

Complications Report

Arkansas Department of Health
Licensed Lay Midwife

Midwife Name:	Apprentice Name:
Date of Report:	
Client Name:	EDD:
Midwife Action:	Consultation_____ Referral_____ Transfer_____ Transport_____
Condition Identified and Related History:	

Consultants Name (Physician, CNM, or ADH Clinician):
Address
Telephone Number

Date of Consultation, Appointment, Transfer or Transport:
Findings of Consultant:
Recommendations and Actions of Consultant:

Midwife Plan of Care:
Outcome of Care:

In accordance with regulation 700 of the Regulations Governing the Practice of Lay Midwifery in Arkansas 2007 the Complications Report must be mailed to the Department by the 10th of the month following the event. Enclose the report with the corresponding Caseload and Birth Log for the month. Documentation of medical consults should be maintained in the client health record and made available upon request.