Enhancing IHB-FIMR Data to Stimulate Fetal and Infant Mortality Reduction Strategies in Marion County, IN

Teri Conard, MS, RN
FIMR Coordinator, Marion County Public Health Department

Carol Shieh, DNCs, RNC-ON
IU School of Nursing

April 5, 2017
FIMR informed of Fetal / Infant Death

Data Collection: Maternal Interview & Chart Abstraction

Family Support and Resource Referral

Case Review Team

Community Action

Improved Maternal & Infant Health

FIMR PROCESS: CONTINUOUS QUALITY IMPROVEMENT (CQI)

THE CYCLE OF IMPROVEMENT

Data Gathering

Changes in Community Systems

Community Action

Case Review
FIMR regional support network:

West: California (16), Montana (29), Wyoming (1)
Central: North Dakota (1), Nebraska (2), Kansas (4), Missouri (2), Arkansas (1), Oklahoma (2), Texas (3), Louisiana (9), Mississippi (3), Alabama (6)
Mid-West: Michigan (11), Ohio (9), Kentucky (1), Tennessee (5), Wisconsin (7), Illinois (7), Indiana (1)
South: Florida (17), Georgia (6), South Carolina (1), North Carolina (1), Virginia (1), West Virginia (1)
Atlantic: New York (1), New Jersey (2), Delaware (2)

text: 171 FIMR Programs in 28 States, DC,
The overarching goal is to enhance existing IHB-FIMR data in order to produce an empirical dataset that will be an essential tool for generating recommendations that reflect local realities and needs.

Applying the Community Based Participatory Research process will maximize the utility of existing data while also strengthening a critical partnership between academia and the community.
The specific aims of this study are to:

- Strengthen the preexisting partnership (Ongoing)
- Mine and clean IHB-FIMR raw data from 2006-2012
  - 3.15.2017
- Link IHB-FIMR data to live birth data
  - 3.10.2017
- Quantitative and qualitative analyses (Ongoing)
- Reinvent the dormant IHB-FIMR Community Action Team
  - Began August, 2016
- Lay the ground work for an IHB-FIMR published report
BACKGROUND

The use of opioids in the United States, both prescription and illicit, has increased significantly in the past 10 years (Ailes et al., 2015). This increase has created a public health crisis with related consequences of increased narcotic overdose, infectious disease, and shortage of appropriate addiction treatment services (United States Department of Health and Human Services, 2014). Also use of illicit narcotics has steadily increased, partially related to the exposure to prescription narcotics and subsequent untreated addiction. The number of women taking narcotics during pregnancy increased five-fold between 2000 and 2009 (1.2 per 1,000 live births to 5.6 per 1,000) (Patrick, Davis, Lehman, & Cooper, 2015). Pregnant women with opioid addiction present unique and concerning health risks that often contribute to infant mortality. Fetal or infant loss is a painful and traumatic experience for all mothers. Literature, however, has been limited in describing maternal experience from the lifecycle of a baby. The objective of this study was to explore the experience of mothers with opioid addiction present unique and concerning health risks that often contribute to infant mortality. Fetal or infant loss is a painful and traumatic experience for all mothers. Literature, however, has been limited in describing maternal experience from the lifecycle of a baby.

METHODS

A qualitative approach using a reflexive iteration process was used to identify maternal experience across an infant's life cycle. Interview transcripts were first coded. Codes with similar meaning were grouped into themes. Categories sharing similar features were collapsed into common themes. Each phase of analysis was performed and checked by three investigators.

PARTICIPANTS

Eleven mothers (mostly white, single, less than a high school education) with a history of using prescribed or illicit opioids participated in the semi-structured telephone or in person maternal interview portion of the Fetal and Infant Mortality Review in a Midwest county.

RESULTS

Table 1. Common Themes Related to Experiences of Maternal Narcotic Users with Infant Death Across the Lifecycle of a Baby

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Subthemes in Different Life Stages of a Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prenatal</td>
</tr>
<tr>
<td>Not being heard</td>
<td>• Not Being Heard</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>• Did not use contraceptives</td>
</tr>
<tr>
<td>Dealing with medical problems</td>
<td>• Medical Complications</td>
</tr>
<tr>
<td></td>
<td>• Grief and Loss</td>
</tr>
<tr>
<td>Care needs for substance use and mental health</td>
<td>• Substance Use and Abuse Issues</td>
</tr>
<tr>
<td>Diverse care experience</td>
<td>• Early Prenatal Care</td>
</tr>
<tr>
<td></td>
<td>• Limited Prenatal Care</td>
</tr>
<tr>
<td></td>
<td>• Satisfied with care</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Four common themes were identified throughout the entire life cycle of the infant: not being heard, dealing with medical complications, reproductive health, and grief, guilt and bereavement. Mothers perceived that their needs and concerns were not carefully attended to by care providers. They were overwhelmed by medical information about pregnancy and infant complications. Participants did not plan for the pregnancy or use contraception prior to the pregnancy but did use contraception in the post-partum period. Many mothers struggled with grief and loss. Additional themes included care needs for substance use and mental health and their various experiences with healthcare.

CONCLUSIONS

The findings suggest women experiencing opioid use have education and care needs when dealing with fetal/infant loss. When developing interventions for these women, clear communication about medical complications, emotional and bereavement support, and services to help these women prevent unplanned pregnancy is needed.

REFERENCES


Funding for this research provided by: RWJF Future of Nursing Scholars and the Indiana Clinical and Translational Sciences Institute and Indiana State Department of Health (HSDH-14188).
Neonatal Abstinence Syndrome (NAS) Presentation for MCPHD public health nurses, community health workers & Healthy Families Staff who provide home visiting services. Lisa Scott

Care Experiences of Maternal Opioid Users with Fetal or Infant Loss submission to Journal of Obstetric, Gynecologic & Neonatal Nursing (JOGNN) in March 2017.
IHB-FIMR Community Action Team Meeting

Reconnecting the CAT August 12th

Data Review based on 500 fetal and infant mortality cases.

Dr. Haywood Brown on Infant Mortality

Dr. Carol Shieh on Community Based Participatory Research Principles

Case Review Team Panel

Call to Action by Yvonne Beasley
IHB-FIMR Community Action Team Meeting

Changing the Trajectory December 9, 2016

What do you bring to the Table?

Rosemary Fournier, National FIMR Director

Data Sharing

Small group discussions focusing on identifying 3 priority areas and intervention strategies

Evaluation
CAT
Summary of Common Priorities for Interventions

Maternal pre-existing conditions
(lead to prematurity/short gestation/VLBW)
- preconceptation health
- family planning
- being healthy before pregnancy
- smoking cessation prior to, during and after pregnancy

Obesity

Poverty
- Connecting women with resources early and often
- Insurance coverage and benefits
- Contributes to late entry into prenatal care

Safe sleep
### Comments from the CAT meeting

<table>
<thead>
<tr>
<th>Was there anything in particular from the meeting that you will take back to your place of employment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential areas of focus / small group work - focus on inter-conceptual education</td>
</tr>
<tr>
<td>Examples from other communities - Broward Co. findings and DOSE program</td>
</tr>
<tr>
<td>Overall need to “market” FIMR and infant mortality</td>
</tr>
<tr>
<td>Data that was presented</td>
</tr>
<tr>
<td>Awareness and status of infant mortality</td>
</tr>
<tr>
<td>Connections with other colleagues</td>
</tr>
<tr>
<td>Identifying zip codes with patients that more high risk</td>
</tr>
<tr>
<td>Focus on action – way to look at cases</td>
</tr>
</tbody>
</table>
Thinking ahead 12 months from now, what do you believe will be the most important indicator that the CAT is being successful?

- Progress on initiatives we’ve implemented – clear priorities
- Decrease in infant mortality / decrease in contributing factors
- Reaching out to individuals for better understanding of IM and FIMR
- What we can capture in an annual report – dashboard of measures
- Universal contraception care / wellness care started in Indiana
- Seeing more mothers taking more active part in health
- Importance of maternal interviews
Next Steps

April 12 & May 10 CAT Meetings

Data Analyses
Findings from this Community Engaged Research project will be used to evaluate the impact of perinatal interventions, inform practice, and reduce infant mortality disparities in Marion County.

“This project was supported by the Indiana Clinical and Translational Sciences Institute, funded in part by grant # TR001107 from the National Institutes of Health, National Center for Advancing Translational Sciences and the Indiana State Department of Health.”