**STATE OF DELAWARE**

# Child Death, Near Death and Stillbirth Commission

## FINAL MINUTES

**Meeting Date and Time:** November 30, 2012 at 1:00PM

**Meeting Location:** Appoquinimink State Service Center in Middletown, DE

**In Attendance:**

**Commissioners:**

Ms. Aleks Casper
Ms. Patricia Ciranni
Mr. C. Malcolm Cochran, Esquire
Dr. Garrett H. C. Colmorgen, Chair
Cpl. Adrienne Owen (Proxy for Col. Robert Coupe)
Ms Mary Ann Crosley
Ms. Tania M. Culley, Esquire
Ms. Marjorie Lynn Hershberger
The Honorable Joelle Hitch
Chief Kevin McDerby
Ms. Leslie Newman
Dr. David Paul
Dr. Phillip Shlossman
Ms. Margaret Rose Agostino
Ms. Deborah Miller
Mr. Mawuna Gardesey

**Others:**

Ms. Janice Rowe Tigani, Esquire
Mr. Rodney Brittingham
Ms. Rosalie Morales

**Staff:**

Ms. Anne Pedrick

Ms. Ashlee Starratt
Ms. Angela Birney

## I. Call to Order

Dr. Garrett H. C. Colmorgen called the meeting to order at 1:06PM.

## II. Old Business

The meeting minutes from September 14, 2012, were accepted as written.

## III. New Business

### a. Executive Director Report

Anne Pedrick reported to the Commission that in January 2013, all Commission vacancies will be filled through appointment by the Governor and in accordance with CDNDSC statute. There are currently three positions that are awaiting appointment and/or approval by the Governor's Office. Those include the Department of Health and Social Services, the Medical Society, and the Department of Services for Children, Youth and Their Families.

CDNDSC's Child Death Specialist, Ashlee Starratt, as well as Ms. Pedrick will be receiving DELJIS training in the beginning of December. CDNDSC extended a thank you to Senator Patricia Blevins, Ms. Patricia Dailey Lewis, and Mr. Mike Cochran for their support and advocacy as it pertained to this matter.

Ms. Pedrick advised that all future Commission meetings will consist of the Regional Panel Chairs streamlining reports, so that time is used efficiently and effectively. With that said, in order for such reports to be streamlined, Commissioners must read all reports prior to the Commission meeting.

Ms. Pedrick further advised the Commission on the status of the CBCAP (Community-Based Grants for the Prevention of Child Abuse and Neglect) Grant. Several years ago, CDNDSC collaborated with Prevent Child Abuse Delaware to provide training in Delaware hospitals that offered education on Abusive Head Trauma. Over the years, some hospitals have stopped using this education as it is not breastfeeding friendly. Additionally, within the last two years cases of Abusive Head Trauma have risen by fifty percent. With that in mind, a program has been selected that provides education on Abusive Head Trauma as well as who can be considered an appropriate caregiver. The program selected consists of a thirty-two page booklet that is segmented into seven chapters. This booklet is reader friendly and is in both English and Spanish. Within the program, the primary emphasis is on the DVD that is seen while the parent(s) is residing in the hospital. All other material will be offered to the parent to take home and used as an additional resource. The additional resources include the previously mentioned thirty-two page booklet, online access, and additional resources such as facebook. The total cost for the implementation of this program is $26,000.

Currently there is a universal commitment statement that is signed by mother and father. One of the Commissioners noted that the current form is extremely off putting from a new parent perspective. It was recommended that if new education is to be considered that a consumer panel be organized in order to help with language, so that the form is more meaningful to new parents. With respect to this program, a parent consumer committee reviewed five programs and selected this program as the most beneficial. It was further noted that follow up with the parent(s) will occur at six to seven weeks by a CDNDSC staff member. At the time of follow up, additional resources/referrals will be made available to the parent(s) if needed.

Moreover, CDNDSC Safe Sleeping Community Action Team in coordination with Bridget Buckaloo (Delaware Perinatal Collaborative) is in the process of developing an abstract poster submission on the Cribs for Kids Program for the National Cribs for Kids Conference. The poster submission is due by mid-December.

CDNDSC also participated with the Delaware Perinatal Collaborative and DHMIC at the National Perinatal Conference in Tampa, Florida. The Delaware Kick Counts Program was highlighted in a poster presentation/abstract.

Ms. Pedrick also informed the Commission that CDNDSC received the National FIMR Grant. Since then, the Delaware FIMR program has training and implemented the life course perspective at the FIMR meetings.

The annual report is scheduled to be released in April 2013. Ms. Pedrick proposed that data published within the annual report be tracked by calendar year instead of fiscal year. Upon a motion duly made and seconded, it was unanimously decided to approve Ms. Pedrick's proposal of establishing a calendar year annual report. Ms. Pedrick reported that the Executive Committee will have a draft version of the annual report in late January 2013.

**b. FIMR Five Year Analysis Report**

This report examines the fetal and infant deaths that occurred in the State of Delaware between fiscal year 2007 and fiscal year 2012, which were reviewed by the case review teams. The analysis centers on whether any statistically significant differences exist within the data captured by the FIMR model when this data is stratified by a set of demographic indicators. It is anticipated that this report will expand as the FIMR program continues to deliberate fetal and infant death cases. This report may contribute additional knowledge and resources that may be helpful for fetal and infant health programs and policies.

It was noted by the Commissioners that although the FIMR Five Year Analysis identifies data that specifically pertains to a small group of patients that suffered a loss, the analysis does not consider what sets these individuals apart from others. Ideally the data should also include how these women compare to every woman in the State of Delaware, what makes these women different, and if those variables can be changed. Dr. Paul stated that FIMR is qualitative and not quantitative and is opinion orientated based on the review of medical records. FIMR primary use is hypothesis generation. The other difference noted is when there is no maternal interview. Chart abstraction or record abstraction data only includes items in which you can count and does not tell the story of the loss without the qualitative piece and the perceptions of the women as it pertains to her care or lack of care. A maternal interview notes what the mother's issues were and whether it is related to access versus no access or poor follow up and/or referral. This qualitative information will not be gained unless an interview is conducted.

It was further noted that there is statewide data that helps guide where resources are allocated, such as PRAMS under the Division of Public Health. PRAMS is formulated by the Center for Disease Control and Prevention, and is a survey program that interviews women immediately before, during and after pregnancy to identify what their experiences were. The program identifies what challenges were faced, so that subsequent generations of pregnant women do not have to go through the same experiences.

In order to release the aggregate data of the FIMR Five Year Analysis, approval is needed by the Commission. Upon a motion duly made and seconded, it was unanimously decided to approve the report for distribution and publication.

Upon motion duly made and seconded, it was unanimously decided to exit Executive Session.

Upon motion duly made and seconded, it was unanimously decided to adjourn the meeting at 2:45PM.