

Fetal and Infant Mortality Review (FIMR)

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

Policy and Procedure Review of Fetal/Infant Deaths

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:

In cases of a fetal/infant death caused by suspected abuse and/or neglect, positional asphyxia, SIDS (sudden infant death syndrome) or SUDI (sudden unexplained death of infant), a FIMR will not be conducted. A DSCYF history and criminal history will be reviewed to determine appropriateness for FIMR review. Fetal death is defined as a fetal death greater than 20 weeks gestation. An infant death is defined as the death of an infant less than 1 year of age.

Legislative Authority:

31 Del. C. § 320 - § 324

Procedure:

1. Prior to the Case Review Team (CRT's) reviews, the FIMR medical social worker will provide the names of the deceased infants (and the names of 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. Until DELJIS (Delaware Criminal Justice Information System) authority has been granted to CDNDSC, the FIMR medical social worker will secure parental criminal history checks through the Prothonotary's office.

- These background checks will be reviewed to determine appropriateness for FIMR review as well providing a measure of security for the Senior Medical Social Worker who will be conducting Maternal Interviews in the homes of parents. The FIMR staff will internally document the findings of the background checks.
2. FIMR/CDNDSC staff will subpoena all pertinent medical records.
 3. A DPH (Division of Public Health) case summary will be requested by the FIMR staff via the DHSS (Delaware Health and Social Services) liaison.
 4. FIMR/CDNDSC staff will subpoena the autopsy report from the Medical Examiner's office.
 5. If maternal mental health issues are identified prior to the case review, those records will also be subpoenaed.
 6. If additional records are determined to be necessary to complete the review, those records will be subpoenaed.
 7. A Maternal Interview request will be initiated by the FIMR Senior Medical Social Worker via a letter and follow up telephone call (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 National FIMR process (See Attachment 1).
 8. If the mother declines the Maternal Interview, the case will still be reviewed via the FIMR process.
 9. The FIMR Program Coordinator will review and summarize the medical and public agency records and maternal interview if conducted. A comprehensive de-identified summary will be presented to the Case Review Team by the FIMR Program Coordinator at the time of the case review. The FIMR Senior Medical Social Worker will present the maternal interview summary if completed. Case Summary Forms (CSF's) will be provided to the CRT's by the FIMR staff for review at the time of the meeting (See Attachment 2).
 10. 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.

11. Following presentations of information and discussion by the CRT, the process to be followed by the CRT chair is as follows:
 - a. 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, barriers related to cultural and socioeconomic factors, and recommendations relating to the case via the Case Discussion Guide 1 (See Attachment 3).
 - b. A Delaware FIMR Case Discussion Guide 2 (Attachment 4) will be handed out to the CRT members for the purposes of determining if the death was preventable, if enough information was available during the review and if additional services were received by the family or needed by the family. This information will be collected by the FIMR Program Coordinator and results tallied and summarized in the final recommendations.
 - c. The chair asks the panel if they are ready to vote. If “no”, chair continues to lead discussion or review is deferred.
 - d. If “yes”, the chair will ask:
 - What factors, if any, contributed to the death?
 - Were reasonable standards of practice met by the systems involved?
 - Do we see an opportunity for system improvement?
 - e. The CRT will vote to make a determination of preventable, not preventable, or undecided. Once a vote is taken, there will be no additional discussion or questions.
 - f. Recommendations shall be clearly written with enough information so that others not involved in the review will understand the intent and logically relate to the incident. Recommendations must be measurable and address changes to specific systems.
 - g. An affirmative vote of sixty percent of those present is needed to adopt any recommendations.
12. If a review cannot be completed due to lack of information, the following should be considered:
 - a. Defer the review.

- b. A request is made by the case review team 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.
13. The FIMR staff completes the Case Discussion Guide #1 summarizing the CRT discussion of issues raised by the case, recommendations to address the issue(s) identified and the vote of the CRT members.
14. At the completion of a regular review, all CRT members will turn over all documentation related to that review to the FIMR staff for shredding. All data sheets, findings forms and other related review materials (e.g., confidentiality forms) will be stored in a locked file maintained by the FIMR staff. All data will be entered into a secured computerized database, which will be maintained by the FIMR/CDNDSC staff.
15. The FIMR Program Coordinator will prepare the CRT report for the chair to submit at the next scheduled Commission meeting. (See Attachment 6)
16. The CRT chair, in collaboration with the FIMR Program Coordinator, will ensure the recommendations are reported to the Commission. Recommendations must be approved by the Commission prior to documenting in the CDNDSC database.
17. Recommendations are reported to the Governor, General Assembly, the Public and through the CDNDSC annual report. The Annual report will also be posted on the CDNDSC website.
18. The CRT will make recommendations and suggest possible action steps. The recommendations and possible action steps will be submitted to the Commission for review and approval. If approved, the appropriate Community Action Team (CAT) will be asked to begin implementation of action steps for each recommendation and/or may need to develop additional action steps. Once the recommendations are approved by the Commission, they will be distributed to the CAT for implementation. All CRT recommendations and action steps will be documented in the CDNDSC/FIMR database.
19. Progress on the action steps will be reviewed with the appropriate Subcommittee during meetings as schedule. Action steps will be documented in the CDNDSC annual report.