I. ***Mission/Purpose***

The Delaware Healthy Mother and Infant Consortium (DHMIC) will provide statewide leadership and coordination of efforts to prevent infant and maternal mortality and improve the health of women of childbearing age and infants throughout Delaware. The Consortium’s priorities and advocacy agenda shall be initially dictated by the recommendations contained in the report entitled “Reducing Infant Mortality in Delaware – Recommendations of the Infant Mortality Task Force”, released in May 2005

II. ***Goals/Objectives***

1. The DHMIC will evaluate progress toward the goals established in the Mission Statement of preventing infant mortality and improving the health of women of childbearing age in Delaware.
2. Collaborate, maintain communication, and jointly work with the Division of Public

Health’s Center for Excellence in Maternal and Child Health and Epidemiology to

address and facilitate implementation of the Infant Mortality Task Force’s

recommendations from 2005 and any subsequent goals set by DPH, the Governor, or Delaware General Assembly regarding infant mortality and or the health of women of childbearing age.

1. Assist in the development of a comprehensive, coherent approach to the issue of

Infant mortality, including the development of a coordinated strategy for the delivery

of high-quality preconception care, prenatal care, postnatal care, neonatal and maternal transportation services, education programs for service providers and parents, outreach services to underserved at-risk communities and other relevant services, especially those addressing the social factors that drive health status, and services that promote accessibility to needed program

in a cost-effective way.

1. Actively promote the involvement of consumers with diverse cultural backgrounds in

the work of the Consortium including the recruitment of consumers to the Consortium.

1. Advocate as needed to ensure comprehensive and progressive public policies and

programs that will prevent infant mortality and improve the health of women of

childbearing age and infants throughout Delaware.

1. Provide advice and support to state agencies, hospitals, and health care practitioners

regarding their role in reducing infant mortality and improving the health of women of childbearing age and of infants.

1. Facilitate collaborative partnerships among public health agencies, hospitals, health care practitioners and all other interested agencies and organizations to carry out recommended

infant mortality improvement strategies.

h. Recommend standards of care to ensure healthy women of childbearing age and infants.

i. Coordinate efforts to address health disparities related to the health of women of

child-bearing age and infants.

j. Recommend statewide research activities to better understand

causes of infant mortality.

k. Coordinate efforts to prevent conditions and behaviors that lead to unhealthy women of childbearing age and infants.

l. Coordinate and manage relevant data and documentation procedures that support service integration and facilitate quality improvements and outcome evaluations.

m. Meet periodically with the Secretary of Health and Social Services and the Director of

the Division of Public Health to review progress, priorities, and barriers related to the Consortium’s purpose.

n. Recommend legislation and regulations that will enhance the health of women of

childbearing age and infants.

o. On an annual basis, issue a report to the Governor on the status of the DHMIC’s progress towards the goals established in the Mission Statement. Designated members of the Consortium will also meet with the Governor, as needed, to review the report and discuss next steps and related issues.

1. ***Meetings***

a. The DHMIC will meet a minimum of four times a year. The Chairperson will designate one

meeting a year as the annual meeting.

1. As required by Chapter 100 of Title 29 of the Delaware Code, the DHMIC will give public notice of its regular meetings at least 7 days in advance of each meeting. The notice will include the draft agenda and the date, times

and location of the meeting. The agenda may be subject to change at the time of the meeting.

c. The Consortium will be governed consistent with these by-laws. The “Roberts Rule of Order Revised” may be used as further guidelines to manage meetings at the discretion of the Chairperson.

d. Meetings may be called by the Chairperson, in the Chairperson’s absence or inability to act by

the Vice Chairperson, and/or by five or more permanent members of the Consortium.

1. ***Membership of the Delaware Health Mother and Infant Consortium***

a. Recommendations for membership will be brought to the DHMIC by the Membership

Committee and will be decided by a majority vote of the DHMIC. Recommendations for membership approved by the Consortium will be forwarded to the Governor for consideration and appointment.

b. Membership will reflect a broad representation of the community, consumers, State Government, Delaware’s Legislature, health practitioners and organizations with an interest in improving the health of women of childbearing age and infants throughout Delaware and will also reflect the geographical, racial and ethnic diversity of Delaware.

c. Permanent membership will consist of:

* 1. Two representatives from the Delaware House of Representatives and two

Representatives from the Delaware State Senate (1 selected by each caucus).

* 1. One representative of the Governor’s Office (appointed by the Governor).
  2. The Secretary of the Department of Children, Youth, and Their Families,

or the Secretary’s designee.

* 1. The Secretary of the Department of Health and Social Services or the

Secretary’s designee.

* 1. Fifteen additional permanent members shall be appointed by the Governor

and shall represent the medical, social service and professional communities

as well as the general public. Members will include consumers. The

Consortium will submit recommendations to the Governor for appointment.

* 1. The Consortium may enact procedures to appoint additional persons to

the Consortium.

* 1. At all meetings, only members present in person or by means of conference,

telephone or other communications equipment by which all persons

participating in the meeting can hear each other shall be counted as present

and entitled to vote.

1. ***Term of Office***
   1. The term of office for DHMIC members shall be three years. A recommendation to reappoint members can be made to the Governor by the Consortium. Terms of members shall be arranged so the terms of approximately one-third (1/3) expire each year.

* 1. A term of office officially begins at the annual meeting in the first year of the term.
  2. Members retain the right to resign their membership at any time.
  3. If a vacancy occurs due to a member’s resignation or for any other reason, a new member can be appointed to complete the term.
  4. Lack of active and consistent attendance at general and/or committee meetings by non-permanent members may result in removal from the DHMIC on recommendation of the Membership Committee and 2/3 vote of the Consortium.

1. ***Leadership***
   1. The DHMIC will have one Chairperson. The chairperson will be appointed by the Governor from among the permanent membership and will serve at the pleasure of the Governor.
   2. The DHMIC will have one Vice-chairperson. The vice-chairperson will be appointed by the Governor from among the permanent membership and will serve at the pleasure of the Governor.
   3. The Chair will:

1. Provide leadership to the DHMIC and convene and preside over its meetings.

2. Establish an agenda for each meeting at least seven (7) days prior to scheduled

meetings.

3. Serve as spokesperson for the DHMIC or appoint a designee.

1. Have general responsibility for issues arising between meetings, and have the

general power of leadership and management usually vested in the office of

Chairperson.

5. Appoint a Membership Committee of five (5) Consortium members.

1. Appoint chairs of all committees and or work groups after consultation with the Executive Committee.
   1. Executive Committee of the DHMIC

1. The Executive Committee will be composed of the Consortium’s Chairperson,

Vice Chairperson, the Chairperson of each committee. Two additional members can be selected by vote by the Consortium from among the permanent membership, as needed, if the Consortium does not have active committees.

1. The Executive Committee will meet at the discretion of the Chairperson. No

Proxy representatives will serve on the Executive Committee.

1. At meetings of the Executive Committee, a quorum will be a simple majority

of its members. All issues of the Executive Committee will be decided by

simple majority vote.

1. Vacancies occurring among the Executive Committee will be filled by the

Appointment of a DHMIC member, by the chair, to serve as an interim member,

until the next scheduled meeting of the Consortium when a new appointment

can be voted on by the Consortium.

1. The Executive Committee will make decisions and ensure timely action on

issues that arise between Consortium meetings.

1. The Executive Committee will report on its activities to the DHMIC at each

meeting and also present all of its decisions for review.

1. The Executive Committee will review the work of the DHMIC, DHMIC Committees and Workgroups and present an annual report of activities and accomplishments to the Governor and the General Assembly.
2. ***Membership Committee***
   1. A Membership Committee of five (5) voting members will be appointed for a three-year term

by the Chair.

* 1. The Membership Committee will review the current membership and expiring terms of office,

recommend new members or reappointment of existing members, as needed. Members of the Consortium can make recommendations for new members or for reappointment of existing members to the Membership Committee.

* 1. The Membership Committee will recommend a slate of candidates to be recommended to the

Governor for appointment to the Consortium. The slate of candidates will be voted on in its

entirety by the DHMIC with no write-in nominations or nominations from the floor.

1. ***Committees and Perinatal Cooperative***
   1. Additional committees of the DHMIC will be established by vote of the membership. The charge of each committee includes but is not limited to those responsibilities specified as follows:

* + 1. Committees need to have specific goals, objectives, have chairs and/or co-chairs, and be staffed by DPH. Each committee should have a charter that is reviewed and updated annually. DHMIC should utilize committees to make key decisions that impact the organization at various levels. Committees conduct and monitor much of the strategic work that occurs at DHMIC. A committee will be guided by the charge of the DHMIC; it cannot act independently of DHMIC. However, if a committee originates an idea that it feels will benefit the organization, it can bring that idea to the Executive Committee. Agendas and minutes must be posted, and meetings are open to the public. The DHMIC/Executive Committee has the discretion to add ad hoc committees that are timebound to work on emergent issues.
    2. Membership on the committees will be by invitation and will be subject to change as new issues arise.

* + 1. Members of the DHMIC committees need not all be members of the DHMIC, but each will be chaired by a member of the Consortium and will have at least one other member of the Consortium.
    2. The DHMIC committees may choose to elect a vice-chair. The Membership Committee will review and approve recommendations from Chairpersons of committees for membership in their committees.
    3. The term of membership will be dependent on the needs of the committee and the ability of the individual to attend a majority of meetings in a given year.
    4. Membership on the committees will include, but not be limited to, representation from medical specialties, nursing, allied health professionals, voluntary organizations, public health, consumers and other interested entities and individuals.
    5. Committee chairs will report on the activities of the committees at each DHMIC meeting.
  1. Workgroups may also be established by the DHMIC or DHMIC Committees.
     1. Workgroups are sub-groups of committees focused on strategic initiatives. They are appointed by the Committee Chair(s) or DHMIC Chairs to work on a specialized component of the overall committee’s goals. Workgroups should be focused, time-limited, and aligned with mission and vision of DHMIC. Workgroups often utilize subject matter experts who are acknowledged for their work with the specific workgroup, but do not become members of the workgroup’s parent committee. Workgroups must report back to the committee, and progress made should be reflected in committee meetings. Workgroups are less formal than committees, but to ensure alignment with the overall DHMIC mission, committees who would like to launch a strategic initiative workgroup need to present purpose, estimated length of time, proposed members to the Executive Committee for approval. DHMIC Committee Chair(s) will share workgroup updates and activities at DHMIC Executive Committee meetings.

c. The Delaware Perinatal Quality Collaborative, as established by 16 *Del.C.* § 197,  shall function in cooperation with the DHMIC.

1. ***Voting***
   1. All questions before the DHMIC, except on amendments to these By-laws, will be decided by a simple majority of the voting membership present. Only members present in person or by means of conference telephone or other communications equipment by which all persons participating in the meeting can hear each other shall be counted as present and entitled to vote.
   2. Ad-hoc members, guests, and consultants will not vote.
2. ***Quorum***

A quorum will consist of 1/3 of the voting members of the DHMIC.

1. ***Staff Support***

Staff from the Delaware Division of Public Health will provide administrative support for the effective operation of the DHMIC and its committees, including the recording of meeting minutes.

1. ***Conflict of Interest***

Members must comply with the State Employees’, Officers’ and Officials’ Code of Conduct (29 *Del.C.* Ch. 58). On any matter brought to a vote, a member or alternate service as proxy with a conflict between the interest of the DHMIC and the member’s personal, financial, organizational or professional interests will have a responsibility to declare such conflict. The Chair will then decide whether the member should vote on the issue where the conflict has been declared.

1. ***Amendments of the By-laws***

The By-laws may be amended by a two-thirds majority vote at any regular or special meeting of the DHMIC at which a quorum exists provided that a notice setting forth the proposed amendment will have been sent to all members at least thirty (30) days prior to the meeting.

AMENDMENTS MADE TO THESE BY-LAWS:

DATE: 12/18/18 CHAPTER VIII, SECTION 1, SUBSECTION i

CHAPTER VIII, SECTION 1, SUBSECTION i1

DATE 9/14 CHAPTER V, SECTION a

CHAPTER VI, SECTION a

CHAPTER VI, SECTION b

DATE: 09/05/12 CHAPTER VIII, SECTION 1, SUBSECTION a.

DATE: 10/6/10 CHAPTER VIII, SECTION I

DATE: 09/17/08 CHAPTER VI, SECTION d, SUBSECTION 1

CHAPTER VII, SECTION d

DATE: 5/5/06 SECTION III, ITEM d

SECTION VI, PARAGRAPH d, ITEM 6

SECTION VIII, PARAGRAPH