



## **Using the Fetal and Infant Mortality Review Process to Inform Title V Program Efforts to Prevent Stillbirth and Perinatal Mortality**

*National Center Guidance Report*



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## Introduction

Stillbirth is a tragedy for parents and families. It is increasingly seen as a prevention priority for the Health Resources and Services Administration (HRSA) Maternal Child Health Bureau's Title V Maternal and Child Health (MCH) Services Block Grant program, which recently added stillbirth as a National Outcome Measure. A stillbirth occurs when a fetus dies while still in the uterus after the 20th week of pregnancy.<sup>1</sup> While fetal death rates in the U.S. have improved significantly over the last 30 years, improvement is still needed. In 2023, about 1 in 175 pregnancies ended in a stillbirth, resulting in a fetal mortality rate of 5.6 per 1000 live births, or 20,002 stillbirths annually.<sup>2</sup>

Stillbirth is distinct from both miscarriage, which is the death of fetus prior to the 20th week of pregnancy,<sup>1</sup> and infant death, the death of a liveborn infant due to any cause prior to its first birthday.<sup>1</sup> **The number of stillbirths is similar to the number of infant deaths in the U.S. In 2023 the infant mortality rate in the United States was 5.6 infant deaths per 1000 live births.<sup>3</sup>**

Fetal and Infant Mortality Review (FIMR) is a community-driven process that reviews the circumstances surrounding a fetal or infant death to improve the health and safety of the community. The purpose of this document is to inform Title V programs how FIMR, including its data, team findings, and recommendations, can support efforts to understand and address stillbirth and differences in outcomes across populations.

# Current Title V Engagement with FIMR programs

Title V programs are engaged with FIMR programs in a variety of ways, often leading programs at the state and/or local level, providing funding, and supporting prevention recommendations. FIMR is uniquely equipped to inform Title V programs about the challenges that exist in communities that are barriers to progress across the National Performance Measures (NPMs) and National Outcome Measures (NOMs). Of the 143 local and state FIMR programs, 91 (64%) report coordination with their state’s Title V MCH Health Services Block Grant Program. Coordination includes receiving Title V funding, attending joint meetings or conferences, participating in joint workgroups, working with the MCH program, and sharing reports. All state-level FIMR programs report formal coordination with their Title V programs. Twenty-four states or U.S. territories included a description of FIMR activities in their Title V State Applications or Annual Reports in 2025.<sup>4</sup>

FIMR is not always funded by Title V, but regardless of how the state health department is structured, authentic collaboration can occur in a variety of ways. In states where FIMR is based outside of state or local health departments, collaboration can focus on resources, staff participation in reviews, or shared prevention activities. In communities where FIMR’s administrative home lies inside of local or state government, FIMR findings, data, and recommendations are shared to inform programs and prevention strategies. Depending on the timeline for death review, FIMR teams can provide more timely access to data and allow for the early identification of systems challenges and trends.

By supporting fetal and infant mortality review activities across the country, the National Center for Fatality Review and Prevention (National Center) supports local communities in collecting rich data that aligns with several Title V priorities, performance measures, and outcome measures including:

-  Healthy Pregnancy
-  Child and Infant Mortality
-  Injury Prevention
-  Safe Sleep
-  Perinatal Mortality
-  Stillbirth



# Fetal and Infant Mortality Review

FIMR is an evidence-based method to examine and respond to fetal and infant deaths.<sup>5,6,7</sup>

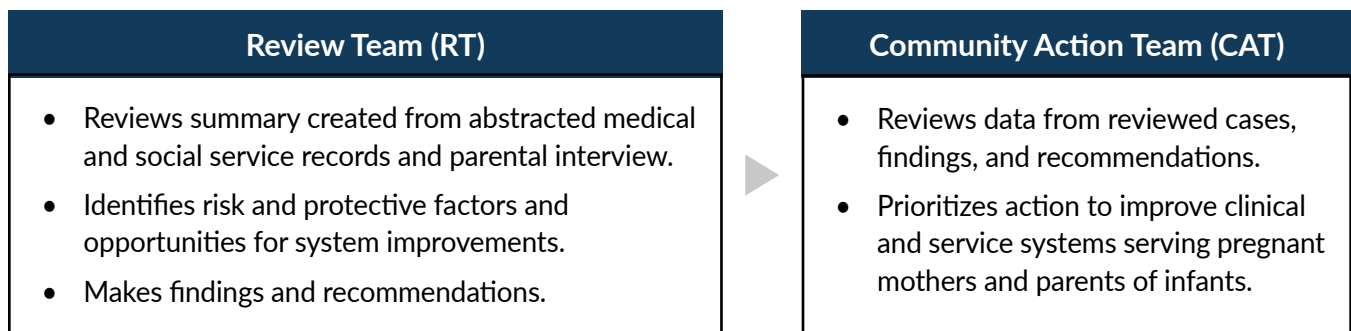
Multidisciplinary FIMR teams examine fetal and infant deaths to identify contributing factors and improve systems and outcomes. It is a community-owned and action-oriented process to improve service systems and resources for women, infants, and families.

## *FIMR offers communities:*

- A warning system that describes the effectiveness of community services, health care systems, and changes in services and the impacts they have on maternal and infant health.
- A method for implementing continuous quality improvement (CQI): to identify problems, analyze underlying factors contributing to the problem, redesign system approaches or resource allocation to resolve the problems, and subsequently determine if a change in the process is successful.
- A way to implement the essential public health functions of needs assessment, quality assurance, and policy development at the local level.

## Overview of FIMR

FIMR brings multidisciplinary community groups together to review de-identified stillbirths and infant deaths in a two-tiered process, using a Review Team (RT) and Community Action Team (CAT). The RT is composed of clinical health, public health, social services, and community members. This team examines a summary created from abstracted records, identifies risk and protective factors, collects data, and makes recommendations for community system change where appropriate. FIMR teams attempt to conduct an interview with the bereaved family as a key part of the data collection efforts. The CAT is made up of community leaders representing government, consumers, key institutions, and health and human service organizations who have the power to create change. This team prioritizes and implements recommended systems improvements based on findings from the RT reviews.





## Objectives of FIMR

**Examine and identify the significant health, safety, education, social, economic, and community systems factors associated with stillbirth and infant mortality through review of individual deaths.**

- Teams examine present and contributing risk factors in individual cases of stillbirth and infant mortality.
- Reviews examine outcomes focusing on community and individual health factors contributing to outcomes.

## **Give voice to the families.**

- The family interview is a defining feature of the FIMR process and has become increasingly common in other fatality review processes. The interview informs communities of the needs and challenges families encounter, elevating the experiences and insights of bereaved parents. Trusting and valuing the stories parents tell allows fatality review teams to better understand the context of the deaths and the resulting fatality review data, providing a lens through which to examine the case more accurately. Interviewers are trained to prioritize empathy and build trust during the interview process to ensure families feel heard without judgement. FIMR teams learn from the parents' stories of loss and maximize the impact of those stories by using them to craft compelling, relevant interventions to increase the health and safety of their communities.

## **Identify barriers to care and trends in service delivery and suggest ideas to improve policies and services that affect families.**

- Teams often identify challenges that communities face in accessing vital resources and services, including referrals to appropriate services and communication.

## **Plan a series of interventions and policies that address these factors to improve service systems and community resources.**

- Common interventions include education for professionals, health messaging, improved referral practices, eliminating barriers to service access or promoting safe practices, and policy or regulatory changes.
- Short and long-term recommendations and incremental change allow teams to achieve improvement at multiple community systems levels.

## **Assess the progress of community-based interventions.**

- The purpose of CQI programs is to improve health care by identifying problems, implementing and monitoring corrective action, and studying their effectiveness. The two-tiered FIMR process offers CQI around the systems that affect mothers and babies by monitoring the success of change in community, medical, and social support systems through ongoing reviews and recommendations. Many FIMR programs use the CAT to monitor the progress of actions implemented by FIMR.

## Current Status and Location of FIMR Programs

At the time of publication, there are 143 FIMR programs operating across 29 U.S. states and territories. Most FIMR teams are coordinated by state or local health departments. Others are led by hospitals, federally qualified health centers, and Healthy Start programs. Visit the National Center's website to [identify FIMR teams in your jurisdiction](https://bit.ly/49uYIWt) (URL: <https://bit.ly/49uYIWt>).

## About the National Center

The National Center for Fatality Review and Prevention (National Center) is the technical support and data center serving Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs across the country. The National Center is primarily funded by federal funds and offers a wide variety of technical assistance services that are available via site visits, virtual meetings, email, and phone.

### ***The National Center is funded to:***

- Provide technical assistance, training, and assistance with strategic planning to help support teams to develop, implement, and sustain prevention-focused fatality review processes.
- Maintain the Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS), a database for FIMR and CDR teams to enter data related to the circumstances of the individual deaths they review.
- Offer consultation to coordinate with other reviews, including domestic violence, serious injury, maternal mortality, Suicide Mortality Review Committees, elder/vulnerable adult fatality reviews, Citizen Review Panels, and collaboration between FIMR and CDR, and others.
- Support the network of fatality review program leaders.
- Provide resources such as a listserv, written guidance documents, webinars, and training modules.
- Build partnerships at the state and local level to move fetal, infant, and child death review findings into recommendations and actions that will improve agency systems and prevent deaths.

## Data Collection

The Pediatric NFR-CRS is a free, web-based data system available to FIMR teams. Teams can easily access and download their own data and run standardized reports. A data use agreement must be completed to use Pediatric NFR-CRS. Data are owned by the organization signing the data use agreement, which allows the team to retain control over how the data are used at a national level and for research. As a result, not all FIMR programs allow for their data to be included in research publications.

FIMR data are collected through a record abstraction process that includes relevant medical, public health, social service, and public safety records. Variables collected in the Pediatric NFR-CRS include social and medical information about the mother, the pregnancy, and fetus or infant. It seeks to identify known risk factors for poor outcomes, including socioeconomic and demographic factors, environmental and contextual factors, and life stressors that may have played a role in fetal or infant death. In stillbirths, FIMR seeks to include information on fetal autopsy as well as a clinical placental evaluation if one is conducted.

When FIMR teams conduct interviews with the bereaved family, the FIMR data are improved both by the family's story and perspective, but also through the clarification of information that would otherwise be unknown. For example, while a prenatal medical record may indicate that a mother missed multiple prenatal appointments, it may not indicate why she missed them. An interview may reveal that she did not have reliable transportation or the necessary childcare support to allow her to attend the appointments. The solutions to these problems are very different.

FIMR teams also enter data from their team deliberations, including present and contributing risk factors, as well as findings and recommendations to improve the health of women and babies in their communities.

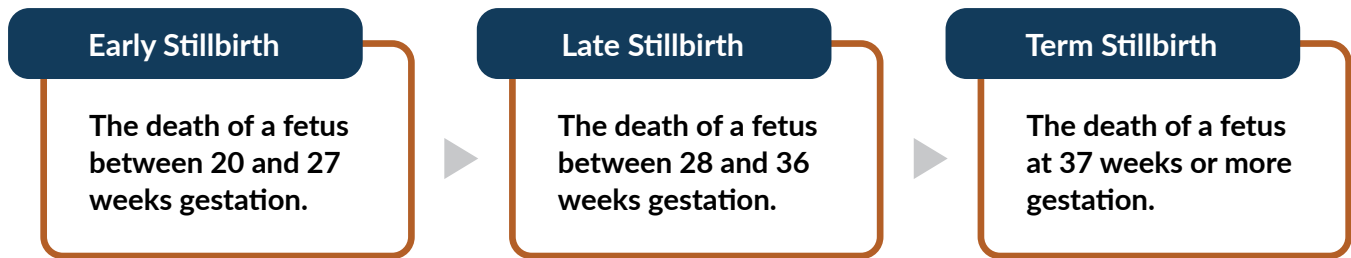


## FIMR data from the Pediatric NFR-CRS can be used in the following ways to support local and state Title V efforts:

- Local teams have access to their own data to identify trends and major risk factors that inform prevention. These data can be shared with Title V programs to support program planning, identify priorities, develop specific interventions, and monitor continuous quality improvement of Title V activities.
- State teams review local findings (when available) to identify trends and major risk factors and to develop recommendations and action plans for state policy and practice improvements.
- State teams match review findings with vital records and other sources of mortality data to identify gaps in the reporting of deaths.
- State and local teams use the findings as a quality assurance tool for their review processes.
- Local teams and states use the reports to demonstrate the effectiveness of their reviews and advocate for funding and support for their program.
- National groups use state and local findings for national policy and practice changes.

## Overview of Stillbirth

Stillbirths are categorized as either early, late, or term, depending on the gestational age at which the fetal death occurs, and fetal death certificates are issued to certify stillbirths.<sup>8</sup> If a fetus dies prior to 20 weeks gestation, it is usually defined as a miscarriage, though reporting standards can vary. If a preterm infant is born and shows any signs of life, including taking breaths or observed movements, they should be issued a standard death certificate.<sup>8,9</sup>



While the specific cause of a fetal death is often unclear, certain factors increase the risk for stillbirth including: smoking in pregnancy; carrying more than one baby at a time (e.g., twins or triplets); low socioeconomic status; advanced maternal age (being 35 years old or older at the time of pregnancy); and certain maternal medical conditions, including high blood pressure.<sup>9</sup>

In 2023 stillbirth was more than two times more prevalent in pregnancies to non-Hispanic Black and Native Hawaiian/Pacific Islander mothers than to non-Hispanic White or Asian mothers.<sup>2</sup> These differences are attributed to many underlying causes including access to quality health care, pre-existing health conditions, and contextual factors, and they have no biological or genetic basis.<sup>9</sup>

### Challenges with Stillbirth Data and Reporting

There are ongoing challenges with understanding the actual burden of stillbirth. The National Vital Statistics System is the primary source for stillbirth data in the U.S., relying on local and state vital records reporting to provide stillbirth information. Federal law mandates national collection and publication of fetal death data, but lack of standardized reporting requirements across the U.S. have led to inconsistent data collection and reporting.<sup>10</sup> While 42 states require reporting fetal deaths at 20 weeks gestation or more, the others have varying thresholds.<sup>11</sup>

Integration of electronic health records into state-level stillbirth reporting systems disclosed that stillbirth was more frequent than previously understood and has attempted to resolve some of these issues; but there are ongoing challenges with understanding inconsistencies between medical records and death certificate information.<sup>12</sup> Misclassification of stillbirths represents another challenge, as many go unreported or are incorrectly categorized as neonatal deaths or other types of perinatal loss due to inconsistencies in definitions and reporting practices.<sup>13</sup> Misclassification can result in ineffective attempts to mitigate risks for stillbirth and undermine prevention efforts.



## Maternal and Child Health Stillbirth Prevention Act of 2024

The Maternal and Child Health Stillbirth Prevention Act was signed into law on July 12, 2024.<sup>14</sup> The law amends Title V of the Social Security Act clarifying that funding of the Title V MCH Block Grant to state Title V programs may be used for stillbirth prevention efforts. In support of this issue, the Health Resources and Service Administration's (HRSA) Maternal and Child Health Bureau developed a new Title V National Outcome Measure (NOM) on stillbirth and added clarifying language to its Title V MCH Block Grant Guidance that stillbirth-related activities are an allowable use of funds.

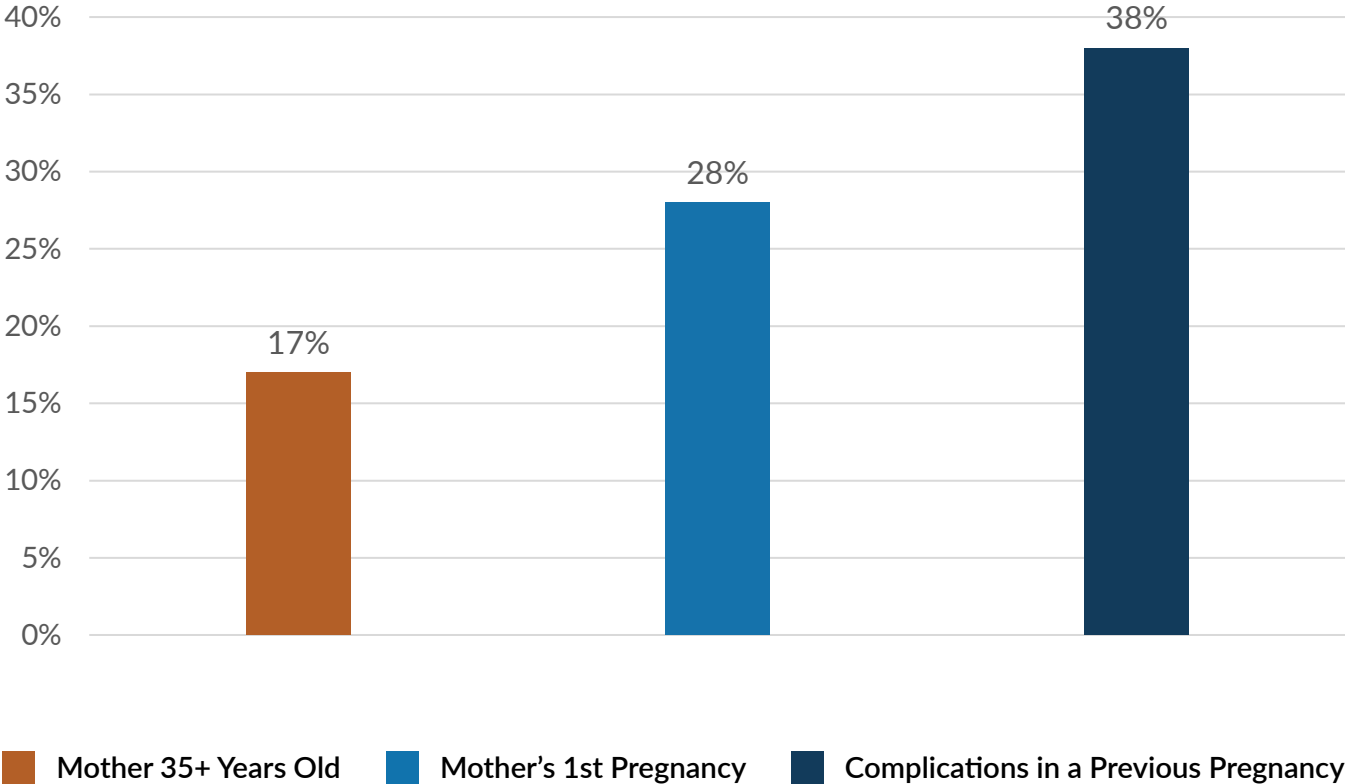
### FIMR Stillbirth Data from the Pediatric National Fatality Review–Case Reporting System

In addition to basic demographic information, FIMR data includes information about the health of the birth mother, including that of previous pregnancies, as well as modifiable and behavioral risk factors. FIMR data collection started in the Pediatric NFR-CRS in 2017. Between 2017 and 2023, FIMR teams reviewed and entered data on 3,721 stillbirths. Of those:

- 23% occurred in an unintended pregnancy. For comparison, the National Center for Health Statistics estimated that 42% of U.S. pregnancies were unintended in 2019.<sup>15</sup>
- In 17% of stillbirths, the mother or family experienced 3 or more family, economic, environmental, or other life stressors. Life stressors are challenging experiences or environmental stressors and include things like experiencing poverty, food insecurity, housing instability, lack of money for health care, family discord, or experiencing bullying/cyberbullying, a breakup, or social isolation.
- In 16% of stillbirths, the mother reported depression during this or a previous pregnancy.
- 5% of the stillbirths occurred in the context of a multiple gestation.

Among stillbirths, almost one-fifth occurred in a pregnancy to a woman 35 years or older; more than a quarter occurred in the mother’s first pregnancy; and more than one-third of mothers had experienced complications in a previous pregnancy.

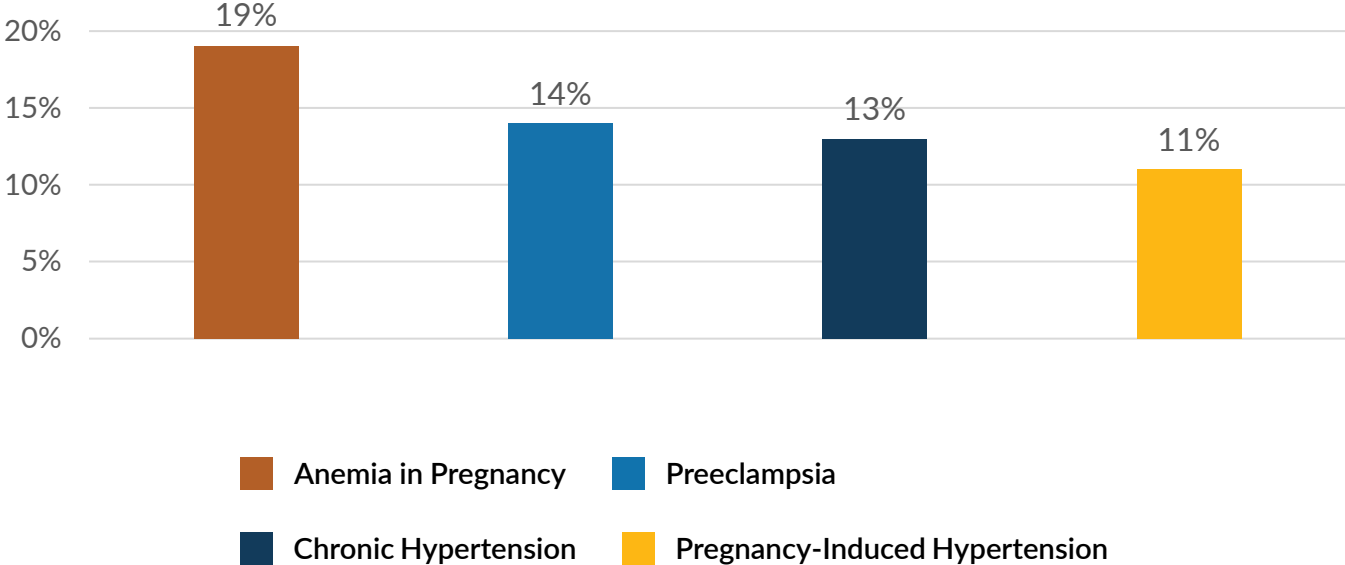
Figure 1. Characteristics of Pregnancy in Stillbirth, 2017-2023



Source: [National Center for Fatality Review and Prevention \(2025\). Pediatric National Fatality Review-Case Reporting System \(URL: https://bit.ly/4aTFiwX\)](https://bit.ly/4aTFiwX)

Among stillbirths, the most common health complications reported in pregnancy included anemia, preeclampsia, chronic hypertension, and pregnancy-induced hypertension.

Figure 2. Health Complications in Stillbirth, 2017-2023

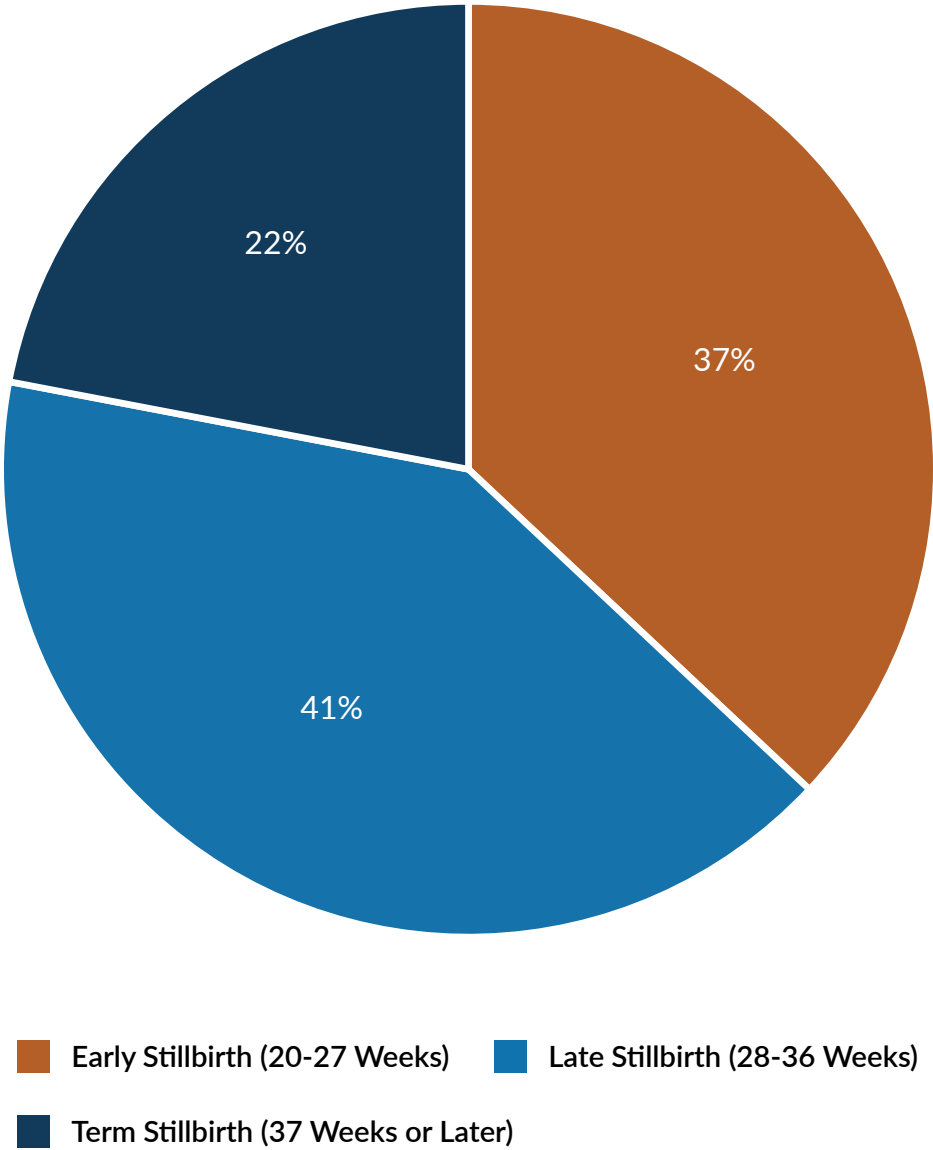


Source: [National Center for Fatality Review and Prevention \(2025\). Pediatric National Fatality Review-Case Reporting System \(URL: https://bit.ly/4aTFiwX\)](https://bit.ly/4aTFiwX)

Stillbirth was more common later in pregnancy. Among stillbirths reviewed by FIMR, late stillbirths that occurred between 28-36 weeks gestation were most common, followed by early stillbirths between 20-27 weeks.

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Figure 3. Stillbirths by Gestation, 2017-2023



Source: [National Center for Fatality Review and Prevention \(2025\). Pediatric National Fatality Review-Case Reporting System \(URL: https://bit.ly/4aTFiwX\)](https://bit.ly/4aTFiwX)

***Mother's race and ethnicity:***

*(Race and ethnicity are not mutually exclusive in these data.)*

- 54% of mothers were White.
- 40% of mothers were Black.
- 3% of mothers were Asian.
- 1% of mothers were American Indian/Alaska Native and Multiracial.
- Less than 1% of mothers were Native Hawaiian/Pacific Islander.
- Among mothers of all races, 19% reported Hispanic ethnicity.

***Modifiable risk factors are related to behaviors that can increase or decrease risk for a poor outcome.***

***Multiple modifiable risk factors were identified in stillbirths reviewed by FIMR teams, including:***

- In 18% of stillbirths, the mother smoked during the pregnancy.
- In 19% of stillbirths, the mother consumed alcohol or illicit substances in pregnancy.
- In 23% of stillbirths, home visiting services were not accessed even though the mother was eligible for services.
- In 36% of stillbirths, the mother had a body mass index (BMI) of 30 or higher.

The prevalence of these modifiable risk factors suggests important opportunities to inform Title V programs, decrease risk, and improve fetal outcomes.

## FIMR Adds Value to the Understanding of Stillbirth

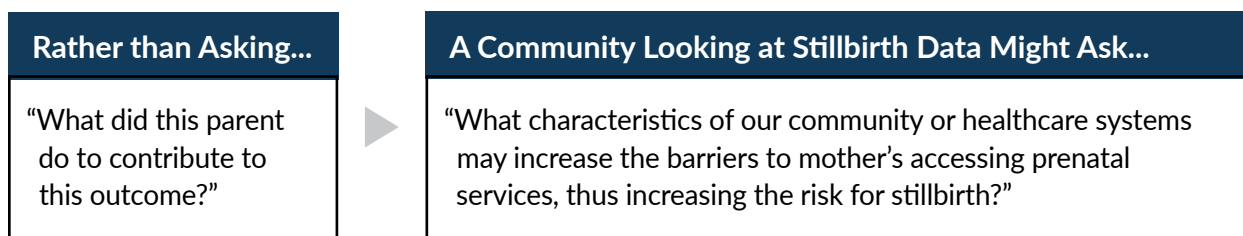
The National Center has developed [Effective Review of Stillbirths/Fetal Deaths](https://bit.ly/49vYnmp) (URL: <https://bit.ly/49vYnmp>), a guidance report to support FIMR teams in the successful review of fetal deaths. It shares strategies for FIMR teams reviewing stillbirths and includes important medical details about potential causes and contributing factors in stillbirths; typical steps taken by clinicians and partners after a stillbirth, including when genetic testing should be conducted; ways to prepare for a stillbirth review; ideal team members to participate in the review team meeting; and prevention opportunities.

### Providing Context and Improving Health for All

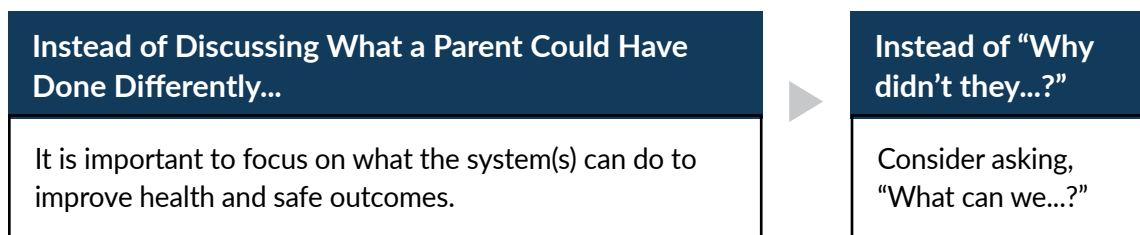
Understanding drivers of health outcomes across populations requires FIMR teams to approach reviews without the intent to blame individuals or families. Anytime there is a death, responsibility lies not just on an individual's choices and behaviors, but also on circumstances that were shaped by society and the environment. By examining these external factors, FIMR is well-equipped to make and implement data-driven recommendations to improve service systems and address community and individual health factors.

### Shifting Focus to Systems

It is important to focus prevention work on systems' gaps to avoid blaming the individual and to have the broadest prevention impact.



The lens through which communities review factors that contribute to stillbirth and infant death can dictate the type of discussion and guides the substance of recommendations and actions.



## Community Engagement & Partnerships

FIMR programs positioned in states and jurisdictions provide uniquely informative data to Title V programs relevant to stillbirth and other maternal and infant health issues. FIMR benefits Title V programs by:

- Examining social, safety, and health system factors that are associated with fetal and infant mortality through review of individual cases.
- Identifying system barriers and problems that need improvement through interdisciplinary case reviews.
- Improving service systems and community resources to reduce future fetal, infant, and child deaths.
- Providing valuable qualitative data to use with states' quantitative fetal, infant, and child mortality data to enrich the information and provide guidance for prevention.
- Informing a state's broader needs assessment and state action plan.

***The process provides context through review and data collection, and provides important resources to support population health and Title V work, including:***

### Needs Assessment

FIMR aids communities to identify service gaps, duplications, barriers, and unintended consequences of interventions. The FIMR process can help state Title V programs with their Needs Assessment, to prioritize needs, and to select which national MCH priority areas are most critical for their state. The recommendations developed by FIMR teams can help states to establish meaningful performance and outcome measures.

### Partnerships

Multidisciplinary reviews foster collaboration with community partners and help manage shared challenges. FIMR teams partner effectively in advocacy efforts, including aligning messaging for communications related to each measure. FIMR teams identify and engage with non-traditional partners whose perspectives on performance measures enrich the teams' ability to support Title V efforts.



## Multiple Sources of Data

In creating the de-identified case summary and completing FIMR data entry in the Pediatric NFR-CRS, multiple sources of data are collected, giving a more complete picture of the death, its circumstances, and contextual factors. Among these data, the stories shared by families in FIMR interviews provide unique insight into their contexts and circumstances. The RT members may be the only individuals ever to see all of the information from healthcare providers, social service providers, community partners, public health, vital statistics, and families themselves all at once, giving them access to the most comprehensive information about the provision of services, community resources, institutional policies, and family experiences. Data from FIMR case reviews can provide Title V programs with powerful and unique insights into community needs and gaps in service and contribute to a cycle of continuous quality improvement.

## Family Stories

- Family partnership is the intentional practice of working with families for the goal of positive outcomes in all areas through the life course. Title V programs are expected to include family participation in planning and evaluation, prioritizing the personal experiences of families, and allowing them to share their stories. The stories shared by families in FIMR interviews provide unique insight into their contexts and circumstances, providing vital qualitative data describing their experiences with MCH systems. The family interview represents a critical opportunity to partner with families in identifying solutions.
- The inclusion of families to partner in decision making with Title V programs at the federal, state, and community levels is a critical strategy in helping states to improve national outcomes. HRSA directs states to work closely with family/consumer partnerships when selecting evidence-based or evidence-informed strategy measures to address unique state needs. Family engagement reflects a belief in the value of family leadership at individual, community, and policy levels.

## Data-Driven Program Guidance

Data driven recommendations to prevent fetal and infant deaths are developed by FIMR teams through their deliberative review process and are based on evidenced-based practices. These recommendations often include a focus on improving MCH systems, including the continuous quality improvement work of Title V and other MCH programs.

## Success Stories

FIMR programs across the country are leading community and state-level partnership efforts to inform Title V programs of vital information related to their NPMs and NOMs, address fetal and infant deaths, improve systems of care, and support bereaved families.

### **FIMRs work to identify patient needs and improve service delivery and high-risk maternity services.**

A local Title V-funded FIMR program took a multi-pronged approach to ensuring that prenatal care services were appropriate, with improved coordination. FIMR partners built a community task force of non-profits, parents/caregivers, schools, and medical providers to plan a comprehensive, countywide preconception health program. They engaged community partners including community-based organizations and local religious groups to disseminate information about a new opportunity for high-risk maternity services in the community. They promoted increased awareness of their local Healthy Start program and a local maternity navigator that provides coordinated intake and referrals.

Another FIMR team created a program for nurses to screen for needs related to community and individual health and contextual factors using motivational interviewing. Through this process, providers were able to identify and prioritize concrete patient needs beyond the clinical setting and refer mothers to various community resources to help improve MCH outcomes.

### **Work to increase public awareness that decreased fetal movement is an urgent concern that needs prompt medical evaluation.**

Decreased fetal movement in pregnancy is a significant risk factor for stillbirth and an urgent concern that needs prompt evaluation by a healthcare provider.<sup>16</sup> Multiple Title V-funded FIMR programs have focused their recommendations on promoting public awareness and maternal education on fetal movement monitoring. Some have conducted outreach to Obstetrician and Gynecology (OB-GYN) clinics with promotional campaign materials funded by Title V and talked to OB-GYN providers about how to educate women about fetal movement monitoring. Educational campaigns have been promoted through social media, local bus ads, and local home visiting advisory groups. Multiple Title V-funded FIMR programs have partnered with their Healthy Start and home visiting programs to focus on fetal movement monitoring education to ensure all enrolled families will be equipped to contact their prenatal care provider if they observe changes to fetal movement patterns. Some community FIMR teams have worked with local and state Title V programs to ensure that educational materials will be available in different languages to ensure all families have access to this important health information.

# Featured Program

## Indiana State FIMR Program Partners with Title V to Achieve Collective Impact

The Indiana FIMR program continues to work closely with Title V by coordinating efforts and leveraging the work of other Title V programming through data-driven, evidence-based preventive initiatives to lower the state's infant mortality rate. In 2022, Indiana's infant mortality rate (IMR) was 7.2, an increase from 6.7 in 2021. Due to the collaboration with both internal and external Title V partners, the IMR decreased in 2023 to 6.6 with preliminary 2024 numbers proving that Indiana is moving in the right direction.

From fiscal year (FY) 2023 to FY 2024, the Indiana FIMR program expanded from 16 regional or county-based teams covering 36 counties to 25 regional or county-based teams covering 73 of Indiana's 92 counties. By the end of FY 2024, local FIMR teams identified several opportunities to improve birth outcomes, such as enhancing education on fetal movement monitoring for pregnant women, increasing prenatal care services for pregnant women experiencing incarceration, and mitigating negative impacts of Adverse Childhood Experiences (ACEs) and maternal mental health disorders on infant health.

FIMR case data and findings from maternal interviews continue to lead to new partnerships. During FY 2023 and FY 2024, a trend noted throughout the state was the lack of education about lactation after a pregnancy loss or neonatal death. Because this subject is infrequently discussed before hospital discharge, families experience unnecessary trauma when a mother's milk comes in without a surviving baby. Further, there is a critical need for milk donors in Indiana to support fragile infants. The Division of Family Resources responded by partnering with the Indiana Department of Health (IDOH) Divisions of Nutrition and Physical Activity, Maternal and Child Health, and Women, Infants, and Children, as well as the IDOH Maternal Mortality Review Committee. External partners included The Milk Bank, Indiana Breastfeeding Coalition, Ardo Medical, and a local family who experienced a loss. Together, a statewide initiative was developed to encourage medical providers to discuss lactation after loss with families and give instructions on how to dry up or donate their milk supply. This project will ensure providers are educating families about options that support maternal mental health and bereavement care and increase the supply of donor milk to Indiana babies in need. Bereavement support after a death improves health outcomes for mothers and their future pregnancies. In 2024, the Lactation After Loss program was presented with a Governor's Public Service Achievement Award.

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*Division of Family Health Data and Fatality Prevention, Indiana Department of Health*

## Conclusion

Fatality review methodology can offer valuable tools and information to enhance and inform state Title V needs assessments, action planning, data collection, and analysis. FIMR teams are uniquely able to understand and describe the circumstances and context of stillbirths in communities and help communities, states, and federal partners understand and address complex problems like stillbirth. By identifying and reviewing stillbirths, gathering information on where and why these deaths occur, and attempting to understand the underlying contributing causes and avoidable factors, their findings can provide meaningful insights for interventions and policies that impact maternal and infant population health. This information can help healthcare providers, program managers, public health administrators, and policymakers prevent future deaths and alleviate grief for parents, while also improving the quality of care provided throughout the health system.

To learn more about the FIMR process, visit the [National Center's website](https://bit.ly/3Ld84yg) (URL: <https://bit.ly/3Ld84yg>). For specific inquiries on how fatality reviews can support the work of Title V programs, contact the National Center at [info@ncfrp.org](mailto:info@ncfrp.org).

## Resources

- [Steps for a Healthier Me and Baby-to-Be](https://bit.ly/49ms4rj) (URL: <https://bit.ly/49ms4rj>): This planning tool developed by the Centers for Disease Control and Prevention can be used with women to help achieve optimal health prior to conception, addressing nutrition; exercise; infection prevention; eliminating toxic exposures including tobacco, alcohol, and certain prescription and illicit drugs; and managing stress.
- [National Institutes of Health Stillbirth Resources](https://bit.ly/49nvfz8) (URL: <https://bit.ly/49nvfz8>): This web page holds three collections of stillbirth related resources. One focuses on resources for patients; another focuses on resources for researchers and health care providers. The final one is more broadly focused on the topic of stillbirth. This web page includes clinical guidelines, journalistic articles, blog posts, data, as well as national partners that can support stillbirth surveillance and prevention efforts.
- [March of Dimes](https://bit.ly/49KOIhE) (URL: <https://bit.ly/49KOIhE>): March of Dimes leads in advocating and educating for the health of all moms and babies, and works to end preventable maternal health risks, preventable preterm birth and infant death. They also provide bereavement resources.
- [International Stillbirth Alliance](https://bit.ly/4qMT8Wu) (URL: <https://bit.ly/4qMT8Wu>): The International Stillbirth Alliance is a global organization that helps bridge the gaps in addressing stillbirth and early newborn death within the continuum of maternal and newborn health through collaborations for continued research, education, advocacy, and training on global care standards.
- [Star Legacy Foundation](https://bit.ly/3YH2jvL) (URL: <https://bit.ly/3YH2jvL>): Star Legacy Foundation is a community of health professionals, families, researchers, policy makers and advocates dedicated to healthy pregnancy outcomes and stillbirth prevention. They provide education, support research, offer family support, raise awareness, and encourage advocacy regarding pregnancy loss and neonatal death.
- [The Compassionate Friends](https://bit.ly/45UX9jA) (URL: <https://bit.ly/45UX9jA>): The Compassionate Friends is an organization focused on support for families that have lost a child.

## Endnotes

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