians, nurses, residents, and other healthcare professionals and students.

"Back-to-Sleep" recommendations are being highlighted on bus ads in Jacksonville. Safe sleep recommendations will also be promoted through targeted newspaper ads in the *Florida Star* and *Florida Times-Union*. Parent education material is being distributed through health and social service agencies in the region. Awareness and education material was developed by the partnership committee with input from consumer focus groups.

More than 500 staff members from health care providers and family-serving agencies received in-service training on safe sleep during 2007. Nursing students from Jacksonville University and the University of North Florida developed and implemented training activities targeting hospital nurses and other maternal and child health providers.

A new *Cribs for Kids* program was also launched during 2007 by Healthy Mothers, Healthy Babies of Northeast Florida as part of the campaign. The program provides portable cribs and education to needy families in Duval and St. Johns Counties.

SIDS and other sleep-related deaths are a leading cause of infant mortality in the region after the first month of life. In 2000-2006, there were 157 sleep-related deaths in the five-county area. Key contributing factors include not sleeping in an infant bed (71%), not being placed on back to sleep (68%) and second hand smoke (57%).

The Safe Sleep Partnership includes representatives from the Northeast Florida Healthy Start Coalition, the Florida Departments of Health and Children & Families, the Jacksonville Children's Commission, area Early Learning Coalitions, Blue Cross/Blue Shield, Children's Home Society, Gateway Community Services, WIC and other family-serving organizations. The campaign was funded by Healthy Start.

Action Team Focuses on Family Violence

The FIMR Community Action Team joined with Hubbard House in developing and implementing an awareness and education initiative focusing on family violence. The campaign, which begins in October, will feature outdoor ads encouraging people to seek help if they are victims of family violence.

The FIMR Community Action Team is made up of representatives from agencies serving a high-risk area of northwest Jacksonville. The predominantly African American community bears a disproportionate burden of poor birth outcomes.

Community training on screening and identifying family violence was also sponsored during 2007 by the federally-funded Magnolia Project. Community agency staff received technical assistance from national experts.

NFIMR Conference Features Regional Initiatives

Four regional initiatives, undertaken to address FIMR findings, were featured at the 2007 triennial National Fetal & Infant Mortality Review (NFIMR) Conference held this summer in Washington, DC. A poster session included the following northeast Florida programs:

- **The Safe Sleep Partnership** – a multi-agency education and awareness effort to reduce risk factors associated with SIDS and other sleep-related deaths.
- The **Westside WILDFlower Project** – an outreach and education initiative in St. Johns County implemented by the St. Johns County Health Department and Good Samaritan Health Center in response to high infant death rates in West Augustine.
- The **Camellia Project** – a preconception screening and case management project implemented by the Clay County Health Department through its family planning clinic.
- **BASINET** – a project management system for local FIMR projects developed by Coalition FIMR staff and the Florida Association of Healthy Start Coalitions, Inc.
- The **FIMR/HIV Pilot** – an adaptation of the FIMR process to examine the pregnancies of HIV+ women.
- **FIMR** is used by over 200 communities in 40 states to review fetal and infant deaths. More than 300 participants attended the national conference.

Jacksonville's FIMR/HIV Pilot

Perinatal HIV Transmission: Using the FIMR Process to Improve Care

In 2005, the U.S. Centers for Disease Control and Prevention (CDC) joined with CityMatCH and the National Fetal and Infant Mortality Review Program (NFIMR) to work with Jacksonville and two other cities on piloting an adaptation of the FIMR process to examine the experiences of HIV+ women and their families in and around pregnancy.

The aim of the pilot project was to review, identify, address and reduce missed opportunities for providing optimum care to HIV+ pregnant women and preventing mother-to-child HIV transmission. Project partners include the Northeast Florida Healthy Start Coalition, the Duval County Health Department, the University of Florida Rainbow Center, and other community organizations working to address HIV/AIDS.

The Jacksonville FIMR/HIV Pilot Project was implemented using specific project protocols. Cases were selected for review based on the timing of the woman's diagnosis, pregnancy outcome, entry into prenatal care, the mother's HIV treatment status and viral load, and whether she received antiretroviral prophylaxis during labor and delivery. A total of 27 cases were abstracted and examined in the first phase of the pilot. About a third of the mothers were also interviewed.

A multidisciplinary case review team examined the information and developed preliminary recommendations for presentation to the Ryan White Part A Planning Council and the First Coast Community AIDS Prevention Partnership which will lead implementation efforts.

Next year, the project will focus on the refinement, dissemination and implementation of preliminary recommendations. Additional cases will be reviewed to monitor system changes and the impact of implementation activities.

FIMR/HIV Project
Preliminary Recommendations

1. **Expand the scope of HIV care** management services to include gynecological, preconceptional and interconceptional care.
2. **Improve family planning services, safe sex education and partner referrals** for HIV+ women of childbearing age.
3. **Promote sharing** of case management information and plans across providers
4. **Ensure the timely transfer** of records between providers.
5. **Improve follow-up** for HIV+ pregnant women who initially decline screening or services.
6. **Enhance mental health services** for HIV+ pregnant women.
7. **Screen and refer** all HIV+ pregnant women to Healthy Start, regardless of score.
8. **Provide HIV testing** at jail entry, not just at release.

Jacksonville FIMR/HIV Pilot
Frequency of Issues Identified