

Infant Mortality Reviews

(Institution / Field / District / National)

Confidentiality Agreement for Participants & Presenters

Infant mortality review meetings are conducted as a no-fault finding endeavour to learn lessons out of service deficiencies in caring for pregnant women, their unborn babies and infants.

These mechanisms provide different stakeholders of maternal & child health opportunity to:

- Critically analyse the circumstances that surrounded an outcome;
- Recommend process improvement;
- Initiate the appropriate action for process improvement; and
- Oversee progress.

During your participation in the Institution / Field / District / National infant mortality review meeting you are required to maintain strict confidentiality regarding individual service performance and case presentation information.

Presenters and Participants should not divulge specific details of clients or healthcare workers in a way they could be identified personally.

The individual:

1. Must act honestly, in good faith and maintain confidentiality of client, healthcare workers or service provider (institute) information
2. May not record review discussion.
3. Has a duty to use due care and diligence not to disclose information presented at the review meeting.
4. Must not discuss or make improper use of information acquired outside the review meeting.
5. Must not allow personal interests, or the interests of any associated person, to conflict with the interests of the purpose of the review meeting
6. Should not engage in conduct likely to bring discredit on the client, healthcare workers or individual health service/s.
7. Has an obligation, at all times, not only to comply with the letter of this agreement, but also to have regard to the spirit of the principles underlying it.
8. Recognises that all people have the right to be treated fairly and with respect at all times.

By signing this agreement you are acknowledging that you have read and understand this statement and agree to maintain the strictest confidentiality about the individual case presentations and service performance details to which you are exposed.

Name: _____
Designation: _____
Signature: _____
Date: _____