

Project Baby Springfield

- Springfield FIMR version 2 – 2002
 - Multiple stakeholders; short lived
 - Collapsed to small group looking at data; doing chart reviews; learning
 - Over years, settled in inequities and racism

FIMR ON A SHOESTRING

Building a FIMR program in a “broke” city with perseverance, collaboration, professional support, in kind assistance, and a little bit of good fortune

Andrew Balder, MD; Karin Downs MPH, RN; Maureen Holland; Sheila Rucki, RN – Springfield, MA

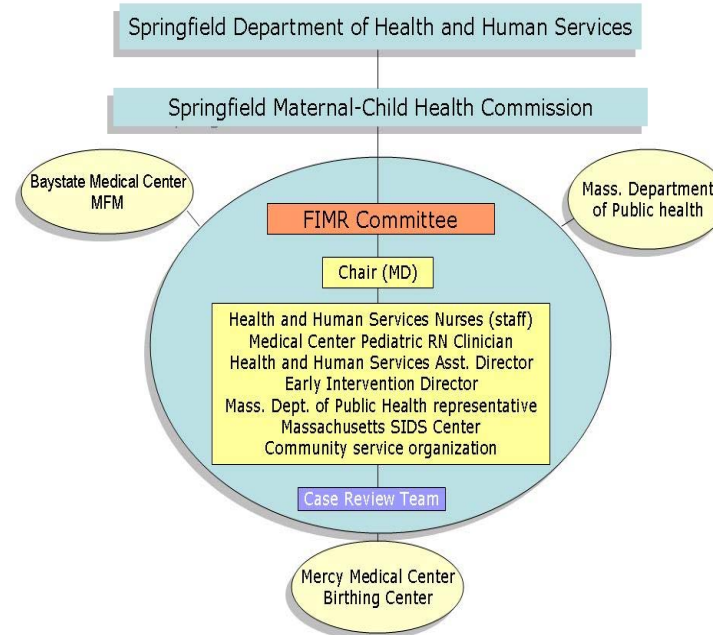
BACKGROUND

PROBLEM: Springfield, Massachusetts is a city of 150,000 facing tremendous financial and social pressure. While Massachusetts has relatively good infant mortality and prematurity rates, Springfield lags behind the state in most indicators, including significant ethnic disparities. (Springfield 2003-2005 IMR 7.2; Mass. IMR 5.0; Springfield Black non-Hispanic IMR 2003-2005 14.4; Mass. 11.2) The ability to study and intervene as a public, governmental effort has been hampered recently by city finances, as mounting debt has resulted in a state controlled board overseeing the city's budget and spending.

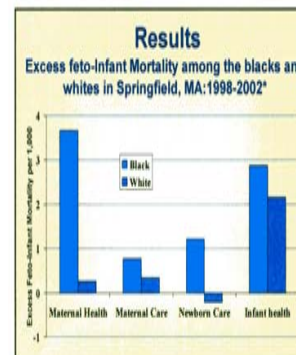
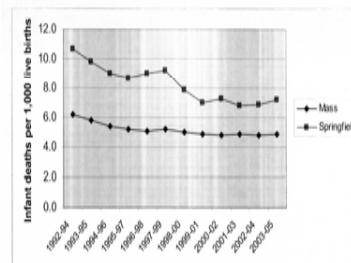
RECOMMENDATIONS: Supporting a diverse Team of key stakeholders and using appropriate data effectively are keys to ensuring a sustained FIMR process that addresses significant ethnic disparities.

ACTIONS

A FIMR process funded from outside sources 15 years ago found and addressed deficiencies in grief counseling and pregnancy education. Interventions were short-lived, and additional efforts floundered when faced with the challenges of collaboration around resource and program allocation. A decade later, the city had a revived Maternal-Child Health (MCH) Commission, independent of but sponsored by the city Health and Human Services Department. In 2004, these entities determined to address infant mortality and asked the previous FIMR review coordinator, a pediatric RN, to resurrect the process, this time with no budget. She was asked to assemble a large, broadly representative review team, but found herself short of the resources and commitment needed to keep the effort going. Faced with a dearth of case referrals, ongoing frustrating attempts to keep a review team together for the few cases referred, and one dominant medical center in the city, she determined that a physician champion was required to move the FIMR process forward. He was recruited in late 2004.



Infant Mortality Rates Using 3-Year Rolling Averages - Springfield, 1992-2005



OUTCOMES

- While the city had no ability to give direct financial support, it continued to house the program meetings, facilitate access to public records (death certificates), and provide a nurse to organize meeting schedules, mailings and other communication.
- It rapidly became apparent that one person could not organize and move this effort. Interested members of the MCH were identified and, along with city and state Health Department representatives, formed a FIMR committee meeting monthly at the city Health Department. This team has worked together for the last 2 years.
- The committee worked with the Health Department to identify defined reporting lines to the MCH and Department.
- Recognizing that almost all infant and fetal deaths were touched by the city's dominant medical center (the only pediatric inpatient facility, pediatric emergency room, level 3 NICU, and high risk OB program), contacts were made with key staff in multiple hospital departments. An Institutional Review Board (IRB) approval was requested and approved, although requiring a number of months.
- The physician and nurse on the FIMR team have continued efforts to make inroads with hospital clinical staff to identify and refer cases for review, now starting to accrue. It has helped to have strategic supporters in all relevant departments.
- Data identification and analysis, necessary to focusing team thinking and planning, proved a challenge without an epidemiologist or other appropriately trained individual available. The state Department of Public Health, interested in addressing birth outcome disparities in Springfield, brought these resources to the process. They brought with them suggestions for a focus group process to help us better understand the pregnancy and pre-pregnancy experience of women in Springfield.
- A smaller case review team has recently been recruited.

-Interventions require a larger community effort, (and money). We plan to turn to our MCH to form a community action team. There must be a collaborative effort to develop targeted interventions and resources.

Project Baby Springfield (FIMR) 2007

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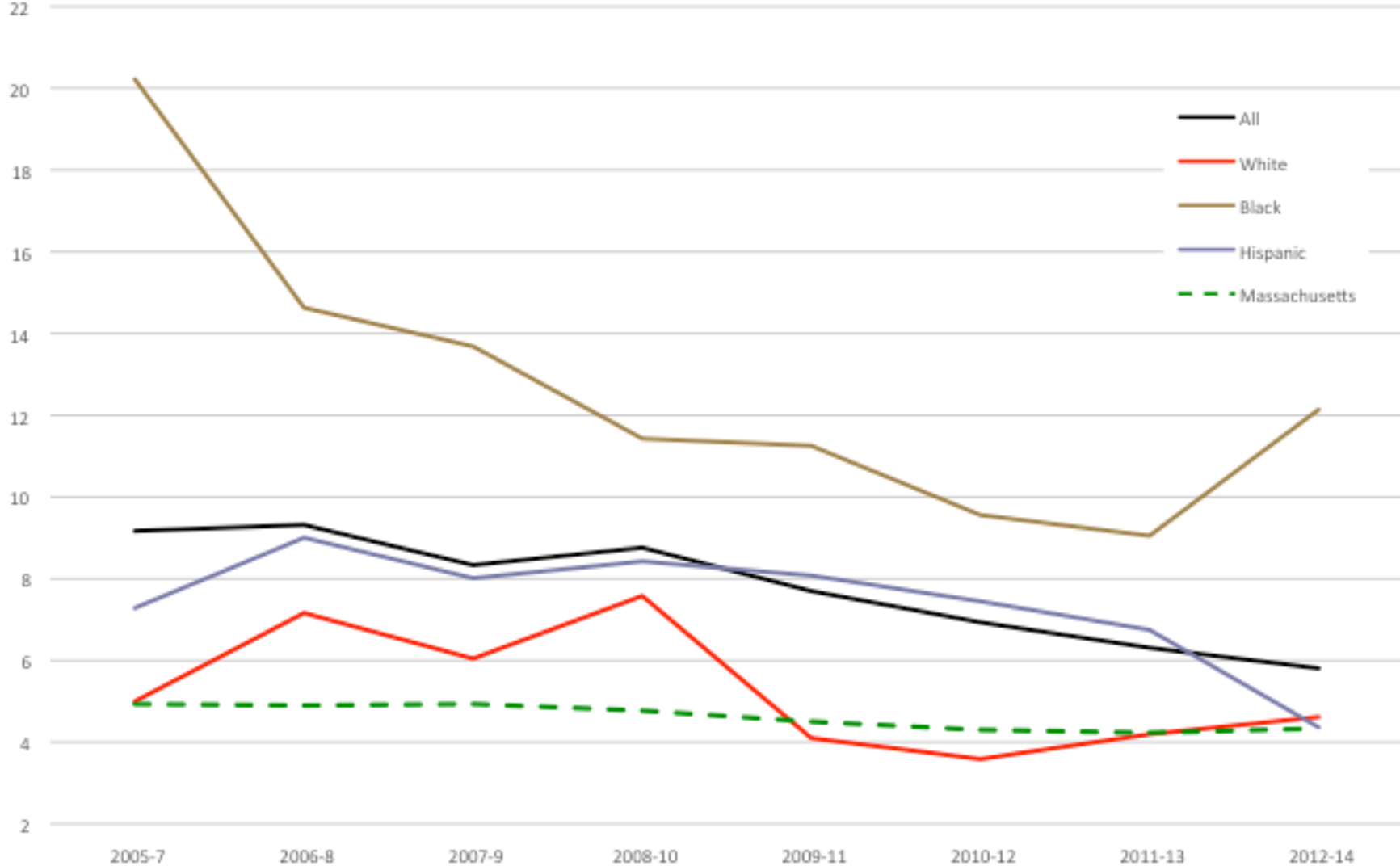
Infant Mortality Disparities/Inequities

- <http://www.newsweek.com/black-women-infant-mortality-rate-cdc-631178>

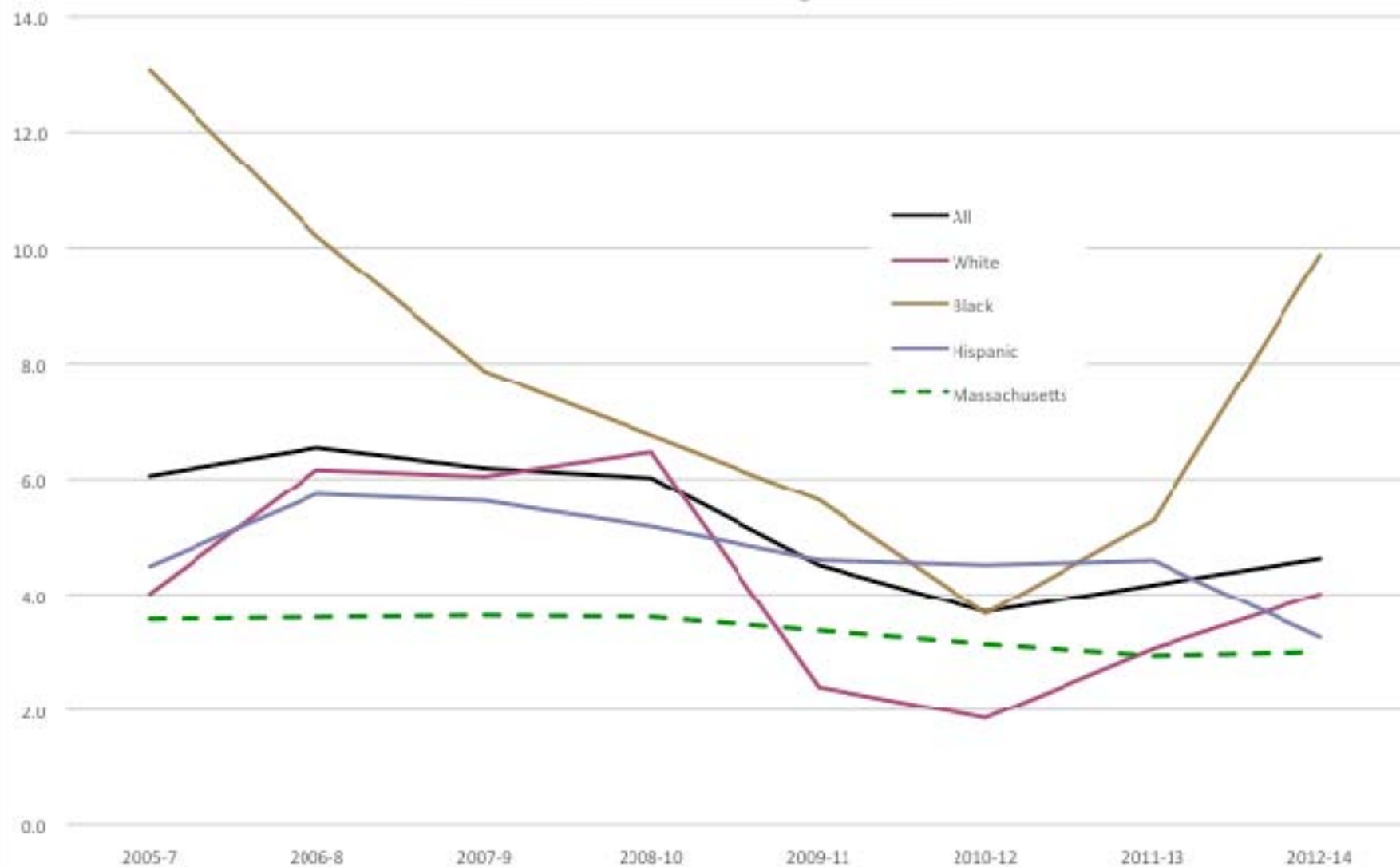
Project Baby Springfield Infant Mortality Disparities/Inequities

- **BLACK AND WHITE INFANT MORTALITY RATES SHOW WIDE RACIAL DISPARITIES STILL EXIST**
- BY **[JESSICA FIRGER](#)** ON 7/3/17 AT 11:06 AM

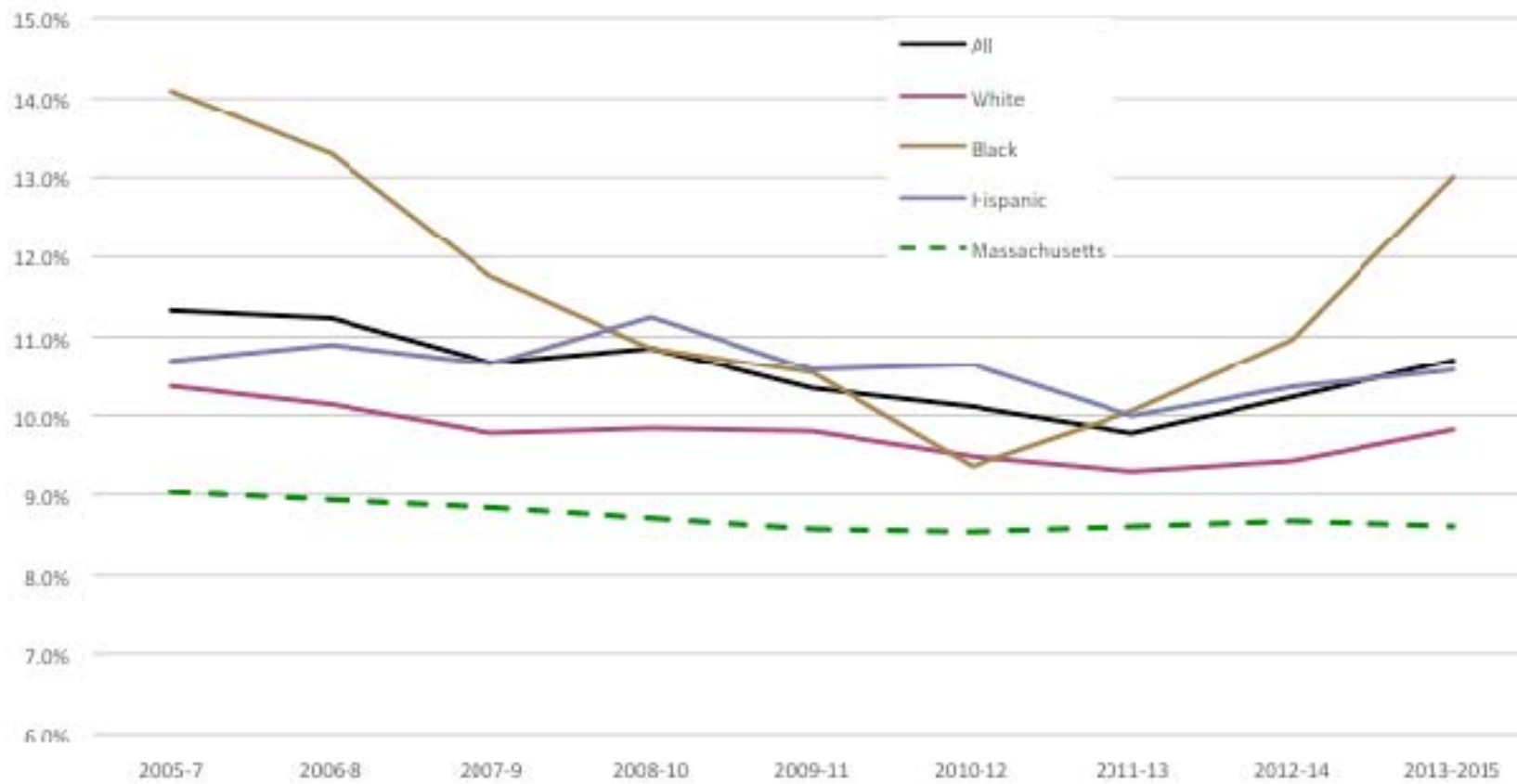
IMR 3 Year Rolling 2005-2014



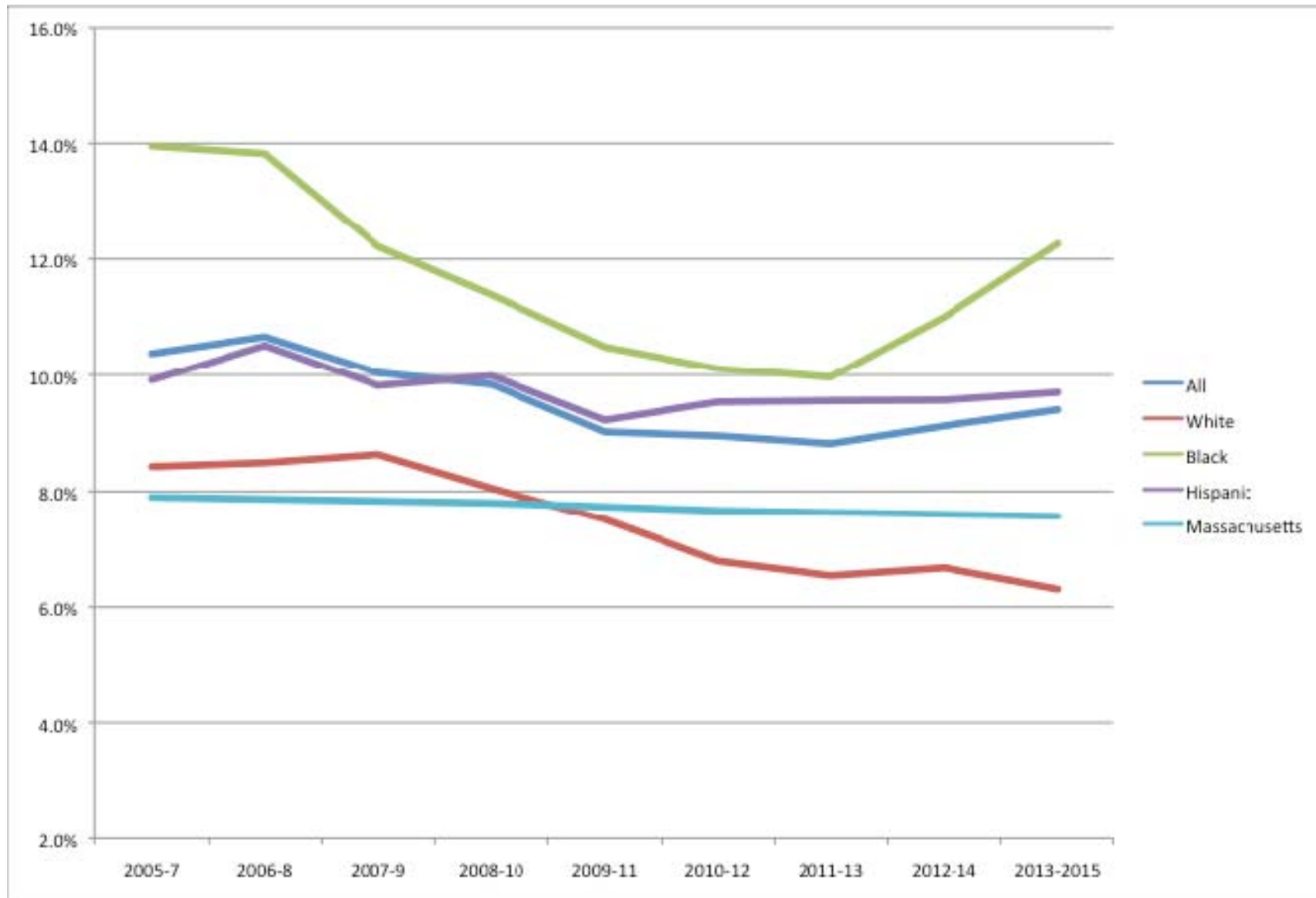
Neonatal IMR 3 Year Rolling 2005-2014



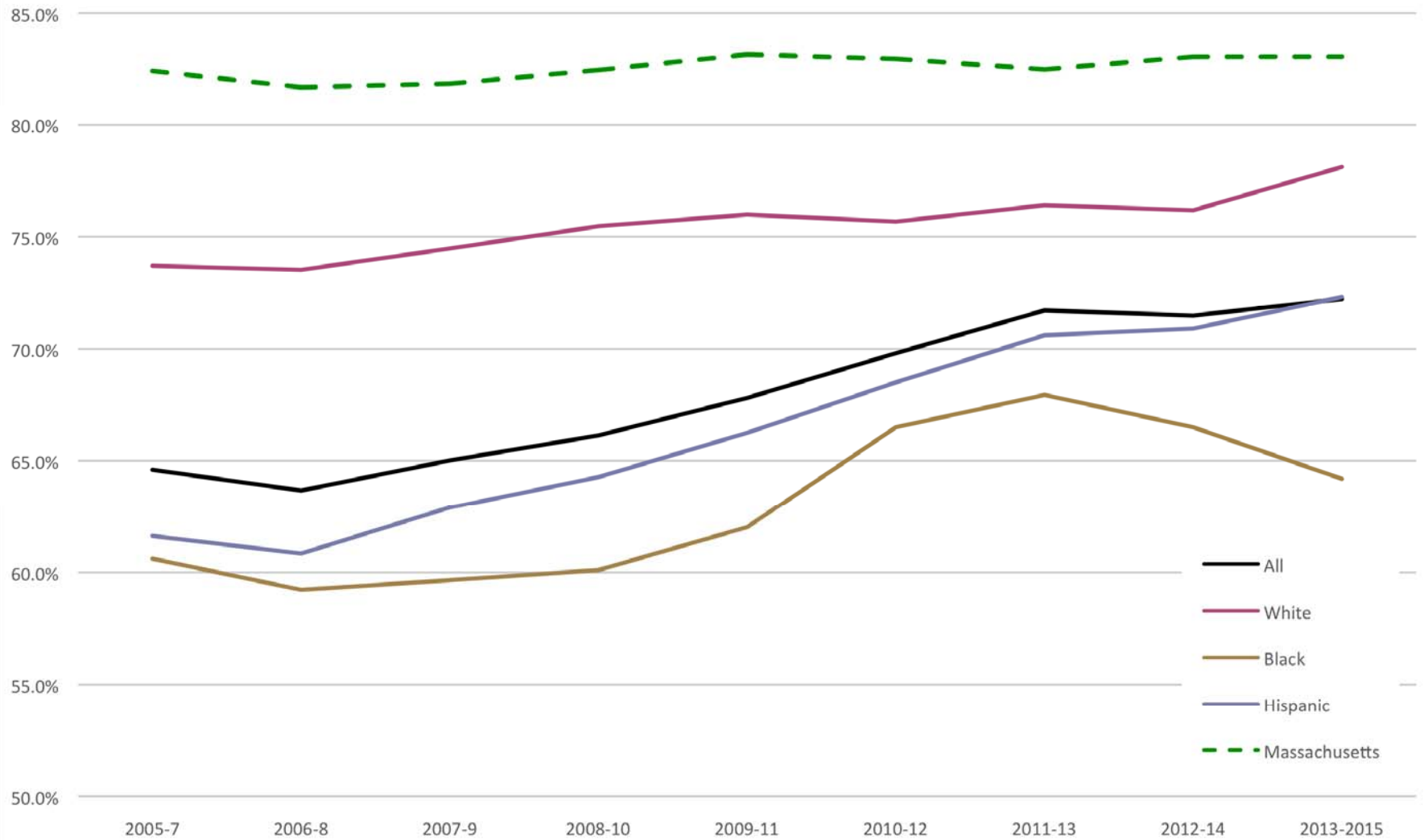
Prematurity 3 Year Rolling 2005-2014



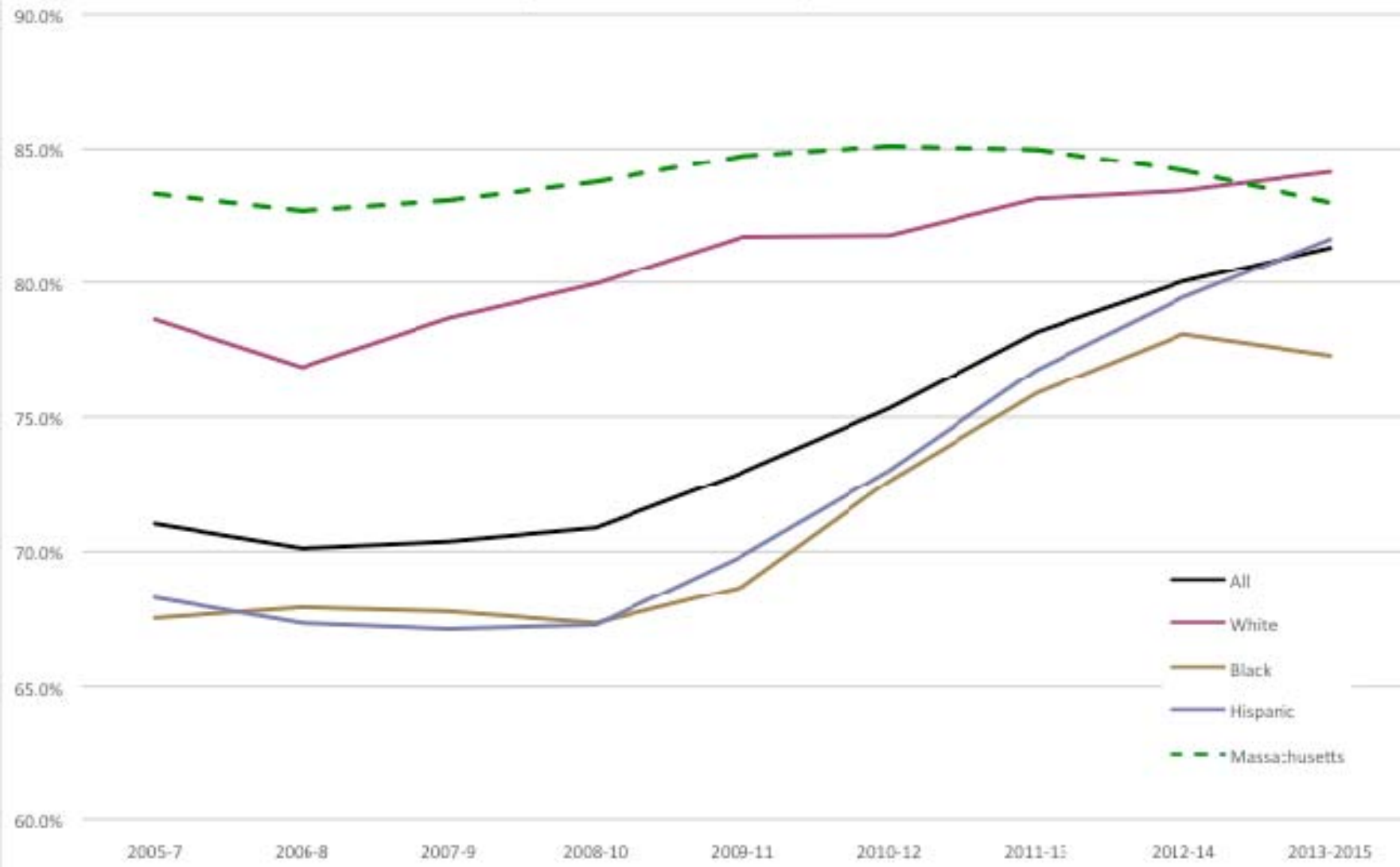
LBW 3 year rolling



1st Trimester PNC 3 Year Rolling 2005-2015



Adequate PNC 3 Year Rolling 2005-2015



Project Baby Springfield

- ISSUES:
- Aggregate birth data is delayed and granular data is shrinking; death data is more problematic
- No organized death case notification process
- And what about a more robust FIMR process?

Project Baby Springfield

It Takes a Village; and then some



Project Baby Springfield

Safe Sleep

- <http://projectbabyspringfield.org/ayanas-tips/>
- <http://projectbabyspringfield.org/consejos-de-ariana/>

Project Baby Springfield Bus Poster Spanish

Proteje tu bebé

Ponlo en la cuna boca arriba, con su pijama, sin juguetes, ni almohadas, ni mantas. Sólo tu amor, para que tu bebé siempre duerma seguro.

Para más información
llame al
Proyecto Bebé
(413) 437-0458



March of Dimes
Springfield Department of
Health and Human Services
Baystate Children's Hospital

Project Baby Springfield Bus Poster English

Protect your baby

Place your baby on his or her back for every sleep. All your baby needs are pajamas. No blankets, pillows, or toys in the crib. Trust your love to be enough. Safe sleep for every sleep.

For more information,
call **Project Baby**
(413) 437-0458
se habla español



March of Dimes • Springfield Department of Health and Human Services • Baystate Children's Hospital



Project Baby Springfield Safe Sleep

Factors Associated With Choice of Infant Sleep Position

Eve R. Colson, MD, MHPE,^a Nicole L. Geller, MPH,^b Timothy Heeren, PhD,^c Michael J. Corwin, MD^d

Improvements in Infant Sleep Position: We Can Do Better!

Michael H. Goodstein, MD,^a Barbara M. Ostfeld, PhD^b

- Pediatrics; September 2017

Project Baby Springfield Acts of Kindness Quilt

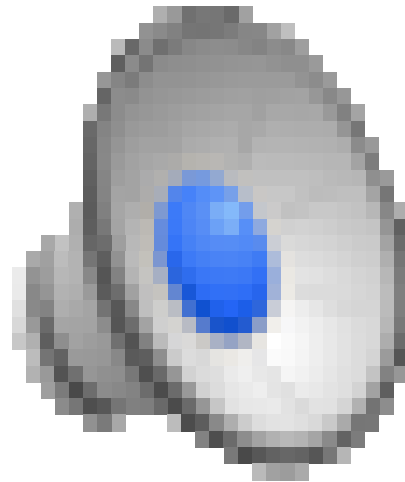


Project Baby Springfield Acts of Kindness Quilt



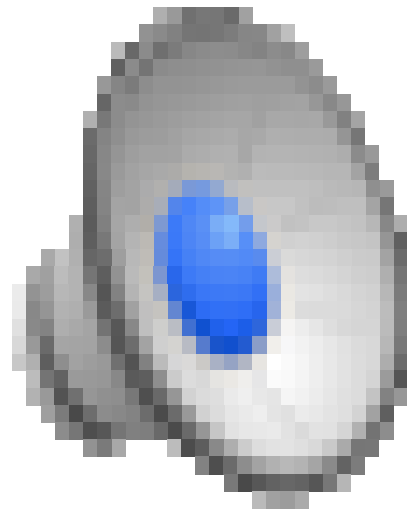
Project Baby Springfield

Acts of Kindness (video 1) HD.mp4



Project Baby Springfield

Acts of Kindness (video 2) SD.MP4



Project Baby Springfield Community Based Doulas

- <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/08/17/cities-enlist-douglas-to-reduce-infant-mortality>
- <http://www.baltimoresun.com/health/bs-hs-doula-infant-mortality-20170725-story.html>

Project Baby Springfield Community Based Doulas

- [The Pew Charitable Trusts](#)

August 17, 2017

Cities Enlist 'Doulas' to Reduce Infant Mortality

- Baltimore enlists doulas to help bring infant mortality rate down [Andrea K.](#)

[McDanielsContact Reporter](#) The Baltimore

Sun; August 1, 2017

Project Baby Springfield

- ISSUE:
- The vast majority of our pregnancies and deliveries are financed by public insurance. With the new Medicaid ACO's, can we develop financing for doulas?

Project Baby Springfield

- <http://projectbabyspringfield.org>
- Thank you
 - Erika Laquer
 - Andy Balder
 - Springfield Dept. of Health and Human Services
Maternal-Child Health Commission