Fetal and Infant Mortality Review (FIMR) Study for Chicago

Principal Investigator: Deborah Anne Boyle, MD
Jose M Ortiz MSW, MPH & Rose Saldana RN, BSN

What is FIMR?

FIMRs are community-based efforts aimed at identifying non-medical issues associated with fetal and infant loss through family interviews. The Chicago FIMR project takes a 2-tiered approach to improve outcomes from systems and services provided to pregnant women, infants, and families. This includes two multidisciplinary teams, the Case Review Team (CRT) and the Community Action Team (CAT).

- **Tier 1** sees the CRT review de-identified maternal interview and medical abstracts leading to the development of recommendations constructed from the issues present or contributing to the outcomes of these individual cases.
- **Tier 2** sees these recommendations being given to the CAT who are charged with turning them into meaningful action through collaborative efforts at the community level.

The process:

- **Referral Received**
- **Medical Records**
- **Family contact and consents**
- **Maternal Interview**
- **Creation of Case Summary**
- **Case Review Team-Review**
- **Community Action Team**

Future Steps:

**FIMR PROCESS:**
Continuous Quality Improvement (CQI)

- **Data Gathering**
- **Changes in Community Systems**
- **Case Review**
- **Community Action**

The CQI model will help FIMR see the impact the interventions have while allowing for their continuous refinement.

**FIMR FY2021 Recommendations**

- **Expand access to pregnancy related peer-to-peer support groups by at least two opportunities focused in the communities of highest infant mortality within the next 18 months.**
- **Create and/or support efforts promoting active listening and other tools aimed at addressing implicit bias by providers and staff working at birthing hospitals in the communities with the highest infant mortality rates in Chicago within the next 3 years.**
- **Develop or promote available services of reliable, safe, and affordable transportation for medical care visits directed at pregnant individuals, infants, and children within the next 12-18 months.**

Conclusions

The focus on families’ stories when reviewing losses help paint a full picture as to the nonmedical issues they may have faced before a loss. The aim of FIMR is to learn about the areas of improvement and harness the collective power of communities to make a positive impact on health outcomes.

Acknowledgements

We would like to thank the following individuals and departments/organizations for their support:
The FIMR CAT and CRT groups, UCMC Perinatal Center Staff and IDPH for making this project possible.

Citations