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. Continue Safe Sleep Partnership activities to target providers, expectant and new parents/families, and the general public.

2. Implement strategies to address preconceptional health and planned pregnancies.
   a. Since there are so many factors relating to preconceptional health, we recommend narrowing education efforts to focus on smoking cessation. As above, include the general public, women of childbearing age and providers in educational efforts. Share local FIMR statistics. Focus on education regarding risks of smoking. Seventeen percent of mothers represented in all the fetal and infant deaths in our project area in 2007 self reported some type of substance abuse. Eighty three percent of those indicated they smoked. We know that self reporting is typically significantly under-reported. We also know that smoking was a documented risk factor in nearly half of our sleep related deaths.
   b. Planned pregnancy education will focus on encouraging 12 months between pregnancies (delivery to conception), use of contraception when pregnancy is not desired, regular use of multivitamins that include folic acid and visiting obstetric provider for preconception exam and education. Forty-eight percent of the FIMR cases reviewed in 2007 involved unplanned pregnancies. When FIMR cases reviewed between 2005 and 2007 were separated by race, unplanned pregnancy was a contributing factor in nearly 70% of the black cases.

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 1993, 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 2005-2007, nearly 100 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.

Most Counties Post Improvements
Progress in Reducing Infant Death Rates Continues in 2007

The 2007 infant mortality rate in Northeast Florida remained at its lowest level in more than a decade with improvements posted in three of the region’s five counties. The area’s infant death rate was 8.0 deaths per 1,000 live births in 2005, compared to 8.2 deaths per 1,000 in 2006 and 8.4 deaths per 1,000 in 2005. The region continues to exceed the statewide infant mortality rate of 7.1 deaths per 1,000 live births.

The two-fold gap between black and white outcomes remained unchanged during 2007. Regional death rates remained stable in both the neonatal and postneonatal periods. Infant mortality rates ranged from 9.0 deaths per 1,000 in Duval County to 4.5 deaths per 1,000 in Clay County.

[Charts showing Infant Mortality By County, Northeast Florida 2005-2007]
INFANT LOSSES

In 2007, there was a total of 288 infant losses in Northeast Florida. This includes 144 fetal deaths or stillbirths (48%), and 154 infant deaths (52%).

The five-county area had a fetal-infant mortality rate of 15.4 per 1,000 live births and fetal deaths in 2007, comparable to the state rate of 14.6 per 1,000. Fetal-infant mortality rates for both whites and nonwhites were comparable to state rates in 2007.

Infant mortality includes deaths to live born babies during their first year of life. In 2007, the five-county area had an infant mortality rate of 8.0 deaths per 1,000 live births. Despite improvements, the infant mortality rate for nonwhites (11.9 deaths per 1,000) remained twice as high as the rate for whites (5.9 deaths per 1,000). Hispanics were the only group with an increase in infant mortality in the region during 2007. Hispanic mothers have poorer birth outcomes in Northeast Florida than mothers of similar ethnicity statewide. About seven percent of the infant deaths and nine percent of the births in the region were to Hispanics in 2007.

Northeast Florida continues to exceed the overall state infant mortality rate, but has comparable race-specific rates. Florida’s infant mortality rate was 7.1 deaths per 1,000 live births in 2007. Statewide, the infant mortality rate for whites was 5.2 per 1,000 live births; for nonwhites it was 12.2 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 CONDITIONS DURING PREGNANCY

Maternal infections other than STDs were identified in nearly half of the cases (46%) reviewed by the FIMR case review team. Preterm labor was an issue in 45 percent of the cases examined in 2003-07. In more than 30 percent of the cases, the mother was involved in substance use, including tobacco, alcohol or drugs.

The following pregnancy complications were also identified as contributing factors in the cases reviewed: anemia after first trimester (29%), placental abruption/infarct or insufficiency (23%), premature rupture of membranes (PROM/PPROM) (23%), and hypertension/pre-clampsia/eclampsia/HELLP (11%).

Most Frequently Identified Factors

<table>
<thead>
<tr>
<th>Contributing Factor</th>
<th>% Cases</th>
</tr>
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<tbody>
<tr>
<td>General Health of Mother</td>
<td>58%</td>
</tr>
<tr>
<td>(Excludes Obesity, Nutrition)</td>
<td></td>
</tr>
<tr>
<td>Family Planning Issues</td>
<td>50%</td>
</tr>
<tr>
<td>Maternal Infections Other Than STDs</td>
<td>46%</td>
</tr>
<tr>
<td>Preterm Labor</td>
<td>45%</td>
</tr>
<tr>
<td>Late/No Prenatal Care</td>
<td>42%</td>
</tr>
<tr>
<td>Life Course Issues</td>
<td>38%</td>
</tr>
<tr>
<td>History of Fetal, Infant Loss</td>
<td>37%</td>
</tr>
<tr>
<td>Prematurity</td>
<td>37%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: April 2005- March 2008 FIMR Case Reviews (n= 92). Multiple factors may be present in individual cases.

PARENTAL KNOWLEDGE & BEHAVIOR

Family planning issues were identified in half of the cases examined by the FIMR case review team in 2005-07. Mothers received late or no prenatal care in more than 40 percent of the cases reviewed.
Fetal mortality or stillbirths includes deaths which occur before birth following at least 20 weeks gestation. In 2007, the five-county area had a ratio of 7.5 fetal deaths for every 1,000 live births, comparable to the state rate (7.6 deaths per 1,000 live births). The fetal mortality ratio for whites in the region was 5.3 per 1,000 live births compared to 6.0 per 1,000 statewide. For nonwhites it was 11.6 per 1,000, compared to 12.4 per 1,000 statewide.

General health of the mother was the most frequently identified factor in the 92 fetal and infant death cases reviewed in 2005-07. Included in this category are pre-pregnancy conditions, other than nutrition and obesity, such as diabetes, hypertension and related illnesses. This risk was identified in 58 percent of the cases reviewed.

Obesity was identified as a contributing factor in 25 percent of the cases reviewed, inadequate nutrition, including first trimester anemia, was cited in more than one-fifth of the fetal and infant death cases examined.

Prematurity was a contributing factor in nearly 40 percent of FIMR cases in 2005-07. Pre-existing medical conditions, including congenital anomalies, were cited as a factor in 11 percent of FIMR cases. In 22 percent of the cases, the infant experienced an infection.

Postnatal mortality includes deaths of infants from 28 days to 364 days of age. In 2007, the five-county area had a postneonatal death rate of 2.9 deaths per 1,000 live births (2.0/1,000 white and 4.7/1,000 nonwhite). The state postneonatal death rate in 2007 was 2.6 deaths per 1,000 live births (1.9 per 1,000 white and 4.6 per 1,000 nonwhite).

Leading causes of postneonatal death in the region are prematurity, congenital anomalies and sleep-related deaths, including SIDS.
SLEEP-RELATED DEATHS REMAIN LEADING PREVENTABLE CAUSE

The Northeast Florida Safe Sleep Partnership redoubled its efforts to increase awareness of factors that can raise the risk of SIDS and other sleep-related deaths with a grassroots outreach effort and media campaign.

The Partnership received funding in 2008 from the CJ Foundation for SIDS, for outreach staff to educate churches, and employees at barber shops and beauty salons. The nontraditional approach will utilize social networks to disseminate information about safe sleep in the community. Also, English and Spanish brochures, magnets and church fans were printed this year to help expand the reach of the Safe Sleep Partnership.

A regionwide awareness advertising campaign was also launched this year replicating the Baltimore City Health Department’s ABC’s of Safe Sleep – Alone, Back, Crib. Newspapers, billboard and transit advertising have been used to spread the message of safe sleep for babies. The Partnership expanded its membership this year and has a dedicated staff educating the public on the dangers of co-sleeping and the importance of infants sleeping in a crib alone and on their backs.

SIDS and other sleep-related deaths remained the leading preventable cause of postneonatal infant mortality in 2007. The rate of SIDS and other sleep-related deaths in the region was 1.35 deaths per 1000 live births, up slightly from the previous year’s rate of 1.21 deaths per 1000.

Despite educational efforts, risk factors persist. Nearly 70 percent of infants who died from SIDS or other sleep-related deaths in 2005-07 were not placed in an infant bed or on their backs to sleep. In about 60 percent of cases, there was bed sharing with an adult or another child. Second hand smoke was present in 40 percent of the death cases.

BLACK INFANT HEALTH INITIATIVE EXAMINES FIMR FINDINGS

An examination of Fetal & Infant Mortality Review (FIMR) findings by race, conducted as part of the 2007 Black Infant Health Practice Initiative, revealed markedly different factors contribute to poor birth outcomes among different groups. Unplanned and undesired pregnancies were more frequent among black cases reviewed between 2005-2007. Substance abuse, including tobacco, was more frequently identified in white cases. There was a significant difference in the number of contributing factors present in each case by race, with blacks experiencing more multiple risks.

In 2007, the Black Infant Health Practice Initiative was created by the state Legislature and Governor to address the medical and social factors contributing to the elevated rates of infant mortality among black infants in Florida. The Practice initiative developed community-based strategies and recommended policy changes at the local and state level to address the disparities. FIMR was a key tool used by Jacksonville and the other seven participating communities to identify contributing factors. The Initiative also updated the Perinatal Periods of Risk (PPOR) for 2003 – 05, supported town hall meetings, organized focus groups, engaged policy makers through key informant interviews, and established the Black Infant Health Community Council to engage and mobilize community leaders and sustain the project activities.

Jacksonville’s FIMR/HIV Pilot

PERINATAL HIV TRANSMISSION: USING FIMR PROCESS TO IMPROVE CARE

Ten recommendations for improving the care available to HIV-infected women were adopted by the Jacksonville FIMR/HIV Pilot Project following completion of a detailed community case review process.

Recommendations focused on four key areas: better integration of HIV care and reproductive health services; capitalizing on missed opportunities for re-engaging HIV-infected women lost to care; improved service coordination; and reducing barriers to services.

Jacksonville was one of three national sites that piloted an adaptation of the FIMR community case review process to examine the experiences of HIV-infected women and their families in and around pregnancy. The goal of the pilot project was to review, identify and address gaps in care for HIV-infected pregnant women and prevent mother-to-child HIV transmission. A multi-disciplinary case review team, including HIV and maternal and child health providers, community agencies and consumers, examined 12 cases over a two-year period. The pilot was an initiative of the U.S. Centers for Disease Control and Prevention (CDC), CityMatch and the National Fetal and Infant Mortality Review Program (NFIMR).

Implementation activities, based on the recommendations, are underway through the efforts of the Women’s, Adolescent’s and Children’s Subcommittee of the Ryan White Part A Planning Council and City of Jacksonville, the Duval County Health Department Title X program, and HIV and Healthy Start case management agencies.