

Adopting the Fetal Infant Mortality Review (FIMR) Process to Prevent Perinatal Transmission of HIV

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The FIMR Process

- FIMR brings a multidisciplinary community team together to examine confidential, de-identified cases of infant deaths.



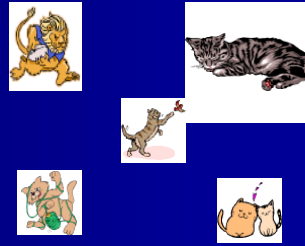
FIMR: Two Tiered Process

CRT



Case Review Team

CAT



Community Action Team

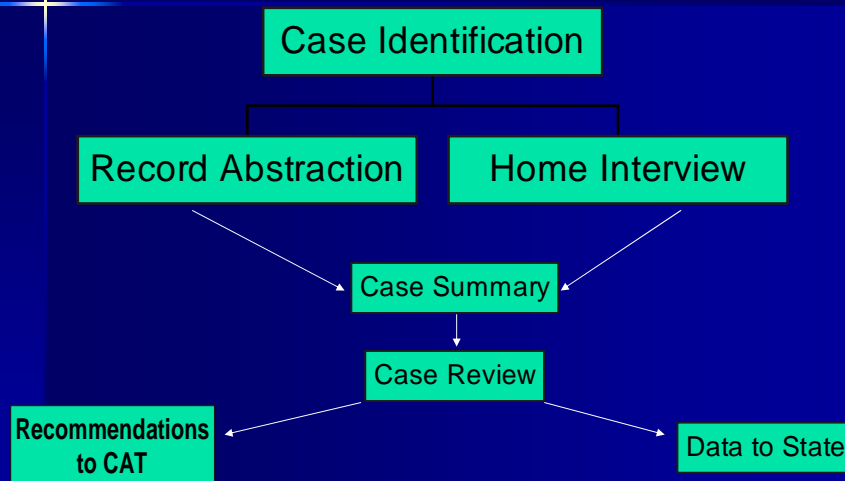
Role of the CRT (Community Review Team)

- Review Cases
 - Sentinel Events
 - Trends
 - Incidental Findings
- Develop Initial Recommendations

Role of the CAT (Community Action Team)

- Composed of those who have the political will and fiscal resources to create large scale systems change
- Responsible for taking CRT recommendations to **ACTION**
 - Creative solutions to improve services and resources
 - Prioritize and implement interventions

FIMR: Public Health Model





FIMR/HIV

- The goal of the FIMR/HIV Prevention Methodology is to improve perinatal HIV prevention systems by using the FIMR case review and community action process.

- National Collaboration
 - CityMatCH, CDC, ACOG, and the National Fetal and Infant Mortality Review Program (NFIMR)



FIMR/HIV: Michigan

- State Collaboration
 - Division of Family and Community Health Women, Infants and Family Health Section
Michigan FIMR

 - Division of Health, Wellness, and Disease Control
HIV/AIDS Prevention and Intervention Section
Ryan White Part D Program and
Perinatal Prevention Working Group

- 1 of only 2 state FIMR/HIV sites



FIMR/HIV: The Methodology

- Collection comprehensive quantitative and qualitative data about the pregnancy experiences of women with HIV
- In-depth look at the systems that result in a perinatal HIV exposure or transmission



Pilot Sites 2006-2008

- Detroit, MI (Detroit Department of Health and Wellness Promotion)
- Baton Rouge, LA
- Jacksonville, Florida

Highlights of Project Work

Detroit Pilot: 2006 - 2008

1. 58 chart abstractions completed
2. 17 CRT meetings held over the 2 years.
3. 37 cases were reviewed/ 30 maternal Interviews completed.

Highlights of Project Work (cont)

Brief Findings:

- 65% were HIV + prior to index pregnancy
- 38% acknowledged substance use prior to/during the pregnancy
- Current or past violent relationship, depression or other mental health problems, and inability to meet basic needs (housing, food) present in 19% of cases reviewed.

Summary of CRT Recommendations

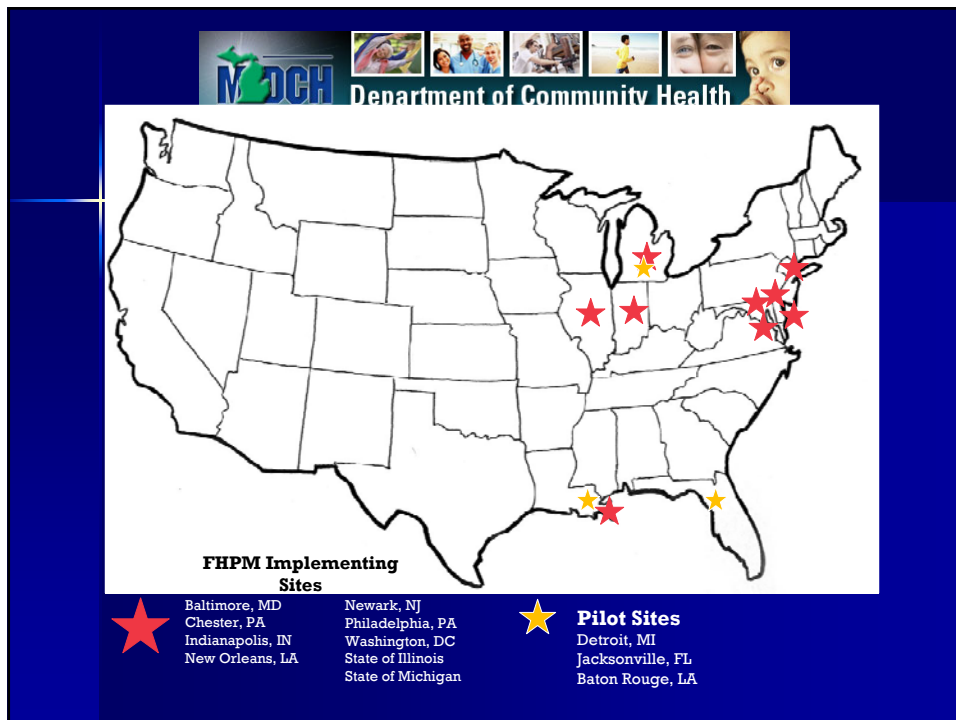
- Increase ease and access to mental health services
- Increase ease and access to substance abuse treatment services
- Education to help women recognize their risk of infection by partners with prior hx of injection drug use, prison, multiple sex partners, STI's

15

Eight Addition Sites Funded 09/10

- Baltimore, MD
- Chester, PA
- Indianapolis, IN
- Newark, NJ
- New Orleans, LA
- Washington, DC
- Philadelphia, PA
- Illinois

Michigan funded in FY 2011

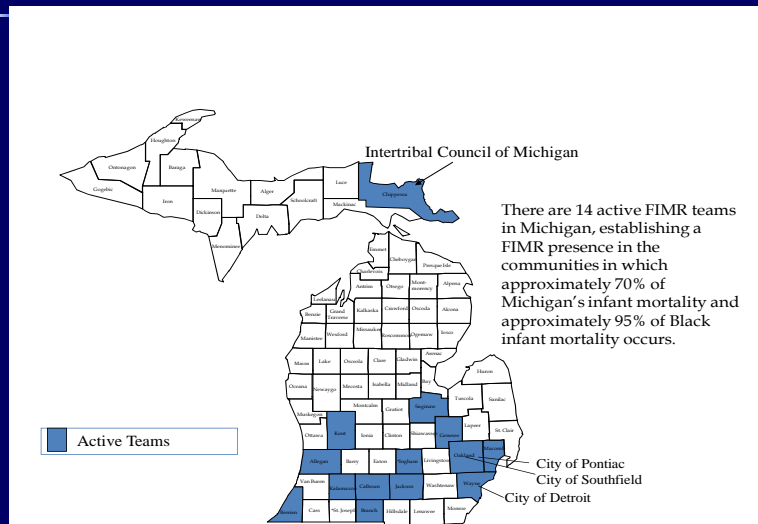


Department of Community Health

FIMR/HIV: The Methodology

- Identification system strengths, missed opportunities for prevention and, more rarely, failures of interventions to prevent perinatal transmission
- Development and implementation of improvements to systems of care for women with HIV infection and their infants

Michigan FIMR sites, September 2011



FIMR/HIV: Michigan

- **Statewide Project**
- **Participating Case Review Teams (CRTs)**
 - Detroit (Wayne County)
 - Pontiac (Oakland County)
 - Flint (Genesee County)
 - Grand Rapids (Kent County)
- **Statewide Perinatal Prevention Working Group**
 - State Community Action Team (CAT)
 - Work in collaboration with local CATs



FIMR/HIV: Case Identification

- All live births to HIV positive women
- Data Sharing Agreement Reached between project staff and surveillance section of HAPIS (Michigan's HIV/AIDS Prevention and Intervention Section)



2010 Michigan Births

- 31 prenatally exposed infants born to 30 mothers
- 9 infants are already known to be not infected, 22 status is unknown
- Of the 22 infants with status unknown, 19 or 86% are residents of one of the four participating FIMR/HIV sites

Progress

- To date: 8 cases abstracted
- Seven Maternal Interviews

The Story not told by Vital Statistics .

Home Interview

- Gives insight into the mother's experience before and during pregnancy
- Conveys the mother's story of her encounters with local service systems



Trends Identified

- 7 of 8 abstracted cases, moms had *some* prenatal care
- One had No prenatal care
- One delivered precipitously at home
- Large age gap – young maternal age and older FOB's
- Pt. Education is poorly documented, infectious disease prevention and medications good, general infant care poor.



Lessons Learned

- Strong relationship between MCH and HIV service professionals essential
- Adding ID specialists to existing FIMR teams a must
- Gives a voice to vulnerable women/families
- Brings players to a common table and improves communication among health and human service providers



Questions?

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