| Midwife's Name: Texas License Number: NARM CPM Number: | Date Heard by Committee: Committee Member Signature: |
|--|--|
|  |  |

## **CPM Certificate Number:**

## Cases to be Considered for Peer Review

## **Instructions:**

- ☐ Complete this form before Peer Review
- ☐ Attach each Individual Case Summary form to the back
- ☐ Give the forms to the Peer Review Facilitator upon arrival

For "Circumstance" use the following **bold** words below to describe your case:

- **Transfer** of care
- Transport to the hospital
- Instances when outside **Practice Guidelines** (include process of informed choice used and attach any Informed Choice Statements and/or Waivers)
- Cases where midwife wants more **input** from the community midwives
- Interesting cases or situations

For "Outcome" suggestions include:

SVD in hospital

c/s

Client refused transfer

Grievance filed with DSHS/BNE

The shaded areas are for Committee Use

| Circumstance | Outcome | Time to<br>Present | Committee<br>Selection |
|--------------|---------|--------------------|------------------------|
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## Facilitator Instructions:

- Waive
- Hear
- Hear, if time permits