NATIONAL CFRP
Center for Fatality Review & Prevention

Using the FIMR Process to Address Stillbirth: **Opportunities for Title V Programs**

Learning Together, Protecting Tomorrows



Key Funding Partner

Federal Acknowledgement

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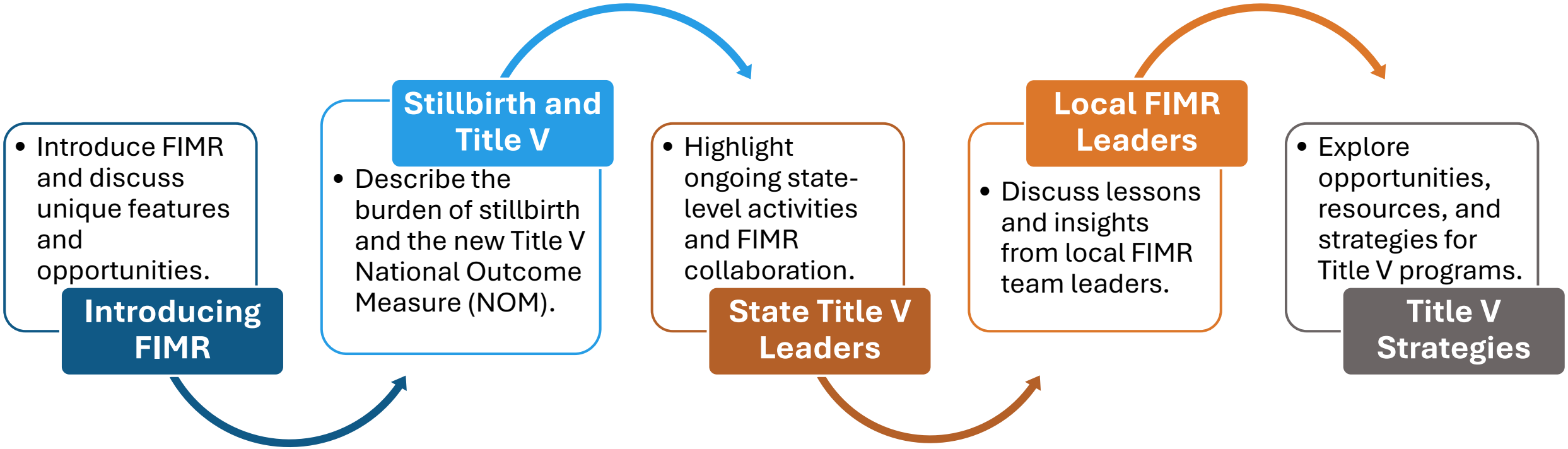
Today's Webinar

Collaborating for Impact

- AMCHP is a critical partner in maternal child health (MCH) fatality review work and generously participates in the National Center's Steering Committee.
- The National Center is grateful for AMCHP's partnership in today's webinar.

Agenda

Today, We Will:





Introducing FIMR

National Center for Fatality Review and Prevention

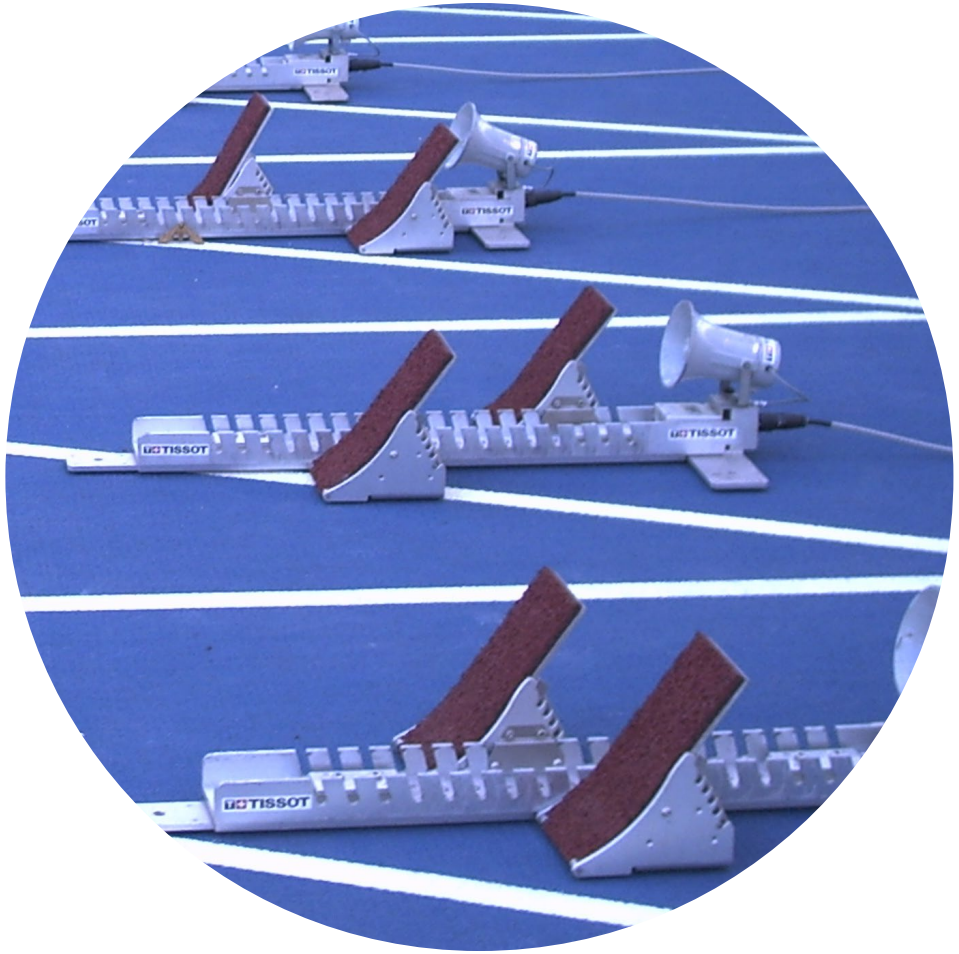
About Today's Topic

Fetal and Infant Deaths

We will address difficult topics today. Please take care of yourself in whatever way is most helpful, including stepping away from this webinar.

Please remember that 988 is a resource.





Getting Started

Understanding FIMR Where You Are

- Is fetal and infant mortality review (FIMR) active in the state or community you serve?
- If it is active, how would you describe collaboration between the Title V Maternal Child Health program and FIMR?
- What do you hope to learn more about in today's webinar?

Fetal and Infant Mortality Review (FIMR)

Deaths Reviewed: Stillbirth to 364 days of life

Community-oriented, two-tiered process focused on understanding the reasons behind information available in vital records as it relates to stillbirth and infant deaths.

Active FIMR teams in 26 states, with approximately 148 local and state teams. FIMR teams are often located in health departments or healthcare agencies.

FIMR Operating Principles

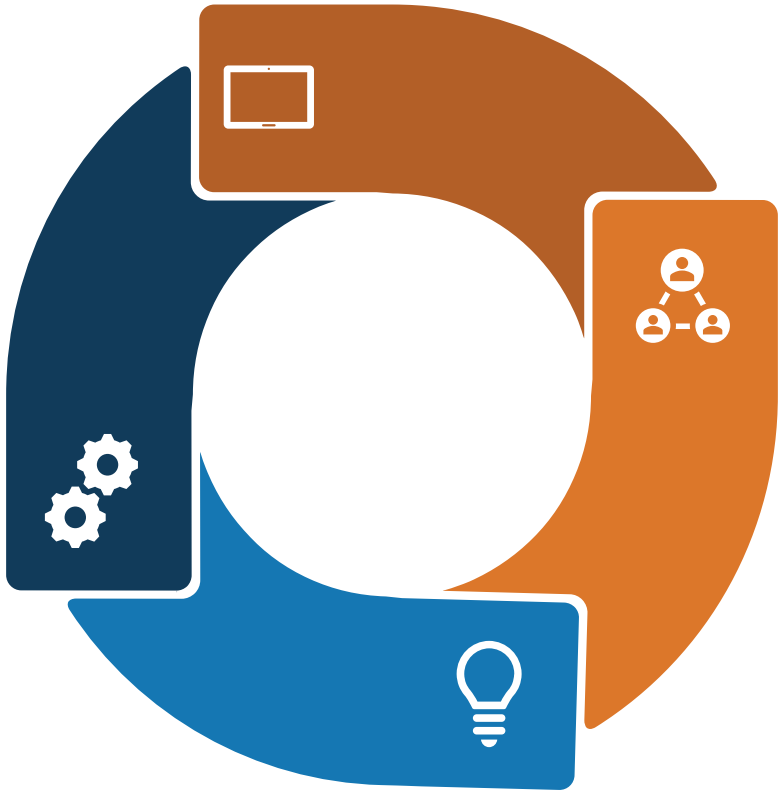
Continuous Quality Improvement

Community Systems

Improving systems for families will improve outcomes over time.

Action Team

Community Action Team (CAT) implements change.



Data Gathering

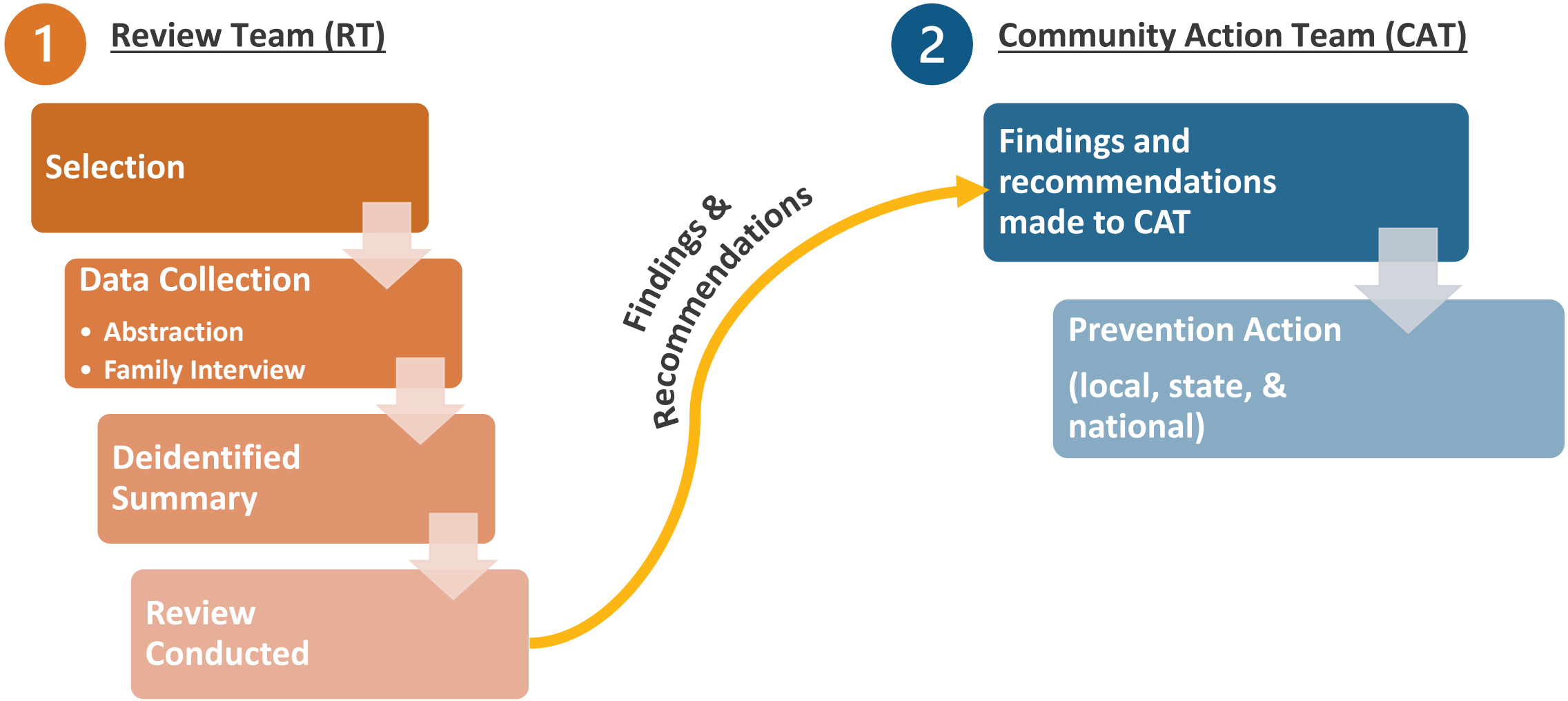
Multifaceted data collection from records and interviews.

Review Team

Review Team (RT) reviews the story and identifies findings.

FIMR Process

Two-Tiered Process





FIMR Review Team

Deeper Dive

Multidisciplinary

Includes a broad range of expertise.

Represents Systems

Engages systems serving moms and babies.

Analytical Function

Deliberates to understand gaps and needed improvements.

FIMR Review Team

Roles and Responsibilities

Review Available Data

Examine summaries of clinical and social service records and family interviews.

Discuss Details

Discuss the summary to fully understand the story of the death.

Identify Gaps & Needs

Identify factors that were present or contributed to the death.

Findings & Recommendations

Develop findings and recommendations for system improvement and prevention.



Community Action Team

Decision makers with power to mobilize resources on behalf of their organization.



Community Action Team

Deeper Dive

Multidisciplinary

Includes a broad range of expertise.

Represents Systems

Engages systems serving families.

Implements Recommendations

Mobilizes systems change and improvement of service delivery.

What FIMR Focuses On

Common Observations



Sentinel Events

Deviations outside the norm of care or service delivery.



Incidental Findings

Gaps in care or services that may not have directly increased risk.

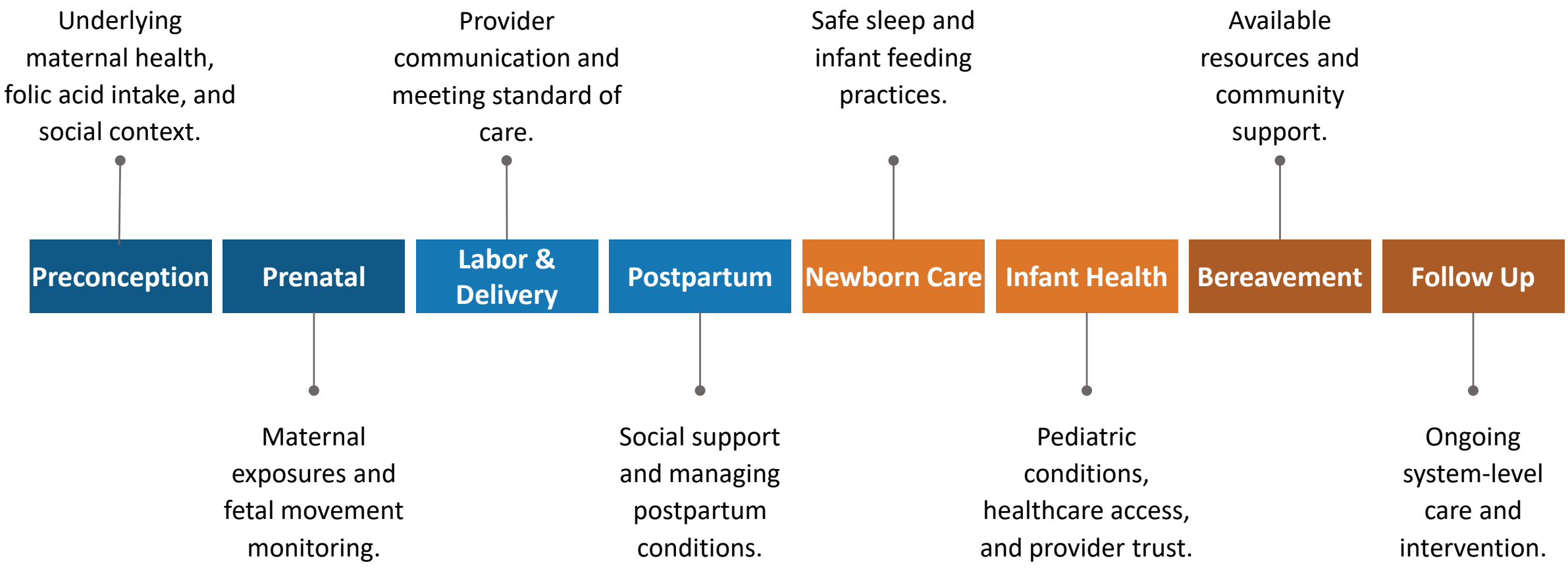


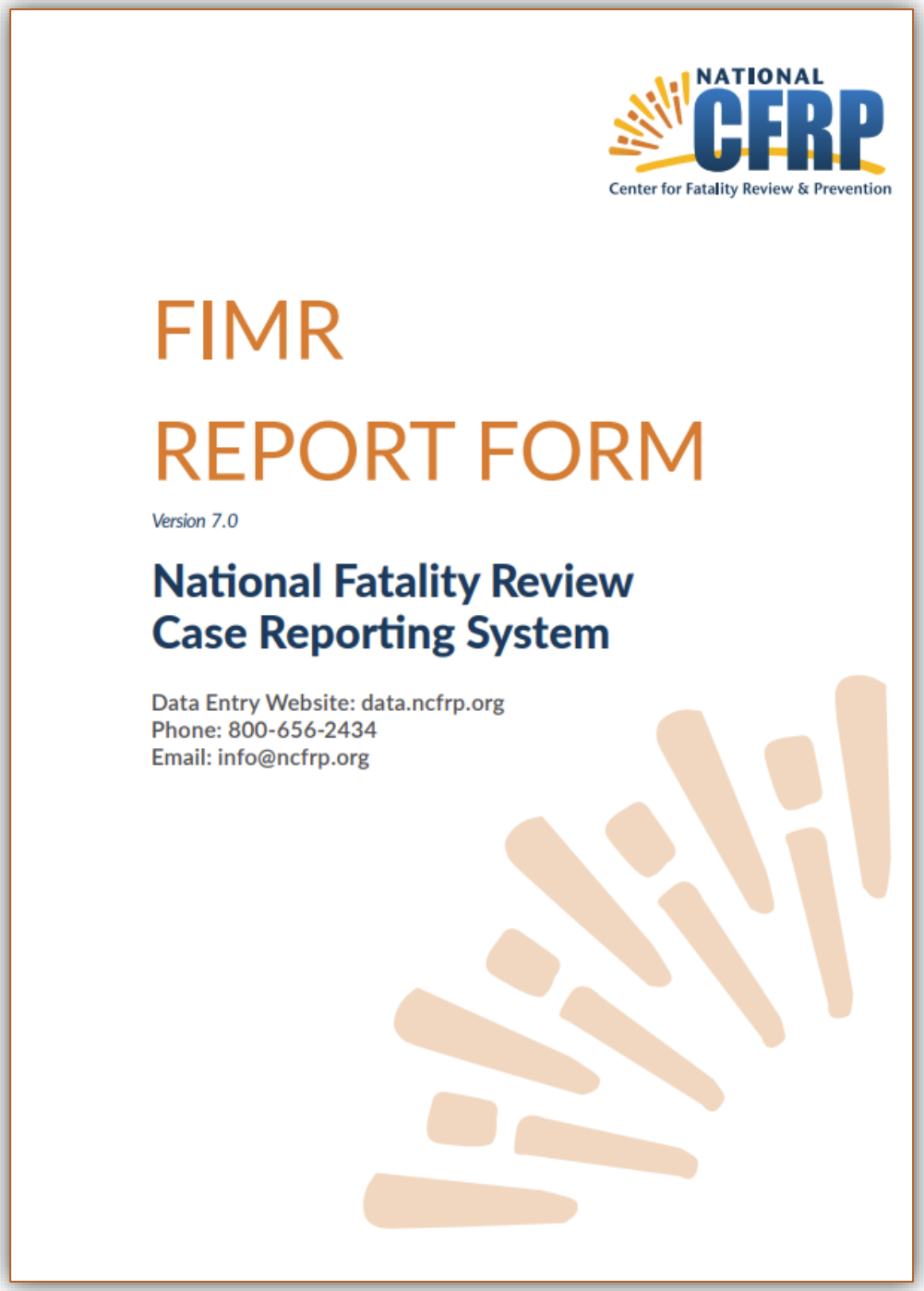
Patterns

Similar issues across reviewed deaths that suggest system challenges.

Focus of Findings and Recommendations

Critical Timeframes to Consider and Examples





Pediatric NFR-CRS

Overview

Stillbirth and Infant Death

Comprehensive information about fetal and infant deaths.

Family Interview

If conducted, a family interview can be documented.

Summary Tools

Creates an editable summary for the review meeting.

The Power of FIMR Data

Connecting Fragments

Medical

OB-GYN, MFM, NICU, Pediatrics, Emergency Department, mental health, social work notes.

Death Investigation & First Responder

Medical examiner/coroner, autopsy, toxicology, EMS run sheets, law enforcement, fire department.

A More Complete Story

Public Health & Social Services

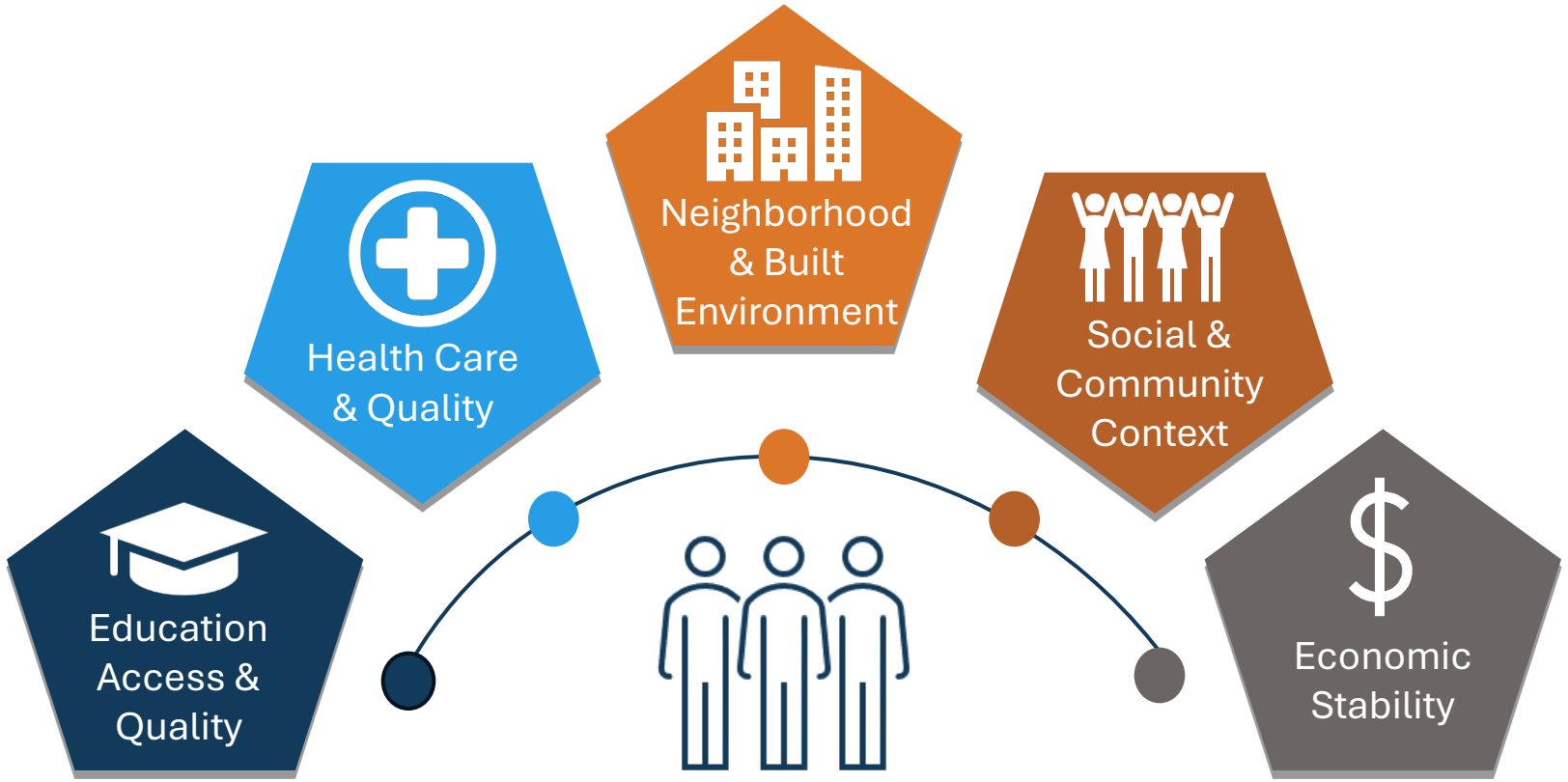
Birth and death certificates, child welfare, Women, Infants and Children (WIC), home visiting.

Other

Childcare information, emergency response/after action records, ad-hoc expertise and records, family interview.

Community Health Factors

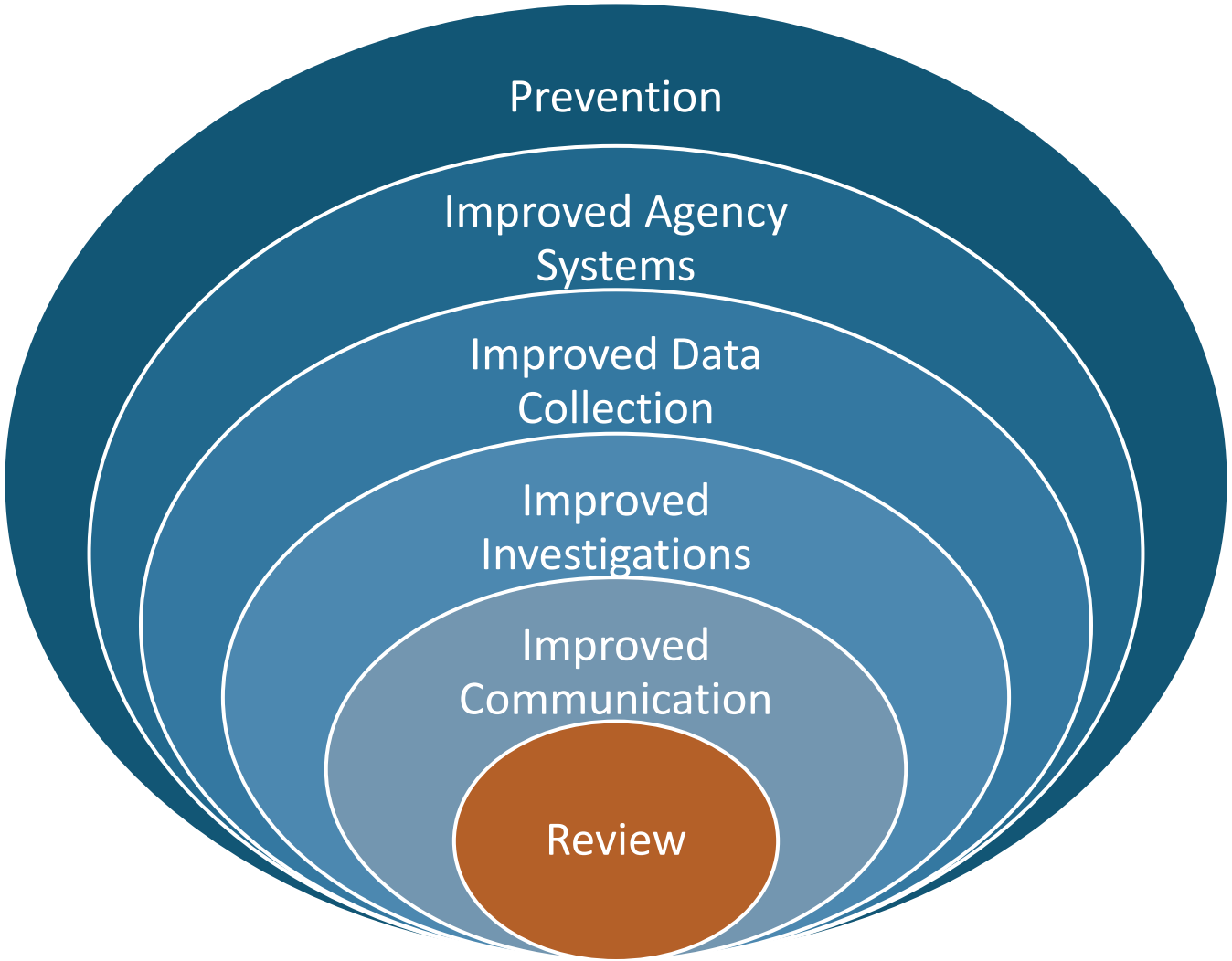
Non-Medical Factors that Influence Health



Source: https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html

System Improvement as Prevention

The Snowball Effect of Fatality Review



FIMR Connects Dots & Equips

FIMR findings and recommendations catalyze systems change by connecting information and expertise that shapes the constellation of risk increasing poor perinatal outcomes.



Stillbirth, Title V, and FIMR

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Building Shared Footing: Stillbirth and Title V

Andria Cornell, MSPH

Association of Maternal & Child Health Programs

Collective breath…



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Marie Lockwood

STILLBIRTH ON FEB. 9, 2015

My son Adam was born still at 40 weeks or full term. He was 8 lbs. and 21 inches long, just beautiful. Adam had dark brown hair and my husband's facial features, but no one ever said congratulations to us. Adam was baptized by our priest in a hospital room, not a church. Adam did not receive a death certificate either, but lived for 9 months. My body did not know my child had died. The breastmilk came in, and my arms ached with emptiness. My house was full too, full of baby items. Each new day, brought on a different challenge. Removing the car seat, setting aside the bath toys, packing baby clothes with the tags still on. Slowly I was developing into a different person, a better person. I found courage I didn't know existed. It was hard, but I would do it all again just to hold my son for another moment. That's all we have in life after all.

"It was hard, but I would do it all again just to hold my son for another moment. That's all we have in life after all."

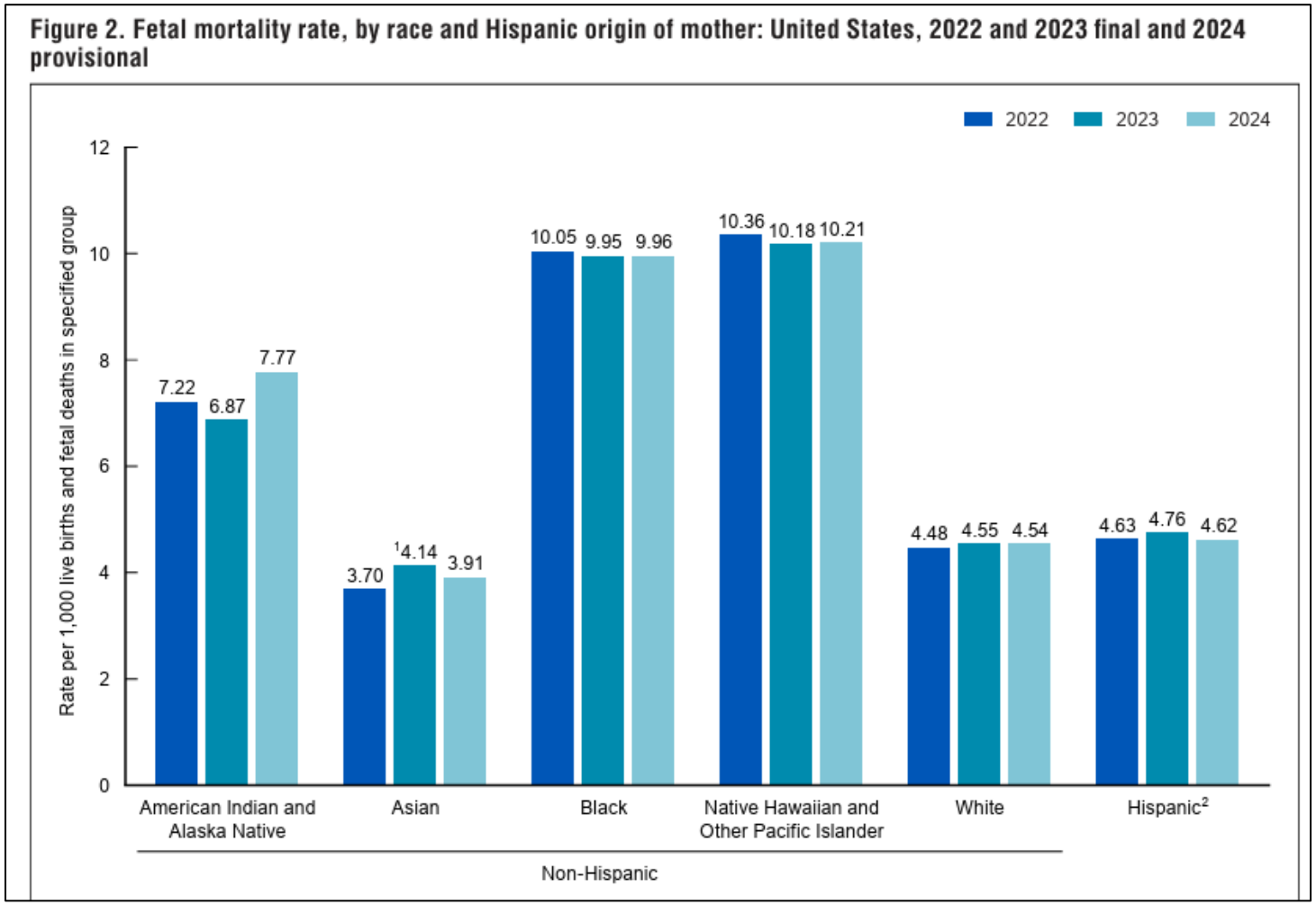
Stillbirths in the United States

- A **stillbirth** is the loss of a pregnancy at or after the 20th week of pregnancy
- The words to describe this tragedy have different meanings and **significance for families** (e.g., fetal death, stillbirth, miscarriage, 'born asleep')
- National concern:

Stillbirth Rate: 5.4 per 1,000 live births and fetal deaths	**Affects 1 in 175 pregnancies**	**~21,000 families impacted by stillbirths annually**	**# of stillbirths per year is similar to # of infant deaths per year**

Stillbirths in the United States

Like infant mortality, the risk of stillbirth **is not equally distributed** across race and ethnicity



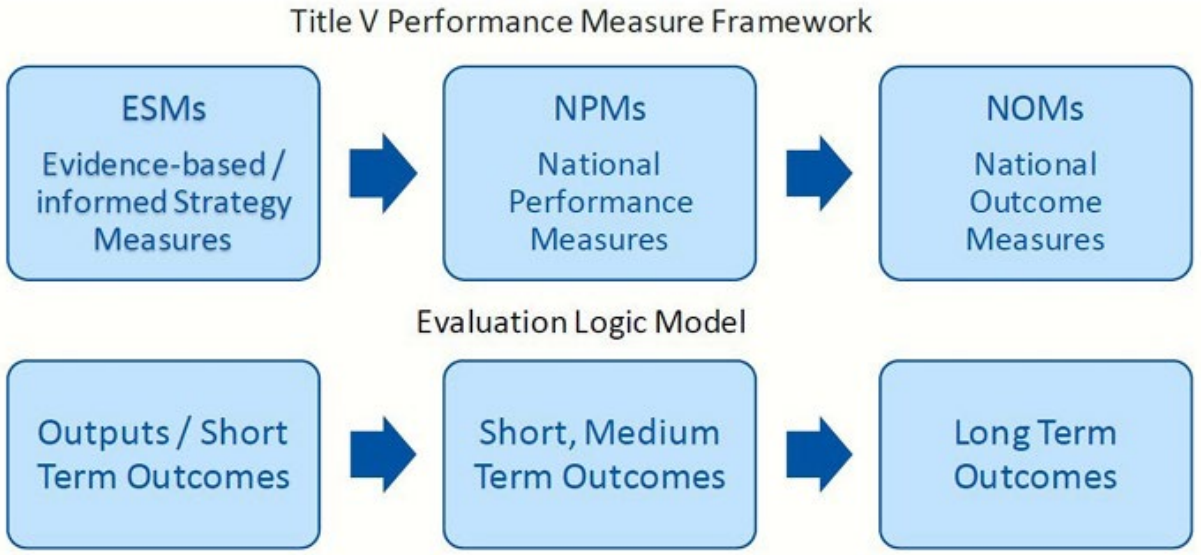
Role of the Title V MCH Services Block Grant

- The longest standing **federal-state partnership** focused on improving the health of mothers and children, including Children and Youth with Special Health Care Needs (CYSHCN) (90 years old!)
- Includes investment in **public health services, systems, and infrastructure** and **enabling services** that support families in accessing needed care and support, in addition to **direct services** (base-to-tip of the population health pyramid)



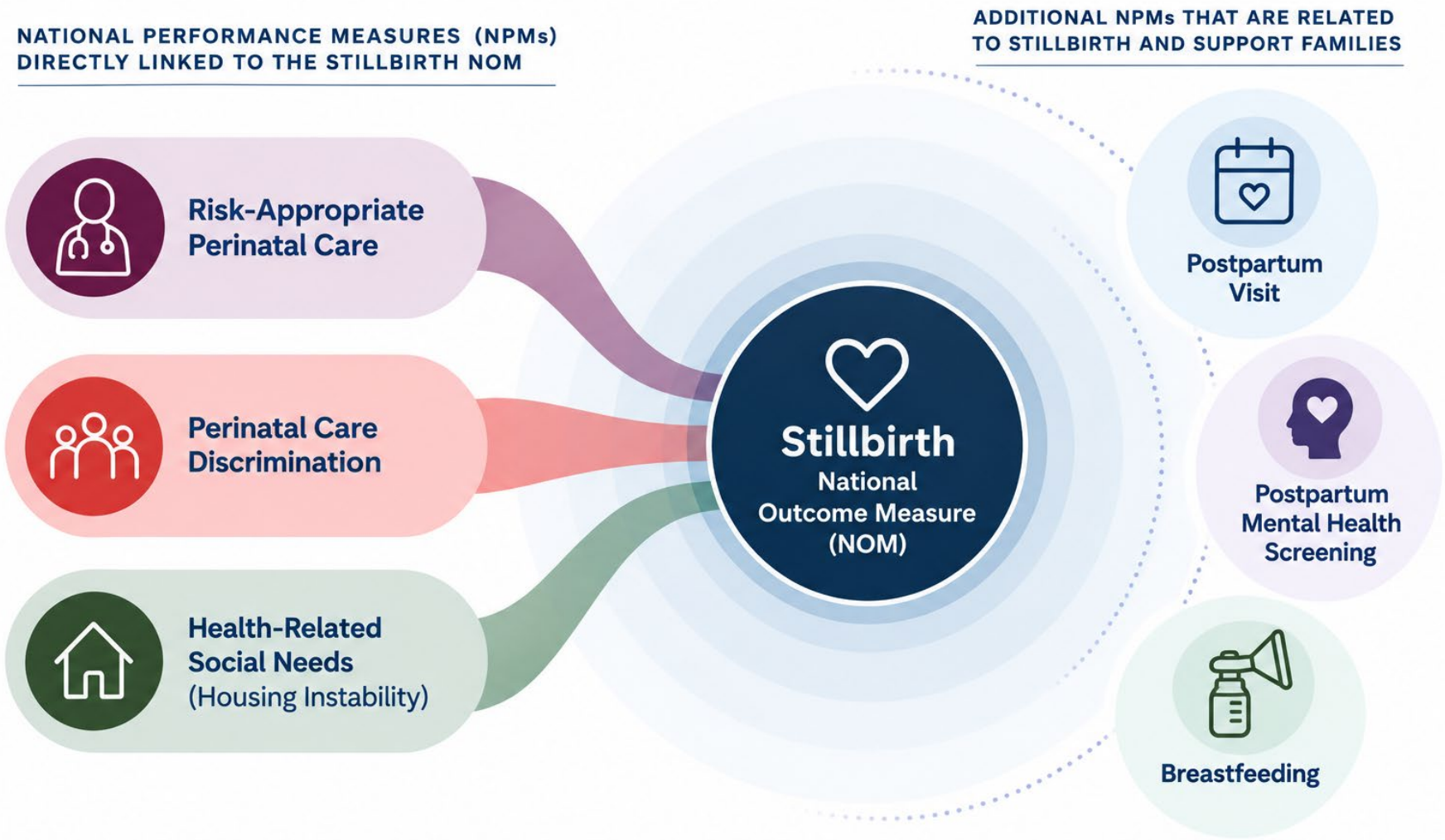
Role of the Title V MCH Services Block Grant (cont.)

- For the 2023 application year, MCHB revised the Title V Block Grant Guidance to include Stillbirth as a Title V National Outcome Measure (NOM)
- Provided measurement clarity around the previous perinatal mortality NOM





Intervening in Stillbirth



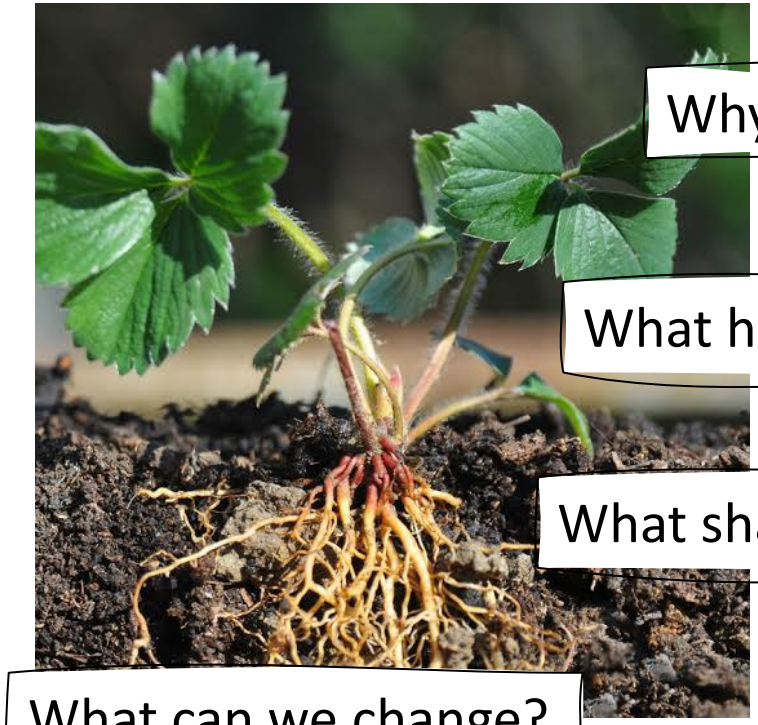
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Where do we begin?

Population Data



Fetal and Infant Mortality Review





State Title V Leaders

FIMR and Title V Collaboration in Indiana and Mississippi

Indiana Department of Health

2026 TITLE V AND STILLBIRTH PREVENTION-INDIANA

MARY ELLEN POTTS

DIRECTOR OF OPERATIONS AND S.I.

MELANIE ROBERTS

STRATEGIC INITIATIVES MANAGER

10/29/2026

AGENCY PRIORITIES

1. Improve Maternal and Infant Health Outcomes
2. Prevent Chronic Disease
3. Strengthen Data Quality and Transparency

Indiana Stillbirth Data and Recommendations

- In Indiana, there were 562 stillbirths in 2024
  - Nearly 11 fetal deaths every week
  - More than 2,400 fetal deaths occurred in the last five years
- Some stillbirths are preventable
- Indiana is diving into fetal data following previous challenges and barriers to accessing this information
- Data and recommendations used by Title V for:
  - Needs assessment
  - Review process for funding external partners
    - Including staff in addition
  - Statewide initiatives

Indiana FIMR Stillbirth Recommendations

- Enhance education on the importance of improving maternal health care prior to pregnancy
- Standardize and enhance the completeness and accuracy of fetal data through increased training in fetal death certificate completion
- Increase public awareness of the prevalence of stillbirth in Indiana to improve recognition, understanding, and early response to risk factors
- Expand public-facing campaigns and provider-patient education on stillbirth risk factors and healthy maternal habits (e.g., smoking cessation, early and consistent prenatal care, and healthy foods)
- Community and provider education on the importance of monitoring fetal movements through a statewide implementation of the Count the Kicks! Program
- Secure funding to support fetal autopsies, placental and cord examinations, and genetic testing

Indiana Title V and FIMR

- Title V and FIMR staff have collaborative history with expansion in 2021
- State match funding supports 26 local FIMR teams that cover 82/96 counties
- Currently funds state-level programming based on recommendations
- Moving forward
  - Continue funding for FIMR and reframing for Community Action teams
  - Funding recommendations to action for local FIMR teams and statewide initiatives
  - Standardizing fetal death certificate training

Count the Kicks!

- Count the Kicks is an evidence-based program to reduce stillbirth and improve birth outcomes
  - Free tools and resources to help expecting parents monitor their babies' movement
- Expanding program statewide through Title V. Currently creating:
  - Implementation plan
  - Educational plan
  - Outreach and communication plan
- Statewide Implementation set to begin after 10/1

Lactation After Loss

- A statewide program to support families who experience miscarriages, stillbirths, or infant deaths
- Mothers who experience a loss can receive support and resources on lactation options
- Mothers can donate milk to help support NICU babies across the state
- This program also addresses maternal mortality by providing bereavement support to mothers and families after a loss
- Since program launch, 74 families have been served - 44 received pump kits and 30 received the resource folder (declined the pump).



Questions?

Mary Ellen Potts
Director of Operations and Strategic Initiatives
Women, Children, & Families
Mapotts@health.in.gov

Melanie Roberts
Strategic Initiatives Manager
Women, Children, & Families
Meroberts@health.in.gov

FOLLOW US:

Collaborative Efforts Among Mississippi's FIMR Activities and MCH Programs:

Current Progress and Future Activities

www.msdh.ms.gov

MSDH

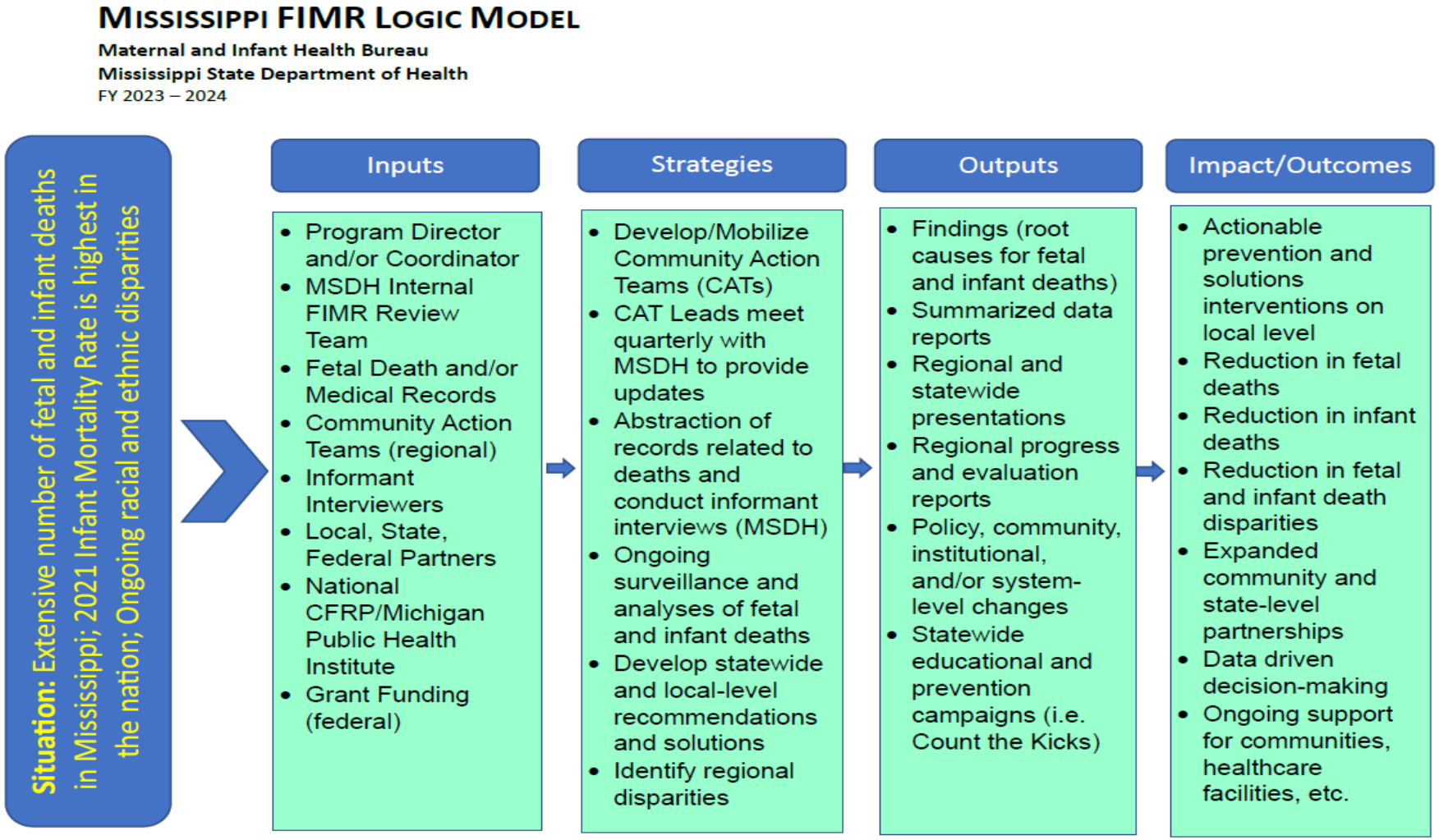
What is FIMR?

A community-based process that aims to improve the health and wellbeing of women, infants, and families. The Fetal and Infant Mortality Review (FIMR) process brings a multidisciplinary team together to examine confidential circumstances of stillbirths and infant deaths to understand what happened, why it happened, and what can be learned to prevent similar deaths in the future.

--National Center for Fatality Review and Prevention

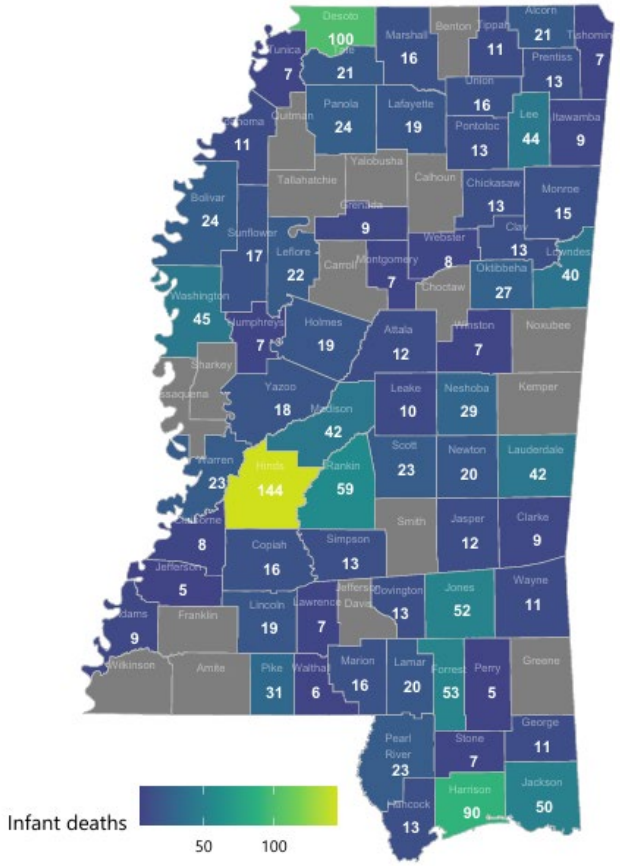
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MS FIMR Logic Model



MSDH

Infant Death Counts
2020-2024 (Five Years)



Counties with less than 5 counts have been suppressed (grey shade)

Timeline – Early Years, Mississippi

2003-2009

Closing the Gap on Infant Mortality grant awarded

Coastal FIMR developed

Regional SIDS risk reduction trainings

Promoted increase in infant death scene investigations

Member changes for *Infant Mortality Task Force (IMTF) – changed to Child Death Review Panel (CDRP) in 2006

*IM Task force was legislatively mandated in 2001

2010-2016

Closing the Gap on Infant Mortality funds ended

MS consistently remained in top five for high infant mortality rates

In 2014, IMR was 8.2 (historical low), but still higher than national average

In 2015, CDRP determined 60% of child deaths occurred in infants under age one

MS PQC established in 2014

Established partnership with ACOG/AIM in 2016

2017-2022

MMRC established in 2017

Received W.K. Kellogg funds to strengthen FIMR in 2021 (three-year grant)

Count the Kicks Initiative funded statewide

IMR rate increased (~12% during COVID years 2021-2022)

Historical decrease in fetal deaths in 2022 (16% decrease from 2014)

MSDH

Current FIMR Work

2023-Present

- Mississippi SIDS Alliance ended (2023)
- Strong partnership initiated in 2024 with all Healthy Start programs (& Community Consortia)
- Utilized social workers funded by MCH to assist with information interviews, community action team planning, etc. for local-level FIMR efforts (Coastal FIMR, Healthy Moms/Healthy Babies)
- Annual statewide maternal/infant health conference initiated
- Contracted with community organizations to assist with FIMR reviews and/or developing CAT recommendations
- Collaborative training and workshops w/National Center
- Statewide IM emergency declared (statewide crib distribution w/family education; town hall/listening sessions in each county; statewide OB System of Care; expansion of CHW program
- State-level FIMR (via legislation for making statewide systems-level recommendations)

MSDH

Current FIMR Work

Comprehensive Details



House Bill 1637 (2026 Regular Session - PASSED)

Purpose: To establish a **Fetal and Infant Mortality Review Panel** within the Mississippi State Department of Health (MSDH)

Function:

- Review **fetal deaths and infant deaths (up to age 1)**
- Identify causes and contributing factors
- Make **recommendations to reduce infant mortality statewide**

Legitimizes FIMR work as stand alone from Child Death Review; allows access to info on mother's pregnancy

MSDH



Expansion of Fetal and Infant Mortality Review (FIMR)

- *Continue robust work of PHD IX FIMR CRT and CAT*
- *Collaborate with CATs in other public health districts (i.e. Healthy Start programs)*
- *Hire nurse abstractors to coordinate all logistics and initiate CRT and CAT engagement locally*
- *Support CATs to implement community-level interventions*

STRENGTHEN THE HEALTH SYSTEM

- Establish a statewide Infant Mortality Review Committee.
- Strengthen perinatal regionalization and referral systems.
- Ensure mothers and babies receive care at the appropriate level facility.
- Expand Fetal & Infant Mortality Review (FIMR) programs statewide.
- Increase neonatal care training and education for providers across Mississippi.

Training and Education for Providers

- AIMS Safety Bundles for Birthing Hospitals
- Severe Maternal Morbidity Workgroup
- Obstetric Emergencies Training
- Spinning Babies Training

PROMOTE PUBLIC AWARENESS & COLLABORATION

- Launch coordinated public education campaigns.
- Strengthen partnerships with hospitals, healthcare providers, community organizations, and local agencies.
- Increase community outreach and engagement to support families before, during, and after pregnancy.





Partnerships

- Subawards to community partners engaged in maternal and infant serving work to provide and enhance programming similar to what MSDH offers.



Genetics and Newborn Screening

- Early detection saves lives and prevents disability
- Comprehensive statewide newborn screening program
- Screens for ~50–60+ genetic and metabolic conditions
- Includes: PKU, congenital hypothyroidism, Sickle cell disease / hemoglobinopathies, Cystic fibrosis and metabolic disorders
- Required for nearly all newborns before hospital discharge
- Provide specialized training and access to specialists for hospitals, midwives, case managers, etc.

MSDH



Community Town Halls

- All 82 counties
- To gather community input and share county-level maternal and infant health data.
- These forums identify barriers such as transportation, healthcare access, and safe sleep awareness while helping communities develop local solutions.

Contact Information:

Maternal and Infant Health Bureau (MIHB)
Dr. Vernesia Wilson, Director
Phone: 601-576-7866
Vernesia.Wilson@msdh.ms.gov

FOLLOW US:

Our Mission

TO protect & advance THE health, wellbeing, AND safety of everyone in Mississippi.



Local FIMR Leaders

Insights from Stillbirth Reviews and Resource Sharing



Panelists

Local FIMR Leaders

Sally Dixon, RN, BA

Maternal Infant Health Coordinator

St. Joseph County FIMR (Indiana)

Bianca Nash, IBCLC, CD

Community Action Coordinator

St. Joseph County FIMR (Indiana)

Sinmidele Badero Nuñez

Director of Fatality Review and Prevention

Baltimore City Health Department

Local FIMR and Stillbirth

Panel Discussion

Introducing Your FIMR

Tell us about your FIMR. Where is it housed and what deaths do you review?

Unique Aspects of Stillbirth Reviews

What unique considerations do you have for stillbirth reviews?

Lessons Learned

What has your team learned about stillbirth that you would not have known otherwise?

Recommendations and Prevention

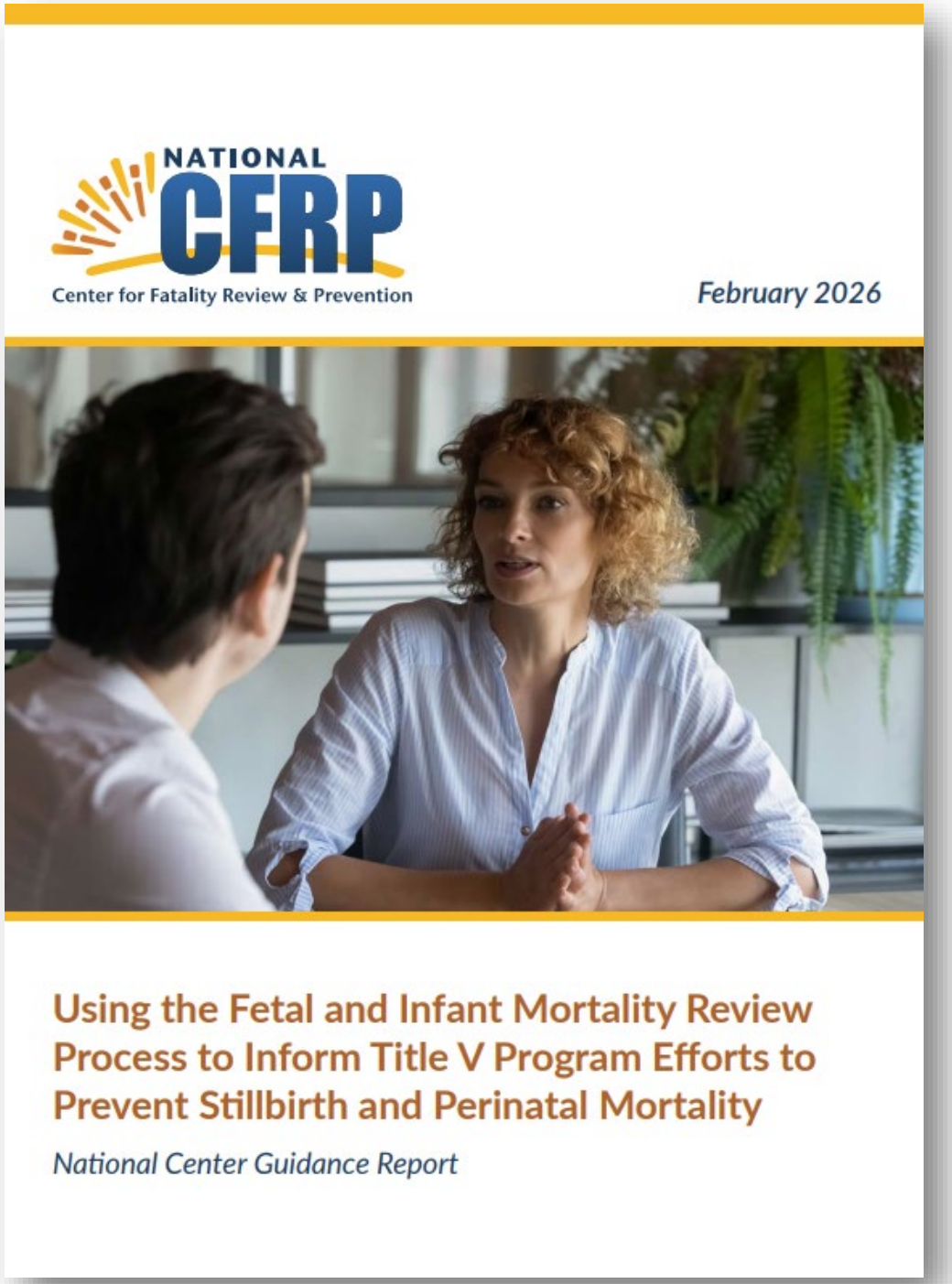
What recommendations and prevention have come out of FIMR stillbirth reviews?

Advice on FIMR

What advice would you give a jurisdiction considering FIMR to address stillbirth?

Final Thoughts

Please share any parting thoughts or comments.



Guidance Resource

Using the FIMR Process to Inform Title V Program Efforts to Prevent Stillbirth and Perinatal Mortality

Stillbirth Data and Reporting Challenges

Discusses challenges in relying on population-level data to understand stillbirth and its risk factors.

FIMR Data Collection and Stillbirth Data Overview

Highlights the power of FIMR data and summarizes stillbirth findings in the Pediatric NFR-CRS.

What FIMR Adds

Describes the FIMR process, its objectives, and the critical context it provides to public health efforts.



Guidance Resource

Using the FIMR Process to Inform Title V Program Efforts to Prevent Stillbirth and Perinatal Mortality

- Use this QR code or the link in the chat to access the guidance resource.
- It will also help you learn more about the National Center's work, how you can locate FIMR programs across the country, and success stories from FIMR programs.



Title V Strategies

AMCHP

Many Starting Points and Shared Possibilities for Title V

Maura Leahy, MPH, CHES

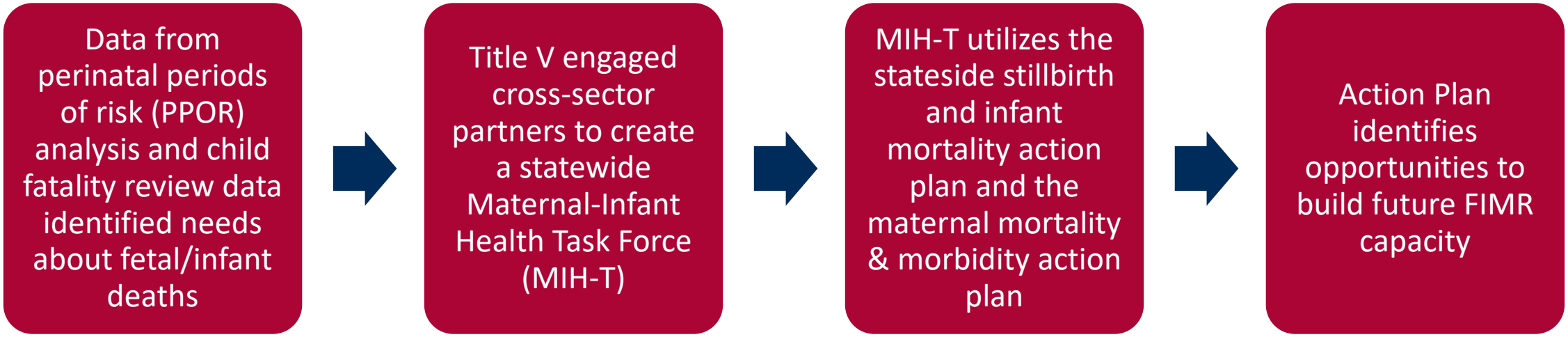
Association of Maternal & Child Health Programs

Title V's Role as the MCH System Strategist

- Convener of partners
- Connector of existing initiatives
- Data infrastructure builder
- Policy leader and systems change agent
- Family and community voice uplifter

Source: Arizona Stillbirth and Infant Mortality Action Plan

State Spotlight: Arizona



Source: Arizona Stillbirth and Infant Mortality Action Plan

Convener of partners

Bring together system actors like FIMR, Perinatal Quality Collaboratives (PQCs), providers, hospital systems, other state agencies, direct support professionals, and families and community partners

State spotlight: Minnesota

- Since 2001, missing statutory authority to establish a FIMR process and committee
- Title V-supported Perinatal Subcommittee is a multidisciplinary, community-led committee that brings together 13 members representing different sectors
- Three community action teams were created that will implement strategic plan recommendations

Source: TVIS; MN Perinatal Health Strategic Plan; MN Perinatal Subcommittee

Connector of existing initiatives

Connect stillbirth prevention to other maternal/infant mortality work, PQCs, prenatal care, infectious disease prevention, and other existing efforts rather than creating a standalone initiative.

State spotlight: Washington

- Coordinates with local health jurisdictions to strengthen state-local coordination
- Use flexibility of cross-cutting domain to map our state-local coordination for prenatal-to-5 populations

Source: TVIS

Data infrastructure builder

Strengthen fetal death surveillance, linkage and use of vital records and other data, and pathways for translating data to action.

State spotlight: Minnesota

- Title V contributes to the Innovations for Maternal Health Outcomes in Minnesota program (I-MOM) dashboard project to strengthen perinatal data infrastructure
- Interactive fetal deaths dashboard with data by:
  - County
  - Cause of death and timing of fetal death
  - Other characteristics (e.g., age, race/ethnicity, education level, prenatal care)

Source: TVIS; Fetal Deaths Interactive Dashboard

Policy leader and systems change agent

Use data and review findings to identify opportunities for changes in policies, protocols, clinical practice, referral systems, or other systems.

State spotlight: Texas

- Everly's Law took effect on Sept. 1, 2025 and is administered by the Texas Department of State Health Services:
  - Defines what perinatal bereavement care services are required in hospitals with a maternal level of care designation
  - Establishes a Perinatal Bereavement Care Initiative (PBCI) and
  - Establishes a hospital recognition program for perinatal bereavement care

- Title V is helping operationalize Everly's Law through implementation of the PBCI

Source: Perinatal Bereavement Care Initiative; H.B. 37 (Everly's Law); Draft FY27 Infant Health Plan
Learn more about Everly's story and the creation of this legislation

Family and community voice uplifter

Ensure families' experiences inform review, interpretation of data, recommendations, and prevention strategies.

State spotlight: Virginia

- Pregnancy Loss Initiative builds the capacity of community organizations to provide pregnancy loss support to people and families who have experienced a pregnancy loss, including stillbirth
- Sits under Women/Maternal Health domain in Title V Block Grant
  - Strategy: Ensure comprehensive support for people impacted by pregnancy loss through expansion of health system responsiveness training for healthcare providers, and partnership with community organizations offering pregnancy loss support services
  - Evidence-Informed Strategy Measure (inactive): Maintain services provided that support individuals and communities around pregnancy loss (yes/no)

Source: TVIS; Virginia Department of Health Pregnancy Loss Initiative

Where to start



- **Assess** your stillbirth data and Title V priorities
- **Map** existing programs, partners, and infrastructure
- **Explore** FIMR connections or opportunities
- **Identify** gaps and opportunities
- **Strengthen** what Title V infrastructure already exists

Resources

National Center for Fatality Review and Prevention

- FIMR webpage & TA
- Guidance Resource: *Using the Fetal and Infant Mortality Review Process to Inform Title V Program Efforts to Prevent Stillbirth and Prenatal Mortality*

AMCHP

- MCH Bridges podcast episode: We Need to Start Talking About Stillbirth
- Connections to Title V in your state

HRSA

- Title V Information System







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Thank you, and stay in touch!

Maura Leahy: mleahy@amchp.org
Andria Cornell: acornell@amchp.org



Questions and Closing Thoughts

AMCHP and National Center



Connecting with FIMR

State and Local Programs

You can locate FIMR teams and coordinators from across the country and U.S. territories on the National Center’s website.

Closing with Gratitude

Thank You to All Our Contributors

AMCHP

Thank you to Andria, Maura, and all the staff members at AMCHP who supported this effort.

Indiana Title V Program

Thank you to Mary Ellen and Melanie for sharing Indiana's FIMR work.

Mississippi Title V Program

Thank you to Dr. Wilson for sharing the FIMR activities from Mississippi.

St. Joseph County FIMR Program

Thank you to Sally and Bianca for sharing the FIMR efforts in South Bend and St. Joseph County.

Baltimore City Fatality Review and Prevention

Thank you to Sinmidele for the insights from your FIMR activities in Baltimore.

Attendees

Thank you to everyone who joined us today to explore FIMR's utility for Title V programs.



Closing with Courage

History, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again.

-Maya Angelou, *On the Pulse of Morning*



Please complete an evaluation using the link in the chat, or by scanning the QR code above.

Thank You for Your Time!

www.ncfrp.org

2436 Woodlake Circle
Okemos, MI 48864

1-800-656-2434

info@ncfrp.org

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