



# MPP Incident Reporting Guidelines

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FOETAL/NEONATAL	MATERNAL	GENERAL
<p>Low APGARS, in particular &lt; 4 at 1 minute and &lt; 6 at 5 minutes, <u>with other indicators</u></p> <p>Foetal scalp blood pH &lt; 7</p> <p>Umbilical artery blood pH &lt; 7 at birth</p> <p>Intrauterine acidosis e.g. base excess &gt; -12</p> <p>Deep variable decelerations or late decelerations, <u>with other indicators</u></p> <p>&gt; 4 minutes of positive pressure ventilation before sustained respiration</p> <p>Seizure after birth or other neurological signs</p> <p>Severe Hyperbilirubinaemia; Kernicterus</p> <p>Abnormal head imaging related to possible birth injury; abnormal EEG</p> <p>Prolapsed/severed/snapped cord/cord strangulation, <u>with other infant sequelae</u></p> <p><u>Significant</u> birth injury including: shoulder dystocia; broken clavicle/ humerus; brachial plexus injury; head laceration; forceps/instrument/vacuum injury</p> <p>Meconium aspiration pneumonia</p> <p>Pneumothorax</p> <p>Unanticipated lengthy course in neonatal intensive care or equivalent unit</p> <p><u>Significant</u> infection</p> <p><u>Unplanned</u> extubation</p> <p>Death/Stillbirth</p>	<p><u>Significant</u> tearing and/or episiotomy with other maternal sequelae</p> <p>Bladder laceration</p> <p>Uterine Rupture</p> <p><u>Significant</u> haemorrhage (&gt; 1000 ml and/or transfusion)</p> <p>Complicated or serious infection/ septicemia</p> <p><u>Untreated</u> maternal genital herpes, syphilis, HIV</p> <p><u>Significant</u> post c-section complication</p> <p>Maternal ICU admission</p> <p>Maternal trauma/death</p> <p>Eclampsia seizures</p> <p>HELLP Syndrome</p> <p>Thrombo embolic event (DVT, PE)</p> <p>Disseminated Intravascular Coagulation</p>	<p>Unplanned unattended home birth</p> <p>Unplanned/unexpected early discharge of non-compliant patient</p> <p>Problem with planned follow-up for at risk infant/family</p> <p>Family raising credible concerns about care</p> <p>Complaint to College of Midwives</p> <p>Known breach of CMBC standard</p> <p>Any telephone or written complaint referencing law suit or compensation or complaint sent to Ombudsman, Minister etc.</p> <p>Any negative outcome complicated by inter-professional dispute over care</p> <p>Request for records by legal counsel specializing in obstetrical malpractice</p> <p>Request for records where reason indicated is "for litigation"</p> <p>Any other incident not listed here of concern and where advice may be sought</p>

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!

