MIDWIVES ASSOCIATION *of* BRITISH COLUMBIA

RISK MANAGEMENT POLICY: REPORTING TO MPP

Reporting Incidents and Potential Claims to MPP

Preamble

The Midwives Protection Program (MPP) is administered and delivered by the Risk Management Branch (RMB) of the Ministry of Finance in conjunction with the Ministry of Health and the Midwives Association of British Columbia (MABC).

MPP covers the professional practice liability concerns of registered midwives who are members of MABC and who are in good standing with the College of Midwives British Columbia. For important information on this mal-practice insurance please log into the members' side of www.bcmidwives.com and refer to the "Insurance" page.

The MABC believes that a clinical risk management approach improves the quality and safe delivery of health care by placing special emphasis on identifying circumstances that put mothers and babies at risk of harm, and acting to prevent or control those risks. This approach focuses on the organization of health care, rather than the assignment of individual blame, works to promote error reduction and is in keeping with the principles of accountability.

Purpose

This policy aims to provide midwives with risk management advice including the filing of appropriate documentation and ways to contact the Midwives Protection Program (MPP).

Legal Support

- The MABC does not provide individual legal counsel to members of the association
- In matters of professional liability, the member will immediately report any situation that may give rise to a claim to the MPP. The member should follow the MPP's advice.
- In matters where a midwife is looking for legal assistance for professional issues, i.e. inquiries from the College of Midwives, Coroner's inquest, etc. the member should contact MPP.
- Questions can be directed to MABC's MPP liaison.

Confidentiality

- The MABC will endeavor to maintain strict confidence in relation to any member's professional issues.

We encourage

- Sharing details of the case with MPP counsel.

We discourage

- Full disclosure of the incident or sharing of any details of the incident to anyone else. This may adversely influence your position or bias in later proceedings if any of these people were called to give witness.
- Documentation of the incident in any form other than that required by hospital protocol for documenting on the client's health record and those outlined by MPP.

Process

1. Where there has been an injury to either infant or mother, report the incident as soon as possible by calling MPP. MPP may be contacted after hours.
2. For all other circumstances or if in doubt follow the *MPP Incident Reporting Guidelines*[1] complete the *MPP Incident Reporting Form*[2] and forward it to MPP by fax or email.
3. It is the member's responsibility to action the above items.
4. For MPP contact information refer to *Incident Reporting Form* or call the MABC.

[1] MPP Incident Reporting Guidelines (Appendix B): Refer to this MPP document for reporting guidelines.

[2] MPP Incident Reporting Form (Appendix A): Use this MPP document to report incidents and potential claims, and refer to this MPP document for MPP contact information.

Midwives Protection Program

Phone: (250) 356-1794 After Hours Claims phone: (250) 356-1794
Claims Fax: (250) 356-0661 Email: 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: ☐ Yes ☐ No ☐ Planned HB - transferred to hospital

Name of Hospital:

Date of Incident:

Please tell us what happened **(FACTS ONLY)**: Add additional pages if necessary

Letter of complaint / Notice of Claim enclosed: ☐ Yes ☐ 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.

Midwives Protection Program

Incident Reporting Guidelines

Phone: (250) 356-1794 After Hours Claims phone: (250) 356-1794
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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 ≤ 4 at 1 min and/or ≤ 6 at 5 mins
- ☐ Significantly abnormal blood gases (i.e. umbilical artery pH < 7.0, base excess ≥ -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.