Fetal/Infant Mortality & Morbidity Review Registry

A Potential New Public Health Tool

Richard H. Aubry, MD, MPH Pamela Parker, BA

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As obliged, and as in most presentations on Public Health topics,

"No Conflict of Interest"

OBJECTIVES

At the conclusion of this talk, participants will be able to:
Describe how perinatal sentinel events can be identified, reviewed and tabulated in a database.
Describe how the analysis of the tabulated data can identify risk factors that justify interventions.
Discuss how monitoring the database over time can measure the impact of interventions.

FIMMRR Definition

- <u>**F</u>** <u>**F**</u>etal</u>
- <u>I</u> <u>Infant</u>

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- <u>M</u> <u>Mortality</u>
 - **Morbidity**
 - Review
 - <u>Registry</u>

The Central New York Region consists of a 13 county area spanning from St. Lawrence County in the North to Broome and Tioga counties in the South and includes 21 birth hospitals.



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THE COMPONENTS OF THE CHALLENGE

- ➢ <u>Intra-Uterine Fetal Death (IUFD) ≥ 20 wks gestation and</u> without voluntary terminations of pregnancy
- ➢ Neonatal Death (NND) ≤28 days
- > Perinatal Mortality (IUFD+ NND) 20 weeks gestation 28 days
- > Post Neonatal Death (P-NND) 29 365 days
- **Infant Mortality (NND+P-NND) Birth to 365 days**
- Extremely Low Birth Weight (ELBW) < 1,000 grams</p>

MORE DETAILS

- > Deaths are based on year of birth
- > Deaths are only for live births and fetal deaths \geq 300 grams
- ➤ Deaths are only for live births and fetal deaths ≥ 20 weeks gestation
- Post-discharge infant mortality may be incomplete because of a lack of a mechanism for 100% ascertainment

FIMMRR Concept

- > Detailed, accurate data on each poor outcome
- > De-identified regarding patient and provider
- > Primary records reviewed for completeness/accuracy
- > Entered into anonymous Registry
- Standard reports and analyses are fed back to Hospital QA and through them to providers
- > Summary reports also made to relevant health agencies
- Certain analyses have significant Public Health implications – for example:

Preliminary Report. Not for release without permission. Deaths among infants born 1/1/2006 to 12/31/2010 Weight ≥ 300 grams and Gestational Age ≥ 20 weeks only.

Central New York Region	Year of Birth		
	2006-2008	2007-2009	2008-2010
Live Births (LB)	58798	58938	58374
Total Live Births (LB) + Fetal Deaths (FD)	59175	59338	58763
FD rate/1000 LB + FD	6.4	6.8	6.7
NND rate/1000 LB	3.7	3.9	3.5
Perinatal Mortality rate/1000 LB + FD	10.1	10.7	10.1
Post Neonatal Mortality rate/1000 LB*	0.9	0.9	0.9
Infant Mortality rate/1000 LB*	4.6	4.8	4.4
*Incomplete ascertainment of Post-Neonatal Deaths		$\mathbf{S}//\mathbf{R}$	$\geq 2/1$

Preliminary Report. Not for release without permission.

Deaths among infants born 1/1/2006 to 12/31/2010; Weight ≥ 300 grams and Gestational Age ≥ 20 weeks only.

Central New York Region	Year of Birth		
Race: White	2006-2008	2007-2009	2008-2010
Live Births (LB)	49981	49813	49097
Total Live Births (LB) + Fetal Deaths (FD)	50271	50126	49398
FD rate/1000 LB + FD	5.8	6.3	6.1
NND rate/1000 LB	3.2	3.3	3.0
Perinatal Mortality rate/1000 LB + FD	9.0	9.6	9.1
Post Neonatal Mortality rate/1000 LB*	0.8	0.7	0.7
Infant Mortality rate/1000 LB*	4.0	4.0	3.7
*Incomplete ascertainment of Post-Neonatal Deaths			
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Preliminary Report. Not for release without permission.

Deaths among infants born 1/1/2006 to 12/31/2010. Weight ≥ 300 grams and Gestational Age ≥ 20 weeks only.

Central New York Region	Year of Birth		
Race: Black	2006-2008	2007-2009	2008-2010
Live Births (LB)	4307	4396	4298
Total Live Births (LB) + Fetal Deaths (FD)	4373	4462	4363
FD rate/1000 LB + FD	15.3	15.0	15.1
NND rate/1000 LB	11.3	11.5	9.0
Perinatal Mortality rate/1000 LB + FD	26.5	26.4	24.0
Post Neonatal Mortality rate/1000 LB*	3.1	3.7	4.5
Infant Mortality rate/1000 LB*	14.4	15.2	13.5
*Incomplete ascertainment of Post-Neonatal Deaths			

Central New York Region	Year of Birth		
Disparity B/W	2006-2008	2007-2009	2008-2010
FD rate/1000 LB + FD	2.6	2.4	2.5
NND rate/1000 LB	3.5	3.5	3.0
Perinatal Mortality rate/1000 LB + FD	2.9	2.8	2.6
Post Neonatal Mortality rate/1000 LB*	3.9	5.3	6.4
Infant Mortality rate/1000 LB*	3.6	3.8	3.6
*Incomplete ascertainment of Post-Neonatal Deaths			

Dominant Cause of Death	Fetal Deaths (n=635)	Percent
Abruptio Placenta/Infarct	153	24.1%
Fetal Anomaly/Chromosomal Abnormality	105	16.5%
Cord Accident/Cord Prolapse	60	9.4%
Extreme Prematurity/ Immaturity	44	6.9%
Chorioamnionitis	42	6.6%
Twin-Twin Transfusion Syndrome	29	4.6%
Feto-Maternal Hemorrhage	19	3.0%
Intrauterine Growth Restriction	12	1.9%
Chronic Hypertension/Preeclampsia	10	1.6%
Diabetes	10	1.6%
Perinatal TORCH	8	1.3%
Ruptured Uterus	8	1.3%
Non-Immune Hydrops	6	0.9%
Intrapartal asphyxia	5	0.8%
Other	20	3.1%
Unexplained	104	16.4%

- > Among patients with placental abruption with IUFD, 47% were smokers.
- Among patients with placental abruption with or without IUFD, 36% were smokers.
- > Among mothers who smoked, 1.3% had placental abruption.
- > Among mothers who did not smoke, 0.6% had placental abruption.
- Population attributable risk calculation shows that 19% of placental abruption could be eliminated if smoking were eliminated.

SMOKING INTERVENTION IS JUSTIFIED

Dominant Cause of Death	Neonatal Deaths (n=354)	Percent
Overwhelming Immaturity	185	52.3%
Congenital Anomaly/Chromosomal Abnormality	88	24.9%
Sepsis/Viral	30	8.5%
Perinatal Asphyxia	11	3.1%
CNS Hemorrhage	7	1.9%
SUID/Trauma/Accident	6	1.7%
Hyaline Membrane Disease	5	1.4%
Other	21	5.9%
Unexplained	1	0.3%

Dominant Cause of Death Among infants born 2006-2009 to Residents of Onondaga County Only	Post-Neonatal Deaths (n=46)	Percent
Sudden Unexpected Infant Death (SUID)	26	56.5%
Congenital Anomaly/Chromosomal Abnormality	9	19.6%
Sepsis	4	8.7%
Metabolic Disease	2	4.3%
Overwhelming Immaturity	1	2.2%
Trauma/accident	1	2.2%
Other	3	6.5%

Sudden Unexpected Infant Death (SUID)	n=26	Percent
Unsafe Sleep Environment	23	88.5%
Bed /Sleep Surface Sharing 16		
Bedding Problems 10		
Prone Sleeping 7		
SIDS	2	7.7%
Hyperthermia	1	3.8%
Other Associated Risk Factors		
Smoking in Household	15	57.7%
Substance Abuse in Household	9	34.6%

- > The major cause of Post Neonatal Infant Death is SUID.
- > The proportion of them among Black infants is greater than would be expected.
- The rate of Post Neonatal Infant Mortality is increasing among Black infants.

SAFE SLEEP INTERVENTION IS JUSTIFIED including special attention to the Black community



- FIMMRR is a do-able expansion of the Vital Records approach to public health assessment and monitoring of maternal and infant health.
- Especially valuable when used in conjunction with the Statewide Perinatal Data System (SPDS).
- Could/should be used for public health research and education.

THANK YOU!

Contact Information: Richard H. Aubry, MD MPH aubryr@upstate.edu

The cells in the PPOR MAP HELP INDICATE THE ACTIONS NEEDED

	Fetal	Neonatal	Post- Neonatal	
300-1499 g	Maternal Health/ Prematurity			
1500+ g	Maternal Care	Newborn Care	Infant Health	



These four groups are given labels that suggest the primary preventive direction for the deaths in that group.

Map of Fetal-Infant Mortality Rates

Central New York Region 2006-2009 >= 300 grams only

Overall Fetal-Infant Mortality Rate 11.1 per 1, 000 Live Births & Fetal Deaths



From Data to Potential Action

Preconceptional Health Maternal Health/ **Health Behaviors Prematurity** Perinatal Care **Prenatal Care High Risk Referral** Maternal Care **Obstetric Care Perinatal Management Neonatal Care Pediatric Surgery Breast Feeding Sleep Position Infant Health Injury Prevention**