

QMP SELF-REPORT INCIDENT FORM

Your name: Midwife Doe
Address: 12345 Unknown St, Somewhere WA
Phone number: 123-456-7890 (the best contact phone number for reaching you)- Please feel free to leave a voicemail
Email address: MidwifeDoe@gmail.com
Date of Incident: 11/2/2017

Please check the SENTINEL EVENT:

- | | |
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| <input type="checkbox"/> Maternal mortality | <input type="checkbox"/> Uterine inversion |
| <input type="checkbox"/> Perinatal mortality | <input type="checkbox"/> Maternal/neonatal seizure |
| <input type="checkbox"/> Maternal shock | <input checked="" type="checkbox"/> NICU or special care nursery admissions within 72 hours of birth (except for observation/congenital anomalies) |
| <input type="checkbox"/> Uterine rupture | |

Please describe **legibly** the incident that meets the self-reporting criteria and explain why you think this meets criteria for incident review. Make sure to include the following details, as relevant, to help determine whether this case warrants a full review: maternal age, parity, gestational age, length of various stages of labor, duration of ROM, presence of meconium, GBS status and treatment, FHTs, vital signs, APGARS, method and time of decision to transport, and hospital course/outcome. **DO NOT ATTACH COPIES OF THE CHART.** Please continue onto the back of this form or attach additional pages as needed. Thank you.

27 YO G2P0 at 40+4 weeks. Normal course of prenatal care, standard US, GBS positive (but declined IAP after informed choice discussion prenatally and IP). Spontaneous onset of labor, 10 hours latent, 6 hours active, 2 hours and 10 min 2nd stage. Admitted in active labor- 6 cm dilated. Normal maternal and fetal VS throughout. Highest maternal T was 100.2 ax in the tub, but tub was very hot. SROM in 2nd stage 20 min prior to NSVD with moderate mec stained fluid. Baby was born with APGARS of 7, 6, 6 with persistent respiratory distress requiring initial PPV and continued supp O2. EMS called at 19 min and transferred at 32 min to NICU where baby was dx'd with GBS and treated. Maternal PP course was uncomplicated and newborn care was normal following discharge.

In the event the QMP determines that this does not warrant an incident review, do you still feel you would benefit from an incident review? If so, what would you hope to gain from an incident review and what aspects would you like to focus on during the review?

I will take this case to PR if IR is not warranted. I'd like feedback on charting IC discussions, and managing care when client choice is not agreeing with my recommendations.

Would you like to invite one additional individual, beyond the 3 panel members selected, who was present at this incident to participate in this review? If so, please provide the name, role at the birth, and contact information:

I'd like to have the second midwife, Midwife DoeTwo, present.

If you do not receive an acknowledgement in approximately one month from the time you send it, please contact the QMP (qmp@washingtonmidwives.org). Please retain a copy of this for your records; in the event a review is planned, you will need to provide it to the review panel. Mail this form to the following address. We recommend confirming the current MAWS address in order to prevent mail delays:

<http://washingtonmidwives.org/contact-maws.html>

MAWS attn QMP
2120 N Oakes St
Tacoma WA 98406

Thank you,
The QMP Committee