

Fetal Infant Morbidity Review Boards

Background

Fetal Infant Morbidity Review (FIMR) teams review congenital syphilis (CS) cases which result in stillbirth, perinatal death, infants with physical signs and symptoms, or which meet the criteria for reporting as a probable case. FIMR teams work to identify and address barriers to medical care which contribute to CS cases by conducting maternal interviews and enhancing medical chart abstractions. Texas uses an adapted form of the [National Fetal Infant Morbidity Review/HIV Prevention Methodology](#) to conduct enhanced reviews of CS and perinatal HIV cases in Houston, San Antonio, and Dallas. Using the FIMR methodology, participants identify missed opportunities for disease intervention and barriers to medical care engagement that may have contributed to a CS or perinatal HIV diagnosis.

Congenital Syphilis

Syphilis in newborns is known as congenital syphilis. Pregnant women can pass syphilis to their unborn children during pregnancy or at delivery when they are untreated or inadequately treated. A syphilis diagnosis during pregnancy increases adverse pregnancy outcomes, including miscarriage, stillbirth, preterm birth, birth defects, and perinatal death.

Perinatal HIV

Perinatal HIV is the transmission of HIV during pregnancy, delivery, or through breastfeeding and is also known as vertical transmission.

Review Teams

Texas Fetal Infant Morbidity Review (FIMR) case review teams are located in the highest morbidity areas of the state. Texas Department of State Health Services (DSHS) established partnerships with local health departments and agencies within the communities impacted.

Established in December 2015, the Houston FIMR is the longest running FIMR in the state. The team reviews both perinatal HIV cases and CS cases from the Houston and Greater Harris County areas.

San Antonio's FIMR has been reviewing CS cases since 2018. Due to the high rates of CS, the FIMR focuses on CS cases in the San Antonio and greater Bexar County areas.

With the continued rise of CS both in Texas and nationally, the third FIMR was launched in July 2020 in the Dallas-Fort Worth Metroplex. This team focuses on the Dallas County and Public Health Region 2/3 area in their case reviews.

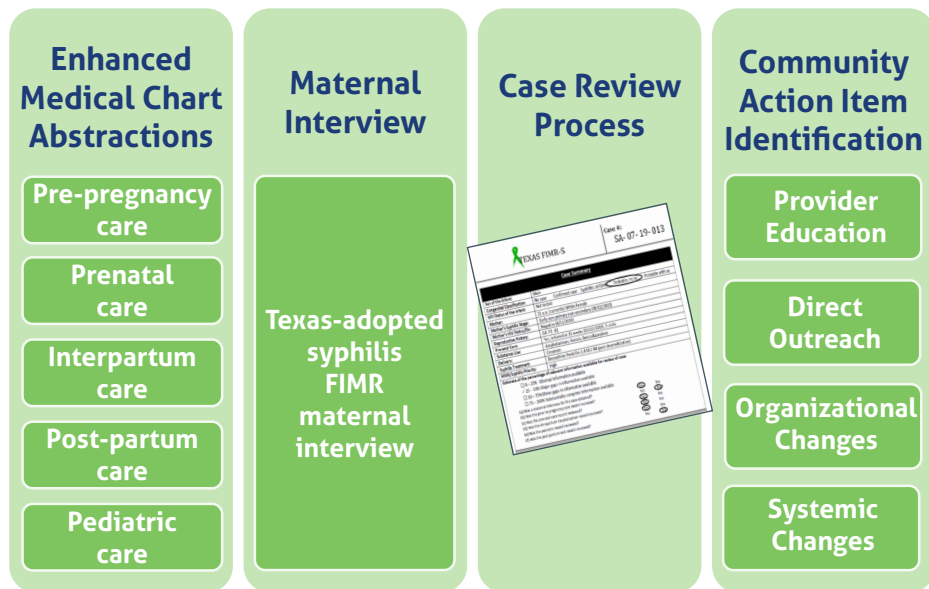
During the COVID-19 Pandemic, all three teams continued to meet to review cases. Meetings were held virtually and have since returned to in-person meetings since July 2023.

Methods

The FIMRs use enhanced medical chart abstractions that review specific time points in maternal and infant care, combined with a detailed maternal interview, to generate deidentified case summaries for participant review. These case summaries capture valuable information from the medical chart and give



insight into the events prior to, during, and after pregnancy that led to an infant being exposed to syphilis or HIV, especially when a maternal interview is obtained. Maternal interviews, conducted by specialized field staff, offer a direct insight into the maternal experience within the healthcare system and their life circumstances surrounding the pregnancy that may not be documented in the medical chart.



Case summaries provided during the FIMR meetings, assist participant discussions of the cases to identify missed opportunities for disease intervention and barriers to engagement in medical care that may have contributed to the CS case or perinatal HIV diagnosis. Meeting participants come from a variety of settings across the community, such as medical providers, members of healthcare systems, the public health sector, representatives from systems who serve persons diagnosed with syphilis or HIV, and community-based organizations that work with pregnant people in any setting. Since 2015, trends in barriers to engagement in care have emerged; these include: living below or at the federal poverty level; transportation; substance use; child protective services involvement; intimate partner or domestic violence; criminal justice involvement; housing instability; and mental health disorders.

During a case review, participants identify action items that community advocates address that may have directly or indirectly led to a CS case, a perinatal HIV case, or cases in which key prevention opportunities were missed. Follow-up outcomes range from direct provider outreach to changes in the law.

Case Selection

Cases are selected for review using a methodology that includes prioritization based on the case classification reported to the CDC. Cases reported as stillbirths or perinatal deaths and co-infections of CS and HIV are the highest priority. The next highest priority are cases reported as confirmed and probable cases with signs and symptoms. The last priority included in the methodology are cases reported as probable cases that did not have signs or symptoms.

Each FIMR meets quarterly; meetings are free, continuing education credits for multiple disciplines are offered, and meeting details can be found on the [DSHS website](#).

FAST FACTS

There were **930 congenital syphilis cases reported in Texas in 2023***

This is approximately 1 in every 420 infants

There are three DSHS Fetal Infant Morbidity Reviews that review Congenital Syphilis: Dallas, Houston, San Antonio

Texas Congenital Syphilis Texas FIMR Events

DSHS Congenital Syphilis Epi Profile

dshs.texas.gov/hivstd/info/cs/data

DSHS HIV/STD Section

737-255-4300

dshs.texas.gov/congenital-syphilis

Publication No. 13-15261 (Rev. 7/2025)



Congenital Syphilis



TEXAS
Health and Human
Services

Texas Department of State
Health Services