Protecting Babies

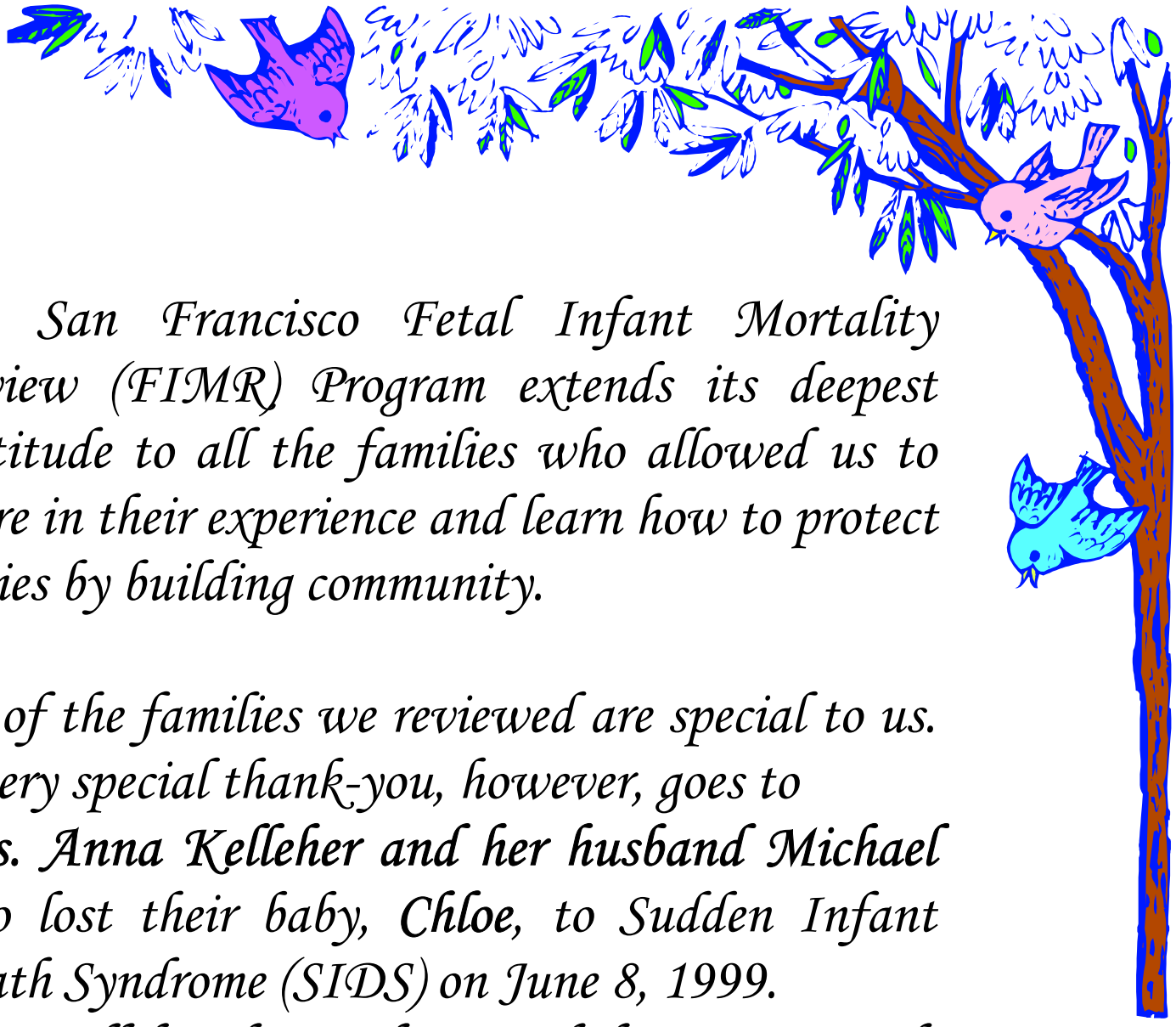
San Francisco
Fetal Infant Mortality Review Program

by
Building Community

A Community Report

Prepared by **Linda Bosley, R.N, Public Health Nurse, FIMR Coordinator**
Patricia E. Evans, M.D., MPH, Medical Director

A project of the
San Francisco Department of Public Health
Children, Youth and Families Section
Mildred Crear, R.N., MPH, Director



The San Francisco Fetal Infant Mortality Review (FIMR) Program extends its deepest gratitude to all the families who allowed us to share in their experience and learn how to protect babies by building community.

All of the families we reviewed are special to us. A very special thank-you, however, goes to ***Mrs. Anna Kelleher and her husband Michael*** *who lost their baby,* ***Chloe,*** *to Sudden Infant Death Syndrome (SIDS) on June 8, 1999.*

Mrs. Kelleher has volunteered her time to the SIDS Program and has worked with the San Francisco County SIDS Coordinator to talk with others and "put a face" on this tragedy called SIDS. We appreciate her courage and time.

FETAL INFANT MORTALITY REVIEW PROGRAM 1998

Annual Report of Findings to the Community

"The preventable death of any child is a tragedy.

It may be an opportunity for a community to grow together,

learn together and thereby grow stronger"

(Author Unknown)

Table of Contents

What is Fetal Infant Mortality Review (FIMR)? ---------- 1

FIMR Program California/San Francisco ---------- 2

Key Findings ---------- 4

FIMR Case Review (sample selection of cases) ---------- 8

Recommendations ---------- 13

Acknowledgments ---------- 14

What Is Fetal Infant Mortality Review (FIMR)?

- Fetal/Infant Mortality Review (FIMR) is an examination and evaluation of the circumstances surrounding the deaths of babies in a community.

- Such review includes babies born dead (fetuses) and babies born alive who die within the first year of life.

- The review is conducted by a diverse team of professionals as well as community advocates.

- Members of the team include representatives from the local health department, doctors and nurses who take care of pregnant women and children, drug treatment counselors, domestic violence workers, church group members, parents, etc.

- All reviews are conducted confidentially.

FIMR is <u>not</u> about fault finding or assigning blame for the death nor is it a research project. The team will ask questions as it examines each case:

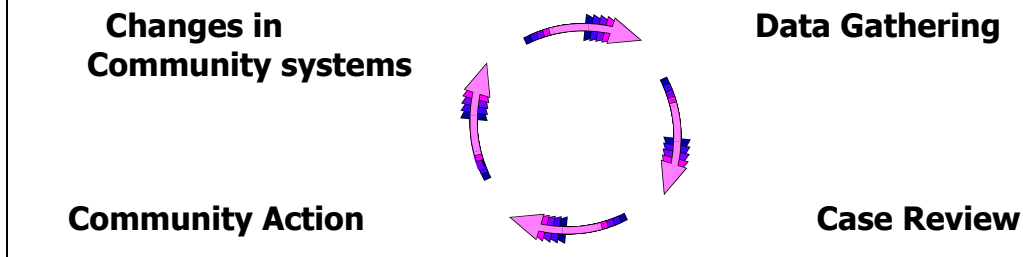
- "Did the family receive the services or community resources they needed?"

- "Does the death of this fetus or infant demonstrate gaps in the healthcare or social services systems in San Francisco?"

Next, the team makes appropriate recommendations for change. Finally, the team translates those recommendations into actions designed to address the identified problems.

The FIMR cycle of improvement is illustrated below in *Figure 1.*

FIGURE 1: FIMR Cycle of Improvement



FIMR PROGRAM – CALIFORNIA

In 1991, the National FIMR Program established California as the first state-directed FIMR program. Since then, California FIMR programs have reviewed over 1500 deaths and developed interventions on a variety of issues from family planning, to preterm delivery prevention, to SIDS risk reduction. Currently, 19 FIMR programs are maintained covering 21 counties in California.

FIMR PROGRAM – SAN FRANCISCO

San Francisco initiated its FIMR program in 1993. At that time the review team elected to review all the fetal and infant deaths of San Francisco residents. The case review team consisted of members of the medical community, the Chief Medical Examiner and representatives from community agencies.

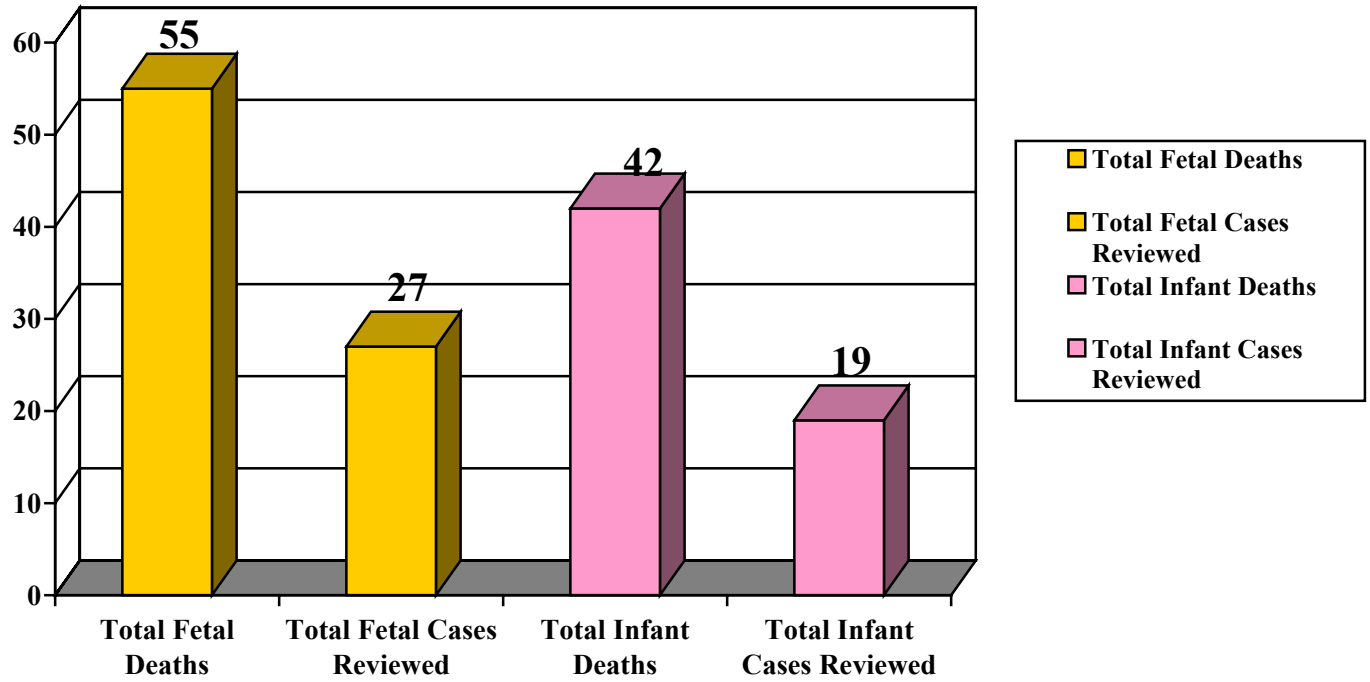
Many lessons were learned about individual cases and patterns related to fetal/infant deaths in our city. A summary of the review of cases (1993-1997) is available upon request.

The year 1998 was a **"transition year"** for San Francisco's FIMR program. The team decided that the criteria for review of cases should be changed. The following guidelines were adopted for the 1998 case review:

- babies weighing at least 1 pound 11ozs (750gms) or more
- babies born 25 weeks into the pregnancy or later
- decline review of deaths caused by birth defects

Although these guidelines were adopted, the FIMR coordinator could select cases for review despite the criteria particularly if the case demonstrated important system problems.
As a result, 19 of the 42 infant deaths (45%) in San Francisco and 27 of the 55 fetal deaths (49%) were selected for review.

1998
Fetal/Infant Deaths: Actual Cases vs. Cases Selected for FIMR Review



Definitions:
Fetal death, per Vital Records Department:

- Stillbirth at least 20 weeks into the pregnancy or at least 1 pound 2 ounces (500gms) birthweight

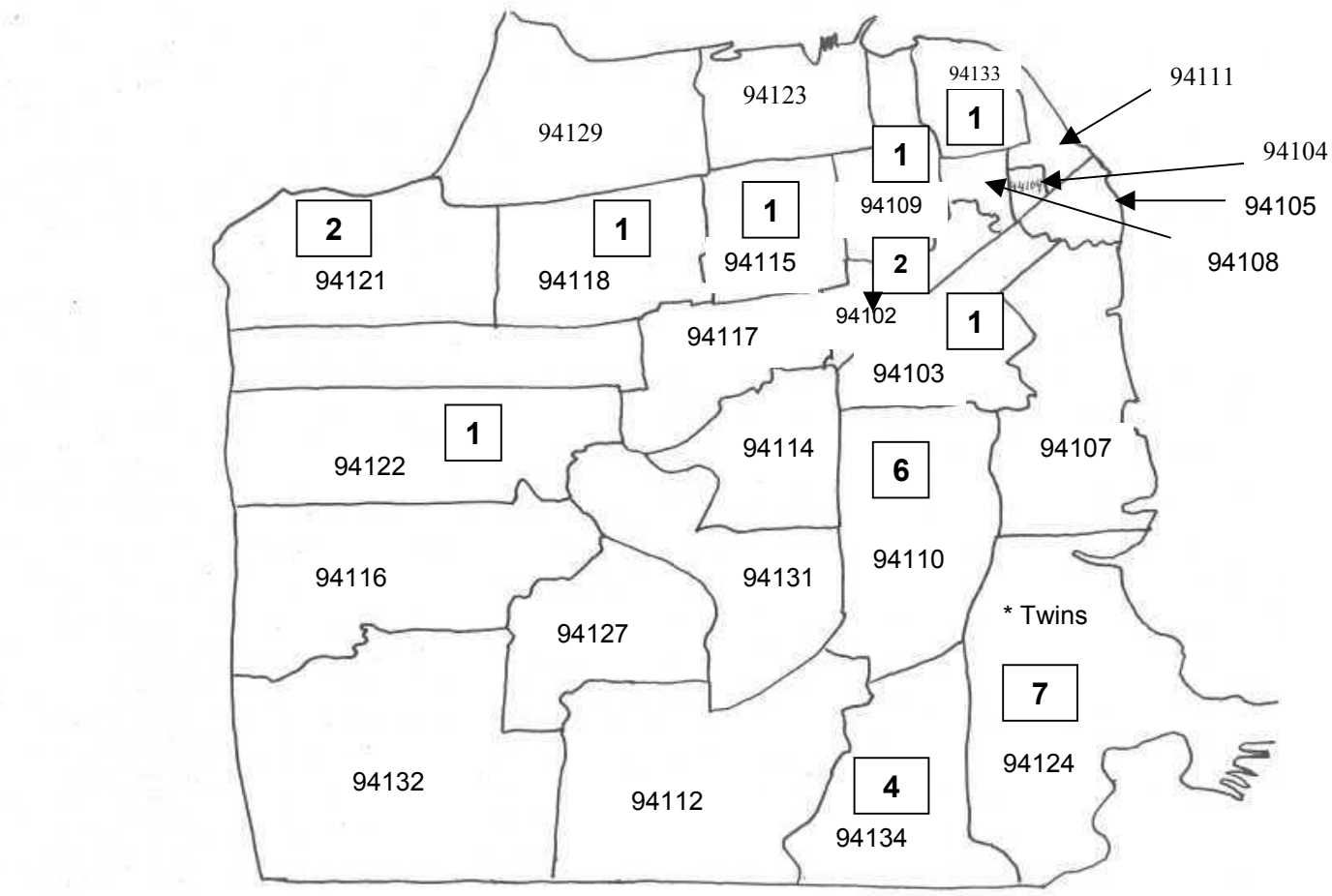
Infant: any child born alive up to 365 days after birth.

Key Findings
1998

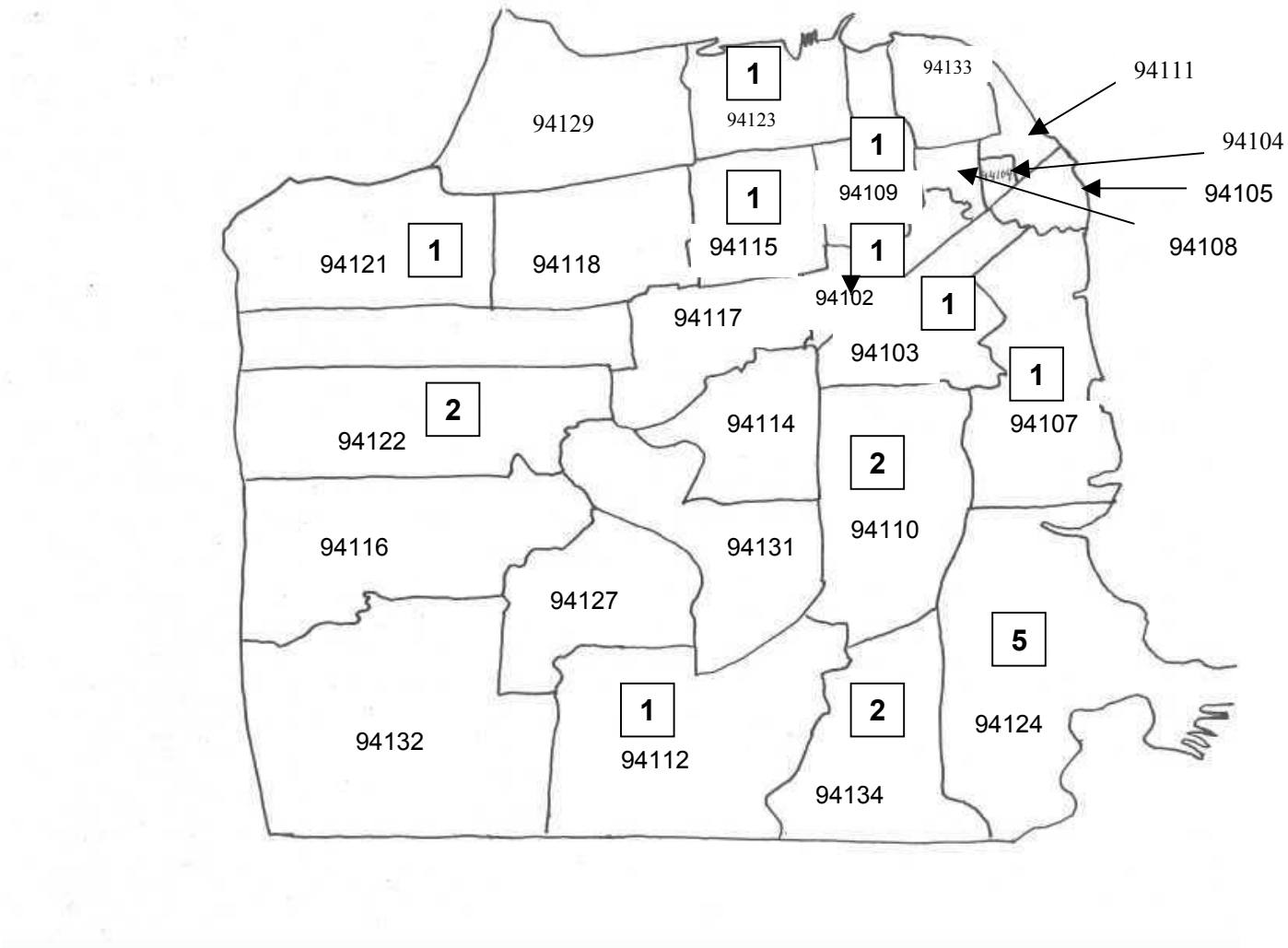
1. San Francisco achieved the Healthy People 2000 objective for infant mortality in 1998. The objective was 7.0 deaths per 1000 births. The infant death rate for San Francisco was 5.3 deaths per 1000 births.
   Our city is well on its way towards the Healthy People 2010 objective of 4.5 deaths per 1000 births.

2. The two major areas of fetal/infant mortality in our city are:
   a) Fetal deaths associated with substance abuse and other high-risk psychosocial factors (i.e. domestic violence, homelessness, lack of adequate housing, low income)
   b) Sudden Infant Death Syndrome (SIDS) in the post-neonatal (29-365 days of age) period.

3. The majority of both fetal and infant deaths selected for review were located in zip codes 94110, 94124, and 94134



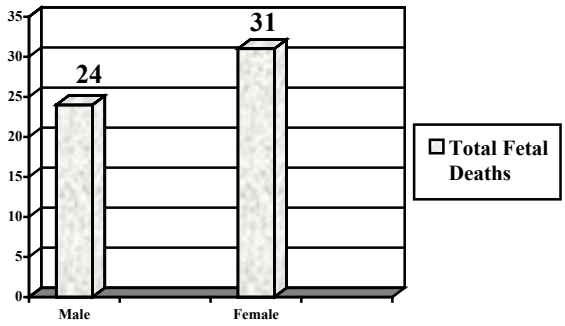
Fetal Deaths (n=27)
* Includes one set of twins



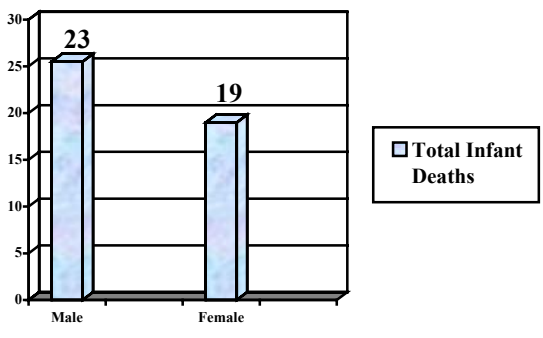
Infant Deaths (n=19)

4. More females than males were <u>not</u> born alive (fetal death)
   More males than females died as infants (birth-365 days)

1998 - San Francisco
Gender - Fetal Deaths



1998 - San Francisco
Gender - Infant Deaths



5. The causes of death (as listed on the death certificate) for the (27) fetal and (19) infant deaths selected for review were:

Fetal

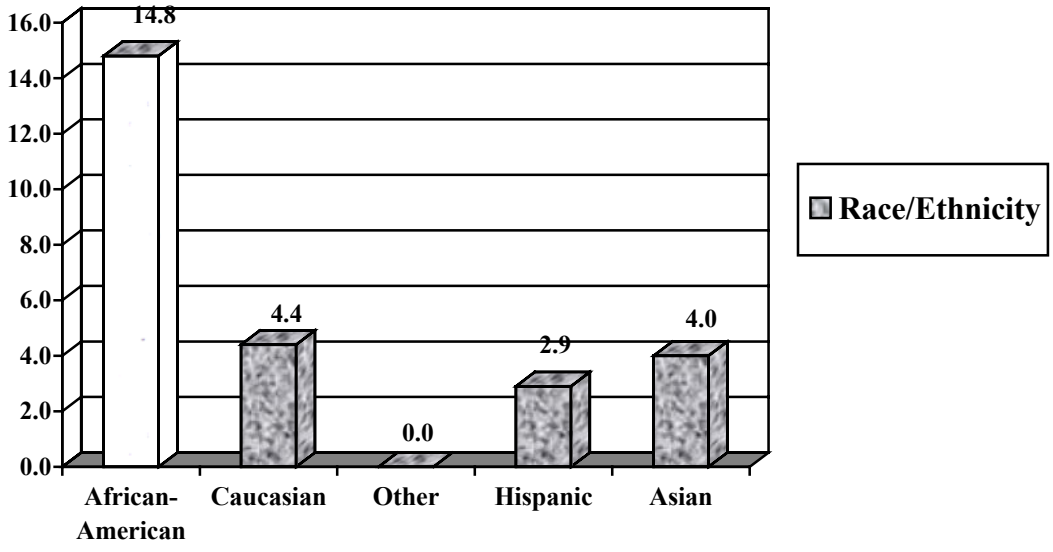
- Intra-uterine fetal demise – 18
- cord accident – 4
- eclampsia – 1
- placental abruption – 1
- extreme prematurity – 1
- maternal polysubstance abuse – 1
- cardiac arrest – 1

Infant

- Sudden Infant Death Syndrome (SIDS) – 11
- bronchopneumonia – 2
- respiratory distress syndrome – 1
- extreme prematurity – 1
- sepsis – 1
- pulmonary hemorrhage – 1
- necrotizing enterocolitis – 1
- intracerebral hemorrhage – 1

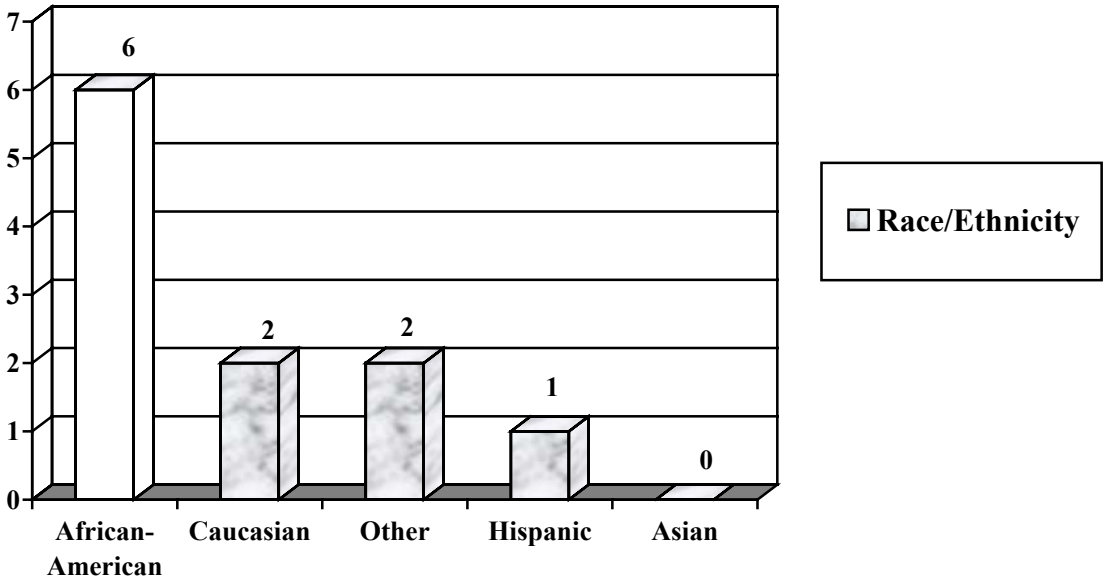
6. In 1998 the infant mortality rate for African Americans in San Francisco was 14.8 deaths per 1000 live births compared to 4.4 per 1000 for Whites, 3.2 for Chinese and 2.9 for Latinos. While the infant mortality rate is falling among African-American as well as White infants, the gap is not narrowing.

1998 San Francisco
Infant Death Rate (per 1000 live births)



- Of the 11 SIDS deaths in 1998 six were African-American.

1998
San Francisco City & County Confirmed SIDS Cases



- 76% of African Americans started prenatal care in the first three months of pregnancy. This is below the rate for Caucasians – 92%, Chinese – 91%, and Latinas – 78%.

7. The Sudden Infant Death Syndrome (SIDS) risk reduction message regarding sleeping infants on their backs ("Back to Sleep") has not fully penetrated the high-risk communities, particularly people of color. Additionally back sleeping is not being modeled sufficiently in hospital nurseries or re-inforced in medical follow up settings.

8. San Francisco lacks adequate and culturally appropriate bereavement resources particularly for families who have suffered a SIDS death.

9. Despite the fact that San Francisco has numerous bilingual/bicultural resources in medical settings, such services are not readily available 24 hours a day.

10. Medical records documentation of psychosocial factors and bereavement interventions is lacking in the majority of records reviewed.

11. Only 19% of the cases selected for review received a Public Health Nurse (PHN) home visit/interview. This is approximately the same percentage of visits for 1993-1997. A more acceptable percent of home visits would be at least 75% of the cases.

12. Patient education regarding fetal movement (i.e. kick counting) was not provided in a large percentage of the fetal death cases.

13. Existing programs for outreaching to substance abusing pregnant women are in need of programmatic, staffing and financial augmentation.

1998

FIMR CASE REVIEW

A sample selection of cases:
Issues identified/Recommendations made

Community Strategies for Change

Recommendations

1. Augment the existing agencies in our city that service "hard to find" and high risk women of child-bearing age. (i.e., Homeless Prenatal Program, Sistah, Sistah Program, Teenage Parenting Project, Black Infant Health Improvement Project, etc.)

2. Utilize all avenues necessary (media, community events, hospital grand rounds, etc.) to ensure "Back to Sleep" information is given to all new parents, especially in communities of color. Ensure the message is re-inforced by medical providers and child care workers.

3. Augment the San Francisco Department of Public Health African American Health Initiative's goal to improve the health status of the African American community in San Francisco

4. Standardize medical obstetrical records throughout the city to ensure psycho-social factors are elicited and interventions are documented.

5. Ensure that at least 75% of the families selected for review receive Public Health Nursing home visits and assessments.

6. Encourage medical practitioners servicing pregnant women to provide patient education regarding fetal movement monitoring (i.e. kick counting).

Acknowledgements

The San Francisco Fetal/Infant Mortality Review (FIMR) Program would like to thank the following members of the FIMR Case Review Team for their invaluable expertise and for volunteering their time to review the 1998 cases:

San Francisco Department of Public Health

Pam Brett, LCSW
Perinatal Social Worker

Alma Martinez, M.D.
Associate Professor of Pediatric University of California, San Francisco at San Francisco General Hospital

Tracy Moore
Black Infant Health Program Coordinator

Mary Reardon, PHN
Department of Human Services

Janet Shalwitz, M.D.
Medical Director of Maternal, Child and Adolescent Health

Susan Sniderman, M.D.
Pediatric Department
at San Francisco General Hospital

Suzanne Thornley, R.N., PHN
Maxine Hall Health Center

Judey Wierzba, R.N.
Potrero Hill Health Center

Community Members

Kathy Baxter, Executive Director
San Francisco Child Abuse Council

Carla Roberts
Substance Abuse Coordinator
Homeless Prenatal Program

Paulina Patterson, R.N., PhD
University of California School of Nursing

A heartfelt thank-you to the newer and current FIMR Case Review Team Members:

San Francisco Department of Public Health

Dr. Patricia Evans, MCAH Medical Director
Marcia Hansen, Certified Nurse Midwife
Carol Knight, Dept. of Public Health
Carol Schulte, LCSW; Perinatal Services Coordinator

Community Members

Margaret Gold, Treatment Director
Jelani House
Patricia Jackson, Support Center Coordinator
BIH-CAHEED
Sonya Robinson, Outreach Worker
RAISE PROJECT

The following individuals are acknowledged for their support and/or consultation:

Jeanne Duggan, Statistician
Boyd G. Stephens, MD, Chief Medical Examiner, City and County of San Francisco
William Taeusch, MD; Chief of Service, Pediatrics, San Francisco General Hospital
Patt Young, Program Coordinator, Perinatal Network of Alameda/Contra Costa

A special thank-you to the following administrative clerical support staff:

Thomas Hite
Kristine Ly
Antoinette Walton

Thank you to the medical records staff of the following hospitals:

California Pacific Medical Center
Kaiser Permanente Medical Center
San Francisco General Hospital
St Luke's Medical Center
University of California San Francisco Medical Center

Our sincerest gratitude to the District Public Health Nurses who provided support and conducted interviews with the families selected for review.

"The task of each family is also the task of all humanity.

This is to cherish the living,

Remember those who have gone before

And prepare for those who are not yet born"

….Margaret Mead