

MMA Community Peer Review Process

Community Peer Review is routine, confidential, professional, non-punitive, and educational. Community Peer Review brings midwives in an area together on a regular basis to discuss their cases and learn from each other. It is an opportunity for cohesiveness within a community and can serve as a foundation when difficult situations arise. Sooner or later in every community there will be an issue that must be faced. Having ongoing Community Peer Review provides a stable environment for solving problems and lending support to one another. Beyond community support lie the professional ethical concerns. Peer Review adds validity to the certification process and is required in many medical settings. Citizens can know that their practitioner participates in Peer Review, and that, if a concern is raised, there is a platform for discussion and follow-up. Other health care practitioners can also know and recognize the professionalism involved in maintaining Community Peer Review. Establishing Community Peer Review is worthwhile preparation for future problem solving.

The suggested format for Community Peer Review is as follows.

- Community Peer Review is to be held quarterly. In cases of unusual hardship in meeting, it is suggested that meetings happen at least every six months, and that, in between meetings, the midwives involved make phone contact to discuss any difficult cases.
- 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 used), and cases where the midwife wishes more input from the community of midwives. It is helpful to the community if the midwife also discusses interesting cases or situations.
- Students and assistants are included in Community Peer Review.
- A midwife who also facilitates the meeting hosts Community Peer Review. This job rotates among those participating.
- Prior to the meeting, each midwife notifies the facilitator the number of cases they have to bring to review and how much time they estimate they will need to present them.
- At the opening of the meeting, the midwife facilitating is to review the basic guidelines for Community Peer Review as listed below.
 - The information presented at Community Peer Review is confidential.
 - The intention of peer review is not punitive or critical but supportive, educational, and community based. Positive feedback is encouraged, concerns should be raised respectfully and with the assumption that feedback is welcome, though recommendations for follow-up are made individually and/or by consensus, and the group offers support.
 - While a midwife presents a case, everyone remains quiet. Questions are asked after the midwife has finished.
 - The midwife then presents each case. After each case, questions may be asked and suggestions given.
 - When presenting a case, the following information should be available:
 - Gravity and parity of client along with any significant medical or OB history or 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.); and include the present care plan and how that may change with the ongoing situation.
- After everyone has presented their cases and discussion has ended, the Community Peer Review group is encouraged to discuss professional educational objectives for the current recertification period.

MMA Selective Peer Review Process

Selective Peer Review is confidential, professional, non-punitive, and educational to address a unique and specific situation within the midwifery community. Selective Peer Review brings selected midwives in an area together to discuss a specific case and learn from each other. It is an opportunity for cohesiveness within a community and can serve as a foundation when difficult situations arise. Beyond community support lie the professional ethical concerns. Peer Review adds validity to the certification process and is required in many medical settings. Citizens can know that their practitioner participates in Peer Review, and that, if a concern is raised, there is a platform for discussion and follow-up. Other health care practitioners can also know and recognize the professionalism involved in maintaining Community and Selective Peer Review.

The suggested format for Selective Peer Review is as follows.

- Selective Peer Review is held when a situation warrants it. It can be called by a midwife, a consumer, or a peer.
- The midwife involved is asked to present at this unique situation often 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 used), and cases where the midwife wishes more input from midwives.
- Only the midwives and/or consumers selected by the midwife are included in Selective Peer Review.
- At the opening of the meeting, the midwife facilitating is to review the basic guidelines Peer Review as listed below:
 - The information presented at Peer Review is confidential.
 - The intention of peer review is not punitive or critical but supportive, educational, and community based. Positive feedback is encouraged, concerns should be raised respectfully and with the assumption that feedback is welcome, though recommendations for follow-up are made individually and/or by consensus, and the group offers support.
 - While a midwife presents a case, everyone remains quiet. Questions are asked after the midwife has finished.
 - The midwife then presents the case. Questions may be asked and suggestions given.
 - When presenting a case, the following information should be available:
 - Gravity and parity of client along with any significant medical or OB history or 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.); and include the present care plan and how that may change with the ongoing situation.
- After the case has been reviewed the Selective Peer Review group is encouraged to discuss professional educational objectives for the current recertification period.