



2023

CUYAHOGA COUNTY  
 **FIMR**  
FETAL INFANT MORTALITY REVIEW

# Annual Report

# About FIMR

The Cuyahoga County Board of Health (CCBH) implemented the first countywide Fetal Infant Mortality Review (FIMR) program in 2014.

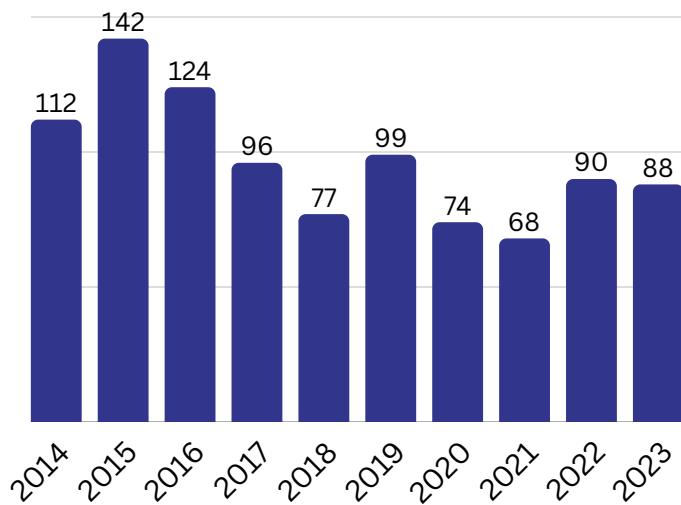
FIMR is a multi-disciplinary process that reviews infant deaths and fetal deaths 20 weeks or more gestation. The intent is to reduce and prevent future losses and improve the health and well-being of pregnant women and infants.

These systemic reviews lead to identification of trends and contributing risk factors and the development of recommendations for policy change and interventions to address social and environmental factors that contribute to loss.

## Fetal Deaths in Cuyahoga County

Fetal death is the spontaneous intrauterine death of a fetus, which more generally refers to a fetus that is born lacking any signs of life. Fetal deaths that occur before or during delivery after 20 weeks of gestation are commonly referred to as *stillborn*. These losses are reportable to CCBH and the Ohio Department of Health. Loss of a fetus prior to the 20<sup>th</sup> week of pregnancy is commonly referred to as a miscarriage and is generally not reportable.

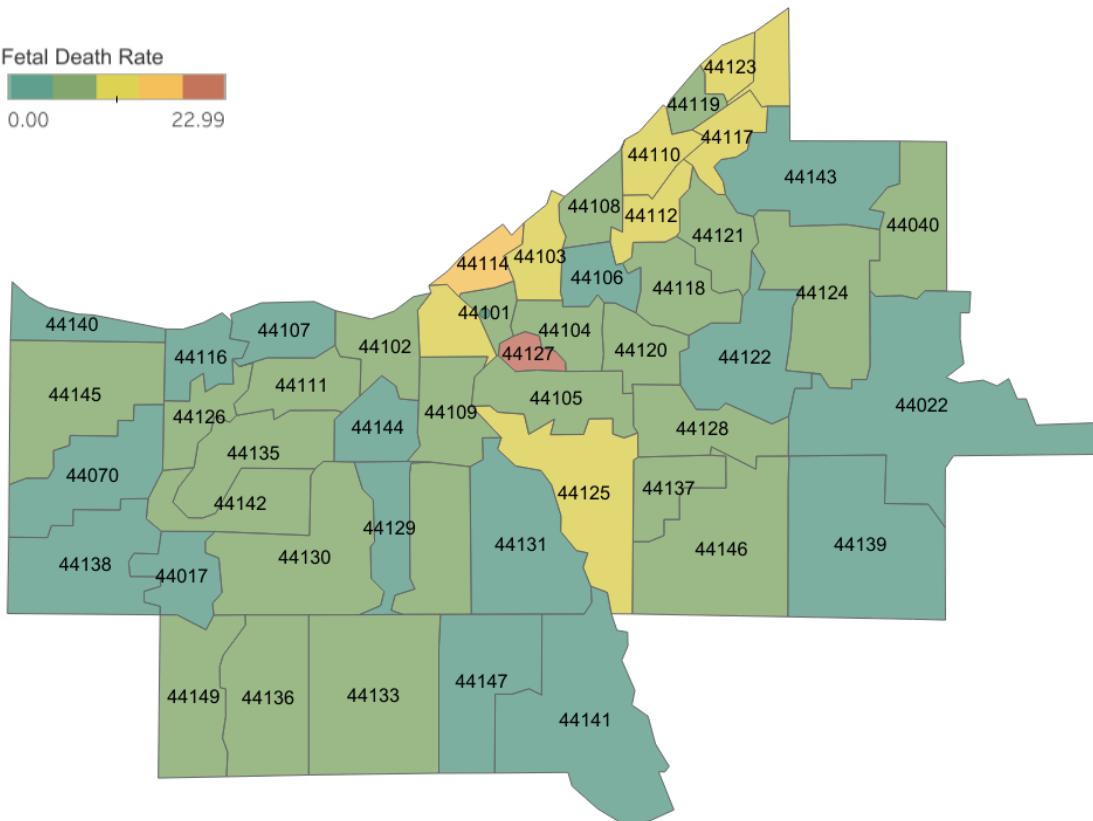
While infant mortality is often the main focus of reproductive loss, fetal deaths account for 44% of all reportable pregnancy and infant losses in Cuyahoga County.



In 2023, there were **88 fetal deaths**, which is a decrease of 2, and approximately 10% lower than the 10-year average.

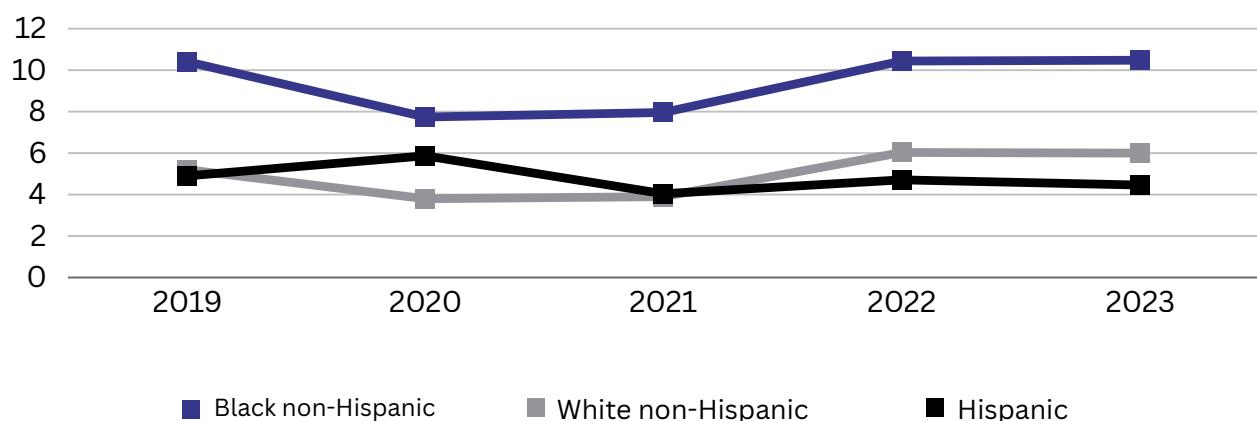
Fetal deaths in Cuyahoga County have been gradually decreasing over the last 10 years

The 2023 Fetal Mortality Rate (FMR) for Cuyahoga County was **6.9** per 1,000 live births plus fetal deaths, which is greater than the state of Ohio (**6.1**) and the United States (**5.5**)



The Fetal Death Rate for 2019-2023 varies significantly by geographic location. The map above shows the fetal death rate by zip code, which ranges from 0.0 to 22.99 fetal deaths (per 1,000 live births + fetal deaths). Many outer suburbs of the county had no fetal deaths during this five-year period, while areas that were predominantly black, highly impoverished and lacked resources had fetal mortality rates of 20+. During this five-year period, 44127 had the highest fetal death rate of 22.99.

Similar to infant mortality, there are significant racial disparities that remain very evident in fetal losses; black non-Hispanic women experience fetal loss at a rate nearly double that of white non-Hispanic women.



## Fetal Deaths by Gestational age

Fetal deaths are categorized into three groups based on the gestational age: intermediate period, late period and term. The majority of fetal deaths in 2023 occurred during the intermediate period.



**Intermediate** (20-27 weeks)

**54.5%**



**Late** (28-36 weeks)

**36.4%**

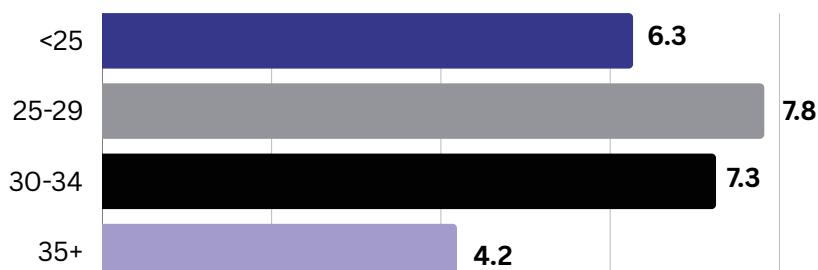


**Term** (37+ weeks)

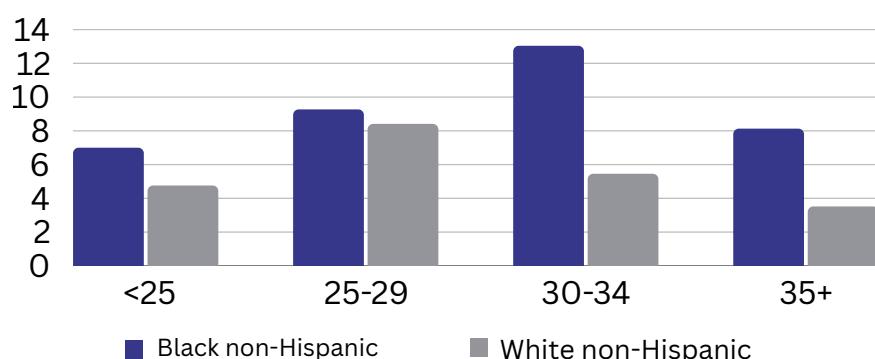
**9.1%**

## Maternal Age

Maternal age has been strongly associated with adverse pregnancy complications for decades. Particularly, advanced maternal age (35+ years) is a significant risk factor for experiencing poor pregnancy outcomes and fetal death. However, in 2023, mothers aged 35+ had the lowest fetal death rate among all mothers.

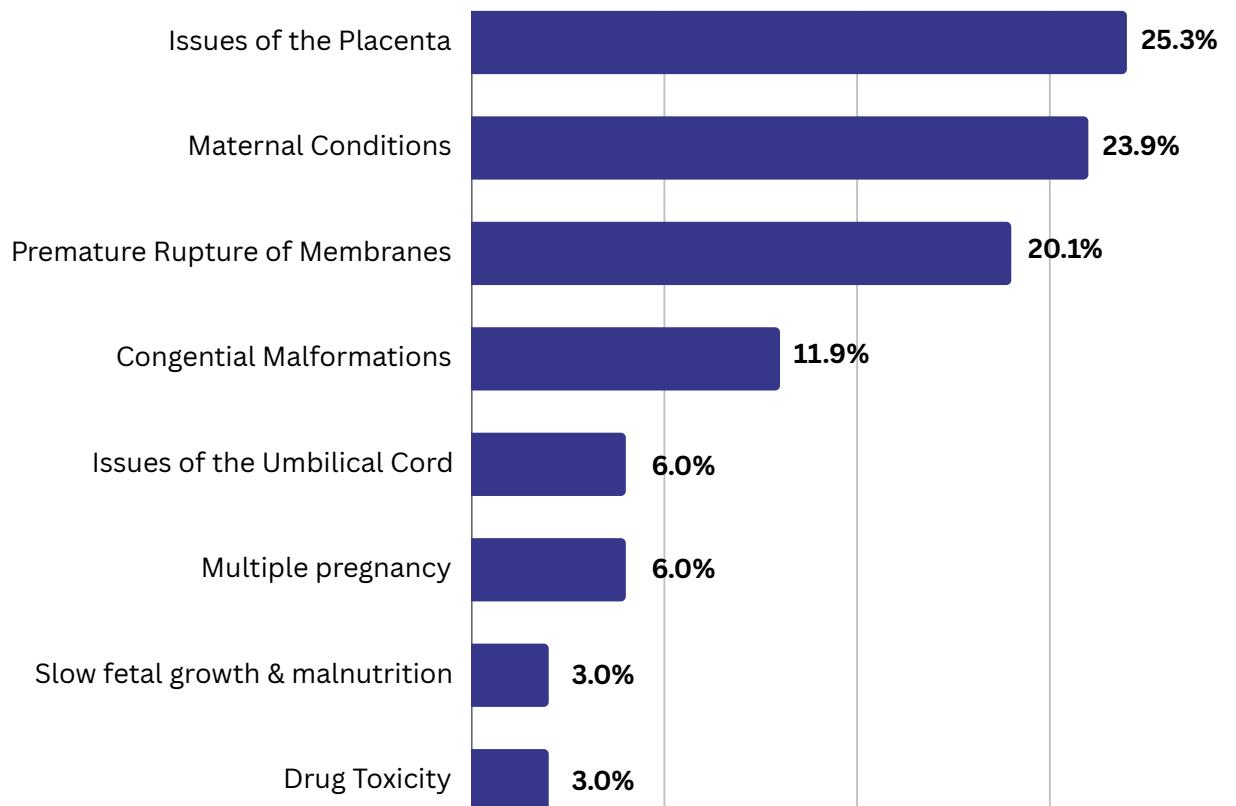


Black non-Hispanic mothers are more likely to experience a fetal loss across all age categories. Black non-Hispanic mothers over 30 years old experience fetal loss at a rate 2.4 times higher than that of white non-Hispanic mothers.



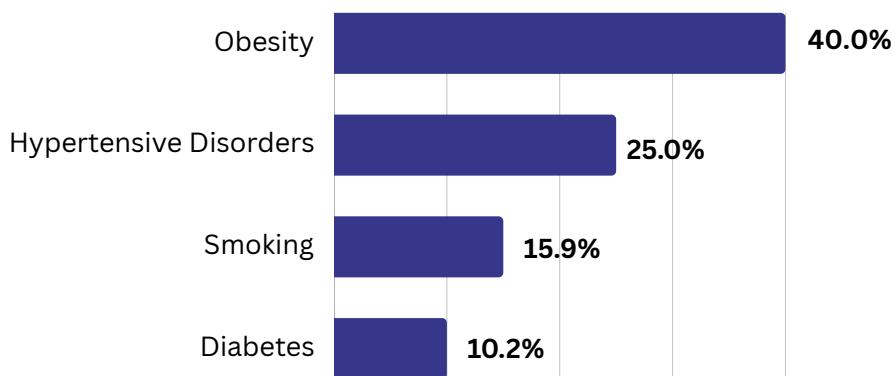
## Cause of Death

The leading cause of fetal death in 2023 was issues of the placenta. This included placental abruption, which accounted for half of these deaths. Along with issues of the placenta, maternal conditions and Premature Rupture of Membranes (PROM) each accounted for at least 20% of fetal deaths.



## Leading Maternal Risk Factors in 2023

The leading maternal risk factors that were present in many of these fetal deaths include obesity, hypertensive disorders, smoking and diabetes.



## 2023 Team Recommendations

Promote fetal movement awareness education and the importance of reporting changes in movement

Support transportation needs including emergencies

Education and awareness of labor and delivery specific emergency room usage

Chronic disease education and management in people of pregnancy bearing age

Promote COVID-19 vaccination

Support community resource referral efforts

Support dual diagnosis services for mental health and drug addiction services

Interconception care education

Support language translation services

Support services for incarcerated pregnant people

Education about vaping during pregnancy

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