Perinatal News & Events

Cincinnati Children's Perinatal Outreach Program



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The Hamilton County Fetal and Infant Mortality Review (FIMR)

In operation since July 2009, the mission of FIMR is to enhance the health and well-being of women, fathers, infants and families in Hamilton County by improving available service delivery systems and community resources by creating a culture of respect for the childbearing process. We explore the circumstances and implications of all infant deaths before 1 year of age, and fetal deaths of 20 weeks or more gestation. These deeply personal sentinel events have social, emotional and medical consequences for the woman, her partner, family members, and the community. The desired end result of the FIMR process is to take points learned from these events to facilitate community change and ultimately reduce infant mortality and health disparities.

FIMR Process

1. Review Records:

- The FIMR office receives death certificates of all infant and fetal deaths in Hamilton County from vital statistics.
- We request and review medical records.

2. Interview Mothers:

- We contact the mother to request a home interview.
- Home interviewers listen to the mother's story of the fetal or infant loss, past life events, and her hopes and plans for the future.
- "...My biggest message is that the nurses and doctors should not leave a mother alone. Make sure she is okay. No one was with me. It was really scary....They didn't even explain what was going on. One person said she would be there for me but she never came back in the room. I was miscarrying. It was really scary. Then the baby came out... I blamed it on myself for months and months. I started smoking cigarettes and marijuana.



The Hamilton County Fetal and Infant Mortality Review (FIMR) continued

I be crying the whole day. A memory box don't make it any better." Mother of fetus that delivered at 22 weeks gestation

- "I hate it here, but the rent is cheap. It's market rate housing. The assistance I get covers the rent." Mother of infant that lived for 14 days, born at 31 weeks gestation Interviewer comments: They lost their housing late in the pregnancy and until the morning of the interview they were living in hotels. They had just moved into the apartment that morning and most of what was there were baby items-a stroller with some baby items piled in it and baby clothes hanging in the closet. We sat on the floor for the interview.
- "They helped us out a lot, like with the funeral and everything. We didn't know where to begin with that. We ended up not really having to pay for everything. Their bereavement team really helped us. They sent cards and condolences and everything after that. The chaplain came to see us. We got to hold the baby. They do it now where you keep the baby in the room as long as you want to." Mother of 38 week old fetus that died in-utero.

3. Review Cases and Make Recommendations:

- After removing identifying information, the FIMR staff present vital and medical records and the mothers' stories to a group of interdisciplinary health care and community professionals, the Case Review Team (CRT).
- The CRT reviews the available information and makes recommendations.
- CRT recommendations have addressed increasing access to health and social services, promoting respectful interactions between patients and providers, and filling gaps in preconception education, resources, or risk identification.

4. Facilitate Community Change:

 CRT recommendations are shared with the Perinatal Community Action Team (PCAT), a consortium of health care and other community agencies.

- In response to FIMR recommendations, PCAT organizations have spearheaded projects to help women learn about pregnancy spacing, enhance their preconception health, and learn current infant safe sleep practices.
- The underlying goal of all PCAT projects is to reduce fetal and infant mortality and eliminate any disparities.

Upcoming Activities:

- Engage team members and community stakeholders in an organizational cultural competence assessment.
- Explore the social determinants of health in home interviews, medical records, and CRT discussions. Social determinants of health, "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness," http://www.cdc.gov/socialdeterminants/ such as housing, education, employment, food security, access to services, domestic violence, crime, and racism are enmeshed in the stories of many women who have lost a fetus or infant.
- Publish the 2011 Annual Report including data on fetal and infant deaths and recommendations for all reviewed cases in 2011. For more information, contact Nancy.Warren@cincinnati-oh.gov or 513-357-7266. (To access the 2010 Annual Report: http://www.cincinnatioh.gov/health/downloads/health_pdf42850.pdf)

Staff:

Coordinator: Nancy Steinberg Warren, MS, CGC Medical Director: Elizabeth Kelly, MD Maternal Interviewer: Karen McGee, RN, CNM, MS Maternal Interviewer: Cynthia Heinrich, LISW-S Administrative Assistant: Martha Walter

Neonatal Abstinence Syndrome: Sharing Best Practices

135 physicians, nurses, social workers, addictions counselors, and other professionals gathered on May 11, 2012 to discuss the complex medical and social issues involved in caring for newborns affected by neonatal abstinence syndrome (NAS). The seminar was held at Shawnee State University in Portsmouth, Ohio and was planned by respresentatives of Cabell-Huntington Hospital, Cincinnati Children's Hospital, King's Daughters Medical Center, the March of Dimes, and Southern Ohio Medical Center. Fifteen hospitals along with public health, private physician offices, community treatment programs and others from West Virginia, Kentucky, and Ohio were represented signifiying the depth of growing concern for infants exposed inutero to opiates in the form of prescription painkillers.

Case presentations including a NICU scenario and a presentation on understanding the addict set the stage for multiple NAS Research in Progress and Pioneering Projects presentations. Research presentations included "Oral Methadone in Treating NAS", "Improving Attendance of Opiate Exposed Infants at High Risk Clinic" and "Length of Stay Reduction: A Quality Improvement Project for NAS." Pioneering Projects included: a dedicated NAS unit, 13 panel CordStat toxicology screen collected on every newborn, Emergency Department inclusion on the Southern Ohio Medical Center's Maternal/Neonatal Substance Abuse Task Force, and the development of a practice-wide smart aim bundle for NAS and in-utero drug exposed infants.

There is much work to be accomplished and many questions to be answered regarding prevention and treatment of NAS. Participants left with new information, new ideas, and new contacts for research, clinical, educational, and legislative collaboration.

Kathy Hill

Ohio Collaborative to Prevent Infant Mortality

The Collaborative formed in 2010 as the successor to the Ohio Infant Mortality Task Force. The Task Force issued a report in late 2009 which included ten recommendations together with rationale and strategies to address Ohio's lack of progress in reducing infant mortality and birth-outcome disparities. These recommendations provide the starting point for the collaborative, which is organized into five workgroups addressing the following topics:

- Coordinated Health Care
- Disparities and Racism
- Data/Metrics/Quality Improvement
- Education/Outreach
- Public Policy

Membership in the collaborative is made up of representatives from business, medicine, government, public health, and advocacy groups and includes the Ohio Chapter of the March of Dimes, the Ohio Chapter of the American Academy of Pediatrics, the Ohio Section of the American Congress of Obstetrics and Gynecology, as well as major hospitals.

For more information and to see the OCPIM's April 2012 Press Release, go to:

http://www.odh.ohio.gov/odhprograms/cfhs/octpim/infantmortality.aspx

"One unintended consequence of the attack on Ohio's opiate epidemic is the increase in the availability of heroin. Heroin has become highly available throughout Ohio, with law enforcement identifying heroin trafficking as a primary concern with the increased demand being attributed to the realization that heroin is easier to obtain than prescription opioids, and that it is cheaper." The Ohio Association of County Behavioral Health Authorities has released a document titled "Prescription Pain Killers to Heroin: Diversion in Ohio." Read it here.

PERINATAL INSTITUTE

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Our mission is to improve the health of newborn infants through innovation in clinical care, education and research.

www.cincinnatichildrens.org

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REGION I

Delivery Hospitals

Atrium Medical Center

Bethesda North Hospital

The Christ Hospital

Clinton Memorial Hospital

Dearborn County Hosptial

Fort Hamilton Hospital

Good Samaritan Hospital

Highland District Hospital

Margaret Mary Community Hospital

McCullough Hyde Memorial Hospital

Meadowview Regional Hospital

Mercy Hospital Anderson

Mercy Hospital Fairfield

St. Elizabeth Healthcare Edgewood

The University Hospital, Inc.

Announcements

Fetal Programming and Environmental Exposures: Implications for Prenatal Care and Pre-Term Birth

Monday & Tuesday, June 11-12, 2012

The New York Academy of Sciences, New York, NY

Presented by the New York Academy of Sciences and Cincinnati Children's Hospital Medical Center

For further information go to: www.nyas.org/FetalProgramming

Diabetes in Pregnancy: Guidelines for Care

Friday & Saturday, July 27-28, 2012

Kingsgate Marriott Conference Center at the University of Cincinnati

Presented by Sweet Success Extension Program (SSEP) and UCHealth Maternal-Fetal Medicine

Brochure and on-line registration info: www.sweetsuccessexpress.com/conferences.htm

AWHONN Ohio Section Sizzlin'Subjects for a Hot Summer Day

Friday, August 10, 2012

Nationwide & Ohio Farm Bureau/4-H Center

http://www.awhonn.org/awhonn/section.by.state.do?state=Ohio&name =Upcoming-Events

Save the Date!

Regional Perinatal Nurse Manager Meeting

Thursday, August 2, 2012 Mercy Hospital Anderson

11th Annual Regional Perinatal Leaders' Summit

Friday, October 19, 2012

Fifth Third Bank Auditorium, Cincinnati Children's Hospital

