

# Fetal and Infant Mortality Review Team

SB 140, Sen. Carroll Foy; HB 997, Del. Anthony

## FACT SHEET



### A Fetal and Infant Mortality Review Team is an essential tool to address disparities and preventable deaths.



- In 1997, the Virginia Department of Health contracted with the Commonwealth's seven regional perinatal councils (RPCs) to establish statewide and regional Fetal and Infant Mortality Review Teams (FIMRTs).
- In 2012, funding was cut to the RPCs, and the RPCs disbanded. Concerns over the efficacy of FIMRTs in Virginia, fragmented programs and policies, and a lack of measurable outcomes led to the loss of funding and FIMRTs in Virginia. Currently, there is no fetal death review, and infant deaths are reviewed only by the State and Regional Child Fatality Review teams.
- While we have not been looking, the deaths continued, as have the disparities.
- Every year in the United States, about 23,000 babies do not live to see their first birthday. An almost equal number of fetuses are stillborn, without signs of life.
- In 2019, the Center for Disease Control (CDC) reported 566 infant deaths in Virginia and 571 in 2021.<sup>1</sup>
- Virginia ranked 26th in infant mortality rates in 2019 and 32nd in 2021 compared to other states (CDC).
- While fetal and infant mortality in the United States has improved, disparities persist between whites and people of color, especially Blacks, Latinos, and Native Americans.

### Without understanding the patterns and causes of untimely fetal and infant deaths, it is impossible to develop evidence-based solutions to reduce the number of preventable deaths.

- By creating a Fetal and Infant Mortality Team, the Commonwealth will join **29 states** with existing review operations for these cases.
- A Fetal and Infant Mortality Review Team will **strengthen Virginia's systematic response to fetal and infant deaths** and complement the Maternal Mortality Review Team's work and the Neonatal and Perinatal Collaborative.



# Fetal and Infant Mortality Review Teams take a multidisciplinary, integrated approach with the best chance of real evidence-based policy change.

A well-designed Fetal and Infant Mortality Review Team includes a community-based, action-oriented process to improve services, systems, and resources for families.

The review team will analyze cases and investigate the correlating factors that influence fetal and infant mortality. With this knowledge, communities can address the circumstances impacting infant and fetal health and create processes for change.

FIMRT brings a multidisciplinary team together to examine confidential, de-identified cases of fetal and infant deaths. In select cases, the FIMRT team will conduct in-depth interviews with families, medical providers, and others to gain a complete picture of the circumstances surrounding the deaths.

## Bill Specifics

It is creating a state team to develop a base of knowledge and operations. Localities can then use this knowledge base to create local and regional teams that can plug into a state team—ensuring consistency across local and regional teams with state oversight.

The state FIMRT will review deaths that do not meet the case criteria for the Maternal Mortality Review Team or Child Fatality Review Team, reducing duplication - reviewing both the broad spectrum of cases and diving into case specifics for in-depth review.



Implementing changes may take months or years as FIMRTs identify trends. Sustaining FIMRT for the long haul makes a difference in the lives of hundreds of pregnant people, children, and families. FIMRTs not only identify issues and problems that affect pregnancy outcomes but also mobilize people and resources to address those issues.

The oversight by a state team will include providing a systematic approach to reviews, standardized policies and procedures, and a reporting structure to maintain accountability.



A budget amendment will be needed to fund the establishment of a state team, and one has been submitted in both the House and Senate.

Regional teams will use the design of the 2012 FIMRT program.

