



## Fetal and Infant Mortality Review

### Building/Maintaining Community Review Team (CRT) & Community Action Team (CAT) membership

1. Guiding principles for FIMR CRT and CAT membership
  - a. **Diversity:** memberships represent a wide array of personal and professional knowledge, expertise and experience, the ethnic and cultural diversity in the community and a broad, creative range of organizations including some who may not have been included in traditional maternal and child consortia.
  - b. **Influence:** refers to those policy makers, institutional and professional leaders, and/or organizational spokespersons who have the power to make decisions for and mobilize fiscal and programmatic resources on behalf of their agency or organization.
  - c. **Commitment:** champions! Choose team members with a proven track record over time of putting what is good for women, infants and families before what is expected or convenient for his or her own organization or professional interest.
2. Family and Consumer Participation: It is recommended that consumers and individuals who live, work, worship, and play in the community chosen for FIMR and use its services and resources be included on CRT & CAT membership. Teams often include a family member who has suffered a fetal or infant loss in the roster of both the CRT and the CAT.
3. Work with existing groups or perinatal initiative that has the characteristics necessary to fulfill the role of the CRT & CAT when possible. Examples of such entities might include:
  - prenatal/perinatal regional consortium
  - community advisory board such as Home Visiting, NFP
  - mayor's or county executive's blue ribbon panel on infant mortality
  - Healthy Mothers, Healthy Babies Coalition,
  - consortium for a federal Healthy Start project

4. Inviting Members: Members invited to the CRT and CAT will vary depending on the needs in the community. While not an inclusive list, these re suggested community members:

<b>Agency/Individual</b>	<b>Agency/Individual</b>	<b>Agency/Individual</b>
<b>Key Community Leaders:</b>	<b>Public Health:</b>	<b>Health Care Providers:</b>
Mayor	City or County Health Department representative	OB/GYN
County Executive	WIC	Maternal Fetal Medicine
Business Leaders (Chamber of Commerce)	Family Planning	Pediatrician
Civic, Social, or Fraternal groups: (Kiwanis, Jaycees,)	Immunizations	Emergency Medicine
Religious Leaders	Medicaid	Family Practice
Educators	Outreach Workers	Nursing (OB/PEDS)
Law Enforcement	Home Visitors	Social Workers
	Medical Examiner	Dieticians
<b>Consumer/Advocacy Groups:</b>	<b>Human Service Providers:</b>	Discharge Planners
March of Dimes	Child Welfare	Childbirth Educators
Healthy Mothers/Healthy Babies	Substance Abuse Services	Hospital Administrators
MCH Coalitions	Mental Health Services	HMO/Managed Care rep.
Perinatal Infant Grief Professionals	Domestic Violence Shelters/Services	State/County Medical Society
Consumer representative, bereaved family member	Department of Corrections	EMS Personnel
Family Support Groups	Housing Authority/Tenants Rights Groups	Dentist/Dental Technician
Minority rights Groups	Transportation Authority	
Women's Rights Groups		
Union/Workers rights Groups		

Tips for recruiting:

- Members can recruit members!
- Use their interagency influence and connections to recruit other potential partners
- Tap the informal power of personal friendships among agency leaders in building support for FIMR.
- Retirees make great recruits

## 5. Maintaining the momentum

- a. Consider the team's needs and availability when scheduling meetings, day, time and location can make a big difference
  - i. Day of the week - Give team members a voice, do a doodle poll or similar survey to determine if any ongoing conflicts with other obligations
  - ii. Time of meetings:
    1. Early AM works for busy physicians, making hospital rounds then attending CRT meeting
    2. Lunch time is sometimes successful, even busy clinicians need to take time out to eat! "Brown Bag" lunch or provide refreshments.
    3. Late Afternoon, early evening - a 4 p.m. to 6 p.m. meeting allows for participants to put in a pretty full work day and then attend the meeting
  - iii. Location: helpful to cut down on the amount of time participants have to travel to and from other jobs, work obligations. Hold meetings at the FQHC if there are several participants from that organization. Local Health Department, Hospital Cafeteria side room, Library, City Hall, Department of Human Services are all suggestions that have worked for other FIMRs.
  - iv. "Blitz" reviews – review teams meet less frequently and review multiple cases at a time to accommodate very busy schedules or rural areas with prohibitive travel restrictions.
- b. Feed people! If at all possible, offer light refreshments or a modest meal when meeting over breakfast, or lunch time. If the administrative agency does not have the financial resources to offer food, consider alternating the responsibility among participant agencies. It takes a bit of coordinating, but most agencies could spring for a meal once a year.
- c. Lay down ground rules, and stick to them! Value and respect all participants time, their voice, their contributions to the FIMR process. (See a sample of a team "Charter".
- d. Consider providing physician and other professional CEUs for FIMR CRT meetings.
- e. Celebrate successes! From time to time, take a break from review activity to do a social gathering, do a presentation on a year's worth of review findings and successful interventions driven by FIMR. Nothing keeps folks engaged more than the realization that they are making a big difference in the community.
  - i. Annual Holiday Party or Summer break/celebration
  - ii. Give awards or certificates of appreciation to long standing members
  - iii. Do quarterly newsletters featuring members in the "spot light", highlight FIMR findings and successes.