Healthy Start
Fetal Infant Mortality Review FIMR
Project Impact 2025

About FIMR

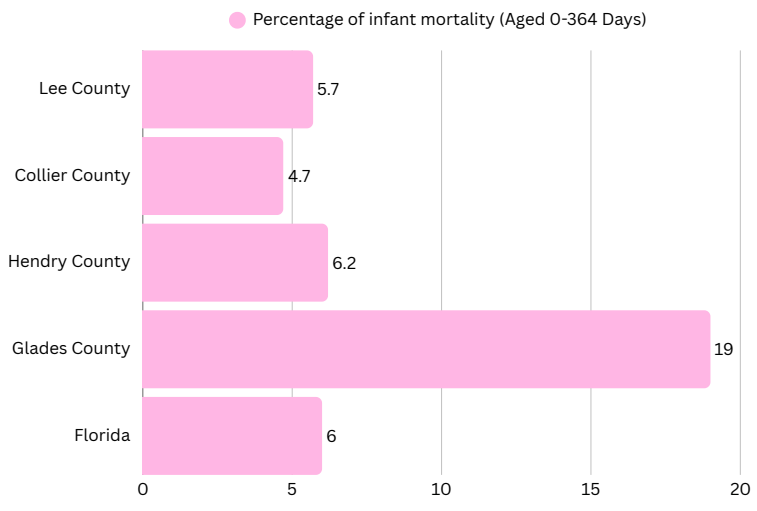
The Fetal and Infant Mortality Review (FIMR) project in Southwest Florida encompasses Lee, Collier, Hendry, and Glades counties. Since its inception in 2023, this initiative has been executed by the Healthy Start Coalition of SWFL, with funding from the Florida Department of Health. The primary objective is to reduce infant mortality rates by collecting and analyzing comprehensive data to enhance our understanding of fetal and infant deaths in the region. The team focuses on cases with the most adverse outcomes to identify gaps in maternal and infant services, thereby facilitating future improvements.

Each month, fetal and infant death cases are selected for review based on specific criteria. Utilizing a methodology established by the American College of Obstetrics and Gynecology, the team abstracts pertinent information from various sources, including birth and death certificates, medical records, hospital documents, home visitation reports, WIC data, and autopsy findings. In certain instances, records from law enforcement, medical examiners, emergency medical services, and child protective services are also incorporated. Efforts are made to interview family members, while ensuring that no identifying information about the family or medical providers is included in the abstraction forms. Monthly case summaries are compiled and presented to the Case Review Team (CRT), a multidisciplinary group comprising community medical and social service professionals. The CRT meticulously examines each case to identify medical, social, financial, and other factors that may have contributed to the adverse birth outcomes. Additionally, a Community Action Group (CAG) is tasked with implementing the recommendations provided by the FIMR (CRT).

Infant Mortality in Southwest Florida

In 2024, an estimated 68 infants in Southwest Florida did not survive to celebrate their first birthday, alongside 84 reported stillbirths. The state's overall infant mortality rate stands at 6.0 per 1,000 live births, while Southwest Florida's rate is nearly double, at 10.6 per 1,000 live births.

The objective is to increase the number of infants reaching their first birthdays, especially in light of the 14.37% rise in the infant mortality rate in Southwest Florida from 2022 to 2023.



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Top Five Leading Causes of Fetal Death (n=7,544), Florida, 2019-2023

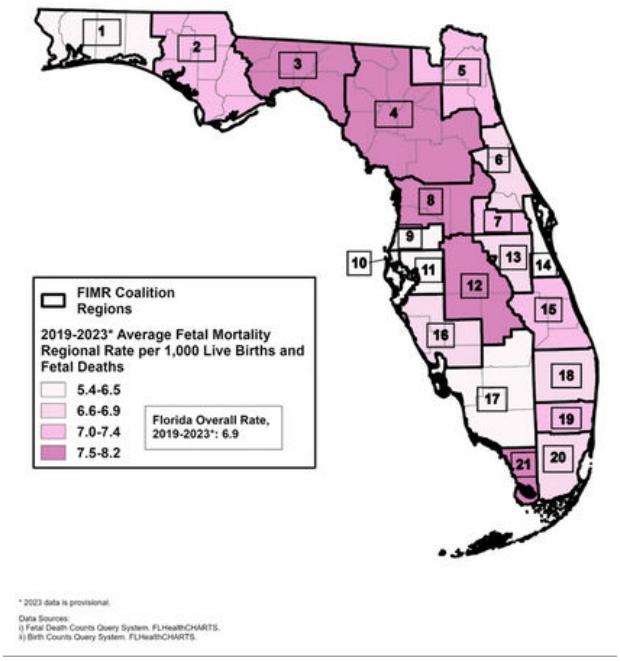
Cause of Death	Count	Percent
Complications of placenta, cord, and membranes	2,038	27.0%
Maternal complications of pregnancy	1,031	13.7%
Unspecified cause	1,001	13.3%
Maternal conditions that may be unrelated to present pregnancy	896	11.9%
Congenital malformations, deformations, and chromosomal abnormalities	616	8.2%

Data Source: FLHealthCHARTS
*Includes 2023 provisional data.

Fetal Mortality State Data By Region

Average Fetal Mortality Rate by Fetal and Infant Mortality Coalition Regions, Florida, 2019-2023*

Please note that Region 17 has one of the lowest rates in the state, with a prevalence of 5.4 to 6.5 per 1,000 live births and fetal deaths.



* 2023 data is provisional.
Data Sources:
i) Fetal Death Counts Query System. FLHealthCHARTS.
ii) Birth Counts Query System. FLHealthCHARTS.

Top Five Leading Causes of Infant Death (n=6,487), Florida, 2019-2023*

Cause of Death	Count	Percent
Congenital malformations, deformations and chromosomal abnormalities	1,191	18.40%
Disorders related to short gestation and low birth weight	888	13.70%
Unintentional injuries	519	8.00%
Maternal complications of pregnancy	510	7.90%
Sudden infant death syndrome	290	4.50%

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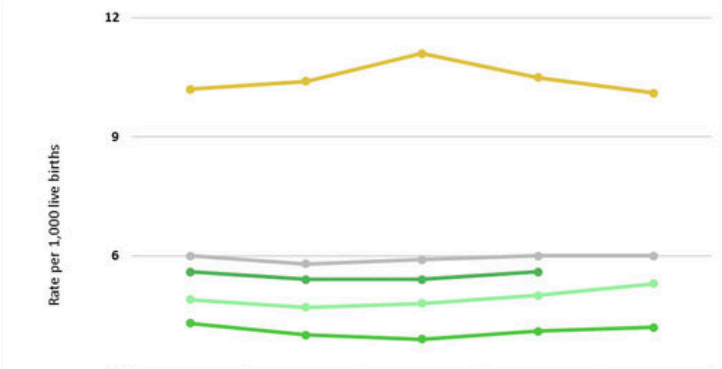
Infant Mortality Rates Race and Ethnicity

Infant Mortality Rates Overall, U.S. and Overall, and by Race/Ethnicity, Florida, 2019-2023

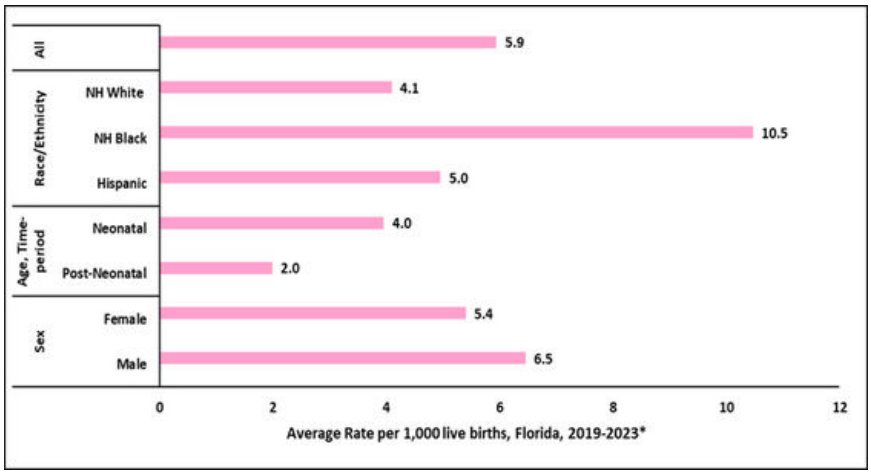


	2019	2020	2021	2022	2023
FL NH White	4.3	4.0	3.9	4.1	4.2
FL NH Black	10.2	10.4	11.1	10.5	10.1
FL Hispanic	4.9	4.7	4.8	5.0	5.3
FL Total	6.0	5.8	5.9	6.0	6.0
U.S. Total	5.6	5.4	5.4	5.6	Not Available

*Florida 2023 and National 2022 data are provisional

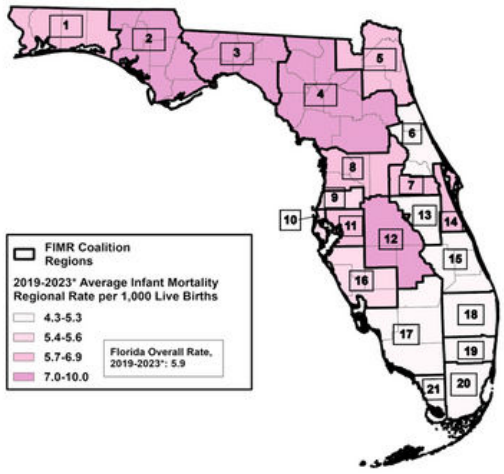
Average Infant Mortality Rates by Selected Maternal Characteristics

Average Infant Mortality Rates by Selected Maternal Characteristics, Florida, 2019-2023



Infant Mortality State Data

Average Infant Mortality Rate by Fetal and Infant Mortality Coalition Regions, Florida, 2019-2023*

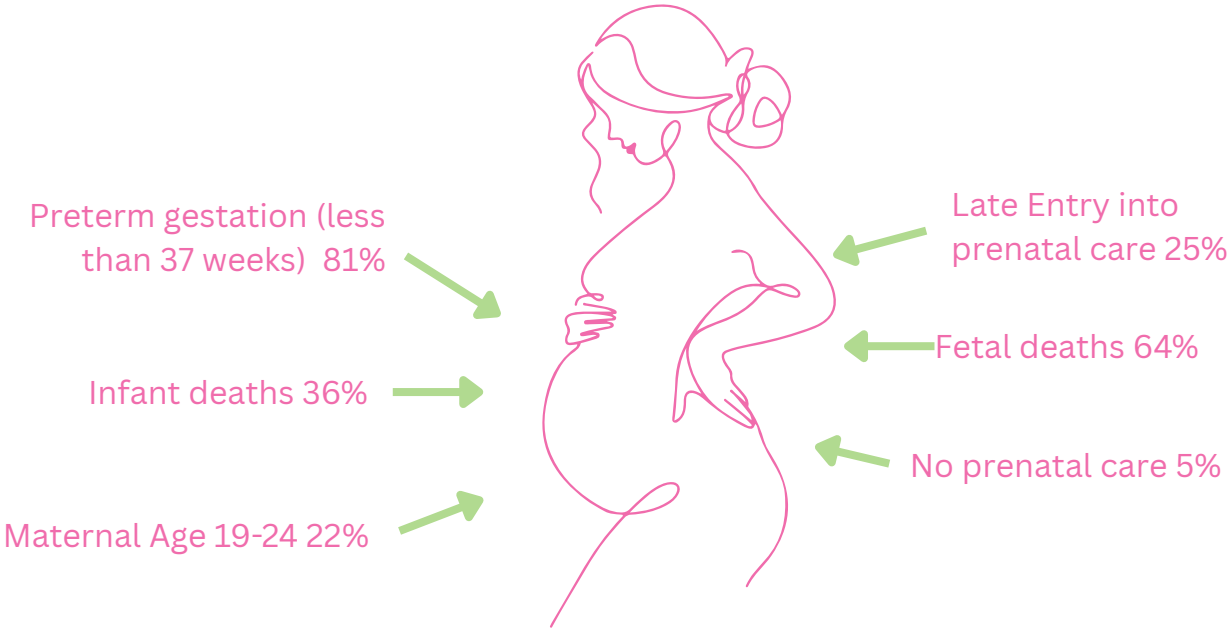


* Includes 2023 provisional data.

Data Sources:
i) Infant Death Counts Query System, FLHealthCHARTS.
ii) Birth Counts Query System, FLHealthCHARTS.

FIMR Case Overview: 2024-2025

Maternal Factors in Women Reviewed with Premature Births
Data based on the 36 Cases reviewed in Fiscal Year 2024-2025



Hypertension

Infants born to mothers with hypertensive disorders face a significantly higher risk of death within the first year of life. For example, a South Carolina cohort study found that infant mortality risk was 1.79 times higher for mothers with superimposed preeclampsia, 1.39 times for hypertensive disorders of pregnancy (HDP), and 1.48 times for chronic hypertension compared to mothers without hypertension. These conditions also increase the likelihood of preterm delivery and small for gestational age (SGA), which are strong predictors of infant mortality and long-term developmental issues. Neonatal complications such as respiratory distress syndrome, low birthweight, and NICU admission are more common in hypertensive pregnancies. Furthermore, infants exposed to maternal hypertension are at increased risk for chronic conditions later in life, including cardiovascular and metabolic diseases.

In 2020, 14.2% of women in Florida experienced hypertension, preeclampsia, or eclampsia during pregnancy, as reported by the Florida Pregnancy Risk Assessment Monitoring System (PRAMS). The Florida Maternal Mortality Review Committee (MMRC) identified hypertensive disorders as the leading cause of pregnancy-related deaths, accounting for 18.2% of such fatalities in the state. Alarmingly, 66% of these deaths occurred postpartum, prior to hospital discharge, and were classified as preventable. In light of these concerning statistics, our maternal health workgroup has committed to improving local outcomes and advocating for revised policies and procedures to facilitate timely action.

In 2023, we began delivering presentations to all Emergency Medical Services, Fire Departments, and Emergency Departments to raise awareness regarding this critical issue. Over the course of 12 presentations, we are pleased to announce that by August 2025, all EMS vehicles in our region will be equipped with labetalol, enabling swift responses to pregnant and postpartum women. Furthermore, we have enhanced practices within Emergency Departments by installing signage that addresses hypertension and incorporating the question, “Have you been pregnant within the last year?” into the check-in questionnaire. These impactful adjustments have contributed to a 14.8% reduction in local readmission rates.

We are now shifting from a reactive to a proactive approach by distributing blood pressure cuffs from various sources, implementing a produce prescription program in collaboration with Lee Health and the American Heart Association, and establishing remote monitoring programs in partnership with Healthcare Network and Lee Health.

Community Action Group

Project Goal: To increase support to Healthy Start, community based programs, hospitals, OB offices, and shelters in their efforts to educate or bring awareness to community members, patients, and/or particpants on infant mortality, preterm births, and sleep related deaths.

Fetal Movement: To educate expectant parents, caregivers, and healthcare providers on the significance of fetal movement as an indicator of fetal well-being, and to promote timely response to decreased movement through public health campaigns, community outreach, and clinical guidance—ultimately empowering individuals to take proactive steps that can lead to early detection of potential complications and save lives. Many partners use materials from Count the Kicks to bring awareness to the importance of acting quickly if you notice change in movement.

Baby Spacing: To inform and empower individuals, families, and communities about the health benefits of spacing pregnancies at least 18 to 24 months apart. This will be achieved through culturally sensitive education campaigns, collaboration with healthcare providers, and community outreach programs that emphasize how proper birth spacing can improve maternal health, reduce the risk of preterm birth, and enhance infant survival rates.

Nutrition: To educate individuals, families, and communities on the critical role of nutrition in supporting healthy pregnancies and infant development. This will be achieved through targeted outreach, culturally appropriate educational materials, and partnerships with healthcare providers to promote balanced diets, prenatal vitamins, and postpartum nutritional support—ultimately reducing the risk of birth complications, low birth weight, and infant mortality.

Hypertension: To educate pregnant and postpartum individuals, families, and healthcare providers about the risks, signs, and management of hypertension—including preeclampsia and postpartum hypertension—through targeted outreach, culturally sensitive education, and promotion of self-monitoring practices. This initiative aims to encourage regular blood pressure monitoring from early pregnancy through at least six weeks postpartum, with special attention to high-risk populations, in order to prevent complications such as stroke, organ damage, preterm birth, and maternal death.

Postpartum Care: To educate new parents, families, and healthcare providers about the essential role of postpartum care in identifying and managing physical, emotional, and psychological health needs. This will be achieved through community outreach, culturally appropriate education, and collaboration with healthcare systems to ensure timely follow-up visits, especially within the first 6 to 12 weeks postpartum. Emphasis will be placed on recognizing warning signs, supporting mental health, managing chronic conditions, and promoting breastfeeding, contraception, and recovery—ultimately reducing preventable maternal and infant complications.

Safe Sleep: To educate families, healthcare providers, and community organizations on evidence-based safe sleep guidelines—such as placing babies on their backs to sleep, using a firm and flat sleep surface, avoiding soft bedding, and room-sharing without bed-sharing. This will be achieved through culturally sensitive outreach, public health campaigns, and distribution of educational materials, with a focus on reducing disparities in sleep-related infant mortality.

2025 Recommendations

Increase the number of women receiving early prenatal and postnatal care

- Create Mobile Maternal Health services.
- Assist families with the application process for health insurance.
- Increase the number of maternal health care providers.

Raise awareness of community programs

- Enhance awareness of Home Visiting programs.
- Foster community engagement with local initiatives that support maternal, infant, and family health. This will lead to increased participation rates, improved access to resources, and stronger community partnerships, ultimately contributing to the reduction of preventable health disparities.

Increase efforts to promote the importance of postpartum care

- Collaborate with Federally Qualified Health Centers, obstetricians, clinics, and potential mobile units to provide postpartum care.
- Educate the public on the significance of postpartum care.
- Increase efforts to coordinate visits with obstetricians prior to hospital discharge.

2024-2025 Community Action Group (CAG)

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2024-2025 Case Review Team (CRT)

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