Questions from the 11/16/16 Webinar

Effective Review of Natural Infant Deaths

Q: Any studies on e-cigs and infant deaths/prematurity?

A: E-cigarettes consist of an "e-liquid" cartridge, atomizer, battery and mouthpiece. The e-liquid contains variable amounts of nicotine, flavorings, and other chemicals to help aerosolize the solution upon inhalation. No amount of nicotine has been proven safe in pregnancy.

The Centers for Disease Control and Prevention has concluded:
"Although the aerosol of e-cigarettes generally has fewer harmful substances than cigarette smoke, e-cigarettes and other products containing nicotine are not safe to use during pregnancy. Nicotine is a health danger for pregnant women and developing babies and can damage a developing baby's brain and lungs. Also, some of the flavorings used in e-cigarettes may be harmful to a developing baby."

http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/e-cigarettes-pregnancy.htm

A recent article by the US Health and Human Services, ***Perceptions about e-cigarette safety may lead to e-smoking during pregnancy*** (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458373/), postulates that the public perception that e-cigarettes are safer during pregnancy than traditional tobacco cigarettes may tempt pregnant women to use these devices more freely. Given that nicotine is known to cause fetal harm, pregnant mothers who smoke e-cigarettes could cause even greater harm to the fetus because e-cigarettes are perceived as being safer than tobacco cigarettes.

A well done fact sheet on Electronic Cigarettes and Pregnancy is available on the March of Dimes web site at: http://www.marchofdimes.org/materials/e-Cigarettes-and-Pregnancy-Fact-Sheet-March-2015.pdf

Q: What is the best way to glean nutritional status, psychological and social issues that are not readily available in the medical record? Do you have a process that you could share to get mental health record?

A: Getting the right people to the table may be helpful to assure access to nutritional, psychological, and social issues. For CDR, hospital members and or prenatal care clinic staff can be useful in accessing records. FIMRs will generally have access to those records and will have them abstracted and summarized prior to the meeting. There are challenges in getting mental health records. Having a mental health agency representative or mental health professional on the team can be helpful to provide information on a mom's (family's) history of mental health treatment or facilitate access to such information. FIMR teams may be able to abstract those records and provide de-identified summaries. Teams often find it difficult to access information from substance abuse agencies. Access to such information may be increased if the team has representation from a substance abuse program. Program representatives can also provide needed expertise on the substance abuse-related issues that arise in team deliberations.

Q: You provided a very good and comprehensive set of medical records to request, but how do we avoid receiving 2 boxes of records per case?

A: This can be a challenge! Especially if the infant had a significant NICU course or had many pediatric follow-up visits. Often a discharge summary of an infant's hospital stay will have a brief system's review and will provide a timeline of important events and developments in the infant's medical course. CDR teams may want to consult with a FIMR team if both exist in your community. Experienced nurse abstractors may have insight on how to quickly glean the most important and salient points of a case, given the daunting task of sifting through very complicated piles of medical records.

Q: How is access to health record in offices obtained by your team?

A: Generally, CDR team members bring health records with them to the review meetings to openly share and discuss. Teams typically have a core team membership that includes social services, law enforcement, prosecution, medical examiner/coroner, and public health, but most teams include a much broader array of professionals. FIMR teams use a case abstractor who gathers comprehensive health records prior to the meeting and creates a de-identified case summary for the members of the multidisciplinary team to review. For both CDR and FIMR, many states have statutes or grants of authority that allow access to records, discuss compliance with HIPAA regulations, and/or establish some other type of agreement between the agency sponsoring the CDR or FIMR and the hospitals and health systems.

Q: What has been published or reviewed regarding the connection between maternal adverse childhood experiences and adverse birth/infant health outcomes?

A: Several studies have demonstrated the association between maternal adverse childhood experiences and preterm birth.

- **Adverse childhood experiences are associated with spontaneous preterm birth: a case–control study** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4464612/
- **Early Childhood Adversity and Pregnancy Outcomes** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4849279/
- **The Association between Adverse Childhood Experiences and Adolescent Pregnancy, Long-Term Psychosocial Consequences, and Fetal Death** https://www.ncbi.nlm.nih.gov/pubmed/14754944
- **Risk factors for unfavorable pregnancy outcomes in women with adverse childhood experiences.** https://www.ncbi.nlm.nih.gov/pubmed/24334452

Q: Any research on cannabis, other than that of Dr. Chasnoff? I work closely with Healthy Moms and our County's Mental and AOD program. They attend our meetings and inform us of the mother's background. :)

A: A vast body of knowledge is summarized in the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion: Number 637, July 2015: Marijuana Use During Pregnancy and Lactation.

https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co637.pdf?dmc=1&ts=20161117T1127383310

Q: If cases are repeated (similar findings) do you continue to review each one?

A: This will vary across teams and jurisdictions. Case selection is usually a local decision for both FIMR and CDR. Many teams will find value in continuing to review all cases of natural infant deaths to identify trends over time, and specific gaps in community services and resources. Some teams find that "clustering" like cases together is useful and the best use of team time and resources. When data from a series or cluster of case reviews are analyzed over time, significant risk factors may be identified and subsequent ideas for intervention may surface.