A MOTHER’S PERSPECTIVE: AN ANALYSIS OF FETAL INFANT MORTALITY REVIEW (FIMR) MATERNAL INTERVIEWS

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May 2010
Objective

• Use data collected through Fetal and Infant Mortality Review (FIMR) maternal interviews to enhance our understanding of infant and fetal deaths.
Infant Mortality

In 2008:

- US: 6.5 deaths per 1,000 live births
- WI: 7.0 deaths per 1,000 live births
- Milwaukee: 10.7 deaths per 1,000 live births
## Disparities in Infant Mortality

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic Black Infant Mortality Rate</th>
<th>Non-Hispanic White Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>US (2005)</td>
<td>13.6</td>
<td>5.8</td>
</tr>
<tr>
<td>Wisconsin (2008)</td>
<td>13.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Milwaukee (2008)</td>
<td>13.8</td>
<td>4.8</td>
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</tbody>
</table>
Why interview mothers?

• Better understand infant mortality rates and disparities.
• Add contextual data.
• Compare experiences to medical research.
• Provide insight into factors that shape behavior.
Fetal & Infant Mortality Review (FIMR)

Infant Death (< 1 yr of age) or Fetal Death Occurs → Data Collection Medical & social service record review & maternal interview. → Case Review → Community Action / Interventions Changes in Community Systems &/or Resources → Improved Maternal & Infant Health

Adapted from the St. Louis FIMR Program 2006 Annual Report (12)
### Interview Participants

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>NH Black</td>
<td>72%</td>
</tr>
<tr>
<td>NH White</td>
<td>17%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>under 18</td>
<td>7%</td>
</tr>
<tr>
<td>18-20</td>
<td>21%</td>
</tr>
<tr>
<td>21-30</td>
<td>24%</td>
</tr>
<tr>
<td>31-40</td>
<td>48%</td>
</tr>
</tbody>
</table>

- 24% Married at time of delivery
- 30% Employed at time of delivery
Interview Participants, cont.

- **Education**
  - Less than HS: 4%
  - Some HS: 30%
  - HS diploma: 35%
  - Some college: 23%
  - Undergrad degree: 1%
  - Graduate/Advanced: 4%

- **Birth History**
  - 30% First pregnancy
  - 51% Had previous preterm delivery
  - 46% Had previous infant death or fetal loss
Pregnancy Intent

• Majority were unintended pregnancies.
  • Risk of inadequate prenatal care and preterm birth when pregnancy is not intended (13)
• Majority of mothers were not using birth control at time of interview
• Mothers must understand risks due to previous pregnancy outcomes.
• Helping women plan pregnancies will aid in getting earlier prenatal care and improved birth outcomes.
Quality of Medical Care

• Qualitative statements from mothers accurately describe satisfaction with care.
  
  • “I felt mistreated.”
  
  • “They treated me great, but I felt they could have done more.”

• Evidence of lapses in medical insurance coverage for mother and infants.
  
  • Difficulty of insurance application and maintenance may lead to lapses in coverage.
Communication

• Many of the mothers’ complaints were related to communication between staff and mothers.
  
  • “The nurses were talking to be like I was a baby.”
  
  • “She would never accept my calls nor would she call me back.”

• Good communication between providers and mothers can lead to improved relationships, patient empowerment and improved outcomes.
Stress

- Mental & Physical Stress during pregnancy were commonly mentioned.
  - Cumulative effects of ongoing and life-long stress exposure.
  - Work – ensuring an income and the physical stress of work
  - Money
  - Relationship with the father of the baby
    - Fathers were described as also being stressed and having “problems.”
Infant Sleep

• Approximately, 25% of mothers stated they had placed their infants to sleep on their sides or stomach.

• 70% stated their infant had bed-shared with an adult, most commonly in an adult bed.

• Adult pillows, blankets and comforters were frequently identified as having been used in the infant sleep environment.

• All are risk factors for SIDS, identified by the American Academy of Pediatrics.

• One mother wanted to know, “How can SIDS be avoided?”
Conclusions

• Findings should be used to shape program planning for improving birth outcomes.
• Para-professionals and community leaders are the link between mothers and professionals.
• Mothers’ perspectives should routinely be used in program planning and research.
• Empower women and allow them to have a voice to impact the quality of care they are receiving.
Acknowledgements

- Emmanuel Ngui, DrPH, MSc
- Karen Michalski, MA, MSW
- Jessica Gillis, MPH
References


3. City of Milwaukee, Health Department. Fetal and Infant Mortality Review (FIMR).


