



Sample Protocol for contacting/engaging mothers and families in the FIMR interview

Initial Contact

Several methods for the initial contact may be made by considered. Some programs partner with hospital staff, and contact the mom while she is still an inpatient. This purpose of this contact is first to assess the mother's needs for referrals and resources related to bereavement, and to gently introduce her to the idea of the maternal interview at a later date. Some programs arrange for a FIMR program brochure to be included in the mother's discharge information packet, a brochure that explains the program and provides some local grief and bereavement resources.

Many FIMR programs use a letter or sympathy card for initial contact. Confidentiality is ensured by omitting the name of the FIMR program from the return address. In some cases, programs send a letter with a self-addressed reply note that allows the mother to indicate whether she wishes to be contacted. Another strategy is to give a date and time for an initial contact, such as "Our public health nurse, Susan, will be able to visit you on Thursday, August 16, at 2 p.m. If that is not convenient for you, please contact our office to re-schedule." Whatever method is used, the language in the letter should be simple, consistent, and written at about a fourth-grade reading level. Bereaved mothers often are not able to concentrate or struggle through long letters.

Phone contact may be used if the FIMR program has that information. Telephoning can impose some limitations on communication because the interviewer may miss nonverbal cues. However, it can be useful for making an initial contact in a timely manner. The person who makes the initial contact should be sure to review any background information on the family and infant before making the call. The caller should identify herself or himself and state the name and purpose of the program before proceeding with the conversation. The caller should try to establish an atmosphere of trust by using a gentle, reassuring approach. People who are hurting are especially sensitive to voice tone and the manner in which information is presented. Personal names should be used to increase the level of trust. Phone contact may be used for initial contact, or as a follow up to the mailed letter or sympathy card.

Here is an example of a potential telephone script:

"Hello, Ms. _____. My name is _____. I am from _____ (agency) and am calling to follow up on a letter that I sent you last week.." or I am calling to follow up on the brochure you may have received at the hospital.

"Ms. _____, I was so very sorry to hear about the loss of _____ (baby's name, if known, and if culturally appropriate to use infant's name, or your daughter/son/baby)."

The mother's response will determine the interviewer's next response. There may be a period of silence.

“My letter (or the hospital brochure) was about an important community program that I am involved with. The purpose is to learn about each baby’s death in our area and to find ways to help families such as yours in the future.”

If no questions are voiced, the caller can then clarify the interview process and set a date and time to meet with the mother.

“I would like to make an appointment to visit you and hear your story. What would be convenient for you?”

Before hanging up, the interviewer may let the mother know about educational materials that are available.

“I have informational materials that I can bring for you. I also have information for children, grandparents, and fathers. Is there any specific information that may be helpful to you?”

The interviewer should leave a telephone number where she can be reached so the mother can change the appointment if she wishes.

In some communities, a home visit is the most appropriate first contact. The advantage of an in person visit is that the mother may identify with a warm and friendly face and may come to see the interviewer as supportive and non-threatening. This contact may simply be to establish a convenient future time for the interview, but sometimes results in an immediate acceptance and interview.

The approaches vary significantly across FIMR programs, and communities need to establish what works best for their population. Programs may find it helpful to engage a mother or several families who have previously experienced a loss and ask for their input.

One Community’s Sample Protocol:

- FIMR brochure is included in hospital discharge packet. Labor and Delivery nurse or post-partum discharge nurse may mention that someone from the local FIMR program will be in touch with the mom in the next few weeks to see how she is doing.
- Follow up letter is sent to family within one to two weeks of discharge from the hospital
- Follow up phone call to family one week after letter is sent
- May repeat phone call up to two more times.
- In person or “drop by” visit if no response to letter or phone call
- Maximum number of “touches” with the family is five times, combination of letters, phone calls and in person visits. Respect for a decline is always observed.