

Instructions for Completing Midwife Caseload and Birth Log And Complications Reports

Refer to Section 700 of the Regulations Governing the Practice of Lay Midwifery in Arkansas 2007. Midwife Caseload and Birth Log, and Complications Report forms are provided by the Department.

The Caseload and Birth Log is designed to be a perpetual report, so that the same form may be copied and re-submitted on a monthly basis until the page is full and a new page is started (each page allows for listing 17 clients). Accurate spelling of the client's name is required. Mail a copy of the Log to the Department postmarked no later than the 10th of each month. It is not necessary to mail a copy of the Log for a month that has none of the reportable events listed below.

Use the Caseload and Birth Log to report the following:

1. Women who receive prenatal care from the lay midwife for more than one month of the gestation period regardless of whether or not the lay midwife attended the birth.
 - a. You may enter the name and estimated due date on the Log at any point a client receives more than one month of care.
 - b. The Division requests all clients receiving care be listed on the Log by 36 weeks gestation in order to establish statistically reliable data for annual reports.
2. Clients who are referred for care, transported, lost to follow-up (or leave midwife care), or for other reasons are not attended by the midwife at birth.
3. Consultations between the lay midwife and a physician or CNM to discuss the status and future care of the client.
4. Labors/births attended by the midwife.
5. Apprentice name when apprentice participates in the client's care.

Use the Complications Report form to document complications and submit to the Division by the 10th of the month for the following:

1. Consultations (consults). Refer to Rules and Regs (definition 204): occurs between the licensed lay midwife and a physician or CNM discussing the status and future care of the client and may result in a Referral (definition 214) in which the client receives an office visit for evaluation and determination of future care. A consult for a complication must be documented whether or not a Referral, Transfer or Transport becomes necessary (Item 700). Consultation and/or Referral is required for:
 - a) Pre-existing conditions listed in the Rules and Regs Item 406.01
 - b) Prenatal conditions listed in 406.02
 - c) Intrapartum conditions listed in 407.02
 - d) Postpartum conditions listed in 408.02
 - e) Newborn conditions listed in 409.02
 - f) Other problems not specified in the protocol in which there are significant deviations from normal (noted in 406 and 600)

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2. Transfers. Refer to Rules and Regs (definition 216): occurs when complications arise beyond the scope of midwife practice defined in the regulations. A transfer may result from a consultation and/or referral for a complication, or may occur for social reasons (relocation, preference for another provider, preference for a hospital birth, financial reasons, et al). *The delivery date for transfers is recorded when known by the midwife.* Transfers resulting from complications include:
 - a) Conditions that preclude midwife care (406.01, 407.01, 408.01, 409.01)
 - b) Recommendation of the consultant (physician, CNM, Department clinician) following a risk assessment, consultation or referral
 - c) Other conditions as determined by the midwife

3. Transports. Refer to Rules and Regs (definitions 206 and 207): occurs when treatment or evaluation is necessary for an emergency condition or complication for mother or babe, and includes:
 - a) Antepartum Conditions (406.01, 406.02)
 - b) Intrapartum conditions (407.01, 407.02)
 - c) Postpartum conditions (408.01, 408.02)
 - d) Newborn conditions (409.01, 409.02)
 - e) Other conditions as determined by the midwife

4. Perinatal Death. Refer to Rules and Regs 700: complications resulting in the death of a mother, infant, or fetus within 24 hours of delivery must be reported to the Department within 2 working days. The client information should appear on the Caseload for the month but the Perinatal Death Report does not need to be re-submitted.