

TENNESSEE MIDWIVES ASSOCIATION
LOCAL PEER REVIEW

PURPOSE

Local Peer Review brings midwives in Tennessee together on a regular basis to discuss their cases and learn from each other. It is an opportunity for cohesiveness within a community and serves as a foundation when difficult situations arise. Having ongoing Peer Review provides a stable environment to solve problems and lend support to one another while ensuring quality care and maternal and newborn safety, health, and welfare.

REQUIREMENTS

1. All Tennessee Midwives Association members who are midwives are encouraged to participate in Local Peer Review at least once a year.
2. Local Peer Review is open to all practicing midwives and assistants.
3. Local Peer Review is open to apprentices attending with their senior midwives.
4. Local Peer Review is not open to other members of the midwifery community.

GUIDELINES

1. Local Peer Review shall be held as often as a region deems necessary and not less than every 6 months.
2. Local Peer Review will be facilitated by the Regional Representative.
3. Local Peer Review shall not be for punitive reasons and disciplinary action may not be taken. The participants may make suggestions to the midwife and/or, by consensus, recommend to the Statewide Peer Review Committee Facilitator that the same midwife appear before the Statewide Peer Review Committee. In order to make this decision, a majority of participants must be Tennessee Midwives Association members who are midwives.
4. Documentation of attendance and participation shall be sent by the Facilitator to the Statewide Peer Review Committee Facilitator, along with any recommendations made, within 15 days after Peer Review. Certificates of Attendance at Local Peer Review shall be given to all participating members, whether they present cases or not.
5. Local Peer Review may also, at the midwife's request, arrange mediation to address a conflict between a client and a midwife, about which no formal complaint has been made. Mediation on the local level may be utilized to reach an acceptable outcome. If this cannot be achieved to the client's satisfaction, she retains the right to make a formal complaint to the Statewide Peer Review Committee Facilitator. The objective of Peer Review in this instance is to address the conflict professionally and alleviate the need for further action to be taken by the client.

CONTENT

1. Midwives undergoing Peer Review are encouraged to bring:
 - A. All cases requiring consultation and/or referral according to the Tennessee Midwives Association guidelines, excluding consults and/or referral for routine blood work, routine initial visits, and/or routine ultrasounds.
 - B. All transported cases.
 - C. One uncomplicated case.
2. Midwives may bring cases that are unusual and/or educational to peers.
3. Midwives may bring cases in which additional peer input is desired.

PROCESS

1. Upon arrival, each midwife presents in writing to the Facilitator the number of cases they have to review and how much time they estimate will be needed to present them.
2. At the opening of the meeting the Facilitator is to review the basic guidelines for Peer Review:
 - A. The information presented at Peer Review is confidential.
 - B. The intention of Peer Review is not punitive, but supportive and community based. Positive feedback is encouraged; concerns should be raised respectfully and with the assumption that feedback is welcome.
 - C. While a midwife presents a case, everyone remains quiet.
3. Each midwife states the following:
 - A. The total number of clients currently in the midwife's care, the number of upcoming due dates, and number of women currently receiving postpartum care.
 - B. The number of births attended since her last Peer Review.
 - C. The number of cases to be presented.
4. When presenting a case, the following information it is helpful for the midwife to provide the following information:
 - A. Gravida/parity
 - B. Significant history
 - C. Relevant test results
 - D. Other significant information regarding antepartal, intrapartal, or postpartal phase
 - E. Consultations with other care providers
 - F. Current plan of care
5. After each case questions may be asked.