California Department of Public Health/Center for Family Health
Maternal Child and Adolescent Health/Office of Family Planning

Fetal and Infant Mortality Review Program (FIMR)

Program The Fetal Infant Mortality Review (FIMR) Program is modeled after the National FIMR Program of the American College of Obstetricians and Gynecologists (ACOG). The FIMR Program is a method of understanding health care systems and social problems that contribute to preventable fetal and infant deaths and for identifying and implementing interventions to rectify these problems. The FIMR Program empowers local community members to take the necessary steps to improve fetal and infant mortality within their own communities. It is a community-based, action-oriented process that leads to improvement in health and social services for families. Through FIMR, the community becomes the expert and gains knowledge of the entire local service delivery system and community resources for women, infants, and their families.

Each FIMR Program has a Case Review Team (CRT) and a Community Action Team (CAT). The FIMR Coordinator selects infant and fetal death cases for review. The CRT, consisting of multi-disciplinary medical and non-medical community representatives, conducts the review of selected cases and makes recommendations on how to prevent similar future deaths. The CAT, comprised of community representatives and local health professionals, takes these recommendations and develops interventions to be implemented into the local health system and community. There are 17 FIMR programs in California's 61 local health jurisdictions.

Start Date 1992

Fund Source Title V

History

FIMR began in 1992 and was modeled after the National Fetal and Infant Mortality Review (NFIMR) program which includes traditional medical record audits as well as investigations of psychosocial, socio-demographic, behavioral, service-delivery and accessibility-related, educational, administrative, environmental, cultural, and political factors. It seeks to develop and implement public health interventions designed to address health care system issues and practices and other contributing community factors. This model provides specific benefits, e.g. provides critical information and local interventions designed to address racial/ethnic disparities; its integrated and comprehensive format enhances the SIDS and BIH programs. FIMR is a tool to increase the utilization of improved prenatal care services and has provider data.

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Outcomes and Continuing Need

Gaps in health service systems continue to exist, but can be identified and addressed through systematic reviews of individual cases of fetal and infant death at the community level. Even though the infant mortality rate in California has declined in 2003 to 5.2 per 1,000 live births, the lowest levels in years, there are still too many preventable deaths, i.e., infant mortality continues to disproportionately impact African Americans. As causes of fetal and infant deaths are addressed, there have been:

- A reduction in infant death rates statewide.
- Development of effective interventions to prevent infant deaths.
- Implementation of "best practices" at the regional or statewide level;
- Partnerships developed (e.g., March of Dimes, academia, children's hospitals, regional perinatal providers/coalitions, and BIH and SIDS programs).
- Uses of FIMR provider data to document not only the antecedent causes of birth defects and fetal and infant loss, but also the adequacy of the provision of health and medical care services.

Program Accomplishments (Selected)

- In Contra Costa: Prenatal Health Card Program allows sharing of patient's medical history across multiple providers.
- In Contra Costa: Interconception care has been integrated into the FIMR Program and is part of an array of services offered through the program.
- In San Joaquin: Movie theaters prefaced their films with the Teen-focused "Back to Sleep" Campaign via on-screen Sudden Infant Death Syndrome (SIDS) risk reduction recommendations.
- In Riverside: Concrete linkages with the county Black Infant Health (BIH) program to provide services for pregnant African American women.
- In San Bernardino: Health education campaign focused upon fetal movement, including the initiation of a regional "Kick Count" Program.
- In Alameda: The substance abuse screening program was implemented with seamless case management services for pregnant women who test positive for substance abuse. This program received recognition for their efforts in a March 26, 2002 article in the Oakland Tribune.
- In San Diego: Development of a Health education campaign to inform women about the early signs of premature labor.
- As a result of local FIMR data, selected counties have applied for and received additional funding from grants and other funding sources.