LICENSED MIDWIFE CASELOAD AND BIRTH LOG

Name of Midwife_____ Name of Apprentice_____

Year_____ Report Dates _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Client Name .	Estimated Due Date	In Care	Left Care	Consult Or Refer Date	Consult Or Refer Date	Consult Or Refer Date	Transfer Date	Transport Mother Date	Transport Babe Date	Lost to Follow Up	Delivery Date	Apprentice Provided Care

A copy of the Caseload and Birth Log is submitted monthly (unless no changes or events), listing all clients by 36 weeks, and postmarked by the 10th of the following month. Consults/Referrals, Transfers and Transports (highlighted columns) must be documented on the Complications Reporting form in the month they occur and submitted with the Caseload and Birth Log. Complications that result in death of mother, infant or fetus must be reported to the department within two working days. Submit the Caseload and Birth Log and attachments by the 10th of the following month to: **Arkansas Department of Health, Women's Health, 5800 West 10th Street, Suite 401, Little Rock, AR 72204.**