



Fetal and Infant Mortality Review Program (FIMR)

OVERVIEW

Infant mortality is a sentinel indicator of the overall health and well-being of a community and is defined as the death of an infant during the first year of life. Fetal mortality refers to a still birth that is at least 20 weeks or more gestation. Both infant and fetal mortality are complex with many risk factors impacting the outcomes which is why FIMR programs are so important in helping to determine the causes of these deaths.

The National FIMR program began in 1990 as a collaborative effort between the American College of OBGYNs and the Federal Maternal and Child Health Bureau. FIMR is also endorsed by the March of Dimes.

Today, there are 200 FIMR programs nationwide.

Florida adopted the FIMR model in 1992. There are 11 FIMR projects statewide organized under Florida Statute 766.101 and funded by the State of Florida. This statute provides immunity from liability for participants in FIMR projects in order to encourage medical review committees like FIMR to contribute further to the quality of health care in Florida.

FIMR is led by Healthy Start Coalitions in Florida. They provide the advantage of established maternal and child health partnerships in every community.

Community Members participate on a Case Review Teams and Community Action Groups.

Case Review Team members include obstetricians, pediatricians, social workers, nurse-midwives, nurses, coroners or medical examiners, family interviewers, abstractors, community outreach workers, mental health counselors, public health nutritionists, home visiting programs, etc.

Community Action Group members include community leaders representing government, consumers, key institutions, and health & human service organizations.

FIMR BENEFITS

- Provides a **systematic approach** to identify what is driving infant and fetal deaths in a community.
- Is an evidence-based model endorsed by American College of Obstetricians and Gynecologists which facilitates **medical community participation**.
- Includes the **family's perspective**.
- Identifies issues **unique** to a community.
- Allows for **targeted initiatives**.
- **Engages community leaders** to identify and implement solutions.

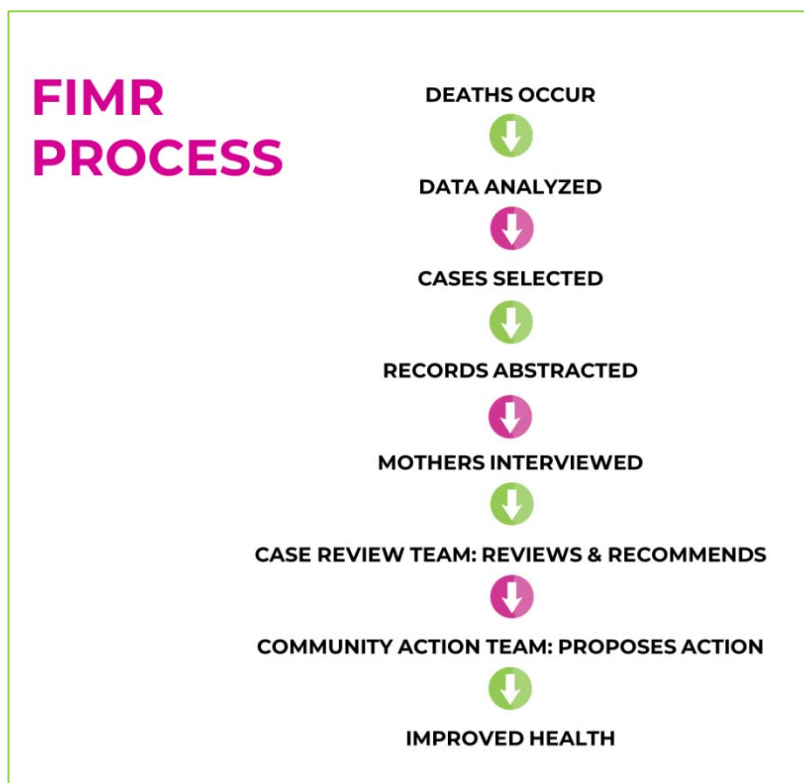
For more information, contact: Cathy Timuta, CEO, (850) 999-6210

www.HealthyStartFlorida.com



PROCESS

There is a Florida FIMR Toolkit that serves as a statewide resource for the development and implementation of FIMR throughout Florida.



IMPACT

A Johns Hopkins Women’s and Children’s Health Policy Center study shows that FIMR programs contribute significantly to improvements in systems of health care for pregnant women and infants through enhanced public health activities in communities.

Florida’s FIMR impact has included community interventions such as bereavement support, the Black Infant Health Practice Initiative, community education, education of incarcerated pregnant women, Interconceptional care services, memory boxes and walks, Safe Baby/Safe Sleep and other safety initiatives, doula programs, and more.

COST

One fully funded FIMR program is at least \$60,000. Costs per program can vary by region primarily driven by salary ranges (i.e., large city nurse salaries are higher than those in smaller areas). **DOH FIMR contracts were originally \$60,000. In 1996-97, DOH reduced the FIMR contracts to \$21,000 and they have remained at this level.** Coalitions need to leverage additional funds to make the program feasible; however, not all areas have local funds available which needs to be considered. In the past, some Coalitions have turned down FIMR contracts because it was not financially feasible. Below is a summary of the amount requested for statewide FIMR programs and support. (Detailed budgets are below)

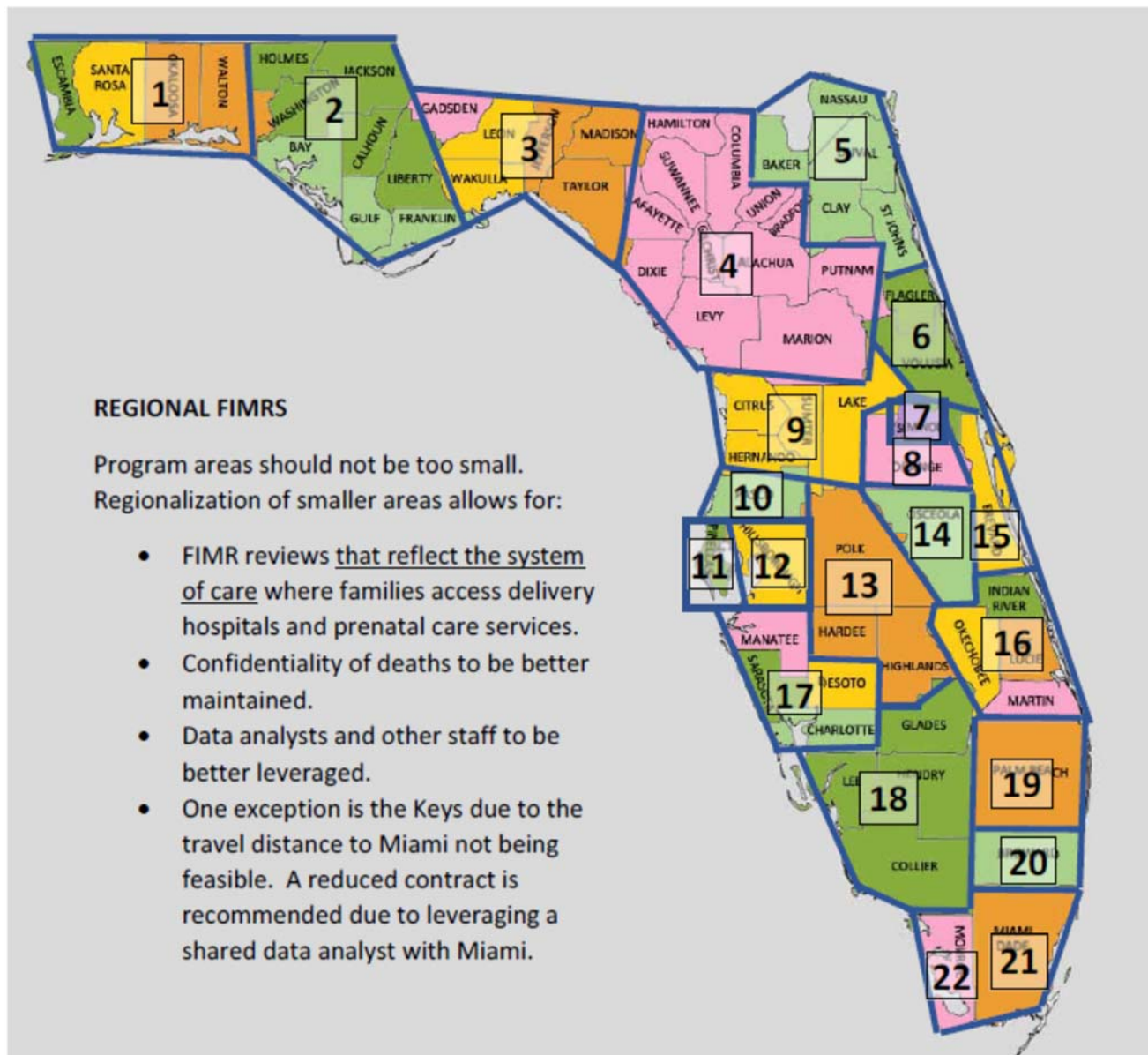
22 regional FIMR programs @ \$60,000 each	\$1,320,000
State training and technical assistant support	\$ 282,000
TOTAL ANNUAL	\$1,602,000

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FIMR REGIONS



REGIONAL FIMRS

Program areas should not be too small.
Regionalization of smaller areas allows for:

- FIMR reviews that reflect the system of care where families access delivery hospitals and prenatal care services.
- Confidentiality of deaths to be better maintained.
- Data analysts and other staff to be better leveraged.
- One exception is the Keys due to the travel distance to Miami not being feasible. A reduced contract is recommended due to leveraging a shared data analyst with Miami.