



Midwives Protection Program

# Incident Reporting Guidelines

Phone: (250) 356-1794 Claims Fax: (250) 356-0661

## PREGNANCY

- Pre-eclampsia or HELLP syndrome with seizures or other significant sequelae
- Antepartum hemorrhage with significant sequelae
- Medication or prescription error
- Intrauterine fetal demise
- Client refusing recommended care with significant concerns for client/fetal wellbeing
- Untreated STDs, HIV, or other infections potentially impacting fetal wellbeing

## LABOUR/DELIVERY

- Unattended birth
- Unplanned homebirth with concerns or client dissatisfaction
- Unexpected preterm delivery
- Uterine rupture or dehiscence
- Umbilical cord accidents/complications
- Assisted or surgical delivery with significant complications
- Significant tearing and/or episiotomy with other sequelae or dissatisfied client
- Significant hemorrhage (> 1000 ml and/or transfusion)
- Apgars  $\leq 4$  at 1 min and/or  $\leq 6$  at 5 mins
- Significantly abnormal blood gases (i.e. umbilical artery pH < 7.0, base excess  $\geq -12$ )
- Difficult resuscitation (i.e. prolonged positive pressure ventilation, any intubation)
- Stillbirth

## POSTPARTUM

- Complicated or serious infection/septicemia
- Significant post C-section complication
- Suturing / perineal healing concerns
- Maternal ICU admission
- Maternal death
- Thromboembolism (DVT, PE)
- Disseminated Intravascular Coagulation
- Difficulty following-up at-risk infant / client
- Significant post-operative wound infection

## NEONATAL

- Significant infant feeding or weight loss issues
- Complications from resuscitation (i.e. pneumothorax)
- Significant fetal compromise (HIE/acidosis/asphyxia)
- Neonatal seizures or other neurological signs
- Abnormal head imaging / EEG related to possible birth injury
- Meconium aspiration syndrome
- NICU admission prolonged >72 hours or with ongoing concerns
- Significant neonatal infection (i.e. GBS, HSV)
- Severe hyperbilirubinemia, kernicterus
- Neonatal death

## GENERAL/PROFESSIONAL

- Known dissatisfied client
- Complaint to College of Midwives
- Complaint to health authority or hospital
- Known breach of CMBC standard
- Any telephone or written comment referencing law suit or compensation or complaint sent to Ombudsman, Minister etc.
- Significantly negative social media review
- Inter-professional dispute or criticism of care
- Request for records by legal counsel
- Client refusing recommended care where there is concern for client / fetal / neonatal wellbeing
- RM terminating care of client
- Family raising concerns about midwifery care
- Any incident of concern requiring advice**

**NOTE: These are guidelines only, based on areas where risk of complaints or legal action is highest.**

**Should you have any other concerns or an incident occurs in an area not listed here you are advised to contact the MPP for advice. Prompt reporting is a requirement of MPP coverage.**

*Sources: Health Care Protection Program and Midwives Protection Program claims history, 2001 MPP Incident Reporting Guidelines, Society of Obstetricians and Gynaecologists of Canada guidelines, Health Care Insurance Reciprocal of Canada (HIROC), and Canadian jurisprudence.*



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Email: [RMBClaims@gov.bc.ca](mailto:RMBClaims@gov.bc.ca)

## INCIDENT REPORTING FORM

Date of Report:		
Reported By:	Registration #:	
Address:		
Telephone:	Fax:	Email:
Primary Midwife:		
Secondary/Support:		
Client/Claimant(s):		
Home Birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Planned HB - transferred to hospital
Name of Hospital:		
Date of Incident:		
Please tell us what happened ( <b><u>FACTS ONLY</u></b> ): Add additional pages if necessary		
Letter of complaint / Notice of Claim enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the Client/Claimant indicated concern? If so, please explain.		

### PLEASE NOTE:

Should you have any questions regarding your claims-made policy, please contact:

The Midwives Association of British Columbia at (604) 736-5976 or e-mail at [registration@bcmidwives.com](mailto:registration@bcmidwives.com).