## **Other Perinatal/Infant Initiatives**

<u>State-wide FIMR</u>: Fetal and Infant Mortality Review (FIMR) Committees are action-oriented process aimed at improving services, systems, and resources for women, infants, and families to improve infant health outcomes. Much like the MMRC, FIMR brings a multidisciplinary team together to examine confidential, de-identified cases of fetal and infant deaths. Review of individual cases helps teams understand families' experiences, including racism, and how those experiences may have impacted maternal and child outcomes and to make actionable recommendations to improve infant health outcomes.

According to the 2022 Kansas Infant Mortality and Stillbirth Report, the 2022 infant mortality rate of 5.8 deaths per 1,000 live births was higher than the Healthy People 2030 objective of no more than 5.0 deaths per 1,000 live births.

Kansas currently has three community level FIMRs, all located in larger, urban communities. KDHE in partnership with the KPQC will explore advancing legislation needed for the establishment of a state level FIMR Committee so that a more complete picture of the drivers of infant mortality (especially in more rural/frontier counties) across the state might be established. The intent would be not to eliminate current community level FIMRs but to use the state-wide FIMR to compliment the work currently being done and allow the State to have a more comprehensive approach to fetal and infant death prevention and response.

<u>Birth Defects Surveillance (BDS)</u>: Continuation of verifying and referring core defects to internal and external partner groups: Kansas Special Healthcare Needs, Critical Congenital Heart Disease, and Kansas Early Childhood Development. This will ensure families and children affected by birth defects and other notifiable conditions receive proper education, outreach, and service navigation to effectively care for themselves.

Quality improvement will be implemented to find areas in the reporting process that need corrected. Education material relevant to core birth defects is being created by the Kansas Birth Defects Coordinator in collaboration with the Education and Outreach Coordinator. Continuation of sending referral letters to families upon verification of the birth defect via traditional mail, to include information on the programs the family is being referred to. Phone calls will be made in an effort to reach out to families for referrals to Special Health Care Needs. Outreach will continue to be delivered to subscribers of the Newborn Screening newsletter, now moved to govDelivery. Social media campaigns on specific topics such as Birth Defects Awareness Month (BDAM), World Birth Defects Awareness Day, and Folic Acid Awareness Week (FAAW) with collaboration with the consultant section. With the goal of bringing attention to resources and education provided by the state and other national organizations. Connection with local programs and families' resources will be conducted, beginning in June 2025 with Down Syndrome Innovation.