Sample Consent for Maternal Interview

Purpose of the Interview

(NAME of sponsoring agency) is conducting a Fetal and Infant Mortality Review (FIMR) Program. The purpose of this program is to identify ways we can strengthen the systems of care and resources available to families, to prevent future deaths. We talk to moms and families who have recently experienced a loss, with the hope of learning from you how we can prevent other families from experiencing such a loss. Your participation is entirely voluntary. If you agree to participate, a trained interviewer from the (NAME of sponsoring agency) will ask you a series of questions about the death of your baby and about your pregnancy, health, family and use of health care and social services. The interview will take place in your home, or in a convenient location of your choosing, at a time that is convenient for you. The interview will take about one hour. Although participation in this program may not benefit you or your family directly, it may help to prevent other families in the future from losing their baby.

Description of Potential Risk

Talking about the death of your baby may be sad or difficult for you. The interviewer is not a professional counselor but, if you wish, will give you the names of professional people who can help you deal with the loss of your baby. If, during the course of the interview, you feel you do not want to continue, you may ask the interviewer to stop the interview at any time. You may also choose not to answer any specific question. There is no expected risk of injury for participants in this study.

Description of Potential Benefits

Participation in the interview may be a positive experience for you. You may find that talking about the death of your baby can help ease the pain of your loss. In addition, the information you provide to this program may help prevent the loss of a baby for future families.

Confidentiality of Records

All information that identifies you, your family or your health providers will be removed before the interview questionnaire is reviewed. All Fetal and Infant Mortality Review staff and consultants have signed an oath of confidentiality. Therefore, confidentiality will be protected to the full extent permitted by law.

Mandated Reporters

The maternal interview is a mandated reporter, by law. Every effort is made keep all information you share with the program confidential and anonymous. If, however, during the course of the interview, abuse or neglect of your baby, or suspected abuse or neglect of surviving children in the home is revealed, the interviewer must follow state law about reporting it to the appropriate Child Welfare Agency.
Voluntary Participation
Your participation in this program is completely voluntary and you may refuse to answer any questions that you do not wish to answer. You are also free to end the interview at any time without any consequences to you or your family.

Questions
If you have questions concerning the interview or the Fetal and Infant Mortality Review Program, you may call (Name of contact person), collect, at the (NAME of sponsoring Agency) at (contact phone number).

Consent
I have read this form and understand the purpose and conditions for participation in the Fetal and Infant Mortality Review Program. I agree to participate in an interview. I understand that all information obtained from the interview will be strictly confidential, and that neither my name, my baby’s name nor the name of anyone else in my family will appear in any publications or reports or be given to anyone else.

Consent to release name and contact information, (Optional)
I give consent for my name and contact information to be released for the purpose of referrals for additional services:

Date_________________ Signature_____________________________________________________

Print Name:

____________________________________________________________________________________

Signature:

____________________________________________________________________________________

Date:

____________________________________________________________________________________

Interviewer’s Name:

____________________________________________________________________________________

Interviewer’s Signature:

____________________________________________________________________________________

Date:

____________________________________________________________________________________