2024

CUYAHOGA COUNTY

FIMR

FETAL INFANT MORTALITY REVIEW

Annual Report

CCBH CUYAHOGA COUNTY BOARD OF HEALTH

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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.

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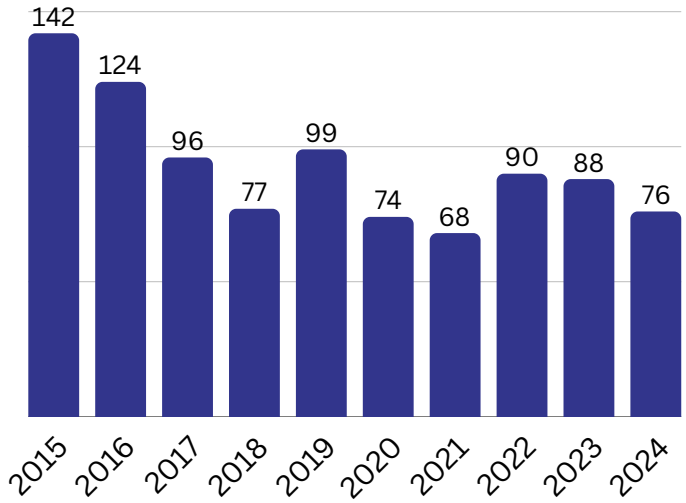
Fetal Deaths in Cuyahoga County

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 20th week of pregnancy is commonly referred to as a miscarriage and is generally not reportable.

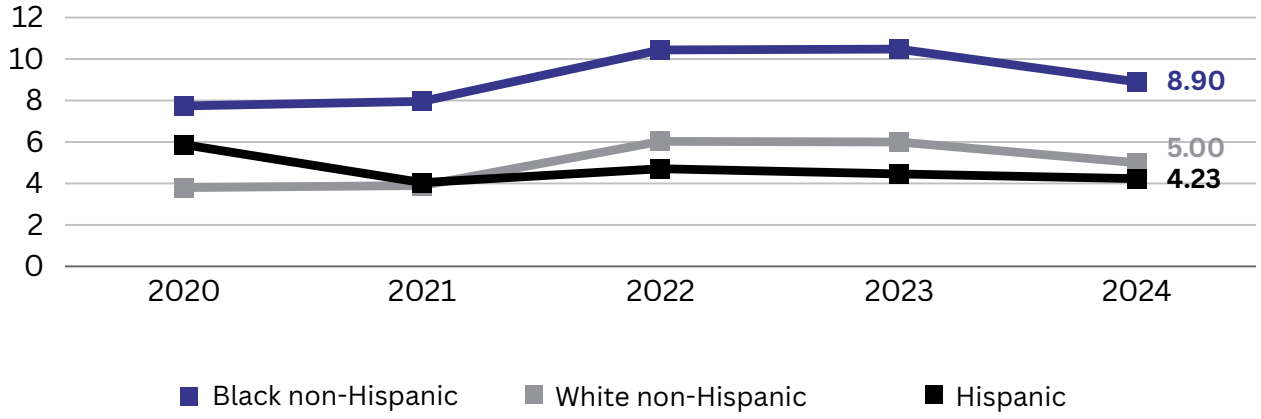
While infant mortality is often the main focus of reproductive loss, fetal deaths account for 42% of all reportable pregnancy and infant losses in Cuyahoga County.



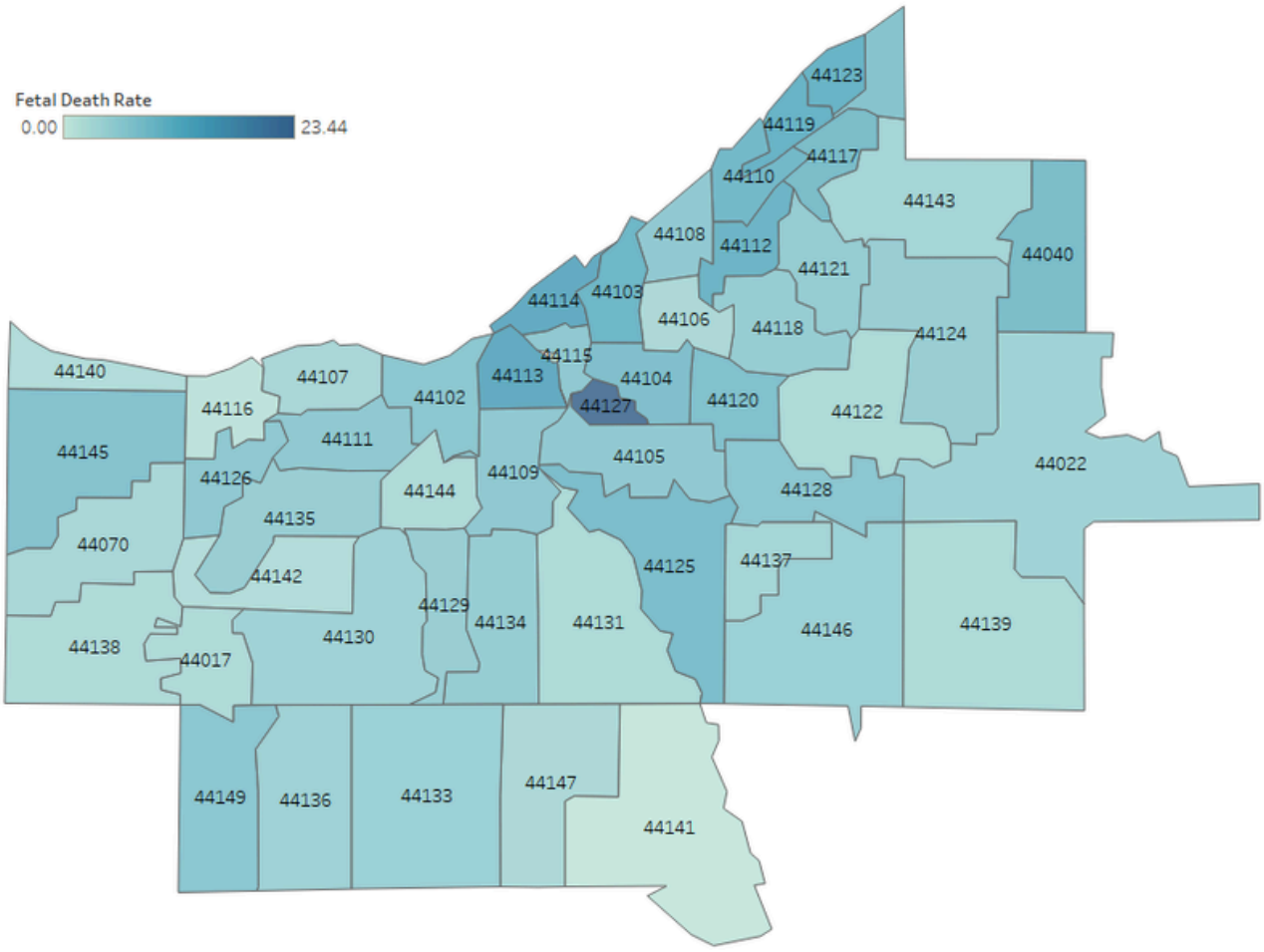
In 2024, there were 76 **fetal deaths**, which is a decrease of 12, and approximately 10% lower than the 10-year average (6.8).

The 2024 Fetal Mortality Rate (FMR) for Cuyahoga County was **6.1** per 1,000 live births plus fetal deaths, which is greater than the state of Ohio (**5.5**) and the United States (**5.4**)

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 Geographic Location

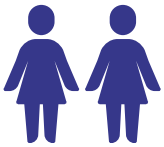


The Fetal Death Rate for 2020-2024 varies significantly by geographic location. The map above shows the fetal death rate by zip code, which ranges from 0.0 to 23.44 fetal deaths (per 1,000 live births + fetal deaths). Many outer suburbs of the county had no fetal deaths during this five-year period, 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 23.44.

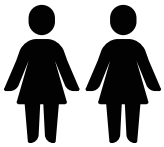
Fetal Deaths by Gestational Age

Fetal deaths are categorized into three groups based on the gestational age: intermediate period, late period and term. The majority of fetal deaths in 2024 occurred during the intermediate period.

Intermediate (20-27 weeks)
59.2%



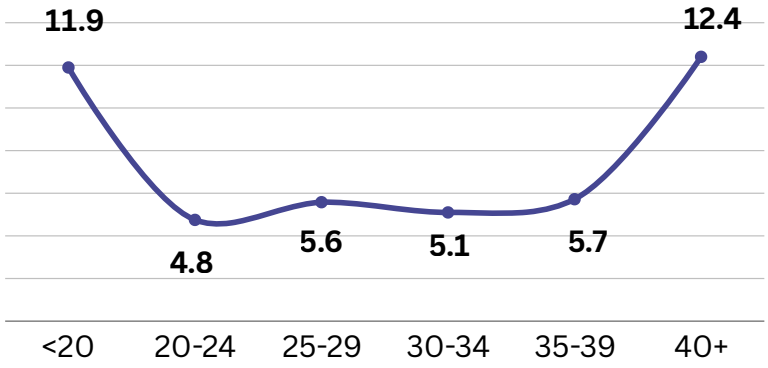
Late (28-36 weeks)
23.7%



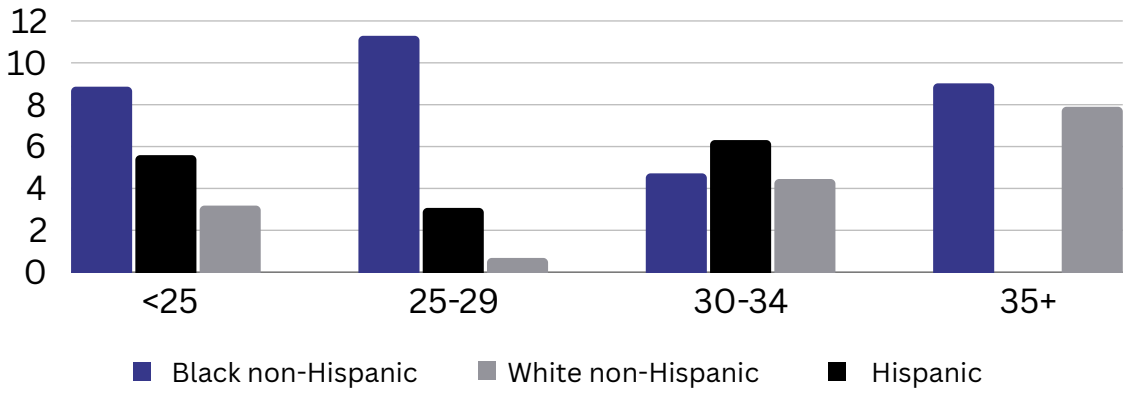
Term (37+ weeks)
17.1%

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, mothers aged <20 years old experienced fetal death at a similar rate in 2024.

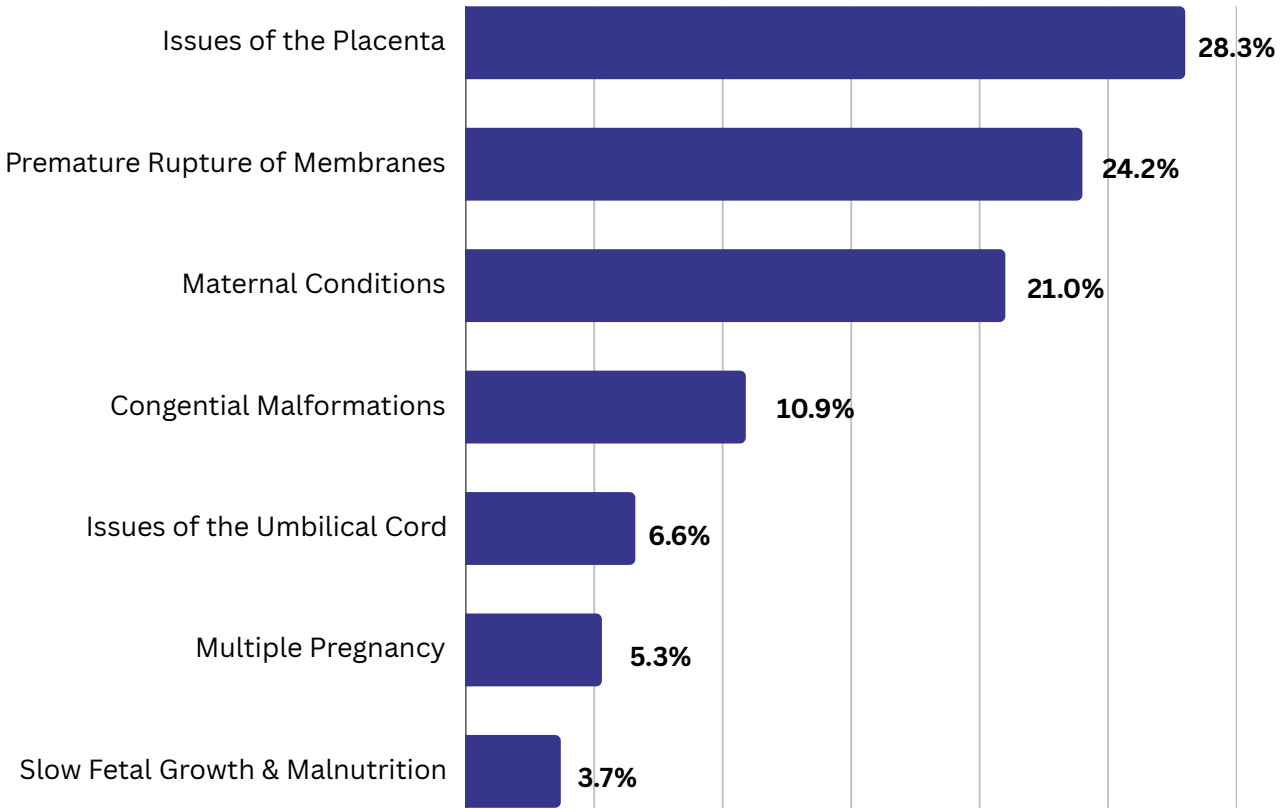


Black non-Hispanic mothers are more likely to experience a fetal loss across most age groups. However, the largest disparity exists in mothers under 30 years old. Black non-Hispanic mothers under 30 experience fetal loss at a rate 3.5 times higher than that of white non-Hispanic mothers.



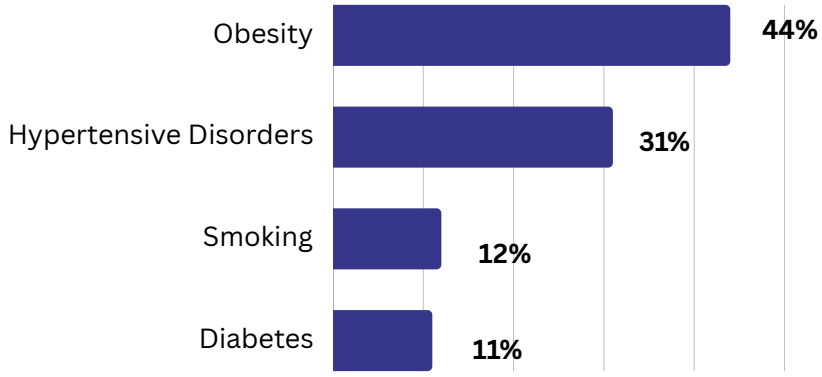
Cause of Death

The leading cause of fetal death in 2024 was issues of the placenta. This included placental abruption, which accounted for half of these deaths. Along with issues of the placenta, Premature Rupture of Membranes (PROM) and maternal conditions each accounted for at least 20% of fetal deaths.



Leading Maternal Risk Factors in 2024

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



2024 Team Recommendations

Educate pregnant people about the importance of reporting changes in fetal movement
Support and promote the use of doulas
Educate the community about the importance of prenatal care (health care during pregnancy)
Support programming that addresses chronic disease management in pregnant people
Educate the community on the importance of interconception care (healthcare between pregnancies)
Support mental health services for pregnant people
Educate the community on the importance of preconception care (healthcare before a person is pregnant)
Support substance abuse services and programs for pregnant people
Educate pregnant people about utilizing emergency departments that have full labor and delivery services
Support and promote CenteringPregnancy (peer group prenatal care)

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