

Acknowledgements

The Louisiana Fetal and Infant Mortality Review (FIMR) is supported by the Louisiana Maternal and Child Health Title V Program.

Louisiana FIMR was initiated and developed through the vision of Maternal and Child Health Program Director, Joan Wightkin, Dr PH, and Juan Acuna, M.D. CDC-Assignee Epidemiologist 2000-2005.

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To Dr. Michael Kudla for his continued support to FIMR staff statewide and special thanks to Laura Buback, MPH student, Tulane School of Public Health and Tropical Medicine.





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Louisiana State FIMR

Louisiana FIMR Network

The Louisiana Fetal and Infant Mortality Review (FIMR) Network is based on the National FIMR initiative of the American College of Obstetricians and Gynecologists and supported through the Federal Maternal and Child Health Bureau. This national program is an anonymous review process of stillbirths and infant deaths. A summary of these reviews is presented to community members in order to understand the modifiable circumstances associated with infant deaths, improve services and resources for women, infants and families and potentially reduce the occurrence of future deaths, ultimately reducing infant mortality in the state of Louisiana.

Louisiana FIMR:

- Examines social, economic, cultural, safety, and health systems factors associated with fetal/infant deaths
- Plans and participates in interventions and policies to address these factors
- Assesses the progress of the interventions and provides a conduit between state and local leaders and stakeholders

FIMR methodology was evaluated by the Johns Hopkins School of Public Health (Hutchins, Grason, Handler, 2004 FIMR and other mortality reviews as public health tools for strengthening maternal and child health systems in communities: Where do we need to go next? Maternal and Child Health Journal 8(4):259-268.) FIMR was found to be an effective perinatal systems intervention. It is a communitybased assessment strategy that aims to produce better health care for children and families, while improving communication and saving costs. The researchers concluded that "the likelihood of real change and improvement in services and policies will be facilitated if findings are disseminated widely at both the local and state levels to consumers, professionals, and key policymakers. To this end, a strong partnership between local health departments, social service agencies, MCH consumer advocacy groups, and state maternal and child health programs in the conduct of mortality reviews is essential."

Creation of Louisiana FIMR

In 1993, the New Orleans Healthy Start program, Great Expectations, began an infant mortality review which analyzed infant deaths occurring in the Great Expectations target area. The review also examined factors that may have contributed to the infant deaths through the systematic evaluation of individual cases.



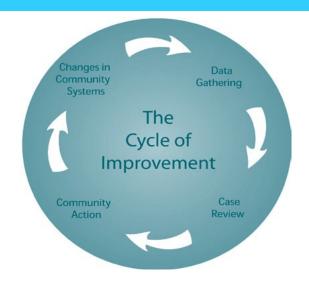
The Louisiana state FIMR network formed in 2001 to address Louisiana's high infant mortality rate (IMR), which is consistently higher than the national average. Following a significant decline in the early to mid-1990's, the Louisiana infant mortality rate (IMR) began to climb steadily starting in 1998.

In 2007 the IMR decreased, to 9.0 infant deaths per 1,000 live births, the lowest since 2000, but still remains one of the highest in the nation. The Maternal and Child Health Program of the Louisiana Office of Public Health sponsors a state-wide FIMR program as a key part of the Louisiana Infant Mortality Reduction Initiative. Region 6 in Alexandria, Louisiana, was the first to begin fetal and infant death reviews in 2003, followed closely by Region 7 in Shreveport. As of December 2009, all nine public health regions in Louisiana had active FIMR programs serving 34 different parishes. Each region's program is led by a FIMR coordinator, who is responsible for coordinating the regional infant mortality initiative. The coordinator provides linkages between hospitals, private physicians, community members and public health workers to address infant mortality. The network of nine regional FIMR programs is directed by a leadership team in the state Maternal and Child Health Program (MCH)-Office of Public Health. provides state-wide communication, guidance, and continuing education. FIMR involves the community through a community action team.

Keys Steps in the FIMR Process

FIMR is a community owned, action-oriented cycle of improving maternal and infant health. The process begins when a fetal or infant death occurs in a community. Throughout each of the following steps, <u>confidentiality of all case information</u> is maintained.

- Information about the infant death is abstracted by FIMR Registered Nurse (RN) staff. Sources include vital records, public health, medical, and social service records.
- ♦ An *interview* with the mother who has suffered the loss is conducted by the FIMR RN, if the mother agrees. FIMR nurses receive training in grief support. The RN assesses the needs of the family and refers to be reavement support and community resources if indicated.
- ◆ The Case Review Team (CRT) composed of physicians, coroners, health, social service and other experts from the medical community, review the de-identified case and interview summary. The CRT then identifies issues and makes recommendations to the Community Action Team.
- The *Community Action Team* (CAT), a diverse group of community leaders, faith based groups, administrators, legislators and others in the community involved with women, infant and family issues, reviews the Case Review Team's recommendations, prioritizes identified issues, then designs and implements interventions to improve service systems and resources. The FIMR CAT offers a potential role for every citizen in Louisiana to become involved.



The FIMR Data-to-Action Cycle of Improvement

FIMR's strength is in the data-to-action which leads to improvements in medical, social and community systems. The still birth or death of even one infant then has the capability of preventing future loss through improvement in community and state systems.

In Louisiana, the MCH epidemiologist provides data to the FIMR groups. Medical and social service records provide the individual de-identified data to the FIMR RN for the FIMR Case Review Teams that then target specific needs for the FIMR Community Action Teams.

2009 FIMR Reviews: Residence of mother with fetal or infant loss



State PH Regions	Parish
Region 1	Jefferson, Orleans
Region 2	Ascension, East Baton Rouge,
	East Feliciana, Iberville, Pointe
	Coupee, West Baton Rouge,
	West Feliciana
Region 3	new in 2009
Region 4	Acadia, Lafayette, St. Landry,
	St. Martin
Region 5	Calcasieu
Region 6	Avoyelles, Grant, Rapides,
	Vernon,
Region 7	Bossier, Caddo
Region 8	Caldwell, East Carroll, Franklin,
	Jackson, Lincoln, Madison,
	Morehouse, Ouachita, Richland,
	Tensas, Union, West Carroll
Region 9	St Tammany, Tangipahoa,
	Washington

Louisiana State FIMR

GOAL AND OBJECTIVES

The goals of the regional FIMR teams are to reduce the fetal-infant mortality rate and improve birth outcomes in the targeted area by providing information to local health providers and community leaders about the circumstances surrounding a fetal or infant death. Individual hospitals review the medical care related to infant deaths, while FIMR focuses on preventive and community level solutions. These include prenatal care, social support services, education, counseling, and community-based outreach. The review panels work to achieve this goal through the following objectives:

- ◆ Collaborate between the Regional Office of Public Health (OPH) and the FIMR Medical Case Review Team and Community Action Team to update current needs assessment of perinatal health and psycho-social related needs and resources.
- Lead the community in developing and supporting plans to implement the priority issues.
- Coordinate educational and community informational programs addressing infant mortality reduction.

Methods of Case Review

Regional FIMR teams utilize multiple methods of identifying cases of fetal and infant deaths. Methods include:

- Review of obituaries in local daily newspapers
- Direct communication with local hospitals, medical records death logs, labor and delivery units, neonatal intensive care units (NICU), and emergency departments
- ♦ Communication with staff at Coroner's Office
- ♦ Coordination with local Child Death Review Panels
- ♦ Communication with community groups, such as faith-based organizations
- ♦ Review of Louisiana Vital Records

As these are very diverse sources, it requires FIMR Coordinators to maintain relationships with its various collaborators.

FIMR Collaboration

FIMR partners include:

City of New Orleans – Healthy Start Program, Healthy Start New Orleans Consortium, Family Road of Greater Baton Rouge, Woman's Hospital Baton Rouge, Earl K. Long LSU Medical Center, Family Tree of Acadiana – Healthy Start Program, Women and Children's Hospital Lafayette, Southwest Louisiana AHEC, Extra Mile Alexandria, Rapides Foundation, Byrd Regional Hospital, Bayne Jones Army Community Hospital, Avoyelles Hospital Marksville, LSU Health Sciences Center Shreveport, Children's Coalition of Northeast Louisiana, St. Tammany Commission on Families, St. Tammany Parish Hospital, Slidell Memorial Hospital, Lakeview Regional Medical Center, North Oaks Medical Center, LSU-Bogalusa and many others.



Keeping An Eye on the Data

FIMR regional teams use population based epidemiologic data from Louisiana Vital Records and Pregnancy Risk Assessment Monitoring System (PRAMS) to support case findings and drive priority setting at the local level.

Infant Mortality

Infant Mortality Rates (IMR) in Louisiana have been consistently higher than the overall rate for the United States. Infant mortality is defined as the number of deaths of infants less than one year of age per 1,000 live births. In 2006, Louisiana had the second highest IMR in the nation. Infant mortality rates among blacks are two to three times that of whites in some Louisiana parishes. And the black IMR rates in both the US and Louisiana are almost double that of whites. In 2007, infant mortality in Louisiana decreased to 9.0 infants per 1,000 live births, the state's lowest rate since 2000.

Source: Louisiana Vital Records: US Vital Statistics

Causes of Infant Mortality

While FIMR examines the many factors contributing to fetal and infant deaths, there are three principle direct causes. In Louisiana, 47.0% of fetal and infant deaths are caused by conditions originating in the perinatal period, 18.0% are caused by congenital malformations, deformations, and chromosomal abnormalities and 11.1% are caused by sudden infant death syndrome (SIDS).

Source: Louisiana Vital Records, 2004-06

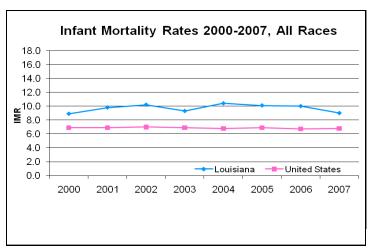


Figure 1

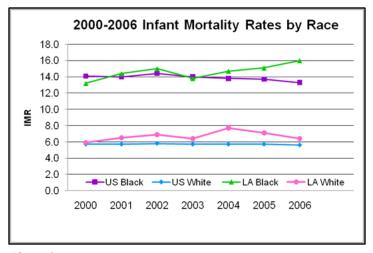


Figure 2

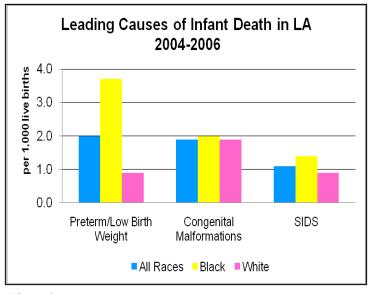
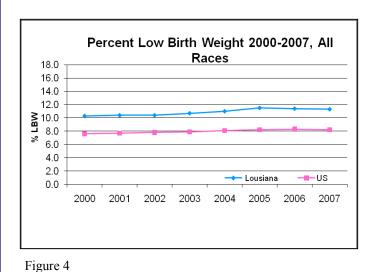


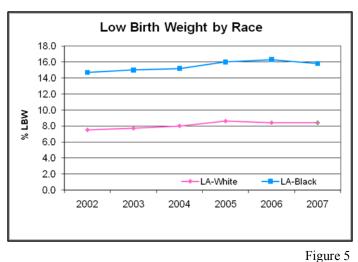
Figure 3

Keeping An Eye on the Data

Low Birth Weight

Low birth weight is defined as a baby weighing less than 2,500 g (5.5 lbs).





Source: Louisiana Vital Records Birth files

Preterm Births

Preterm birth, defined as birth at less than 37 completed weeks of gestation, is a major contributor to low birth weight births in Louisiana. Premature infants have a higher incidence of birth

Preterm Births 2001-2006, All Races

20.0
18.0
16.0
12.0
12.0
10.0
8.0
6.0
4.0
2001 2002 2003 2004 2005 2006

defects, which cause 18% of infant deaths. The increase in Louisiana's rate of preterm birth has outpaced growth in the national rate since 2002. The state and national rates both show significant differences among races.

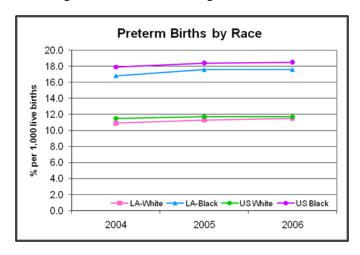


Figure 6 Source: Louisiana Vital Records Birth files

Figure 7

Prenatal Care

Both preterm births and low birth weight can be reduced through improved preconception and prenatal health. The statewide percentage of women receiving early prenatal care remained stable at about 87% from 2004-2006. Disparities are apparent, however, as white women remain more likely than black women to receive early prenatal care. Compared to other states, Louisiana ranks exceptionally high in providing early and adequate prenatal care. In its 2009 America's Health Rankings, the United Health Foundation ranked Louisiana 3rd in this area.

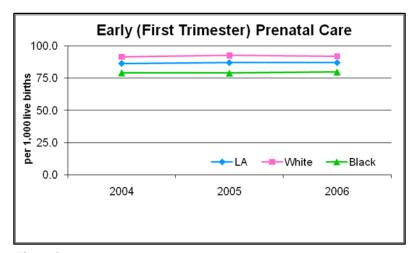
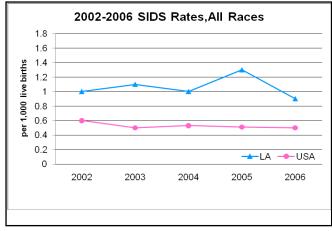


Figure 8 Source: Vital Records Birth files

Sudden Infant Death Syndrome (SIDS)/Sudden Unexplained Infant Deaths (SUIDs)

While the majority of infant deaths are related to maternal health, 11% are attributed to SUIDs, and may be classified by Louisiana Vital Records as SIDS but may not be confirmed. SIDS is an issue related to infant health and care. A sudden infant death is defined as the death of an infant less than one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history (*Willinger et al, 1991*). SIDS occurs about twice as often in Louisiana than nationally. There are also racial disparities on a state wide and national level.



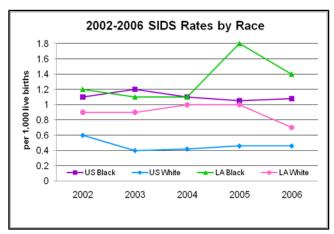


Figure 9 Figure 10

Source: Louisiana Vital Records; US Vital Statistics

Case Reviews & Statewide Findings

Statewide totals: 2009 Louisiana Case Reviews, all regions

	TOTAL 2009	Reg. 1	Reg. 2	Reg.	Reg. 4	Reg. 5	Reg. 6	Reg.	Reg. 8	Reg. 9
# Of cases abstracted	225	36	25	New in 2009	25	8	46	24	20	41
Of abstracted cases, % of fetal deaths	52.4	97.1	40.0		32.0	25.0	43.5	37.5	70.0	53.7
Of abstracted cases, % of infant deaths	47.6	2.9	60.0		68.0	75.0	56.5	62.5	30.0	46.3
Of cases, % of interviews completed	23	0	0		9	<5	7	<5	<5	0

Associated Risk Factors from Cases REVIEWED by CRTs Statewide	2009
	n=199 (%)
Maternal Demographics	
Single mother	113 (56.8)
Teenage mother (≤19 years)	39 (19.6)
Older mother (≥30 years)	37 (18.6)
Low educational attainment (<high school)<="" th=""><th>34 (17.1)</th></high>	34 (17.1)
Pregravid BMI	
Underweight	22 (11.1)
Normal	58 (29.1)
Overweight	19 (9.5)
Obese	47 (23.6)
Gestational Age	
<29 weeks	52 (26.1)
Substance Abuse	
Substance Abuse	49 (24.6)
Prenatal Care	
Late entry (entered at week 14+)	45 (22.6)
Family Planning	
Pregnancy interval <12 months	33 (16.6)
Birthweight	
<500 grams	14 (7.0)
Sleeping Situation	
With others	12 (6.0)
Sleeping Location	
Adult bed	10 (5.0)
Sleeping Position when Found	
Abdomen	11 (5.5)
Side	6 (3.0)

^{*}Not all cases abstracted in 2009 were reviewed in 2009

2009 Causes of Fetal & Infant Death

Conditions originating in the perinatal period	
Prematurity	
Cord accident	
Asphyxia	
Placental abruption	
RDS (also hyaline membrane disease)	
Pulmonary hemorrhage	
Incompetent cervix	
Group B strep	
Anhydramnios	
Congenital malformations, deformations, and chromosomal abnormalities	
NEC (necrotizing enterocolitis)	
Trisomy 18	
Multiple congenital anomalies	
Anencephaly	
Gastroschisis	
Omphalocele	
Pulmonary hypoplasia	
Congenital heart disease	
Renal/urinary agenesis	
Sudden infant death syndrome (SIDS)	
SIDS	
SUDI (sudden unexpected death in infancy)	
External causes of mortality	
Suffocation due to overlay	
Shaken baby syndrome	
Other	
Multiple organ failure	
Diseases of the respiratory system	
BPD (bronchopulmomary dysplasia)	
Pneumonia	
Respiratory failure	
Infectious and parasitic diseases	
Sepsis	
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classifi	ed
Cardiorespiratory failure	

2009 Case Review Team Recommendations

Region 1

- Increase awareness of benefits of being healthy before and after pregnancy.
- The need for family planning awareness and education.
- ◆ Increase awareness on the negative effects substance use has on pregnancy.
- Nutritional counseling on appropriate weight gain during pregnancy.

Region 2

- Ensure patients have a medical home with wrap-around services for teens and women.
- Increase access to grief counseling.
- Encourage pediatricians and other physicians to refer patients to NFP, and other programs.
- ♦ Make mental health services more accessible to the population through locality and time available.
- Increase access to interconceptional counseling and health care.

Region 4

- Promote faith-based community awareness and education on the importance of being healthy before and between pregnancies.
- Promote minority health community awareness and education.
- Promote breastfeeding in concordance with the Acadiana Breastfeeding Coalition, the state GIFT program and state Breastfeeding Coalition.
- Raise awareness and education among civic leaders on issues related to infant mortality.

Region 5

- Develop a public education campaign to promote safe sleep for infants.
- Emphasize the potential harm of smoking, alcohol and/or drug use on a fetus before a woman knows she is pregnant.

Region 6

- Increase awareness among providers, health workers and the community on the dangers of alcohol use in pregnancy.
- ◆ Increase awareness among providers, health workers and the community on the importance of preconception and interconception health for all women of reproductive age.

Region 7

- Develop a public campaign to promote safe sleep among infants.
- ♦ Education on co-morbidities and other conditions and how they effect pregnancy.

Region 8

- ♦ Increase awareness of the signs and symptoms of preterm labor
- Increase education on proper birth control usage.

Region 9

- Improve access to regional mental health resources.
- Promote safe sleep practices among infants.



Region 1

The Region 1 FIMR program was established in 2007. The Case Review Team currently reviews records abstracted in Orleans and Jefferson Parish and collaborates with three hospitals in the area. As of 2009, the Community Action Team has over 20 members, led by Coordinator Beverly Shields, MSN, MBA, LNC, BC who also provides initial bereavement counseling to grieving parents at local hospitals. A highlight of 2009 was the statewide three day Resolve Through Sharing bereavement training including a full day of bereavement coordinator training, supported by Healthy Start New Orleans. This event drew many participants including FIMR staff, health care providers, child care providers and social services professionals.



Hospitals where cases are being abstracted
Interim LSU Public-University Hospital
Ochsner Medical Center -West Bank Campus
Touro Infirmary

Associated Risk Factors from Cases REVIEWED, 2009				
	2009 n=26 (%)			
Maternal Demographics				
Single mother	15 (57.7)			
Teenage mother (≤19 years)	<5			
Older mother (≥30 years)	7 (26.9)			
Low educational attainment (<high school)<="" th=""><th><5</th></high>	<5			
Pregravid BMI				
Underweight	<5			
Overweight	<5			
Obese	5 (19.2)			
Substance Abuse				
Substance Abuse	<5			
Family Planning				
Pregnancy interval <12 months	<5			
Prenatal Care				
Late entry (entered at week 14+)	<5			

Region 2

The Region 2 FIMR program was established in 2003. Region 2 is currently reviewing records from East Baton Rouge and West Baton Rouge parishes. As of 2009, the Case Review Team led by LaVonne Smith, RN, has 14 members. The Community Action Team has 50 members, led by Coordinator Virginia Pearson, MA. The team collaborates closely with local hospital staff at Woman's Hospital, Ochsner Medical Center, Earl K Long Hospital, Our Lady of the Lake, Baton Rouge General and Lane Regional Medical Center. In 2009, in partnership with Capital Area Human Services, an Emergency Referral Guide was provided to hospital medical directors, physicians, social services, and faith based organizations.

Hospitals where cases are being abstracted
Baton Rouge General Medical Center
Earl K Long Medical Center
Our Lady of the Lake Regional Medical Center
Woman's Hospital

Throughout 2009, Deborah Jensen, MD, at Earl K. Long Medical Center in East Baton Rouge, has been involved in FIMR. She indicated that through this work, she has learned about more resources that are available for her medical residents and patients at Earl K. Long Medical Center. She is also more aware of making her records as complete as possible after going through the Case Review Team process.

Associated Risk Factors from Cases REVIEWED , 2009				
	2009			
	n=17 (%)			
Maternal Demographics				
Single mother	14 (82.4)			
	<5			
Teenage mother (≤19 years)				
	<5			
Older mother (≥30 years)				
	<5			
Low educational attainment (<high school)<="" th=""><th></th></high>				
Pregravid BMI				
Overweight	<5			
Obese	<5			
Substance Abuse				
Substance Abuse	<5			
Family Planning				
Pregnancy interval <12 months	<5			
Prenatal Care				
Late entry (entered at week 14+)	6 (35.3)			
Birthweight				
<500 grams	5 (29.4)			
Gestational Age				
<29 weeks	7 (41.2)			

The Region 4 FIMR program was established in 2005. Currently cases from the parishes of Acadia, Lafayette, St. Landry, Evangeline and St. Martin are being abstracted by Veronica Rogers, RNC, BSN. The Community Action Team (CAT) has over 100 members, led by Coordinator Joan Conway, RN, BSN. The team partners with the local Rotary Club and Healthy Start for community outreach and implementation. A highlight of 2009 was the first annual Hispanic Health Fair, which was supported by Hispanic services and business leaders. During Infant mortality Awareness month in September, FIMR coordinated with local Rotary Clubs to establish a memorial sanctuary in a Lafayette park dedicated to babies who did not survive.

"The potential for positive impact upon Louisiana's negative health profile was apparent to me at FIMR's introductory meeting approximately 5 years ago. Region 4's FIMR effort has evolved since that time into an active coalition with clearly identifiable goals and objectives. Through the work of each individual and agency represented at FIMR meetings, women & children have been given priority for healthier outcomes and a higher quality of life."

Donna B. Broussard, M.Ed.

Hospitals where cases are being abstracted
Acadian Medical Center
American Legion Hospital
Lafayette General Medical Center
Opelousas General Hospital
University Medical Center
Women's and Children's Hospital

Associated Risk Factors from Cases REVIEWED, 2009				
	2009 n=18 (%)			
Maternal Demographics				
Single mother	9 (50.0)			
Teenage mother (≤19 years)	<5			
Older mother (≥30 years)	<5			
	<5			
Low educational attainment (<high school)<="" th=""><th></th></high>				
Pregravid BMI				
Normal	11 (61.1)			
Obese	<5			
Substance Abuse				
Substance Abuse	6 (33.3)			
Family Planning				
Pregnancy interval <12 months	<5			
Prenatal Care				
Late entry (entered at week 14+)	<5			
Gestational Age				
<29 weeks	5 (27.8)			

Region 5

The Region 5 FIMR program was established in 2004. The Case Review Team currently reviews records from Calcasieu Parish. The Community Action Team is led by Coordinator Nancy Roach, RN, BSN, and currently has more than 15 members. Two events held in 2009 raised awareness about the need to provide safe sleep environments for infants in Region 5. The SIDS Awareness and Safe Sleep Summit drew health-care, child-care and social-services professionals. My Fair Baby, a community-wide baby shower, taught expectant parents and new mothers about safe sleep, breastfeeding, shaken-baby syndrome, postpartum depression and emergency preparedness. Both events drew capacity crowds.

Associated Risk Factors from Cases REVIEWED, 2009			
	2009 n=5 (%)		
Maternal Demographics			
Single mother	(60.0)		
Low educational attainment (<high school)<="" th=""><th>(20.0)</th></high>	(20.0)		
Pregravid BMI			
Obese	(20.0)		
Substance Abuse			
Substance Abuse	(40.0)		
Family Planning			
Pregnancy interval <12 months	(40.0)		
Prenatal Care			
Late entry (entered at week 14+)	(20.0)		
Site of Infant's Death			
Other	(20.0)		
Sleeping Situation			
With others	(20.0)		
Sleeping Location			
Couch or chair	(20.0)		
Sleeping Position when Found			
Abdomen	(20.0)		



Hospitals where cases are being abstracted
Lake Charles Memorial Hospital
West Calcasieu Cameron Hospital
Women and Children's Hospital of Lake Charles

The Region 6 FIMR program was established in 2003. The Case Review Team reviews records from Avoyelles, Grant, Rapides, and Vernon parishes. Annelle Tanner, RN, MSN, Ed.D. is the coordinator for this region and Lisa Norman, RN, BSN is the nurse abstractor. The coordinator and nurse abstractor conducted educational sessions for the DSS Independent Living Program regarding preparation for parenthood and worked with the American Red Cross Louisiana Chapters Health Committees on care for pregnant women and mothers during disasters.

Hospitals where cases are being abstracted
Avoyelles Hospital
Bayne- Jones Army Community Hospital
Byrd Regional Hospital
Christus St. Frances Cabrini Hospital
LSUHSC/Huey P. Long Medical Center
Rapides Women's & Children's Hospital

Associated Risk Factors from Cases REVIWED, 2009	
	2009
	n=42 (%)
Maternal Demographics	
Single mother	24 (57.1)
Teenage mother (≤19 years)	12 (28.6)
Older mother (≥30 years)	9 (21.4)
Low educational attainment (<high school)<="" th=""><th>7 (16.7)</th></high>	7 (16.7)
Pregravid BMI	
Underweight	6 (14.3)
Overweight	9 (21.4)
Obese	11 (26.2)
Substance Abuse	
Substance Abuse	14 (33.3)
Family Planning	
Pregnancy interval <12 months Prenatal Care	12 (28.6)
Late entry (entered at week 14+)	10 (22 0)
Gestational Age	10 (23.8)
<29 weeks	0 (10 0)
Sleeping Situation	8 (19.0)
With others	<5
Sleeping Location	\)
Adult bed	<5
Sleeping Position when Found	-5
Abdomen	<5
Side	<5

Region 7

The Region 7 FIMR Program was established in 2003. The Case Review Team is currently reviewing cases from Caddo and Bossier parishes. As of 2009, the Community Action Team has over 15 members, led by Coordinator Marilyn Richardson, RN. Infant Mortality consultant Linda Brooks, RN, MSN, will be expanding the program to additional parishes and expanding faith based initiatives.

Associated Risk Factors from Cases REVIWED, 2009	
ASSOCIATED RISK FACTORS FROM CASES REVIWED, 2009	2000
	2009 n=30
	(%)
Maternal Demographics	(,0)
Single mother	20
3	(66.7)
	11
Teenage mother (≤19 years)	(36.7)
Older mether (>20 means)	(10.0)
Older mother (≥30 years)	9
Low educational attainment (<high school)<="" th=""><th>(30.0)</th></high>	(30.0)
Pregravid BMI Undowweight	6
Underweight	(20.0)
Overweight	(6.7)
S	,
Obese	8
	(26.7)
Substance Abuse	0
Substance Abuse	(20.0)
Family Planning	(30.0)
Pregnancy interval <12 months	(13.3)
- 1 og	(10.0)
Prenatal Care	
Late entry (entered at week 14+)	8
	(26.7)
Birthweight	_
<500 grams	5
Gestational Age	(16.7)
<29 weeks	14
12) weeks	(46.7)
Sleeping Position when Found	
Abdomen	(6.7)
Side	26.7)
Items in Bed at Time of Death	
Unsafe items in the sleeping area	(13.3)
onsaie items in the steeping atea	(13.3)

Hospitals where cases are being abstracted

Christus Schumpert Health System

LSU Health Sciences Center-Shreveport

Willis Knighton Bossier Health Center

Willis Knighton System-Caddo



The Region 8 FIMR Program was established in 2006. Cases are reviewed and abstracted from the 12 parish service area by Connie McCants, RN and Amy Pyles, RN. As of 2009, the Community Action Team has over 44 active members, led by Coordinator Lindsey Murry, BA. Many community partnerships were expanded in 2009, including the acquisition of funding providing additional staff through a grant from Living Well Foundation. Region 8 FIMR teams include physicians and medical providers, University of Louisiana at Monroe, Monroe City Schools, North Louisiana AHEC, Share for Northeast Louisiana, Volunteers of America, Wal-Mart, LSU AgCenter, Families Helping Families, and Louisiana Tech University.

Hospitals where cases are being abstracted

Glenwood Regional Medical Center

LSUHSC/E.A. Conway Medical Center-Monroe

Morehouse General Hospital

Northern Louisiana Medical Center

St. Francis Medical Center

Associated Risk Factors from cases REVIEWED in 2009	2009 n=33 (%)
Maternal Demographics	
Single mother	22 (66.7)
Teenage mother (≤19 years)	9 (27.3)
Older mother (≥30 years)	6 (18.2)
Low educational attainment (<high school)<="" th=""><th>10 (30.3)</th></high>	10 (30.3)
Pregravid BMI	
Underweight	<5
Overweight	<5
Obese	12 (36.4)
Substance Abuse	
Substance Abuse	6 (18.2)
Family Planning	((10.0)
Pregnancy interval <12 months	6 (18.2)
Prenatal Care	44 (00.0)
Late entry (entered at week 14+)	11 (33.3)
Gestational Age	7 (21 2)
<29 weeks Site of Death	7 (21.2)
Infants home	12 (36.4)
Sleeping Situation	12 (30.4)
With others	6 (18.2)
Sleeping Location	0 (10.2)
Adult bed	<5
Sleeping Position when Found	
Abdomen	6 (18.2)
Bedding at Time of Death	- ()
Soft	10 (30.3)
Items in Bed at Time of Death	
Unsafe items in the sleeping area	11 (33.3)

Region 9

The Region 9 FIMR Program was established in 2005. The case review team comprised of 10 members reviews cases from the parishes of St. Tammany, Tangipahoa, and Washington. The Community Action Team, a collaboration with the St. Tammany Commission on Families, currently has over 40 active members, led by Coordinator Martha Hennegan, RN, BSN. Community Outreach activities are implemented in partnership with the Tobacco & Cancer Control Coalition, Northshore Children's Coalition, and St. Tammany Social Services Coalition.

Hospitals where cases are being abstracted
Bogalusa Medical Center
Lakeview Regional Medical Center
North Oaks Medical Center
Ochsner Medical Center-North Shore
Slidell Memorial Hospital
St. Tammany Parish Hospital

Associated Risk Factors from Cases REVIEWED, 2009	
	2009 n=10 (%)
Maternal Demographics	
Older mother (≥30 years)	(50.0)
Low educational attainment (<high school)<="" th=""><th>(10.0)</th></high>	(10.0)
Pregravid BMI	
Underweight	(30.0)
Overweight	(10.0)
Obese	(50.0)
Substance Abuse	
Substance Abuse	(20.0)
Family Planning	
Pregnancy interval <12 months	(20.0)
Prenatal Care	
Late entry (entered at week 14+)	(100)
Gestational Age	
<29 weeks	(30.0)
Site of Infant's Death	
Infant's home	(20.0)



FIMR 2004-2008 Recommendations & Actions

Case Review Team (CRT) recommendations to Community Action Teams (CAT)

- 1. Raise awareness about the importance of being healthy before pregnancy.
- 2. Stress the importance of early and consistent prenatal care
- 3. Raise awareness about the importance of proper nutrition and weight gain and the risks of obesity.
- 4. Need for prenatal care information in Spanish and Vietnamese.
- 5. Conduct bereavement follow-up after a fetal or infant loss
- 6. Create/implement use of an assessment tool to include screening for depression, drug use, and violence. Continue to explore means of reaching target population with influence and information.
- 7. Increase awareness and collaboration on FIMR issues among legislators and policy makers.
- 8. Promote health in minority communities.
- 9. Promote breastfeeding.
- 10. Improve health education curriculum in schools.
- 11. Implement a community education program to promote safe sleep for babies.
- 12. Target faith-based communities with education about contributing factors to fetal and infant deaths.
- 13. Compile and distribute a list of support opportunities for new mothers.
- 14. Educate the community on new guidelines for cough and cold medications.
- 15. Create an education campaign regarding preterm labor signs and symptoms.
- 16. Education campaign to dispel myths and rumors surrounding different methods of birth control.
- 17. Raise awareness regarding the importance of folic acid.
- 18. Create and implement pre-pregnancy parent education and mentoring programs.
- 19. Educate on proper car seat usage.
- 20. Increase awareness of infant morbidity and mortality issues with legislators and business community.

Action taken as a result of CRT recommendations

- ◆ Implementation and dissemination of the Acadiana Fetal and Infant Mortality Review newsletter.
- ♦ Identification of local organization willing to deliver and assemble cribs for families in need.
- Held a community wide SIDS/Co-Sleeping reduction drive.
- Held a community-wide education forum focusing on factors contributing to fetal and infant deaths among African-Americans in Rapides Parish.
- Members of a case review team (CRT) were able to educate and ultimately defeat a bill in the state legislature that would criminalize pregnant women with addiction problems.
- ♦ The Healthy Bodies, Healthy Living campaign promoted awareness of the infant mortality rate and the contributing factors in Region 2.
- Collection and distribution of baby necessities after hurricanes Katrina and Rita.
- ◆ Dr. Michael Lu, a recognized obstetrician and researcher from UCLA presented at the 2008 state-wide FIMR meeting, Before and Between Pregnancy: Planning for a Healthy Baby.
- ◆ In 2006, 2007, 2008, and 2009 Dr. Ira J. Chasnoff presented on Substance Use in Pregnancy, Fetal Alcohol Syndrome, and Alcohol Related Neuro-Developmental Disorders to regional medical and community groups.



Cases Reviewed & 2008 State Findings

Year	# of cases abstracted	# of cases reviewed	# of fetal deaths	# of infant deaths
2004		66		
2005		78		
2006	177	135	83	94
2007	164	139	71	93
2008	145	108	57	88
Totals	486	526	211	275

Associated Risk Factors from Cases REVIEWED Statewide	2008
*(Cases abstracted in 2007 were also reviewed in 2008)	
Maternal Demographics	
Single mother	132 (62.0)
Teenage mother (≤19 years)	40 (18.8)
Older mother (≥30 years)	38 (17.8)
Low educational attainment (<high school)<="" th=""><th>43 (20.2)</th></high>	43 (20.2)
Pregravid BMI	
Underweight	17 (8.0)
Normal	60 (28.2)
Overweight	22 (10.3)
Obese	58 (27.2)
Substance Abuse	
Substance Abuse	78 (36.6)
Gestational Age	
<29 weeks	67 (31.5)
Prenatal Care	
Late entry (entered at week 14+)	58 (27.2)
Family Planning	
Pregnancy interval <12 months	29 (13.6)
Birthweight	
<500 grams	27 (12.7)
Infant's Sleeping Situation	166==
With others	16 (7.5)
Infant's Sleeping Location	10 ((1)
Adult bed	13 (6.1)
Couch or chair	<5
Infant's Sleeping Position when Found	0 (4.2)
Abdomen	9 (4.2)

2008 Causes of Fetal & Infant Death

2008 Categories of Causes of Fetal & Infant Death among Cases Reviewed
Conditions originating in the perinatal period
Prematurity
Cord accident
Asphyxia
Placental abruption
Pulmonary hemorrhage
Hydrops fetalis
Group B strep
Anhydramnios
Chorioamnionitis
PROM
Congenital malformations, deformations, and chromosomal abnormalities
NEC (necrotizing enterocolitis)
Trisomy 13
Trisomy 18
Multiple congenital anomalies
Anencephaly
Pulmonary hypoplasia
Chromosomal anomaly not otherwise listed
Turner's syndrome
Congenital heart disease
Renal/urinary agenesis
Skeletal dysplasia
Trisomy 21
Holoprocencephaly
Omphalocele
Sudden infant death syndrome (SIDS)
SIDS
SUDI (sudden unexpected death in infancy)
External causes of mortality
Suffocation due to overlay
Shaken baby syndrome
Abusive head injury
Other
Multiple organ failure
Diseases of the respiratory system
BPD (bronchopulmomary dysplasia)
Pneumonia
Interstitial pneumonitis
Respiratory failure
Infectious and parasitic diseases
Sepsis Sepsis
Meningitis
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified
Cardiorespiratory failure
Diseases of the digestive system
Diaphragmatic hernia
Diseases of the circulatory system
Pulmonary hypertension

Regional Needs Assessment:

Looking Forward

As FIMR continues to expand its activities and impacts, the following steps have been identified:

- ♦ Increase the number of home interviews
- Increase collaborations with all regional birthing hospitals
- ♦ Increase public awareness of the issues impacting poor birth outcomes, i.e., obesity, co-sleeping, substance use, domestic violence, depression.
- ♦ Increase faith-based participation in all regional Community Action Teams. (Most regions have faith representatives.)
- ♦ Increase minority outreach and participation on FIMR
- ◆ In collaboration with MCH, develop Action Items based on the 2009-2010 Needs Assessment.

To more fully understand the MCH needs of Louisiana, providers and citizens of each region of the state provided a voice through FIMR. This serves to provide the MCH program with both regional and statewide opportunities to improve outcomes. Engagement of the individual regions serves to identify needs that are specific to a single region and are important to outcomes in that area. It also promotes "ownership" within the region of MCH needs and potential solutions to address those needs. We have found that addressing the Needs Assessment and Priorities through FIMR is an outstanding way to engage the community. In addition to the above statewide initiatives, each region has identified its own top priority needs.

Region 1

Region 1 Preliminary Perinatal Needs
Pre & Inter Conception Care (with focus on chronic conditions)
Nutritional Counseling
STD Intervention
Repeat Preterm Deliveries
Violence/Domestic Violence
Substance Use/Abuse
Family Planning/Birth Spacing/Birth Control
SIDS/Sleep Position
Breastfeeding
Maternal Depression
Teen Pregnancy*

^{*}Repeat Preterm Deliveries and Pre & Inter Conception Care were combined by group consensus.

Priority: Domestic Violence Reduction

Recommendations:

- 1. Make screening for violence a priority during prenatal care. Reimbursement for doctors should be examined as part of this effort.
- Develop social marketing campaign to address stigma of domestic violence in society.
- 3. Involve law enforcement in development of strategies. Advocate for increased penalties for violence committed against pregnant women.

Priority: Sexually transmitted disease (STD) Intervention **Recommendations:**

- 1. Implement campaign to raise public awareness.
- 2. Advocate for policy changes to allow STD screening and treatment in school based health centers. (Strategy targets teen population which has high rates of STDs.)
- 3. Review current *TakeCharge* policies to determine if women are screened for STDs.

Priority: Repeat Preterm & Pre & Inter Conception Care* **Recommendations**:

- 1. Work with Medicaid to cover females with preexisting condition before pregnancy.
- 2. Promote linkage of females to pre and inter conception care post pregnancy. Develop tools/modules for providers to use during post partum period. Ensures a longitudinal plan for better patient care.

Priority: Substance Use **Recommendations**:

1. Dedicate funding for adequate intervention resources because there are more women who want help than there are resources available.

Priority: Maternal Depression

Recommendations:

- 1. Increase screening during prenatal period.
- 2. Partner with state agencies to develop tools to address MCH population specifically.

Priorities & Recommendations

Region 2

Preliminary Perinatal Needs
Preconception Health
Family Planning
Domestic Violence
STDs
Data/Surveillance
Prematurity
Access & Utilization of Services
Health Education
Underinsured Populations
Breastfeeding
Mental Health Services*
Safe Sleep*

^{*}Group identified two additional perinatal needs during October 22, 2009 meeting.

Priority: Infant Health **Recommendations**:

- 1. Increase health promotion/ health education efforts throughout region. Increase peer to peer opportunities.
- 2. Identify populations for targeted interventions (contact Medicaid to identify late preterm deliveries). Once identified, develop targeted education for this group. For example, establish a referral system for identified late preterm births to specific programs/interventions, i.e. Healthy Start. This strategy involves the use of data to influence interventions.
- 3. Channel MCH funds to expand Healthy Start to reach non-eligible "NFP like" patients.

Priority: Preconception Health/Family Planning **Recommendations:**

- Improve access to appointments for family planning services. Decrease delays in waiting times for appointments.
- Augment existing health education/preconception
 resources (i.e. college health programs, Baton Rouge
 Community College health programs, health care centers
 in schools) in order to reach a larger population. Increase
 health promotion resources/efforts to 20-30 year old age
 group. Target efforts to those individuals who have
 completed their GED education.
- Develop advocacy initiative to address needed policy changes regarding preconception education in schools.

Priority: Domestic Violence Reduction

Recommendations:

- Increase preventive education efforts with an emphasis on culture. Consider partnering with 100 Black Men of Baton Rouge, Fatherhood program and others to engage the population. Increase education in schools to prevent early incidents of domestic violence. Create a curriculum that can be used in schools to address domestic violence. Focus on female to female violence in area schools.
- 2. Implement social marketing campaign that utilizes area musicians and sports figures.
- 3. Explore current domestic and abuse resources such as the Sunshine Foundation's booklet on child abuse. Available to every kindergarten class in state free of charge.

Priority: Sexually Transmitted Disease (STD) Reduction **Recommendations**:

- 1. Facilitate a series of special guest speakers to travel to schools and churches.
- 2. Institute texting and Facebook campaign to target youth.
- 3. Increase early screening of pregnant women for all STDs at the onset of prenatal care.

Priority: Mental Health **Recommendations**:

- 1. Expand scope of public and private services for depressed moms and non-chronically ill women (i.e. stress, anxiety).
- 2. Improve reimbursement for private mental health doctors. Improve access to free medications for patients.
- 3. Expand peer to peer support groups (NAMI) to pregnant women.

Regional Needs Assessment

Region 3

Preliminary Perinatal Needs

Breastfeeding resources for moms that cannot afford it

Education (including sex education, physician education on mental health, preconception)

Transportation

Adolescent health resources

Adequate and early entry into prenatal care

Access to care (especially in rural areas)

Injury Prevention

Coordinated care among regions

Maternal Depression

Mental Health (including care and resources)

Priority: Behavioral Health

Recommendations:

- Implement Screening, Brief Intervention, Referral and Treatment (SBIRT) program for pregnant women identified as "at risk" for substance use (alcohol, tobacco and/or drugs), depression and/or domestic violence in WIC clinics and private provider offices.
- 2. Identify additional referral resources for both out-patient and in-patient behavioral health treatment.
- 3. Address stigma related to behavioral health in other populations.

Priority: Transportation **Recommendations:**

- Increase Medicaid funded transportation resources. Explore certification process to become a Medicaid transporter.
- 2. Identify resources for mobile clinics especially for prenatal care, tooth bus, etc.
- 3. Partner with area hospitals to bring physicians to health units to practice part-time.

Priority: Access and Coordination of Care

Recommendations:

- 1. Develop a media campaign about what the Public Health Unit can provide in terms of services.
- 2. Explore programs related to health navigators (peers).
- 3. Expand healthcare coverage and continuation of coverage between pregnancies.

Priority: Comprehensive Education (sexual health and adolescent health)

Recommendations:

- Increase collaboration between Office of Public Health and local school nurses.
- Advocate at the Department of Education level for more comprehensive education in schools related to sexual and adolescent health.
- Explore Life Skills and Cross Roads educational curriculums.

Priority: Breastfeeding, Prenatal Care, Injury Prevention **Recommendations**:

- Guided Infant Feeding Techniques (GIFT) certification at hospitals to educate and certify birthing hospitals on breastfeeding friendly policies.
- 2. Provide breastfeeding classes for free through WIC.
- 3. Provider education on the importance of breast feeding, prenatal care and injury prevention.
- 4. Look for strategies to address difficulties in obtaining breast pumps.

Priorities & Recommendations

Region 4

Pre-term Birth

Preliminary Perinatal Needs Breast Feeding Substance Abuse During Pregnancy (lack of substance abuse treatment) Adequate Housing and Transportation Behavioral Health Lack of insurance and continuous coverage Wellness integration Teen Pregnancy Family Planning STD/HIV Rates

Priority: Behavioral Health and Substance Abuse **Recommendations**:

- 1. Increase education on mental health and substance abuse.
- 2. Need for referral and treatment resources in region.
- 3. Identify expanded audiences to discuss behavioral health and substance abuse that are inclusive of the family.

Priority: Teen Pregnancy **Recommendations:**

- State mandated program for health education that is more comprehensive and that includes information on the maturing teenager.
- 2. Increase the use of school nurses and school health clinics.
- 3. Build and implement mentoring program for teens:
 - a) Life goals
 - b) Life course
 - c) Future planning

Priority: Transportation **Recommendations**:

- 1. Increase resources for mobile units that could offer prenatal care for low risk pregnancies.
- 2. Increase Medicaid covered transportation and use of transportation vouchers.

Priority: Pre and Interconception care

Recommendations:

- 1. Increase use of mobile clinics partnering with Healthy Start offering interconception care.
- 2. Expand Nurse- Family Partnership and engage in community education so it becomes a priority.
- 3. *Guided Infant Feeding Techniques* (GIFT) certification for all regional hospitals as well as provider education on breastfeeding best practices.

Priority: Pre-term birth **Recommendations**:

1. Build and implement mentoring program for women who have had a pre-term birth.

- 2. Advocate for expanding coverage of women who have had pre-term births.
- 3. Provider and community education on what services are available as well as education on spacing.

Regional Needs Assessment:

Region 5

Preliminary Perinatal Needs

Preconception planning and health of the family (especially mother) before and after pregnancy

Newborn Care

Breast Feeding

Pregnancy Spacing

Safe Sleeping Practices

Behavioral Health (including mental health and substance abuse)

Access to Care (including lack of insurance,

transportation, workforce shortages and Medical home)

STDs/HIV (Comprehensive education, treatment and testing)

Health Education

Priority: Breastfeeding **Recommendations**:

- 1. Guided Infant Feeding Techniques (GIFT) certification for all regional hospitals.
- Address stigma around breastfeeding, promote more workplace access for breastfeeding.

Priority: Access to Care **Recommendations**:

- 1. Increase transportation programs (vouchers).
- Increase staffing and capabilities of March of Dimes mobile unit. Schedule van to go to rural areas on a regular basis. Partner with FQHCs to make this happen.
- 3. Promote medical home concept- one stop shopping.

Priority: Behavioral health **Recommendations**:

- . Provider education on substance abuse.
- Increase pre-natal care screenings through questionnaires, SBIRT.

Priority: Health Education **Recommendations**:

- . Provide education on domestic violence.
- Comprehensive health education in schools- opt-out vs. opt-in -that includes abstinence, being faithful and condoms.
- 3. Promote an initiative around fatherhood through faithbased groups.

Region 6

Priority: Substance Abuse

Recommendations:

- Promotion of existing resources to address substance abuse during pregnancy.
- 2. Health navigators/mentoring- particularly for those who want to quit smoking.

Priority: Nutrition/Breastfeeding

Recommendations:

- Provider education and mentoring possibly through Office of Minority Health (nursing and college students volunteering for credit).
- 2. Focus efforts on school based clinics and schools in general- start early.
- 3. Promote breastfeeding through social marketing campaign.

Priority: Interconceptual Health

Recommendations:

1. Media campaign to disseminate data on teen pregnancy and general maternal and child health statistics in Region .

Priority: Family Planning **Recommendations**:

- 1. Health education at a young age in schools- focus on self-esteem.
- 2. Build curriculums that address dating, violence, etc.

Priority: Safe sleeping practices

Recommendations:

- 1. Increase work with older generations who may be taking care of children. (Conduct focus groups with grandparents and parents.)
- 2. Promote safe sleeping practices through child care centers.

Preliminary Perinatal Needs
Inter-conception Health (health between pregnancies)
Nutrition/Breast Feeding
Mental Health
Healthcare Workforce Shortages
Transportation
Substance Abuse
Infant Care Education
Safe Sleeping Practices
STDs/HIV
Family Planning

Priorities & Recommendations

Region 7

Preliminary Perinatal Needs

SUID- SIDs, Co-sleeping, education, resources

Mental Health Resources

Tobacco Cessation

Maternal Depression

Addictive Disorders

STDs/HIV

Preconceptional Care, Family Planning and Birth

Spacing

Comprehensive Health Education

Access to Care

Violence

Priority: Preconceptional Care and Access to care **Recommendations**:

- Advocacy with local school board on comprehensive health education and acceptance of coordinated school health.
- 2. Social marketing strategies targeted at youth.
- 3. Working formally and informally with community leaders (elected officials) with a set of structured messages about the importance of access to care.
- 4. Increase transportation vouchers to get people to care.

Priority: Addictive disorders

Recommendations:

- 1. Provider education on the importance of screening.
- 2. Public education and improvement of linkages with Child Protective Services (CPS).
- 3. Increase out-patient referral resources, increased use of Office for Addictive Disorders (OAD) satellite clinics.
- 4. Increase alcohol abuse education particularly during pregnancy.

Priority: Mental health

Recommendations:

- 1. Strengthen referral system for mental health (not just screenings).
- 2. Increase resources for mental health referrals for both minor and major mental health problems.
- 3. Collaborate with other sectors for mental health support (faith based communities).

Priority: Breastfeeding and Sudden Unexpected Infant Death (SUIDs)

Recommendations:

- 1. Social marketing campaign on the dangers of co-sleeping.
- 2. Increase resources to promote breastfeeding.
- 3. Breastfeeding promotion through WIC- incentives for breastfeeding instead of formula.
- 4. Programs that focus on grandmothers and other caretakers of children besides mothers.
- 5. Expansion of peer counselor programs and provider education.

Priority: Sexually Transmitted Diseases (STDs/HIV) **Recommendations:**

- Advocacy with local policy makers- issues related to STDs and HIV; recruit local advocates to talk about HIV/STD issues.
- 2. Address stigma and trust issues related to HIV/STDs in the community.

Regional Needs Assessment:

Region 8

Preliminary Perinatal Needs

Reduce Preterm births

Improve Preconception Care

Increase Access to Medical Homes

Increase Mental Health Services

Expand Teen Health Programs

Educate on Disparities

Priority: Infant mortality **Recommendations:**

- 1. Reduce pre-term birth and repeat pre-term birth.
- 2. Improve preconceptional care.
- 3. Many strategies across priority areas below relate to reduction of infant mortality.

Priority: Access to Care **Recommendations:**

Medical home

Increase:

- ♦ Locally available providers in rural areas
- Family planning services
- ♦ Sexually transmitted disease prevention
- ♦ School health services
- ♦ Screening and treatment for substance abuse
- Preconception health services
- Mental Health services
- 2. Health education and personal health

Increase:

- ♦ Parenting education
- Sex education in schools
- Research based curriculums in schools
- Physical education activities in schools
- Nutritional health education
- 3. Extend access to Nurse Family Partnership.
- 4. Transportation
 - Making sure Medicaid system for transportation works.

Priority: Child safety and physical abuse

Recommendations:

- 1. Expansion of Nurse Family Partnership.
- 2. Increase health education through back to sleep campaigns.
- 3. Provide parenting education.
- 4. Increase mental health services for children.
- 5. Promote farm safety and recreational safety.
- 6. Expand suicide prevention programs.

Priority: Teen Pregnancy

Recommendations:

- Social marketing to change cultural norms.
- 2. Increase male involvement.
- 3. Promote sex education.
- Programs that focus on grandmothers and other caretakers of children besides mothers.
- 5. Expansion of peer counselor programs and provider education.

Priority: Health Disparities/Cultural Competency

Recommendations:

- Provide community education on disparities, causes and solutions.
- 2. Promote and support FIMR.
- Increase sensitivity and cultural awareness programs for healthcare providers (pre-practice and continuing education) including linguistic training.

Priorities & Recommendations

Region 9

Preliminary Perinatal Needs Health Education Access to Services Family Planning/Pregnancy Spacing Maternal Depression Dental Health Domestic Violence against Pregnant Women Substance Abuse SIDS Breastfeeding Adequate Living Accomodations

Priority: Substance Use **Recommendations**:

- Identify the problem: Expand Nurse Family Partnership (NFP) services (or similar) for additional assistance with clients on substance use to facilitate the identification and referral of clients.
- 2. <u>Treatment</u>: Coordinate treatment of opiate addicts from obstetrical offices.
- 3. <u>Education</u>: Increase provider education regarding the appropriate dosage of medications. Enable NFP program to refer clients to external smoking cessation classes.

Priority: SIDS/Suffocation **Recommendations:**

 Increase education efforts including population based, hospital based, and physician office based. Implement public service announcements via radio, television and billboards. **Priority**: Family Planning/Pregnancy Spacing **Recommendations**:

- 1. Increase education and outreach to population (churches, after school programs, etc.).
- 2. Expand family planning clinics (i.e. night clinics) to increase accessibility.
- 3. Increase healthcare workforce to improve access to existing services.

Priority: Preventive Health **Recommendations**:

- Enact policy changes to expand Medicaid eligibility (for all health services); enact policy changes to extend coverage post pregnancy.
- Increase incentive programs through partnership with Area Health Education Centers to increase preventive heath providers.
- 3. Expand school based health centers.

Priority: Domestic Violence

Recommendations:

- 1. Enhance bullying and domestic violence prevention programs in schools.
- 2. Educate teachers and law enforcement on issue of domestic violence.
- Increase support and resources for domestic violence support for Hispanic populations. Increase bilingual support services and resources (i.e. "Love shouldn't hurt cards.").

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List of Acronyms

AAP American Academy of Pediatrics

ACOG American Congress of Obstetricians and Gynecologists

AHEC Area Health Education Center
CAT Community Action Team
CDC Center for Disease Control

CRT Case Review Team

DHH Department of Health and Hospitals
DSS Department of Social Services
FASD Fetal Alcohol Spectrum Disorder
FIMR Fetal Infant Mortality Review
GIFT Guided Infant Feeding Techniques

IMR Infant Mortality Rate
LSU Louisiana State University
MCH Maternal and Child Health
NFP Nurse Family Partnership
NICU Neonatal Intensive Care Units
OAD Office for Addictive Disorders
OCS Office of Community Services

OMH Office of Mental Health OPH Office of Public Health

PRAMS Pregnancy Risk Assessment Monitoring System

RTS Resolve Through Sharing

SBIRT Screening, Brief Intervention, Referral, Treatment

SUID Sudden Unexplained Infant Deaths
SIDS Sudden Infant Death Syndrome

WIC Women, Infant, Children Federal Food Program

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