



**California Association of Licensed Midwives
Quality Management Program
SELF-REPORT INCIDENT FORM**



Your name: _____
 Address: _____
 Phone number: _____
 Email address: _____
 Date of Incident: _____

Please check the SENTINEL EVENT:

- | | |
|--|---|
| <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 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 (and do not write in the margins)** 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.

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?

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:

If you do not receive an acknowledgement in approximately one month from the time you send it, please contact the QMP (info@calmidwives.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:

CALM attn: QMP
 P.O. Box 104
 San Leandro, CA 94577
 Or fax to 844/932-876 (Rosanna Davis, CALM QI Division Chair)

Thank you,
 The QMP Committee