FIMR 2019
The Fetal and Infant Mortality Review Program

The FIMR Program is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women infants, and families by identifying, abstracting and reviewing charts, and making recommendations for improvement in cases of fetal or infant loss in Central New Jersey.

29,879 Total Births
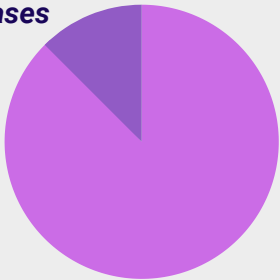
29,643 Live Births

174 Fetal Deaths

62 Neonatal Deaths

48 Cases Reviewed

Overview of CJFHC Reviewed Cases

Neonatal 12.5%
6 cases

Fetal 87.5%
42 cases

- Average maternal age of 31.1
- Average of 8 prenatal visits attended
- Median of 11 weeks gestation at first PNC visit
- 31.3% history of perinatal loss
- 38% referred to MFM specialist
- 23% pre-existing diabetes
  - 14.6% had gestational diabetes
- 22.9% history of mental illness
- 27% infection noted during pregnancy or at delivery
  - 29.3% had chorioamnionitis
- Leading cause of death was cord-related (fetal death) and extreme prematurity (neonatal death)

Bar chart categories: Non-Hispanic Black, Obesity, High School/GED, Medicaid (y-axis 0% to 60%)
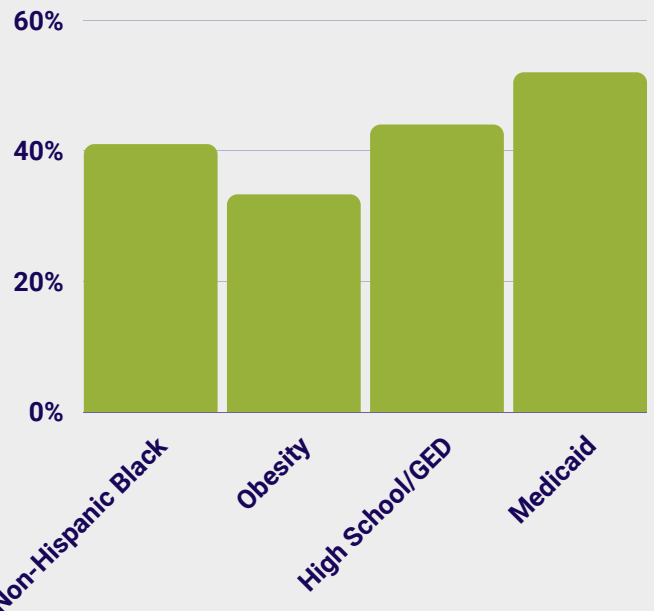
Issues & Recommendations

38.1%
Decreased Fetal Movement

Issue: Decreased fetal movement not recognized and/or not reported to healthcare providers

Recommendation: Encourage fetal movement awareness through education and design and distribute health-related pregnancy tool to promote self-advocacy, empowering women to be an equal partner in their healthcare

Issue: Lack of referral to community-based programs for eligible women, including WIC and home visitation

Recommendation: Conduct professional education for prenatal healthcare providers on available services and referral processes and for supportive services during pregnancy

18.8%
of eligible women did not receive a referral to WIC

66.7%
Of fetal demises did not have a complete IUFD evaluation

Issue: Healthcare providers are not routinely conducting thorough IUFD evaluations after a fetal demise

Recommendation: Provide professional education on conducting a complete IUFD evaluation as outlined in ACOG guidelines and increase provider awareness of potential resources for evaluation

Issue: Maternal interview participants reported feeling they were discriminated against by healthcare providers during their pregnancy for race/ethnicity and/or insurance status

Recommendation: Address bias and discrimination by providing education and increasing awareness of implicit bias in provision of healthcare

25%
Felt they were discriminated against

14.8
Black infant deaths per 1,000 live births

Issue: The city of Trenton has some the highest rates of fetal-infant mortality and racial disparities in perinatal mortality in the state

Recommendation: Review all cases of perinatal mortality occurring to Trenton residents, apply the Perinatal Periods of Risk (PPOR) methodology to determine highest risk perinatal periods in Trenton and assemble Trenton-based Community Action Team to review trends and recommendations for the city of Trenton.

Issue: The effect of the COVID-19 pandemic on maternal outcomes and perinatal mortality is unclear

Recommendation: Adopt national guidelines for reviewing cases occurring during the pandemic, monitor maternal and neonatal outcome data, identify emerging systems issues and disseminate findings to regional healthcare providers and other, the community and other stakeholders.

COVID-19