



NATIONAL CENTER FOR FATALITY REVIEW & PREVENTION



March 2017

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Greetings from the Director

by Teri Covington

Dear Friends and Colleagues,

This edition of our newsletter puts a focus on the history of FIMR.

Almost 30 years ago, MCHB funded the first 10 teams to review infant deaths. Today there is a robust system of FIMRs in place in 28 states, and the most recent Healthy Start application for funds asked applicants to consider developing FIMRs as a core activity. With some exceptions, both FIMR and CDR are inherently local community processes. The power of the reviews comes from the relentless passion and care for infants, children and families that team members bring to the review table. I often ponder what improvements to systems and what prevention initiatives would not exist were it not for your reviews. I think the answer is that we would have missed thousands of opportunities.



Your work is making a huge difference in your communities, states and at the national level. We know more about why babies, children and teens die and we know more about what changes are needed to prevent other deaths. Most importantly, we know you are taking actions at the local and state levels.

We would like to do a better job at capturing the wealth and breadth of review outcomes. Now more than ever, we need to demonstrate the power of reviews to save lives and to keep infants and children healthy and safe. The examples below from Montana's Ravalli County team are such an example. Next month, we will be launching an incentive program to encourage you to post your teams' success stories on our website and on our social media sites.

Enjoy the end of winter and the beginning of spring. Amazingly, the daffodils are already blooming here in Washington, DC.

Teri

In Memory of Merrily Wholf, CDR Coordinator

Merrily Wholf was Ohio's Child Death Review Coordinator for many years. She passed away in January. We will miss her leadership and caring for CDR and FIMR.



Merrily, right, with National Center staff at working retreat in Estes Park, Colorado in 2009

STATE CDR COORDINATORS

Farewell to departing coordinators:

Rick Charbonneau, New York
Jenny Williams, South Dakota

FIMR COORDINATORS

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Welcome to new coordinators:

STATE

Martin Maize, Arkansas

Mari Taylan, California
Kristyn Budds, Tennessee

Welcome to new coordinators:

Michael Miller, New York
Jill Munger, South Dakota

LOCAL

Trendle Samuel, Region 2 AL
Shirley Daniel, Region 5 AL
Shene Bowie, San Bernadino CA
Lisa Poole, Fresno CA
Sandra Despagne, Broward County FL
Marie Jorda, St. Lucie County FL
Tommy Ashby, Baton Rouge LA
Sinmidele Badero, Baltimore City MD

FIMR/CDR COORDINATORS

Welcome to new coordinators in Montana:

Janet Wolfname, Rosebud County
Gigi Wolfe, Rosebud County
Nicki Sullivan, Pondera County
Patty Rogers, Carter County
Riley Black, Lincoln County
Teresa Monson, Broadwater County
Karen Dobson Wandel, Jefferson County
Angie Spooner, Ravalli County

**Welcome also to the new FIMR team in St.
Lucie County, Florida**

We rely on you to let us know of departing and arriving coordinators, and we appreciate it when you let us know. Thank you!



Simulation exercise placing workers in the Bitterroot River to assess the problem. Later, proper rescue techniques for throw ropes and life jackets were taught to the community.

CHILD DEATH REVIEW SUCCESS STORY

The Ravalli County Fetal Infant Child Maternal Mortality Review (FICMMR) Team in Montana partnered with a variety of government and community organizations to reduce the number of

drowning and near-fatal drowning incidents on the Bitterroot River, particularly at one dangerous section near a dam. One partner organization, Montana Fish, Wildlife & Parks (FWP), decided to close the dangerous section of the river during peak times of the year.

Although the closing was not popular in the community, it was necessary to improve the safety of the river. FICMMR members supported the effort to close the river section by writing letters and speaking at open meetings. FICMMR also purchased signs to be placed at strategic locations to guide EMS to the treacherous site in case of an emergency.

To increase public education on drowning, the FICMMR Team partnered with Ravalli County Search and Rescue on a water safety campaign, including demonstrations in proper use of life jackets and throw ropes and in general water safety, which are critical in Hamilton, a town the Bitterroot River runs right through. FICMMR, Ravalli County Public Health staff, and FWP also collaborated to develop boating safety brochures that were inserted into the local newspaper and distributed at businesses throughout the county.



Signs assist EMS to get to dangerous section of Bitterroot River

Congratulations to the Ravalli County FICMMR team for partnering with key organizations to accomplish this amazing prevention activity!

Your CDR-Case Reporting System: Making the Most of Section L

Did you know that Section L (the Review Meeting Process) can be a valuable tool for quality assurance? By taking a closer look at Section L data, you can determine which agencies were at your reviews (and perhaps more importantly, which agencies were regularly NOT at your reviews), as well as document the key data sources that were utilized at reviews.

Factors that might prevent an effective review meeting, such as absence of key team members or that team members did not bring sufficient information to the review, can also be monitored through Section L.

If you need more information about how to use or understand Section L, contact the National Center. We would be glad to help.

NCFRP WEBINARS

Applying the Adverse Childhood Experiences (ACEs) Framework to Fatality Review and Prevention

This March 8 webinar will be available on the NCFRP website shortly.

April: New Strategies in Drowning Prevention

April 12, 2:00 pm - 3:00 pm EST.
Registration information to follow.

May: Best Practices in State Review Teams

Date and time to follow.

Get Your Version 4.1 Forms Now!

We have numerous paper forms of Version 4.1 of the Case Reporting System. Contact Nanette Richards, nrichard@mphi.org, if you would like us to send you some. When Version 5.0 launches later this year, they will become obsolete, but you can use them until then.

A HISTORY OF FIMR

The origin of Fetal and Infant Mortality Review (FIMR) dates back to the mid-1980s, when concern over high infant mortality intensified nationwide. The Maternal and Child Health Bureau (MCHB) conceptualized Infant Mortality Review (IMR) as a promising method to improve understanding of local factors contributing to infant mortality and to motivate community response, and, in 1988, funded the first of what became 10 IMR projects in states/communities. The IMR model included a community-based two-tier process with separate groups to review/analyze deaths and to develop prevention actions.

In 1990, MCHB funded the American College of Obstetricians and Gynecologists (ACOG) to create the National Infant Mortality Review Program, which soon became the National Fetal and Infant Mortality Review (NFIMR) Program, a national resource center for information on perinatal and infant mortality review. NFIMR used the public health model to develop a community-based process to improve services and resources available to women and improve birth outcomes. Many MCH leaders began to advocate for FIMR, seeding community projects in geographically dispersed states and localities and routinely reporting best practices information to the field.



The March of Dimes, the Centers for Disease Control and Prevention, and Carnation Nutritional Products of California were important supporters of early FIMR growth through financial support of demonstration projects. In 1991, the federal Healthy Start Program incorporated FIMR into its model, and in 1993, five new projects were funded by the Robert Wood Johnson Foundation and ACOG District IV. The early efforts moved the methodology from theory to practice and gave FIMR solid footing for sustainability.

Interest in FIMR grew steadily, and from 1997-2004, MCHB funded 12 state FIMR Support Programs to encourage states to institutionalize FIMR as a core public health function, utilize local FIMR findings for state-level capacity building, and coordinate multiple MCH-related review programs.

Today there are 173 FIMR programs in 28 states, and more are starting either locally or with Healthy Start support. Additionally, the Health Resources and Services Administration made the decision in 2015 to integrate the FIMR and Child Death Review (CDR) resource centers into one Center, now the National Center for Fatality Review and Prevention.

CONTRA COSTA COUNTY CA HOME TO ONE OF OLDEST CONTINUOUSLY OPERATING FIMR PROGRAMS IN U.S.

One of the longest continuously operating FIMR programs in the country is located in Contra Costa County, California, where it has been operating since 1991 through the Family, Maternal and Child Health Programs of Contra Costa Health Services. The multidisciplinary team meets every other month and reviews 15 or so cases a year, about 10% of the county's fetal/infant deaths.



Natalie Berbick, FIMR Coordinator, right, and Mariana Dailey, left, team member and supporter

The FIMR program's Case Review Team and Community Action Team have a long history of identifying strategies to improve care, and, by collaborating with others, of implementing activities. The following are some examples of the program's activities.

- Folic Acid Campaign, raised awareness of folic acid and its role in preventing birth defects
- Prenatal Health Care, a pocket card that allows pregnant women to have basic medical information, including lab and diagnostic test results.
- Day of Remembrance, a memorial service to respond to the needs of bereaved families
- Mercury Thermometer Exchange, to reduce number of mercury thermometers in use
- Efforts to improve grief and bereavement care

- A community baby shower for African American pregnant women, with educational sessions on preterm labor, breastfeeding, and stress

FIMR has also been instrumental in the formation of the African American Health Disparities Work Group in Contra Costa County. The work group is the culmination of the goals and objectives of many different groups and programs, says FIMR Coordinator Natalie Berbick. It is looking closely at inequity and institutional practices and addressing stressors that effect pregnancy outcomes, such as poverty and racism.

Dawn Dailey, PhD, RN, PHCNS-BC, was the program coordinator from the founding in 1991 through 2011. Now her daughter Mariana is a member of and supports the team, a much valued continuity. For more information:

<http://cchealth.org/fmch/fimr.php#simpleContained2>



SDY Websites Now Live!

The Sudden Death in the Young (SDY) Case Registry Data Coordinating Center is pleased to announce that the SDY website, designed specifically for families, is now live! Check it out at SDYRegistry.org.

The SDY Case Registry is funded by NIH and CDC; NCFRP serves as the Registry's Data Coordinating Center. The purpose of the Registry is to learn more about children under the age of 20 who die suddenly and unexpectedly, and to find ways to prevent these deaths. Ten jurisdictions around the country are currently funded to implement the Registry.

The [website](#) is a great resource for you and your partners to learn more about the Registry, as well as for families who have experienced a sudden and unexpected death of a child. In the future, as research and publications on SDY become available from the Registry, this information will be posted as well. Select your wording carefully. Most people scan their emails very quickly. Keep your paragraphs to seven lines or less. If you have more information, include a link to your website where your readers can get further details.



Parent Support and Advocacy groups

One of the most common requests we receive at NCFRP is for ideas to engage families in the review process. In FIMR, the maternal interview is a valued, trusted way to engage and hear the parent's story. On the CDR side, methods for engaging parents are less clear due to a variety of state laws, practices and other factors, and usually the family of the child whose death is being reviewed is not engaged in the review. In those cases, support and advocacy groups are a good alternative for parents. They provide a variety of resources to families and professionals and can also provide content experts and prevention partners for review teams. Two bereavement support groups are:

The Compassionate Friends
www.compassionatefriends.org
877-969-0010

MISS Foundation
www.missfoundation.org
888-455-6477

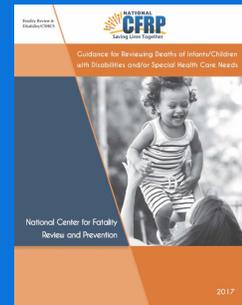
NEW RESOURCES FOR THE FIELD

Guidance for Reviewing Deaths of Infants/Children with Disabilities and/or Special Health Care Needs

Available electronically or by order. Approximately one-fifth of the cases entered into the CDR-Case Reporting System are deaths of children with disabilities and/or special health care needs. The Guidance is a tool for teams to conduct effective reviews of deaths of infants/children with disabilities and special health care needs so they can determine what role, if any, the condition played in the death.

Related materials on the National Center website include:

Archive video of webinar, "Fatality Review of Deaths of Infants, Children and Youth with Disabilities and Special Health Care Needs," passcode "Disabilities"
Webinar slides (PDF)
Questions and Answers

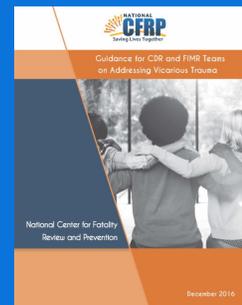


Guidance for CDR and FIMR Teams on Addressing Vicarious Trauma

Available electronically or by order. This Guidance provides tools to help teams recognize and respond to vicarious trauma their members are encountering through the review process.

Related materials on the National Center website include:

Archive video of webinar, "Recognizing and Responding to Vicarious Trauma in Fatality Review," passcode "VT"
Webinar slides (PDF)
Vicarious Trauma Toolkit



National Center FIMR Brochure

Available electronically or by order.

NATIONAL CENTER LAUNCHES FACEBOOK AND TWITTER

The National Center for Fatality Review and Prevention is excited to announce the launch of our new Facebook and Twitter accounts. We encourage you to "like" and "follow" our pages.

We will be posting new research, updates about state and local CDR/FIMR programs, conference information, and much more. Additionally, we will have weekly contests and giveaways. We hope you join us in making our social media pages a vibrant community where we can share information and celebrate our successes.

The Sudden Death in the Young Case Registry: Collaborating to Understand and Reduce Mortality

Pediatrics. 2017;139(3):e20162757

The NIH, CDC, and National Center staff who together established and now continue to develop and grow the Sudden Death in the Young Case Registry have published a journal article in the journal Pediatrics describing the origins and purposes of the Case Registry and its current activities.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=SDY+Registry>

March 14, 2017: FIMR Database Work Group, Second Phase, 3:00 pm - 4:00 pm EST

March 20, 2017: Local Teams Work Group, 11:00 am - 12:00 pm EST

April 1-2, 2017: Third Annual Summit on Fatherhood and the Health and Wellness of Boys and Men, sponsored by National Healthy Start Association, Hyatt Regency on Capitol Hill, Washington DC

April 3-5, 2017: Annual National Healthy Start Association Spring Conference, Hyatt Regency on Capitol Hill, Washington DC

April 13, 2017: Disparities Work Group, 2:30 pm - 3:30 pm EST

April 25-28, 2017: Fifth National Cribs for Kids Conference, Omni William Penn Hotel, Pittsburgh PA

NATIONAL CENTER MAILING LISTS

You can join the **Child Death Review Listserv** and/or the **Fetal and Infant Mortality Review Listserv**. If you join either, you'll also receive the newsletter. Or you can choose to receive the newsletter only, and you can change any selection any time by contacting info@ncfrp.org.

**JOIN NEWSLETTER
EMAIL LIST**

JOIN CDR LISTSERV

JOIN FIMR LISTSERV

**If you have comments, suggestions, or questions about this newsletter,
contact Linda Potter: lpotter@mphi.org.**

