


St. Joseph County Fetal Infant Mortality Review 2025 Annual Report

March 2025

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INDIANA FIMR
HELPING HOOSIERS REACH THEIR 1ST BIRTHDAYS
FETAL-INFANT MORTALITY REVIEW

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St. Joseph County FIMR Program Annual Report
Published March 5, 2025

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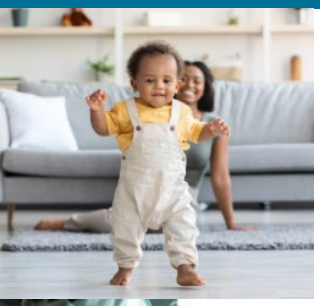

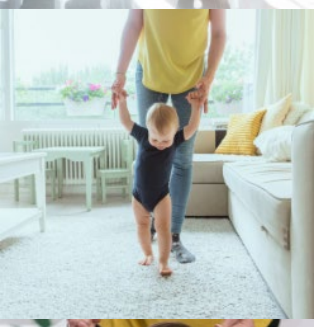
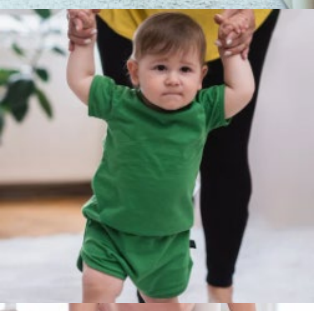

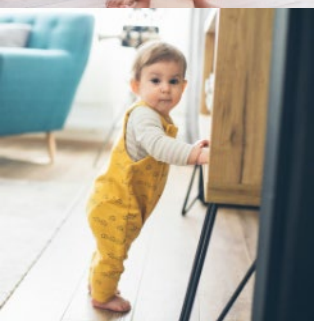

Section 1: Dedication

The St. Joseph County Fetal Infant Mortality Review (FIMR) Program, dedicates this report to the mothers and families who have experienced the heartbreaking loss of an infant or stillbirth since 2018. We extend our deepest sympathy to these families.

It is an honor to learn from their experiences as we work to make our community a healthier place for mothers and babies, a more supportive space for families, and a community where everyone has access to the quality, respectful care they deserve—along with the support and resources they need.

We are deeply grateful to everyone who has shared their time, expertise, and stories with us throughout the Fetal Infant Mortality Review (FIMR) process.

Never underestimate the healing power of holding space for someone's grief and loss. That kind of quiet seeing is transformational for the griever and the one bearing witness.

Lisa Keet

Section 2: Acknowledgments

FIMR Case Review and Community Action

This report is made possible through the dedication of the Fetal Infant Mortality Review (FIMR) Case Review Team and Community Action partners. Their organizations prioritize maternal and infant health by ensuring that professionals actively participate in the FIMR process as part of their work. We are also grateful for the commitment of community members and organizations working to improve birth outcomes in St. Joseph County.

The volunteers listed on the next page are the 2024 members of the FIMR Case Review Team.

Indiana Department of Health

The St. Joseph County (SJC) Fetal Infant Mortality Review (FIMR) Program was established in 2015 is funded by a Safety PIN grant from the Indiana Department of Health. The current funding cycle for the FIMR Program continues through September 2025.

Center for Hospice Care
choices to make the most of life

Since 2017, the Center for Hospice Care has generously provided meeting space for SJC FIMR Case Review meetings. We deeply appreciate having such a welcoming environment for our work and are grateful for the hospitality of the Center for Hospice Care staff.

St. Joseph County Case Review FIMR Team

2024 Team Members

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Renata Williams, MPH	Director of Community Access, Resources, and Education (CARE), SJCDOH

Section 3: Executive Summary

For the past eight years, the Fetal Infant Mortality Review (FIMR) Program has studied infant loss and stillbirth in St. Joseph County (SJC) to identify patterns, interventions, and policies that can improve maternal and infant health for all families. Despite ongoing efforts, the county's infant mortality rate (IMR) remains higher than both state and national averages, with continuing higher IMRs based on race, ethnicity, and health insurance access. Creating strategies to eliminate these disparities is an essential part of reducing SJC's infant mortality rate while improving health outcomes for all pregnancies, infants, mothers, and families.

For the first time, this report is structured using a **Perinatal Periods of Risk (PPOR) analysis** (1), which combines infant deaths and stillbirths by weight, gestational age, and days of life into four key areas for action: **Maternal Health, Maternal Care, Newborn Care, and Infant Health.** Of the 216 cases analyzed for the period of 2018-2022 in SJC, over **70% of infant loss and stillbirth fell within the Maternal Health and Maternal Care categories**, reinforcing a consistent finding of the SJC FIMR Program—**infant health is inseparable from maternal health.**

This report underscores the role that maternal and child health professionals—both in medical and community settings—play in improving outcomes. How clinical providers **listen to and respond to mothers' concerns** can impact early identification and treatment of pregnancy complications. **Stronger connections** between healthcare providers, social services, and community resources can ensure that women receive the care, resources, information, and support they need before, during, and after pregnancy.

Other key themes that emerged from this analysis include:

- **The impact of maternal health on fetal and infant outcomes**, with conditions such as hypertension, diabetes, and mental health disorders appearing more frequently in cases of preventable losses.
- **The connection between family health and improving infant outcomes** relies on increasing education and expanding support for families. Strategies such as home visiting programs, paid family leave, and community-based resources can help address risk factors and reduce preventable infant deaths.
- **The opportunity for early connection to prenatal care**, as emergency departments and community organizations can help bridge the gap for newly pregnant mothers. While just 64% of mothers in SJC FIMR cases access prenatal care in the first trimester, the percentage of mothers seeking early support in pregnancy rises to 78% when including those who visit emergency departments for symptoms or community agencies offering free pregnancy tests and ultrasounds. These entities have an important opportunity to facilitate connections to obstetric care, ensuring that more women receive timely and comprehensive medical attention for their pregnancies.

Too many families in our community continue to experience the devastation of pregnancy loss and infant death. **By implementing recommendations from this report, we can help ensure that every family has the conditions in place to support a healthy outcome for every mom and baby.**

Section 4: Introduction

The study of infant and fetal loss using the Fetal Infant Mortality Review (FIMR)

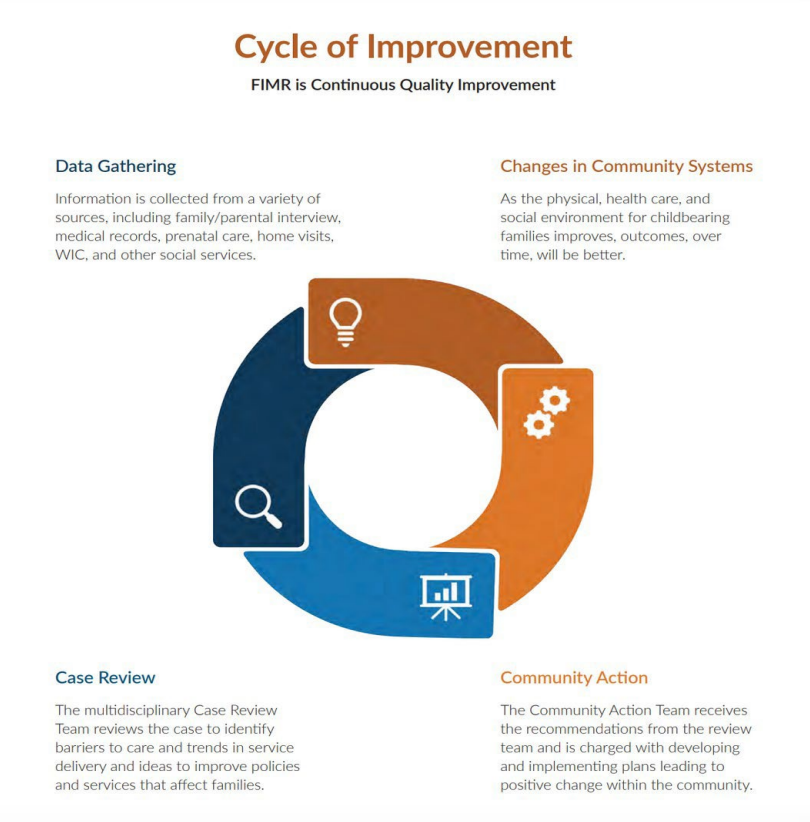
The purpose of FIMR is to conduct comprehensive multidisciplinary reviews of fetal and infant deaths to understand how a wide array of local, social, economic, public health, educational, environmental, and safety issues relate to the tragedy of fetal and infant loss. Additionally, **FIMR teams use the findings to take action that can prevent future infant deaths and improve the systems of care and resources for women, infants, and families.**

In Indiana, the FIMR Program and study of infant loss and stillbirth is guided by directives included in Indiana Code IC16-49-6-1 through 16-49-6-11 (2). Data for the study includes medical records, birth and death certificates, interviews with mothers and families and other information pertinent to individual cases.

The FIMR Case Review Team meets every one to two months to review cases of infant and fetal loss using a standardized decisions process to determine the opportunity for prevention. This report includes the data and recommendations for the time period of 2018 through 2022 and the 2023 deaths reviewed in 2024.

Based on the findings and recommendations of the Case Review Team, **community action activities, initiatives, and campaigns are developed to improve maternal infant health in our community.**

This report includes community action activities that took place from January 2024 through February 2025.



Section 5:
Infant and Fetal Mortality Data

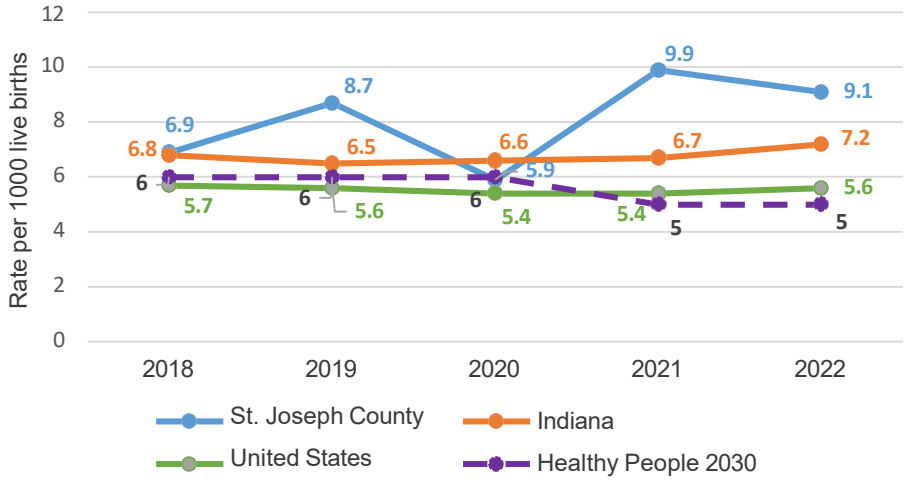
For the SJC FIMR Program
, infant and fetal deaths are identified through reports from the Indiana Department of Health (IDOH) FIMR Program and the St. Joseph County Department of Health Vital Records.

An infant death is defined as the death of a live-born infant within the first year of life, regardless of gestational age. Examples of a live-born infant include cases such as an infant born at 18 weeks with signs of life, as well as a full-term infant who passes away at 40 days old. Fetal deaths reviewed in this report include stillbirths occurring at 20 weeks of gestation or later. The Indiana Department of Health (IDOH) is responsible for calculating the official infant mortality rate for Indiana and its counties.

The Infant Mortality Rate (IMR) measures the number of infant deaths (up to one year of age) per 1,000 live births.

The infant mortality rate is widely recognized as a key indicator of public health for an entire community because it reflects underlying factors such as economic development, living conditions, social well-being, disease prevalence, access to medical care, public health initiatives, and environmental quality. In St. Joseph County, the infant mortality rate remains consistently higher than both the state and national averages, on an annual basis, and exceeds the Healthy People 2030 goal by more than three points.

Infant Mortality Rate Comparison, 2018-2022



Source: Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard

Healthy people 2030 IMR Goal = 5.0

Is a U.S. Department of Health and Human Services initiative that includes objectives to help measure our nation's progress in critical areas of public health – maternal and infant health are among the high priority Leading Health Indicators (3)

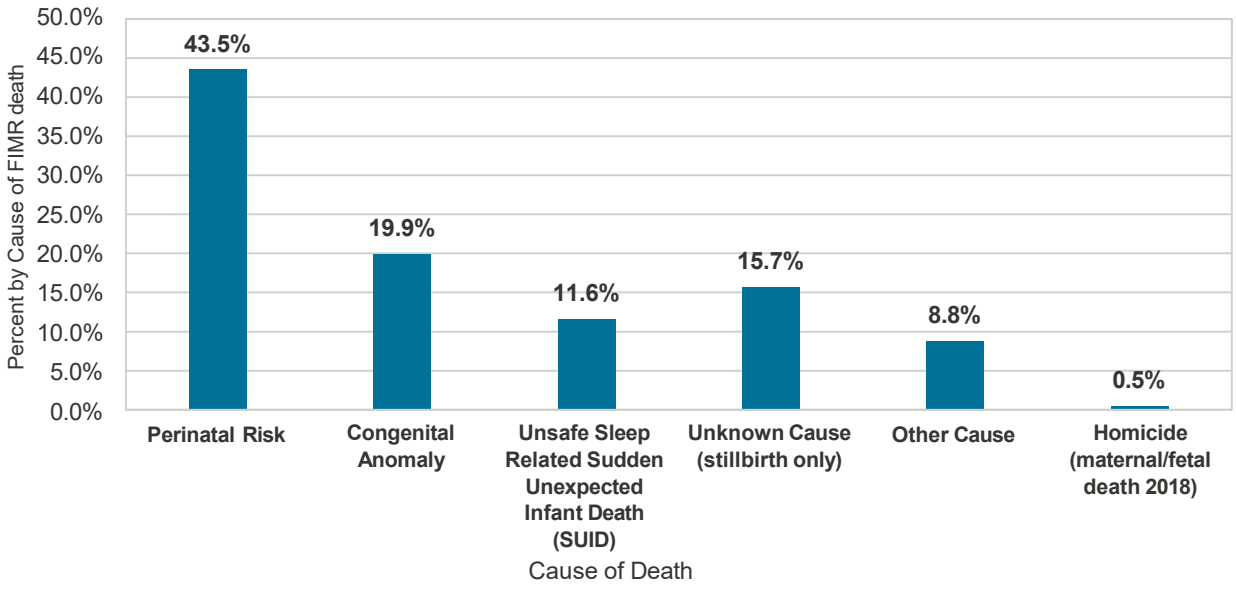
Due to St. Joseph County's relatively small population size, calculating an annual IMR can produce unstable values. For a more reliable assessment of this indicator, please refer to page 24, where SJC IMRs are calculated over a five-year period.

Neither Indiana nor the United States tracks fetal mortality rates due to inconsistencies in reporting so the SJC FIMR Program cannot compare fetal mortality rates with the state or country. **In July 2024, the U.S. Congress passed the Maternal and Child Health Stillbirth Prevention Act** (4), providing funding for stillbirth prevention initiatives, including improvements in reporting.

Since 2017, the SJC FIMR Program has studied both fetal and infant losses but reported on the findings for these deaths separately. By combining data for the 216 infant and fetal deaths in this report, we can identify common risk factors, uncover patterns, and develop more effective prevention strategies. **This approach provides a more comprehensive understanding of the factors contributing to poor birth outcomes, ensuring that prevention efforts address stillbirths and infant deaths equally.**

In previous reports, causes of infant death and stillbirth were presented separately. In this report they are combined, as shown in the graph below.

Percent of Infant Death and Stillbirth by Cause
St. Joseph County FIMR, 2018-2022 (n=216)



Perinatal Risk includes preterm delivery, Preterm Premature Rupture of Membranes (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 risk 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, and hypoxia during labor or birth.)

Section 6:
Perinatal Periods of Risk (PPOR) Analysis

A Perinatal Periods of Risk (PPOR) analysis includes 6 stages:

STAGE 1: Readiness
STAGE 2: Data and Assessment
STAGE 3: Develop Strategic Actions for Targeted Prevention
STAGE 4: Strengthen Existing an/or Launch New Prevention Initiatives
STAGE 5: Monitor and Evaluate Approach
STAGE 6: Sustain Stakeholder Investment and Political Will

STAGE 1: Readiness – *Community Engagement, Mobilization and Alignment*

Our community has been engaged in support of efforts to prevent fetal and infant mortality through the FIMR Program for nine years. Using the PPOR analysis will enhance these ongoing efforts by ensuring every infant and fetal loss is studied to increase the potential for prevention.

STAGE 2: Data and Assessment

As described earlier, the SJC FIMR Program collects data from various sources—including infant birth certificates, infant and fetal death certificates, medical records, family interviews, and other records—to complete its case review process. Data from 2018 through 2022 was used to conduct this year's SJC PPOR Analysis.

Phase 1 PPOR Analysis: *Fetal –Infant Mortality Map and Gaps*

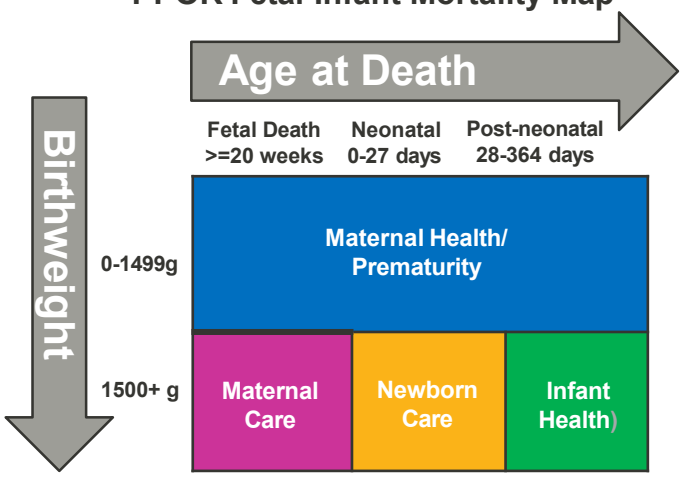
Due to reporting inconsistencies with extremely premature births and fetal deaths, standard PPOR analyses restrict fetal deaths to those with a gestational age of 24 weeks or more and a birth weight over 500 grams. Infant deaths included in the analysis are similarly restricted to those weighing more than 500 grams. However, the SJC FIMR Program's PPOR analysis incorporates deaths with gestational ages and birth weights under 24 weeks and 500 grams, as our comprehensive records ensure data accuracy. These cases account for 39% of all infant and fetal deaths during the time period considered in this analysis and must be included to develop accurate recommendations for prevention.

Data for the Phase 1 SJC PPOR Analysis

A PPOR analysis requires a minimum of 60 fetal and infant deaths over a five-year period. Between 2018 and 2022, St. Joseph County recorded 225 such deaths. After excluding 9 cases due to incomplete information, 216 cases remained for PPOR Fetal-Infant Mortality mapping based on gestational age, age at death, and infant or fetal weight.

The next step in the analysis is to use the PPOR Fetal-Infant Mortality Map (pictured to the right) to color code the Perinatal Periods Of Risk for these cases in SJC.

PPOR Fetal-Infant Mortality Map

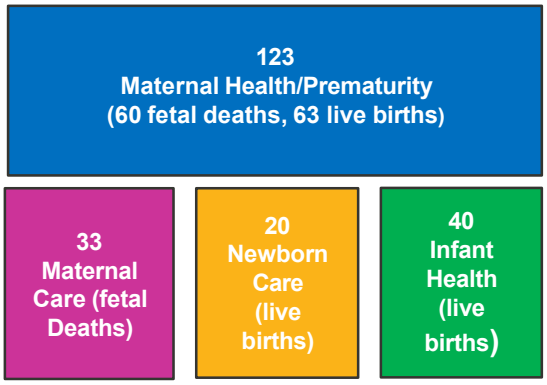


Continuation of Phase 1: SJC PPOR Analysis

The diagram to the right displays the mapping of 216 infant and fetal deaths in St. Joseph County from 2018 through 2022 using the PPOR framework.

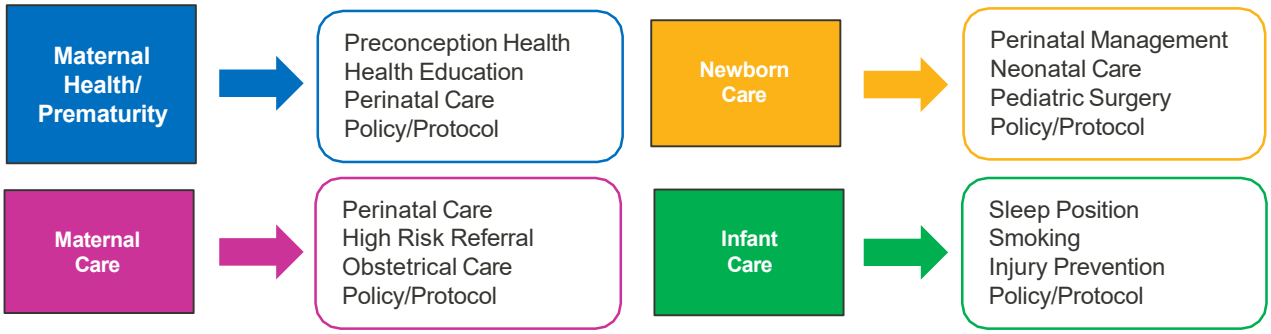
This Phase 1 PPOR Analysis for St. Joseph County reflects an understanding—documented by the FIMR Program since 2017—that improving maternal health and care must be a priority of FIMR recommendations.

St. Joseph County FIMR, 2018-2022
PPOR Fetal-Infant Mortality Map (n=216)



Using the **PPOR Choices of Action, pictured below,** offers communities general categories of action to guide the development of strategies that improve maternal, pregnancy, and infant outcomes. **Combining PPOR Choices of Action with SJC FIMR data—which includes case-specific recommendations**—provides more detailed insights into interventions and initiatives that can reduce infant mortality and stillbirth.

PPOR Choices of Action



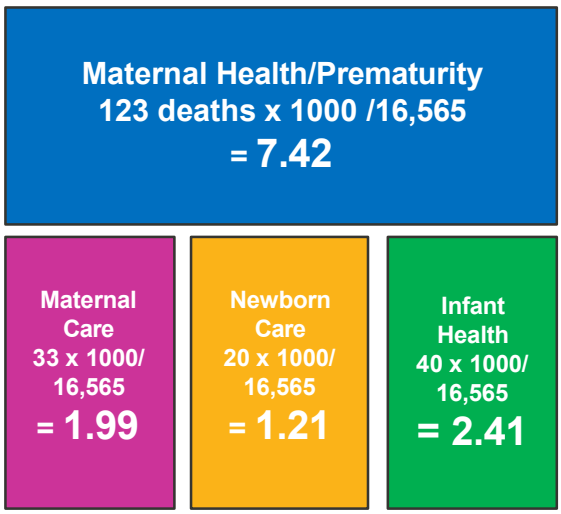
FIMR recommendations

are developed through a standardized case review process that assesses each case for preventability. Recommendations are organized into four key community action areas:

Facilities/Providers Community Agencies	Systems/Policy	Preconception Health	Connection to Education/Resources/ Support
Recommendations for clinical care, standards of care, respectful care, and facilitating support and education for patients.	Recommendations for legislation and policies at the local, state, and federal levels.	Recommendations for health care interventions before and between pregnancies.	Recommendations for connecting mothers and families to resources and support to improve health and well being.

The next step in Phase 1 of a PPOR analysis involves calculating the combined Fetal-Infant Mortality Rate for each PPOR category. This rate is determined by dividing the number of deaths within the study period by the total number of births during the same period, then multiplying by 1000 to standardize the measure. According to data provided by IDOH, for the SJC PPOR analysis covering the years 2018–2022, there were 16,565 live births among SJC residents.

Calculating Fetal-Infant Mortality Rate St. Joseph County FIMR, 2018-2022 (n=216)



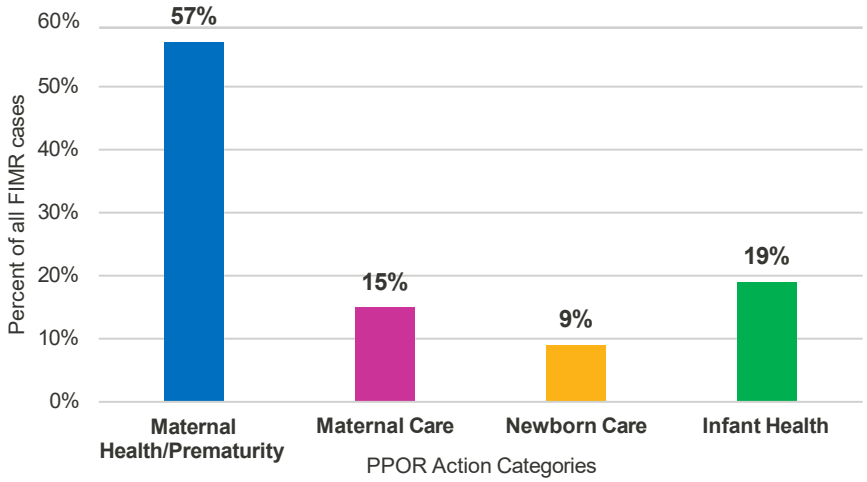
The combined fetal-infant mortality rate for St. Joseph County (SJC) is 13.03 deaths per 1000 live births, calculated by adding together the mortality rates from each PPOR category. Similar to the infant mortality rate, this calculation allows for comparisons between communities.

Because the use of a combined fetal-infant mortality rate is not yet widespread, direct comparisons between SJC and other counties is not possible at this time. Despite this limitation, calculating mortality rates by PPOR category provides valuable insights into disparities between action categories. **Notably, the Maternal Health/Prematurity category has a mortality rate more than three times higher than the other action categories, highlighting a critical area for targeted intervention.**

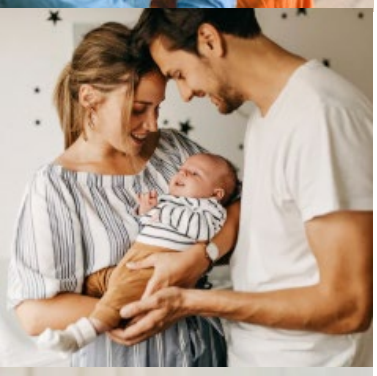
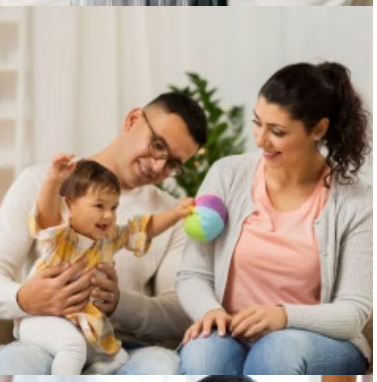
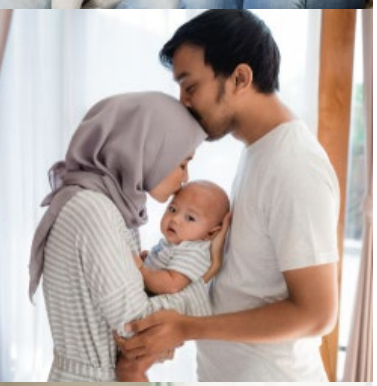
To facilitate easier comparison of PPOR categories and the factors contributing to infant and fetal loss in SJC, the majority of this report will present data using percentages rather than rates.

For each factor or prevention category analyzed, the report will provide cause of death percentages, PPOR categories, and/or St. Joseph County Fetal and Infant Mortality Review (FIMR) Recommendation categories.

PPOR Action Categories by Percentage of All FIMR Cases 2018-2022 (n=216)



Section 7:
Combining PPOR and FIMR Data


STAGE 2: Data and Assessment, Continued

Phase 2 PPOR Analysis: *Further Epidemiologic Investigations*

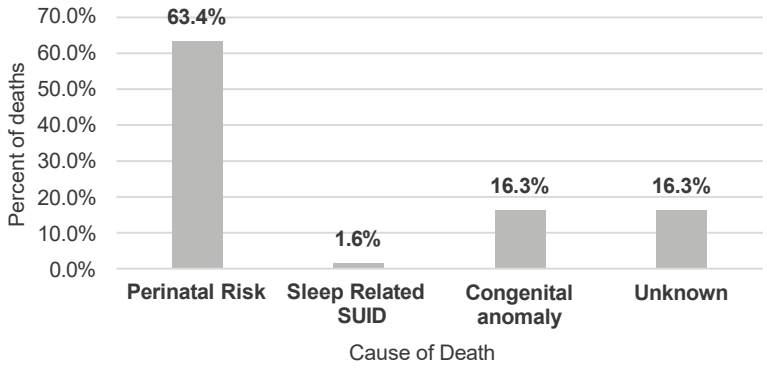
While the PPOR analysis helps communities identify the general causes and contributing factors of infant and fetal deaths, **the Fetal Infant Mortality Review (FIMR) adds a layer of specificity,** providing detailed insights and targeted recommendations for stakeholders dedicated to improving maternal, pregnancy, and infant outcomes.

Key focus areas in this section include:

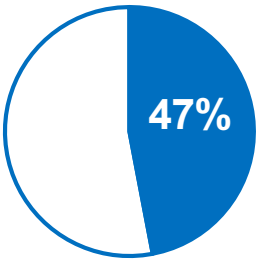
- **In-depth examination of each PPOR Action Area:** This analysis offers for clinicians, home visitors, and those supporting pregnant mothers in community settings detailed recommendations to more effectively support mothers and families while promoting respectful, informed care.

- **Discussion of reported birth outcome (natality) data:** Drawing from the IDOH Birth Outcome Dashboard (5), this section examines indicators such as smoking rates, insurance coverage, prenatal care access, and other tracked factors. By analyzing these alongside infant and fetal mortality data, we can identify patterns and trends that may contribute to disparities in maternal and infant health—and highlight strategies to improve birth outcomes.

Maternal Health PPOR Action Category by Cause of Death. SJC FIMR. 2018-2022 (n=123)



Percentage of PPOR Maternal Health cases with potential for prevention.



The Maternal Health category includes fetal deaths at any gestational age where the fetal weight is less than 1500 grams, and infant deaths at any gestational age with a weight under 1500 grams. For this analysis, a total of 123 deaths were included—60 fetal deaths and 63 infant deaths. **Among these cases, 104 deaths (84%) resulted from extremely premature deliveries occurring before 28 weeks of gestation.** Several significant maternal health conditions were present in these cases, including diabetes and hypertension, as well as high-risk pregnancy factors such as preeclampsia, premature labor, cervical insufficiency, placental abnormalities, and multiple gestations.

111 Recommendations were made by the FIMR Case Review Team for the 59/123 Maternal Health cases with the potential for prevention, in these Community Action categories.

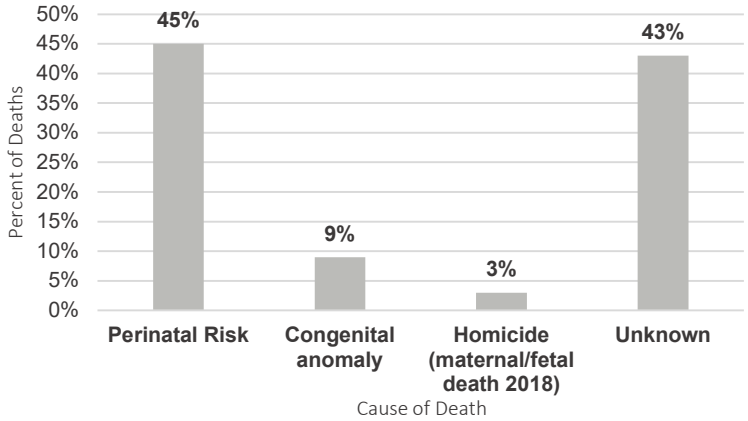
Recommendations:

- For mothers who make frequent visits to the ED or OB Triage during pregnancy:
  - Consider an overnight admission to rule out non-pregnancy related causes of symptoms and to ensure pregnancy complications are not developing.
  - Provide social services referral to assist with connection to outpatient medical care and/or resource and educational supports.
- Evaluate mothers, in person, who call with decreased fetal movement, symptoms including abdominal or back pain, pelvic pressure, increased blood pressure, and/or vaginal bleeding.
- Coordinate with patients to plan for follow up evaluations for repeated pregnancy loss or pregnancy complications.
- All primary care and specialty medicine providers should assess a woman's pregnancy intention or possibility of pregnancy when caring for chronic medical conditions and/or prescribing medications.

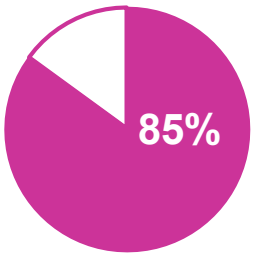
- Improve access to care for pregnant women who are incarcerated to ensure adequate prenatal care.
- Improve access to health care and insurance before, during, and after pregnancy.
- Include education about the importance of the recommended amount of folic acid in adolescent education about reproductive health to prevent birth defects.

- Connect mothers to a community health worker, doula, nurse, social services, and/or community based programs for assistance with resources related to social driver of health needs.
- Connect mothers with the following histories to community based programs: mental health, multiple emergency department visits, past or current traumatic life events, medical complications, adolescence.
- Develop process for community agencies to connect mothers directly to prenatal care.
- Connect women to educational support for diabetes management.
- Educate women about the importance of management and stability of chronic conditions before, during, and after pregnancy.
- Encourage mothers with pregnancy complications to accept a referral to community based program for additional support and resources.

Maternal Care PPOR Action Category by Cause of Death. SJC FIMR 2018-2022 (n=33)

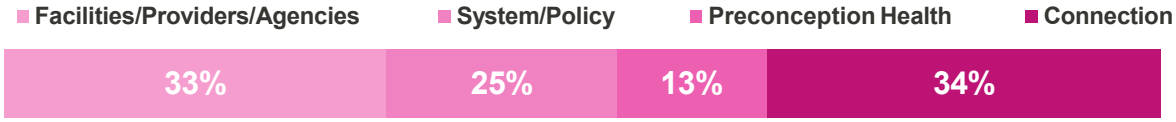


Percentage of PPOR Maternal Care cases with potential for prevention.



The Maternal Health PPOR category includes all fetal deaths where the fetal weight is 1500 grams or higher. **In this analysis, all fetal deaths occurred between 33 and 40 weeks of gestation, with 67% occurring at 37 weeks or later.** As with the Maternal Health category, pregnancy complications and chronic maternal health conditions were key factors. This section also highlights a greater emphasis on recommendations related to the direct care and response to mothers during pregnancy, particularly when symptoms of potential complications arise.

61 Recommendations were made by the FIMR Case Review Team for the 28/33 Maternal Care cases with the potential for prevention in these Community Action categories.

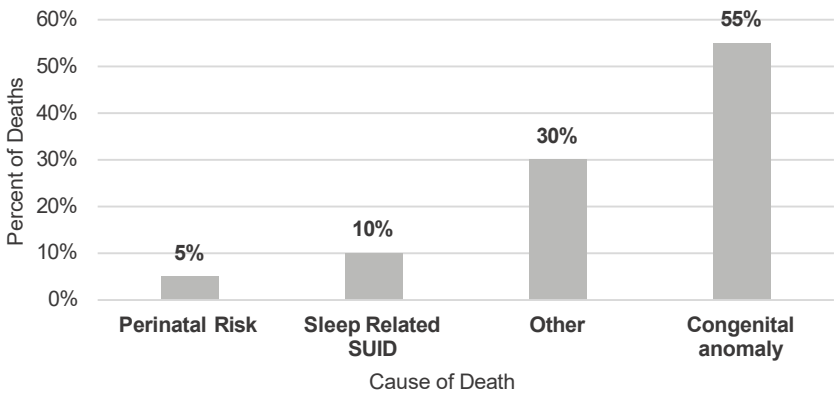


Recommendations:

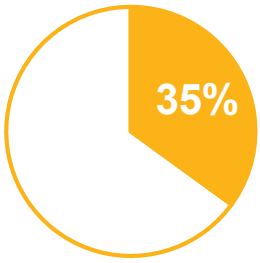
- For mothers who make frequent visits to the emergency department or OB Triage during pregnancy:
  - Consider an overnight admission to rule out non-pregnancy related causes of symptoms and to ensure pregnancy complications are not developing.
  - Provide social services referral to assist with connection to outpatient medical care and/or resource and educational supports.
- Evaluate mothers, in person, who call with decreased fetal movement, symptoms including abdominal or back pain, pelvic pressure, increased blood pressure, and/or vaginal bleeding.
- Coordinate with patients to plan for follow up evaluations for repeated pregnancy loss or pregnancy complications.
- For mothers with known fetal abnormalities, consider repeating an NST or BPP if a mother reports continued decreased fetal movement after a passing score within a week.
- Create a process for OB triage or the emergency department to connect mothers who present during the third trimester directly to a prenatal care provider as they are unlikely to be able to establish care on their own late in pregnancy.

- Provide detailed information on completing fetal kick counts and when to seek care for decreased movement. Provide information about the Count the Kicks app.
- During the second and third trimester evaluate for non-pregnancy related causes of abdominal pain in addition to pregnancy related causes.
- Assess if a mother has a primary care provider and if not, make a referral at the 6 week postpartum visit to take advantage of continued health insurance for one year postpartum through Medicaid.
- Educate mothers about the benefits of spacing pregnancies for their own recovery, and fetal development and maternal health in future pregnancies.
- When providing prescriptions or medical recommendations, assess if the mother has any barriers to obtaining prescriptions or following instructions for medication administration, activity restrictions, nutrition, etc. If barriers exist, connect to a community based program for support.

Newborn Care PPOR Action Category by Cause of Death SJC FIMR 2018-2022 (n=20)

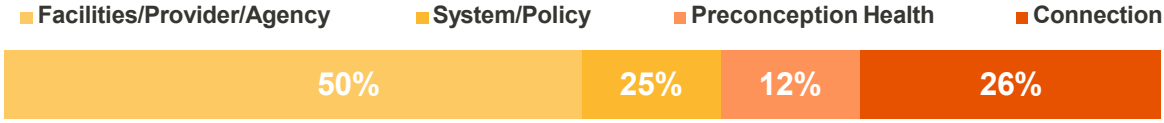


Percentage of PPOR Newborn Care cases with potential for prevention.



The Newborn Care category includes infant deaths that occur between the first day of life and 27 days, where the infant weighed 1,500 grams or more and was born at 24 weeks gestation or later. As noted in the graph above**, the most common cause of death in this category was congenital anomaly, most of which were not preventable and were incompatible with life.** Aside from safe sleep, prevention strategies in this category continued to focus primarily on maternal health and prenatal care. Notably, **75% of the newborns in cases with potential for prevention were never well enough to be discharged from the hospital after birth, highlighting the critical role of maternal health in newborn outcomes.**

16 Recommendations were made by the FIMR Case Review Team for the 7/20 Newborn Care cases with the potential for prevention in these Community Action categories.



Recommendations:

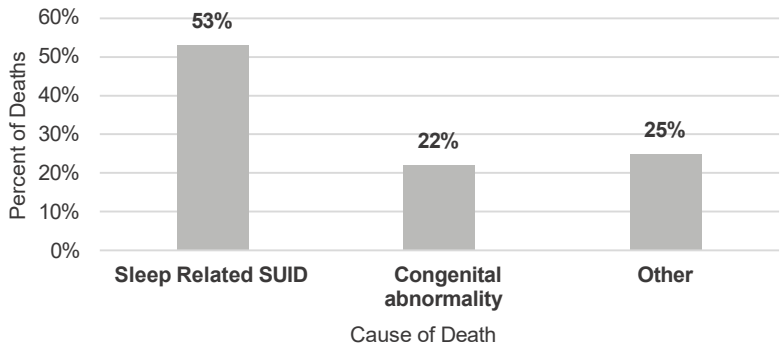
- Consider a longer period of fetal surveillance if a mother continues to report decreased fetal movement and there is a known fetal abnormality in a setting of a reactive NST and favorable Biophysical Profile result.
- Prioritize a mothers' experience of signs and symptoms as an indication that there is something wrong and investigate all possibilities.
- When treating sexually transmitted infections during pregnancy, emphasize the increased risk of preterm labor and premature rupture of membranes with untreated STI and that a woman's partner must be treated to eliminate the chance of reinfection.
- Establish protocols for assessment and treatment of elevated blood pressure, abdominal pain, vaginal bleeding, back pain by pregnant women and/or report of pediatric symptoms by a parent to avoid subjective assumptions when evaluating for a potential diagnosis.
- Assist mothers to plan for preconception health visit prior to future pregnancies in a setting of chronic disease or history of pregnancy complications and newborn loss.

- Explore feasibility of establishing a local or statewide a home visiting program for all mothers and newborns for the first few weeks or months of pregnancy

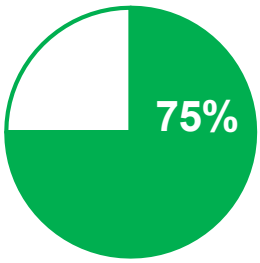
- Introduce safe sleep education during the first and third trimester of prenatal care to provide opportunity for parents to learn about preventing accidental suffocation prior to the delivery hospitalization.
- Focus safe sleep education on the use of the ABCs of Safe Sleep (Alone, on their Back, in a Crib) as a practice to prevent accidental suffocation and emphasize the importance of a sleep space free of pillows, blankets, toys, or boppies and that babies should be on their flat on their back to give them room to breathe.
- Provide education about the increased risk to newborns and infants caused by exposure to tobacco during pregnancy and in the home after birth[17]

PPOR Infant Health 2018-2022

Infant Health PPOR Action Category by Cause of Death SJC FIMR 2018-2022 (n=40)

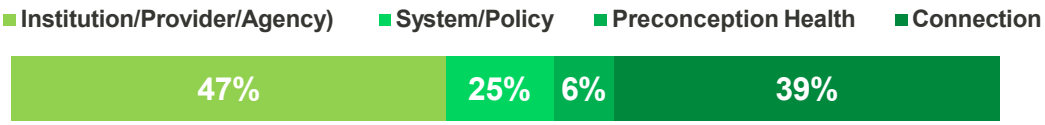


Percentage of PPOR Infant Health cases with potential for prevention.



The Infant Health PPOR category includes deaths occurring between 28 and 364 days of life for infants born at 24 weeks gestation or later with birth weights of 1,500 grams or more. **Sleep-related Sudden Unexpected Infant Deaths (SUID) account for 70% (21 out of 30) of the preventable deaths in this category** and have remained a consistent focus of FIMR Community Action since 2017. To improve infant health outcomes in this category, increased education and support for families through **home visiting programs and paid family leave—would have the greatest impact in reducing preventable deaths.**

62 Recommendations were made by the FIMR Case Review Team for the 30/40 Infant Health cases with the potential for prevention in these Community Action categories.



Recommendations:

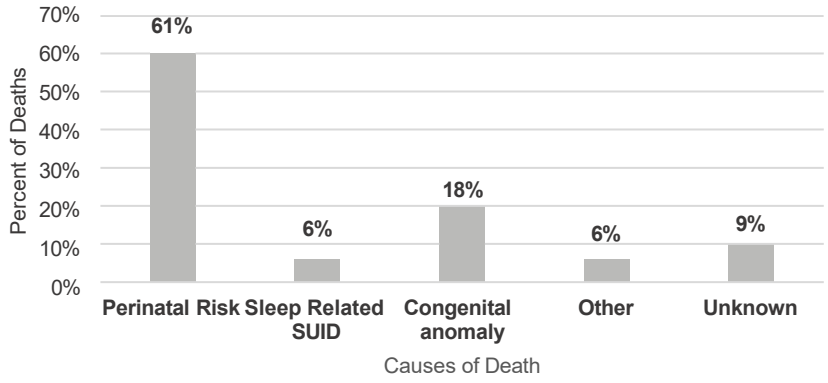
- When parents bring an infant for repeated evaluation for ongoing symptoms in a short time period (daily, to within a week), consider longer evaluation or 24 hour admission to assess for additional causes of symptoms.

- Explore feasibility of a paid family and medical leave program for the state of Indiana based on existing programs in other states and success in reducing infant mortality rates.
- Explore feasibility of universal home visiting for mothers, babies, and families during the postpartum period to reinforce education and provide support for families.
- Explore feasibility of including safe sleep education in middle school and high school health class.

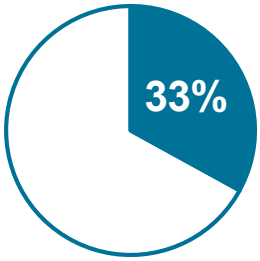
- Focus safe sleep education on the use of the ABCs of Safe Sleep (Alone, on their Back, in a Crib) as a practice to prevent accidental suffocation and emphasize the importance of a sleep space free of pillows, blankets, toys, or boppies and that babies should be on their flat on their back to give them room to breathe.
- Ensure all members of the family (fathers, grandparents, siblings, family and friends) who care for an infant are educated about the importance of safe sleep practices to prevent accidental suffocation.
- Provide education about the increased risk to newborns and infants caused by exposure to tobacco during pregnancy and in the home after birth.
- Identify available options for home visiting for infants with high medical needs whose families would benefit from skilled nursing support.
- Connect teens to community based programs during pregnancy and at hospital discharge and encourage them to meet with a program representative before declining the referral to see how could benefit their health and well being and their babies.

PPOR Cases Reviewed 2024

Preliminary Causes of Infant Deaths and Stillbirths. SJC FIMR Reviewed Cases, 2023. (n=33)

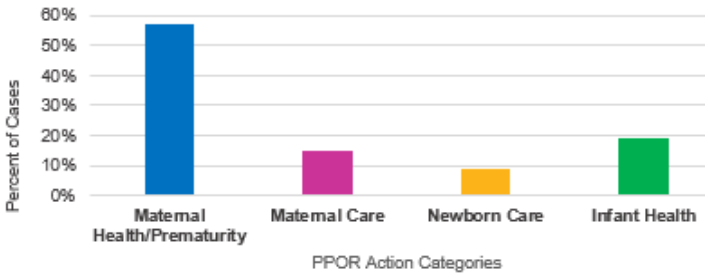


Percentage of reviewed 2023 cases with potential for prevention.

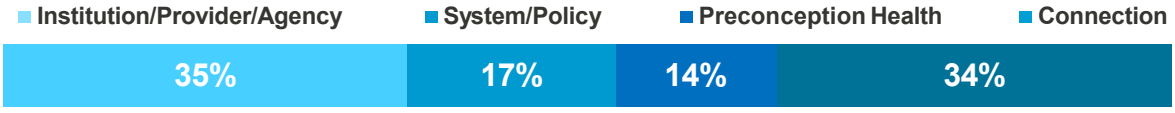


In 2024, the SJC FIMR Program completed the review of 33 cases (11 fetal and 22 infant) out of a total of 50 losses (19 fetal and 31 infant) that occurred in 2023. **Maternal Health continues to be the largest PPOR Action category, followed by Infant Health. A notable difference in cases reviewed this year is that fewer deaths were determined to be preventable.** FIMR recommendations in 2024 focused on improving the connection between clinical providers, hospital staff, and community programs and resources to better support mothers throughout pregnancy and postpartum care.

Preliminary Percentage of PPOR Action Categories for Reviewed 2023 SJC FIMR Cases (n=33)



29 Recommendations were made by the FIMR Case Review Team for the 11/33 cases reviewed with the potential for prevention in these Community Action categories.



Recommendations:

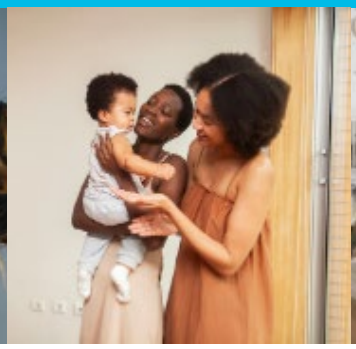
Many recommendations from the 2024 Case Review are included in the previous lists for the PPOR categories. New recommendations include:

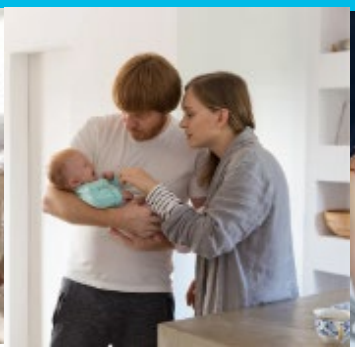
- For mothers with ongoing pregnancy complications who make frequent calls for reassurance, consider an extra visit to assess for any changes and to provide reassurance.
- Explore growing research that connects history of early life trauma, significant stress, or mental health challenges to increased risk of pregnancy complications, later in life, to consider if mothers would benefit from additional screening or connection to community programs
- Develop and offer education for maternal infant health professionals on respectful maternity care.
- As much as possible have a consistent messenger to communicate changes in care or plan of treatment while a mother is hospitalized.

- Explore sustainable funding structures to ensure the availability of home visiting programs.

- Explore developing a process for out of county hospitals to ensure that mothers are scheduled for follow up care back in their home community after delivery and/or fetal and infant loss.
- Explore feasibility of connecting mothers directly to a Community Health Worker from the Emergency Department or OB triage for follow up support to establish prenatal care and receive other needed resources.

FIMR and IDOH Birth Outcome Data



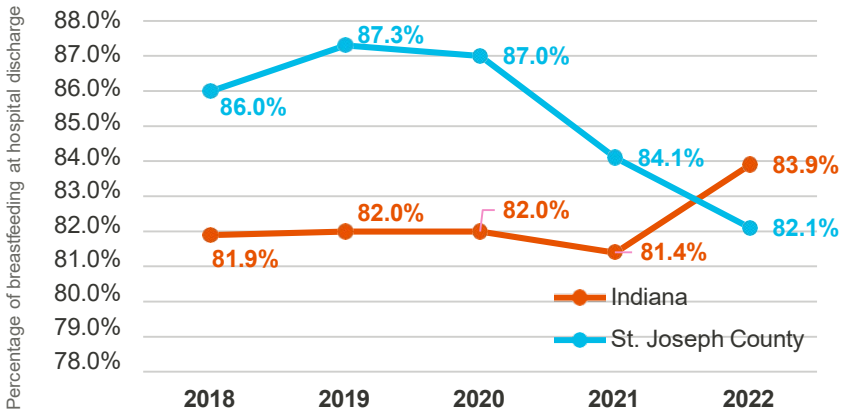

FIMR and IDOH Birth Outcome Data: Breastfeeding

Breastfeeding and infant health

The health benefits of breastfeeding for both mothers and babies are well-documented (6). **Breast milk provides infants with essential antibodies that help strengthen their immune systems, protecting them from both short- and long-term illnesses.** Babies who are breastfed are less likely to experience ear infections and stomach viruses and have a lower risk of developing asthma, obesity, and Type 1 diabetes later in life. For mothers, breastfeeding reduces the risk of ovarian and breast cancer, Type 2 diabetes, and high blood pressure, supporting long-term health and well-being.

Using data from the IDOH Birth Outcomes Dashboard, **the table on the right shows a declining trend in breastfeeding rates** (at time of hospital discharge) **in St. Joseph County**, since 2020 compared to a slight increase from 2021 to 2022 for the state of Indiana.

Comparison Between Indiana and St. Joseph County Breastfeed Percentages, 2018-2022.



To understand the impact of breastfeeding in FIMR cases, it is important to consider the following factors:

- Of the 216 infant and stillbirths studied for this report, 93 were fetal deaths, and 83 infants were never well enough to leave the hospital after birth.
- In these 176 cases, breastfeeding was not identified as a recommendation to improve the outcome.
- Among the 40 infants who were discharged home from the hospital, 25 deaths were attributed to sleep-related Sudden Unexpected Infant Death (SUID), 5 were due to fatal congenital anomalies, and 9 resulted from other causes, including infections such as pneumonia or complications related to prematurity.

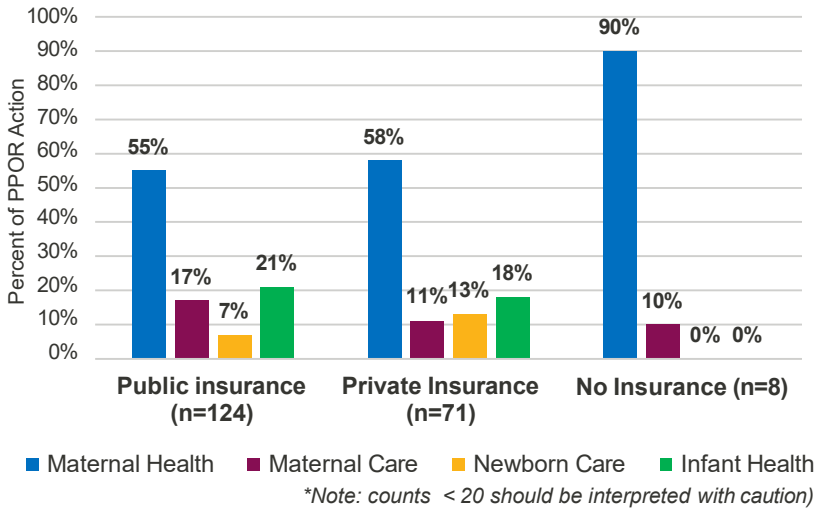
While breastfeeding is known to be protective against Sudden Infant Death Syndrome (SIDS)**, every case of sleep related SUID reviewed by the SJC FIMR Case Review team involved multiple unsafe sleep practices**. These practices included bed-sharing with parents or siblings, the presence of blankets and pillows, or propping the baby's head. This underscores the importance of combining breastfeeding support with safe sleep education to help reduce the risk sudden infant death, especially accidental suffocation.

FIMR Recommendations that Support Breastfeeding.

The FIMR Team recognizes the vital role breastfeeding plays in improving infant health**. When recommending ways to support and increase breastfeeding, the team also advocates for the development of a paid family leave program in Indiana to better support new parents and their infants.** Additionally, the team emphasizes the importance **of raising awareness about the PUMP Act**, which took effect in 2023 and ensures workplace accommodations for breastfeeding mothers to pump breast milk. You can learn more about efforts to promote these supportive policies in the Community Action section on page 35.

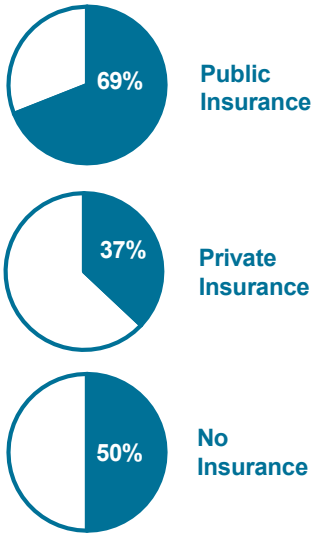
FIMR and IDOH Birth Outcome Data: Insurance Coverage

PPOR Action Categories for Each Health Insurance Type
SJC FIMR 2018-2022



Note: counts < 20 should be interpreted with caution)

Percentage of FIMR cases with potential for prevention by type of insurance

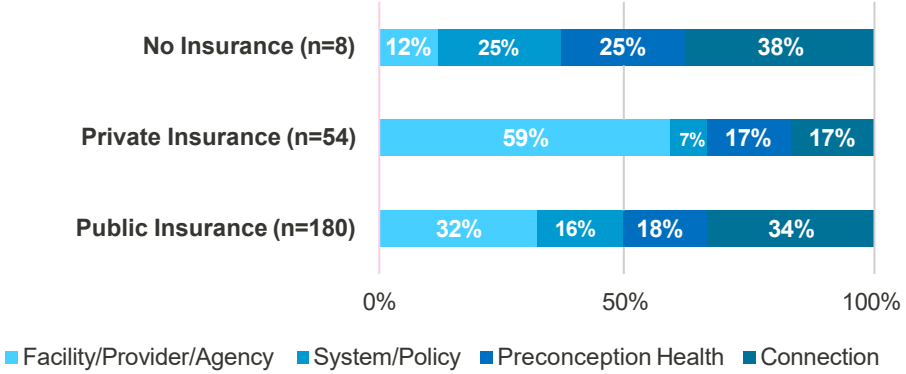


Insurance coverage plays a crucial role in maternal and infant health, not only during pregnancy but also before conception and after birth. Consistent access to healthcare allows mothers to manage preexisting conditions, receive early prenatal care, and access postpartum support—all of which contribute to healthier outcomes for both mothers and babies. **In Indiana, 48.9% (2018-2022) of mothers who gave birth had Medicaid coverage, compared to 57% of mothers in FIMR cases (2018–2022). A key difference between Medicaid and private insurance coverage is access to first-trimester prenatal care.** Mothers with Medicaid often face greater challenges in securing timely appointments. FIMR data highlights this disparity, showing that **56% of mothers with Medicaid insurance accessed prenatal care in the first trimester, compared to 86% of those with private insurance**. These patterns also appear in prevention data, where differences in healthcare access and insurance type influence the likelihood of preventable outcomes. Strengthening connections between mothers and timely prenatal care—especially in the first trimester—remains a consistent FIMR recommendation to improve birth outcomes and support healthier pregnancies.

For mothers with private insurance, who largely begin prenatal care within the first 12 weeks of pregnancy, nearly 60% of FIMR recommendations focus on improving outcomes in the clinical setting.

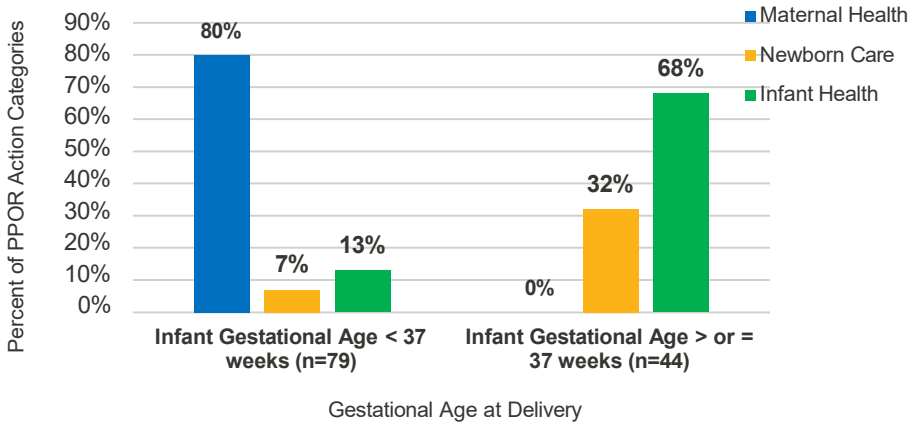
For mothers with public insurance or no insurance, ensuring consistent access to care before, during, and after pregnancy remains a priority.

Comparison of Number of FIMR Community Action Recommendations by Insurance Type
SJC FIMR 2018 - 2022

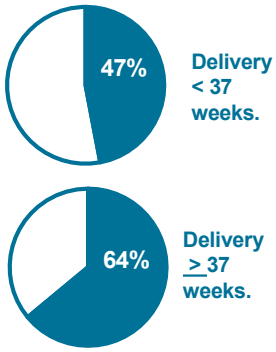


FIMR and IDOH Birth Outcome Data: Prematurity

Comparison of PPOR Action Categories by Gestational Age at Delivery. SJC FIMR 2018-2022



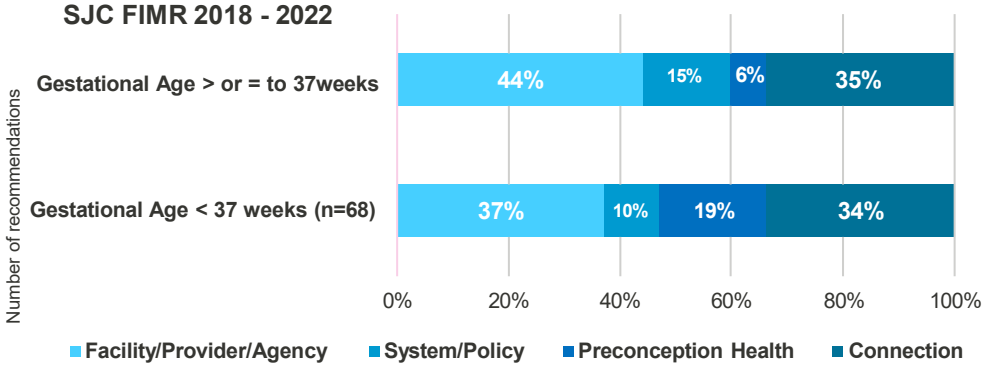
Percentage of FIMR cases with potential for prevention by gestational age at delivery.



Prematurity refers to the birth of a live-born baby before 37 weeks of gestation. With a full-term pregnancy lasting 37-40 weeks, babies born too early face increased health risks, including respiratory distress syndrome, intraventricular hemorrhage, and infection. The strongest predictor of premature birth is a maternal history of preterm delivery, along with pregnancy-related conditions such as cervical insufficiency, preeclampsia, gestational diabetes, untreated sexually transmitted infections, and placental abnormalities. Other risk factors include smoking, limited access to care, and socioeconomic challenges, though some premature births occur without any known risk factors.

Among cases of prematurity reviewed by the FIMR Program, the Maternal Health PPOR category was the most prevalent area for intervention, with maternal health conditions playing a significant role in birth outcomes. Notably, 40% of mothers who delivered prematurely had a history of previous pregnancy complications. According to IDOH Birth Outcomes Data for 2022, the prematurity rate in **St. Joseph County** was **11.2%**, compared to **10.9% in Indiana** and **10.4% in the United States.**

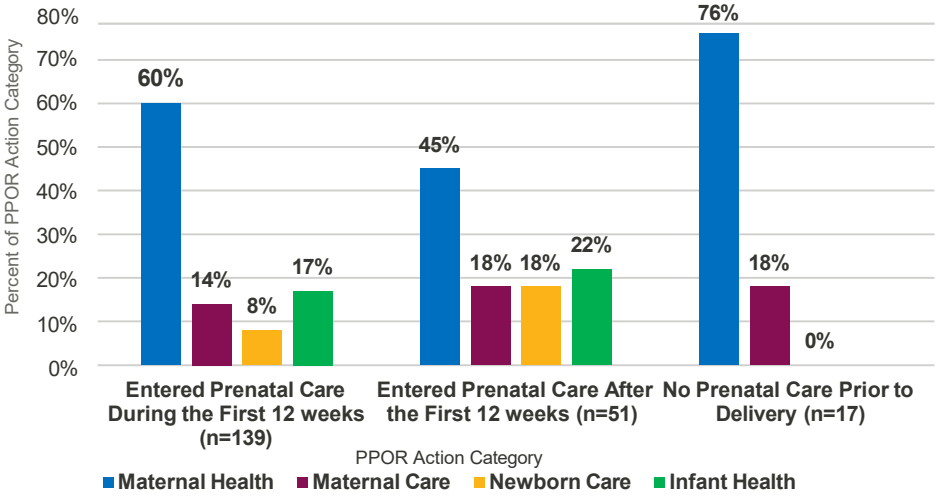
Comparison of Number of FIMR Community Action Recommendations by Gestational Age at Delivery. SJC FIMR 2018 - 2022



The comparison of PPOR Action categories by gestational age illustrates the significant difference in prevention strategies and causes of infant death for infants born prematurely and those born full term. Most prevention for infants born prematurely involves improving maternal health while prevention for infant deaths after 37 weeks should focus on the Infant and Newborn PPOR recommendations. Please see the PPOR Action Category summaries on pages 15, 17, and 18 for specific interventions.

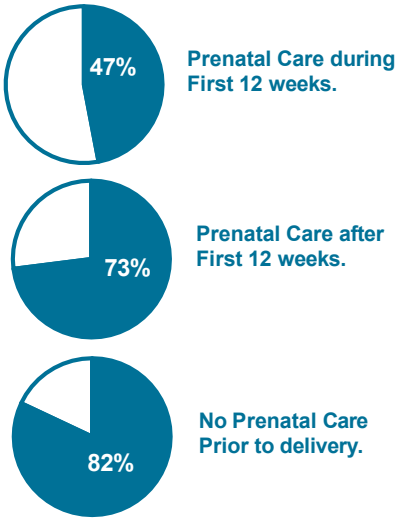
FIMR and IDOH Birth Outcome Data: Prenatal Care

Comparison PPOR Action Categories by Access to Prenatal Care
SJC FIMR 2018-2022



Source: Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard

Percentage of FIMR cases with potential for prevention by prenatal care access.



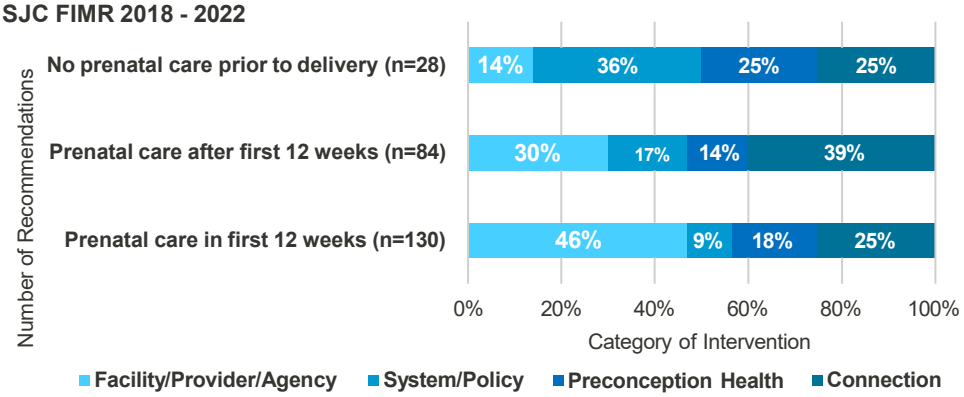
The FIMR Program found that delays in first-trimester prenatal care often stem from provider capacity and insurance coverage. In FIMR Cases (2018-2022) 64.3% of mothers entered prenatal care during the first twelve weeks of pregnancy. **However**, **when factoring in visits to emergency departments for early symptoms of pregnancy and community organizations offering free pregnancy tests and ultrasounds, the percentage of women seeking some form of early support for a pregnancy rises to 78%.**

From 2018 to 2021, both Indiana and St. Joseph County saw increased access to early prenatal care, reaching 71.7% and 67.9% of mothers, respectively**. In 2022, first trimester access declined to 70.9% in Indiana and 65.5% in SJC, falling below pre-2020 levels.** Both remain lower than the U.S. average, where 77% of mothers initiate prenatal care within the first 12 weeks.

To improve early prenatal care access, the FIMR Program prioritizes connecting mothers who seek care in emergency departments and community agencies early in pregnancy to prenatal providers, ensuring they receive the support needed for healthier pregnancies and better outcomes.

For mothers who begin care during the first trimester, recommendations for clinical providers can make the most impact to improve birth outcomes.

Comparison of Number of FIMR Community Action Recommendation Categories by Prenatal Care Access
SJC FIMR 2018 - 2022

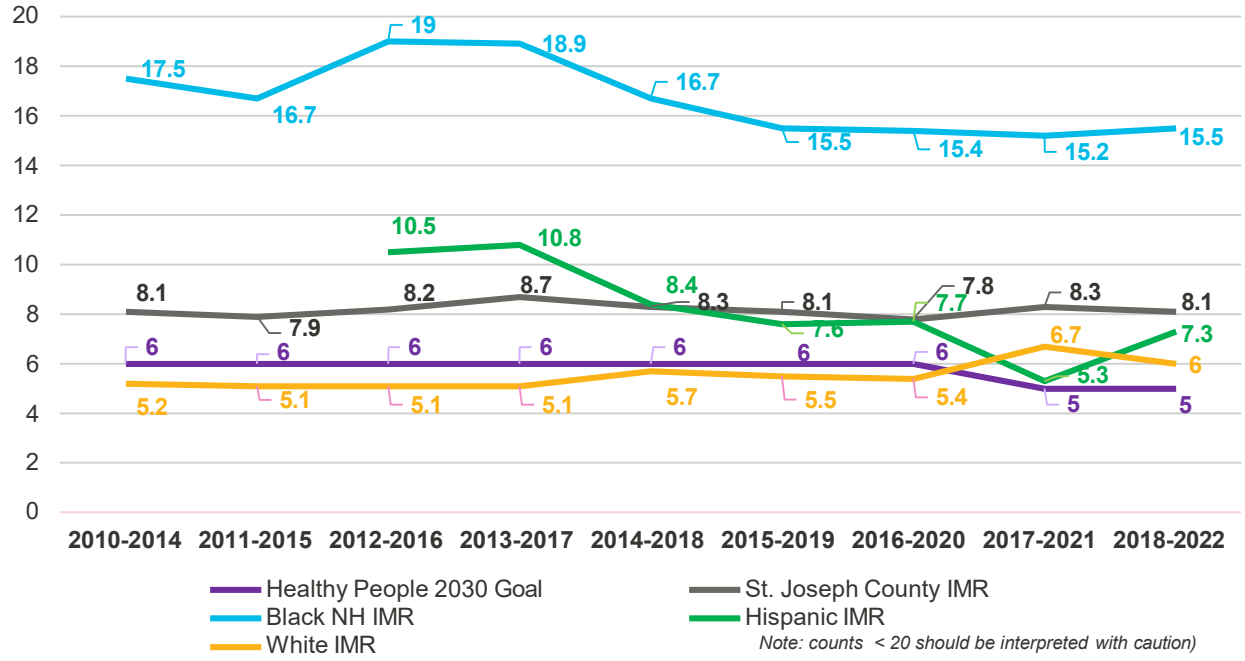


FIMR and IDOH Birth Outcome Data: Race and Ethnicity

The chart in Section 5, page 9, illustrates a comparison between the infant mortality rate in St. Joseph County, the state of Indiana, and the United States. **The chart below provides a more detailed understanding of the impact of pregnancy and infant loss in St. Joseph County by presenting the infant mortality rate (IMR) by race and ethnicity**.

When the SJC FIMR program began in 2016, the Black Non-Hispanic (NH) IMR was nearly four times the IMR of White Non-Hispanic (NH) infants. **The most significant change in this disparity occurred between 2016 and 2019**, a period that also saw a 3-point reduction in the Hispanic (any race) IMR, while the White NH rate remained below 6. A Georgetown University Study (7) attributes this decrease, along with similar reductions in other states, to the expansion of Medicaid coverage.

SJC Infant Mortality by Race and Ethnicity, 2010-2022



Source: Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard

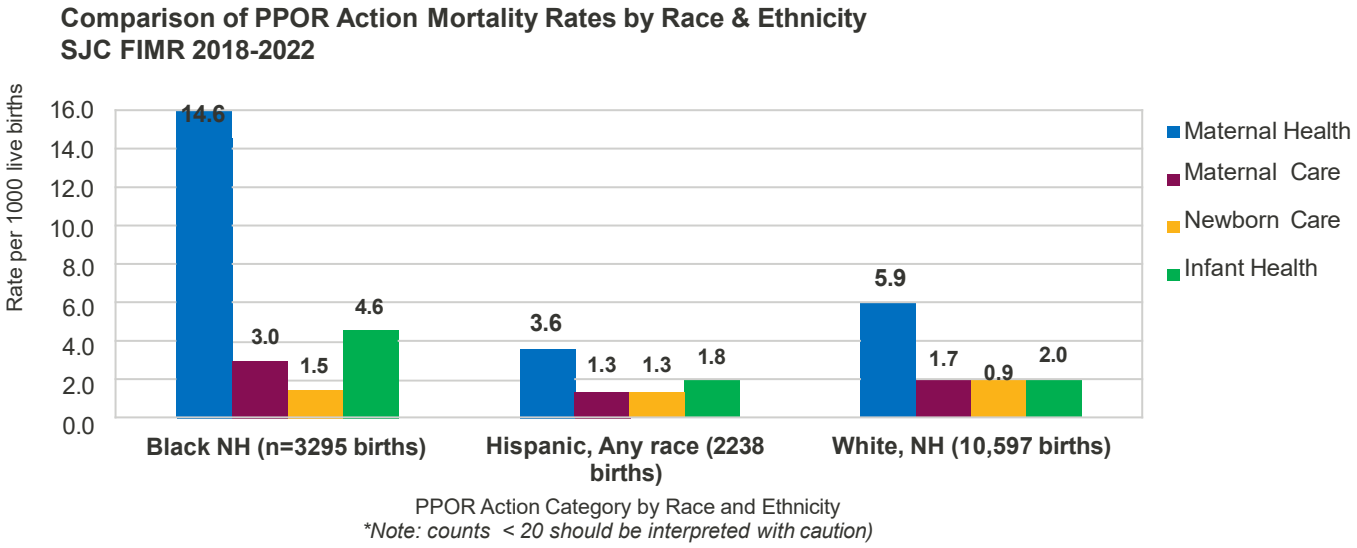
In Indiana, the expansion of Medicaid reduced the uninsured rate for women of childbearing age from 21% to 11%, improving access to healthcare before and after pregnancy. This expansion was the only significant change in healthcare for women during this period, and IMR rates for all groups have remained relatively stable over five-year increments since the expansion.

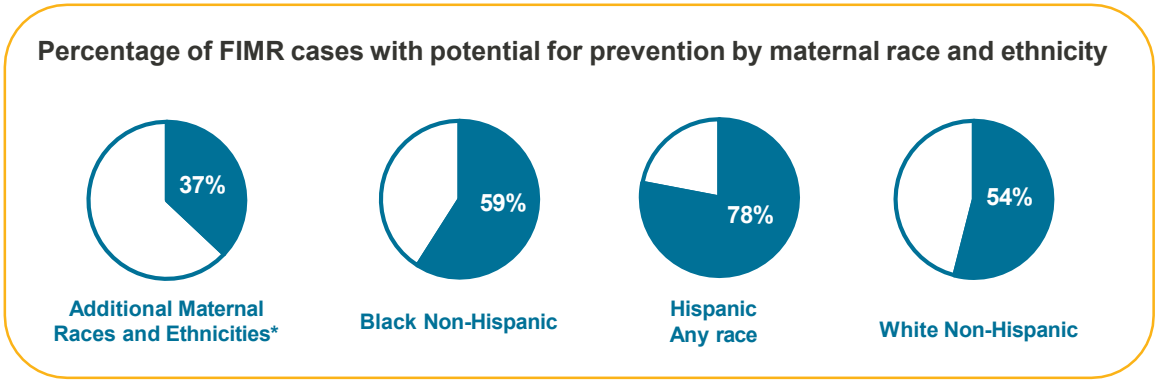
FIMR and Natality Data: Race and Ethnicity continued:

One potential reason for the decline in the IMR among Black NH and Hispanic mothers compared to White NH mothers in SJC is a difference in the number of mothers covered by Medicaid. According to data provided by IDOH, from 2017 to 2021, Medicaid covered 80% of Black NH mothers and 70% of Hispanic mothers f any race who gave birth in SJC, compared to just 36% of White NH mothers.(8) Because a higher percentage of Black NH and Hispanic mothers were covered with Medicaid, the expansion may have played a key role in improving their access to healthcare before and between pregnancies, contributing to better maternal and infant health outcomes.

Comparison of PPOR Action Mortality Rates by Maternal Race and Ethnicity

To better compare Perinatal Periods of Risk (PPOR) Action areas by race and ethnicity, rates were used instead of percentages to account for population size and total births. The graph below illustrates that for Black NH mothers, the disparity in overall IMR (from page 24) is similar in the disparity in PPOR categories. Specifically, the Black NH rate for deaths in the Infant Health, Maternal Health, and Maternal Care PPOR categories are 2 -2.5 times the White NH and Hispanic rates. The Infant Health PPOR Category for Black NH infants is also 2 times the rate of the other groups.





**Additional Races and Ethnicities" is the designation used by IDOH to include Asian, Native Hawaiian, or other Pacific Islander (NHOPI), American Indiana or Alaskan Native (AIAN), multi-race, or unknown race in birth outcome data. This group is typically highly variable and based on low counts which can limit the interpretation of changes over time. Collection of race and ethnicity data is dependent on individuals completing birth and death records.*

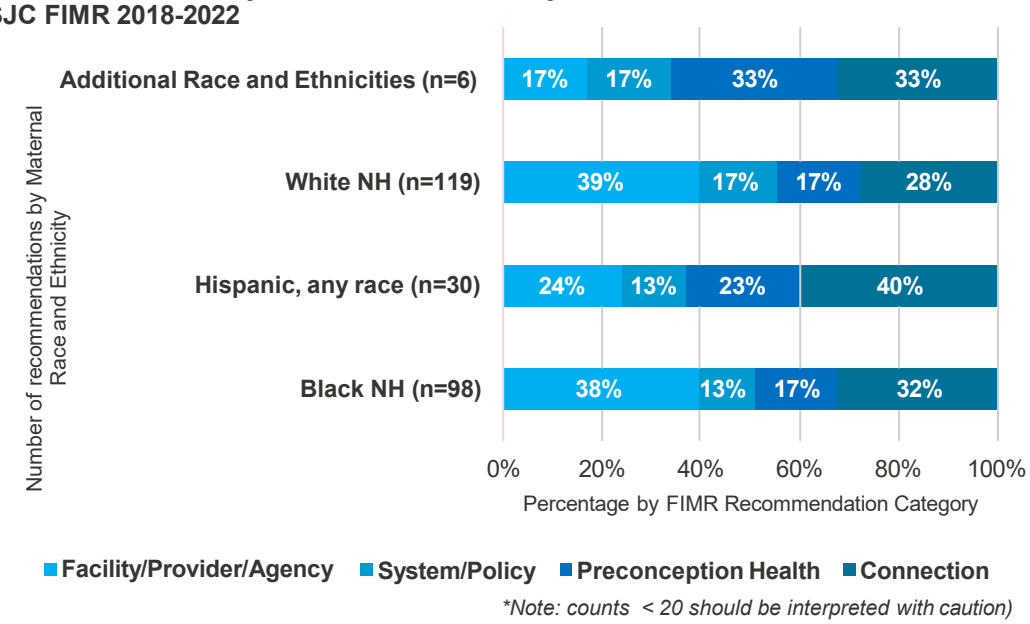
FIMR and Natality Data: Race and Ethnicity continued:

FIMR Recommendations by Maternal Race and Ethnicity

Black NH and White NH mothers have the highest number of FIMR recommendations within the Facility/Provider/Agency category, while Hispanic mothers and those from Additional Racial and Ethnic backgrounds receive the most recommendations in the Preconception Health category.

FIMR recommendations for Facilities, Providers, and Agencies emphasize that actions in the PPOR Action areas of Maternal Health and Maternal Care can improve pregnancy outcomes, particularly for Black NH and White NH mothers. Across all groups, strengthening connections to education, support, and resources remains a key priority.

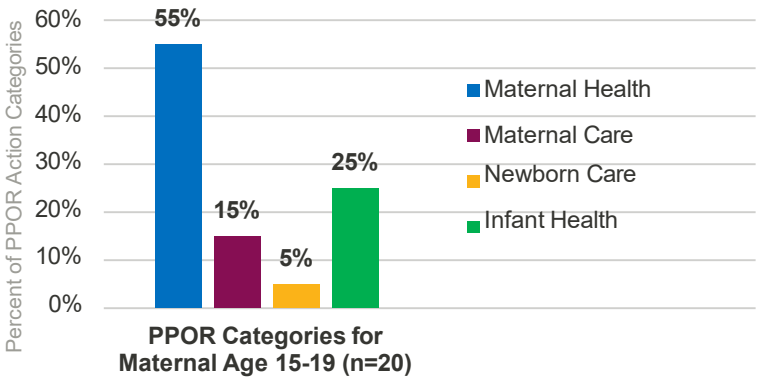
Comparison of Number of FIMR Community Action Recommendations by Maternal Race/Ethnicity
SJC FIMR 2018-2022



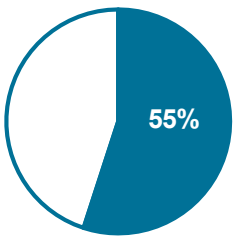
**Note: counts < 20 should be interpreted with caution)*

FIMR and Indiana Birth Outcome Data: Teen Pregnancy

PPOR Action Categories for Maternal age 15-19
SJC FIMR 2018-2022 (n=20)



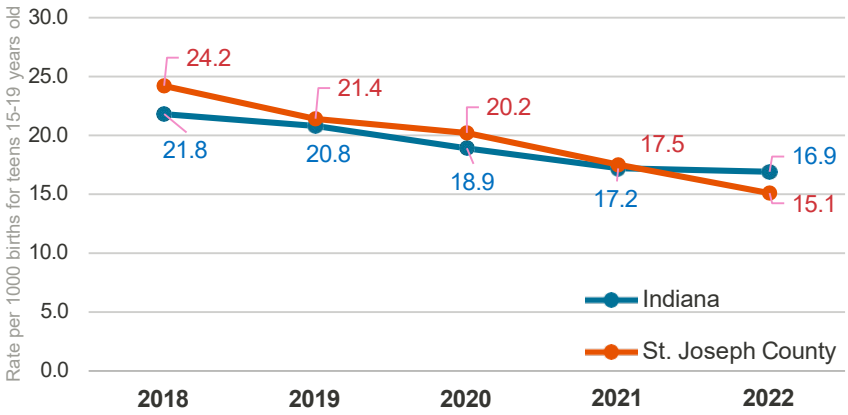
Percentage of cases with potential for prevention for maternal age 15-19.



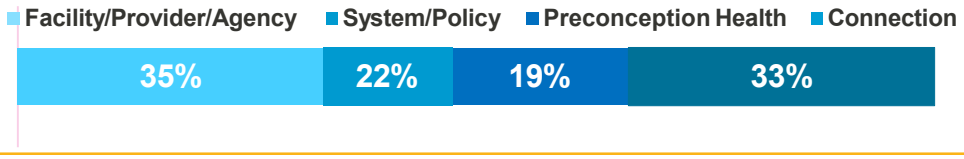
According to the CDC, (9) the United States' teen birth rate have been on the decline since the mid-2010's, reaching the lowest level in history, of 13.5 in 2022. Reasons for this decline include more teens abstaining from sex, contraceptive use, and pregnancy prevention programs. **The chart to the right reflects historically low rates for Indiana and SJC.**

The FIMR Program has also seen a decrease in infant deaths and stillbirths for mothers ages 15-19 since 2018 with deaths falling below 5 per year since 2020.

Comparison Between Indiana and St. Joseph County Teen Birth Rate, 2018-2022.



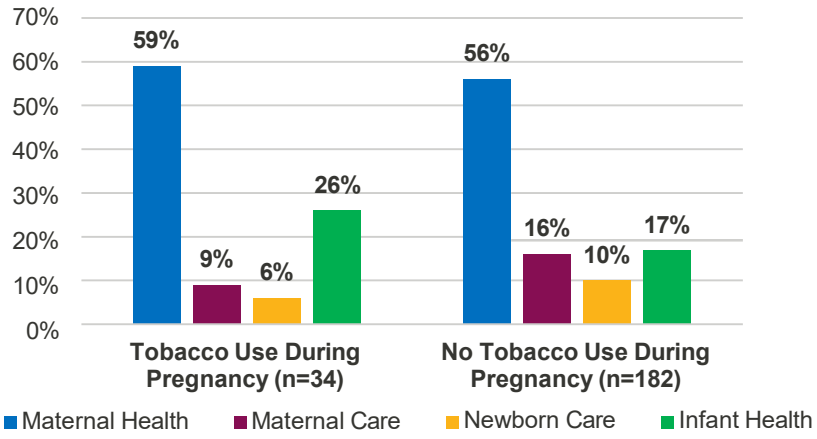
21 Recommendations were made by the FIMR Case Review Team for the 11 cases with the potential for prevention in these Community Action categories.



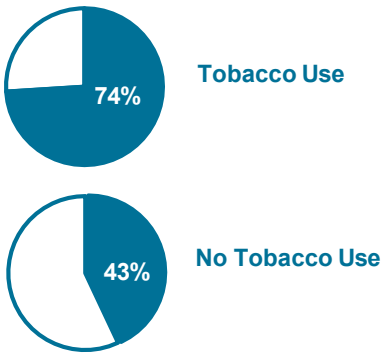
The PPOR categories of Maternal Health and Infant Health are the most common areas for action to prevent infant loss and stillbirth among this age group. Education on preconception health topics—such as the importance of folic acid during pregnancy, prevention and treatment of sexually transmitted infections, family planning, and the benefits of wellness visits for menstrual irregularities—would be particularly beneficial for young women. Additionally, during pregnancy, teens would benefit from connection to a home visiting program to support access to prenatal care, childbirth preparation, and education on creating a safe sleep environment for their babies.

FIMR and IDOH Birth Outcome Data: Tobacco Use

Comparison of PPOR Categories by Maternal Tobacco Use. SJC FIMR 2018-2022



Percentage of FIMR cases with potential for prevention by presence of tobacco use.

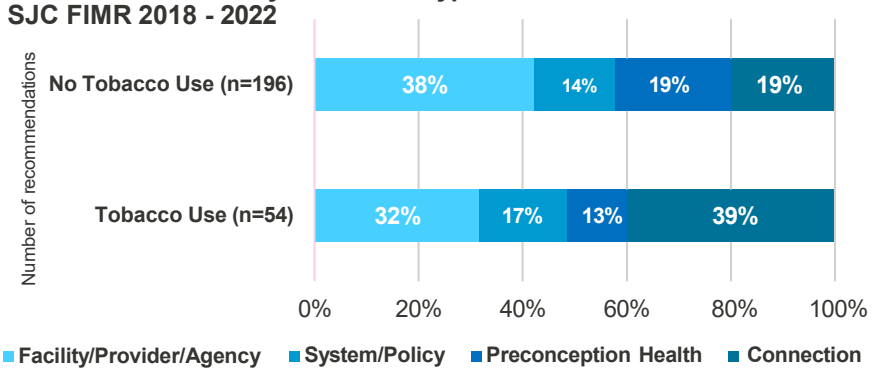


Due to changes in how the IDOH reports tobacco use during pregnancy, direct comparisons between FIMR cases and all births are not possible, however, a 2022 IDOH report (10) noted that 5.8% of pregnant women smoked during pregnancy in 2022 in SJC. **In FIMR cases from 2018 to 2022, tobacco use was present in 15.7% of infant losses and stillbirths in SJC.** Infant and fetal tobacco exposure, in this report, includes mothers who used tobacco for any amount of time during the pregnancy and infants exposed to tobacco in their home by any smoker.

Maternal smoking is a well-documented risk factor for perinatal complications, including placental abruption, premature rupture of membranes, preterm labor, sleep-related Sudden Unexpected Infant Death (SUID), and infant infections. The impact of tobacco use is particularly evident in preventable deaths. **Among mothers who smoked during pregnancy, 48% (12 of 25) of preventable deaths were due to sleep-related SUID or infant infections such as pneumonia, compared to just 4% (4 of 98) among non-smoking mothers who experienced a loss**. These findings emphasize the importance of connecting mothers to tobacco cessation resources during pregnancy and encouraging tobacco cessation at primary care visits for any woman considering pregnancy.

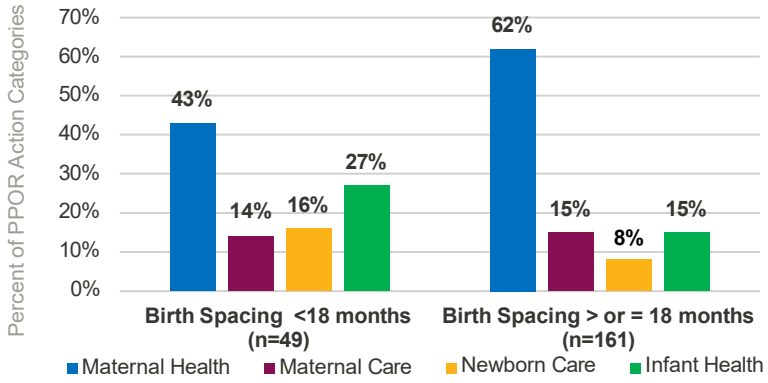
Connection to support and education for tobacco cessation is essential during pregnancy, because smoking even 1 cigarette per day, doubles the chance of Sudden Unexpected Infant Death. (10)

Comparison of Number of FIMR Community Action Recommendations by Insurance Type SJC FIMR 2018 - 2022

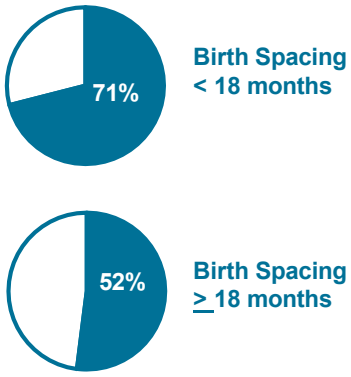


FIMR Data: Birth Spacing < 18 months

Comparison of PPOR Action Categories for FIMR Cases by Birth Spacing. SJC FIMR 2018-2022



Percentage of cases with potential for prevention by Birth Spacing

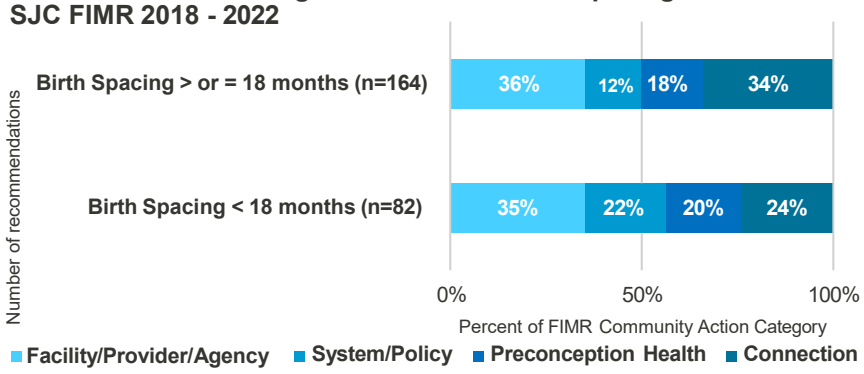


Birth spacing refers to waiting at least 18 months from the birth of one baby to the conception of the next. This allows the body time to heal, restore essential vitamins, and decreases the risk of premature delivery, low birth weight, and congenital anomalies. **The American College of Obstetricians and Gynecologists (ACOG) (12) recommends that patients receive information on the risks and benefits of a repeat pregnancy sooner than 18 months and advises avoiding intervals of less than six months to optimize maternal health before, during, and between pregnancies.** While birth spacing is recommended to improve maternal health, the FIMR PPOR Analysis reveals that **the most significant difference in infant mortality related to birth spacing occurred in the Infant Health category**. Among cases where birth spacing was less than 18 months, 22.4% (11 out of 49) of the deaths were attributed to sleep-related Sudden Unexpected Infant Deaths (SUID), compared to just 8% (13/161) in cases where births were spaced 18 months or more."

Among preventable deaths where births were spaced less than 18 months apart, 22% of FIMR recommendations focused on System and Policy changes. These included ensuring continued medical coverage for managing chronic health conditions, improving access to early prenatal care for subsequent pregnancies, and providing postpartum support such as paid family and medical leave and home visiting programs.

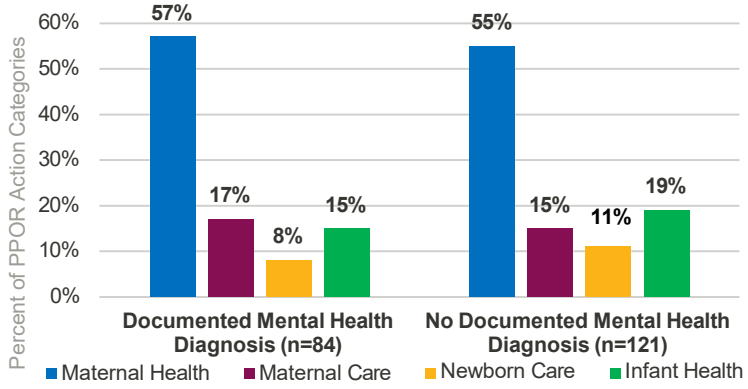
Indiana's 2022 extension of postpartum Medicaid coverage was a significant step toward improving access to information and health care if a woman chooses to space her pregnancies.

Comparison of Number of FIMR Community Action Recommendation Categories based on Birth Spacing SJC FIMR 2018 - 2022

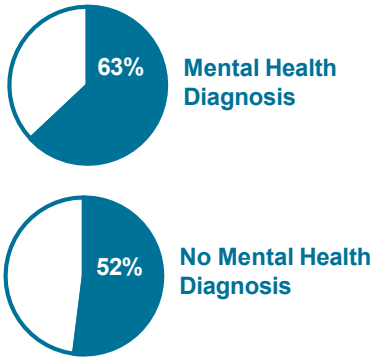


FIMR Data: Maternal Mental Health

Comparison of PPOR Action Categories for FIMR Cases by Presence of Mental Health (MH) Diagnosis. SJC FIMR 2018-2022



Percentage of cases with potential for prevention by Mental Health

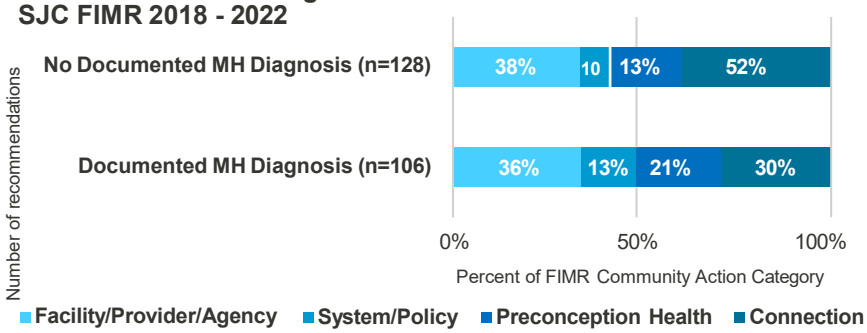


Perinatal mood disorders are linked (13) **to an increased risk of maternal morbidity, hypertension, preterm birth, and low birthweight infants, making the care of maternal mental health a critical priority for improving both maternal and infant outcomes**. This analysis included mental health diagnosis data for 205 out of 216 FIMR cases in the PPOR analysis. While the PPOR action areas are similar for both groups, **the percentage of preventable deaths is 11 percentage points higher for mothers with a mental health diagnosis.**

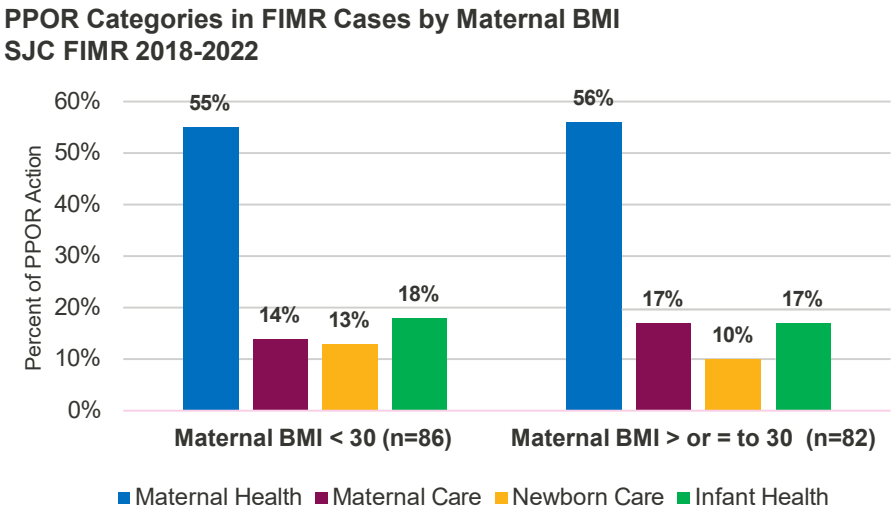
The greatest opportunity for prevention among mothers with a mental health diagnosis was in deaths caused by perinatal risk complications (43%) and unknown causes (26%) for stillbirths. In contrast, for mothers without a mental health diagnosis, the leading causes were perinatal risk (38%) and sleep-related SUID (25%).

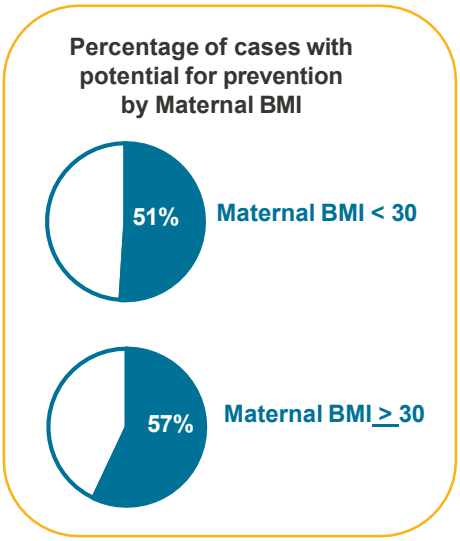
In FIMR cases where the mother had a mental health diagnosis, a higher percentage of community action recommendations in the preconception health category focused on treatment and consultation for mental health, previous pregnancy loss, and other chronic health conditions.

Comparison of Number of FIMR Community Action Recommendation Categories based on Mental Health SJC FIMR 2018 - 2022



FIMR Data: Obesity

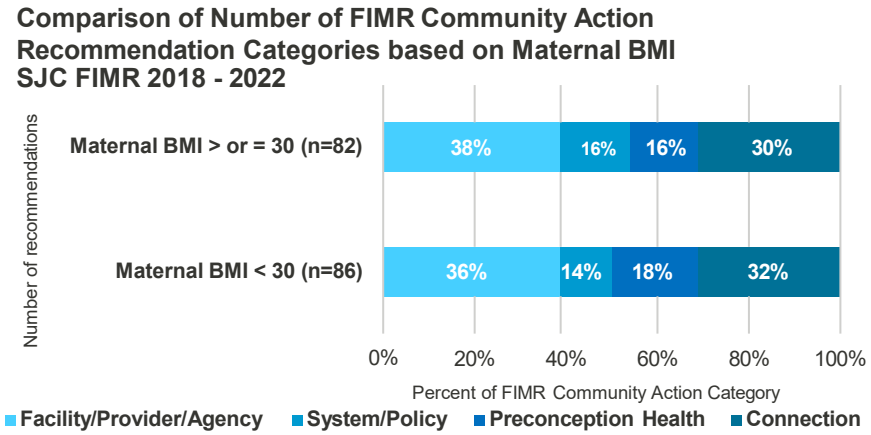




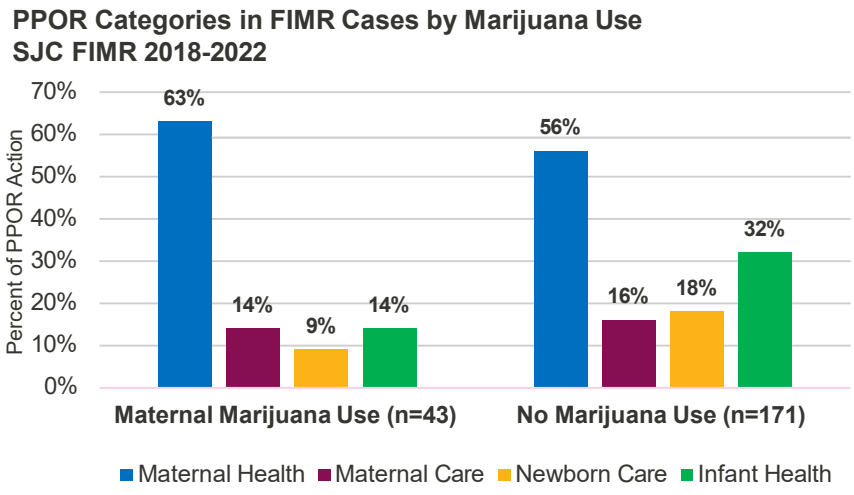
Maternal obesity, defined as **a pre-pregnancy BMI ≥ 30, is widely noted in research to be a risk factor for complications such as gestational diabetes, hypertension, and preeclampsia**, all of which increase the risk of prematurity, infant loss, and stillbirth as well as maternal morbidity and mortality. This analysis included maternal pre-pregnancy BMI data for 168 of the 216 infant deaths and stillbirths with cases sorted into groups by either BMI < 30 or BMI ≥ 30. **The leading cause of infant loss and stillbirth in both groups was Perinatal Risk, but it accounted for a higher percentage of preventable deaths among mothers with a BMI >30 (50%) compared to those with a BMI <30 (44%).** Additionally, hypertension, diabetes, and mental health diagnoses were more common in the obese BMI category: 20% of mothers had hypertension during pregnancy, 11% had diabetes, and 50% had a mental health diagnosis, compared to 12%, 7%, and 33%, respectively, in the lower BMI group.

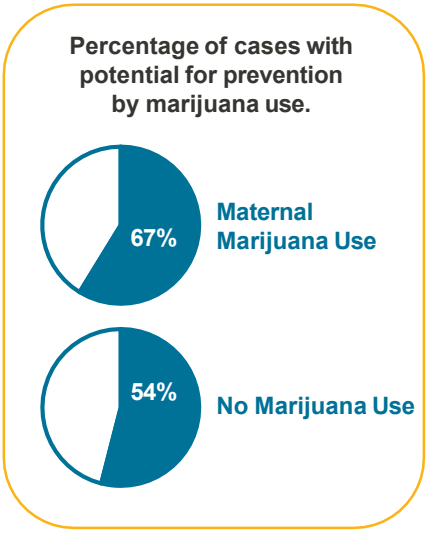
While the distribution of PPOR categories and FIMR Community Action recommendations was similar regardless of maternal BMI, **the prevention strategies for mothers with a BMI ≥ to 30 highlighted a need to examine how clinical providers listen to and respond to reports of signs and symptoms of possible complications from mothers with a medical diagnosis of obesity.**

Ensuring all concerns are thoroughly evaluated and addressed may help identify pregnancy complications earlier and improve outcomes.



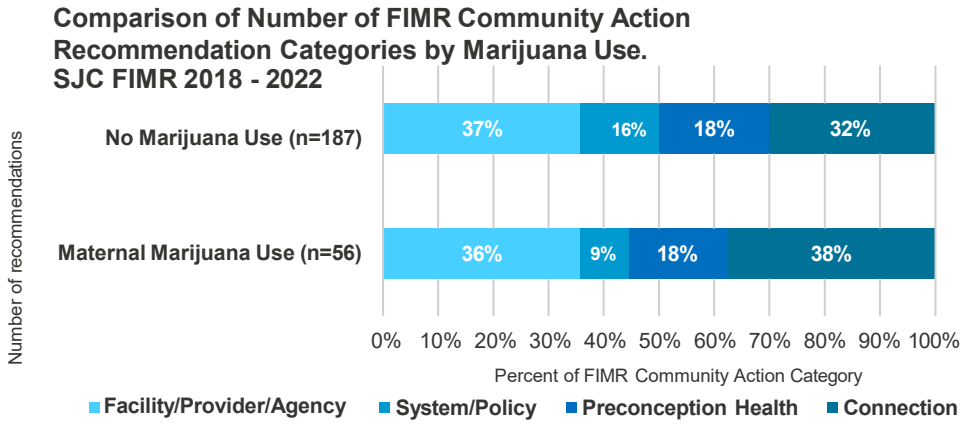
FIMR Data: Marijuana and Other Substance Use





A survey of research that investigates a connection between marijuana use and maternal pregnancy complications and/or neurodevelopmental issues in offspring reveals inconsistent findings ranging from the connection to complications to no association. Some of the inconsistent study results are attributed to the presence of confounding factors like maternal tobacco use. Because the harms of marijuana use in pregnancy are not fully known, an ACOG educational infographic (15) recommends against the use of marijuana for anyone who is pregnant, is planning to get pregnant, or is breastfeeding.

Information about maternal marijuana use was available for 214 FIMR cases in this analysis. Of those, maternal marijuana use was identified in 43 (20%) cases. Among these mothers, use varied—some discontinued marijuana use upon learning of the pregnancy, while others continued throughout. Reported reasons for use included managing pregnancy-related nausea, stimulating appetite, and alleviating mental health symptoms such as anxiety or depression**. In FIMR cases where marijuana use was identified, PPOR Action in the Maternal Health category was 7 percentage points higher than in cases without marijuana use**. Among preventable deaths, FIMR recommendations focused on improving access to care before and between pregnancies, ensuring early connection to prenatal care, and linking mothers to community-based programs for support and resources during pregnancy.



Other Substance Use in FIMR Cases: The number of infant death and stillbirth cases that included use of opioids or other substances such as cocaine totaled less than 5/216 for the time period of 2018-2022.

PPOR and FIMR Community Action

Section 8:
PPOR and Community Action 2024 -2025

PPOR Stages 3-6

Stage 3 **Develop Strategic Actions for Targeted Prevention**
Stage 4: **Strengthen Existing and/or Launch New Prevention Initiatives**
Stage 5: **Monitor and Evaluate Approach**
Stage 6: **Sustain Stakeholder Investment and Political Will.**

Moving from Data to Action: PPOR Stages 3–6
With nine years of experience leading community initiatives focused on maternal and infant health, the SJC FIMR Team continues to collaborate with community partners to implement recommendations developed by the FIMR Case Review Team. **Turning these recommendations into action requires strong community commitment and investment, built on a foundation of shared understanding and collective goals.**

For the past nine years, the FIMR Program has provided a vital framework for fostering these partnerships to drive meaningful change in maternal and infant health outcomes in St. Joseph County.

This section of the annual report highlights the community action activities and initiatives in which the SJC FIMR Program participated in 2024, demonstrating ongoing efforts to translate data and recommendations into meaningful improvements for mothers, infants, and families. The FIMR Program will continue to monitor and evaluate infant and fetal outcomes to track changes in causes of deaths and improvement in outcomes.

Scope of FIMR Community Action Initiatives

FIMR Community Action must align with Case Review recommendations and focus on meaningful, broad-reaching change to have the greatest impact.

This approach helps ensure that efforts complement existing community programs rather than duplicating them, allowing resources to be used more effectively and addressing gaps in support for mothers, infants, and families.

- Awareness campaigns
- Developing educational materials
- Sharing recommendations with providers
- Advocating for policy change
- Connecting agencies or stakeholders
- Sharing knowledge

Community Action

Pop Up Pregnancy & Family Village, December 2023 to Present

A FIMR Community Action Initiative that survey pregnant and new mothers in 2022, identified that mothers wanted more opportunities for education about pregnancy, childbirth, and newborn care, connection with other moms and information about the resources and programs in our community. One of the recommendations that came from this project was the idea of creating a way to bring information, resources, and support to one location. Early in 2023, the Eck Institute for Global Health hosted Dr. Patience A. Afulani, whose research (16) featured the original Pop Up Village in California. After that, work towards developing a Pop Up Pregnancy and Family Village to meet the needs of St. Joseph County mothers and families began to take shape under the leadership of Joyce Adams, Assistant Professor of the Practice and Global Maternal Research Lead at the Eck Institute for Global Health at the University of Notre Dame.

The Maternal Infant Health Coordinator and Community Action Coordinator for the SJC FIMR Team joined leaders from the Eck Institute for Global Health (17) at the University of Notre Dame as Community Liaisons for the Pop Up Pregnancy and Family Village in December of 2023 to help facilitate community participation in this new pilot project.

The mission of the Pop Up Pregnancy & Family Village is to transform the delivery and design of health services for expectant and postpartum women and their families. By creating a one-stop shop for access to comprehensive care, resources, and support, we aim to address social drivers of health, mental well-being, and physical health during pregnancy and the postpartum period. Our goal is to eliminate barriers to care and improve maternal and infant health outcomes through community-centered and evidence-based interventions.

Two Pop Up events took place in 2024 on August 17 and Sept 28.
4 events are planned in SJC in 2025 on March 22, May 3, August 23, and November 1st at the Charles Black Community Center in South Bend.
Learn more at https://popupvil.org/events/

Community Action

Pregnant Workers Fairness Act Campaign

Pregnant Workers Fairness Act (PWFA) Awareness Campaign

The Pregnant Workers Fairness Act (PWFA) is a new federal law, effective as of June 2023, that requires businesses to provide reasonable accommodations for pregnancy, childbirth, and related medical conditions.

In 2024, previous Fetal and Infant Mortality Review (FIMR) reporting and case reviews identified a need to raise awareness about the implementation of this law among prenatal care providers, employers, community agencies, and pregnant women.

To support this effort, the SJC FIMR Community Action Coordinator and Maternal Infant Health Coordinator attended a training on the PWFA, hosted by the Indiana Community Action Poverty Institute in June 2024. This training provided valuable insights into the law's provisions and educational materials for an awareness campaign.

Examples of reasonable accommodations covered by the PWFA include:

- Light duty or assistance with manual labor and lifting
- Temporary reassignment to a less physically demanding or safer position
- Additional, longer, or more flexible breaks for drinking water, eating, resting, or using the bathroom
- Modifications to food or drink policies to allow water bottles or snacks at the workstation
- Adjustments to uniform or dress code, such as allowing maternity clothing
- Flexible scheduling, including shorter hours or later start times to accommodate morning sickness

Source: a better balance: The Pregnant Workers Fairness Act Explainer, March 2023 (18)

Campaign Goals and Outreach

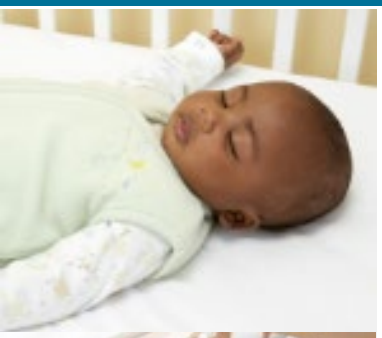
The campaign aims to share information about the PWFA with key stakeholders through targeted presentations. Beginning in 2024, outreach efforts have included:

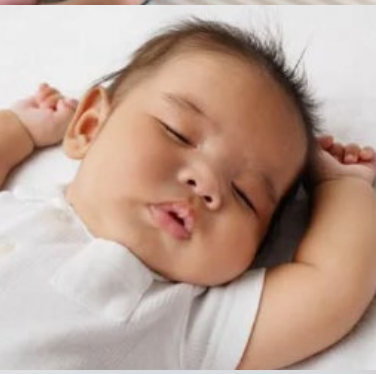
- Home visiting programs
- Mothers through classes at community agencies
- Clinical providers via the FIMR Clinical Recommendations Report
- Employers
- Community consortiums

The **SJC FIMR Program** plans to continue promoting awareness of the PWFA throughout 2025 as additional stakeholders are identified. For more information, please contact the SJC FIMR Program.

Community Action

Safe Sleep Awareness Month
Give Your Baby Room to Breathe



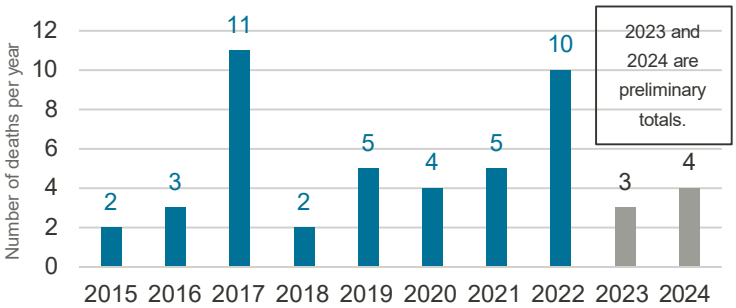


October 2024 – Safe Sleep Awareness Month

Sleep related Sudden Unexpected Infant Death (SUID) accounted for 11.6% of FIMR deaths from 2018-2022. In observance of Safe Sleep Awareness Month, the SJC FIMR Program worked with the St. Joseph County Department of Health (SJCDOH) to distribute information and "*Give Your Baby Room to Breathe*" materials to provider offices, hospitals, and community agencies to promote education to reduce the risk of unsafe sleep related infant deaths in our community.

In 2022, the American Academy of Pediatrics AAP Journals Blog posed the question, "*Should We Talk to Parents About Suffocation Instead of SIDS?" (19)* In another study (19), interviews with parents have suggested they are more likely to understand safe sleep recommendations as a strategy to prevent suffocation, because they can more easily visualize a suffocation event and how to prevent such an event.

Number of Sleep Related Sudden Unexpected Infant Deaths (SUID), St. Joseph County 2015-2024



The SJC FIMR Team encourages all maternal infant health professionals who provide safe sleep education to incorporate that the ABCs of Safe Sleep give babies "Room to Breathe" into their curriculum to facilitate the removal of blankets, pillows, toys, boppies from infant sleep spaces and ensure that babies sleep on their backs in their own crib, bassinet, or pack and play.

Give Your Baby Room to Breathe with the ABCs of Safe Sleep

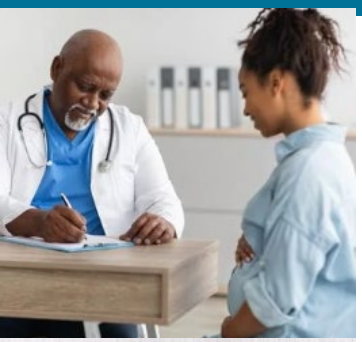
Every nap, every night, every time.

Alone, on their **B**ack, in their **C**rib

in the same room as you

Community Action

Clinical Recommendations Report



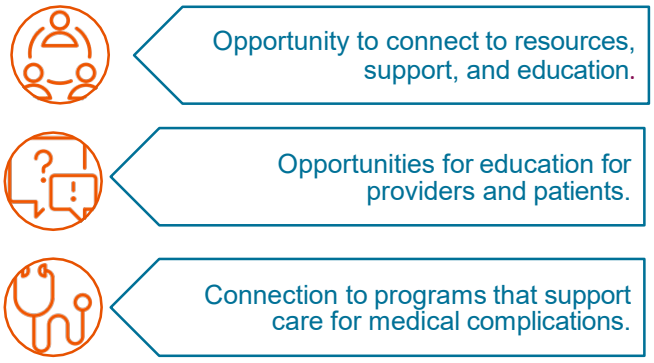
Clinical Recommendations Report

In early 2024, **a recommendation from the SJC FIMR Case Review Team was to develop a way to communicate clinical recommendations to health care providers**. The results was the creation of a Clinical Recommendations Report 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 in inpatient and outpatient settings . **Recommendations in the report are organized by the type of clinical setting including:**

- Recommendations for Prenatal Care
- Recommendations for Inpatient Care
  - Emergency Department (ED) and OB Triage
  - Maternal Postpartum Discharge Instructions
- Recommendations for Preconception Health
- Recommendations for Well Baby Visits

The 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 are links to recommended programs and an appendix that includes contact information and samples of available educational materials.

Clinical Recommendation Report Themes



In 2024, the Maternal Infant Health Coordinator and Community Action Coordinator began sharing the report findings in presentations with prenatal care providers and hospital departments. These presentations are continuing in 2025.

Community Action

Paid Family and Medical Leave

Paid Family and Medical Leave

The SJC FIMR study of infant loss and stillbirth, for the last eight years**, led our team to consistently recommend the establishment of paid family and medical leave as one of the strategies necessary to improve maternal and infant health and decrease our high rates of infant and maternal death.**

Extensive research shows that an investment in paid leave for all American families is a vital step towards reversing these disturbing trends in maternal, fetal, and infant health, with added benefits for family stability and well-being, employers, and our nation's economy. In 2022-2023, the FIMR Program hosted conversations with nearly 50 mothers to learn about their main concerns and needs during pregnancy. One of the needs they consistently identified is for their family to have the opportunity for paid leave at the start of their babies' lives so that mothers could successfully establish breastfeeding, moms and dads could be present for their babies' early moments to bond, and mothers would have their partner's support as they recuperate from childbirth.

COMMUNITY ACTION IN 2024

January 2024

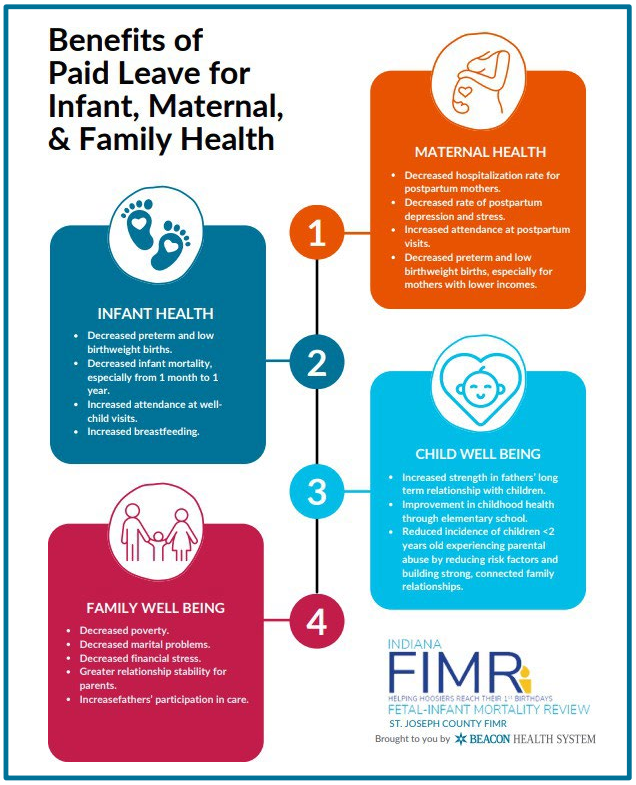
A bipartisan United States Congressional workgroup (21) **on paid family and medical leave made a request for input from individuals, organizations, and researchers regarding proposals for federal paid leave legislation.**

In response, the FIMR team sent a document which compiled research outlining the positive impact of paid leave on maternal and infant health outcomes, family wellbeing, and workforce participation.

January –February 2025

At the state level, a bill for paid family and medical leave (SB 115) (22) **was introduced in the Indiana Senate for the 2025 legislation session.**

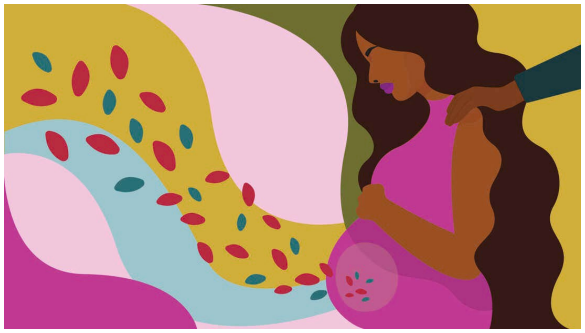
- In support of this legislation, the FIMR team created a document which shared research outlining the benefits of paid leave for infant, maternal, and family health (see image on right).
- This document was shared with local State Senators who serve on the Pensions & Labor Committee, to which SB115 was referred.
- Bill status as of March 1, 2025:
    - SB 115 did not receive a hearing, and it failed to pass out of the Indiana Senate Committee.



Community Action

Other Initiatives

Perinatal Loss Project



At the December 2024 FIMR Case Review Team meeting, the team discussed how **many women who have experienced fetal and infant loss find it difficult to return to the office where they received prenatal care for postpartum follow-up visits.** This concern has been a consistent theme in past FIMR cases and maternal interviews. In response, **the team recommended developing trauma-informed guidelines for healthcare offices to follow when seeing patients after a perinatal loss**.

Additionally, the Case Review Team observed that while many resources are provided to patients in the hospital immediately after a loss, there are fewer resources available for healthcare providers to share during the postpartum visit, particularly those that address the emotional and practical challenges patients may encounter in the months after their loss.

Based on these recommendations, a small group of FIMR Case Review Team members has been meeting regularly in 2025 to develop two sets of resources:

1. Trauma-informed guidance for clinical providers to support patients following a perinatal loss
2. Guidance for families following a perinatal loss

Once these resources are completed, they will be posted on a publicly accessible webpage, where they can be downloaded by community members or healthcare providers from any office or health system.

Identifying a Gap: Temporary Childcare

A lack of childcare has emerged as a significant issue in several recent FIMR cases, where mothers either delayed care or left the hospital against medical advice because they had no one to care for their children.

One potential resource identified to address this need is Homes of Compassion, a program offered by BCH, Inc., a faith-based organization in Valparaiso, IN. The program provides temporary childcare by matching children with trained and verified "care families." However, the program has limited capacity, and availability of placements can vary depending on the number of children in need at any given time. The FIMR team has requested further information from the program to share with hospital case managers, so they can refer families with childcare challenges to this resource when appropriate.

homes of COMPASSION
A MINISTRY OF BCH, INC.

Overall, considering the limited availability of this program, the need for temporary childcare during medical treatment or childbirth remains a significant resource gap to explore for families in our community.

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