

ALABAMA STATE COMMITTEE OF PUBLIC HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY HEALTH SERVICES
ADMINISTRATIVE CODE

CHAPTER 420-7-5
FETAL INFANT MORTALITY REVIEW

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420-7-5-.01 Purpose.

(1) The purpose of these rules is to provide administrative procedures for fetal, infant, and maternal death reviews, and maternal and family interviews, or both.

(2) The program brings together key members of the community to review cases of fetal, infant, and maternal deaths in order to identify the factors associated with those deaths, to determine if those deaths represent system issues that require change, to develop recommendations for change, and to assist in the implementation of change.

(3) The program's goal is to enhance the health and well-being of women, infants, and families by improving the community resources and service delivery systems available to them. The programs are operated under the auspices of the Alabama Department of Public Health (ADPH), Bureau of Family Health Services, State Perinatal Program.

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420-7-5-.02 Definitions.

- (1) **ALABAMA PERINATAL QUALITY COLLABORATIVE (APQC)**. A collaborative network of teams working to improve the quality of care for mothers and babies by identifying health care processes that need to be improved by using evidence-based, best practice methods to improve services and systems.
- (2) **CASE REVIEW TEAM (CRT)**. A multi-disciplinary and multi-agency committee that reviews Fetal and Infant Mortality Review (FIMR) cases and analyzes information collected from medical data abstractions and maternal or family interviews, or both, in such a way as to summarize findings, to create recommendations, to improve community resources, and service delivery systems. CRTs and Regional Perinatal Advisory Committees (RPACs) are frequently composed of many of the same members.
- (3) **COMMUNITY ACTION TEAM (CAT)**. CATs are composed of RPAC members and others, as appropriate.
- (4) **FIMR ABTRACTOR**. An ADPH nurse who reviews and abstracts relevant information from records on related fetal and infant deaths.
- (5) **FIMR COORDINATOR**. An ADPH nurse who collects, reviews, and abstracts relevant information, and records related to fetal and infant deaths, coordinates CRT and CAT meetings, and schedules and conducts maternal and family interviews, or both.
- (6) **FIMR PROGRAM**. A community-based case review program that focuses on fetal and infant mortality.
- (7) **FETAL DEATH**. Death prior to the complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that, after the expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.
- (8) **INFANT DEATH**. A death at any time from birth up to, but not including, 1 year of age (364 days, 23 hours, and 59 minutes from the moment of birth).
- (9) **LIVE BIRTH**. The complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction,

breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

(10) **MATERNAL DEATH.** The death of any woman during pregnancy, childbirth, post-partum period, and up to 365 days from the end of pregnancy.

(11) **MATERNAL MORTALITY FAMILY INTERVIEW.** A voluntary interview conducted by the Maternal Mortality Review (MMR) Coordinator with the deceased mother's family.

(12) **MATERNAL MORTALITY REVIEW COMMITTEE (MMRC).** A multi-disciplinary and multi-agency committee appointed by the State Health Officer to provide advice and information to ADPH and the State Health Officer on reducing maternal morbidity and mortality. Additionally, the MMRC will serve as a forum in which providers and consumers of maternal care will meet and address issues of maternal morbidity and mortality, leading to a more effective and efficient statewide maternal care system.

(13) **MMR COORDINATOR.** An ADPH nurse who reviews and records relevant information related to maternal deaths, and coordinates the MMRC.

(14) **MMR PROGRAM.** A state-based case review program that focuses on maternal mortality.

(15) **MATERNAL OR FAMILY INTERVIEW.** A voluntary interview of the mother or family or both, of a deceased fetus or infant conducted by the FIMR Coordinator.

(16) **RECORDS.** Information from vital records, records obtained from hospitals, healthcare facilities, physician's offices, funeral directors, hospital bereavement staff or counselors, medical examiners or coroners, the state forensics lab, law enforcement, emergency medical transport services teams, social service providers, and community health workers, and other medical records deemed necessary for these reviews.

(17) **RPAC.** A multi-disciplinary and multi-agency committee appointed by the State Health Officer to provide advice and information to the State Perinatal Advisory Committee (SPAC) and the State Health Officer on regional perinatal concerns. Additionally, the RPAC will serve as a forum in which providers and consumers of perinatal care will meet and address issues of concern, leading to a more effective and efficient regional perinatal care system.

(18) **SPAC.** A multi-disciplinary and multi-agency committee appointed by the State Health Officer to advise ADPH in the planning, organization, and evaluation of the State Perinatal Program.

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420-7-5-.03

Review Of Fetal And Infant Records/Case Reviews.

(1) All fetal deaths of 20 weeks gestation or greater and all infant deaths, except those which fall within the purview of the Child Death Review Teams, shall be reviewed by the FIMR Program. (Code of Ala. 1975, §26-16-90)

(2) The FIMR Program shall be based upon the guidelines of the American Congress of Obstetricians and Gynecologists National FIMR Program.

(3) The FIMR Abstractor(s) or FIMR Coordinator(s) shall extract information from medical and related records onto standardized forms. Case summaries are then prepared on a standardized form with no identifying information. The FIMR Abstractor(s) or FIMR Coordinator(s) will not copy or remove from the facility any records made available to them for review.

(4) The FIMR Abstractor(s) or FIMR Coordinator(s) shall extract pertinent information of significant social, economic, cultural, safety, and health factors associated with fetal or infant deaths on standardized forms, remove identifying information, and prepare case summaries to present to the FIMR CRTs for discussion.

(5) The FIMR CRT reviews case summaries prepared by the FIMR Coordinators and these reports are provided to the SPAC regarding its findings and makes recommendations based on those findings.

(6) The CRT's findings and recommendations shall be reported to the SPAC for approval and possible statewide implementation. Based upon the CRT's direction, the CATs shall participate in the implementation of community-based interventions and policies, as practical, in order to improve existing services and systems.

(7) The CRTs shall review the case summary information and make recommendations based on the findings. All members attending the FIMR CRT meetings shall sign a formal pledge of confidentiality before the review process begins. At the conclusion of the meetings, all copies of FIMR case summaries shall be collected by the FIMR Coordinators and destroyed.

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420-7-5-.04 Review Of Maternal Records/Committee Reviews.

(1) All maternal deaths shall be reviewed by the MMR Program.

(2) The MMR Program shall be based upon the guidelines of the Centers for Disease Control and Prevention.

(3) The MMR Coordinator shall extract information from medical and related records onto standardized forms. Case summaries are then prepared on a standardized form with no identifying information. The MMR Coordinator will not copy or remove from the facility any records made available to them for review.

(4) The MMR Coordinator shall extract pertinent information of significant social, economic, cultural, safety, and health factors associated with maternal deaths on standardized forms, remove identifying information, and prepare case summaries to present to the MMRC for discussion.

(5) The MMRC reviews case summaries prepared by the MMR Coordinator and these reports are provided to the APQC regarding its findings and makes recommendations based on those findings.

(6) The MMRC shall review the case summary information and make recommendations based on the findings. All members attending the MMRC meetings shall sign a formal pledge of confidentiality before the review process begins. At the conclusion of the meetings, all copies of the MMRC case summaries shall be collected by the MMR Coordinator and destroyed.

(7) The MMRC findings and recommendations shall be reported to the APQC for approval and possible statewide implementation. Based upon the MMRC's direction, the APQC and the Alabama Section-American Congress of Obstetricians and Gynecologists shall participate in the implementation of interventions and policies as practical in order to improve existing services and systems.

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420-7-5-.05 Confidentiality Of Information.

(1) All information, interviews, reports, statements, or memoranda reviewed by or furnished to the FIMR staff, FIMR Program, MMR staff, and MMR Programs shall be privileged and confidential. All discussions, findings, conclusions, or recommendations resulting from the review of records by the FIMR staff, FIMR Program, MMR staff, and MMR Programs, shall be privileged and confidential. All information, interviews, reports, statements, or memoranda reviewed by or furnished to the FIMR and MMR Programs shall be used only in the exercise of proper functions and duties of the programs, and shall not be public record and shall not be admissible in court for any purpose and shall not be subject to discovery in any civil action.

(2) All information and records acquired or developed by the FIMR and MMR Programs shall be secured with restricted access. When no longer of use, said information and records shall be destroyed.

(3) Statistical information and data may be released by the FIMR and MMR Programs as long as no identifying information is provided.

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420-7-5-.06 Interviews.

(1) As part of the FIMR Program, the mother, family, or both of a deceased fetus or infant shall be contacted and asked to participate in a voluntary interview. The purposes of the interview are to learn about the mother's experiences before and during pregnancy, to learn about events during the infant's life and around the time of death, to assess the family's needs and provide appropriate referral, and to facilitate bereavement and suggest appropriate interventions.

(2) As part of the MMR Program, the family of a deceased mother may be contacted and asked to participate in a voluntary interview. The purposes of the interview are to learn about the experiences before and during pregnancy, to learn about events during the mother's life and around her time of death, to assess

the family's needs and provide appropriate referrals, and to facilitate bereavement and suggest appropriate interventions.

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