FAQ An Act to Establish Fetal Infant Mortality Review (FIMR) H.1219

What is FIMR?
FIMR is a community-based process to improve service systems. It examines medical, non-medical and systems related factors contributing to fetal (after 20 weeks) and infant death at the ***community level***. The FIMR process is not about assigning blame, it is an examination of circumstances surrounding the death to identify system gaps.

How common or standard is FIMR?
The National Fetal and Infant Mortality Review Program (NFIMR) started in 1990 as a collaborative effort between the American College of Obstetricians and Gynecologists (The College) and the Maternal and Child Health Bureau (MCHB). Currently, there are approximately 180 FIMR programs in the U.S. that conducted 3,750 FIMRs in 2015.

Are there any FIMR programs in Massachusetts? There is no program which has implemented the full FIMR process in Massachusetts although there are partial programs in the state.

How does FIMR help decrease the rate of fetal and infant mortality?
The FIMR approach is unique because cases are de-identified and include a family interview to determine the family's perspective on factors that may have contributed to the infant's life and death. The family interview yields valuable information about social and environmental aspects surrounding the fetal or infant death. Most communities select the cases for review based on risk and/or population factors. De-identified cases are discussed by a multidisciplinary case review team (CRT) that makes recommendations for system change. A community action team (CAT) that includes community leaders, takes these recommendations to action.

What information is lacking in MA to conduct FIMR to national standards?
All information is missing. Currently the state does not inform local public health entities when a fetal or infant death occurs.

How many FIMRs could occur in a given year based on current mortality rates? Best practice is to conduct FIMRs for a minimum of 10% of deaths. Many programs choose to conduct FIMRs for all deaths. Vital statistics show 334 fetal deaths in 2013 and an average 309 infant deaths between 2011 and 2012 in Massachusetts.

What new information would be provided to local public health departments with the passage of H.1219? Knowing a death has occurred enables local public health entities to gather case specific information to conduct a review. The mother's contact information would be provided. The mother would be contacted after the standard waiting period of 3 months to request an interview. Nationally, 50% of mothers agree to interviews.

Why FIMR?
Massachusetts has the lowest Fetal and Infant Mortality Rate in the nation but there are inequities in birth outcomes for some cities and communities of color who experience rates much higher than the state's average. FIMR is a means to address such inequity.

Sample Actions Taken to Improve Health

1. Change in best practice to go to ER when bleeding pregnant woman calls physician.
2. Incorporate visual tools when teaching pregnant women about hydration.

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