FIMR Data System
Data Dictionary
Version 1.1

Purpose: This document provides guidance for completing fields in the FIMR Case Reporting System. Not all items are listed here if they are commonly understood terms, such as “date of birth.”

General definitions

Fetal Death—Death before the complete expulsion or extraction from the mother of a product of human conception, fetus and placenta, irrespective of the duration of pregnancy; the death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Heartbeats are to be distinguished from fleeting respiratory efforts or gasps. This definition excludes induced terminations of pregnancies.

Infant Death—Any death at any time from birth up to, but not including, one year of age (364 days, 23 hours, 59 minutes from the moment of birth).

Live Birth—The complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

Neonatal Death—Death of a live-born neonate before the neonate becomes 28 days old (up to and including 27 days, 23 hours, 59 minutes from the moment of birth).

Case Definition

State ID
Automatically filled in based on your login information

Program ID
Automatically filled in for local-level (single-team) users
Drop-down to be available for regional (multi-team) or state-level users

Sequence Number
Online data entry will automatically increment to the next highest available number
Add cases sequentially because once created, the number cannot be changed.
Section 1 – Mother’s Case Summary Information

Mother’s last name
This field can be used, or not used, according to the team’s best practices. The user can elect to enter other information, such as the mother’s last name followed by the first name, or any other text which identifies the case.

Mother’s pre-pregnancy weight (pounds and ounces)
If unknown, leave blank

Mother’s height (pounds and ounces)
If unknown, leave blank

Mother’s Pre-Pregnancy Body Mass Index (BMI) number
Automatically calculated uses the following formula:

Formula: weight (lb) / [height (in)]^2 x 703

Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.

Example: Weight = 150 lbs, Height = 5'5" (65")
Calculation: [150 ÷ (65)^2] x 703 = 24.96

Mother’s Pre-Pregnancy Body Mass Index (BMI) category
1 = Underweight = <18.5
2 = Normal weight = 18.5–24.9
3 = Overweight = 25–29.9
4 = Obesity = BMI of 30 or greater
9 = Unknown

Mother’s pregnancy weight gain (pounds)
Enter in pounds. If weight is expressed with decimals, round up if .5 or over

Total Number of previous pregnancies
Does not include the index pregnancy

Based on the number of previous pregnancies reported, each pregnancy should be recorded with the following specific information

Year of previous pregnancy (e.g. 2007)

Outcome of pregnancy
1 = Spontaneous abortion (SAB) or miscarriage
2 = Stillbirth >= 20 weeks
3 = Therapeutic or elective abortion
4 = Ectopic pregnancy
5 = full term birth
6 = Premature birth
Number of prior pregnancies delivered by cesarean section

Were any full-term, singleton, vertex deliveries delivered by cesarean section?
1 = Mother had previous pregnancies but none were full-term, singleton, vertex deliveries
2 = Mother had previous pregnancies and at least one was a full-term, singleton, vertex delivery and no C-sections
3 = Mother had previous pregnancies and at least one was a full-term, singleton, vertex delivery which was delivered by C-Section
9 = Mother had previous pregnancies but unknown information about full-term, singleton, vertex pregnancies and/or C-Sections

Number of living children

If the fetus/infant being reviewed was part of a multiple gestation, and one or more of the other infants lived, include them in the count of living children.

Smoking in last 30 days of Pregnancy

Self-reported use of any tobacco product by mother
Section 2 – Data Abstraction Source tracking

This section can be used two ways:
1. If the abstractor would like to keep track of data sources still needed or;
2. If the review team would like to be apprised of the data sources used

Section 3 – Infant’s Case Summary Information

Was infant last placed on back to sleep?
Not applicable will be automatically filled in if Type of Death = Fetal

Cause of Death
408 – Other Trauma
Examples: Child was dropped or fell on head
Section 4: Issues Summary (Present or Contributing)

**Purpose:** This tool is meant to be used primarily for local teams to identify gaps in services and needs for improvement in care.

**General Instructions:**

- **P:** Issue was present in this case

- **C:** Review team felt that issue was a contributing factor in the death of the infant – not necessarily causative, but factor played a strong role in determining the outcome.

- **U:** It is unknown if issue or factor was either present or contributory to death from case summary, but circumstances lead review team to suspect factor played a role in outcome if data were complete.

Issues can be documented in more than one category for completeness of future case analysis. For example, **No drug testing** may be captured in category #6, Substance Use, as well as Inadequate assessment in category #4, Prenatal Care/Delivery.

1. **Preconception/Interconception Care**

   Note: The responses in this category are Yes, No and Unknown

   **Preconception Care** - Medical checkup before pregnancy documented including planning pregnancy.

   **Postpartum visit kept** - The mother kept her 4-6 week postpartum check.

   **Pregnancy Planning/Birth Control Education** - The mother received any pregnancy planning or birth control education at any time before this pregnancy.

   **Dental/Oral Care** - The mother had a dental care provider and had been seen by a dental care provider in the year prior to this pregnancy.

   **Chronic Disease Control Education** - Had the mother received education about controlling any of her chronic diseases at any time prior to this pregnancy with appropriate referrals made for control of chronic disease.

   **Weight Management/Dietician** - Had the mother received education about controlling any weight issues, whether under- or over-weight, at any time prior to this pregnancy with appropriate referrals made to a dietician.

   **Bereavement Referral** - Referral to any bereavement program, hospital, pastoral care or local program given at any time
2. **Medical: Mother**

**Teen Pregnancy**
- Early teen – maternal age 17 years or less at time of conception.
- Late teen – maternal age 18 or 19 at time of conception.

**Pregnancy > 35 years** – Maternal age over 35 at time of conception.

**Cord Problem** – Evidence of cord torsion, nuchal cord, insufficient number of cord vessels, prolapsed cord, cord compression, or other documented problems relating to the umbilical cord.

**Placental Abruption** – A condition in which the placenta separates from the inner wall of the uterus before the baby is born.

**Placenta Previa** – A placenta that is implanted in the lower uterine segment and covers all or part of the cervical. This should be clinically diagnosed.

**Chorioamnionitis** – Infection of the membranes surrounding the fetus.

**Pre-existing Diabetes** – A condition in which levels of sugar in the blood are too high.

**Gestational Diabetes** – Diabetes that arises during pregnancy; it results from the effect of hormones and usually subsides after delivery.

**Incompetent Cervix** – A weakened cervix that results in rapid and unexpected premature dilatation of the cervix and repeated spontaneous abortions, usually during second trimester. This should be clinically diagnosed.

**Infection: BV** - Bacterial Vaginosis: An imbalance of the bacterial vaginal flora, detected prenatally or at delivery.

**STI** – Sexually Transmitted Infection: Any infection spread during sexual contact. Includes AIDS, herpes, gonorrhea, syphilis, chlamydia, papilloma virus (genital warts) and a number of others. *Please specify on line provided*

**Other Source of Infection** – Any significant source of maternal infection, including periodontal, UTI, etc. *Please specify on line provided.*

**Multiple Gestation** – Pregnancy with more than one fetus at conception: twins, triplets, etc.

**Mother’s weight** – includes both Underweight – BMI (Body Mass Index) < 19.8 pre-pregnancy and Overweight – BMI 26.1 – 29 and obese pre-pregnancy.

**Insufficient /Excess Weight Gain** – Weight loss, little or not enough gain using the mother’s BMI and standards for nutrition during pregnancy put out by the Institute of Medicine.

**Poor Nutrition** – Food intake insufficient for healthy pregnancy, given the mother’s BMI – usually noted in the prenatal record or strongly suspected by the clinician(s) on the case review team.
**Pre-existing Hypertension** – Elevated Blood Pressure documented before pregnancy, B/P greater than 140/90, or greater than 10 mm above patient’s baseline B/P.

**Pregnancy Induced Hypertension (PIH)** – Hypertensive states of pregnancy that have not been preceded by any chronic high blood pressure. Classification: 1. Without proteinuria (protein in the urine), 2. With proteinuria (pre-eclampsia), and 3. Accompanied by seizures (eclampsia).

If Pregnancy-induced Hypertension – select either Pre-eclampsia or eclampsia

**Pre-term Labor** – Onset of Labor before 37 weeks gestation.

**Pregnancy < 18 months apart** – Current conception occurring less than eighteen months from the date of last delivery or pregnancy outcome.

**PROM/PPROM/Prolonged Rupture of Membrane** – Premature Rupture of Membranes (PROM) – Spontaneous rupture of the bag of the waters any time before the onset of labor. Preterm Premature Rupture of Membranes (PPROM) - Bag of waters ruptured before onset of labor and before 37 completed weeks of gestation. Prolonged Rupture of Membranes – Bag of waters has been ruptured greater than 24 hours before birth.

**Dental / Oral Issues** – Mother noted to have dental/oral issues – bleeding gums, cavities, abscesses, tooth loss, periodontal gum disease, poor dental hygiene etc.

**Previous VIP**– Previous pregnancy ending in voluntary termination of the pregnancy.

**Previous SAB** – Previous pregnancy ending in a spontaneous miscarriage (abortion), not live born.

**Oligo- or Poly-hydrarnios** – Oligohydramnios: Smaller than normal amount of amniotic fluid. Polyhydramnios – Larger than normal amount of amniotic fluid, often associated with certain congenital anomalies or maternal diabetes.

**Previous Fetal Loss** – Previous pregnancy ending in a stillbirth (infant greater than 20 weeks gestation or greater than 400 grams).

**Previous Infant Loss** – Previous pregnancy ending in the live birth of a child who did not survive to his/her first birthday, regardless of weight or gestation.

**Previous LBW Delivery** - Delivery of an infant less than 2500 grams birth weight prior to this birth.

**Previous Preterm Delivery** – Delivery of an infant, either stillborn or liveborn, at less than 37 weeks gestation, prior to this birth.

**Previous C-Section** - Delivery of a previous pregnancy by C-section

**Previous Ectopic Pregnancy**- Any pregnancy implanted outside of the uterine cavity

**First Pregnancy < 18 years old** – Maternal age less than 18 at conception of first pregnancy.

> 4 Live Births – Four or more live births prior to this pregnancy.
Assisted Reproductive Technology – Interventions to aid conception, including ovulation stimulation, fertility medications, GIFT, ZIFT procedures.

3. Family Planning

Intended Pregnancy – Mother wanted to be pregnant at the time of conception.

Unintended Pregnancy - Mother did not want to be pregnant at this time.

Unwanted Pregnancy – Mother did not want to be pregnant then or at any time in the future.

No Birth Control – Neither the mother nor her partner used a family planning method prior to this pregnancy.

Failed Contraceptive - The mother and her partner used a family planning method but she became pregnant anyway.

Lack of Knowledge: Methods – The mother did not have knowledge or correct understanding of how to use family planning methods.

Lack of Resources – The mother did not know how to access resources for family planning methods, or some barrier existed that prevented her or her partner from obtaining services for family planning.

4. Substance Use

Positive Drug Test – The mother had any positive toxicology screen for substances during pregnancy or at delivery

No Drug Test – The mother met criteria for complications known to be associated with drug use but was not tested.

Tobacco Use: History but not current – Any use by the mother of any tobacco product prior to pregnancy up to the time of the infant’s conception. (Note: second hand smoke from any source in the home is noted in category #14, Environment)

Tobacco Use: Current - Any use by the mother of any tobacco product during or after pregnancy up to the time of the infant’s death. (Note: second hand smoke from any source in the home is noted in category #14, Environment)

Alcohol Use: History but not current – Any history of any alcohol use by the mother prior to pregnancy up the time of the infant’s conception

Alcohol Use: Current – Any use by the mother of any alcohol during or after the pregnancy, up until the time of the infant’s death.

Illicit Drugs - Any use by the mother of any illegal substance during or after the pregnancy, up until the time of the infant’s death. Specify the type(s) of drug if known.

History of drug use, not current – Mother has a history of illicit drug use prior to conception.
Use of Un-prescribed Medications - Any use by the mother of any prescription drug not prescribed for her during or after the pregnancy, up until the time of the infant’s death. Specify the type(s) of drug if known.

OTC/Prescription Drugs – Any use by the mother of over the counter or prescription drugs prescribed for the mother during or after pregnancy (up until the time of infant’s death) and not under the apparent supervision of a physician. Specify the type(s) of drug if known.

5. Prenatal Care/Delivery

Standard of Care Not Met – Prenatal assessment or treatment did not meet commonly accepted obstetric practice standards.

Inadequate Assessment – Prenatal providers did not appropriately assess for certain conditions or circumstances.

No Prenatal Care – Mother did not receive any prenatal care (nurse visits in this category do not count as prenatal care).

Late Entry to Prenatal Care – First prenatal visit (excluding nurse visit) occurred after 12th week of gestation.

Lack of Referrals – Conditions or circumstances were identified in assessment, but no referral(s) made to existing appropriate services.

Missed Appointments – Missed prenatal appointments resulted in sporadic care.

Multiple Providers/Sites – Mother received prenatal care from more than one provider, resulting in sporadic and fragmented care.

Lack of Dental care - No dental care for more than 6 months (ACOG)

Inappropriate Use of ER - Multiple visits to the ER to treat conditions that could be handled by attending physician, either general practitioner or OB doctor.

6. Medical: Fetal/Infant

Non-viable fetus, 22 weeks or less

LBW - Low Birth Weight – Any newborn, regardless of gestational age, whose weight at birth is less than 2500 grams. (5# 5 ounces)

VLBW - Very Low Birth Weight – Any newborn, regardless of gestational age, whose weight at birth is less than 1500 grams. (3# 5 ounces)

ELBW – Extremely Low Birth Weight – Any newborn, regardless of gestational age, whose weight at birth is less than 750 grams. (1# 10 ounces)
Intrauterine Growth Restriction (IUGR) – Birth weight of the fetus is below the 10th percentile of mean weight for gestational age.

Congenital Anomaly – Birth defects, malformations, chromosomal syndromes and other conditions noted prenatally, at delivery, or on autopsy.

Prematurity – Infant born at less than 37 weeks gestation.

Infection/Sepsis – Infant shows clinical evidence or symptoms known to be associated with infection.

Failure to Thrive – An abnormal lag in growth and development of an infant resulting from conditions that interfere with normal metabolism, appetite, and activity. Causative factors may include chromosomal abnormalities, major organ system defects, disease or acute illness, physical deprivation or neglect.

Birth Injury – Insult or injury occurring to the fetus in the process of birth. (ex. Hypoxia, fractured clavicle, cephalahematoma, etc.)

Feeding Problem – Infant exhibits inability or lack of desire to feed from breast or bottle.

Respiratory Distress Syndrome (RDS) – Acute lung disease of the newborn caused by progressive respiratory failure resulting from inadequate surfactant function – also called Hyaline Membrane Disease.

Developmental Delay – Infant falls below the norm in any one of these five areas: Gross motor, fine motor, social interaction, language, self-help

Inappropriate Level of Care – Infant delivered or mother treated in facility without level of care designation needed for maternal or infant conditions. (example: 24 week gestation infant delivered at facility without a NICU)

Positive drug test – Infant had a positive toxicology screen post-delivery

7. Pediatric Care

Standard of Care Not Met – Infant assessment of treatment did not meet commonly accepted pediatric practice standards.

Inadequate Assessment – Pediatric provider did not appropriately assess for certain conditions or circumstances.

No Pediatric Care – The infant was not seen for routine well baby visits, immunizations or other non-emergency care.

Lack of Referrals - Conditions or circumstances were identified in assessment, but no referral(s) made to existing appropriate services.

Missed Appointments/Immunizations – Missed pediatric appointments resulted in ineffective pediatric care or Missed one or more of standard immunizations recommended for age
Multiple Providers/Sites - Infant received pediatric care from more than one provider, resulting in sporadic and fragmented care.

Inappropriate Use of ER – Multiple visits to ER to treat conditions that could be handled by attending physician, either general practioner or OB doctor.

8. Environment

Unsafe Neighborhood – Mother or family discloses that there is general fear for safety in the neighborhood where they resided during pregnancy and while the infant was alive. Neighborhood known to local law enforcement or public health to have a high incidence of violence, crime, and neglect.

Substandard Housing – Any housing that does not meet local housing codes; evidence of unreliable heat, poor water quality, infestations, structural insufficiencies.

Overcrowding – More people living in the housing space than the space was designed to accommodate.

Second Hand Smoke – Regular ongoing smoke inhaled by a pregnant woman or the infant from tobacco, MJ and crack cocaine.

Little/No Breastfeeding – Infant was not breastfed or did not receive pumped breast milk for significant amount of time.

Improper/No Car Seat Use – While in a moving vehicle, infant was not restrained or was restrained incorrectly in a child passenger safety seat at the time of injury leading to death. Includes using the car seat for infant sleep or leaving the car seat on a table or other furniture where the infant and/or car seat can fall.

Unsafe sleep location – Infant was placed in near proximity to one or more persons, on the same sleep surface, when found unresponsive. Infant was sleeping on a surface other than one specifically designed for safe infant sleep* when found unresponsive. Infant was found unresponsive on bedding softer than a firm crib mattress and/or near pillow, blankets, comforter, waterbed, sheepskin, etc. (*CPS approved)

Infant Overheating – When found unresponsive, infant was overheated by over dressing with too many clothes or blankets, the room or area was overly warm from a furnace, space heater, fireplace, oven, or there was a lack of ventilation allowing heat to build up. (e.g. enclosed car)

Not Back Sleeping Position (Non Supine) – Infant put to bed or found in any position other than on his/her back.

Apnea Monitor, misuse – Infant was on prescribed apnea monitor following discharge from hospital. Includes:
- monitor was prescribed, not in use
- monitor was in use and malfunctioned or was not used properly

Lack of Adult Supervision – see also section 10 – child neglect – Event in which parent or caretaker did not provide adequate and reasonable supervision of infant due to absence or impairment.
9. **Injuries**

**Suffocation/Strangulation** – Infant died due to injuries or conditions resulting from suffocation, strangulation, hanging, or entrapment.

**Abusive Head Trauma** - Infant died due to injuries or conditions resulting from Abusive Head Trauma, including being intentionally shaken by another.

10. **Social Support**

**Lack of Family Support** - The mother had few or no friends or family members providing emotional, financial, or physical support during or after her pregnancy.

**Lack of Neighbors/Community Support** – The mother did not feel that she could rely on neighbors or nearby community members for help or support if she needed it.

**Lack of Partner/FOB Support** – The father of the baby did not contribute in a significant emotional, financial, or physical fashion.

**Single Parent** – Mother is unmarried or is separated from the FOB/partner.

**Living Alone** – Mother is living on her own or alone with her dependent children.

**< 12th Grade Education** – Last grade of school completed by mother is less than 12th grade.

**Special Education/Disability** – Mother has documented learning disability or condition resulting in impaired understanding or use of knowledge.

**Physical or Cognitive Disability** - Mother had documented physical or cognitive disability

11. **Partner / FOB / Caregivers**

Partner / FOB / Caregiver is indicative of another person, besides the mother, who has shared care for the infant on a regular basis or other individual in the role of parent

**Employed** - Currently employed, full- or part-time

**History of Mental Illness**- Documented history of mental illness

**Substance or Tobacco Use/Abuse – Current** - Any use by the partner/FOB/caregiver of any alcohol, illicit drugs or tobacco product during or after pregnancy up to the time of the infant’s death. *(Note: second hand smoke from any source in the home is noted in category #14, Environment) Specify the type(s) of drug, including tobacco if known.*

**Substance or Tobacco Use/Abuse – History** - Any use by the partner/FOB/caregiver of any alcohol, illicit drugs or tobacco product prior to pregnancy up to the time of the infant’s conception. *(Note: second hand smoke from any source in the home is noted in category #14, Environment) Specify the type(s) of drug, including tobacco if known.*
12. Family Transition

**Frequent/Recent Moves** – Living situation is unstable and mother has moved frequently before, during, or after the pregnancy.

**Living in Shelter/Homeless** – The mother and baby were homeless, living on the street, living in a shelter, or making frequent moves among friends and family members immediately before, during, or after the pregnancy, or while the infant was alive.

**Concern Re: Citizenship** – The mother or other principal caretaker exhibited concerns that their documentation or citizen status may compromise their ability to seek or receive services.

**Divorce/Separation** – The mother separated or divorced from her spouse or intimate partner immediately before, during, or after the pregnancy or while the infant was alive.

**Multiple Partners** – More than one sexual partner in a 12 month period

**Mom in Prison/Parole or Probation** – Biological mom was incarcerated, paroled, or on probation immediately before, during or after the pregnancy or while the infant was alive.

**FOB in Prison/Parole or Probation** – Either biological father or other individual in the role of parent was incarcerated, paroled, or on probation immediately before, during or after the pregnancy or while the infant was alive.

**Major Illness/Death in Family** – A major illness or death of a family member, having an impact on the family’s socioeconomic status or essential functions immediately before, during, or after the pregnancy, or while the infant was alive.

13. Mental Health/Stress

**Maternal Hx of Mental Illness** – Mother of the baby has a history of documented mental illness, suicide attempts or gestures, hospitalizations, supervised medication, or other indicators of mental illness.

**Depression/Mental Illness During Pregnancy/Postpartum** – The mother of the baby displays clinical symptoms of depression, makes suicidal attempts or gestures, is hospitalized or under supervised medication, or otherwise is experiencing other indicators of mental illness during pregnancy or while the infant is alive.

**Multiple Stresses** - The mother experiences three or more family, economic, environmental, or other stresses during pregnancy or while the infant is alive.

**Social Chaos** – When social interaction and social support systems are destructive and/or disruptive of functional stability making it difficult to function in life.

**Employed** - Mother of baby had a job.

**Concern About Enough Money** - The mother or other principal caretaker expressed concerns about having enough money on a month to month basis to meet basic needs of the family during pregnancy or while the infant is alive.
Work/Employment Problems – An aspect of the mother’s employment or work situation caused worry or stress during pregnancy or during the time the infant is alive. (examples: insufficient or no maternity leave, large amounts of time without rests, etc.)

Child/Children with special needs – Other child dependent children of the mother or partner experiencing health or behavioral problems.

Problems with Family/Relatives - Negative influence of friends/family – The mother’s friends, partner, FOB, and/or family members contributed to the mother acting in a manner detrimental to her health or her baby’s health.

Lack of Grief Support – Family did not receive appropriate and culturally relevant services related to bereavement and grief support following the death of the infant.

- No referral for grief services made.
- No appropriate bereavement services available in this community.
- Referral was made and services were reasonably available, however family did not access services.

14. Family Violence/Neglect

History of Abuse (mom) – Disclosure or evidence of past physical, emotional, or sexual abuse of mother, not with current partner or FOB, not during the pregnancy or while infant is alive. Specify

Current Abuse (mom) – Disclosure or evidence of physical, emotional, or sexual maltreatment of the mother by spouse, current or former dating partner, or any other family member, friend, or relative. Physical Abuse includes hitting, slapping, pushing, throwing objects, or any other act, which results in non-accidental physical injury to the mother. Emotional abuse includes name-calling, threats, intimidation, coercive behavior, controlling or preventing mother from seeking and engaging in services. Sexual Abuse includes forced or hurtful sex, non-protected sex, or otherwise engaging the mother in sexual acts she does not want to do. Current Abuse is events taking place in the three months prior to conception, during the pregnancy, and while the infant is alive.

Hx Child Abuse – This Child – Evidence of past physical, emotional, or sexual abuse of this child by the parent or caretaker. May be disclosed in home interview, suspected or confirmed reports to child protective services, law enforcement records, and/or medical records.

Hx Child Abuse – Other Child – Evidence of past physical, emotional, or sexual abuse of any other child(ren) in the household by the parent or caretaker. May be disclosed in home interview, suspected or confirmed reports to child protective services, law enforcement records, and/or medical records. Include children in other homes, for example a father’s previous relationship and non-custodial children.

Hx Child Neglect – This Child – The negligent treatment or maltreatment of this child by the parent or caretaker under circumstances indicating harm or threatened harm to the child’s health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that
his/her personal health is endangered (failure to provide adequate food, clothing, shelter, medical care, competent supervision).

**Hx Child Neglect – Other Child** – The negligent treatment or maltreatment of any other child(ren) in the household by the parent or caretaker under circumstances indicating harm or threatened harm to the children’s health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that his/her personal health is endangered (failure to provide adequate food, clothing, shelter, medical care, competent supervision).

**Multiple CPS Referrals** - Any CPS referrals, substantiated or not

**Multiple Police Reports** – More than one occurrence where either parents or caretakers of the infant are involved in police reported incidents as victim, perpetrator, or witness to violent or potentially criminal event.

15. **Culture**

**Language Barrier** – The mother and/or other principal caretakers for the infant were not able to communicate expediently with providers because of language differences. Includes use of interpreters.

**Beliefs re: Pregnancy/Health** - The mother or principal caretakers for the infant exhibited health beliefs inconsistent with standard medical practice.

16. **Payment for Care/Services**

**Private Insurance**- Family’s medical care paid for by a private third party payer, such as BCBS or family’s medical care paid for by a private third party payer under an HMO or managed care program, such as Health Plus or BCN.

**Medicare** – Family’s medical care paid for by Medicare

**Medicaid** – Family’s medical care paid for by FIA of other government support, non-managed care or family’s medical care paid for by a managed care program of FIA of other government support.

**Self-Pay/Medically Indigent** – Patient/family did not have insurance or other means for paying for prenatal care, delivery, and/or pediatric care.

17. **Services Provided**

**Inadequate Information** – The family/mother did not receive prevention education and information that would have helped to prevent the infant death. Specify the education topic area in the space provided. (e.g. Safe Sleep Environment, S & S of preterm labor)

**WIC** - Participation in the Women, Infants, Children’s program

**Mother/Child Not Eligible** – The mother, principal caretaker, and/or child are not eligible for a needed service.
**Poor Provider Communication** – The service providers in the case were not known to each other or did not share with each other potentially important information about the case.

**Client Distrust/Fear/Dissatisfaction with System or Providers- Pediatric** – The family’s fear of, distrust, or dissatisfaction with a pediatric care provider was a factor in their not using a service in a timely or effective manner.

**Client Distrust/Fear/Dissatisfaction with System or Providers - Hospital** – The family’s fear of, distrust, or dissatisfaction with a hospital provider was a factor in their not using a service in a timely or effective manner.

**Client Distrust/Fear/Dissatisfaction with System or Providers - Prenatal** – The family’s fear of, distrust, or dissatisfaction with a prenatal care provider was a factor in their not using a service in a timely or effective manner.

**Dissatisfaction with support services** – The family’s fear of, distrust or dissatisfaction with services such as WIC, MiHP, Healthy Start, etc.

**Lack of Child Care** – Parent or principal care giver did not have access to quality, affordable child care by relatives, support persons, or licensed day care during pregnancy, delivery, or while infant was alive.

18. **Transportation**

**No Public Transportation** - No existing or readily accessible public transportation during pregnancy, time of delivery, postpartum, and while infant was alive.

**Inadequate/Unreliable Transportation** – Mother or principal caretaker of infant did not have reliable private transportation to needed services, or lack of transportation caused mother or caretaker to miss appointments or services.

19. **Documentation**

**Inconsistent or Unclear Information** - Abstractor or review team members felt some part of the record was ambiguous, unclear or data from different sources found to be conflicting (prenatal record shows 5 OB visits, birth certificate shows 10)

**Inconsistent Vital Records data** - Abstractor or review team members felt some part of the Vital Record was inconsistent with other records found during case abstraction.

**Missing Data** – Data that was documented as ordered or assessed, but results not found (placental pathology ordered but not found in chart)

**No Death scene investigation** – No Death Scene Investigation was performed.

**No doll re-enactment** – Investigators did not perform a doll re-enactment.

20. **Other**

Document any other issues pertinent to this case which have not already been captured in prior category.