

## Meeting notes, FIMR State Coordinators Conference Call

6/7/17, 3:00 p.m. – 4:00 p.m. ET

Call notes:

Present: Kari Tutwiler (MT)  
Susanna Joy (MI)  
Andrea Filio and Matthew Slanoc (OH)  
Joan Kelly (DE)  
April Kincaid (TN)  
Kelli McNeal (OK)  
Prema Ray and Maura Dwyer (MD)  
Cheryl Doyle (MS)

### Round robin, updates from states

MT: NCFRP facilitated two webinars on Best Practice for Fatality Review in March for the Montana FICMMR staff. About 95% of cases reviewed do not have maternal interview, as the Montana public health nurses do not have the capacity.

MI: Planning a statewide FIMR training September 7, 2017. Inviting coordinators, interviewers, abstractors, the vision is to have multiple tracks for participants. Question posed to colleagues: Do any other states have a state level advisory board for FIMR? Delaware has DHMIC – the Delaware Healthy Mother and Infant Consortium. Their mission is to provide statewide leadership and coordination of efforts to prevent infant mortality and to improve the health of women of childbearing age and infants throughout Delaware. Joan Kelly reports that funding may be challenged in this next FY. Michigan has been seeing an increase in maternal interviews – they can now cross reference cases with the Maternal Infant Health Program (MIHP, Home Visiting) and often get accurate contact information for moms.

OH: just completed a day and a half training for all Ohio FIMR staff and Ohio State Health Department liaisons, excellent turn out. (Rosemary Fournier presented) They are planning a statewide day of collaborative training in 2018, to include CDR, FIMR, and PAMR.

DE: Potential \$1,000,000 budget decrease is anticipated starting 7/1/17. This may challenge FIMR funding. The last CRT meeting is on 6/8/17, they are taking a summer break. Teams are completely done with 2016 cases, they will resume in the fall with 2017 cases. The Maternal Interviewer was on medical LOA and has not returned – possibly retiring. This has left the program struggling to get maternal interviews. Their process: they send out a letter first, followed by a phone call, f/u with a second letter. Typically they get about a 35% response rate. They also have a bereavement counselor – they send letters out to families so that they can request services and/or the FIMR interview. Activities that reward team members: they offer CEUs both medical and nursing, they provide lunch at meetings, and in their annual report all members are mentioned.

MS: Mississippi's IM rate in the region where FIMR operates has dropped from 9.8 per 1,000 live births to 7.1. Cheryl Doyle reports that her region conducts 3 meetings per quarter – 2 CRTs and one CAT meeting. They are trying to expand FIMR to the rest of the state. Maternal Interviews are challenging due to no staff - Cheryl inquired if others do phone interviews? Tennessee does sometimes, but

discussed the challenges of not being face to face – hard to convey sympathy, body language is missing. Maternal Interviews: moms are very transient, they have the greatest success by contacting them as early after the loss as possible. Ohio shared that they have used “people finder” – part of their Voter Registration system.

TN: had a face to face meeting of FIMR/CDR coordinators in May – NCFRP staff, Abby Collier, presented on CDR and FIMR collaboration. They are increasing their focus on disparities. Strong Babies Campaign is concentrating on Safe Sleep, Breastfeeding, and Birth Spacing. They have also been working in the Jails – with both female and male inmates on topics such as father engagement and Safe Sleep. Maternal Interviews: it is very specific in each county. Some prefer very early contact, they use a variation of letter and phone calls to connect with families. Moms are transient, often hard to get a hold of and lost to follow up.

MD: Prema Ray is new to FIMR and CDR Statewide Coordination. They are trying to create a Maryland Statewide Advisory Board with VS, MMR, CDR, and FIMR. A joint meeting of FIMR coordinators is being planned for end of August, early September. They are pulling together their annual report bringing all the jurisdictions together.

OK: They are increasing the number of Maternal Interviews obtained for cases reviewed – they had one social worker and now have two doing the interviews. The social workers are part of an MCH outreach team. They offer services and resources first, then attempt to get interviews. They do occasional phone interviews, and as a last resort they have an online survey that moms can participate in. They have increased from 3 – 4 interview/month to 6 – 7. 30 – 32 % of cases have a completed home interview. Oklahoma is trying to leverage time and resources – they have reduced from every other month to quarterly meetings. Team membership and participation has remained stable. The CRT is split into two teams – each team reviews about 10 cases each time they meet. This month they held an African American Men’s Summit – FIMR is a partner, about 400 men attended. They have incorporated PPOR into their FIMR and are using to establish priorities. In 2015 they formed an AA Alliance in Oklahoma City and launched their strategic plan in March 2016. AA IM rate has decreased from 13.8 per 1,000 live births in 2015 to a current rate of 10.8.

### **Updates from the National Center for Fatality Review**

- a. Webinars (taking a summer break: resuming in the fall with a two part series on Neonatal Abstinence Syndrome and drug exposed infants.) TBA, September/October
- b. 2016 Report on the Status of FIMR in the US – now available on the web site: [https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/FIMRinUS\\_2016.pdf](https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/FIMRinUS_2016.pdf)  
Hard copies mailed to each local coordinator.
- c. New look to the website: <https://www.ncfrp.org/> Welcome feedback please!
- d. Regional Support calls for FIMR – next round in July. Still need leaders for North and Central.

- e. NCFRP contracting with the NBEC - Dr. Joia Crear-Perry, projects to include a revision to the Maternal Interview Manual with an equity focus.

**f. Status of Workgroups**

- i. Disparities
- ii. Integrated CDR/FIMR Database

Meeting adjourned 4:02 p.m. Next meeting 9/6/17, and 12/6/17.