

# Fetal and Infant Mortality Review (FIMR)

Child Death, Near Death, and  
Stillbirth Commission  
(CDNDSC)

Policy and Procedure  
Review of Fetal/Infant Deaths

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## **Purpose:**

The overall goal of the Fetal and Infant Mortality Review (FIMR) is to enhance the health and well being of women, infants and families by improving the community resources and service delivery systems available to them. Through FIMR, key members of the community come together to review information from individual fetal and infant deaths. The purpose of these reviews is to identify the factors associated with these deaths, determine if they represent system problems that require change, develop recommendations for change and assist in implementation of change.

## **Policy:**

A fetal death is defined as a fetal death (stillbirth) greater than 20 weeks gestation. An infant death is defined as the death of an infant less than 1 year of age. These cases will be reviewed by FIMR utilizing the national model. However, the following cases may not be reviewed by FIMR but may instead be designated to the Child Death Review Panels:

- Suspected abuse and/or neglect of an infant
- Positional asphyxia of an infant
- SIDS (Sudden Infant Death Syndrome) of an infant or SUID (Sudden Unexpected Infant Death)
- A case with pending litigation involving the child's death

Subsequent to the FIMR review, the case may be referred to the child death panels for a consult for disciplines not available to FIMR when needed. A FIMR case that involves pending litigation will be reviewed once litigation is complete.

## **Legislative Authority:**

31 Del. C. § 320 - § 324

## **Definitions:**

Case Review Team (CRT)- A multi-disciplinary team composed of medical, public health and social service professionals, and other experts from the community who convene to review a de-identified summary of a fetal/infant death case based on information from the medical records and the maternal interview if available. Systemic issues are identified and recommendations are made. .

Child Death Review Panel- A multi-disciplinary team composed of various disciplines including (but not limited to) law enforcement, a representative from the Department of Services for Children, Youth, and their Families (DSCYF), and the Office of the Attorney General who convene to review an identified case of death in a child under 18 years of age. Each agency is responsible for bringing data sheets and other information to distribute or verbally discuss with the panel. Systemic issues are identified and recommendations are made to prevent future deaths or near deaths of children.

Community Action Team (CAT)- Delaware FIMR has identified the Delaware Healthy Mother and Infant Consortium (DHMIC) subcommittees, along with the Wilmington Consortium, as the CAT's. The DHMIC subcommittees include Data and Science Standards of Care, Education and Prevention, and Health Equity Systems.

De-identified: Information that is stripped of data elements that can lead to the identification of the child, the family, and/or service providers.

Fetal Death: A fetal death is defined as a fetal death (stillbirth) greater than 20 weeks gestation.

FIMR National Model: The National Fetal and Infant Mortality Review Program (NFIMR) is a collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and HRSA's (Health Resources and Service Administration) Maternal and Child Health Bureau (MCHB). Over the years, MCHB and the ACOG have worked together as partners to refine and promote the FIMR process by funding demonstration projects, providing training and technical assistance, and developing the NFIMR resource center.

Infant Death: Death of child under one year of age.

Maternal Interview: A voluntary interview with a mother who has suffered the loss of her child is conducted by the CDNDSC senior medical social worker. The mother is referred to bereavement support and community resources as needed.

Medical Abstraction: A comprehensive medical record review of relevant medical records by the Registered Nurse. Review of records include prenatal/postpartum records, outpatient/inpatient hospital admissions related to the pregnancy, delivery records and primary care physician records if relevant to the pregnancy.

## **Office Procedures:**

### ***Case Identification***

1. Fetal and infant death cases are received in the CDNDSC office and are triaged for any egregious or glaring system issues. Any cases that raise a concern based on this initial triage are brought to the attention of the Executive Director.
2. Prior to the CRT review, the FIMR Program Coordinator will alert the Executive Director if there is any criminal involvement in the case.

3. All FIMR cases are offered a maternal interview. The cases in which a mother accepts the interview will be fully reviewed by a CRT.
4. If the FIMR staff identifies a previous loss (more than one loss) for a mother then those cases will automatically be reviewed.
5. Cases are also preselected for CRT review by date of death. This process alternates every six months choosing odd then even dates of death.
6. The Record Technician will subpoena all pertinent medical records.
7. If additional records are determined to be necessary to complete the review, those records will be subpoenaed.
8. Prior to the CRT reviews, the FIMR medical social worker will provide the names of the deceased infants and the parents, if available (from information received from the death certificate and linked certificate of live birth), to the DSCYF liaison for a history check. The FIMR medical social worker will secure parental criminal history and request Division of Public Health (DPH) histories.
9. A Maternal Interview request will be initiated by the FIMR Senior Medical Social Worker via an initial letter (see page 7), one follow up letter (see page 8) and two follow up telephone calls (if telephone number is available). The mother will be contacted and invited to participate in the maternal interview.
  - If she chooses to decline, she will be encouraged to participate; if she still chooses to decline, that decision will be respected.
  - If she chooses to proceed, the interview will be conducted by the Senior Medical Social Worker.
  - The Maternal Interview will be based on the questionnaire derived from the NFIMR process and the BASINET (Baby Abstracting System and Information Network) interview tool. A follow up letter and evaluation will be sent to the mother after the maternal interview (see page 9 and 10).
  - A maternal interview will not be conducted if the mother has an active warrant for her arrest, if the case is in litigation, or if the psychiatric conditions deem her a threat to the maternal interviewer. However, a medical abstraction and case review will still occur on these cases if they meet other criteria for a full FIMR review.
10. The FIMR Program Coordinator will review and summarize the medical and public agency records and enter the data into the BASINET database. A comprehensive de-identified summary will be presented to the CRT.

### ***Case Review Team Membership***

1. At each case review meeting, CRT members must comply with and sign the confidentiality statement for the review process. The confidentiality sheets are collected and maintained by FIMR staff.

2. CRT members are consistently recruited. They are asked to complete an application and are accepted by the group by the FIMR Program Coordinator. A letter of acceptance is mailed to them. When a CRT member wishes to resign from a CRT panel, he/she must provide written notice to the FIMR Program Coordinator.
3. Each CRT panel will elect a Chair on a yearly basis. The duties of the CRT Chairperson include:
  - Facilitate case deliberation
  - Attempt to attend every meeting barring illness or other emergency.
  - Be prepared for review of cases at each CRT meeting.
  - Represent the CRT at the CDNDSC Commission. The Chair's role is to be an agent for the CRT in ensuring the recommendations are reported to the Commission with knowledge and interest. Therefore, it is paramount that the Chair commit to attending every CRT meeting. The Chair will need to be present for discussions at the CRT, so that he or she can accurately explain to the Commission the intentions of the recommendations.
4. Each CRT panel will elect a Co-Chair on a yearly basis. The duties of the CRT Co-Chair include:
  - Attempt to attend all meetings
  - Be prepared for review of cases at each CRT meeting
  - Stand in for the Chair at Commission meetings when the Chair is not available.
5. Election of Chair: Members shall by affirmative vote of a majority of all members, appoint a Chair/Co-Chair from its membership for a term of one year.
6. The duties of the CRT members include:
  - Be prepared for review of cases at each CRT meeting.
  - If a team member misses three or more CRT's per calendar year and cannot fulfill their commitment to the team, they may be asked to resign.
7. At the completion of a review, all CRT members will turn over all documentation related to that review to the FIMR staff for shredding. All copies of cases, finding forms and other related review materials will be shredded. All other forms (e.g., confidentiality forms) will be stored in a locked file maintained by the FIMR staff. All data will be entered into BASINET, which will be maintained by the FIMR/CDNDSC staff.

***CRT Recommendations:***

1. The CRT discussion will focus on (including but not limited to) the following issues: service delivery, community resources, services needed but not accessed or not available in the community, and barriers related to cultural and socioeconomic factors.

2. If recommendations are put forth the following the following criteria should be considered:
  - ✓ What is the issue or gap identified?
  - ✓ Do we have enough expertise around the table to evaluate this issue?
  - ✓ Do we need to do further research on the issue?
  - ✓ Does the case need to be referred to another body (for example, the Child Death Review Panel)?
3. Recommendations shall be clearly written with enough information so that others not involved in the review will understand the intent and how the recommendations logically relate to the death. Recommendations must be meaningful, action oriented, and focused. If a system issue did not cause the death, but is related to the incident, the recommendation should be broad and non-prescriptive.
  - a. In some cases there may be no system failures; however if the CRT believes there are public policy issues or prevention suggestions that need to be monitored, these issues will be monitored and tracked by CDNDSC staff.
  - b. System issues or safety concerns that have occurred after the death will be directed to the specific agency or entity as appropriate.
  - c. Quorum must be established when voting on recommendations. An affirmative vote of sixty percent of the CRT members is needed to adopt any recommendations.
  - d. Once a vote on the recommendations is taken, there will be no additional discussion or questions.
  - e. CRT members are asked to abstain from voting upon recommendations if they were not present for the case presentation.
4. If a review cannot be completed due to lack of information or expertise, the following should be considered:
  - a. Defer the review.
  - b. A request is made by the CRT for more information. The FIMR staff will attempt to obtain the information (via subpoena if necessary).
  - c. The FIMR Program Coordinator will summarize the additional information received and reschedule the deferred case as quickly as possible.

***Commission Review:***

- 1.. The FIMR Program Coordinator will prepare the CRT report and de-identified case summaries for the chair to submit at the next scheduled Commission meeting.
2. FIMR recommendations must be approved by the Commission.
3. Recommendations are reported to the Governor, the General Assembly, and the Public through the CDNDSC annual report. The Annual report will also be posted on the CDNDSC website.
4. Upon Commission approval of the CRT recommendations, the appropriate Community Action Team (CAT), under CDNDSC or the DHMIC, will be asked to begin implementation of action steps for each recommendation.
5. CDNDSC staff will regularly update the CRT on action steps from the various CAT meetings.

## CDNDSC Letterhead

Date

Dear,

I am a Social Worker with the State of Delaware Program called ***Caring Communities-Sharing Hope***. I am very sorry for the loss of your child. I would like to talk to you about how you are doing and invite you to participate in our program. This program is based on the National Fetal and Infant Mortality Review (FIMR) model that many states have had in place for a number of years. Along with offering help and support to families who have lost a baby, we also want to do everything we can to prevent these tragedies.

If you choose to take part in this program, a meeting will be scheduled with you at your home, our office, or another place that you feel comfortable. I will ask you to talk with me about your experience. We can talk about any needs that you and your family have. I can then make referrals to programs in the community that can assist you.

Your participation in the program is completely voluntary and all information gathered is confidential; your name, your child's name and the name of your doctors will never be identified. Your participation in this program will help improve the services for women and babies in Delaware. As a small thank you for your time and help, we would like to offer you a store gift card for yourself or a donation to someone else.

Please contact me at (302) 255-1760 with any questions you may have about the ***Caring Communities-Sharing Hope Program***. I will also try to contact you by phone in the next few weeks if possible. You and your family will remain in my thoughts.

Sincerely,

Kristin L. Joyce, B.A.  
Senior Medical Social Worker

CDNDSC letterhead

Date

Dear,

I am writing to follow up with you and your family to inquire about how you are doing and to remind you that I am here to offer assistance and support. As a social worker for the State of Delaware I have worked with grieving families for more than eighteen years. Although everyone has their own way of grieving, most people find that talking about their thoughts and feelings can be very helpful. I am here if you ever want to talk. I can also provide you with the written information on the grief process and referrals for support groups.

As part of the *Caring Communities – Sharing Hope Program*, which is modeled after the National FIMR Program, I previously sent you information about the maternal interview and I would like to remind you that it is available to you. Our state program has been formed for the purpose of giving you a voice. The interview will provide you with an opportunity to talk about your experience and to assist us in implementing changes to improve services for Delaware mothers and their children. Each woman's experience is different and we have gained valuable information from each interview. The women who have participated have reported that it was a positive experience, and helped them in their process of grieving the loss of their child.

If you would like to schedule an interview, please call me and we can make arrangements to meet at a time and place that is convenient for you. If you are unable to participate in the interview at this time, you may still contact me in the future. In appreciation of the time you will spend with me doing the interview, we would like to offer you a \$20 gift card to a local store.

Regardless if you chose to take part in the interview, my first priority is your well being and providing you with support through this difficult time. Please take care of yourself and let me know if I can assist you and your family.

Sincerely,

Kristin L. Joyce, B.A.  
Senior Medical Social Worker

Date

Dear Ms,

Thank you very much for meeting with Kristin Joyce, our Senior Medical Social Worker, and for your participation in our program. It has been a few weeks since the interview and we wanted to follow up with you to see how you are doing. We realize that dealing with the loss of a child is a very long and difficult process. We would like to remind you that our office is here to offer you support.

We have enclosed an evaluation to capture your thoughts and feelings about the maternal interview. We are asking for your feedback to see if there are ways that we can improve our program and our interactions with women/families who participate. Your responses will be kept confidential.

Thank you for your courage and your commitment to helping mothers and infants in our State. If you have any questions, or if you have a need that we may be able to assist with, feel free to contact our office.

Sincerely,

Joan Kelley, R.N.  
FIMR Program Coordinator

