

Raised Bill #HB-5076
“An Act Concerning An Appropriation For A Fetal and Infant Mortality Review Program”

Committee: Public Health

February 21, 2007

Good morning Madam Chairpersons Senator Mary Ann Handley and Representative Peggy Sayers and committee members. Thank you for this opportunity to speak to you today regarding H.B. No. 5076, “*An Act Concerning An Appropriation For A Fetal and Infant Mortality Review Program*”.

My name is Jennifer Vendetti and I am a policy practice MSW student at the UCONN School of Social Work working as an intern for Central Area Health Education Center (Central AHEC, Inc) in Hartford. As an intern at Central AHEC, Inc., I have been assisting Patricia Flowers, MSW as the program assistant for the Greater Hartford Fetal and Infant Mortality Review Program (GHFIMR). Since 1999 the Connecticut Department of Public Health (DPH) has provided funds to Central AHEC, Inc. to carry-out the FIMR process in Hartford and East Hartford.

Connecticut’s five Fetal and Infant Mortality Review Programs provide important policy and programming functions and should be maintained while a statewide surveillance program is explored and initiated.

Local FIMR programs are a point of intervention. All of the Connecticut FIMR programs have implemented community-based initiatives such as safe pregnancy parties, crib safety materials, provider trainings on Medicaid coverage for pregnant women, access to affordable burial services for low-income families, bereavement support programs, fatherhood initiatives, and a preconception health education and support program. Central AHEC has recently received an award from the March of Dimes to develop and implement an interconceptional care program for African American and other Black women in Greater Hartford. According to GHFIMR’s 2006 data, African American and other Black mothers constitute 70% of the cases (N=36 mortality cases in Hartford and East Hartford). The infant mortality disparities between Black and White women have not decreased in our community, the state, or nationally. Our March of Dimes program will target African American and other black women who have experienced a fetal or infant loss to provide case management, health education and support groups, and preconception community workshops. Without the FIMR infrastructure, identifying women at the highest risk for a subsequent loss or other poor birth outcome will be a major barrier to intervention.

A few months ago, Hartford, along with Nashville and Los Angeles, was named by the Centers for Disease Control and Prevention and CityMatCH (an urban maternal and child health institute) as a demonstration site to develop innovative programs to address maternal and child health adversity through preconception/interconception health initiatives. Greater Hartford FIMR is a partner in this program development process. FIMR programs are valued partners in local and state maternal and child health projects.

The first goal of the Department of Public Health Perinatal Health Plan for Connecticut 2005-2009 (http://www.dph.state.ct.us/Publications/BCH/Family%20Health/2005_perinatal_plan.pdf) is to “reduce perinatal health disparities, particularly preterm/low birth weight births and infant and fetal mortality between and among racial and ethnic groups”. Throughout this report, infant mortality is cited as an area that needs to be addressed. How can we meet the state’s perinatal strategic goals if we discontinue FIMR?

FIMR symbolizes our state’s concern with maternal and child health disparities. FIMR programs give a voice to women and families who have experienced a loss. FIMR is an important policy strategy for reducing fetal and infant mortality rates and other poor birth outcomes. Through FIMR, our state makes a commitment to improving pregnancy and birth outcomes.

Local FIMR programs are a critical resource for the state in its transition to statewide surveillance and FIMR programs should be an integral part of the process. Funding a transition program for statewide surveillance without continuing to support local FIMR programs is an irresponsible approach to fetal and infant death review. This bill will allow local FIMR programs to continue their work in addressing maternal and child health disparities while the state prepares for statewide surveillance.

Thank you for your consideration to continue funding this important program. I would also like to thank Representative Patricia Dillon for raising this issue and Representatives Ken Green and John Thompson for their support as co-sponsors.

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