



**STATE OF DELAWARE**  
Child Death Review Commission (CDRC)  
Policy and Procedure

**Fetal and Infant Mortality Review  
(FIMR)**

**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. Stillbirths occurring after at least 20 weeks of gestation do not include stillbirths which occur as a result of an elective medical procedure. However, an infant death that is sudden and unexpected may not be reviewed by FIMR but will be assigned to the Sudden Death in the Young (SDY) panel.

A FIMR case that involves pending litigation will be reviewed once litigation is complete. However, the case will be administratively reviewed if the case has not been adjudicated within two years of the date of death.

**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 findings are submitted to the Child Death Review Commission.

Sudden Death in the Young (SDY) 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 CATs. The DHMIC subcommittees include Data and Science Standards of Care, Education and Prevention, and Health Equity Systems. This does not preclude the Commission from adding an additional CAT as needed.

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

FIMR National Model: The Delaware use of a national model will utilize and incorporate best practices from the National Center for Fatality Review and Prevention (CFRP) and the National Fetal and Infant Mortality Review Program (NFIMR) managed by the American College of Obstetricians and Gynecologists (ACOG).

FIMR Program Coordinator (PC): The coordinator will be responsible for medical record and agency record abstractions and preparing de-identified summaries of FIMR cases. The coordinator will train CRT members and facilitate CRT meetings, consult with the Executive Director of CDRC to compile and track recommendations and action steps for review by the Commission.

Fatality Review Coordinator (FRC) FRC: The FRC provides case management services for the FIMR cases and assist the PC with CRT preparation.

Maternal Interview: A voluntary interview with a mother who has suffered the loss of her child is conducted by the CDRC contractual maternal interviewer (MI). The mother is referred to bereavement support and community resources as needed.

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

Records Technician (RT): The RT is responsible for securing medical records through subpoenas and case management of the subpoena process. The RT is responsible for retrieving all criminal history as requested by CDRC staff.

## **Procedure**

### **Notification of the death/Case Identification:**

1. The CDRC will receive notification of a fetal or infant death from the following sources:
  - Division of Forensic Sciences-Medical Examiner (DFS-ME)
    - i. Anticipated Time Frame: Next business day after the death.
  - Death Certificate from the Office of Vital Statistics
    - i. Anticipated Time Frame: Between 30 to 90 days of the death depending upon toxicology results from the DFS-ME.
  - Media article
    - i. Anticipated Time Frame: Varies
2. Upon receipt of a death notification, the FIMR Program Coordinator (PC) shall within twenty-four hours complete a case disposition form (Appendix 9) and attach it to the death certificate. This disposition will be immediately forwarded to the Office Manager (OM).
3. Cases are also pre-selected for CRT review by date of death. This process alternates every six months choosing odd then even dates of death.<sup>1</sup>
4. Cases that are not selected for a full case review will be noted and key demographic information entered into a secure computerized database for internal tracking and completeness of follow up in the event of future multiple losses to the same woman.

## **CASE PREPARATION**

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### **Within 2 business days of the Disposition-via Email or Case Disposition Form**

1. The OM shall complete the following activities:
  - Open the case in the National Center for Fatality Review and Prevention (NCFRP) database (fimrdata.org). This will create a case assignment number;
  - Open the case in the CDRC internal FIMR tracking database.
    - This will include all highlighted purple columns;
    - Fetal Deaths will not have an age listed (such as 1 hour or 1 day)

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<sup>1</sup> Staff will reference the Internal Case File Process and Procedure for further detail.

- Conduct a history search of previous cases that will be conducted in FIMR and Child Death Review (CDR) databases at this time;
    - This will include mother's first and last name. This is completed to determine if there was a previous history.
    - If the OM identifies a previous loss (more than one loss) for a mother, then those cases will automatically be reviewed by a CRT. The OM will immediately notify the FIMR PC of the history.
  - Email the new case number to the RT to start the subpoena process;
  - Create an electronic file folder under the shared drive folder regional Review Teams/FIMR/caseload where records and data sheets will be filed and maintained;
    - The folder should be listed by the Baby's last name, not the Mother's, (last name first name-with no comma)
  - Scan all death certificates (including the disposition form) into the electronic case file.
2. The RT will issue subpoenas with the due date at 30 business days for record return. The RT shall monitor all subpoena requests for records to ensure receipt and shall contact the appropriate facility if the record is not received by the due date recorded on the subpoena. The RT will enter a due date into the CDRC subpoena tracking database to ensure the RT's consistent follow-up for records due. The RT shall conduct a weekly check of the subpoena tracking database and follow up of all outstanding records.
- a. Within 24 hours upon receipt of medical records, the RT shall scan the records into the electronic case file. After ensuring that all pages were scanned correctly, the hard copy records shall be disposed in the locked confidential shredding bin.

### **Within 30 business days of the disposition**

1. The RT will review the Delaware Justice Information System (DELJIS) and the Law Enforcement Investigative Support System (LEISS) to obtain the status of the criminal investigation, complaint number and other details relevant to the review.
  - a. This informational update will be sent via secure egress email to the Executive Director and the FIMR PC.
2. The ED will conduct monthly supervision with the FIMR PC to identify the cases that will be scheduled for the next scheduled FIMR review team. A case that has pending prosecution as a delay, will be given a final end date of two years from the date of death. The ED will schedule the review date within 6 months from the date of notification of the death.

### **2 Months Prior to the Review**

1. The FIMR PC shall prepare an agenda with the cases identified for the next review.

2. The FIMR PC will provide the names of the FIMR cases to the Fatality Review Coordinator (FRC).
3. The FRC will contact the DSCYF and Division of Public Health (DPH) liaison for a history check. The names selected will be from the tentative agenda. Both agencies will be given a due date of one month prior to the CRT.
4. The completed data sheets must be submitted electronically one month prior to the scheduled review date. The FRC shall immediately issue a follow up request to individual members if the data sheets are not received by the specified date.
5. The FIMR PC will review and summarize the medical and public agency records and enter the data into the secure CFRP FIMR computerized database. A comprehensive de-identified supplemental summary (please see Appendix 6) will be prepared by the FIMR PC and presented to the CRT.
6. If requested by the FIMR PC in certain circumstances, the FRC will ensure that all records are gathered from the DFS-ME. Upon receipt, the records will be given to the OM for scanning the records into the electronic file within five days of receipt.

### **1 Week Prior to Review**

1. The FRC shall prepare the confidentiality statement for each meeting and each Review Team member, witness, and invited professional shall be asked to sign the statement. (Appendix 3)
2. The FRC will email the case packet of information (as provided by the FIMR PC) through the State of Delaware Egress encrypted system to the CRT members for their review and preparation for the meeting. A copy of this emailed packet will be stored in the shared drive: FIMR/FIMR CRT packets.

### ***Maternal Interview***

1. All FIMR cases are offered a maternal interview. The cases in which a mother accepts the interview will be fully reviewed by a CRT.
2. Upon notification of a new case by the FIMR PC, the CDRC Office Manager (OM) will send a letter to the Mother within 10 days. The letter (see Appendix 1) will invite the Mother to participate in the interview and will include a copy of the consent form and a pre-paid envelope with the CDR office as the return address.
  - a. The Maternal Interview will be based on a standard questionnaire. A follow up letter and evaluation will be sent to the mother after the maternal interview (see Appendix 2).
  - b. 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.

3. Upon response from the Mother, the OM will request from the Mother her preferred phone number and preferred time for the maternal interviewer to contact her.
4. The OM will then make a request to the Records Technician (RT) to conduct a background check to ensure the Maternal Interviewer's (MI) safety. Once completed, the RT will inform the OM and FRC of the results of the background check within 48 hours of the request.
5. The OM will provide the MI with the demographic information from the death certificate, preferred phone number, and CDRC national case number.
6. Upon completion of the interview, the MI will notify the FRC and OM that the interview has been completed. The MI will provide the interview form, consent form to the OM via fax or email scan.
7. The OM will then save the forms (within 24 hours) to the following shared drive folder: regional panel/FIMR/caseload/name of baby. The OM then notifies the PC via email that this has been completed.
8. A gift card will be given at in-person interviews or through mail after the interview has occurred. The OM will mail the gift card within 5 days of receiving the consent form from the Mother.

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

1. CRT members are consistently recruited by FIMR program staff. They are asked to complete an application (please see Appendix 4) and are accepted by the group by the PC. A letter of acceptance is emailed to them. When a CRT member wishes to resign from a CRT panel, he/she must provide written notice to the PC.

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

1. There will be two CRT teams, one in New Castle County and one panel in Kent county representing Kent/Sussex counties.
2. CRT meetings are held monthly from September through May (nine months per year), and a minimum of six FIMR cases are prepared for review at each meeting.
3. At each case review meeting, CRT members must comply with and sign the confidentiality statement (please see Appendix 3) for the review process. The confidentiality sheets are collected and maintained by FIMR staff.

4. Each CRT panel will elect a Chair on a yearly basis in September. CRT members shall by affirmative vote of a majority of all members, appoint a Chair from its membership for a term of one year.
  - a. The duties of the CRT Chairperson include:
    - Facilitate case deliberation
    - Attempt to attend every meeting barring illness or other emergency. If attendance becomes an issue whereby more than three meetings are missed, the PC will discuss with the Chair their willingness to continue in their current role.
    - Be prepared for review of cases at each CRT meeting.
    - Represent the CRT at the quarterly Child Death Review Commission as a CDRC Commissioner. The Chair's role is to be an agent for the CRT in ensuring the findings are reported to the Commission with knowledge and interest. Therefore, it is paramount that the Chair commit to attending every CRT and Commission 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 CRT.
5. Each CRT panel will elect a Co-Chair on a yearly basis in September. CRT members shall by affirmative vote of a majority of all members, appoint a Co-Chair from its membership for a term of one year.
  - a. 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.
6. The duties of the CRT members include:
  - Be prepared for review of cases at each CRT meeting. This includes reviewing the supplemental summary form and Issues Summary Form (See Appendix 6)
  - 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.
8. The FRC will enter all data into the internal secure computerized database. The PC will enter all data into the CFRP FIMR computerized database within fifteen business days of the meeting.



9. During the summer (annually) the PC will apply and submit all required paperwork for CME (certified medical education) units to the Medical Society of Delaware. A total of 3.0 CMEs are issued at each meeting. At the end of each meeting, the PC will submit a copy of the agenda, sign in/attendance sheet and required paperwork needed to finalize process for the end of the meeting. The PC will keep original copies in the office.

***CRT Discussion:***

1. The CRT discussion will focus on (including but not limited to) the following issues:
  - service delivery
  - community resourcesservices needed but not accessed or not available in the community and barriers related to cultural and socioeconomic factors.
2. If findings are put forth 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?
3. CRT findings shall be clearly written with enough information so that others not involved in the review will understand the intent and how the issue(s) logically relates to the death. If a system issue did not cause the death, but is related to the incident, it should be described broadly and put into context for the Commission review.
  - a. In some cases, there may be no system findings; 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 CDRC staff.
  - b. System issues, safety concerns, or required reporting to the Division of Family Services or the Division of Professional Regulation will be directed to the specific agency or entity as appropriate.<sup>2</sup>
4. If a review cannot be completed due to lack of information or expertise, the following should be considered:
  - a. Defer the review if critical to the completion of the case review. If there is only a minor fact gathering needed, the FIMR staff will retrieve this information and update the CRT the next month.

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<sup>2</sup> For full information on the CDRC statutory duty to report, please access the policy.



- 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 PC will summarize the additional information received and reschedule the deferred case as quickly as possible.

### ***Commission Review:***

- 1.. The PC will prepare the CRT Commission report (Appendix 5) three weeks prior to the quarterly Commission meeting. FIMR findings will be put forth to the Commission based upon CRT findings in this report.
  - a. Once completed, the PC will submit the report in electronic format to the Executive Director (ED).
  - b. Once received, edits will be made by the ED within five business days. If changes are needed, the PC will be given two days to correct such edits.
3. At the Commission meeting, the Commissioners will review the CRT reports and vote upon approval of the report. If recommendations are needed based upon the data and findings, this will occur at the Commission meeting.<sup>3</sup> The Commission will have the authority and purview to make recommendations based upon the FIMR's review of cases. This can occur at each quarterly meeting or at the annual report meeting (to occur at the first meeting or each calendar year).
4. If a recommendation is put forth by the Commissioners, the appropriate Community Action Team (CAT), under CDRC or the DHMIC, will be asked to begin implementation of action steps for a recommendation.
5. FIMR staff will regularly update the CRT on action steps from the various CAT meetings.

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<sup>3</sup> Findings and recommendations are reported to the Governor, the General Assembly, and the public through the CDRC annual report. The [annual report](#) can be accessed on the CDRC website.

# Appendix 1

## *Caring Communities*



### *Sharing Hope*

900 N. King Street, Suite 220  
Wilmington, DE 19801  
(302) 255-1760

### *INTERVIEW LETTER*

Date  
Dear Ms,

I am a counselor with the State of Delaware Program called ***Caring Communities-Sharing Hope***. I am very sorry for the loss of your baby. 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 a national model called Fetal and Infant Mortality Review (FIMR) that many states have had in place for years. Along with offering help and support to families who have lost a baby, we also want to do everything we can to learn from these tragedies.

If you choose to take part in this program, a meeting will be scheduled with you in your home, or another place that you feel comfortable. Or as an alternative option, a phone interview can be completed for your convenience after authorization paper work has been signed. You can tell me about your pregnancy and the services you utilized. We can talk about your needs and the needs of your family. Referrals to programs in the community that can assist you will be provided.

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 at a meeting. Your participation in this program will help improve the services for women and babies in Delaware. In appreciation of your willingness to do the interview I would like to offer you a gift bag that will include a \$20 gift card to a local store, as a small thank you for your time.

If you would like to meet with me to participate in this program, please call the office at 302-255-1760 and leave your contact information for me. ***I am not available during business hours and will most likely contact you during the evening or weekends at your convenience.*** If you choose to conduct the interview by phone, please sign the attached consent form and mail it back in the self-addressed envelope provided. You and your family will remain in my thoughts.

Sincerely,

Bereavement Counselor

## Appendix 2

### *Caring Communities*



### *Sharing Hope*

900 N. King Street, Suite 220  
Wilmington, DE 19801  
(302) 255-1760

#### *FIMR maternal interview: evaluation letter*

Date

Dear Ms. ,

Thank you very much for meeting with Dr. Regina Tyler, our bereavement counselor, 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 (with a self-addressed envelope) 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. Our number is (302) 255-1760 and our office hours are 8:30 a.m. to 4:30 p.m.

Sincerely,

Joan Kelley, R.N.  
FIMR Program Coordinator

*Caring Communities-Sharing Hope is a part of FIMR under CDRC.*

Working Together to Understand Why Children Die  Taking Action to Prevent Deaths

*Evaluation of the FIMR maternal interview*

1.) When do you feel would have been the best time for Dr. Tyler to have contacted you for the first time after the death of your infant?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> In the hospital       | <input type="checkbox"/> 1-2 weeks  |
| <input type="checkbox"/> 2-4 weeks             | <input type="checkbox"/> 4-6 weeks  |
| <input type="checkbox"/> 6-8 weeks             | <input type="checkbox"/> 8-10 weeks |
| <input type="checkbox"/> 10 + weeks            |                                     |
| <input type="checkbox"/> Other (specify) _____ |                                     |

2.) Which of these things contributed to your decision to participate in the program?  
(Check all that apply)

- I wanted to talk about my experience.  
 I wanted the opportunity to provide information that might help other mothers and infants.  
 I was looking for services in the community for me and my family.  
 Other (specify) \_\_\_\_\_

3.) Do you feel the interview gave you an opportunity to openly share your feelings?

- Yes                       No                       Somewhat  
Comments: \_\_\_\_\_

4.) Do you feel it was beneficial for you to answer questions about your loss?

- Yes                       No                       Somewhat  
Comments: \_\_\_\_\_

5.) Did you feel that you would be helping other families by participating with the interview?

- Yes                       No                       Somewhat  
Comments: \_\_\_\_\_

6.) Do you feel as though you gained some insight about your loss through participating in the program?

- Yes                       No                       Somewhat  
Comments: \_\_\_\_\_

***Do you have any thoughts or feelings about Dr. Tyler and your interaction with her as the maternal interviewer?***

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***Are there other comments or suggestions you would like to make about your experience?*** Thank you once again for all of your time and your support of this program. We value your opinion and the feedback that you have provided.

***Together we can make a difference***

## **Appendix 3**



### **STATE OF DELAWARE Child Death Review Commission (CDRC)**

#### **Confidentiality Statement for the Delaware Fetal and Infant Mortality Review (FIMR) Process**

The Fetal and Infant Mortality CRT (Case Review Team) is a confidential process. Surviving family members, caregivers, service providers and agencies should be protected from the disclosure of information outside of the review meetings. Informed consent for family interviews specifically guarantees this protection.

The nature of the review meetings is to promote open dialogue and the exploration of issues. Participants are encouraged to express opinions that may not reflect the position of their respective agencies. Some factors discussed may be sensitive and involve issues related to values, beliefs, or cultural variables. The opinions expressed are not to be repeated outside of the meeting nor should judgments be made about an individual, their profession or agency. This will allow for a free exchange of differing ideas.

#### **As a participant of the review meeting, I agree to abide by the following:**

- I will refrain from speculation regarding the identity of the case subjects, any providers, or institutions, even when I recognize an aspect of the case.
- I understand the purpose of the FIMR CRT is not for individual case management of clients, and that if allowed a maternal interview, the FIMR staff will give the client referral resources as appropriate
- I will **not** present to the public, the media, or professional audiences a finding before obtaining approval from the Child Death Review Commission (CDRC).
- Upon approval of the CDRC, I **will** share with my own institution or agency ideas that may assist in the delivery of services within the limits set forth above.
- All written material sent to me via electronic mail (e-mail) will be deleted from my computer system after the CRT completes its review. This information is not to be shared with others outside of the CRT. If preferred, any written material can be left with the FIMR staff and they will shred.

**With the purpose of this review in mind, we the undersigned agree that all information secured, verbally or in writing, in these reviews will remain confidential and will not be used for any purpose outside of the review process.**

**Date of Review:**

<b>Printed Name</b>	<b>Date</b>	<b>CRT member Yes/No</b>	<b>Agency</b>	<b>E-mail address</b>	<b>Signature</b>

# Appendix 4



**STATE OF DELAWARE**  
Child Death Review Commission (CDRC)  
900 N. King Street, Suite 220  
Wilmington, DE 19801 (302) 255-1765

## **Application for FIMR (Fetal and Infant Mortality Review) Volunteers Case Review Team (CRT)**

Please return the completed application to:

Joan Kelley R.N., Child Death Review Commission (CDRC) via email or fax  
**Joan.kelley@state.de.us - Fax: (302) 577-1129**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Which Case Review Team (CRT) are you interested in joining?

CRTs meet monthly for 3 hours; lunch is provided.

- New Castle Case Review Team
- Kent/Sussex Case Review Team

Current job title: \_\_\_\_\_

Employer : \_\_\_\_\_

Could you provide a brief description of your job and/or professional expertise?

\_\_\_\_\_

Degrees: \_\_\_\_\_

Reasons for you interest in FIMR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With which professional organizations are you currently involved?

\_\_\_\_\_

\_\_\_\_\_

Are you involved with any community groups currently? If so, which one(s)?

\_\_\_\_\_

\_\_\_\_\_



Do you have any personal experiences of infant or fetal death?

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If so, when did the experience occur? \_\_\_\_\_

CRTs will meet monthly for 3 hours.

***Only for those volunteering for CRTs:*** Is there anything you think would limit your ability to review cases of infant or fetal deaths? \_\_\_\_\_

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You may be asked to provide references upon request.

**Thank you for your interest in FIMR! We look forward to working with you to help our communities better serve women, children and their families.**

## Appendix 5

<p style="text-align: center;"><b>CHILD DEATH REVIEW COMMISSION</b> _____ County <b>FIMR CRT Report</b></p>
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**Date of Report:**

**Panel Chair:**

**Co-chair:**

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**Period Covered:**

**Number of FIMR CRT Meetings:**

**Number of Cases Reviewed:**

**Number of Maternal Interviews:**

### Cases Reviewed

<b>Date</b>	<b>Case #</b>	<b>Cause Of Death</b>	<b>Comments/ Recommendations</b>
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# Appendix 6



## STATE OF DELAWARE Child Death Review Commission (CDRC) Fetal and Infant Mortality Review (FIMR)

### Case Summary Supplemental Report

Case ID #:

Infant ID#:

#### Psychosocial/Life Course Perspective

**Criminal History:**

YES     NO     No info

**Comments:**

**DFS History:**

YES     NO     No info

**Comments:**

**DPH History:**

YES     NO     No info

**Comments:**

#### Medical History

- |  |  |  |                                      |                                 |
|--|--|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Anemia                        | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Auto immune | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Cardiac (HTN) | <input type="checkbox"/> Cognitive/learning disability | <input type="checkbox"/> Dental          |                                      |                                 |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Endocrine                     | <input type="checkbox"/> GI              | <input type="checkbox"/> Genetic     | <input type="checkbox"/> GU     |
| <input type="checkbox"/> GYN issues    | <input type="checkbox"/> Mental Health                 | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Sickle Cell |                                 |
| <input type="checkbox"/> Other         |  |  |                                      |                                 |

**Comments:**

**Inter-pregnancy Interval:**

#### Prenatal Period

**Prenatal Visits:**

DATE	Gest/FH	BP	FHR/FM	Urine Protein/Glucose

**OB Notes:**

**Ultrasounds:**

**Lab Tests:**

**First Trimester:**

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Blood type/Rh antibodies: | <input type="checkbox"/> H&H:           | <input type="checkbox"/> CBC:   |
| <input type="checkbox"/> Hepatitis A/B/C:          | <input type="checkbox"/> HIV:           | <input type="checkbox"/> RPR:   |
| <input type="checkbox"/> Rubella:                  | <input type="checkbox"/> PAP/HPV:       | <input type="checkbox"/> CF:    |
| <input type="checkbox"/> U/A-urine culture:        |   | <input type="checkbox"/> UDS:   |
| <input type="checkbox"/> Vaginal culture/wet prep  | <input type="checkbox"/> Early glucola: | <input type="checkbox"/> Other: |

**Second/Third Trimester:**

- |   |                               |                                 |
|---|-------------------------------|---------------------------------|
| <input type="checkbox"/> H&H                | <input type="checkbox"/> CBC: | <input type="checkbox"/> GTT:   |
| <input type="checkbox"/> U/A-urine culture: | <input type="checkbox"/> UDS: | <input type="checkbox"/> Other: |

**Specialty Labs:**

- |  |  |
|--|--|
| <input type="checkbox"/> BUN/creatinine; | <input type="checkbox"/> 24 hr urine protein/creatinine clearance: |
| <input type="checkbox"/> TORCH:          | <input type="checkbox"/> Thromboembolic studies:                   |

**Prenatal Education:**

- Diet    Wgt gain    Exercise    Preterm Labor/Labor S&S    Breastfeeding  
 PN classes    Toxoplasmosis/Cats    PP birth control/pregnancy interval  
 Fetal Kick Counts    Anemia    Folic Acid    Prenatal Vitamins  
 Other

**Depression Screen:**

- Prenatal Provider    OB triage/ER visits    Hospital PP    Provider PP

Comments:

**Domestic Violence Screen:**

- Prenatal Provider    OB triage/ER visits    Time of Delivery    Provider PP

Comments:

**Medical Referrals in PN Period:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Maternal Fetal Medicine | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Nutritionist    |
| <input type="checkbox"/> Endocrinologist         | <input type="checkbox"/> Neonatologist           | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Geneticist              | <input type="checkbox"/> Cardiologist            | <input type="checkbox"/> Other:          |

**Consultant Notes:**

**Other Referrals in PN Period:**

- NFP    Smart Start    Centering    Healthy Beginnings  
 Other:

**OB Triage/ER Visits:**

**Delivery**

**Labor & Delivery:**

**Labs:**

- |   |                               |                                   |
|---|-------------------------------|-----------------------------------|
| <input type="checkbox"/> H&H                | <input type="checkbox"/> CBC: | <input type="checkbox"/> Glucose: |
| <input type="checkbox"/> U/A-urine culture: | <input type="checkbox"/> UDS: | <input type="checkbox"/> Other:   |

**Support:**

Father/Partner  Grandparent  Sibling  Friend  Other: \_\_\_\_\_

**Comments:**

**Placental Pathology Completed:**  Yes  No  Unknown

**Results:**

**Infant data**

**Comments:**

**Drug information:**

- Was mother drug tested in labor and delivery?  Yes  No  Unknown
- Was infant tested at birth?  Yes  No  Unknown
- NAS scoring done?  Yes  No  Unknown/Score:
- Referral to home visiting?  Yes  No  Unknown/Which program:
- Referral to DFS?  Yes  No  Unknown

**Autopsy performed:**  Yes  No  Unknown

**Comments:**

**Hospital Postpartum Period**

**Comments:**

**Postpartum birth control discussed:**  Yes  No  No Info  Declined

**Birth Control accepted:**  Oral contraceptives  Condoms  LARC (includes implant/IUD)

Tubal ligation  Rhythm method/pull out  Other:

**Bereavement Support**

**Bereavement Support:**

- Referral to grief support group  Pastoral Care/Clergy support  SW support
- RN support  Family/Partner support  NILMDTS  Other

**Comments:**

**Postpartum Period**

**Post Partum Visit:**  YES  NO  No Info

2 weeks  4 weeks  6 weeks  8 weeks  Other

**Comments:**

**Education on birth spacing:**

**Family Planning/Birth Control:**

- OCP  LARC (includes IUD and/or implant)  Condoms
- Rhythm method/pull out  Other

**Comments:**

**Referrals in PP period:**

- Pre/Inter-conceptual Care  Mental Health Counselor  Smoking Cessation
- Substance abuse treatment  Nutritionist  Endocrinologist
- Family Doctor/PCP  Other:

## Appendix 8



### STATE OF DELAWARE Child Death Review Commission (CDRC) Fetal and Infant Mortality Review (FIMR)

#### Issues Summary (Present/Contributing) (Infant ID: \_\_\_\_\_)

##### 1. Preconception / Interconception Care

- Y N U Preconception Care Before / During / After
- Y N U Postpartum visit kept
- Y N U Pregnancy Planning/BC Education Before / During / After
- Y N U Dental/Oral Care Before / During / After
- Y N U Chronic Disease Control Education Before / During / After
- Y N U Weight Mgmt/Dietician Before / During / After
- Y N U Bereavement Referral

##### 2. Medical: Mother

- P C U Teen Pregnancy Early Teen (< 18 yrs)
- P C U Late Teen (18 & 19)
- P C U Pregnancy > 35 yrs
- P C U Cord Problem
- P C U Placental Abruptio
- P C U Placenta Previa
- P C U Chorioamnionitis
- P C U Pre-existing Diabetes
- P C U Gestational Diabetes
- P C U Incompetent Cervix
- P C U Infection: BV
- P C U STI:
- P C U Other Source of Infection: candida (yeast)/UTI
- P C U Multiple Gestation
- P C U Mother's Weight (BMI):
- P C U Insufficient / Excess Weight Gain
- P C U Poor Nutrition
- P C U Pre-existing Hypertension
- P C U Pregnancy Induced Hypertension Pre-eclampsia / Eclampsia
- P C U Preterm Labor
- P C U Pregnancy < 18 Months Apart
- P C U PROM PPRM Prolonged Rupture of Membrane
- P C U Dental / Oral issues
- P C U Oligo-/Poly-Hydramnios
- P C U Previous Abortions or Miscarriages: /Therap. Abortions:
- P C U Previous Fetal Loss:
- P C U Previous Infant Loss:
- P C U Previous LBW Delivery
- P C U Previous Preterm Delivery
- P C U Previous C-Section:
- P C U Previous Ectopic Pregnancy:

P C U First Pregnancy < 18 yrs  
P C U > 4 Live Births  
P C U Assisted Reprod. Technology  
P C Other:

### **3. Family Planning**

P C U Intended Pregnancy  
P C U Unintended Pregnancy  
P C U Unwanted Pregnancy  
P C U No Birth Control  
P C U Failed Contraceptive  
P C U Lack of Knowledge Methods  
P C U Lack of Resources  
P C U Other:

### **4. Substance Abuse**

P C U Positive Drug Test  
P C U No Drug Test  
P C U Tobacco Use: History, Not Current  
P C U Tobacco Use: Current  
P C U Alcohol Use: History, Not Current  
P C U Alcohol Use Current  
P C U Illicit Drugs  
P C U Hx of Drug Use, Not Current  
P C U Use of Un-prescribed Meds Type:  
P C U OTC Drug/Prescription Type:  
P C Other:

### **5. Prenatal Care / Delivery**

P C U Standard of Care Not Met  
P C U Inadequate Assessment  
P C U No Prenatal Care  
P C U Late Entry to Prenatal Care  
P C U Lack of Referrals  
P C U Missed Appointments  
P C U Multiple Providers/Sites  
P C U Lack of Dental Care  
P C U Inappropriate Use of ER:  
P C Other:

### **6. Medical: Fetal / Infant**

P C U Non-viable Fetus, 22 weeks or less  
P C U LBW (< 2500 grams)  
P C U VLBW (< 1500 grams)  
P C U ELBW (< 750 grams)



## CRT Instructions and Data Dictionary for Issues Summary (Present and Contributing):

### **Section 1: Preconception/Interconception Care**

This is the only section with the options yes/no/unknown. CRTs can record an answer for each item in this section.

***Preconception Care:*** Medical checkup before pregnancy documented including planning pregnancy.

***Postpartum visit kept:*** The mother kept her 4- 6-week postpartum check.

***Pregnancy Planning/Birth Control Education:*** The mother received any pregnancy planning or birth control education at any time before this pregnancy.

***Dental/Oral Care:*** The mother had a dental care provider and had been seen by a dental care provider in the year prior to this pregnancy.

***Chronic Disease Control Education:*** Had the mother received education about controlling any of her chronic diseases at any time prior to this pregnancy with appropriate referrals made for control of chronic disease.

***Weight Management/Dietician:*** Had the mother received education about controlling any weight issues, whether under or overweight, at any time prior to this pregnancy with appropriate referrals made to a dietician.

***Bereavement Referral:*** Referral to any bereavement program, hospital, pastoral care or local program

**Sections 2-20:** These sections provide the options P/C/U, which mean:

- **Present** = issue was present in this case
- **Contributing** = review team felt that issue was a contributing factor in the death of the infant— not necessarily causative, but factor played a strong role in determining the outcome
- **Unknown** = It is unknown if issue or factor was either present or contributory to death, but circumstances lead review team to **suspect** factor played a role in outcome if data were complete.
- If an issue is **not present or not relevant** to the case, leave it **blank**.

### **2. Medical: Mother**

#### ***Teen Pregnancy***

- Early teen – maternal age 17 years or less at time of conception.
- Late teen – maternal age 18 or 19 at time of conception.

***Pregnancy > 35 years*** – Maternal age over 35 at time of conception.

***Cord Problem*** – Evidence of cord torsion, nuchal cord, insufficient number of cord vessels, prolapsed cord, cord compression, or other documented problems relating to the umbilical cord.

***Placental Abruptio*** – A condition in which the placenta separates from the inner wall of the uterus before the baby is born.

***Placenta Previa*** – A placenta that is implanted in the lower uterine segment and covers all or part of the cervical os.

***Chorioamnionitis*** – Infection of the membranes surrounding the fetus.

***Pre-existing Diabetes*** – A condition in which levels of sugar in the blood are too high.

***Gestational Diabetes*** – Diabetes that arises during pregnancy; it results from the effect of hormones and usually subsides after delivery.

***Incompetent Cervix*** – A weakened cervix that results in rapid and unexpected premature dilatation of the cervix and repeated spontaneous abortions, usually during second trimester.

***Infection: BV*** - Bacterial Vaginosis: An imbalance of the bacterial vaginal flora, detected prenatally or at delivery.

**STI** – Sexually Transmitted Infection: Any infection spread during sexual contact. Includes AIDS, herpes, gonorrhea, syphilis, chlamydia, papilloma virus (genital warts) and a number of others. *Please specify on line provided*

**Other Source of Infection** – Any significant source of maternal infection, including periodontal, UTI, etc. *Please specify on line provided.*

**Multiple Gestation** – Pregnancy with more than one fetus at conception: twins, triplets, etc.

**Mother's weight** – includes both Underweight – BMI (Body Mass Index) < 19.8 pre-pregnancy and Overweight – BMI 26.1 – 29 and obese pre-pregnancy.

**Insufficient Weight Gain** – Weight loss, little or not enough gain using the mother's BMI and standards for nutrition during pregnancy put out by the Institute of Medicine.

**Poor Nutrition** – Food intake insufficient for healthy pregnancy, given the mother's BMI – usually noted in the prenatal record or strongly suspected by the clinician(s) on the case review team.

**Pre-existing Hypertension** – Elevated Blood Pressure documented before pregnancy, B/P greater than 140/90, or greater than 10 mm above patient's baseline B/P.

**Pregnancy Induced Hypertension (PIH)** – Hypertensive states of pregnancy that have not been preceded by any chronic high blood pressure.

Classification:

- Without proteinuria (protein in the urine),
- With proteinuria (pre-eclampsia),
- Accompanied by seizures (eclampsia).

**If Pregnancy-induced Hypertension** – select either Pre-eclampsia or eclampsia

**Pre-term Labor** – Onset of Labor before 37 weeks gestation.

**Pregnancy < 18 months apart** – Current conception occurring less than eighteen months from the date of last delivery or pregnancy outcome.

**PROM/PPROM/Prolonged Rupture of Membrane** – Premature Rupture of Membranes (PROM) – Spontaneous rupture of the bag of waters any time before the onset of labor. Preterm Premature Rupture of Membranes (PPROM) Bag of waters ruptured before onset of labor and before 37 completed weeks of gestation. Prolonged Rupture of Membranes – Bag of waters has been ruptured greater than 24 hours before birth.

**Dental / Oral Issues** – Mother noted to have dental/oral issues – bleeding gums, cavities, abscesses, tooth loss, periodontal gum disease, poor dental hygiene etc.

**Previous VIP-** Previous pregnancy ending in voluntary termination of the pregnancy.

**Previous SAB** – Previous pregnancy ending in a spontaneous miscarriage (abortion), not live born.

**Oligo or Polyhydramnios** – Oligohydramnios: Smaller than normal amount of amniotic fluid.

Polyhydramnios – Larger than normal amount of amniotic fluid, often associated with certain congenital anomalies or maternal diabetes.

**Previous Fetal Loss** – Previous pregnancy ending in a stillbirth (infant greater than 20 weeks gestation *or* Greater than 400 grams).

**Previous Infant Loss** – Previous pregnancy ending in the live birth of a child who did not survive to his/her first birthday, regardless of weight or gestation.

**Previous LBW Delivery-** Delivery of an infant less than 2500 grams birth weight prior to this birth.

**Previous Preterm Delivery** – Delivery of an infant, either stillborn or live birth, at less than 37 weeks gestation, prior to this birth.

**Previous C-Section** - Delivery of a previous pregnancy by C-section

**Previous Ectopic Pregnancy-** Any pregnancy implanted outside of the uterine cavity

**First Pregnancy < 18 years old** – Maternal age less than 18 at conception of first pregnancy.

**> 4 Live Births** – Four or more live births prior to this pregnancy.

**Assisted Reproductive Technology** – Interventions to aid conception, including ovulation stimulation, fertility medications, GIFT, ZIFT procedures.

### **3. Family Planning**

***Intended Pregnancy*** – Mother wanted to be pregnant at the time of conception.

***Unintended Pregnancy*** - Mother did not want to be pregnant at this time.

***Unwanted Pregnancy*** – Mother did not want to be pregnant then or at any time in the future.

***No Birth Control*** – Neither the mother nor her partner used a family planning method prior to this pregnancy.

***Failed Contraceptive*** - The mother and her partner used a family planning method but she became pregnant anyway.

***Lack of Knowledge: Methods*** – The mother did not have knowledge or correct understanding of how to use family planning methods.

***Lack of Resources*** – The mother did not know how to access resources for family planning methods, or some barrier existed that prevented her or her partner from obtaining services for family planning.

***Other***—Delaware: record here if any family planning services or counseling postpartum was given to Mother.

### **4. Substance Use**

***Positive Drug Test*** – The mother had any positive toxicology screen for substances during pregnancy or at delivery

***No Drug Test*** – The mother met criteria for complications known to be associated with drug use but was not tested.

***Tobacco Use: History but not current*** – Any use by the mother of any tobacco product prior to pregnancy up to the time of the infant’s conception. (*Note: second hand smoke from any source in the home is noted in category Environment*)

***Tobacco Use: Current*** - Any use by the mother of any tobacco product during or after pregnancy up to the time of the infant’s death. (*Note: second hand smoke from any source in the home is noted in Environment*)

***Alcohol Use: History but not current*** – Any history of any alcohol use by the mother prior to pregnancy up to the time of the infant’s conception

***Alcohol Use: Current*** – Any use by the mother of any alcohol during or after the pregnancy, up until the time of the infant’s death.

***Illicit Drugs*** - Any use by the mother of any illegal substance during or after the pregnancy, up until the time of the infant’s death. *Specify the type(s) of drug if known.*

***History of drug use, not current*** – Mother has a history of illicit drug use prior to the pregnancy being reviewed.

***Use of Un-prescribed Medications*** - Any use by the mother of any prescription drug not prescribed for her during or after the pregnancy, up until the time of the infant’s death. *Specify the type(s) of drug if known.*

***OTC/Prescription Drugs*** – Any use by the mother of over the counter or prescription drugs prescribed for the mother during or after pregnancy (up until the time of infant’s death) and not under the apparent supervision of a physician. *Specify the type(s) of drug if known.*

### **5. Prenatal Care/Delivery**

***Standard of Care Not Met*** – Prenatal assessment or treatment did not meet commonly accepted obstetric practice standards.

***Inadequate Assessment*** – Prenatal providers did not appropriately assess for certain conditions or circumstances.

***No Prenatal Care*** – Mother did not receive any prenatal care (*nurse visits in this category do not count as prenatal care*).

**Late Entry to Prenatal Care** – First prenatal visit (*excluding nurse visit*) occurred after 12th week of gestation.

**Lack of Referrals** – Conditions or circumstances were identified in assessment, but no referral(s) made to existing appropriate services.

**Missed Appointments** – Missed prenatal appointments resulted in sporadic care.

**Multiple Providers/Sites** – Mother received prenatal care from more than one provider, resulting in sporadic and fragmented care.

**Lack of Dental care** - No dental care for more than 6 months (ACOG)

**Inappropriate Use of ER** - Multiple visits to the ER to treat conditions that could be handled by attending physician, either general practitioner or OB doctor. Delaware: number given here refers to both ER visits and OB triage visits.

## **6. Medical: Fetal/Infant**

### ***Non-viable fetus, 22 weeks or less***

**LBW** - Low Birth Weight – Any newborn, regardless of gestational age, whose weight at birth is less than 2500 grams. (5# 5 ounces)

**VLBW** - Very Low Birth Weight – Any newborn, regardless of gestational age, whose weight at birth is less than 1500 grams. (3# 5 ounces)

**ELBW** – Extremely Low Birth Weight – Any newborn, regardless of gestational age, whose weight at birth is less than 750 grams. (1# 10 ounces)

**Intrauterine Growth Restriction (IUGR)** – Birth weight of the fetus is below the 10th percentile of mean weight for gestational age.

**Congenital Anomaly** – Birth defects, malformations, chromosomal syndromes and other conditions noted prenatally, at delivery, or on autopsy.

**Prematurity** – Infant born at less than 37 weeks gestation.

**Infection/Sepsis** – Infant shows clinical evidence or symptoms known to be associated with infection.

**Failure to Thrive** – An abnormal lag in growth and development of an infant resulting from conditions that interfere with normal metabolism, appetite, and activity. Causative factors may include chromosomal abnormalities, major organ system defects, disease or acute illness, physical deprivation or neglect.

**Birth Injury** – Insult or injury occurring to the fetus in the process of birth. (ex. Hypoxia, fractured clavicle, cephalohematoma, etc.)

**Feeding Problem** – Infant exhibits inability or lack of desire to feed from breast or bottle.

**Respiratory Distress Syndrome (RDS)** – Acute lung disease of the newborn caused by progressive respiratory failure resulting from inadequate surfactant function – also called Hyaline Membrane Disease.

**Developmental Delay** – Infant falls below the norm in any one of these five areas: Gross motor, fine motor, social interaction, language, self-help

**Inappropriate Level of Care** – Infant delivered or mother treated in facility without level of care designation needed for maternal or infant conditions. (example: 24 week gestation infant delivered at facility without a NICU)

**Positive drug test** – Infant had a positive toxicology screen post-delivery

## **7. Pediatric Care**

**Standard of Care Not Met** – Infant assessment of treatment did not meet commonly accepted pediatric practice standards.

**Inadequate Assessment** – Pediatric provider did not appropriately assess for certain conditions or circumstances.

**No Pediatric Care** – The infant was not seen for routine well baby visits, immunizations or other non-emergency care.

**Lack of Referrals** - Conditions or circumstances were identified in assessment, but no referral(s) made to existing appropriate services.

**Missed Appointments/Immunizations** – Missed pediatric appointments resulted in ineffective pediatric care or Missed one or more of standard immunizations recommended for age

**Multiple Providers/Sites-** Infant received pediatric care from more than one provider, resulting in sporadic and fragmented care.

**Inappropriate Use of ER** – Multiple visits to ER to treat conditions that could be handled by attending physician, either general practitioner or pediatric doctor.

## **8. Environment**

**Unsafe Neighborhood** – Mother or family discloses that there is general fear for safety in the neighborhood where they resided during pregnancy and while the infant was alive.

Neighborhood known to local law enforcement or public health to have a high incidence of violence, crime, and neglect.

**Substandard Housing** – Any housing that does not meet local housing codes; evidence of unreliable heat, poor water quality, infestations, structural insufficiencies.

**Overcrowding** – More people living in the housing space than the space was designed to accommodate.

**Second Hand Smoke** – Regular ongoing smoke inhaled by a pregnant woman or the infant from tobacco, marijuana and crack cocaine.

**Little/No Breastfeeding** – Infant was not breastfed or did not receive pumped breast milk for significant amount of time.

**Improper/No Car Seat Use** – While in a moving vehicle, infant was not restrained or was restrained incorrectly in a child passenger safety seat at the time of injury leading to death. Includes using the car seat for infant sleep or leaving the car seat on a table or other furniture where the infant and/or car seat can fall.

**Infant Overheating** – When found unresponsive, infant was overheated by over dressing with too many clothes or blankets, the room or area was overly warm from a furnace, space heater, fireplace, oven, or there was a lack of ventilation allowing heat to build up. (e.g. enclosed car)

**Apnea Monitor, misuse** – Infant was on prescribed apnea monitor following discharge from hospital. Includes: monitor was prescribed, not in use and monitor was in use and malfunctioned or was not used properly

**Lack of Adult Supervision** – *see also section Family violence / neglect* – Event in which parent or caretaker did not provide adequate and reasonable supervision of infant due to absence or impairment.

## **9. Injuries**

**Motor Vehicle Occupant** – Infant died due to injuries or conditions resulting from a motor vehicle crash. (Note section environment, whether child was secured in a child passenger restraint while riding in the automobile.)

**Abusive Head Trauma** - Infant died due to injuries or conditions resulting from Abusive Head Trauma, including being intentionally shaken by another.

## **10. Social Support**

**Lack of Family Support** - The mother had few or no friends or family members providing emotional, financial, or physical support during or after her pregnancy.

**Lack of Neighbors/Community Support** – The mother did not feel that she could rely on neighbors or nearby community members for help or support if she needed it.

**Lack of Partner/FOB Support** – The father of the baby did not contribute in a significant emotional, financial, or physical fashion.

**Single Parent** – Mother is unmarried or is separated from the FOB/partner.

**Living Alone** – Mother is living on her own or alone with her dependent children.

**< 12th Grade Education** – Last grade of school completed by mother is less than 12th grade.



**Special Education/Disability** – Mother has documented learning disability or condition resulting in impaired understanding or use of knowledge.

**Physical or Cognitive Disability** - Mother had documented physical or cognitive disability

**Other:** Delaware—record here the lack of home visiting services if they may have benefited the mother.

### **11. Partner / FOB / Caregivers**

Partner / FOB / Caregiver is indicative of another person, besides the mother, who has shared care for the infant on a regular basis or other individual in the role of parent

**Employed** - Currently employed, full or part-time

**History of Mental Illness**- Documented history of mental illness

**Substance or Tobacco Use/Abuse – Current** -Any use by the partner/FOB/caregiver of any alcohol, illicit drugs or tobacco product during or after pregnancy up to the time of the infant’s death. (*Note: second hand smoke from any source in the home is noted in category, Environment*) *Specify the type(s) of drug, including tobacco if known.*

**Substance or Tobacco Use/Abuse – History** - Any use by the partner/FOB/caregiver of any alcohol, illicit drugs or tobacco product prior to pregnancy up to the time of the infant’s conception . (*Note: second hand smoke from any source in the home is noted in category Environment*) *Specify the type(s) of drug, including tobacco if known.*

### **12. Family Transition**

**Frequent/Recent Moves** – Living situation is unstable and mother has moved frequently before, during, or after the pregnancy.

**Living in Shelter/Homeless** – The mother and baby were homeless, living on the street, living in a shelter, or making frequent moves among friends and family members immediately before, during, or after the pregnancy, or while the infant was alive.

**Concern Re: Citizenship** – The mother or other principal caretaker exhibited concerns that their documentation or citizen status may compromise their ability to seek or receive services.

**Divorce/Separation** – The mother separated or divorced from her spouse or intimate partner immediately before, during, or after the pregnancy or while the infant was alive.

**Multiple Partners** – More than one sexual partner in a 12-month period

**Mom in Prison/Parole or Probation** –Biological mom was incarcerated, paroled, or on probation immediately before, during or after the pregnancy or while the infant was alive.

**FOB in Prison/Parole or Probation** – Either biological father or other individual in the role of parent was incarcerated, paroled, or on probation immediately before, during or after the pregnancy or while the infant was alive.

**Major Illness/Death in Family** – A major illness or death of a family member, having an impact on the family’s socioeconomic status or essential functions immediately before, during, or after the pregnancy, or while the infant was alive.

### **13. Mental Health/Stress**

**Maternal Hx of Mental Illness** – Mother of the baby has a history of documented mental illness, suicide attempts or gestures, hospitalizations, supervised medication, or other indicators of mental illness.

**Depression/Mental Illness During Pregnancy/Postpartum** – The mother of the baby displays clinical symptoms of depression, makes suicidal attempts or gestures, is hospitalized or under supervised medication, or otherwise is experiencing other indicators of mental illness during pregnancy or while the infant is alive.

**Multiple Stresses** - The mother experiences three or more family, economic, environmental, or other stresses during pregnancy or while the infant is alive.

**Social Chaos** – When social interaction and social support systems are destructive and/or disruptive of functional stability making it difficult to function in life.

**Employed** - Mother of baby had a job.

**Concern About Enough Money** - The mother or other principal caretaker expressed concerns about having enough money on a month to month basis to meet basic needs of the family during pregnancy or while the infant is alive.

**Work/Employment Problems** – An aspect of the mother’s employment or work situation caused worry or stress during pregnancy or during the time the infant is alive. (examples: insufficient or no maternity leave, large amounts of time without rests, etc.)

**Child/Children with special needs** – Other child dependent children of the mother or partner experiencing health or behavioral problems.

**Problems with Family/Relatives** - Negative influence of friends/family – The mother’s friends, partner, FOB, and/or family members contributed to the mother acting in a manner detrimental to her health or her baby’s health.

**Lack of Grief Support** – Family did not receive appropriate and culturally relevant services related to bereavement and grief support following the death of the infant.

- No referral for grief services made.
- No appropriate bereavement services available in this community.
- Referral was made and services were reasonably available, however family did not access services.

#### **14. Family Violence/Neglect**

**History of Abuse (mom)** – Disclosure or evidence of past physical, emotional, or sexual abuse of mother, not with current partner or FOB, not during the pregnancy or while infant is alive. *Specify*

**Current Abuse (mom)** – Disclosure or evidence of physical, emotional, or sexual maltreatment of the mother by spouse, current or former dating partner, or any other family member, friend, or relative.

*Physical Abuse* includes hitting, slapping, pushing, throwing objects, or any other act, which results in non-accidental physical injury to the mother. *Emotional abuse* includes name calling, threats, intimidation, coercive behavior, controlling or preventing mother from seeking and engaging in services.

*Sexual Abuse* includes forced or hurtful sex, non-protected sex, or otherwise engaging the mother in sexual acts she does not want to do. Current Abuse is events taking place in the three months prior to conception, during the pregnancy, and while the infant is alive.

**Hx Child Abuse – This Child** – Evidence of past physical, emotional, or sexual abuse of this child by the parent or caretaker. May be disclosed in home interview, suspected or confirmed reports to child protective services, law enforcement records, and/or medical records.

**Hx Child Abuse – Other Child** – Evidence of past physical, emotional, or sexual abuse of any other child(ren) in the household by the parent or caretaker. May be disclosed in home interview, suspected or confirmed reports to child protective services, law enforcement records, and/or medical records. Include children in other homes, for example a father’s previous relationship and non-custodial children.

**Hx Child Neglect – This Child** – The negligent treatment or maltreatment of this child by the parent or caretaker under circumstances indicating harm or threatened harm to the child’s health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that his/her personal health is endangered (failure to provide adequate food, clothing, shelter, medical care, competent supervision).

**Hx Child Neglect – Other Child** – The negligent treatment or maltreatment of any other child(ren) in the household by the parent or caretaker under circumstances indicating harm or threatened harm to the children’s health or welfare. Neglect includes willfully permitting the child to be placed in a situation such that his/her personal health is endangered (failure to provide adequate food, clothing, shelter, medical care, competent supervision).

**Multiple CPS Referrals** - Any CPS referrals, substantiated or not

**Multiple Police Reports** – More than one occurrence where either parents or caretakers of the infant are involved in police reported incidents as victim, perpetrator, or witness to violent or potentially criminal event.



## **15. Culture**

***Language Barrier*** – The mother and/or other principal caretakers for the infant were not able to communicate expediently with providers because of language differences. Includes use of interpreters.

***Beliefs re: Pregnancy/Health*** - The mother or principal caretakers for the infant exhibited health beliefs inconsistent with standard medical practice.

## **16. Payment for Care/Services**

***Private Insurance***- Family's medical care paid for by a private third party payer, such as BCBS or family's medical care paid for by a private third party payer under an HMO or managed care program, such as Health Plus or BCN.

***Medicare*** – Family's medical care paid for by Medicare

***Medicaid*** – Family's medical care paid for by FIA of other government support, non-managed care or family's medical care paid for by a managed care program of FIA of other government support.

***Self-Pay/Medically Indigent*** – Patient/family did not have insurance or other means for paying for prenatal care, delivery, and/or pediatric care.

## **17. Services Provided**

***Inadequate Information*** – The family/mother did not receive prevention education and information that would have helped to prevent the infant death. Specify the education topic area in the space provided. (e.g. Safe Sleep Environment, S & S of preterm labor)

***WIC*** - Participation in the Women, Infants, Children's program

***Mother/Child Not Eligible*** – The mother, principal caretaker, and/or child are not eligible for a needed service.

***Poor Provider Communication*** – The service providers in the case were not known to each other or did not share with each other potentially important information about the case.

***Client Distrust/Fear/Dissatisfaction with System or Providers- Pediatric*** – The family's fear of, distrust, or dissatisfaction with a pediatric care provider was a factor in their not using a service in a timely or effective manner.

***Client Distrust/Fear/Dissatisfaction with System or Providers - Hospital*** – The family's fear of, distrust, or dissatisfaction with a hospital provider was a factor in their not using a service in a timely or effective manner.

***Client Distrust/Fear/Dissatisfaction with System or Providers - Prenatal*** – The family's fear of, distrust, or dissatisfaction with a prenatal care provider was a factor in their not using a service in a timely or effective manner.

***Dissatisfaction with support services*** – The family's fear of, distrust or dissatisfaction with services such as WIC, MCHP, Healthy Start, etc.

***Lack of Child Care*** – Parent or principal care giver did not have access to quality, affordable child care by relatives, support persons, or licensed day care during pregnancy, delivery, or while infant was alive.

## **18. Transportation**

***No Public Transportation*** - No existing or readily accessible public transportation during pregnancy, time of delivery, postpartum, and while infant was alive.

***Inadequate/Unreliable Transportation*** – Mother or principal caretaker of infant did not have reliable private transportation to needed services, or lack of transportation caused mother or caretaker to miss appointments or services.

## **19. Documentation**

***Inconsistent or Unclear Information*** - Abstractor or review team members felt some part of the record was ambiguous, unclear or data from different sources found to be conflicting (prenatal record shows 5 OB visits, birth certificate shows 10)

***Inconsistent Vital Records data*** - Abstractor or review team members felt some part of the Vital Record was inconsistent with other records found during case abstraction.

***Missing Data*** – Data that was documented as ordered or assessed, but results not found (placental pathology ordered but not found in chart)

## **20. Other**

Delaware—document here other tracking issues of interest such as birth spacing education, postpartum birth control education or use, fetal movement tracking education.

## Appendix 9



Disposition of Referrals	
<p><b>Date:</b> _____</p> <p><input type="checkbox"/> Assigned by FIMR Program Coordinator  <input type="checkbox"/> Assigned by Executive Director</p>	<b><u>Actions</u></b>
<p><input type="checkbox"/> Assign to FIMR                      <input type="checkbox"/> Fetal Death  DOD _____</p> <p style="text-align: right;"><input type="checkbox"/> Infant Death</p>	
<p><input type="checkbox"/> Assign to Triage Case (based upon odd/even) <sup>4</sup></p> <p><input type="checkbox"/> Fetal Death    DOD _____</p> <p><input type="checkbox"/> Infant Death</p>	<ul style="list-style-type: none"> <li>• Log into excel database</li> <li>• Log into NFIMR if fetal/infant for FIMR</li> </ul>
<p><input type="checkbox"/> Assign to MMR</p>	<ul style="list-style-type: none"> <li>• Log into excel database</li> <li>• Notify RT for subpoena process</li> </ul>
<p><input type="checkbox"/> Assign to CDR</p>	<ul style="list-style-type: none"> <li>• Log into excel database</li> <li>• Log into National CDR</li> <li>• Create a folder under shared drive/caseload.</li> <li>• Scan death cert to that folder</li> </ul>
<p><input type="checkbox"/> Assign to SDY</p>	<ul style="list-style-type: none"> <li>• Log into excel database</li> <li>• Log into National CDR</li> <li>• Create a folder under shared drive/caseload.</li> <li>• Scan death cert to that folder</li> </ul>
<p><input type="checkbox"/> Go to Second Page                      </p>	

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<sup>4</sup> January through June based upon even DOD, July through December based upon odd DOD.

<input type="checkbox"/> Joint Review with CAN and specified panel_____ <sup>5</sup>	<ul style="list-style-type: none"> <li>• Log into excel database</li> <li>• Log into National CDR</li> <li>• Create a folder under shared drive/caseload.</li> <li>• Email the death cert to OCA/Angela Birney</li> <li>• Scan death cert to the CDRC folder and also the OCA folder.</li> </ul>
<input type="checkbox"/> Out of State	<ul style="list-style-type: none"> <li>• Log into tracking database</li> <li>• Scan to Out of State shared drive folder.</li> </ul>
<input type="checkbox"/> Pending (Re-submit to Executive Director monthly until a disposition can be given). Office Manager will keep in a 30 day review file.	
<input type="checkbox"/> Child is over age 18. Place in designated file.	

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<sup>5</sup> This case gets entered into the national data tool with a CAN case# and a file is opened but no records are subpoenaed.