

Planning Tool

Planning for a New Fetal Infant Mortality Review (FIMR) Team

PART 1: Your readiness for FIMR

PART 2: Building your team & planning your reviews

Developed by the National Center for Fatality Review and Prevention
at the Michigan Public Health Institute
2438 Woodlake Circle, Suite 240
Okemos, MI 48864 800-656-2434
www.childdeathreview.org
Copyright Michigan Public Health Institute October 2016



NCFRP is a project of Michigan Public Health Institute



The National Center is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

PART ONE

ASSESSING YOUR COMMUNITY'S READINESS FOR FIMR

1. Define the geographic area that the team will cover (local, regional, state etc.):

2. What is the total population in your community? _____

How many births annually? _____

3. What is the racial and ethnic makeup of your annual births?

Group	Percent
Caucasian	
African American	
Hispanic	
Native American	
Pacific Islander	
Arab/Chaldean	
Asian	
Other	

4. How many infant deaths, 0 – 1 year of age, were there in the last calendar year?

Number of Deaths _____ Infant Mortality Rate (per 1,000 live births) _____

5. How many Fetal Deaths (Stillbirths) were there in the last calendar year?

Number of Deaths _____ Fetal Mortality Rate (per 1,000 live births) _____

6. What were the most common causes of Infant Deaths in the last year?

____ Prematurity/Low Birth Weight

____ Sudden Unexpected Infant Deaths (including SIDS, Accidental Suffocation, Undetermined)

____ Congenital Anomalies (Birth Defects)

____ Other

7. What racial disparities exist in the community related to fetal and infant mortality?

Group	Three Year Average IM Rate	Three Year Average Fetal IM Rate
Caucasian		
African American		
Hispanic		
Native American		
Pacific Islander		
Arab/Chaldean		
Asian		
Other		

8. Are things getting better or worse?

- How have the rates changed over time? _____
- Are these rates lower or higher in our community than in others? _____

9. The following indicators are examples of types of information that can help a community better understand the status of local families.

Poverty rate _____

Literacy rate _____

Immunization rates for infants _____

Number of infants without health care coverage _____

Reported cases of domestic violence among pregnant and parenting women _____

Number of foster care placements _____

Number of families on child care waiting lists _____

Unemployment figures _____

Employment figures for women who are single heads of households with small children _____

Incarceration rates for pregnant and parenting women _____

Voter participation rates _____

Housing mobility rates _____

Percentage of substandard housing _____

10. Do any of the following types of reviews currently take place in your jurisdiction?

No Yes

If yes, Check the box for all that apply and identify the person who chairs or administers the team, briefly describe.

_____ Child Death Review

Name and contact information of Chair or Administrator: _____

Describe: _____

_____ SIDS or SUID Review

Name and contact information of Chair or Administrator: _____

Describe: _____

_____ Maternal Mortality Review

Name and contact information of Chair or Administrator: _____

Describe: _____

_____ Domestic Violence Fatality Review

Name and contact information of Chair or Administrator: _____

Describe: _____

_____ Citizens Review Panel

Name and contact information of Chair or Administrator: _____

Describe: _____

11. Briefly describe what interagency collaborations currently exist in your community?

12. Identify Positive Community Assets

FIMR programs indicate it is also beneficial to identify positive community assets. This is a paradigm switch from *documenting needs* to *discovering assets*. Briefly describe the capacity, assets, and skills associated with the various public and private institutions listed below:

- Local Institutions _____
- Businesses _____
- Schools _____
- Churches _____
- Libraries _____
- Parks _____
- Citizen Associations _____
- Block Clubs _____
- Cultural Groups _____
- Hospitals/Clinics _____
- Community Colleges _____
- Philanthropy (Gifts from Individuals) such as artists, youth, elderly, etc.) _____

13. Identify and address legal and institutional issues

The laws and regulations relevant to the process of fetal and infant mortality review are found primarily in state rather than local or federal laws.

Do state laws exist that would grant the FIMR process immunity? _____

Are there statutes that would protect FIMR from discoverability? _____

Does the State public health code have language that would directly allow or enable FIMR to access medical records? _____

14. Will the FIMR team use an underlying theory of methodology in conjunction with FIMR?

- Life Course Theory
- Perinatal Periods of Risk (PPOR)
- Asset Based Community Development (ABCD)
- Other _____

PART TWO

BUILDING YOUR TEAM AND PLANNING THE REVIEWS

1. Person taking the lead in planning the FIMR team: _____
 Agency: _____
 Address: _____
 Phone: _____ E Mail: _____

2. Collaborating Agencies and Individuals, Choosing Case Review and Community Action Team members:

Agency/Individual	Did they participate in planning?	Have they committed to the review process?
Key Community Leaders:		
Mayor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
County Executive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Leaders (Chamber of Commerce)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Civic, Social, or Fraternal groups: (Kiwanis, Jaycees, Rotary, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religious Leaders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educators	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumers and Advocacy Groups:		
March of Dimes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthy Mothers/Healthy Babies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MCH Coalitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perinatal Infant Grief Professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer representative, bereaved family member	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Public Health:		
City or County Health Department representative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outreach Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Visitors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Examiner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Providers:		
OB/GYN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal Fetal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing (OB/PEDS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dieticians	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge Planners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Childbirth Educators	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Administrators	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HMO/Managed Care rep.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
State/County Medical Society	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMS Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dentist/Dental Technician	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	<input type="checkbox"/> No	<input type="checkbox"/> No
Human Service Providers:		
Child Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence Shelters/Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department of Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer/Advocacy Groups:		
Family Support Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minority rights Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women's Rights Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Union/Workers rights Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing/Tenants Rights Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		
Specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important Tip! When identifying FIMR team participants, assure:

- Diversity
- Influence
- Commitment

3. Getting Started:

- a. Determine date and time for initial review meeting? _____
- b. Where will the initial planning meeting be held? _____
- c. Who will lead/facilitate the planning meeting? _____
- d. Who will provide administrative support for the planning meeting? _____

4. Decide what deaths the team will review:

- a. Infant deaths (babies born live who do not survive until their first birthday) _____
- b. Fetal Deaths (stillbirths, or infants, born without signs of life) _____
- c. All deaths in the previous calendar year? _____
- d. Sampling of deaths by cause? _____
- e. Perinatal Periods of Risk (PPOR) used to determine priority cases to review? _____

5. How will the team identify the deaths?

- Vital Records
- County Clerk
- Local Birth Hospital
- Other

6. How will confidentiality and anonymity be maintained:

7. Team Coordination and Personnel

- a. Who will act as Team Coordinator? _____
- b. Facilitator of Meetings? _____
- c. Case Abstractor? _____
- d. Maternal Interviewer? _____
- e. Chair of Community Action Team? _____

See Tools for Teams for sample job descriptions