



# WISCONSIN GUILD OF MIDWIVES

## Incident Review Committee SELF-REPORT FORM

Your Name: Address:

Phone Number:

Email Address:

Date incident

occurred: \_\_\_\_\_

Incident Category (please check those that apply):

Maternal or Neonatal Mortality (except for anticipated, prenatally diagnosed congenital conditions incompatible with life)

Significant maternal morbidity (examples include hypovolemic shock requiring hospitalization, seizure, uterine rupture, uterine inversion, postpartum uterine or perineal wound infection)

Significant neonatal morbidity (examples include neonatal emergency transport, seizures, and NICU admission within 72 hours other than for observation/congenital anomalies)

Violation of the Rules and Regulations for Licensed Midwives issued by the Wisconsin Department of Safety and Professional Services

Briefly add other information you feel is important:

You should receive a response within 14 working days of receipt of this form. You may submit

it by email to the WGOM confidential HIPAA compliant encrypted e-mail:

[IRC@wisconsinguildofmidwives.org](mailto:IRC@wisconsinguildofmidwives.org) Or HIPPA compliant fax to: 414-238-9408

Self Reported Incident Form Page 1 of 1

Revised on : 3/2016, 11/2016, 12/2016, 3/2022, 7/2023