



## **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](http://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*<sup>1</sup> complete the *MPP Incident Reporting Form*<sup>2</sup> 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.

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<sup>1</sup> MPP Incident Reporting Guidelines (Appendix B): Refer to this MPP document for reporting guidelines.

<sup>2</sup> 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

# Midwives Protection Program

PO Box 3586, Victoria BC V8W 3W6  
Ph (778) 698-5732 Fax (250) 356-0661  
After hours Ph (250) 356-1794  
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		
Name of Hospital:		
Date of Incident:		
Please tell us what happened <b>(FACTS ONLY)</b> :		
Letter of complaint/Notice of Civil 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 [registration@bcmidwives.com](mailto:registration@bcmidwives.com)



Midwives Protection Program

# MPP Incident Reporting Guidelines

PO Box 3586 Victoria BC V8W 3W6 · Telephone: (778) 698-5732 · Afterhours Telephone (250) 356-1794 · Claims Fax: (250) 356-0661

FOETAL/NEONATAL	MATERNAL	GENERAL
<ul style="list-style-type: none"> <li>• Low APGARS, in particular &lt; 4 at 1 minute and &lt;6 at 5 minutes, <u>with other indicators</u></li> <li>• Foetal scalp blood pH &lt;7</li> <li>• Umbilical artery blood pH &lt;7 at birth</li> <li>• Intrauterine acidosis e.g. base excess &gt; -12</li> <li>• Deep variable decelerations or late decelerations, <u>with other indicators</u></li> <li>• &gt;4 minutes of positive pressure ventilation before sustained respiration</li> <li>• Seizure after birth or other neurological signs</li> <li>• Severe Hyperbilirubinaemia; Kernicterus</li> <li>• Abnormal head imaging related to possible birth injury; abnormal EEG</li> <li>• Prolapsed/severed/snapped cord/cord strangulation, with other infant sequelae</li> <li>• <u>Significant</u> birth injury including: shoulder dystocia; broken clavicle/ humerus; brachial plexus injury; head laceration; forceps/instrument/vacuum injury</li> <li>• Meconium aspiration pneumonia</li> <li>• Pneumothorax</li> <li>• Unanticipated lengthy course in neonatal intensive care or equivalent unit</li> <li>• <u>Significant</u> infection</li> <li>• <u>Unplanned</u> extubation</li> <li>• Death/Stillbirth</li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>Significant</u> tearing and/or episiotomy with other maternal sequelae</li> <li>▪ Bladder laceration</li> <li>▪ Uterine Rupture</li> <li>▪ <u>Significant</u> haemorrhage (&gt; 1000 ml and/or transfusion)</li> <li>▪ Complicated or serious infection/septicaemia</li> <li>• <u>Untreated</u> maternal genital herpes, syphilis, HIV</li> <li>• <u>Significant</u> post c-section complication</li> <li>• Maternal ICU admission</li> <li>• Maternal trauma/death</li> <li>• Eclampsia seizures</li> <li>• HELLP Syndrome</li> <li>• Thrombo embolic event (DVT, PE)</li> <li>• Disseminated Intravascular Coagulation</li> </ul>	<ul style="list-style-type: none"> <li>• Unplanned unattended home birth</li> <li>• Unplanned/unexpected early discharge of non-compliant patient</li> <li>• Problem with planned follow-up for at risk infant/family</li> <li>• Family raising credible concerns about care</li> <li>• Complaint to College of Midwives</li> <li>• Known breach of CMBC standard</li> <li>• Any telephone or written complaint referencing law suit or compensation or complaint sent to Ombudsman, Minister etc.</li> <li>• Any negative outcome complicated by inter-professional dispute over care</li> <li>• Request for records by legal counsel specializing in obstetrical malpractice</li> <li>• Request for records where reason indicated is “for litigation”</li> <li>• Any other incident not listed here of concern and where advice may be sought</li> </ul>

Note these are guidelines. They are not policy or regulation; common sense prevails. Whether or not the birth was planned/unplanned, at home or in a hospital or other setting may be relevant to your reporting decision. Sources informing the Guidelines include: Health Care Protection Program and Midwives Protection Program claims history, BC Health Care Risk Management Society reporting guidelines, Society of Obstetricians and Gynaecologists of Canada guidelines, Canadian Patient Safety Institute, ECRI Institute, Health Care Insurance Reciprocal of Canada (HIROC), Harvard Foundation publications and Canadian jurisprudence along with midwife, client, claims examiner and legal counsel feedback. If uncertain about whether or not to report an incident, call us!