

# IDAHO MIDWIVES PEER REVIEW FORM

Midwife's Name: \_\_\_\_\_ Certification or License #: \_\_\_\_\_

Facilitator or Hosting Midwife: \_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Dates Reviewed from: \_\_\_\_\_ to \_\_\_\_\_

Number of Midwives Present (including students/apprentices): \_\_\_\_\_

Total Number of Cases Presented: \_\_\_\_\_

## Attending Midwife-

- Total number of clients currently in care: \_\_\_\_\_
- Number of upcoming due dates: \_\_\_\_\_
- Number of clients postpartum: \_\_\_\_\_
- Number of births attended since last peer review: \_\_\_\_\_
- Number of home births completed: \_\_\_\_\_
- Number of birth center births completed: \_\_\_\_\_
- Number of transports – Mom: \_\_\_\_\_ Baby: \_\_\_\_\_
- Number of clients risked out during this period: \_\_\_\_\_
- Number of clients requiring consultation or referral antepartum: \_\_\_\_\_
- Number of clients that left practice for other reasons: \_\_\_\_\_
- Number of cases to present: \_\_\_\_\_

The midwife must present all cases involving consultation, transfer of care, transport to the hospital, instances where the midwife is outside of practice guidelines (including in these the process of Informed Choice that was used), and cases where the midwife requests more input from the community of midwives. It is helpful to the community if the midwife also discusses interesting cases or situations.

When presenting a case, the following information should be available:

- Gravity and parity of client
- Any significant medical or OB history
- Psychosocial concerns
- Relevant lab work and test results
- Significant information regarding pregnancy, birth and postpartum
- Consultations with other providers (midwives, MDs, DCs, NDs, DOs, etc.)
- Present care plan and how that may change with the ongoing situation

Midwife Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Total Number of Hours for Peer Review: \_\_\_\_\_