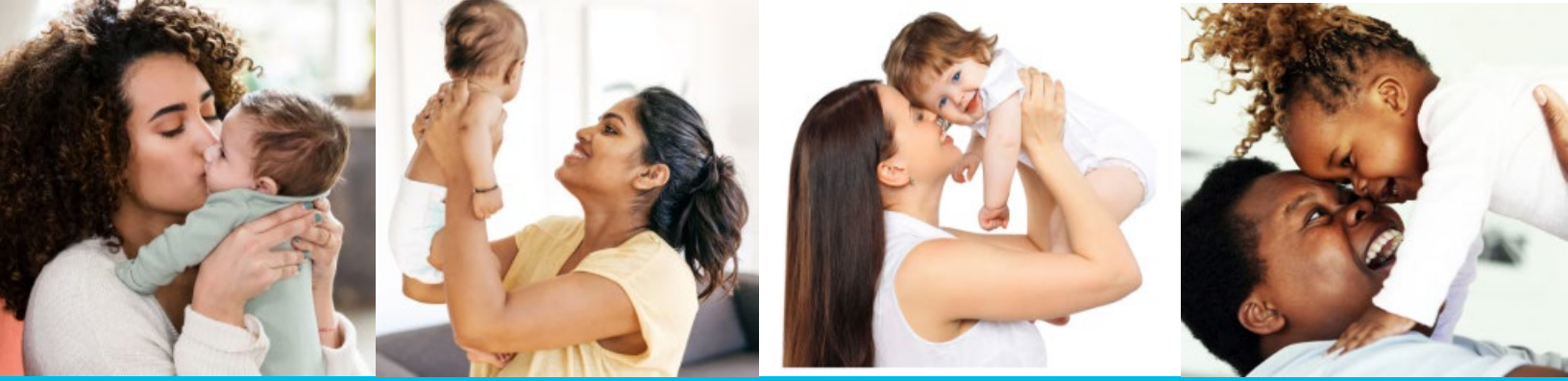




St. Joseph County Fetal Infant Mortality Review Clinical Recommendations Report

November 2024

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2024 Clinical Recommendations Report

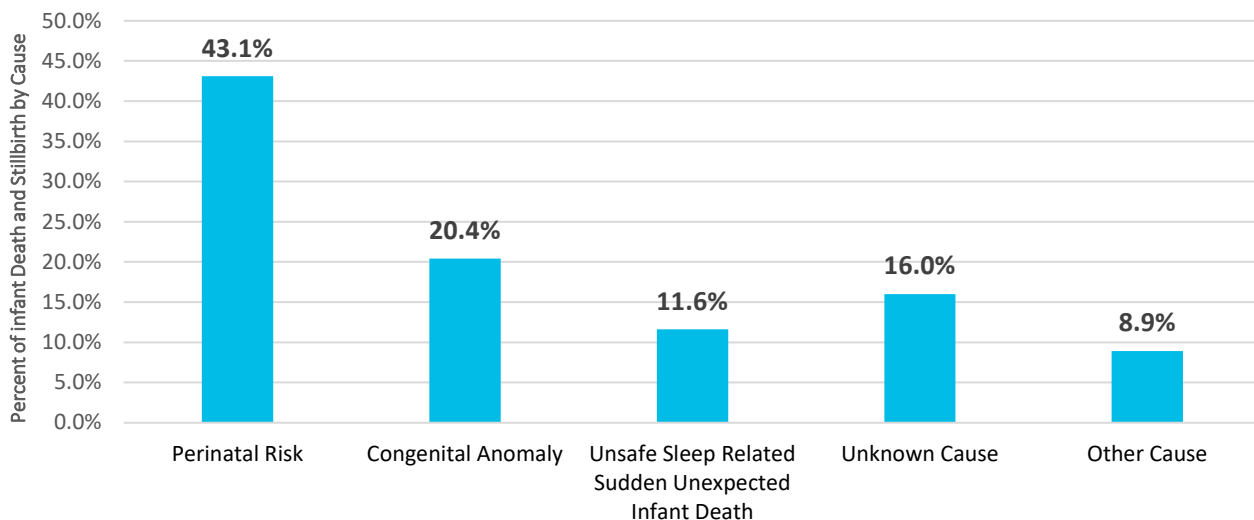
St. Joseph County Fetal Infant Mortality Review Program

The St. Joseph County Fetal Infant Mortality Review (SJC FIMR) Case Review Team is comprised of maternal infant health professionals who serve on a volunteer basis and represent health systems, hospitals, obstetric, pediatric, and family medicine practices, health plans, public health, and community-based agencies. This report is intended to provide clinicians with insight into the findings of the SJC FIMR Case Review Team, including recommendations for prevention of infant loss and stillbirth that can be implemented in day-to-day practice. The report also includes information about educational materials and local programs to assist in the care of patients.

During the 5 years spanning 2018 through 2022, 129 infant deaths and 96 stillbirths occurred in St. Joseph County. The cause of death for these 225 cases was categorized based on the cause of death available on the death certificate.



Cause of infant death and stillbirth by category St. Joseph County FIMR, 2018 – 2022 (n=225)



Perinatal Risk includes preterm delivery, PPROM, chorioamnionitis, placental abruption, cervical insufficiency, preeclampsia, hemorrhage, and cord abnormalities.

Congenital Anomaly includes any structural or functional abnormality that occurs in a baby before birth. The most common anomalies seen in FIMR cases include anencephaly, Trisomy 18, congenital heart disease, and renal agenesis.

Unsafe Sleep Related Sudden Unexpected Infant Death (SUID) includes accidental suffocation or asphyxia, undetermined cause. And Sudden Infant Death Syndrome (SIDS). In most SJC cases, the cause is noted to be undetermined with the presence of unsafe sleep factors.

Unknown cause is a category found in fetal deaths. These deaths often include perinatal factors such as placental insufficiency, growth restriction, or other maternal medical complications.

Other causes include medical conditions that impact term infants at birth or after hospital discharge that are not related to prematurity. (Examples: pneumonia, meningitis, other pediatric diseases, hypoxia during labor or birth.)

DETERMINING THE OPPORTUNITY FOR PREVENTION

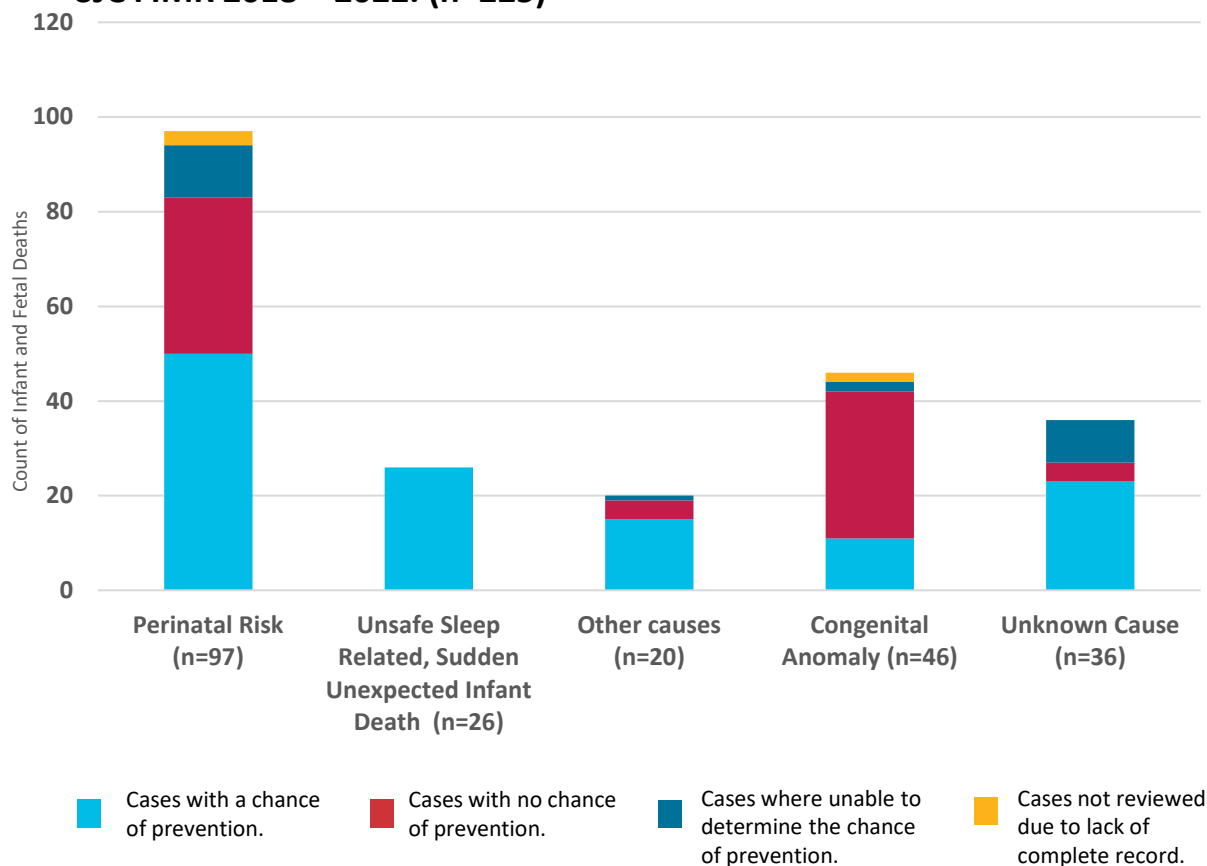
The SJC FIMR Team studies each case of infant and fetal mortality to determine the opportunity for prevention, using a standardized process to understand how a wide array of local, social, economic, public health, policy, educational, environmental, and safety issues relate to the tragedy of fetal and infant loss. From these findings, the FIMR Team determines whether there was a possibility of preventing the infant or fetal death.

57%

57% (120/225) of the cases of infant loss and stillbirth, from 2018 through 2022, were found to have some to good chance of prevention by the SJC FIMR Case Review Team.

The chart below illustrates the chance of prevention for an infant loss or stillbirth by the category of cause of death. During the review period of 2018 through 2022, the perinatal risk category had the most cases with some to good chance of prevention followed by unsafe sleep-related SUID, and fetal deaths of unknown cause. Despite the "unknown" cause of death in many stillbirth cases, the FIMR Team can assess the chance of prevention by considering all the medical and social factors present in the case.

**Infant and fetal mortality by causes and opportunity for prevention.
SJC FIMR 2018 – 2022. (n=225)**



RECOMMENDATION DEVELOPMENT

Recommendations developed from the review of each case are grouped into four community action categories including: Systems and Policy; Institution, Clinical Providers, and Community-Based Organizations; Preconception and Interconception Health; and Mother, Families, Connection and Support. Examples of community action, for each category are included below.

Systems and policy	Institutions, clinical providers, and community based organizations	Preconception and interconception health	Connection, support, and education for mothers and families
• Universal home visiting • Paid family & medical leave • Increased Medicaid reimbursement • Evidence based and medically accurate reproductive health information for adolescents.	• Facilitate collaboration between clinical providers and community-based organizations • Connect mothers to mental health support. • Education for medical professionals about respectful care during pregnancy	• Assess pregnancy intention at well woman visits • Incorporate reproductive health discussion into chronic disease management • Increase awareness of need for folic acid • Educate about benefits of birth spacing	• Connect with home visiting programs • Education on risks to baby from smoking during pregnancy • Give Your Baby Room to Breathe safe sleep messaging • THC use during pregnancy.

The remainder of this report focuses on the recommendations that apply to clinical providers in the inpatient and outpatient settings with prevention strategies ranging from social needs, clinical care, education, and connection to community-based organizations before, during, and after pregnancy. Throughout the report you'll find links to recommended programs and an appendix that includes contact information and samples of available educational materials. Working together, we have an enormous opportunity to improve maternal and infant outcomes in our community and hope that you will find this report useful for your practice.

We look forward to working with you to facilitate the recommendations you would like to implement through connection to community partners, resources, and educational materials that can benefit your practice and patients. Please contact us to set up at time for a discussion about this report or to answer any questions you may have.

Thank you.

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Recommendations for Inpatient Care

TRENDS IN INPATIENT RECOMMENDATIONS AND SUCCESSES

In 2018 and 2019, SJC FIMR recommendations for inpatient care were focused heavily on:

- Treating elevated blood pressure during pregnancy, labor, and postpartum.
- Evaluating a mother's report of symptoms of bleeding, abdominal pain, leakage of fluid, and decreased fetal movement in person rather than reassurance over the phone.

Since 2020, the FIMR Team noted a decrease in the above recommendations. Possible explanations for this change include adopting the Alliance for Management (AIM) Standards for managing obstetric hemorrhage and hypertension.

Recommendations for responding to reports of decreased fetal movement by mothers have also decreased since 2020. The SJC FIMR Program launched a community awareness campaign about the Count the Kicks fetal movement counting app in 2019, followed by statewide availability of educational materials in 2021 through a partnership between Anthem and the Indiana Minority Health Coalition.



CURRENT RECOMMENDATIONS

Emergency Department (ED) and OB Triage

FINDING #1

A NEED FOR CONNECTION TO OUTPATIENT CARE AND SUPPORT

The SJC FIMR Case Review Team found that mothers who visit the ED or OB triage:

- Often lack health insurance, an established prenatal care provider, or support at home.
- Often experience social vulnerabilities such as interpersonal violence (IPV), untreated mental health conditions, substance use disorder, lack of transportation, and other social needs.
- Sometimes communicate, mistakenly, to ED staff that they are enrolled in prenatal care with an obstetric provider because they've had a pregnancy test or ultrasound at a community-based, non-clinical organization.
- Are not able to follow up with the on-call obstetric provider who is included in her discharge instructions from the ED due to social barriers including insurance type, transportation, lack of provider capacity, or communication barriers.

RECOMMENDATIONS



- A. Provide staff education about the barriers patients face when attempting to establish care with an obstetric provider.
- B. Develop a process with your hospital's family medicine practice or social services to follow up on pregnant patients discharged from the Emergency Department and OB Triage by connect to prenatal care and a community based program.

**Family Journey:
A Healthy Start
Initiative
Coming in
January 2025**

FINDING #2

ACCORDING TO THE INDIANA MATERNAL MORTALITY REVIEW COMMITTEE, MOTHERS WITH A HISTORY OF OR CURRENT SUBSTANCE MISUSE DISORDER WOULD BENEFIT FROM CONNECTION TO OUTPATIENT SUPPORT.

RECOMMENDATIONS



- A. Connect mothers to the Indiana Pregnancy Promise Program
- A free, voluntary program for pregnant Medicaid members who use opioids or have in the past.
 - Connects individuals to prenatal and postpartum care, other physical and mental health care and treatment for opioid use disorder.
 - Provides support during pregnancy and 12 months postpartum, including a childcare benefit.



FINDING #3

MOTHERS WOULD BENEFIT FROM SUPPORT TO UNDERSTAND AND FOLLOW MEDICATION INSTRUCTIONS THROUGH ADDITIONAL DISCUSSION WITH THEIR PROVIDER AND CONNECTION TO A HOME VISITING PROGRAM FOR SUPPORT UNDERSTANDING MEDICATION INSTRUCTIONS AND NAVIGATING SOCIAL BARRIERS.

RECOMMENDATIONS



- A. Have the patient repeat back instructions about the purpose of the medication and dose.
- B. Assess the ability to obtain medications within 24 hours.
- C. Obtain assistance from an interpreter if unable to receive clear assurance of understanding from the patient.
- D. If the patient indicates they have any barriers to obtaining medications or resources, refer to a home visiting program for ongoing assistance.

**Family Journey:
A Healthy Start
Initiative
Coming in
January 2025**

FINDING #4

MOTHERS WITH A MENTAL HEALTH HISTORY WHO MAKE REPEATED VISITS TO THE ED OR OB TRIAGE OFTEN NEED FOLLOW-UP TO CONNECT TO CARE, OBTAIN SUPPORT, OR MANAGE PSYCHIATRIC MEDICATIONS.

RECOMMENDATIONS



- A. For patients with mental health history and repeated visits, establish a process for a social worker to connect them to a home visiting program and/or hospital-based family medicine practice if not already enrolled in prenatal care.
- B. Utilize Indiana CHAMP Program for consultation regarding use of psychiatric medications during pregnancy. CHAMP provides free, same-day psychiatric consults for healthcare providers in Indiana.



FINDING #5

MOTHERS WHO VISIT THE EMERGENCY DEPARTMENT OR OB TRIAGE WITH VAGUE ABDOMINAL PAIN WOULD BENEFIT FROM AN ULTRASOUND

RECOMMENDATIONS



- A. Patients who present with vague abdominal pain, cramping, or contractions would benefit from an ultrasound for cervical length check and/or to evaluate the placenta.
- B. If the patient reports that they have an outpatient ultrasound scheduled, confirm whether this is at a community organization or a medical provider. Do not wait to obtain an ultrasound if the patient's follow up is not at a medical provider.

FINDING #6

MATERNAL INFANT HEALTH PROFESSIONALS WOULD BENEFIT FROM CLARITY ABOUT END-OF-LIFE DECISION-MAKING FOR FAMILIES FACING DELIVERY OF EXTREMELY PREMATURE INFANTS OR THOSE WITH A FATAL FETAL ANOMALY.

RECOMMENDATIONS



- A. Provide continuing education for all inpatient, medical, nursing, and social services staff on:
 - Respect for end-of-life decision-making in cases of impending extreme premature delivery.
 - Legal requirements surrounding intervention in life of the mother and fatal fetal anomaly situations.
 - Guidelines for resuscitation of extremely premature infants.

Maternal Postpartum Discharge Instructions

FINDING #1

MOTHERS WITH A DOCUMENTED MENTAL HEALTH DIAGNOSIS, TEEN MOTHERS, AND MOTHERS WITH HIGH SOCIAL NEEDS WOULD BENEFIT FROM CONNECTION TO A HOME VISITING PROGRAM AND MENTAL HEALTH SUPPORT UPON HOSPITAL DISCHARGE.

RECOMMENDATIONS



- A. Work with nursing and social services to make a referral.
- B. Encourage mothers to accept a referral to meet with a home visiting program, at least once, to learn about the services offered and how they, their baby, and their family could benefit.
- C. Provide Postpartum International and Maternal Mental Health Hotline information to all mothers and families.



FINDING #2

PARENTS WOULD BENEFIT FROM REINFORCEMENT OF SAFE SLEEP PRACTICES FROM THEIR OBSTETRIC PROVIDER DURING DISCHARGE INSTRUCTIONS

RECOMMENDATIONS



- A. Reinforce education to facilitate safe sleep practices by including:
- Parents should not use any prescriptions or over-the-counter medications (sleep aids, cold or allergy medications) or recreational substances that cause sedation while caring for their baby.
 - Placing their baby on their back, in their own sleep space, without pillows, blankets, propping, or other people reduces the risk of accidental suffocation.
 - Smoking in the household doubles the risk of a sleep-related infant death.



Recommendations for Prenatal Care

TRENDS IN PRENATAL CARE RECOMMENDATIONS AND SUCCESSES

Recommendations concerning treatment of elevated blood pressure, responding to maternal reports of decreased fetal movement, and other signs and symptoms of pregnancy complications featured prominently in recommendations from 2018 through 2019 and have declined since then.

Since 2020, recommendations for providers have centered on facilitating connections to home visiting organizations for ongoing support to address social needs, barriers to resources and health care, and education during pregnancy, childbirth, and the postpartum period.

CURRENT FINDINGS AND RECOMMENDATIONS

FINDING #1

LATE ENTRY TO PRENATAL CARE AND MISSED APPOINTMENTS ARE MOST OFTEN A SIGN OF SOCIAL NEEDS AND BARRIERS TO CARE.

RECOMMENDATIONS



- A. Acknowledge you are aware of the barriers that exist to obtaining first trimester care and assess if the mother is facing any continuing challenges by screening for social drivers of health.
- B. For mothers who begin prenatal care after 15 weeks, recommend that they accept a referral to a home visiting agency and meet with them at least one time to determine if they have services that would be helpful to them and their family.

**Family Journey:
A Healthy Start
Initiative
Coming in
January 2025**

FINDING #2

WHEN A PATIENT DOES NOT CONSISTENTLY PICK UP PRESCRIPTIONS, TAKE MEDICATIONS, OR FOLLOW PROVIDER RECOMMENDATIONS, IT IS OFTEN DUE TO SOCIAL NEEDS AND BARRIERS.

RECOMMENDATIONS



- A. If medications are prescribed for sexually transmitted infection, blood pressure, low dose ASA, HTN, or other conditions ask if the mother needs any help with insurance, transportation, or paying for the medications, or whether they have concerns about the medications' safety during pregnancy.
- B. If the patient identifies any of the needs listed above, encourage acceptance of a referral to a home visiting agency to assist with any ongoing barriers to obtaining medications or following provider guidance during the pregnancy.

FINDING #3

SOME MOTHERS STOP MEDICATIONS FOR DEPRESSION, ANXIETY, OR OTHER MENTAL HEALTH DIAGNOSES ON THEIR OWN DUE TO CONCERNS ABOUT SAFETY DURING PREGNANCY.

RECOMMENDATIONS



- A. Discuss potential concerns, risks, and benefits of medications to manage mental health conditions during pregnancy with all patients.
- B. Utilize Indiana CHAMP program for same day psychiatric consultation to assist in care of patients.



FINDING #4

MOTHERS WOULD BENEFIT FROM CONNECTIONS TO PROGRAMS THAT PROVIDE SUPPORT, ELIMINATE BARRIERS, AND REINFORCE EDUCATION FOR SPECIFIC NEEDS DURING PREGNANCY.

RECOMMENDATIONS



- A. Connect mothers with documented mental health diagnosis, teen mothers, or high social needs to home visiting programs.
- B. Connect mothers with a history of or current opioid use with the Indiana Pregnancy Promise Program
- C. Fetal movement counts: Emphasize to immediately seek evaluation for decreased movement that doesn't improve after doing kick counts and provide educational materials about the Count the Kicks app.
- D. Make a referral to Optum for mothers who need diabetes education, support with insulin administration.

Family Journey: A
Healthy Start
Initiative Coming in
January 2025

Indiana Pregnancy
Promise Program
Promoting Recovery from Opioid use:
Maternal Infant Support and Engagement

Count
the Kicks

Optum

- F. For mothers and support people for whom English is a second language, ensure that they are able to repeat back information about their pregnancy, baby, or instructions accurately. If they are unable to do so, obtain the assistance of an interpreter.

FINDING #5

MOTHERS, PROVIDERS, AND EMPLOYERS ARE NOT FAMILIAR WITH THE PREGNANT WORKERS FAIRNESS ACT THAT WENT INTO EFFECT IN 2023.

The Pregnant Worker Fairness Act now requires that employers grant reasonable accommodations for most needs during pregnancy and postpartum.

RECOMMENDATION



- Provide information for staff and patients about the Pregnant Workers Fairness Act when recommending accommodations in the workplace during pregnancy.
- Utilize sample letter created by FIMR to inform an employer of your patient's accommodation needs.
- Post workplace accommodation "Know Your Rights" posters in your waiting room and exam rooms



FINDING #6 – UNTREATED SEXUALLY TRANSMITTED INFECTION WAS IDENTIFIED AS A FACTOR IN 17% OF CASES OF INFANT LOSS AND STILLBIRTH DUE TO PPROM OR PREMATURITY.

RECOMMENDATIONS



- When treating sexually transmitted infections, encourage the patient to inform office immediately if they have any issues filling the prescription (i.e. not in stock, insurance denial, transportation issues, or unable to pay copay).
- Acknowledge uncomfortable nature of conversation while emphasizing that without partner treatment, they can be re-infected and experience an increased risk of complications for pregnancy.

FINDING #7

MOTHERS AND FAMILIES WOULD BENEFIT FROM THE INTRODUCTION OF SAFE SLEEP EDUCATION DURING PRENATAL CARE.

A 2022 American Academy of Pediatrics article asked, "Should We Talk to Parents About Suffocation Instead of SIDS?" because it would help parents visualize what a safe sleep environment should look like for their babies and likely improve the consistency of practicing the ABCs of Safe Sleep:

Alone

No pillows, blankets, toys, boppies, bumpers, or people.

Back

Flat on their back, without propping their head, neck, or body.

Crib

In a crib, bassinet, or pack and play, sharing the same room.

SJC FIMR data demonstrates that every case of infant loss due to Sudden Unexpected Infant Death (SUID) occurs in the setting of at least one unsafe sleep factor.

More than 80% of infants who died during sleep were surrounded or covered by pillows and blankets or propped on pillows or boppies.

SJC FIMR 2016-2022

For the more than 80% of babies who died during sleep, an appropriate sleep space was available in the home, the family just wasn't using it.

SJC FIMR 2016-2022

RECOMMENDATIONS



- Introduce the ABCs of safe sleep and "Give Your Baby Room to Breathe" at the OB intake appointment and during the third trimester to reinforce prevention of accidental suffocation or SIDS.
- Include information about the significantly increased risk of sudden infant death for infants exposed to tobacco during and after pregnancy or with parental use of recreational or prescription substances that increase parental drowsiness.
- Share "Give Your Baby Room to Breathe" educational flyer that explains infant anatomy and how the ABCs of safe sleep help protect an infant's airway.

Give Your Baby
Room to Breathe
every nap, every night, every time.



Using the ABC's of Safe Sleep:
Alone, On their Back, in their own Crib,
gives your baby room to breathe and
decreases the chance of sudden infant death.

Since 2015, no baby who died from a sleep related sudden infant death was put to sleep using all the ABC's of Safe Sleep.

Source: St. Joseph County Department of Health FIMR 2015 to 2022

Why the ABC's of Safe Sleep Give Your Baby Room to Breathe



Your baby only breathes from their nose until they are 4 to 6 months old.



The size of your baby's airway, that takes oxygen to their lungs, is smaller than the opening of a drinking straw.



Sleeping on their back keeps your baby's airway open during sleep.



Removing pillows, blankets, people, and boppies from their sleep space gives your baby room to breathe.



Studies show that sharing a bed with a baby increases the risk for a sleep related sudden infant death. Using a crib vs sharing your room, protects your baby.



Most families who had a sudden infant loss had a crib or pack n play for their baby, but they weren't using them.

Give Your Baby Room to Breathe with the ABC's
It's about safety, just in case.

For more information: cjordan@sjcindiana.com or 574-250-8680



In response to an increase in Sudden Unexpected Infant Death (SUID) in a setting of unsafe sleep factors, in 2022, the SJC FIMR Case Review Team developed the "Give Your Baby Room to Breathe" campaign to reinforce the purpose of the ABCs of safe sleep for families and maternal infant health professionals.

Educational materials are available for your practice by contacting the St. Joseph County Department of Health



Recommendations for Preconception and Interconception Health.

TRENDS IN PRECONCEPTION AND INTERCONCEPTION HEALTH RECOMMENDATIONS AND SUCCESSES

From 2018 through 2022, there were 48 cases of infant loss or stillbirth where the SJC FIMR team found that access to preconception or interconception health could have made a difference in the pregnancy outcome. Half of these cases were for fetal deaths that took place in 2018 and 2019.

- For these fetal deaths, the most frequent recommendation concerned women who either did not have access to or did not receive consultation about planning for a subsequent pregnancy after a loss due to preeclampsia, chronic hypertension, cardiomyopathy, PPRM, cervical insufficiency, and/or history of multiple preterm births.
- The second most frequent recommendation was for education about the importance of folic acid supplementation to prevent neural tube defects.

The decrease in preconception health recommendations since 2019 may be explained by:

- The expansion of Medicaid that reduced the percentage of uninsured women of childbearing age from 21% to 11% in Indiana, increasing access to healthcare prior to pregnancy. ([Clark, Dec 2020](#))
- The “[One Key Question®](#)” campaign and training coordinated by the SJC FIMR Program, beginning in 2019, to increase awareness of the benefits of pregnancy intention, folic acid, birth spacing, and consultation following a pregnancy loss.
- The 2022 expansion of Medicaid coverage through one year postpartum in Indiana.

CURRENT RECOMMENDATIONS

FINDING #1

MOTHERS WHO EXPERIENCE A PREGNANCY COMPLICATION, INFANT LOSS, OR STILLBIRTH WOULD BENEFIT FROM A PRECONCEPTION VISIT WITH A PCP OR OBSTETRIC PROVIDER BEFORE A NEW PREGNANCY. A PRE-PREGNANCY MFM VISIT IS ALSO DESIRABLE IF COVERED BY INSURANCE.

RECOMMENDATIONS



A. Take advantage of the expansion of Medicaid coverage to 1 full year postpartum to:

- Cover preconception health topics during a postpartum visit.
- Recommend a preconception consult with an MFM following a previous pregnancy with complications if covered by insurance.
- Connect mothers to primary care provider for ongoing well-woman care and management of chronic conditions.
- Connect to mental health support during the postpartum period.

B. Educate about the importance of folic acid at postpartum and well-woman PCP and GYN visits

- Explore any dietary practices, including gluten/wheat-free that would eliminate fortified grains from a diet.
- Provide information about affordable local and online options for birth control including Olive Health and Path4You.





Recommendations for Well Baby Visits.

A 2022 American Academy of Pediatrics article asked, *"Should We Talk to Parents About Suffocation Instead of SIDS?"* because it would help parents visualize what a safe sleep environment should look like for their babies and likely improve the consistency of safe sleep practices (ABCs) including:

- Placing their baby, **A**lone, flat on their **B**ack for every sleep
- In their **C**rib, bassinet, or pack-and-play,
- Without pillows, blankets, boppies, toys, or other people.
- In the same room as their parents for the first 6 months.

In 2022, the SJC FIMR Program conducted a retrospective study of the 39 cases of Sudden Unexpected Infant Death (SUID) in the setting of unsafe sleep factors to identify maternal, family, and infant characteristics that could assist in improving provider and family education to prevent future unsafe sleep related deaths. The FIMR Team's findings and related recommendations are included below.

FINDING #1

BABIES LESS THAN 4 MONTHS OLD ACCOUNTED FOR 71% (25/39) OF SUID CASES IN ST. JOSEPH COUNTY FROM 2015 THROUGH 2022.

- Of the infants who died that were less than 4 months old, 84% were sharing a sleep surface with at least one parent or a combination of a parent and sibling(s).
- In addition to bedsharing, 10 of the infants had blankets, 4 had pillows, 5 had boppies, and 4 were propped on a pillow or boppy.
- 52% of infants were exposed to tobacco during pregnancy or in the home environment after birth.

The FIMR Case Review Team sought to develop a message that would give parents a reason to use the ABCs of safe sleep to protect their baby from accidental suffocation, asphyxiation or SIDS by emphasizing the danger that pillows, blankets, boppies, and soft mattresses pose to their baby.

FINDING #2

FIMR CASES, ANECDOTAL EVIDENCE, AND ONLINE POLLS DEMONSTRATE THAT PARENTS CHOOSE TO CO-SLEEP WITH THEIR INFANT EITHER REGULARLY OR INTERMITTENTLY TO COMFORT THEIR BABY AND/OR GET SLEEP FOR THEMSELVES.

More than 80% of infants who died during sleep were surrounded or covered by pillows and blankets or propped on pillows or boppies.

SJC FIMR 2016-2022

For the more than 80% of families whose babies died during sleep, an appropriate sleep space for their baby available in the home, they just weren't using it.

SJC FIMR 2016-2022

Since 2015, every Sudden Unexpected Infant Death in St. Joseph County included one or more unsafe sleep factors.

SJC FIMR 2016-2022

RECOMMENDATIONS



- Reinforce the topic of using the ABCs of safe sleep and "Give Your Baby Room to Breathe" at every well baby visit.
- Include information about the significantly increased risk of sudden infant death for infants exposed to tobacco during and after pregnancy or with parental use of recreational or prescription substances that increase parental drowsiness.
- Share "Give Your Baby Room to Breathe" educational flyer that explains infant anatomy and how the ABCs of safe sleep help protect an infant's airway.

Give Your Baby Room to Breathe

every nap, every night, every time.



Using the ABC's of Safe Sleep:
Alone, **O**n their **B**ack, in their own **C**rib,
 gives your baby room to breathe and
 decreases the chance of sudden infant death.

Since 2015, no baby who died from a sleep related sudden infant death was put to sleep using all the ABC's of Safe Sleep.

Source: St. Joseph County Department of Health 7/14/15, 2015 to 2022

Why the ABC's of Safe Sleep Give Your Baby Room to Breathe

- Your baby only breathes from their nose until they are 4 to 6 months old.
- The size of your baby's airway, that takes oxygen to their lungs, is smaller than the opening of a drinking straw.
- Sleeping on their back keeps your baby's airway open during sleep.



Removing pillows, blankets, people, and boppies from their sleep space gives your baby room to breathe.



Studies show that sharing a bed with a baby increases the risk for a sleep related sudden infant death. Using a crib and sharing your room, protects your baby.



Most families who had a sudden infant loss had a crib or pack n play for their baby, but they weren't using them.

Give Your Baby Room to Breathe with the ABC's
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Sleep Related Infant Death & Smoking



1 of every 150 infants, born to mothers in St. Joseph County, who smoked during pregnancy, died from a sleep related infant death before 1 year of age.

Source: St. Joseph County Department of Health, 2015 - 2019

If you or someone close to you smoked during your pregnancy or afterwards, it's very important to use safe sleep to give your baby room to breathe.

How smoking increases the risk of Sleep Related Infant Death

- Your baby can get viral or bacterial infections more easily.
- Your baby's brain gets less oxygen.
- Smoking interferes with the part of your baby's brain that controls breathing and waking up.
- Your baby's nose is sensitive to smoke and may be more stuffy.

A LONE	No pillows, blankets, toys, boppies, bumpers, or people
B ACK	Flat, on their back, without propping their head, neck, or body on a boppy, pillow, or other object
C RIB	In a crib, bassinet or pack and play, sharing the same room as you, for the first 6 months to a year

Following the ABC's of safe sleep is important for every baby, but even more so if they are exposed to tobacco.

It's always a good time to quit smoking and it's never too late. Scan this code to get support and information about quitting smoking today.



Give your baby room to breathe.
 It's about safety, just in case.

Ready to quit?

For more information: cjordan@sjcindiana.com





Appendix

TABLE 1: Programs & Resources

Name of Resource	Description	How to Connect	Website	Link to Order Patient Handouts
CHAMP 	Provides free, same-day psychiatric consults for healthcare providers in Indiana. Offers help with medication management, diagnosis, screening & treatment planning. Providers can call CHAMP or request a consultation through their website.	Call CHAMP at 317-274-2400 Available M-F: 9am-5pm EST	https://medicine.iu.edu/psychiatry/clinical-care/integrated/champ	N/A
Count the Kicks 	Free, evidence-based app that helps expectant parents monitor their baby's movements in the third trimester. Parents are guided to monitor kicks at the same time every day and track the average amount of time it takes for baby to get to 10 movements.	Search for "Count the Kicks!" on Android or iOS app store	https://countthekicks.org	Order printed posters and brochures at: https://countthekicks.org/order-materials/
Family Journey: A Healthy Start Initiative 	Family Journey serves as a single entry point for expecting parents to access home visiting programs, prenatal care, behavioral health services, and support with social needs during pregnancy and postpartum. Depending on their specific needs, parents will be connected with any of the program's many partners throughout St. Joseph and Elkhart counties. All participants will also receive baby items as incentives to support their parenting journey.	TBD: Referrals opening in December	TBD: Coming in January 2025	TBD: Coming in January 2025



Appendix

TABLE 1 CONTINUED: Programs & Resources

Name of Resource	Description	How to Connect	Website	Link to Order Patient Handouts
Indiana Pregnancy Promise Program 	Free, confidential and voluntary program for pregnant or postpartum Medicaid members who use opioids or have in the past. Connects individuals to prenatal and postpartum care, other physical and mental health care and treatment for opioid use disorder. Provides support during pregnancy and through 12 months postpartum by connecting participants to prenatal care, mental health supports, OUD treatment, and social needs, including a childcare benefit.	Submit enrollment form through program website. Enrollment form can be completed by provider, patient, or a friend/family member.	https://www.in.gov/fssa/promise/	Download program handout at: https://www.in.gov/fssa/promise/home/pregnancy-promise-program-poster-and-handout/
National Maternal Health Hotline 	Free, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. English and Spanish speaking counselors are available.	Call or text 833-852-6262	https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline	Download digital posters or order printed materials at: https://mchb.hrsa.gov/national-maternal-mental-health-hotline/order
NIMCHN Olive Health Center 	NIMCHN Olive Health Center offers family planning services to teens and adults, including: • Birth control • Emergency contraception • STD testing and treatment • Pelvic and breast exams • HIV testing and counseling Accepts Medicaid and uninsured clients. Clinic operates on a sliding fee scale, and no one is denied services due to inability to pay. Teens do not need parental consent for services.	413 W. McKinley Ave. Ste D Mishawaka, IN 46545 574-282-3230	https://www.nimchn.com	N/A



Appendix

TABLE 1 CONTINUED: Programs & Resources

Name of Resource	Description	How to Connect	Website	Link to Order Patient Handouts
Optum OB Homecare 	Optum RNs provide home-based care through programs to address: Diabetes in Pregnancy, Preeclampsia, and Nausea and Vomiting of Pregnancy (NVP). The Diabetes in Pregnancy program involves insulin management, customized meal plans, and compliance monitoring. Preeclampsia services involve nursing surveillance with remote patient monitoring. The NVP program involves medication infusion management and equipment delivered to the patient's home. Optum OB Homecare services are covered by Medicaid and most commercial insurance providers.	Providers must complete a prescription form to enroll patients in any OB homecare program. Prescription forms can be downloaded from the Optum OB Homecare webpage. For more information, call 1-800-950-3963.	https://www.optum.com/en/business/providers/health-systems/ob-homecare.html	N/A
Path4You 	Provides free birth control for anyone in Indiana. Patients can take an online survey to explore their birth control needs and receive a telehealth appointment with a provider. After appointment, a prescription will be sent to the patient's local pharmacy, or a mail-order pharmacy will deliver the birth control to the patient's home within 48 hours. For any birth control methods that require an insertion procedure, Path4You can schedule an in-person appointment with one of their partner clinics.	Visit path4you.org For questions, call 317-278-7284	https://path4you.org/	Order handouts and promotional items at: https://iu.co1.qualtrics.com/jfe/form/SV_6XdtZVdlwvlsPuC
Postpartum Support International 	Free support for families experiencing mental health issues during pregnancy and postpartum, including online support groups, Helpline, educational resources, and much more.	Call or text Helpline at 800-944-4773 for information and support. <u>Not a crisis/emergency hotline.</u>	https://postpartum.net	Download posters, flyers, and fact sheets at: https://www.postpartum.net/educational-materials/



Appendix

TABLE 2: Patient Handouts & Educational Materials

Contact Olivia Morris at ormorris@beaconhealthsystem.org or questions on how to receive any materials below.

Materials Available	Description	How to Get Materials
Preconception & Interconception Health		
"Importance of Folic Acid" Handout	To promote preconception and interconception health, providers can utilize handouts from the St. Joseph County Health Department of Health which explain the importance of folic acid and the benefits of birth spacing. Handouts are available in English and Spanish.	Handouts can be downloaded from the health department’s website at: https://www.in.gov/localhealth/stjosephcounty/community-access-resources-and-education/maternal,-infant-health/#Resources for Before During and after Pregnancy
"Benefits of Birth Spacing" Handout		
Pregnant Workers Fairness Act (PWFA)		
Provider Guidance for Writing Work Accommodation Notes	The Pregnant Workers Fairness Act (PWFA) is a new federal law which requires businesses to provide employees with accommodations related to pregnancy, breastfeeding, or postpartum medical conditions. The FIMR team has developed a template and accompanying guidance that providers can use when writing a note to a patient's employer in support of their need for workplace accommodations. The FIMR team can also provide a handout which explains patients’ rights under this law, as well as a "Know Your Rights" flyer which can be posted in office waiting rooms and exam rooms.	Contact ormorris@beaconhealthsystem.org to receive digital copies of these materials.
PWFA Patient Handout		
PWFA "Know Your Rights" Flyer		



Appendix

TABLE 2 CONTINUED: Patient Handouts & Educational Materials

Contact Olivia Morris at ormorris@beaconhealthsystem.org or questions on how to receive any materials below.

Materials Available	Description	How to Get Materials
Safe Sleep: “Give Your Baby Room to Breathe” Campaign		
"Give Your Baby Room to Breathe" Handout	The "Give Your Baby Room to Breathe" campaign is based on research which suggests that parents are more likely to understand safe sleep recommendations as a strategy to prevent suffocation. Handouts were developed to help parents understand how common recommendations such as the ABCs of Safe Sleep can help prevent accidental suffocation. All handouts are available in English and Spanish.	Handouts can be downloaded from the health department’s website at: https://www.in.gov/localhealth/stjosephcounty/community-access-resources-and-education/maternal,-infant-health/#Safe Sleep for Babies
"Lower the Risk for Sleep Related Infant Death" Handout		
"Sleep Related Infant Death and Smoking" Handout		
Warning Signs & Making Health Decisions		
BRAIN Card	This index card helps patients make decisions about their health by using the BRAIN acronym, which encourages them to consider Benefits, Risks, Alternatives, etc. On the other side is a list of pregnancy warning signs and an encouragement to seek medical care if symptoms occur. Card is available in English and Spanish.	Contact ormorris@beaconhealthsystem.org to receive printed BRAIN cards.



Appendix

Screening Options: Social Drivers of Health

Based on prenatal care Finding #1 (pg. 7), it is recommended for prenatal care providers to conduct routine screening for social drivers of health in order to determine if patients are facing barriers that may impact the health of their pregnancy. Two options for screening tools are provided on the following pages:

WellRx Questionnaire

Access at: <https://www.jabfm.org/content/jabfp/29/3/414.full.pdf>

The PRAPARE Screening Tool

Access at: <https://prapare.org/the-prapare-screening-tool/>

Appendix

WellRx Questionnaire

DOB _____ Male ___ Female _____

WellRx Questions

-
- | | |
|--|---------|
| 1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food? | |
| ____ Yes | ____ No |
| 2. Are you homeless or worried that you might be in the future? | |
| ____ Yes | ____ No |
| 3. Do you have trouble paying for your utilities (gas, electricity, phone)? | |
| ____ Yes | ____ No |
| 4. Do you have trouble finding or paying for a ride? | |
| ____ Yes | ____ No |
| 5. Do you need daycare, or better daycare, for your kids? | |
| ____ Yes | ____ No |
| 6. Are you unemployed or without regular income? | |
| ____ Yes | ____ No |
| 7. Do you need help finding a better job? | |
| ____ Yes | ____ No |
| 8. Do you need help getting more education? | |
| ____ Yes | ____ No |
| 9. Are you concerned about someone in your home using drugs or alcohol? | |
| ____ Yes | ____ No |
| 10. Do you feel unsafe in your daily life? | |
| ____ Yes | ____ No |
| 11. Is anyone in your home threatening or abusing you? | |
| ____ Yes | ____ No |
-

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.



Appendix



PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences **Paper Version of PRAPARE® for Implementation as of September 2, 2016**

Personal Characteristics 1. Are you Hispanic or Latino? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">I choose not to answer this question</td> </tr> </table> 2. Which race(s) are you? Check all that apply <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">☐ Asian</td> <td style="width: 50%;">☐ Native Hawaiian</td> </tr> <tr> <td>☐ Pacific Islander</td> <td>☐ Black/African American</td> </tr> <tr> <td>☐ White</td> <td>☐ American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2">☐ Other (please write): _____</td> </tr> <tr> <td colspan="2">☐ I choose not to answer this question</td> </tr> </table> 3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">I choose not to answer this question</td> </tr> </table> 4. Have you been discharged from the armed forces of the United States? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">I choose not to answer this question</td> </tr> </table> 5. What language are you most comfortable speaking? Family & Home 6. How many family members, including yourself, do you currently live with? _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;">☐ I choose not to answer this question</td> </tr> </table> 7. What is your housing situation today? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;">☐ I have housing</td> </tr> <tr> <td style="width: 100%; text-align: center;">☐ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</td> </tr> <tr> <td style="width: 100%; text-align: center;">☐ I choose not to answer this question</td> </tr> </table>	Yes	No	I choose not to answer this question	☐ Asian	☐ Native Hawaiian	☐ Pacific Islander	☐ Black/African American	☐ White	☐ American Indian/Alaskan Native	☐ Other (please write): _____		☐ I choose not to answer this question		Yes	No	I choose not to answer this question	Yes	No	I choose not to answer this question	☐ I choose not to answer this question	☐ I have housing	☐ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	☐ I choose not to answer this question	8. Are you worried about losing your housing? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">I choose not to answer this question</td> </tr> </table> 9. What address do you live at? Street: _____ City, State, Zip code: _____ Money & Resources 10. What is the highest level of school that you have finished? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">☐ Less than high school degree</td> <td style="width: 50%; text-align: center;">☐ High school diploma or GED</td> </tr> <tr> <td style="width: 50%; text-align: center;">☐ More than high school</td> <td style="width: 50%; text-align: center;">☐ I choose not to answer this question</td> </tr> </table> 11. What is your current work situation? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">☐ Unemployed</td> <td style="width: 33%; text-align: center;">☐ Part-time or temporary work</td> <td style="width: 33%; text-align: center;">☐ Full-time work</td> </tr> <tr> <td colspan="3" style="text-align: center;">☐ Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">☐ I choose not to answer this question</td> </tr> </table> 12. What is your main insurance? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">☐ None/uninsured</td> <td style="width: 50%; text-align: center;">☐ Medicaid</td> </tr> <tr> <td style="width: 50%; text-align: center;">☐ CHIP Medicaid</td> <td style="width: 50%; text-align: center;">☐ Medicare</td> </tr> <tr> <td style="width: 50%; text-align: center;">☐ Other public insurance (not CHIP)</td> <td style="width: 50%; text-align: center;">☐ Other Public Insurance (CHIP)</td> </tr> <tr> <td style="width: 50%; text-align: center;">☐ Private Insurance</td> <td style="width: 50%; text-align: center;">☐</td> </tr> </table> 13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits. _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center;">☐ I choose not to answer this question</td> </tr> </table>	Yes	No	I choose not to answer this question	☐ Less than high school degree	☐ High school diploma or GED	☐ More than high school	☐ I choose not to answer this question	☐ Unemployed	☐ Part-time or temporary work	☐ Full-time work	☐ Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____			☐ I choose not to answer this question			☐ None/uninsured	☐ Medicaid	☐ CHIP Medicaid	☐ Medicare	☐ Other public insurance (not CHIP)	☐ Other Public Insurance (CHIP)	☐ Private Insurance	☐	☐ I choose not to answer this question
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Appendix



PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences **Paper Version of PRAPARE® for Implementation as of September 2, 2016**

14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>Yes</td><td>No</td><td>Food</td><td>Yes</td><td>No</td><td>Clothing</td></tr> <tr> <td>Yes</td><td>No</td><td>Utilities</td><td>Yes</td><td>No</td><td>Child Care</td></tr> <tr> <td>Yes</td><td>No</td><td colspan="4">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td></tr> <tr> <td>Yes</td><td>No</td><td>Phone</td><td>Yes</td><td>No</td><td>Other (please write):</td></tr> <tr> <td colspan="6">I choose not to answer this question</td></tr> </table> 15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Yes, it has kept me from medical appointments or</td></tr> <tr> <td>☐</td><td>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td></tr> <tr> <td>☐</td><td>No</td></tr> <tr> <td colspan="2">I choose not to answer this question</td></tr> </table> Social and Emotional Health 16. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Less than once a week</td><td>☐</td><td>1 or 2 times a week</td></tr> <tr> <td>☐</td><td>3 to 5 times a week</td><td>☐</td><td>5 or more times a week</td></tr> <tr> <td colspan="4">I choose not to answer this question</td></tr> </table>	Yes	No	Food	Yes	No	Clothing	Yes	No	Utilities	Yes	No	Child Care	Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)				Yes	No	Phone	Yes	No	Other (please write):	I choose not to answer this question						☐	Yes, it has kept me from medical appointments or	☐	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	☐	No	I choose not to answer this question		☐	Less than once a week	☐	1 or 2 times a week	☐	3 to 5 times a week	☐	5 or more times a week	I choose not to answer this question				17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Not at all</td><td>☐</td><td>A little bit</td></tr> <tr> <td>☐</td><td>Somewhat</td><td>☐</td><td>Quite a bit</td></tr> <tr> <td>☐</td><td>Very much</td><td colspan="2">I choose not to answer this question</td></tr> </table> Optional Additional Questions 18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Yes</td><td>☐</td><td>No</td><td>☐</td><td>I choose not to answer this</td></tr> </table> 19. Are you a refugee? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Yes</td><td>☐</td><td>No</td><td>☐</td><td>I choose not to answer this</td></tr> </table> 20. Do you feel physically and emotionally safe where you currently live? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Yes</td><td>☐</td><td>No</td><td>☐</td><td>Unsure</td></tr> <tr> <td colspan="6">I choose not to answer this question</td></tr> </table> 21. In the past year, have you been afraid of your partner or ex-partner? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>☐</td><td>Yes</td><td>☐</td><td>No</td><td>☐</td><td>Unsure</td></tr> <tr> <td colspan="6">I have not had a partner in the past year</td></tr> <tr> <td colspan="6">I choose not to answer this question</td></tr> </table>	☐	Not at all	☐	A little bit	☐	Somewhat	☐	Quite a bit	☐	Very much	I choose not to answer this question		☐	Yes	☐	No	☐	I choose not to answer this	☐	Yes	☐	No	☐	I choose not to answer this	☐	Yes	☐	No	☐	Unsure	I choose not to answer this question						☐	Yes	☐	No	☐	Unsure	I have not had a partner in the past year						I choose not to answer this question					
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