

**Fetal and infant mortality project (FIMR) of Racine (project funded from
5/07 – 5/09)
data collection 1/1/07-12/31/08**

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**This project is partially funded through the Center for Urban Population Health's (CUPH) Center
Scientist Development Program, which is supported by the Wisconsin Partnership Fund for a
Healthy Future**

Definition of terms:

- **Miscarriage - any loss from conception on (14- 20 weeks gestation)**
- **Fetal loss – 20 weeks – term stillbirth**
- **Neonatal death – 1st 28 days of life**
- **Infant death – birth – 1 year of age**

**History of project – August 2006, began meeting, engaged and obtained commitment
from community partners (Health care system, local health departments, and academic
partner)**

**8/07 Attended national FIMR conference. 2007-08 collected quantitative and qualitative
data**

**FIMR reviews conducted from 3/08 to 12/08. Good community representation by the
time the FIMR project was to be transitioned to another agency.**

Key messages from FIMR reviews

Quantitative results: of FIMR reviews:

- **A higher proportion of African American women experienced fetal/perinatal
losses.**
- **Primarily women in their 20's, Medicaid, with highest frequency in 53403 & 53404**
- **Insufficient information regarding substance use/abuse**
- **High fetal and infant death associated with prematurity (many from 19-24 weeks)**
- **Chorioamnionitis for fetal and infant deaths (inflammation and infection), merits
further study**

Recommendations:

- **Eliminate racial disparities in birth outcomes**
- **Empowerment of women to advocate for themselves and their babies**

- Education for people where they are at: community health fairs, faith based agencies, and churches
- Reducing allostatic stress load
- Pre- and interconception care to optimize health before pregnancy (includes treat chronic conditions and reducing obesity)
- Verify access to prenatal care coordination and appropriate support services for all eligible families

Qualitative Interviews:

- Parents want to do the right thing or be the best parent they can for their child, unborn or live
- Vigilance: "doing everything possible to help this baby make it."
- Mismatch of parental perceptions –between actual and perceived quality of care
- Contextual Factors: Neighborhood Safety/Violence, Poverty, Stress
- Access to Health care: Interrupted Process, Confusing, Limited number of providers, lack of continuity prior to, between and after pregnancies (pre- and interconception care)
- Quality of Care: Care of healthcare providers made impressionable experiences both negative and positive
- Follow-up: mental health
- Understandings of Cause of Death: Infection
- Coping With Loss: Family, Faith

Recommendations:

Engagement of women and families in care before, during and after pregnancy (pre- and interconception care and Reproductive Life Plan)

Optimize communication and planning between health care providers and patients

Entire FIMR report can be found:

<http://www.cuph.org/projects/racine-fimr/material/3181/binary/>