

Fetal and Infant Mortality Review

MORE FIRST BIRTHDAYS

Throughout the United States and Minnesota, infant and fetal mortality remain persisting public health issues. They highlight the significant inequities that exist between white populations and communities of color, especially Black and Indigenous populations. Minnesota must begin to take additional steps to address these inequities and help ensure that all babies are given a chance to live, thrive, and reach their first birthday. Conducting Fetal and Infant Mortality Reviews (FIMR) are important steps that states or local jurisdictions can take to better understand the root causes of fetal and infant deaths, so that recommendations can be implemented to address them.

Infant and Fetal Mortality in Minnesota

- Infant mortality is defined as the death of a live-born infant before their first birthday.
 - In 2019, the infant mortality rate for MN was 5.1 infant deaths for every 1,000 live births, translating to more than 340 infants in MN who did not live to see their first birthdays.
 - The mortality rate for American Indian infants was 10.5 per 1,000 live births and for Black/African-American Infants it was 9.0 per 1,000 live births. These rates are about double the average for the state of MN.
 - Compared to 2018 data, the infant mortality rate for MN babies increased from 4.7 to 5.1 deaths for 1,000 live births, signaling a concerning trend for infant health.
- A fetal death, or stillbirth, is the death of a fetus who is at least 20 weeks’ gestation but dies before birth.
 - In 2019, there were 392 recorded instances of fetal death within Minnesota.
 - Causes of fetal death are still poorly understood. While links between birth and genetic defects, placental and umbilical cord issues as well as maternal health conditions have been established, further research into causes is needed.
- Infant and Fetal Mortality are two maternal and infant health areas where extreme inequities persist in MN. Data compiled from 2014 to 2018 show that infants born to Indigenous or African American/Black mothers are two to three times more likely to die before their first birthday than babies born to White mothers.

Importance of Fetal and Infant Mortality Review

- FIMR is continuous quality improvement (CQI) methodology that provides recommendations based on a careful review of case records data, summaries and interviews with the goal of addressing community needs.
- FIMR includes multidisciplinary case review teams that study de-identified fetal and infant death data to identify root causes and make recommendations for prevention. They work with a Community Action Team to implement recommendations and propose actions based on their findings.
- Each FIMR team follows the methodology below to help provide a standardized process, but also allows for flexibility to adapt to the unique needs of each community.



FIMR Informs Title V

- Many FIMR programs work closely with state Title V agencies, and benefits from this collaboration include:
 - Ability to examine sociocultural, and health systems factors that may be associated with fetal and infant mortality.
 - Providing qualitative data to help fill in the gaps that quantitative data alone misses.
 - Ability to capture and include information on the lived experiences of women who have dealt with infant or fetal loss in the review recommendations.
 - These collaborations provide a full picture of the needs that each community has, and FIMR plays a vital role in understanding and addressing infant and fetal deaths.

Fetal and Infant Mortality Review in the United States

- Currently, 174 FIMR teams exist in 28 states, Washington D.C., Puerto Rico and the Commonwealth of the Mariana Islands.
- 82% of these teams are coordinated by state or local health departments.
- Many of these teams collaborate with other public health programs, including Healthy Start, Maternal Mortality Review Committees (MMRCs), Child Death Review (CDR) committees, and maternal and child health programs.
- Many states have used FIMR teams to translate findings directly into primary and secondary prevention programming. For example:
 - **Baltimore, Maryland**
 FIMR found that 60% of cases being reviewed were to mothers who had their first birth when they were a teen. The CRT determined youth in Baltimore needed targeted support for reproductive and family planning information. The team developed the “U Choose” campaign, which received a grant to assist in comprehensive reproductive health education for schools and training for more clinics to offer all contraception methods.
 - **Inter-Tribal Council of Michigan**
 The FIMR case reviews consistently found that Indigenous women experienced higher rates of commercial tobacco use surrounding pregnancy. Partnering with various state and local organizations, they were able to develop an online educational curriculum aimed at smoking cessation during pregnancy. This curriculum was able to include a culturally grounded approach and information towards breastfeeding, traditional health practices, and infant safe sleep.
- Evidence shows that FIMR significantly improves a community’s performance of public health functions and enhances existing perinatal care systems. It also shows FIMR helps to identify gaps in care, and that more direct action can be taken from FIMR review recommendations than would be possible from vital statistics data alone.

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