


St. Joseph County Fetal Infant Mortality Review 2026 Annual Report

May 2026

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St. Joseph County INDIANA FIMR
HELPING HOOSIERS REACH THEIR 1ST BIRTHDAYS
FETAL-INFANT MORTALITY REVIEW
The St. Joseph County FIMR Program is hosted by BEACON HEALTH SYSTEM

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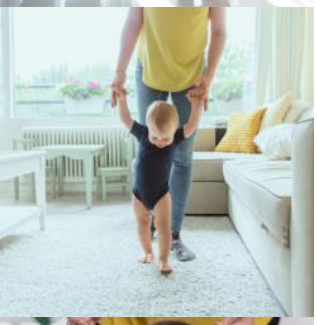
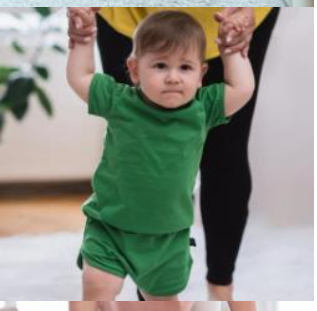
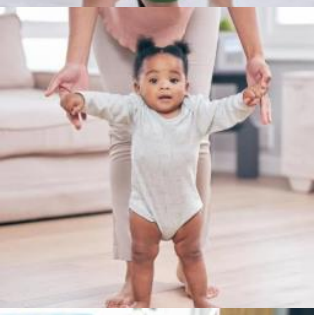
Table of Contents




Section 1: Dedication

The St. Joseph County Fetal Infant Mortality Review (FIMR) Program, dedicates this report to the mothers and families who experience the heartbreaking loss of an infant or stillbirth. It is vital to remember that every number shared in this report represents a loss for families in our community and because of this, we extend our deepest sympathy.

It is an honor and privilege 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 maternity and pediatric 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 Keefauver

Section 2: Acknowledgments

This report is made possible through the dedication of the Fetal Infant Mortality Review (FIMR) Case Review Team and Community Action partners. These individuals contribute their time, expertise, and thoughtful input to case review discussions, helping to identify patterns and develop recommendations to improve outcomes for mothers and infants.

Members of the Community Action Team play a critical role in translating these recommendations into action. Through collaboration, leadership, and ongoing participation, they help turn FIMR findings into meaningful changes within healthcare settings and the community.

Their commitment to this work continues to strengthen efforts to improve maternal and infant health in St. Joseph County. A complete list of FIMR Case Review and Community Action team members can be found beginning on page 45.

The St. Joseph County (SJC) Fetal Infant Mortality Review (FIMR) Program was established in 2015 and is funded by a Safety PIN grant from the Indiana Department of Health. The current funding cycle for the FIMR Program continues through September 2027.

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.

Section 3: Executive Summary

There is progress to celebrate

2026 marks 10 years of the St. Joseph County (SJC) Fetal Infant Mortality Review (FIMR) Program. Over the past decade, FIMR has brought together clinical providers, community partners, and local leaders to learn from cases of infant loss and stillbirth and turn those lessons into action.

In 2024, Indiana's infant mortality rate (IMR) of 6.3, was the lowest in history. St. Joseph County also saw a meaningful decrease, from 9.9 to 6.5 deaths per 1,000 live births, representing 10 fewer infant death compared to the prior year.

Provisional 2025 data suggest the rate may decrease further to 5.4, which would be the lowest in the county's history and move the community closer to the Healthy People 2030 IMR goal of 5 for the United States. These improvements reflect the shared efforts of healthcare providers, public health, and community-based organizations working together to support mothers, infants, and families.

What We've Learned

The FIMR Case Review consistently finds that no infant deaths or stillbirths are the result of a single factor. Instead, the FIMR study finds multiple factors and trends that are present in losses. Key themes in this report include:

- Maternal health before, during, and between pregnancies remains an essential area for prevention.
- Early recognition and careful response to reported symptoms are critical.
- Families benefit from clear communication, consistent education, and connection to support.
- Sleep-related deaths remain the most preventable cause of infant death and are closely linked to factors that affect a baby's ability to breathe during sleep.

Turning Data into Community Action

FIMR findings directly guide community action across St. Joseph County. Initiatives continued or launched in 2025-2026 include:

- **Babies Need to Breathe Safe Sleep Campaign:** A countywide effort focused on a simple message: *Babies need to breathe easily during every sleep*
- **Count the Kicks Champions Program:** Expanding education and supporting consistent response to changes in fetal movement
- **Pop-Up Pregnancy & Family Village:** Bringing care, education, and resources together in one accessible, community-centered location
- **Perinatal Loss Support Guides:** Providing trauma-informed guidance for families and providers following the loss of a pregnancy or baby

Opportunity for Prevention

45% of cases reviewed by SJC FIMR (2020-2024) had some to good potential for prevention through changes in care, policy, access, or support. Prevention varied by cause: 45% of perinatal risk deaths (45 cases) and 100% of sleep-related SUID (26 cases), compared to 12% of Congenital Anomalies and 33% of other causes. In total, 77 infant and fetal deaths over five years were identified as having the opportunity for prevention.

Looking Ahead

While progress has been made, continued work is needed to support families facing challenges related to access to care, mental health, and life circumstances.

This year, the SJC FIMR Program will begin a retrospective review of Perinatal Risk cases to better understand the role of stress, life experiences, and access to care in pregnancy outcomes and to identify opportunities to strengthen screening and support.

The FIMR Program remains committed to using data, collaboration, and community engagement to improve outcomes and move closer to improving maternal and infant health outcomes for every family in our community.

FIMR 10 Year Anniversary Celebration

In March 2025, the SJC FIMR Case Review Team celebrated 10 years of case review and community action. Team members took time to reflect on the progress made over the past decade, the successes achieved through collaboration, and the work that still lies ahead.

The program recognized 10 Case Review Team members who have participated since FIMR began in 2015. Certificates of appreciation were also presented to the Center for Hospice Care, which has generously hosted FIMR meetings for nine of those ten years.

We are grateful to the many healthcare providers, community partners, and families who have contributed to this work over the past decade. Their commitment has helped strengthen local efforts to prevent infant and fetal deaths and improve outcomes for mothers, babies, and families.

Ten-Year Anniversary-St. Joseph County Fetal Infant Mortality Review (FIMR)

- **2016** — Awarded grant; First Case Review Meeting
- **2017** — First Community Action Meeting; Focus on preconception health
- **2018** — Stay Close, Sleep Apart Campaign; IDOH OB Navigation launched
- **2019** — Identifying barriers to prenatal care; Ensuring optimal birth outcomes
- **2020** — Covid and virtual meetings; Online education events
- **2021** — First Ladies Luncheon; Meeting with legislators
- **2022** — Community Health Worker Project; Achieving Birth Equity Conference
- **2023** — Focus on Maternal Mental Health; Pregnant Worker Protections
- **2024** — Case Review grows to 50 members; Pop Up Pregnancy & Family Village
- **2025** — Babies Need to Breathe Campaign; Clinical Recommendations

Section 4: Introduction

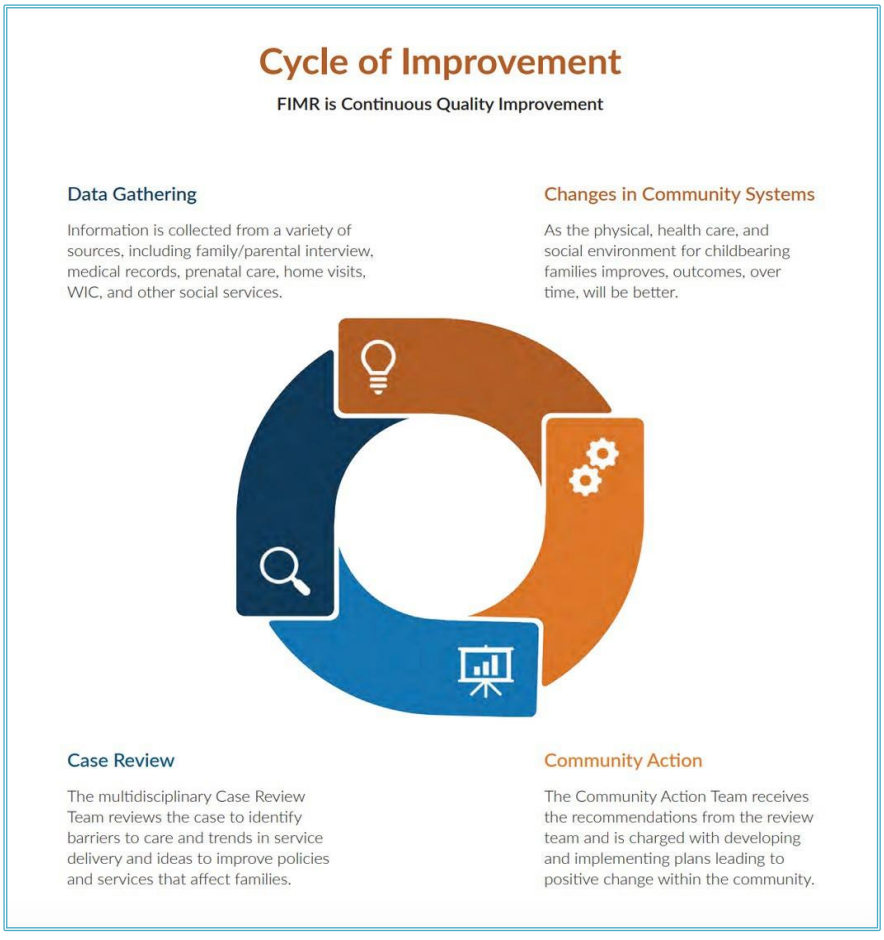
The study of infant and fetal loss using the Fetal Infant Mortality Review

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

The purpose of the Fetal Infant Mortality Review (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. **FIMR teams then use the findings to take action to improve clinical care, ensure access to resources, healthcare and education, and recommend policies to improve the health and well-being of women, infants, and families.**

The FIMR Case Review Team meets every one to two months to review cases of infant and fetal loss using a standardized decision process to determine the opportunity for prevention. This report includes the data and recommendations for cases reviewed from 2020 through 2024 with 2025 provisional data included where available.

The Community Action Team meets monthly to develop and implement activities, initiatives, and campaigns based on Case Review recommendations to improve maternal-infant health in our community. This report includes FIMR Community Action activities that took place from June 2025 through May 2026.



Section 5:
Infant and Fetal Mortality Data

Measuring Infant Mortality

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.

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 an infant born at 18 weeks with signs of life that is too early to survive or a full-term infant who passes away at 40 days old.

The Indiana Department of Health (IDOH) (2) calculates the official infant mortality rate for Indiana and its counties.

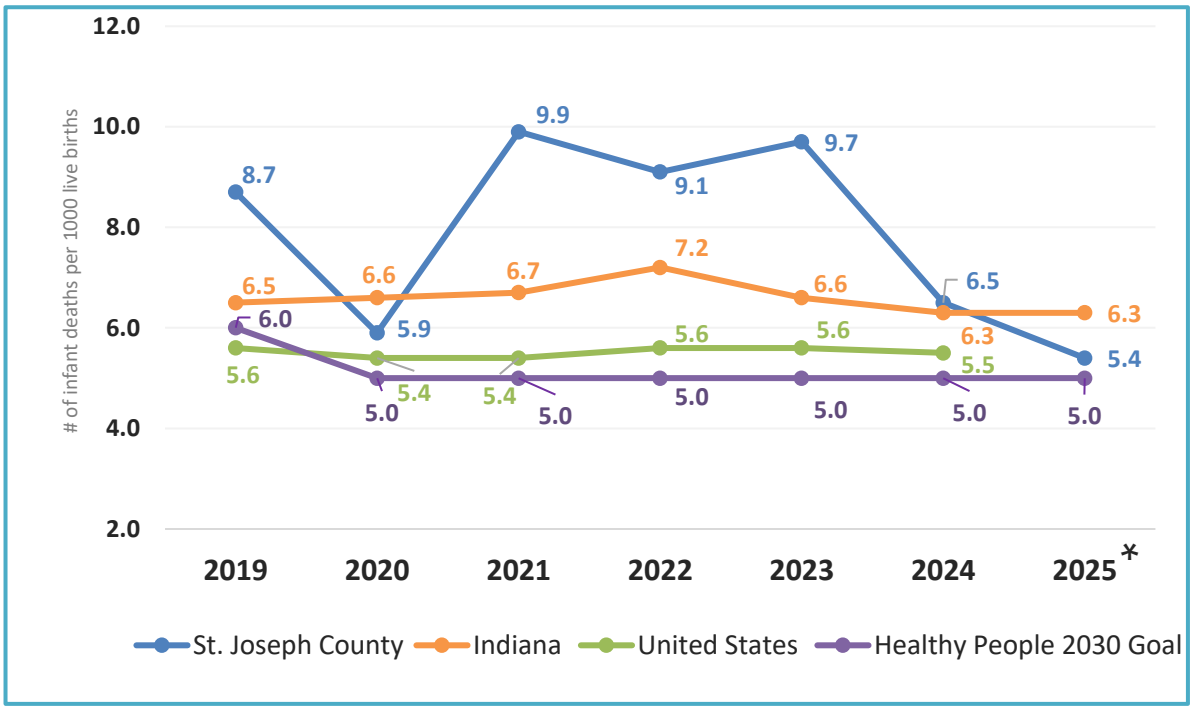
The Infant Mortality Rate (IMR)
Represents the number of infant deaths (up to one year of age) per 1,000 live births.

Making Progress

After three years with an IMR consistently higher than state and national values, **2024 saw a significant decline in the SJC rate, with continued progress suggested by the provisional 2025 IMR for SJC.**

Infant Mortality Rate, Annual Comparison, 2019-2025

Source: Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard and the IDOH Preliminary Birth Outcomes by County



**2025 Values are Preliminary as of May 2026 per IDOH*
2025 IMR not available for the United States

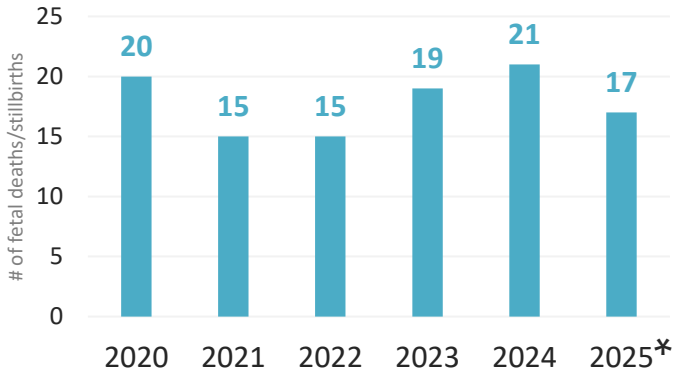
Fetal Mortality or Stillbirths

The SJC FIMR Program reviews fetal deaths that occur at the gestational age of 20 weeks or later during pregnancy. Currently, a fetal mortality rate is not available for St. Joseph County, though the IDOH is in the process of compiling the necessary data to provide this figure to Indiana counties.

The graph to the right reflects the total number stillbirths known to the FIMR program for the years 2020-2024 and a provisional total for 2025. (3)

Total Stillbirths. SJC 2020-2025

Source: SJC FIMR Data 2020-2025



**2025 Values are provisional as of May 2026*

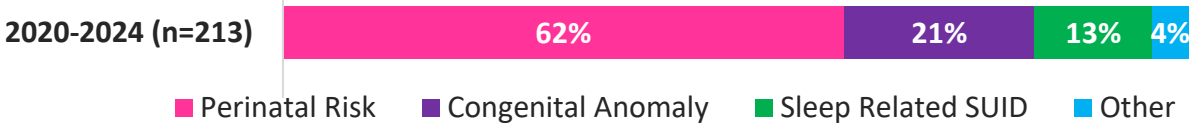
Combining Infant and Fetal Deaths

To ensure that the study of infant and fetal deaths receive equal attention, the FIMR Program began combining fetal and infant deaths for most analyses with last year's report.

For the comparison below, death certificates and medical records were used to categorize fetal and infant deaths. Between 2020-2024, there were 221 deaths, with the cause of death available for 213 cases**. The Perinatal Risk category,** which includes pregnancy complications that often lead to premature birth, **has consistently accounted for the largest share of deaths since the SJC FIMR began in 2016.** This is followed by Congenital Anomaly, sleep-related Sudden Unexpected Infant Death, and Other causes.

Infant Death and Stillbirth Combined Cause Categories SJC 2020-2024

Source: St. Joseph County FIMR Data 2020-2024



Perinatal Risk includes preterm delivery, preterm premature rupture of membranes (PPROM), chorioamnionitis, placental and cord abnormalities, cervical insufficiency, preeclampsia, hemorrhage, complications during labor and delivery, fetal growth restriction, maternal medical complications,.

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.

Other causes include medical conditions that impact term infants at birth or after hospital discharge that are not included in the other three categories. (Examples: pneumonia, meningitis, other pediatric diseases.

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.

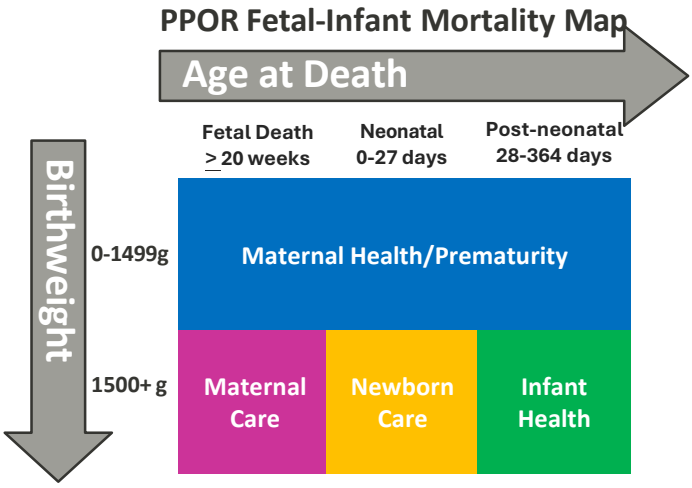
Section 6:
Perinatal Periods of Risk (PPOR) Analysis

2025 was the first year that a Perinatal Periods of Risk (PPOR) (4) was included in the annual FIMR report. A primary benefit of using this type of analysis is that cases that don't receive a full review can still be included in the mapping process.

PPOR Fetal Infant Mortality Map

Due to reporting inconsistencies with extremely premature births and fetal deaths, standard PPOR analyses typically 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.

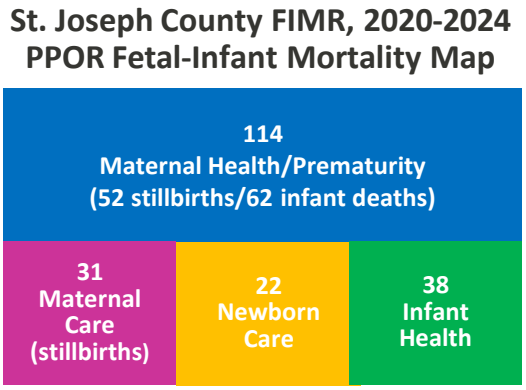
The SJC FIMR Program's PPOR analysis incorporates deaths with gestational ages and birth weights under 24 weeks and 500 grams because comprehensive reviews ensure data accuracy. These cases account for 17% of all infant and fetal deaths during the period considered in this analysis and must be included to develop accurate prevention recommendations.



2020-2024 St. Joseph County PPOR Map

Between 2020 and 2024, SJC recorded 221 infant and fetal deaths. After excluding cases due to incomplete information, **205 cases remained for PPOR mapping** based on age at death and infant or fetal weight.

The distribution of deaths across PPOR categories remains consistent with last year with **Maternal Health/Prematurity continuing to account for the largest share.**



The **PPOR Choices of Action**, shown below, align specific areas for intervention with periods of risk to guide the development of strategies that improve maternal, pregnancy, and infant outcomes.

When combined with SJC FIMR data, which include case-specific recommendations, this framework provides detailed insights into interventions and initiatives that can reduce infant mortality and stillbirth.

PPOR Choices of Action

Maternal Health/ Prematurity	Preconception Health Health Education Perinatal Care Policy/Protocol
Maternal Care	Perinatal Care High Risk Referral Obstetrical Care Policy/Protocol
Newborn Care	Perinatal Management Neonatal Care Pediatric Surgery Policy/Protocol
Infant Health	Sleep Position Smoking Injury Prevention Policy/Protocol

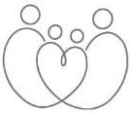
The next section adds the specific recommendations created through the Case Review process to guide clinical and community action in St. Joseph County.

Section 7:
PPOR and FIMR Data

Creating Recommendations from PPOR and FIMR Data, 2020-2024

While the PPOR analysis helps identify overall areas of focus for preventing fetal and infant deaths, **the Fetal Infant Mortality Review (FIMR) adds important detail** by providing case-specific insight and targeted recommendations for improving maternal, pregnancy, and infant outcomes.

FIMR recommendations are developed through **a standardized review process that examines each case for opportunities for prevention**. These recommendations are organized into the four community action categories pictured below.

Obstetric & Pediatric Care	Systems & Policies	Healthcare Before & Between Pregnancies	Connection, Support, & Education
			
Recommendations for clinical care during pregnancy and an infant's first year of life standards of care, respectful care, assessment, continuity of care, and referral sources.	Recommendations for legislation and policies at the local, state, and federal levels to support health & family well-being.	Recommendations for health care interventions before and between pregnancies including pregnancy intention.	Recommendations for connecting mothers and families to care, resources, education, and support to improve health and well being.

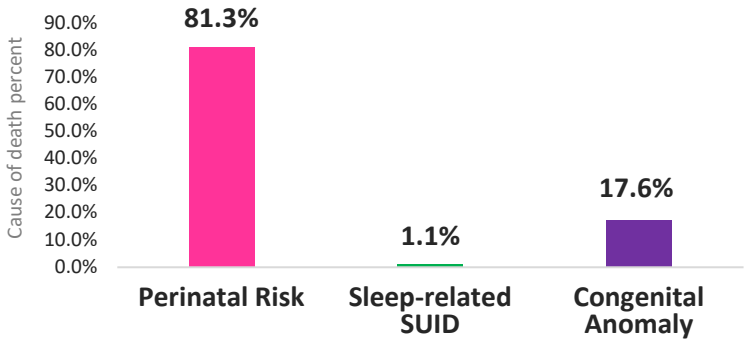
Of the 205 cases included in the PPOR analysis, 167 received a full FIMR case review. **Not all cases could be included due to several factors,** including incomplete records and changes in 2023 when the program transitioned between organizations, case review meetings paused for several months, and the team managed a higher number of deaths.

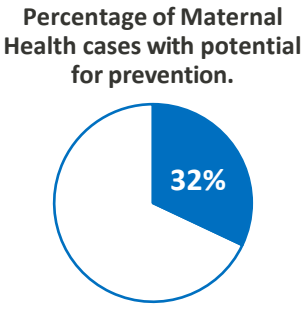
Together, these factors contributed to a lower number of completed reviews during that time. Beginning in July 2025, the team shifted to focusing on more recent cases to support more timely review and outreach to mothers following a loss. **Since then, the team has returned to reviewing all cases, except for those where complete information is not available.**

Key focus areas in this section include:

- A summary of each **PPOR Action Category with associated FIMR Case Review findings and recommendations.**
- A summary of **birth outcome data** reported by the Indiana Department of Health (IDOH) **with associated FIMR Case Review findings and recommendations.**
- Insights from **maternal interviews.**
- Examples of **positive aspects from cases** that highlight strong care and support for mothers and families.

Maternal Health PPOR by Cause of Death
SJC FIMR Reviewed Cases, 2020 – 2024 (n=91)

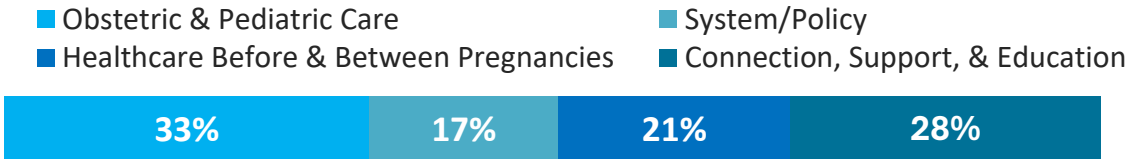




The Maternal Health category includes fetal deaths at any gestational age where the fetal or infant weight is less than 1500 grams. For this analysis, a total of 91 deaths were included: 37 fetal deaths and 54 infant deaths. Among these cases, 29 infant deaths and stillbirths had the potential for prevention.

The causes of death in these cases included the following pregnancy related complications: cervical insufficiency, PPROM, preeclampsia, HELLP Syndrome, placental abnormalities, infection, multiple gestation, or fatal fetal anomalies. **Over 50% of the recommendations for these cases focused on care before, during, and between pregnancies.**

81 Recommendations were made for prevention in the Maternal Health cases.



RECOMMENDATIONS

OBSTETRIC CARE

- Obtain cervical length measurement when a mother for vaginal bleeding, abdominal pain, or report of loss of fluid.
- Establish process to follow up on mothers who present to OB triage to assess whether remained symptoms resolved.
- For patients who make frequent visits to the ED or OB triage for pregnancy symptoms, or who have a history of trauma, preexisting mental health diagnoses, or chronic health conditions, consider a referral to community-based programs that can provide additional support, resources, and education.
- Provide clear return precautions for patients evaluated in OB triage for vaginal bleeding including guidance on whether any bleeding is acceptable.
- Beginning midtrimester, consider 24-hour admission for patients who presenting with vague abdominal pain or increased blood pressure to rule out preterm labor, cervical change, or developing preeclampsia.
- Revise discharge instructions to reflect a 3rd to 5th grade reading level.
- For mothers with pregnancy complications, consider additional prenatal visits to reduce anxiety and assess for changes, particularly if they call frequently.
- Evaluate mothers in person who report decreased fetal movement or symptoms including abdominal or back pain, pelvic pressure, increased blood pressure, and/or vaginal bleeding.





Maternal Health Recommendations Continued

POSTPARTUM CARE

- At the postpartum visit, refer patients to primary care (PCP) for close follow up of chronic conditions prior to future pregnancies.
- Assist with referral to an obstetric provider or Maternal Fetal Medicine specialist for pregnancy planning when there is a history of complications.

HEALTHCARE BEFORE/BETWEEN PREGNANCIES

- Assess pregnancy intention for the next year at well woman visits to guide family planning, promote optimal preconception health and address factors such as folic acid intake, smoking or substance use, chronic disease management, and transition to pregnancy-compatible medications.

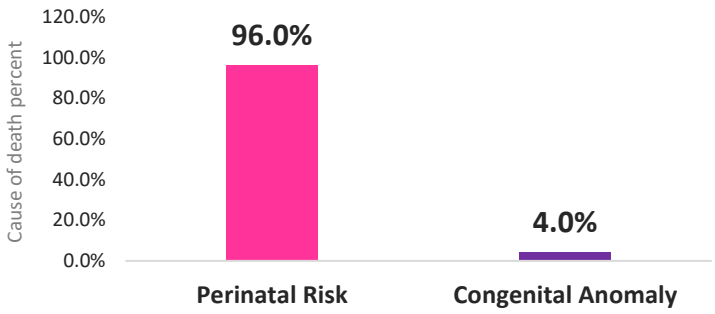
SYSTEMS/POLICY

- Simplify Medicaid eligibility during pregnancy to prevent delays in first trimester care.
- Remove prior authorizations for all prescriptions and diabetes supplies during pregnancy.
- Increase availability of skilled nursing care for pregnancy complications and pediatric needs.

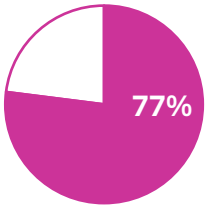
CONNECTION/SUPPORT/EDUCATON

- Encourage community-based programs to connect with clinical providers to share information about available services to increase provider awareness and patient access.
- Assist mothers with enrollment in health insurance.
- Support connections to prenatal care providers and address barriers to attending appointments.

Maternal Care PPOR Action by Cause of Death
SJC FIMR Reviewed Cases. 2020 – 2024 (n=23)



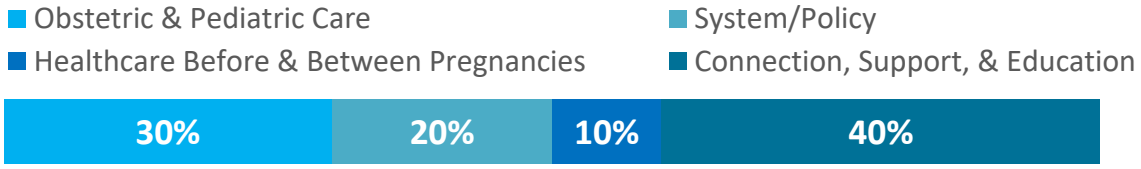
Percentage of Maternal Care cases with potential for prevention.



The Maternal Care category includes all fetal deaths where the fetal weight is 1500 grams or higher**. In this analysis, all fetal deaths occurred between 33 and 41 weeks of gestation, with 78% occurring at full term** (37 weeks or later). For over half of these deaths, the official cause was unknown. However, like the Maternal Health category, pregnancy complications and maternal health conditions, including diabetes were present among the cases.

Recommendations in this section **highlight a need for clear communication with mothers about when to report pregnancy warning signs and/or decreased fetal movement and for connection to community-based programs that additional support, education, and resources.**

40 Recommendations for prevention were made in Maternal Care cases



RECOMMENDATIONS:

OBSTETRIC CARE

- Evaluate mothers in person who call with decreased fetal movement or symptoms including abdominal or back pain, pelvic pressure, increased blood pressure, and/or vaginal bleeding.
- For mothers with known fetal abnormalities, consider repeating a non-stress test (NST) or biophysical profile (BPP) if decreased fetal movement continues after a passing score within the previous week.
- Communicate with patients under age 18 in a developmentally appropriate manner. While transitioning toward responsibility for infant care, teens may not be confident in self-care or fully understand pregnancy and medical complications. Refer to community-based programs for support and education.
- For patients who do not follow prescribed medications or other recommendations, engage in conversation to identify reasons for non-adherence, including reluctance, barriers to obtaining medications, or difficulty administering them (specifically insulin.) Refer to community-based programs for additional support.
- Provide clear information on how to complete fetal kick counts and when to seek care for decreased movement. (See page 44. Count the Kicks)
- Continue treatment for chronic conditions using medications that are compatible with pregnancy.
- For patients who miss appointments without notice, engage in conversation to determine possible causes, such as transportation, employment, or interpersonal violence, and work to accommodate scheduling needs or refer to community-based agencies for support.





Maternal Care Recommendations Continued

OBSTETRIC CARE

- For mothers with newly diagnosed complications such as diabetes or hypertension, connect them with a community-based case management program for support .
- Provide education about treatment of sexually transmitted diseases, including partner treatment, and associated risks for pregnancy complications.

HEALTH BEFORE AND BETWEEN PREGNANCIES

- Provide education before and between pregnancies about the benefits of birth spacing.

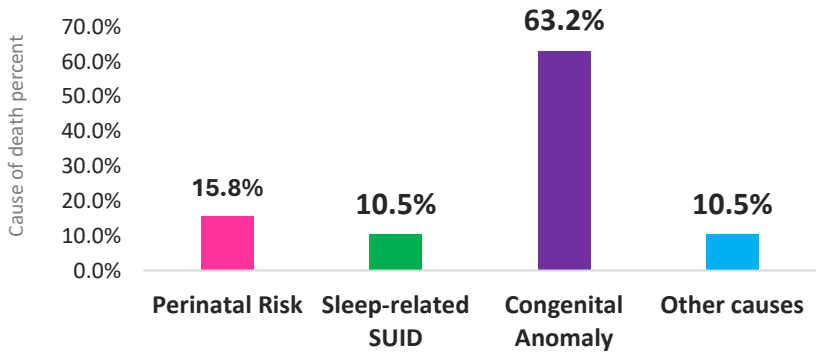
SYSTEMS/POLICY

- Simplify Medicaid eligibility during pregnancy to prevent delays in first trimester care.
- Remove prior authorizations for all prescriptions and diabetes supplies during pregnancy.
- Increase availability of skilled nursing care for pregnancy complications.

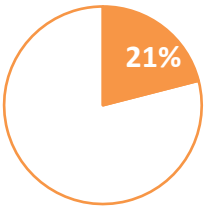
CONNECT/EDUCATION/SUPPORT

- Encourage community-based programs to connect with clinical providers to share information about available services to increase awareness and patient access.
- Assist mothers in enrolling in health insurance.
- Provide connections to prenatal care providers and address barriers that may exist to attending appointments.

Newborn Care PPOR Action by Cause of Death SJC FIMR Reviewed Cases, 2020 - 2024 (n=19)



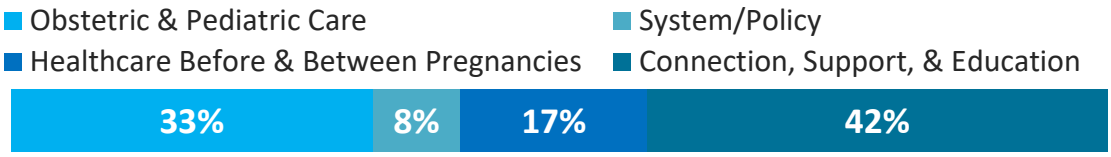
Percentage of Newborn Care cases with potential for prevention.



The Newborn Care category includes infant deaths that occur between the first day of life and 27 days, where the infant weighed 1500 grams or more and was born at 24 weeks gestation or later. As shown in the graph above**, the most common cause of death in this category was congenital anomaly, the majority of which were not preventable and were incompatible with life.**

Prevention strategies include **expanding safe sleep education to emphasize ensuring babies can breathe easy during every sleep and reinforcing the importance of folic acid intake prior to pregnancy and the first trimester** to reduce the risk of neural tube defects. Strengthening outpatient bereavement support for mothers and families was also identified among these losses.

12 Recommendations were made for prevention in Newborn Care cases.



RECOMMENDATIONS:

HEALTHCARE BEFORE AND BETWEEN PREGNANCIES

- Assess pregnancy intention at well woman visits to guide family planning options and promote optimal preconception health, including adequate folic acid intake.

OBSTETRIC CARE

- Refer to perinatal support as soon as a potential abnormality is identified via ultrasound to assist with navigation of information and treatment options.
- Consider how age and cultural background may influence decision-making, particularly in cases involving extreme prematurity or life-limiting conditions.

PEDIATRIC CARE

- Incorporate "*Babies Need to Breathe*" education into safe sleep discussions, including open-ended questions about safe sleep practices for naps and at nighttime.

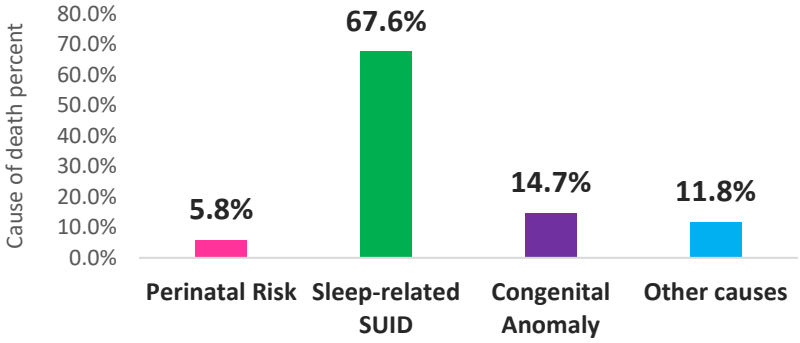
SYSTEMS/POLICY

- Establish universal home visiting during and after pregnancy, regardless of income or insurance status, and explore implementation of local or statewide program to support mothers and newborns during pregnancy and the first twelve weeks postpartum.

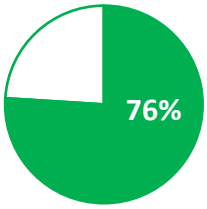
CONNECTION/EDUCATION/SUPPORT

- Strengthen education on the rationale for safe sleep practices, including infant anatomy, breathing, risk factors, and local data. (Page 41 for *Babies Need to Breathe*)
- Encourage community-based programs to visit clinical providers to connect with providers to share information on available services and support.

Infant Health PPOR Action by Cause of Death
SJC FIMR Reviewed Cases, 2020-2024 (n=34)



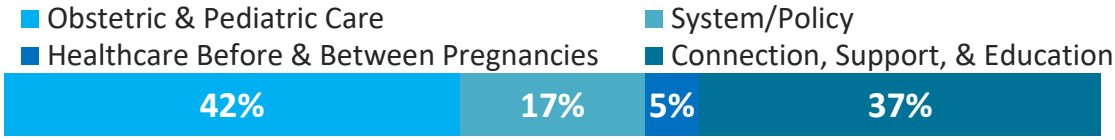
Percentage of Infant Health cases with potential for prevention.



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 1500 grams or more. **Sleep-related Sudden Unexpected Infant Deaths (SUID) account for 88% (23 out of 26) of the preventable deaths in this category**

To improve infant health outcomes in this category, **increased education and support for families are needed including universal postpartum home visiting programs and paid family leave.**

60 Recommendations were made for prevention in Infant Health cases.



RECOMMENDATIONS:

PEDIATRICS

- For infants with repeated evaluations for ongoing symptoms within a short period (daily or within one week), consider extended evaluation or 24-hour admission to assess for underlying causes.
- Incorporate "*Babies Need to Breathe*" education into safe sleep discussions, including open- ended questions about sleep practices for naps and nighttime. (see page 41)
- Normalize infant crying and waking patterns during the first six months of life.
- Reinforce the prevention of accidental suffocation in all safe sleep discussions.
- Ensure all caregivers (including family members and friends) are educated on safe sleep practices and preventing accidental suffocation.
- Provide education on the risks of tobacco exposure during pregnancy and in the home after birth.

SYSTEMS/POLICY

- Explore feasibility of a paid family and medical leave program for the state of Indiana based on evidence from other states and its impact on infant outcome and family well-being.
- Explore implementation of universal home visiting during the postpartum period to reinforce education and provide family support.
- Explore inclusion of safe sleep education in middle school and high school health curricula.

Infant Health Recommendations continued

CONNECTION/EDUCATION/SUPPORT

- Identify home visiting options 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 engagement before declining services.
- Strengthen education on the rationale for safe sleep practices, including infant anatomy, breathing, risk factors, and local data.
- Encourage community-based programs to connect with clinical providers and share information on available services and supports.

Babies Need to Breathe
On their Back – Every Nap. Every Night

To learn more about the FIMR Babies Need to Breathe campaign and keeping babies safe during sleep, go to page 39 of this report and visit the webpage at: https://tinyurl.com/SafeSleepRoomToBreathe

Maternal Interviews

Understanding the Experiences Behind the Data

FIMR case review includes an invitation for mothers and families who have experienced a fetal or infant loss to share their story. These conversations provide important insight into the experience of care and life circumstances that are not always visible in medical records. Information gathered through maternal interviews helps identify patterns in communication, support, and access to care, and plays an important role in shaping FIMR recommendations.

Participation Over Time

Over the past 10 years, participation in maternal interviews has changed. Prior to 2020, approximately 30% of mothers participated, with interviews often conducted in person. From 2020–2022, participation dropped to approximately 2%. More recently (2023–2025), participation has increased to approximately 16%, with most interviews conducted virtually. Interviews are offered using a flexible approach, allowing families to choose the setting that is most comfortable for them, and participants are given a gift card in appreciation for their time and contributions.

Experiences and Themes Shared by Mothers

Grief and decision-making:

- Returning to the same obstetric office after a loss can be emotionally difficult.
- It can take months before parents feel they have begun to process their grief.
- Making decisions after a loss (e.g., funeral arrangements) can feel overwhelming.
- Clear communication and support during this time are critically important

Care During Pregnancy:

- Need for careful evaluation of symptoms, especially when concerns persist.
- Importance of clear guidance on when to seek care.
- Desire for more support navigating complex care decisions, such as referrals and specialty care.
- Need for time, space, and support during emotionally difficult conversations

How Interviews Inform Community Action

Maternal interviews directly inform FIMR recommendations and community action. For example:

- Feedback from mothers about returning to care after a loss led to the development of the **Perinatal Loss Support Guides** included in this report. (Page 43)
- Insights from interviews have also **reinforced clinical recommendations** to ensure thorough evaluation of reported symptoms, provide clear and specific education, balance reassurance with careful assessment, and strengthen communication across care settings.

Positive Findings from Case Review

Recognizing Strengths in Care and Support

While many FIMR recommendations focus on opportunities to improve, case review also identifies positive aspects of care and support. These findings are equally important, as they highlight what is working well and reinforce practices that should continue.

Across cases, several positive themes emerged:

- **Timely, quality medical care** during pregnancy and at the time of delivery.
- **Clear communication and education**, helping families understand what to expect and when to seek care.
- **Thorough evaluation of reported symptoms**, even when no complications are ultimately identified.
- **Access to needed services**, including prenatal care, specialty care, and community-based programs.
- **Support for families following a loss**, including compassionate care and connection to resources.

These strengths reflect the impact of coordinated care and strong communication across healthcare and community settings.

Connecting Positive Findings to Prevention

Positive findings from case review help inform prevention efforts by identifying what contributes to high-quality care. These findings reinforce the importance of:

These findings reinforce the importance of:

- listening to mothers and valuing their concerns
- providing clear, specific guidance about symptoms
- ensuring timely evaluation and follow-up
- supporting families through both clinical care and community resources

By building on these strengths, FIMR continues to support improvements in maternal and infant health, even in cases where outcomes could not be changed.

Section 8:
FIMR and IDOH Birth Outcome Data

Combining FIMR Data and IDOH Birth Outcomes

This section uses these population-level indicators for both St. Joseph County and Indiana alongside FIMR case review data to provide a more complete understanding of maternal and infant health outcomes.

The Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard provides state- and county-level data on key indicators related to maternal and infant health, including breastfeeding, insurance coverage, prematurity, prenatal care, race and ethnicity, and teen pregnancy. **While these indicators reflect trends across all births, they do not fully capture the experiences, and risk factors present in cases of infant death and stillbirth.**

Combining these data sources helps identify where broader trends align with, or differ from, patterns seen in FIMR cases and highlights opportunities for prevention reflected in FIMR recommendations.

In addition, FIMR case review provides insight into several factors not fully represented in population-level data, including tobacco and other substance use, birth spacing, maternal mental health, and maternal obesity.

Breastfeeding and Infant Health

Both St. Joseph County hospitals have earned the Baby Friendly Hospital distinction (5) which recognizes facilities that provide an optimal environment for infant feeding and mother-baby bonding. Hospitals that receive this designation implement the "*Ten Steps to Successful Breastfeeding*" including prioritizing immediate skin-to-skin contact, rooming in, and breastfeeding support.

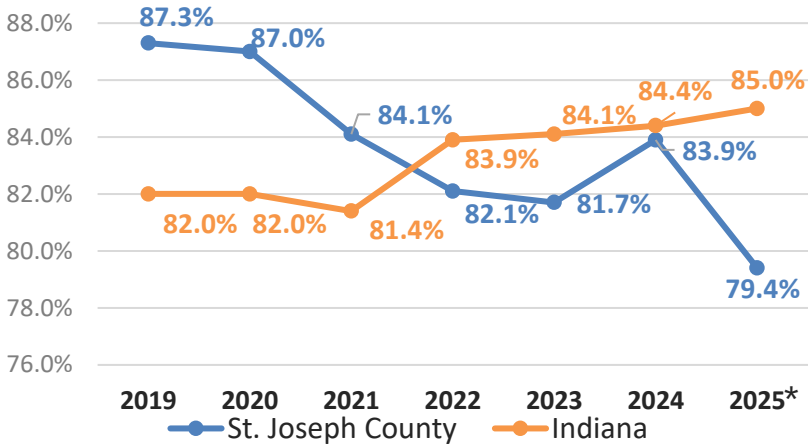
However, data from the IDOH Birth Outcomes Dashboard, shown in the graph below, indicate a declining trend in breastfeeding rates in St. Joseph County compared to a gradual increase in the state of Indiana.

Though this trend is not ideal, **the overall impact on the infant mortality rate in St. Joseph County appears limited,** as most infant deaths and stillbirths are not directly related to the benefits of breast milk.

For example, of the 167 deaths studied for this report, 60 were stillbirths and 72 were infants who were not well enough to leave the hospital following their birth. **In these 132 cases, breastfeeding was not identified as a recommendation to improve the outcomes.**

Percentage Breastfeeding at Hospital Discharge 2019-2024.

Source: Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard and the IDOH Preliminary Birth Outcomes by County



*. *2025 data is provisional*

Breastfeeding and Infant Health Following Hospital Discharge

Among the 35 infants who were discharged home from the hospital and later died, **26 deaths were attributed to sleep-related Sudden Unexpected Infant Death (SUID),** and 5 were due to fatal congenital anomalies. Deaths due to other causes totaled fewer than five cases.

According to the American Academy of Pediatrics, breastfeeding may help reduce vulnerability during sleep through several known benefits. Infants who are breastfed tend to wake more easily from sleep compared to formula-fed infants and have a lower risk of infections and inflammation. (6)

However, many sleep-related deaths are classified as undetermined, meaning accidental suffocation cannot be ruled out as cause reinforcing that risk is decreased further when **breastfeeding is combined with safe sleep practices** to ensure that babies can breathe easy during every sleep.

FIMR recommendations that support breastfeeding:

PAID PARENTAL LEAVE

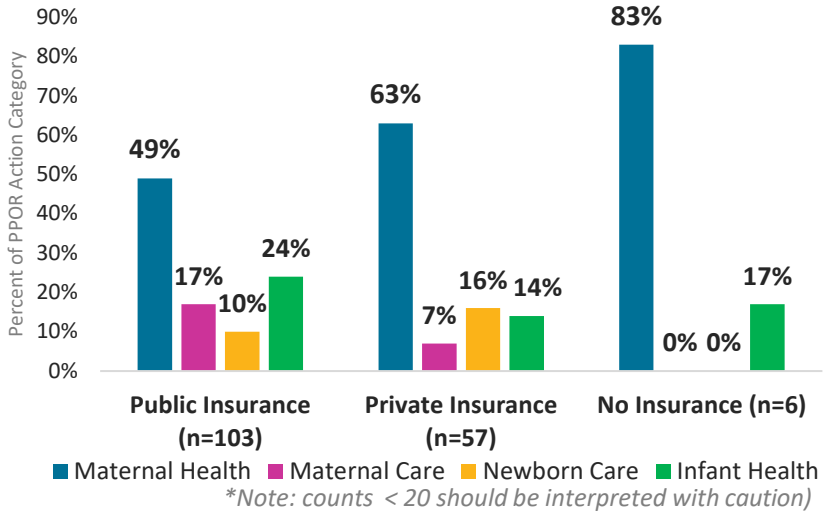
HOME VISIT PROGRAMS

ACCESS TO LACTATION SUPPORT

These supports promote recovery and bonding after birth and provide the time and resources needed for infant care. They also help mothers who choose to nurse to establish and maintain successful feeding.

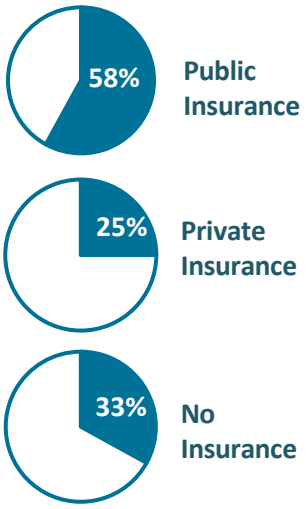
Insurance Coverage

PPOR Action Categories by Type of Health Insurance SJC FIMR 2020-2024



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

Percentage of deaths with potential for prevention by type of insurance



Because family income data are not available for cases of infant loss and stillbirth, **insurance type is routinely used as a proxy for income level and socioeconomic status**. While not a direct measure of resources, insurance type provides an important context for understanding economic and access factors that may impact maternal infant health outcomes.

In St. Joseph County, 62% of mothers who experienced an infant loss or stillbirth were covered by Medicaid, compared to 50% of all mothers who gave birth in SJC during 2020-2024. Case Review findings indicate that insurance type can significantly impact access to early prenatal care due to delays in approval, a limited number of obstetric providers who accept Medicaid, and a higher likelihood of not having a primary care provider before and between pregnancies. (For more on insurance and access to prenatal care see page 29.)

Across all mothers, regardless of insurance type, Maternal Health is the primary PPOR action category.

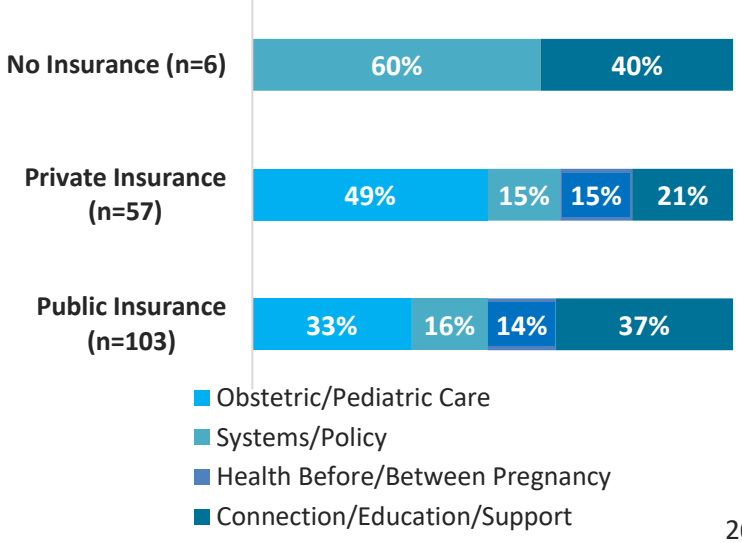
However, the most significant opportunity for prevention is among mothers with public insurance, largely due to higher proportion of deaths in the Infant Health category related to sleep-related SUID.

Recommendations for mothers without insurance are primarily Systems/Policy focused, reflecting the need for coverage before pregnancy and delays in approval after applying.

For mothers with Medicaid, recommendations span all categories and emphasize support and connection to care and resources, particularly following hospital discharge.

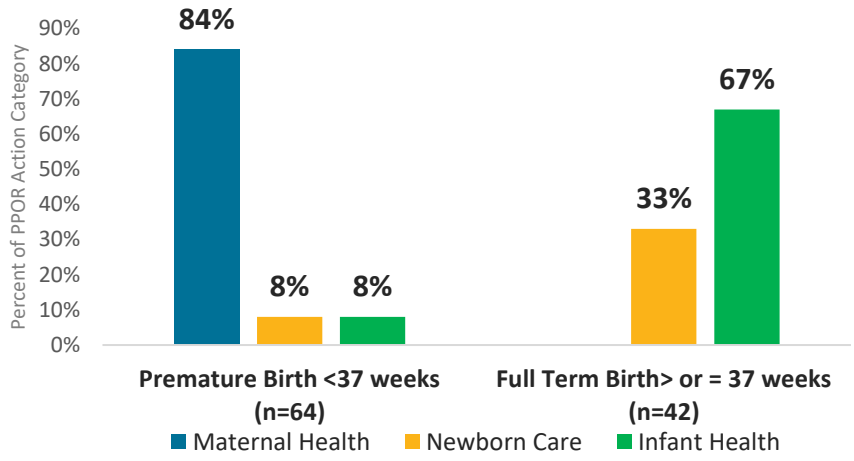
For mothers with private insurance, who generally face fewer barriers to care, the greatest opportunity for prevention lies within the clinical care received during pregnancy.

FIMR Recommendations by Insurance Type SJC FIMR 2020-2024

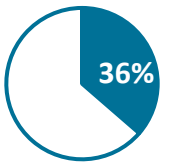


Prematurity

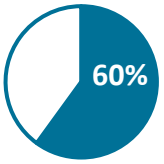
PPOR Action Categories for Infant Deaths by Gestational Age at Delivery. SJC FIMR 2020-2024



Percentage of deaths with potential for prevention by gestational age at delivery



Premature Birth < 37 Weeks



Full Term Birth ≥ 37 weeks.

A total of 106 infant deaths were included in this analysis. **Of the 64 infants born prematurely, 80% were extremely premature; delivered prior to 28 weeks gestation.** Infants born this early face significant health risks, including respiratory distress syndrome, intraventricular hemorrhage, and infection.

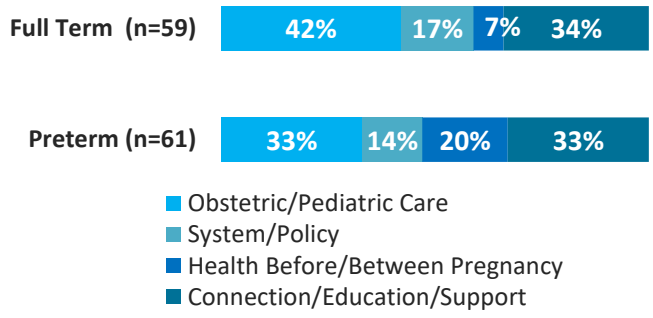
Among FIMR cases related to premature birth, over 84% fell in the Maternal Health PPOR compared to full term infant deaths where Newborn Care and Infant Health are the focus. **Certain maternal conditions were more common among preterm births.** Specifically, 47% of mothers had a mental health diagnosis and 25% had complications in previous pregnancies compared to 33% and 14% among full term cases. Rates of elevated BMI and hypertension were similar across both groups, with approximately half of mothers having a BMI ≥30 and 17% having hypertension.

Recommendations for full-term infant deaths are concentrated in the Obstetric/Pediatric Care and Connection/Education categories because of **the opportunity to improve safe sleep education.** Policies such as paid parental leave also play a role.

For infant deaths related to prematurity, a greater share of recommendations focus on **Health Before/Between Pregnancies**, including primary care for chronic health conditions and follow up after pregnancy complications.

Within Obstetric/Pediatric care, **recommendations emphasize thorough assessment of reported signs and symptoms** and consideration of longer observation to monitor for a progression in symptoms.

Recommendations by Premature or Full-Term Delivery, SJC FIMR 2020-2024



Prenatal Care

Improving the percentage of mothers who begin prenatal care during the first twelve weeks of pregnancy is a consistent goal of the Indiana Department of Health, the SJC FIMR Program, and organizations such as the March of Dimes, American College of Obstetricians and Gynecologists (ACOG), and the CDC.

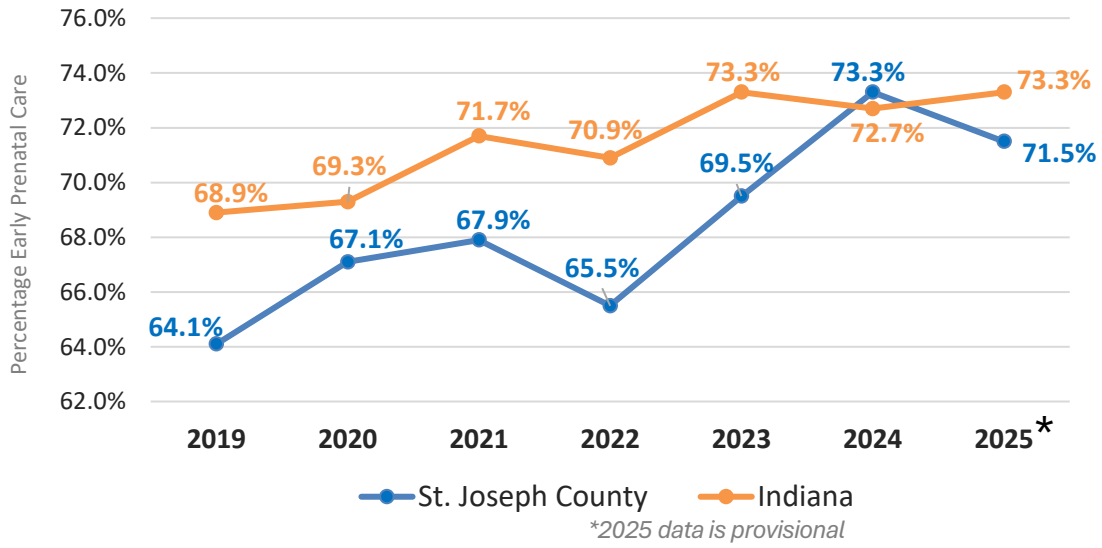
It is well established that **early prenatal care improves maternal and infant outcomes.** (7) It supports early identification of complications, helps establish a trusting relationship with providers, and connects mothers to needed resources and education. Early care also helps ensure mothers understand their pregnancies, receive treatment when needed, and know when to call or seek care.

Factors that may improve entry to prenatal care include having insurance before pregnancy, an existing connection to an obstetric provider, reliable transportation, flexible work schedules, and access to a practice that accepts a mother's insurance type.

Recent data from the Indiana Department of Health are encouraging (8). In SJC, **the percentage of mothers entering prenatal care during the first trimester increased from 67.1% in 2022 to 73.3% in 2024.** Provisional data for 2025 show a slight decrease to 71.5%.

Percentage of Access to Early Prenatal Care Indiana and St. Joseph County 2019-2024

Source: Indiana Department of Health (IDOH) Birth Outcomes and Infant Mortality Dashboard and IDOH Preliminary Birth Outcomes by County.



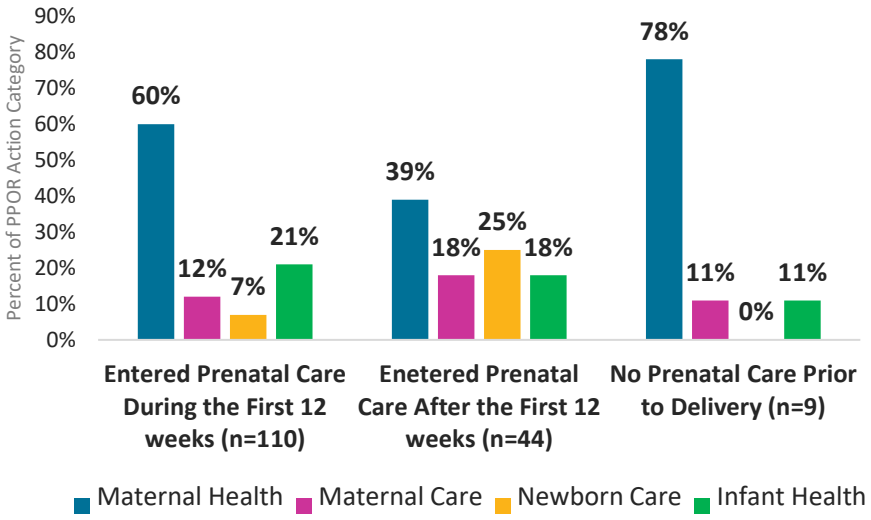
**2025 data is provisional*

FIMR Community Action Efforts to Support Prenatal Care Access

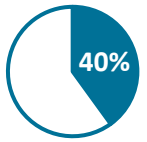
A FIMR Community Action initiative launched in April 2022 through a partnership with Women's Care Center may have contributed to improved access to prenatal care in St. Joseph County.

Perinatal community health workers (CHWs) from the SJC Department of Health were embedded at Women's Care Center locations to assist mothers with insurance enrollment and connection to prenatal care providers and resources. The program continues today and reflects the value of direct support in helping mothers navigate enrollment processes and the providers who accept their insurance.

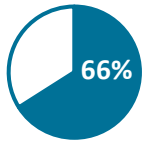
PPOR Action by Access to Prenatal Care
SJC FIMR 2020-2024



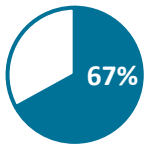
Percentage of deaths with potential for prevention by prenatal care access.



Prenatal Care during First 12 weeks.



Prenatal Care after First 12 weeks.

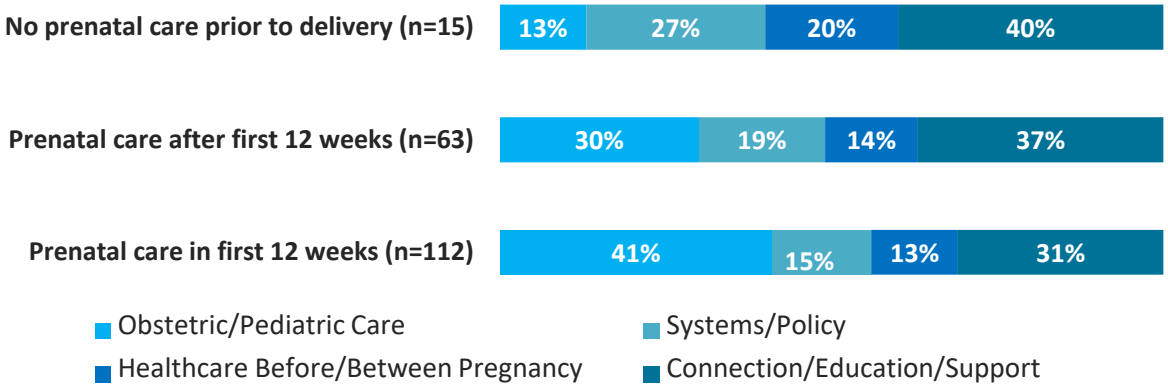


No Prenatal Care prior to delivery.

For all mothers, regardless of timing of entry to prenatal care, Maternal Health is the primary PPOR Action category especially for 78% of the nine mother who did not receive any prenatal care during their pregnancies.

In these cases, **mothers did not have an opportunity to address preexisting health conditions** due to lack of health insurance that limited access to a primary care provider.

Recommendations by Prenatal Care Access



Recommendations related to access to prenatal care reflect that **all mothers benefit from connection, support, and education,** particularly those who enter care later or do not receive prenatal care.

Mothers who receive no prenatal care would benefit the most from improved access to medical care before pregnancy and policies that improve access to insurance.

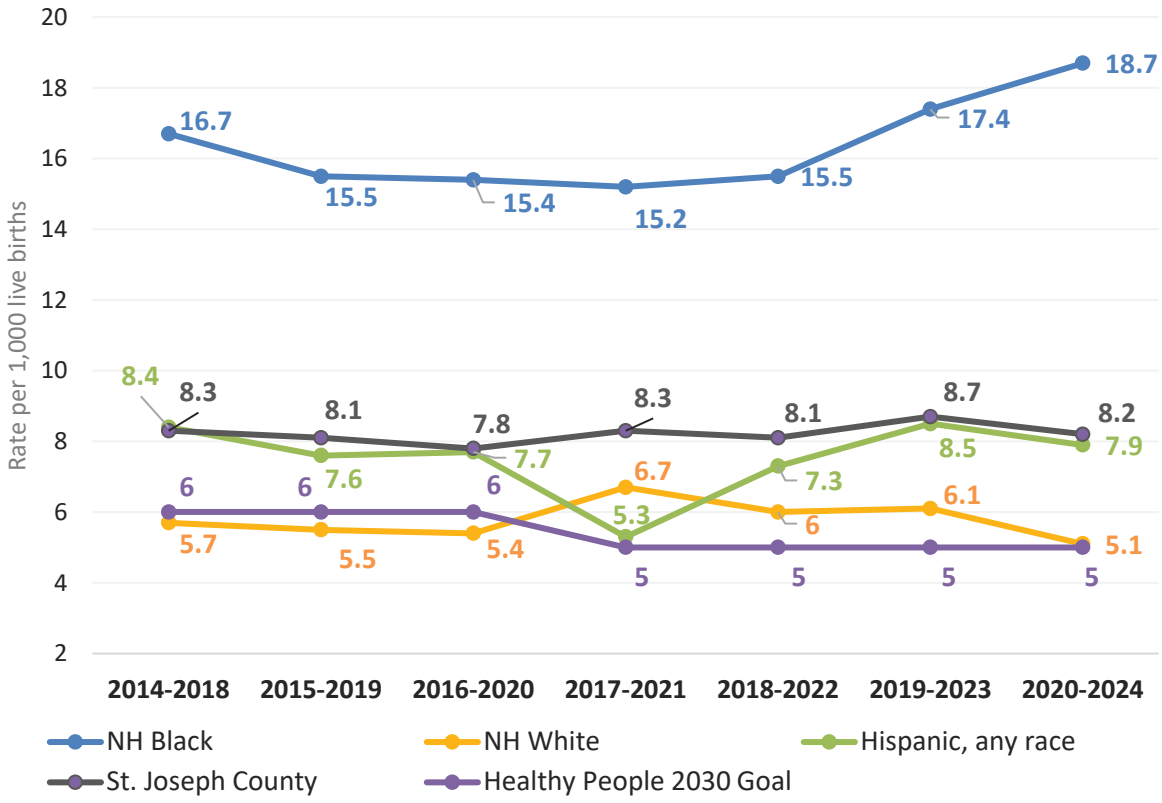
For the mothers who begin prenatal care during the first 12 weeks, hospital staff and prenatal care providers can make the greatest difference through clear education and thorough response to reported signs and symptoms.

Race and Ethnicity

The chart below compares infant mortality rates (IMR) by race and ethnicity using five-year overlapping time periods, or step-rates. Grouping data over five years helps ensure there are enough cases in each category to produce stable rates. When the number of cases is small, rates can change significantly from year to year which can make it difficult to identify true trends. **Using five-year step rates allows for a more reliable understanding of patterns in infant mortality in SJC over time.**

SJC Infant Mortality by Infant Race and Ethnicity, 2014-2024

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

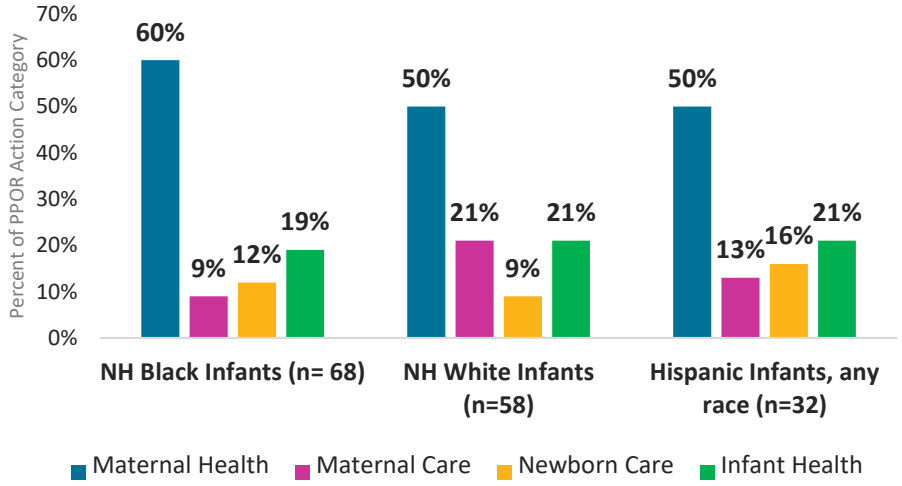


Additional Races and Ethnicities" is the designation used by IDOH to include Asian, Native Hawaiian, or other Pacific Islander (NHOPI), American Indiana or Alaskan Native (AIAN), multi-race, or unknown race in birth outcome data. This group is typically highly variable and based on low counts which can limit the interpretation of changes over time and is the reason the figures are not included in this graph.

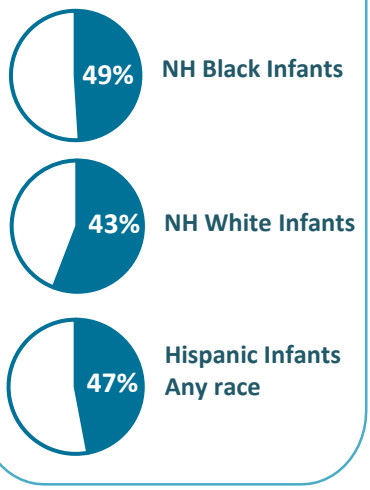
Differences in IMRs are influenced by factors such as type of insurance coverage, access to early prenatal care, chronic health conditions, pregnancy complications, income level, and access to resources such as transportation, housing, and other supports. **Recent research is also exploring the role that early life experiences and mental health may play in pregnancy complications.** (9) This connection will be included in the FIMR Program's upcoming retrospective of perinatal risk cases.

The U.S. Department of Health and Human Services Healthy People (10) **goal for infant mortality is 5 for all groups. The SJC FIMR Program is committed to working toward this goal.** Provisional data from the 2025 SJC FIMR Case Review suggest that the rate among non-Hispanic Black infants in SJC may begin to reverse the concerning current upward trend.

PPOR Action by Race and Ethnicity
SJC FIMR 2020-2024



Percentage of deaths with potential for prevention by race & ethnicity.

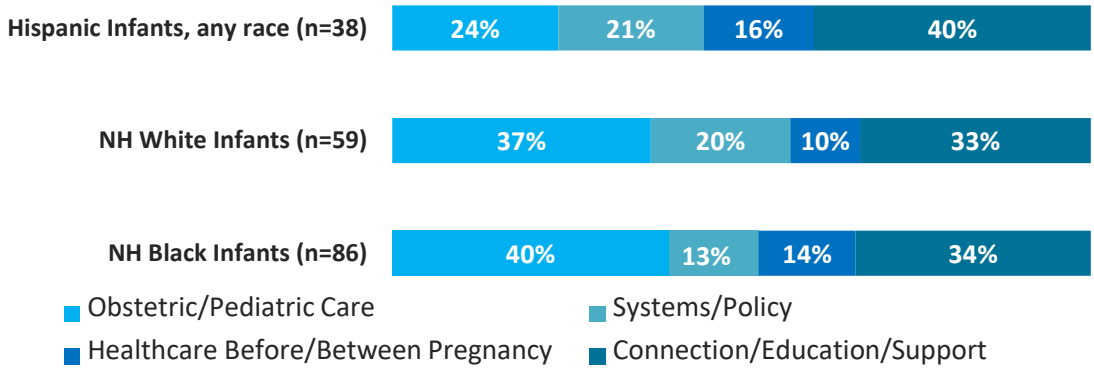


Across all groups, **Maternal Health** remains the largest category and is **approximately 10 percentage points higher among Non-Hispanic (NH) Black infants** compared to other groups. This pattern is consistent with national data showing higher rates of premature birth among NH Black mothers. (11)

Among **NH White infants**, a greater share of deaths occurred in the **Maternal Care** category, reflecting a higher proportion of stillbirths. The reasons for this difference are not clearly identified.

Pregnancy complications within the Perinatal Risk category **and sleep-related deaths** in the Infant Health category **were present across all groups.**

Recommendations by Race and Ethnicity

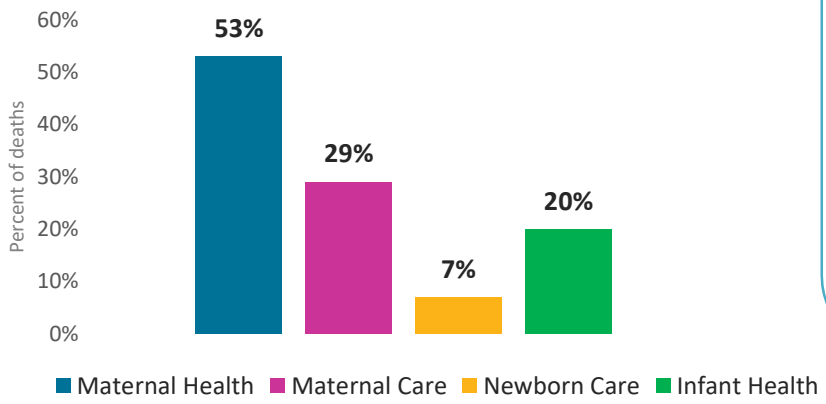


Recommendations were similar across groups, with a **strong focus on obstetric care and safe sleep education.**

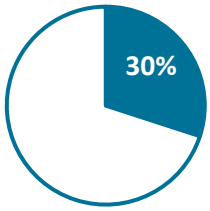
- **NH Black mothers:** Support for managing chronic health conditions; thorough evaluation of reported symptoms; support when mental health conditions or prior trauma are present
- **NH White mothers:** Careful assessment of symptoms, including decreased fetal movement; support with access to prenatal care from community programs who offer pregnancy tests.
- **Hispanic mothers:** Support for chronic health conditions; increased availability of translation services; connection to care.

Teen Pregnancy

PPOR Action for Maternal age 15-19
SJC FIMR 2020-2024 (n=15)



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



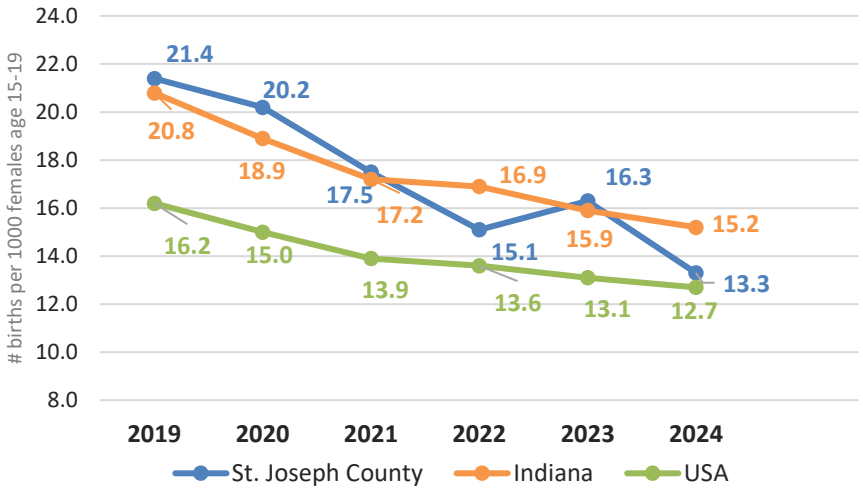
A recent CDC report found that **the teenage birth rate in the U.S. reached its lowest level in 2025,** representing an overall decline of more than 70% compared to previous decades. (12)

While the 2025 rate for SJC is not yet available, **the chart to the right reflects historically low rates for both Indiana and SJC in 2024.**

Additional data from IDOH (13) also show a downward trend across all racial and ethnic groups.

Comparison of Teen Birth Rate, 2020-2024.

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



15 Recommendations were made for prevention in Teen Pregnancy Cases

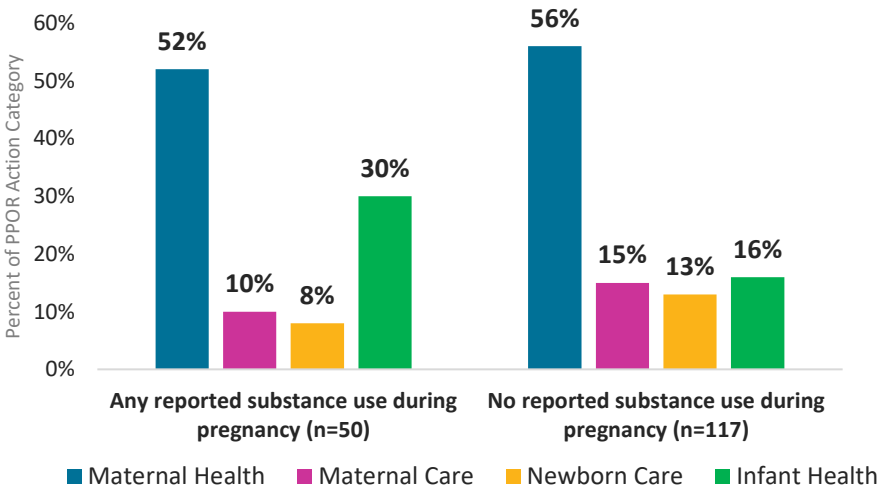
- Obstetric/Pediatric Care
- Healthcare Before/Between Pregnancy
- Systems/Policy
- Connection/Education/Support

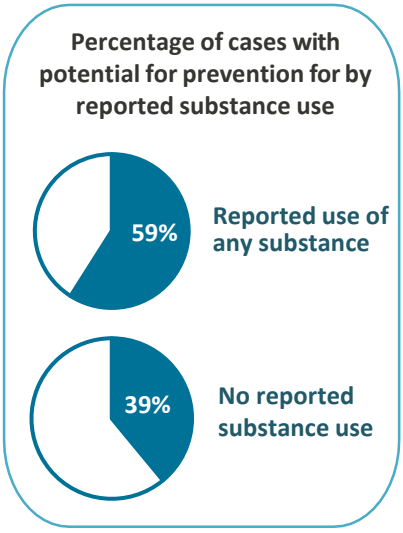
Recommendations

- **Provide age-and developmentally appropriate education** about pregnancy complications, warning signs, and prescribed treatments.
- **Provide clear explanations and ongoing support when managing new diagnoses or treatment plans,** rather than relying on expectations of independent management.
- **Encourage the teen to identify a trusted, helpful adult she can depend on for support.**
- **Emphasize education on the prevention of sleep-related deaths, by incorporating *Babies Need to Breathe*** information into safe sleep education. This education should be shared with all caregivers who may help care for the infant.
- **Facilitate connection to community-based programs** for support, education, and resources.

Tobacco & Other Substance Use

PPOR Action by Reported Substance Use
SJC FIMR 2020-2024





Caution is needed when interpreting substance use data in FIMR cases, as information on timing and amount of use is limited and primarily based on self-report. Some mothers stop use after learning of the pregnancy, while others continue use until delivery. **Data** may vary by provider practices or clinical situation. Of the 167 cases reviewed from 2020–2024, 30% included at least one reported use of a substance during pregnancy.

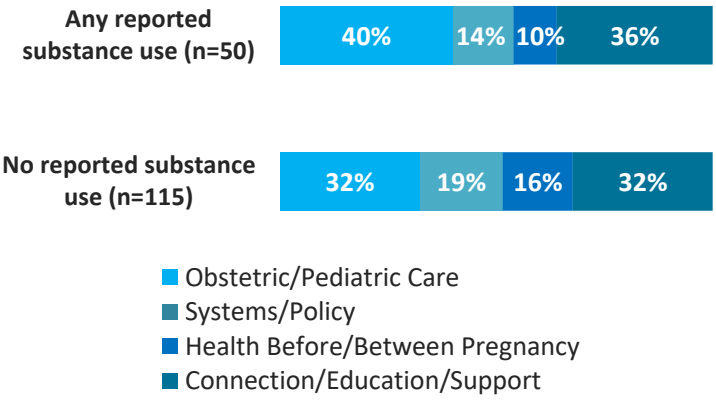
Tobacco was the most reported substance, followed by THC, with some cases involving both**. Use of other substances, including opioids, methamphetamine, and cocaine, was rare.** (<5 over 5 years) Patterns of outcomes differed by substance. THC use was more often present in Perinatal Risk cases while tobacco exposure was more commonly present in sleep-related infant deaths, particularly when combined with other unsafe sleep factors.

Substance use was always present alongside one or more other factors, including mental health conditions, trauma, or housing instability, highlighting the importance of understanding these cases within the broader context of maternal health.

Recommendations for mothers with reported substance use during pregnancy were consistent with those in the Maternal Health section (page 15), **with a focus on overall maternal health, access to care, and support in the context of mental health and life circumstances.**

A higher proportion of preventable deaths in these cases were related to sleep-related SUID. This reflects the more frequent **presence of tobacco exposure in these cases, which can increase a baby's vulnerability during sleep**. See the following page for additional information.

Recommendations by Presence of Substance Use, SJC FIMR 2020-2024



Sleep-related SUID and Tobacco Exposure

FIMR data over the past ten years have helped identify common factors present in sleep-related Sudden Unexpected Infant Death (SUID).

In the most recent review of sleep-related SUID cases (n=26, 2021–2025), **37% of infants had exposure to tobacco during pregnancy and/or after birth.**

While this reflects a decrease from previous years, tobacco exposure continues to be present in cases of sleep-related SUID, combined with soft bedding, bed sharing, or placing a baby face down on their stomach to sleep.

Progress in Reducing Tobacco Use

According to the Indiana Department of Health (14), **tobacco use during pregnancy in St. Joseph County has decreased** in recent years, with current estimates around 2.7%.

As smoking rates decrease, we expect to see some reduction in sleep-related SUID over time.

Tobacco exposure increases a baby's vulnerability during sleep, particularly when combined with other factors that affect breathing. Research shows (15) that **any smoking during pregnancy more than doubles the likelihood of sleep-related sudden death,** with the chance increasing as the number of cigarettes rises. Reducing or stopping smoking lowers this likelihood.

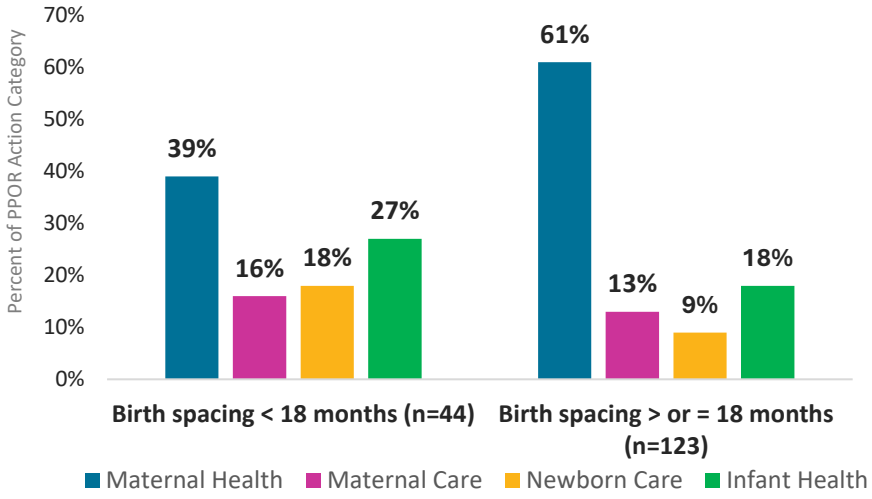
Give Your Baby a Smoke-free Start

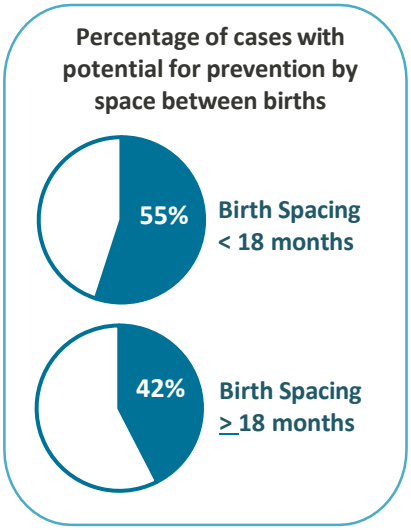
These findings informed the *Babies Need to Breathe* (16) campaign launched in October 2025. FIMR data shows that preventing sleep-related infant deaths depends on ensuring babies can breathe easily during sleep, particularly when multiple risk factors such as tobacco exposure and unsafe sleep environments are present.

The campaign focuses on consistent messaging and support to help families create safe sleep conditions that allow babies to breathe easily for every nap and every night. Learn more about this initiative on page 39.

Birth Spacing < 18 months

PPOR Action by Birth Spacing
SJC FIMR 2020-2024





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) (17) 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.

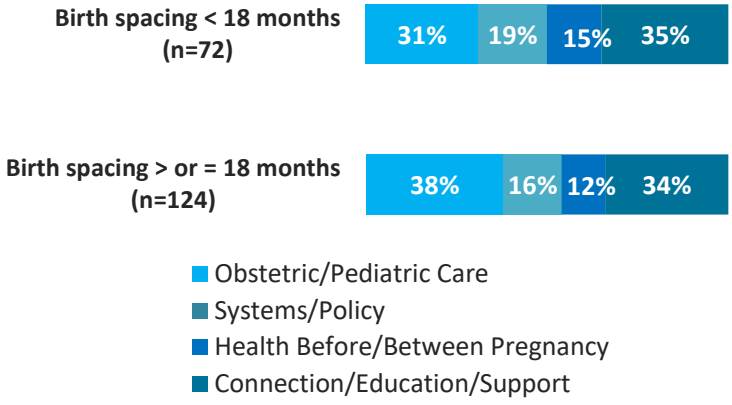
While birth spacing is recommended to improve maternal health, the FIMR analysis reveals that **the most notable difference in infant mortality related to birth spacing occurred in the Infant Health category.** Among cases where birth spacing was less than 18 months, 25% (11/44) of the deaths were attributed to sleep-related Sudden Unexpected Infant Deaths (SUID), compared to 12% (14/161) in cases where births were spaced 18 months or more."

Recommendations in this category **focused on pediatric care, access to care, paid family leave, and improved safe sleep education.**

These recommendations reflect the importance of **providing families with the time, support, and education** needed to implement safe sleep practices consistently, particularly when caring for more than one young child.

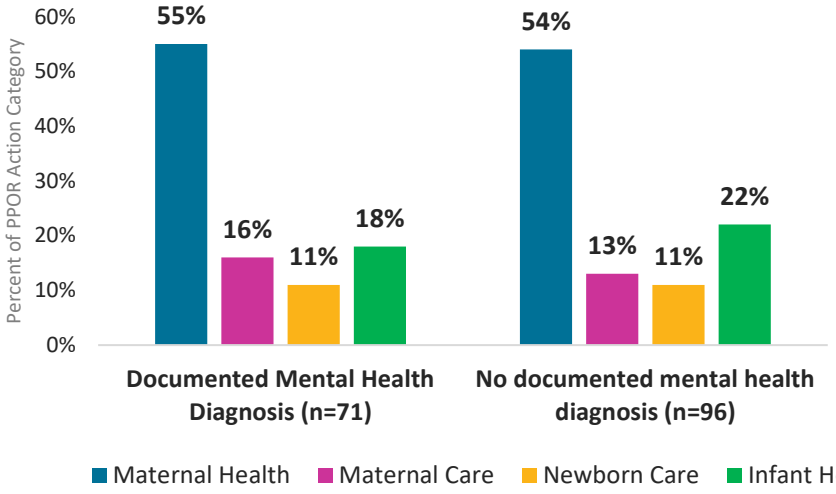
In some cases, **shared sleep spaces with siblings was present** in addition to other factors.

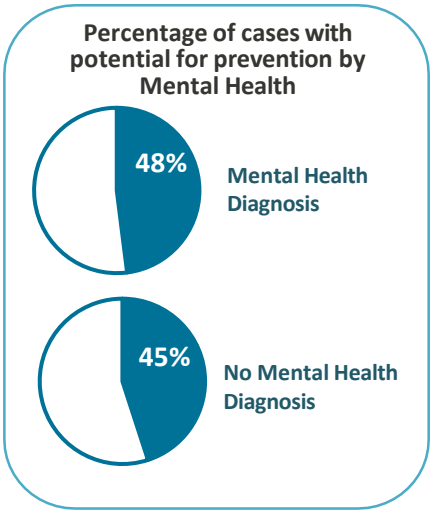
Recommendations by Birth Spacing
SJC FIMR 2020 - 2024



Maternal Mental Health

PPOR Action by Mental Health Diagnosis.
SJC FIMR 2020-2024





This analysis included mental health diagnosis data for 167 reviewed FIMR cases**.** **Results differ from 2018-2022,** when the rate of preventable deaths among mothers with a mental health diagnosis was 11 percentage points higher than among those without a diagnosis. **In this year's analysis, that difference has decreased to 3 percentage points.**

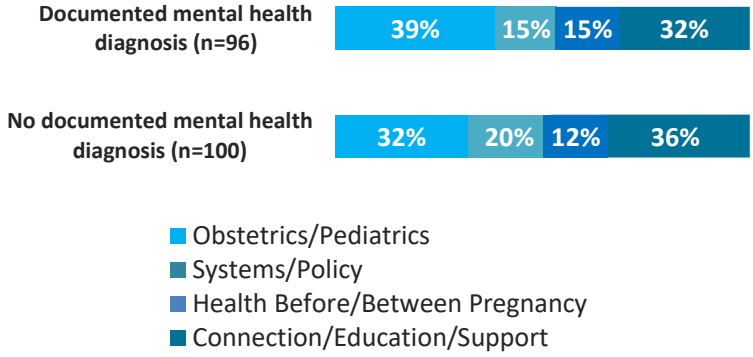
Over the past five years, the SJC community has increased focus on maternal mental health through initiatives such as increasing awareness of the Indiana CHAMPS program (18) , Mental Health Awareness Michiana pro-bono counseling (19) , and the addition of counselors to several community-based programs for mothers.

FIMR Clinical Recommendations (20) have also been shared with providers, emphasizing the importance of thorough evaluation of mothers' reported symptoms rather than relying on reassurance in the presence of preexisting anxiety.

Recommendations for mothers with a mental health diagnosis **emphasize careful assessment of reported signs and symptoms of maternal or infant complications.** These recommendations highlight the importance of balancing reassurance with thorough evaluation.

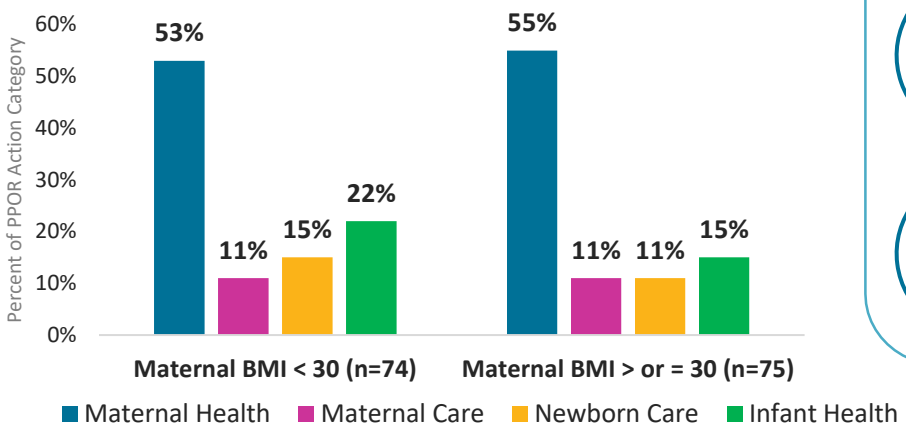
Additional recommendations focus on connecting mothers to supportive services through community-based programs and continuing psychiatric medications during pregnancy when appropriate.

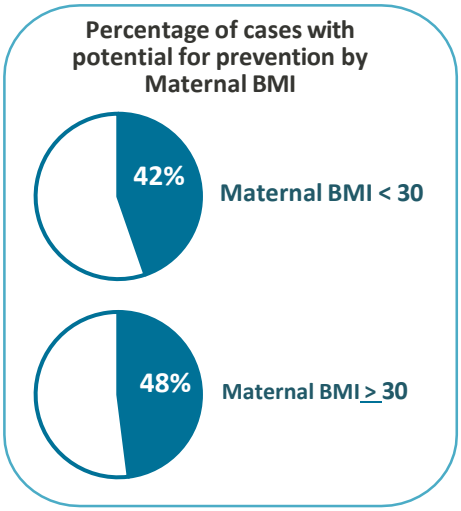
Recommendations by Maternal Mental Health
SJC FIMR 2020-2024



Obesity

PPOR Action by Maternal BMI
SJC FIMR 2020-2024





Maternal obesity, defined as **a pre-pregnancy BMI greater than or equal to 30 , is widely reported in research** (21) **as a risk factor for complications such as gestational diabetes, hypertension, and preeclampsia.** These conditions are associated with increased risk of prematurity, infant loss, stillbirth, and maternal morbidity and mortality.

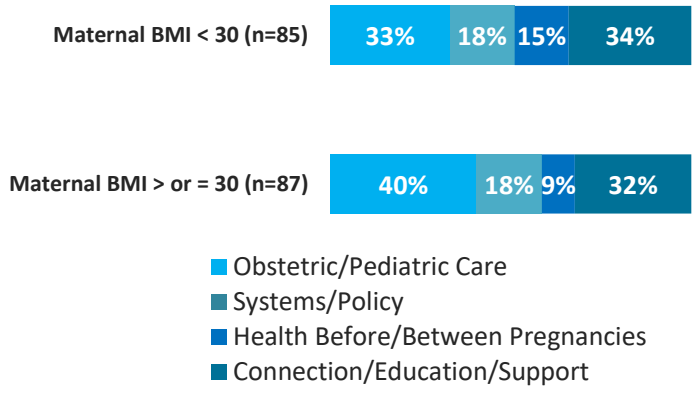
This analysis included pre-pregnancy BMI data for 149 of the 167 reviewed infant deaths and stillbirths. Cases were grouped by BMI less than 30 and BMI greater than or equal to 30. **For both groups, Maternal Health was the main PPOR action category, with deaths most often associated with Perinatal Risk.**

Consistent with last year's report, hypertension and mental health diagnoses were more common among mothers with a higher BMI. Hypertension was present in 17% of these cases compared to 11% in the lower BMI group, and 52% had a documented mental health diagnosis compared to 35% in the lower BMI group. **Diabetes was more commonly identified in the lower BMI group** (11%) compared to 4% among mothers with a BMI greater than or equal to 30.

Recommendations in this category were similar to those in the mental health section, **emphasizing careful assessment of reported signs and symptoms of maternal or infant complications.**

While obesity is identified in research as a risk factor for pregnancy complications, **no case review recommendations focused on weight loss as a prevention strategy. Instead, recommendations centered on supporting maternal and infant health through evaluation and appropriate follow-up of symptoms.**

Recommendations by Maternal BMI
SJC FIMR Program 2020-2024



Section 9:
FIMR Community Action, 2025-2026

Scope of FIMR Community Action Initiatives

FIMR Community Action activities are guided by Case Review recommendations and are designed to support meaningful, broad-reaching change.

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.

Current trends in FIMR recommendations include fewer recommendations related to connecting mothers to prenatal care and an **increase in recommendations focused on inpatient and outpatient care during pregnancy.**

FIMR Community Action activities and highlighted in this section include:

- **Perinatal Loss Guides Project**
- **Babies Need to Breathe Safe Sleep Campaign**
- **Pop Up Pregnancy & Family Village**
- **Count the Kicks Clinical and Community Champions Project.**

Safe Sleep Campaign

Background and Purpose

FIMR case reviews have shown that **sleep-related Sudden Unexpected Infant Death (SUID) remains a leading cause of preventable infant death in St. Joseph County**. These cases consistently reflect similar patterns, including unsafe sleep environments and conditions that affect a baby's ability to breathe during sleep.

SJC FIMR data reflects that sleep-related infant deaths typically occur in the presence of multiple risk factors as pictured below. No infants who died were sleeping in a crib, bassinet, or pack and play and every infant had two or more unsafe sleep factors in their sleep space.

The ***Babies Need to Breathe Campaign*** was launched in October 2025 during Safe Sleep Awareness Month to translate these findings into a clear, consistent message focused on prevention.

Campaign Overview

The campaign centers on a simple concept: **ensuring that babies can breathe easily during every sleep.** This message helps families understand why safe sleep practices matter and provides practical guidance that can be applied at home. The campaign promotes the ABCDEs of safe sleep—Alone, on their Back, in a Crib, Don't smoke, and Everyone—emphasizing that consistent, everyday actions can reduce risk.

Campaign Implementation and Reach

The campaign launched with a community event attended by 75 participants, including local television, print, and radio outlets that helped amplify the message across the community.

Following the launch, **thousands of Babies Need to Breathe educational packets were distributed to families through hospital discharge, prenatal care providers, and pediatric practices**. With approximately 3,000 infants born to St. Joseph County residents each year, materials were intentionally developed to reach families at multiple key touchpoints throughout pregnancy and early infancy, reinforcing consistent safe sleep messaging across care settings.

A digital campaign, featuring Babies Need to Breathe images and messaging reached over 22,000 people via over a million Facebook and Instagram impressions resulting in 38,500 clicks on links and nearly 14,000 views of the Babies Need to Breathe webpage.

Babies Need to Breathe Campaign Continued

The campaign has also been supported through community partnerships and local leadership. Both the cities of South Bend and Mishawaka issued mayoral proclamations recognizing Safe Sleep Awareness Month in October 2025. Implementation has been made possible through the efforts of the FIMR Community Action Team and community partners, who worked collectively over several days to assemble and distribute materials and support outreach efforts.

Community Engagement and Response

Since its launch, the campaign has been integrated into community events, provider education, and outreach efforts. Families have responded positively to messaging that is simple, practical, and easy to understand, and providers have adopted consistent messaging across care settings.

Early Indicators and Ongoing Work

Since the launch of the campaign, there has been one confirmed sleep-related infant death in the months that followed. **While it is still early and outcomes will continue to be monitored, this is encouraging and lower than what we would typically expect during this period.**

Planning is underway for the second year of the campaign in October 2026. Efforts will continue to focus on expanding community partnerships, sharing consistent messaging, and reaching families in ways that support safe sleep.

Campaign Goal

The Babies Need to Breathe campaign is a two-year initiative with a goal of eliminating sleep-related infant deaths in St. Joseph County by 2027. The SJC FIMR Program will continue to share data with community partners and monitor outcomes to guide ongoing efforts. To learn more, visit the Babies Need to Breathe webpage at: **https://tinyurl.com/SafeSleepRoomToBreathe**.

Together, we can ensure that every baby has the chance to breathe easy and sleep safely-Every nap, every night.

Count the Kicks Champions

Background and Purpose

FIMR case review findings have identified decreased or absent fetal movement as an important sign that may be present prior to stillbirth. In several cases, mothers reported changes in fetal movement that were not recognized or responded to before the time of loss.

The aim of implementing Count the Kicks across St. Joseph County is to reduce preventable stillbirth and improve outcomes for mothers and babies. This work focuses on **ensuring that all expectant parents are given consistent education about fetal movement, understand when to seek care** if they notice a change in their baby's typical patterns, and that they **receive a through evaluation** by clinical providers when decreased fetal movement is present.

Program Overview

The Count the Kicks Clinical Champions Project was implemented in partnership with **Healthy Birth Day, Inc., the developers of the Count the Kicks program,** to bring an established, evidence-based approach to St. Joseph County. Implementation included early engagement with physician and nursing leadership across hospital systems and prenatal practices to support alignment and consistency in the approach. The project includes two groups of trained Champions who support education and awareness in both clinical and community settings:

- **Clinical Champions** include nurses, providers, social workers, and medical assistants from hospital childbirth units and prenatal care practices. They completed 5-6 hours of self-paced training and in-person training including the AWHONN course on changes in fetal movement patterns and Count the Kicks curriculum. This training supports implementation within healthcare settings and promotes consistent education and response to changes in fetal movement.

- **Community Champions** include doulas, community health workers, and staff from community-based programs who serve expectant families. They participated in a one-hour training focused on sharing key messages with expectant parents and reinforcing when to seek care. Community Champions help extend education and support beyond clinical settings.

Count the Kicks Champions continued

Community Engagement and Impact

The Count the Kicks Clinical Champions Project has strengthened collaboration across healthcare systems and community programs by promoting shared education and aligned approaches to fetal movement monitoring. By building Champions within both clinical and community settings, the program supports ongoing education and helps ensure that expectant parents receive consistent guidance throughout pregnancy.

In April 2026, Clinical Champions participated in an in-person training with representatives from Count the Kicks to further build knowledge, share experiences, and develop strategies for implementing the program within their individual practices and units. This opportunity reinforced collaboration across systems and supported practical application of the program in clinical care.

Additional components of the project include the use of **web-based fetal movement counters branded for both local hospital systems**, as well as access to **free educational materials** available to providers, community partners, and families across Indiana through the Count the Kicks website.

Ongoing Work

The program will continue to expand Champion participation across healthcare and community settings and reinforce consistent approaches to education and evaluation. Ongoing collaboration with providers and community partners will support continued alignment in how changes in fetal movement are recognized and addressed.

Perinatal Loss Support Guides

Background and Purpose

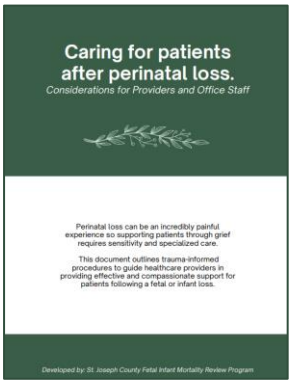
FIMR case review has consistently identified the challenges families face following a fetal or infant loss, particularly when returning to the same clinical setting for postpartum care. **These experiences, shared through case review and maternal interviews, highlighted the need for more consistent, trauma-informed support during the postpartum period.**

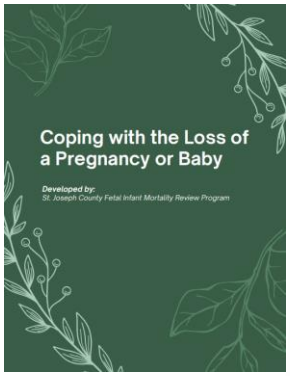
In addition, while many resources are provided to families immediately following a loss in the hospital, fewer tools are available to support ongoing care in outpatient settings. Case Review Team members **identified a need for both patient-facing and provider-facing guidance to better support families in the months following a loss.**

Development of the Guides

In response, a group of FIMR Case Review Team members collaborated throughout 2025 to develop two complementary resources:

- **Caring for Patients After Perinatal Loss: Considerations for Office Staff and Providers** Trauma-informed guidance to support healthcare providers in delivering sensitive, consistent care following a fetal or infant loss.
- **Coping with the Loss of a Pregnancy or Baby** A guide for families focused on understanding grief, navigating common emotional and physical responses, and connecting to available supports and resources.





The provider guide outlines approaches for delivering compassionate, trauma-informed care, while the family guide acknowledges the wide range of experiences following a loss and reinforces that there is no single “right” way to grieve.

Implementation and Distribution

The guides were completed in summer 2025 and **distributed over the following months to hospital childbirth units and outpatient prenatal care practices across St. Joseph County.** These resources are intended to support continuity of care and ensure that families receive consistent, compassionate guidance beyond the immediate hospital setting. The guides are also publicly available and can be accessed and printed by healthcare providers, community partners, and families at **https://impact.beaconhealthsystem.org/st-joseph-county-fetal-infant-mortality-review-sjc-fimr/**

Pop Up Pregnancy & Family Village

June 2025 – March 2026

Background and Development

A 2022 FIMR Community Action initiative identified that pregnant and new mothers in St. Joseph County wanted more opportunities for education, connection with other families, and information about available resources.

One recommendation that emerged was to create a consistent, accessible space where families could access support and services in one location. In early 2023, the Eck Institute for Global Health at the University of Notre Dame hosted Dr. Patience A. Afulani, whose work (14) helped inform the development of a local **Pop-Up Pregnancy & Family Village model,** based on the Pop Up Village in Oakland, California. (15)

FIMR Involvement

The St. Joseph County FIMR Team has served as a community liaison partner since December 2023, supporting outreach, engagement, and participation.

Program Overview

The Pop-Up Pregnancy & Family Village is designed as a welcoming, one-stop place where expectant and postpartum families can connect with care, resources, and support. Activities are organized across six service areas: Healthy Minds, Healthcare Connections, Health Insurance Assistance, Pregnancy and Family Health Education, Community Connections, and Family Wellness. Many FIMR Case Review and Community Action Team members participate in these efforts.

Updates and Expansion

Throughout 2025, four Pop Up events took place, and one Pop Up was held in March of 2026. In 2026, **enhancements include the addition of interactive activities at each vendor table to support learning and engagement, as well as new partnerships with existing community events** at the Charles Black Community Center, including the Mental Health Awareness Michiana Dad Event and the annual Back-to-School Backpack Event.

Community Impact

These events have served hundreds of people since the start of the program and continue to provide a welcoming environment where mothers, fathers, and caregivers can connect with services, build relationships, and access support during pregnancy and throughout their child's first year of life.

Upcoming Events

August 29, and November 14, 2026

Learn more at https://popupvil.org/events/

Section 10
St. Joseph County FIMR Team

June 2025 – May 2026 Members

Joyce Adams	PhD, BSN, Associate Professor of the Practice Global Maternal Research Lead Community Action	Eck Institute for Global Health University of Notre Dame
Asma Aftab	Maternal and Child Health Coordinator ECHD Case Review	Elkhart County Health Department Elkhart County FIMR Team
Anissa Airgood	BSN, RN, Clinical Supervisor Case Review	Family Medicine Center/Faculty Physicians Saint Joseph Health System
Tucker Balam	D.O. OB Fellowship Director Case Review	Memorial Hospital Family Medicine Residency, Beacon Health System
Jamila Alkattan	Birth Doula/Community Health Worker Case Review and Community Action	Community Impact Beacon Health System
Basharat Buchh	MD. Medical Director	Pediatrix Medical Group NICU, Memorial Hospital
Samantha Blasko	RNC; Supervisor for Mother Baby Case Review	Family Birthplace Saint Joseph Health System
Karen Campos	Community Health Worker Case Review	TANF Project, Community Impact Beacon Health System
Jenn Carter	LCSW (Licensed Clinical Social Worker); Perinatal Therapist; PSI Volunteer Coordinator Case Review and Community Action	E. Blair Warner Clinic Family Psychology South Bend Postpartum Support International
Heather Carroll	FNP-BC, Family Nurse Practitioner Perinatal OB Care Certification Case Review and Community Action	Community Impact Beacon Health System
Kristine Joy Chua	Ph.D. Assistant Professor	Department of Anthropology Beacon Health System
Allen Clark	M.D., F.A.C.O.G. Obstetrician/Gynecologist Case Review	Michiana OB GYN
Lindsey Connolly	M.D., F.A.C.O.G. Obstetrician/Gynecologist Case Review	St. Joseph Ob/Gyn Specialists
Karen Davis	MD Case Review and Community Action	Saint Joseph Regional Medical Center Saint Joseph Health System
Evelyn Diaz-Salinas	Community Health Worker Case Review	Community Impact Beacon Health System
Sally Dixon	RN, Maternal Infant Health Coordinator Case Review and Community Action	SJC FIMR Program, Community Impact Beacon Health System
Marie Donahue	Teaching Professor & Director of GH Minor Community Action	Eck Institute of Global Health University of Notre Dame
Jacob Downs	Manager Patient Care Service Quality Case Review	Emergency Care Center, Memorial Hospital Beacon Health System
Pam Dziadosz	RN, Labor and Delivery Nursing Manager Case Review	Family Birthplace Saint Joseph Health System

SJC FIMR Team, 2025 – 2026 Members Continued

Cathy Escobedo	Community Health Worker Case Review and Community Action	Olive Health NIMCHN
Lauren Edinborough	Case Review and Community Action	Health Families Family and Children's Center
Tom Felger	Family physician, Former SJC Health Officer Case Review	Retired
Alicia J Fullenkamp	DNP, MSN Ed, RN, Assistant Professor	Department of Nursing Science Saint Mary's College
Jasmine Galindo	Community Health Worker Case Review	BABE, Community Impact Beacon Health System
Imelda Godbold	RN Case Review and Community Action	Family Medicine Center/Faculty Physicians Saint Joseph Health System
Olivia Gonzalez	BS, CLS, Northern FIMR Coordinator Case Review and Community Action	Division of Family Health Data & Fatality Prevention, IDOH
Latorya Greene	MBA, Director Community Action	Community Health & Well-Being and Tobacco Initiatives Saint Joseph Health System
Kimberly Green Reeves	MBA, MPA, Vice President of Community Impact and Partnerships Case Review	Community Impact Beacon Health System
Leah Hansel	Resident 3 Year Case Review	Family Practice Residency Program Beacon Health System
Kaylin Hill	Ph.D. Assistant Professor Community Action	Department of Psychology University of Notre Dame
Linzi Horsley	MA, FIMR Programs Director Case Review	Division of Family Health Data and Fatality Prevention, IDOH
Jenny Hunsberger	Vice President Case Review	Women's Care Center
Rachel Jhala	Clinical Social Worker NE (MHO) Case Review	HRSA Healthy Start, Community Impact Beacon Health System
Tiffany Jamison	BSN, RN, CPN, Community Health Nurse Supervisor Case Review	Early Childhood Services, Community Impact, Beacon Health System
Chaquisha Jordan	RN, Maternal Infant Health Coordinator Case Review and Community Action	CARE Unit St. Joseph County Department of Health
Ilana T. Kirsch	M.D., F.A.C.O.G. Obstetrician/Gynecologist Case Review	Family Medicine of South Bend, P.C.
Mellisa Lathion	MNS, RN, IBCLC, RNC-MNN Professional Development Practitioner/Lactation Coordinator Case Review and Community Action	Mother Baby Unit/Memorial Hospital Beacon Health System
Alex Latronica	Northern Child Fatality Review Coordinator Community Action	Division of Family Health Data and Fatality Prevention, IDOH

SJC FIMR Team, 2025 – 2026 Members Continued

Andrea Martinez	Lead Community Health Worker Case Review	HRSA Healthy Start, Community Impact Beacon Health System
Michelle Migliore	DO, Health Officer Case Review	St. Joseph County Department of Health
Elisa Miller	Bereavement Counselor, MSW, LSW Case Review	Bereavement Department Center for Hospice Care
Leslie Miller	MSN, RN, IBCLC, Manager Case Review and Community Action	St. Joseph County Department of Health
Matthew Misner	MD, Hospice Physician Case Review and Community Action	Center for Hospice Care
Crystal Monnin	MSW, LSW, Healthcare Social Worker Case Review	Family Journey Program/TANF Grant Community Impact, Beacon Health System
Morgan Mrozinski	BSN, RNC-OB Community Action	Perinatal Center & Maternal Transport Coordinator, Beacon Health System
Tiana Mudzimurema	Doula/Community Health Worker Community Action	Community Outreach/Community Impact Beacon Health System
Bianca Nash	IBCLC. CD. Community Action Coordinator Case Review and Community Action	SJC FIMR Program, Community Impact Beacon Health System
Jane Norell	Director Case Review and Community Action	HRSA Healthy Start, Community Impact Beacon Health System
Jodie Pairitz	MSN, RN, Community Outreach Nurse Coordinator FIMR Case Review Nurse Abstractor Case Review and Community Action	Community Health & Well-Being Saint Joseph Health System
Amanda Perez	Clinic Assistant Case Review	WIC Program, Community Impact Beacon Health System
Emily Petersen	RN, BSN, Manager Case Review	Inpatient Quality, Women's and Children's Division, Beacon Health System
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SJC FIMR Team, 2025 – 2026 Members Continued

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Ashley Williamson	Family Medicine – OB Fellow Case Review	E Blair Warner Family Medicine Center and Residency, Beacon Health System

Section 11
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