

**Vermont Secretary of State
Office of Professional Regulation
National Life Building, North FL 2
Montpelier, VT 05620-3402**



**Midwife
(802)828-1505
www.vtprofessionals.org**

REPORT OF PEER REVIEW

Each licensed midwife will need to complete and submit four Reports of Peer Review at the same time the license renewal is being submitted.

In completing the attached forms, we ask that the reviewer:

1. Reviewer must be a Licensed or Certified Professional Midwife.
2. Type or print responses clearly.
3. Respond to all questions or provide an explanation for any omissions; all areas must be completed fully and omissions explained, or the forms will be returned.
4. Retain copies of these reports for your own files.
5. Forward the completed forms and supporting documentation to the address above.

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REPORT OF PEER REVIEW

Midwife's full name: _____ License number: _____

Each peer review must be conducted by at least two other licensed midwives who do not have a personal, professional, or financial interest in the birth being reviewed.

1st reviewer's full name: _____ License number: _____

2nd reviewer's full name: _____ License number: _____

Reason for Review: (if transported list name of hospital, date of delivery, age of client, etc.)

Background Information: (age, EDD, gravity, parity, any notable medical abnormal labs, etc.)

Birth Narrative: (What happened, how the midwife responded, how things turned out)

Discussion: (Group interaction and input, questions, clarifications)

Conclusions/Recommendations: (What was learned from the review. Practice or protocol changes)

STATEMENT OF REVIEWER

All of the statements made are true and accurate to the best of my knowledge.

Signature of Reviewer

Date