

ARKANSAS STATE BOARD OF HEALTH

ARKANSAS DEPARTMENT OF HEALTH

**RULES AND REGULATIONS
FOR
GOVERNING THE PRACTICE OF LAY MIDWIFERY IN ARKANSAS**

**PROMULGATED UNDER THE AUTHORITY OF
ARKANSAS CODE ANN. § 25-15-201 ET SEQ. AND BY AUTHORITY OF
ARKANSAS CODE ANN. §§ 17-85-101 THROUGH 108**

**Effective April, 2007
This Revision Effective April, 2008
By the Arkansas State Board of Health**

**Arkansas Department of Health
Little Rock, Arkansas
Dr. Paul Halverson, DrPH, FACHE**

REGULATIONS GOVERNING LAY MIDWIFE PRACTICE
(Pursuant to ACT 481 of 1987)

	Page
100. GENERAL PROVISIONS.....	5
101. PURPOSE AND AUTHORITY.....	5
102. ADMINISTRATION OF PROGRAM.....	5
200. DEFINITIONS	5
201. "APPRENTICE LAY MIDWIFE".....	6
202. "CERTIFIED NURSE MIDWIFE".....	6
203. "CLINICIAN".....	6
204. "CONSULTATION".....	6
205. "DIVISION".....	6
206. "EMERGENCY PLAN".....	6
207. "IMMEDIATE TRANSPORT".....	6
208. "LICENSED LAY MIDWIFE".....	7
209. "LICENSED LAY MIDWIFE PROTOCOL ".....	7
210. "LAY MIDWIFE".....	7
211. "PHYSICIAN".....	7
212. "PRACTICE UNDER THE DIRECTION OF A PHYSICIAN".....	7
213. "PRESCRIPTION DRUGS OR DEVICES".....	7
214. "REFERRAL".....	7
215. "REFERRAL PHYSICIAN/CERTIFIED NURSE MIDWIFE".....	7
216. "TRANSFER OF CARE".....	8
300. LICENSING.....	8
301. REGULAR LICENSES.....	8
301.01 Eligibility Requirements.....	8
301.02 Renewal.....	9
301.03 Practical Experience Equivalency.....	10
301.04 Revocation.....	10
301.05 Inactive Status.....	11
301.06 Reactivation of expired license.....	12
302. APPRENTICE PERMIT.....	12
302.01 Eligibility.....	12
302.02 Renewal.....	12
400. <u>SCOPE OF PRACTICE</u>	13

401. REQUIREMENTS FOR LAY MIDWIFERY PRACTICE.....	13
402. PROTOCOL FOR REQUIRED ANTEPARTUM CARE.....	14
402.01 Frequency of Visits.....	14
402.02 Routine Services.....	14
402.03 Routine Antepartum Services.....	16
402.04 Rh Follow-up Protocol.....	16
402.05 Pre-delivery Home Visit.....	16
403. PROTOCOL FOR REQUIRED INTRAPARTUM CARE.....	17
403.01 Initial Clinical Assessment.....	17
403.02 Management of Labor.....	17
404. PROTOCOL FOR REQUIRED POSTPARTUM CARE.....	18
404.01 Immediate Care.....	18
405. PROTOCOL FOR REQUIRED NEWBORN CARE.....	18
405.01 Immediate Care.....	18
405.02 Feeding.....	19
405.03 Care of Eyes.....	19
405.04 Vitamin K.....	19
405.05 Newborn Screening.....	20
405.06 Cord Care.....	20
406. PROTOCOLS FOR ANTEPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION.....	20
406.01 Initial Risk Assessment.....	20
406.02 Antepartum Monitoring.....	21
407. PROTOCOLS FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION.....	22
407.01 Immediate Transport.....	22
407.02 Physician Consultation.....	22
408. PROTOCOLS FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION.....	23
408.01 Immediate Transport.....	23
408.02 Physician Consultation	23
409. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION.....	24
409.01 Immediate Transport.....	24

409.02 Physician Consultation.....	24
500. REFERRAL PHYSICIAN.....	25
600. EMERGENCY MEASURES.....	25
700. RECORDKEEPING AND REPORTING REQUIREMENTS.....	25
800. DIVISION RESPONSIBILITIES.....	26
801. GRANTING PERMITS & LICENSES.....	26
802. REGISTRATION LISTING.....	26
803. MONITORING OUTCOMES.....	26
804. ADMINISTRATION OF TESTS.....	26
900. SEVERABILITY.....	27
1000. REPEAL.....	27

APPENDIX OF FORMS AND INSTRUCTIONS

1100. CERTIFICATION

100. GENERAL PROVISIONS

101. PURPOSE AND AUTHORITY

It was determined by the General Assembly that adequate maternal care is not readily available in some parts of the state resulting in undue hardships to poor expectant mothers. Act 838 of 1983 provided for the lawful practice of Lay Midwifery in counties having 32.5% or more of this population below the poverty level. Act 481 of 1987 supercedes Act 838 of 1983, and expands the Lay Midwife licensure statewide.

The following Rules and Regulations are promulgated pursuant to the authority conferred by A.C.A. 17-85-101 et.seq. and A.C.A. 20-7-109 et.seq.

Specifically, Act 481 directs the Arkansas State Board of Health to administer the provisions of Act 481, authorizes and directs the Board to adopt regulations governing the qualifications for licensure of Lay Midwives and the practice of Lay Midwifery. The broad authority vested in the Board of Health (Act 96 of 1913) to regulate and to ultimately protect the health of the public is the same authority the Board will utilize in enforcing the regulations, determining sanctions, revoking licenses, etc.

102. ADMINISTRATION OF PROGRAM

The State Board of Health has delegated the authority to administer the program, including the regulating and licensing of Lay Midwives, to the Arkansas Department of Health and Human Services, Division of Health, 4815 W. Markham, Little Rock, Arkansas 72205-3867.

The Board of Health shall establish an advisory board to oversee the practice of Licensed Lay Midwives. The composition of the advisory board will be as follows:

1. Four Licensed Lay Midwives.
2. One Certified Nurse Midwife.
3. One Physician who is currently practicing obstetrics.
4. Three consumers of midwifery service. (A consumer of midwifery service is a woman or her spouse who has had a midwife attended birth or someone who promotes midwifery or home birth in Arkansas).

The purpose of the Advisory Board shall be to advise the Division of Health and Board of Health on matters pertaining to the regulation of Lay Midwifery practice.

The terms and conditions of membership are as follows:

1. The Board of Health will appoint Midwifery Advisory Board (M.A.B.) members for terms of at least 3 years.
2. Members may serve 2 consecutive terms.

3. Members will serve their terms on a volunteer basis.
4. The activities of the MAB include, but are not limited to, advising the Division of Health and Board of Health by:
 - a. Meeting at least annually and as needed at the discretion of the Midwifery Advisory Board Chairperson.
 - b. Reviewing the rules and regulations and proposing changes to them as needed.
 - c. Reviewing and approving continuing education offerings.
 - d. Serving as a community liaison regarding the practice of midwifery.

200. DEFINITIONS

As used in these regulations, the terms below will be defined as follows, except where the context clearly requires otherwise:

201. "APPRENTICE LAY MIDWIFE": A person who is granted a permit by the Division of Health to obtain the practical experience required to apply for a regular license.
202. "CERTIFIED NURSE MIDWIFE" (CNM): A person who is certified by the American College of Nurse Midwives and is also currently licensed by the Arkansas Nursing Board or the appropriate licensing authority of a bordering state to practice nurse midwifery. The CNM must be currently practicing obstetrics.
203. "CLINICIAN": A Physician, Certified Nurse Midwife, or Nurse Practitioner employed or contracted by the Division of Health to work in maternity clinics.
204. "CONSULTATION": A phone consultation by the Licensed Lay Midwife to a Physician or Certified Nurse Midwife to discuss the status and future care of a client. The Physician or Certified Nurse Midwife may require the client to come into his/her office for evaluation.
205. "DIVISION": The Arkansas Department of Health and Human Services, Division of Health, Perinatal Health Services, and Women's Health.
206. "EMERGENCY PLAN": The emergency plan is developed by the Lay Midwife for each patient, and outlines a plan for transport to the nearest hospital with an active obstetrical service. This hospital must be located within 50 miles of the planned delivery site.
207. "IMMEDIATE TRANSPORT": The client should be taken to a medical facility by the most expedient method of transportation available, to obtain treatment/evaluation for an emergency condition.

208. "LICENSED LAY MIDWIFE": A Lay Midwife who is licensed by the Arkansas Department of Health & Human Services, Division of Health to practice lay midwifery.
209. " LICENSED LAY MIDWIFE PROTOCOL": Describes those procedures that may be performed by the Licensed Lay Midwife outside the presence of a Physician, but under conditions where the Physician can be reached by the Licensed Lay Midwife by communication facilities.

Section 400 of these Regulations comprise the Licensed Lay Midwife Protocol.

210. "LAY MIDWIFE": Any person other than a Physician or Certified Nurse Midwife who shall manage care during the pregnancy of any woman or of her newborn during the antepartum, intrapartum, or postpartum periods; or who shall advertise as a midwife by signs, printed cards or otherwise. This definition shall not be construed to include unplanned services provided under emergency, unplanned circumstances.
211. "PHYSICIAN": A person who is currently licensed by the Arkansas State Medical Board or the appropriate licensing authority of a bordering state, to practice medicine or surgery. Where these regulations govern the care of pregnant and postpartum women, "Physician " refers only to those currently practicing obstetrics. Where these regulations govern the care of newborn infants, "Physician" refers only to those who currently include hospital care of newborns in their practices.
212. "PRACTICE UNDER THE DIRECTION OF A PHYSICIAN": The Licensed Lay Midwife may perform only those medical acts and procedures that have been specifically authorized in the Lay Midwife protocol. If actions/procedures deviating from the official protocol are desired, an agreement signed by the Referral Physician describing these deviations/exceptions must be approved by the Division. (See Section 600 Emergency Measures.)
213. "PRESCRIPTION DRUGS OR DEVICES": A drug or device limited by A.C.A. 20-64-503 to dispensing by or upon a medical practitioner's prescription because the drug is (a) habit-forming, (b) toxic or having a potential for harm, or (c) permitted for use only under the practitioner's supervision. This includes any drug or device whose label contains the statement: "Caution-federal law prohibits dispensing without prescription".
214. "REFERRAL": Pertains to the referral of a client to a Physician, Certified Nurse Midwife, or Division clinician for an office visit for evaluation and determination of future care.
- 215 "REFERRAL PHYSICIAN/CERTIFIED NURSE MIDWIFE": A Physician/Certified Nurse Midwife who has obstetrical privileges in a hospital within 50 miles of the delivery site, and who accepts referrals from the Licensed Lay Midwife and consults in the management of the Lay Midwife's clients.

216. “TRANSFER OF CARE”: Client’s care is transferred to a Physician or Certified Nurse Midwife when complications arise beyond the scope of midwifery practice as defined in these regulations.

300. LICENSING

A Lay Midwife license, valid for two years, is issued upon application and favorable review. Application materials and instructions are available from the Division.

301.01 Eligibility Requirements

The following requirements must be met before the Division will issue a Lay Midwife license.

1. Basic Education

A copy of a high school diploma, GED certificate, or highest degree attained is required.

2. Communicable Disease

Applicant must provide documentation of a negative TB skin test, a negative chest x-ray or a health card (documentation of a negative TB skin test) issued by the Division of Health at local health units.

Applicant must provide a date of rubella immunization or documentation of immune status. Such documentation is required only with the first application for any Lay Midwife permit or license.

3. Cardio-pulmonary Resuscitation Training

Applicant must be certified by the American Heart Association or American Red Cross to perform adult and infant cardiopulmonary resuscitation (CPR). Certification shall be current at the time of application and be valid throughout the licensed period.

4. Practical Experience

The applicant must submit a notarized statement that the following minimal practical experience requirements have been performed under the supervision of a Physician, Certified Nurse Midwife, or Licensed Lay Midwife. The applicant must also provide the name and a current postal address of the supervisor to allow verification by the Division.

Applicants for licensure must demonstrate competency in performing clinical skills during the antepartum, intrapartum, postpartum, and the immediate newborn period. Each applicant must successfully complete an evaluation of clinical skills. The “Clinical Evaluation of Apprentices” form must be completed by the preceptor and presented with the application for licensure.

This form should be submitted only after the applicant has a "pass" on each item except for certain emergencies that may not occur during a preceptorship.

When practical experience has been obtained outside of Arkansas, the Lay Midwife Advisory Board will review the preceptorship and make a recommendation to the Division concerning its adequacy.

- a. The applicant must attend a minimum of 20 births as an active participant.
- b. Functioning in the role of primary Lay Midwife under direct on site supervision, the applicant must attend a minimum of an additional 20 births, of these:
 - a. A minimum of 10 must occur in an out-of-hospital setting and
 - b. A minimum of 3 must include at least 4 prenatal exams, birth attendance, the newborn exam, and 1 postpartum exam, each conducted personally by the applicant with direct supervision.
- c. 75 prenatal exams, including 20 initial exams
- d. 20 newborn exams
- e. 40 postpartum exams

5. Licensing Examination

After provisions 1-4, listed in Section 301.01, are satisfactorily completed, the applicant is eligible to sit for the licensing exam.

1. Pass the North American Registry of Midwives (NARM) written examination. The exam may be administered by the Arkansas Department of Health and Human Services, Division of Health, or at a regularly scheduled test site arranged through NARM.
2. Pass the Arkansas Midwife Regulations exam with a score of 75% or higher. This exam is administered by the Division.
3. If necessary to obtain a passing score, the examinations may be taken up to three times. If the Midwife fails either the NARM exam or the Arkansas Midwife Regulations exam three times, she must repeat an apprenticeship before being allowed to re-test.

301.02 Renewal

The license must be renewed every 2 years and will be re-issued upon application and favorable review of required activity reports by the Division. This review will assure that:

1. The application is completed.
2. Infant and adult CPR certification will not expire within the next three months.
3. The Lay Midwife acts in accordance with the Lay Midwife rules and regulations.
4. Any deviations from the Lay Midwife protocol must be renewed and signed by a referral Physician prior to license renewal.

5. The Lay Midwife is not providing care for clients who have risk factors which preclude Lay Midwife care.
6. Documented negative TB skin test, negative chest x-ray or valid health card.
7. Documentation of twenty hours of continuing clinical education within the past two years. Continuing Education Units (CEU's) will be approved according to the following guidelines:
 - a. A maximum of five hours may be granted for documented peer review.
 - b. Educational content that is required for licensure (i.e. CPR) or is generally considered core content of an apprenticeship will not be considered continuing education.
 - c. Any workshops or conferences relevant to the clinical practice of midwifery that are sponsored by the following organizations are pre-approved by the Lay Midwifery Advisory Board for CEU'S:

American College of Nurse Midwives
American College of Obstetrics and Gynecology
Arkansas Department of Health & Human Services,
Division of Health
International Childbirth Education Association
La Leche League International
University of Arkansas Medical School
Midwifery Education Accreditation Council (MEAC)
Any state Nurses Association

301.03 Practical Experience Equivalency

All applicants for licensure in Arkansas must follow procedures for Regular License. Midwives holding a Certified Professional Midwife certificate through the North American Registry of Midwives may apply for a Lay Midwife license. The CPM credential will be considered equivalent to the practical experience and NARM testing requirement. The Lay Midwife must complete an application, meet all the requirements for education, TB, rubella, and CPR and pass the state regulations test.

301.04 Revocation

The Division may refuse to issue, may suspend or may revoke a license for violation of State law or these Regulations including any of the following reasons:

1. Dereliction of any duty imposed by law.
2. Falsifying information on the application.

3. Conviction of a felony.
4. Practicing while knowingly suffering from a contagious or infectious disease of public health importance.
5. Violation of any of the provisions of regulations contained herein.
6. Obtaining any fee by fraud or misrepresentation.
7. Knowingly employing, supervising, or permitting (directly or indirectly) any person who is not an Apprentice or Licensed Lay Midwife to perform any work covered by these regulations.
8. Using, causing, or promoting the use of any advertising matter, promotional literature, testimonial, or any other representation however disseminated or published, which is misleading or untruthful.
9. Representing that the service or device of a person licensed to practice medicine will be used or made available when that is not true, or using the words "doctor", or similar words, abbreviations or symbols implying involvement by the medical profession when such is not the case.
10. Permitting another person to use the license or permit.
11. Violation of the Prescription Drug or Devices Law, A.C.A. 20-64-503.
12. Gross Negligence.
13. Practicing while under the influence of any intoxicant or illegal drug.

Any Licensed Lay Midwife who is denied a license or whose license is suspended or revoked will be notified in writing by the Division. The Lay Midwife will be afforded opportunity of a hearing conducted pursuant to the Board's Administrative Procedures to appeal the Division's decision.

301.05 Inactive status

Inactive status is automatic on the day after the license expires. Licensed Lay Midwives who do not maintain a current license will be considered inactive. Inactive status may be maintained for four years. To reactivate an inactive license the Lay Midwife must document continuing education credits totaling 10 hours for each year of inactive status. Other requirements for licensure must be met including current CPR certification and proof of absence of TB. A Lay Midwife with inactive status may not practice midwifery until reactivating the license.

301.06 Reactivation of expired license

After four years the inactive license automatically expires. To become re-licensed the Lay Midwife must successfully retake the licensure exams, document 20 hours of continuing education within the last two years, document current CPR certification and present proof of the absence of TB.

302. APPRENTICE PERMIT

302.01 Eligibility

An Apprentice Permit authorizes the applicant to obtain under supervision, the practical experience required for licensure. The supervisor may be a Licensed Lay Midwife, a Certified Nurse Midwife, or a Physician. The applicant must provide verification of Apprentice-Supervisor relationship(s). Apprentice Midwives work under direct supervision of their supervisor(s). The initial permit, valid for two years, will be issued to persons who provide documentation of:

1. A copy of high school diploma, GED certificate, or highest degree attained.
2. Negative TB skin test, negative chest x-ray or valid health card.
3. Date of rubella immunization or proof of immune status. This documentation is required only with the first application for the permit.
4. Current certification by the American Red Cross or the American Heart Association to provide cardio-pulmonary resuscitation to adults and infants.

302.02 Apprentice Permit Renewal

The Apprentice Permit must be renewed every two years. To renew the permit, the Apprentice shall submit evidence of:

1. Progress made toward licensure that year, i.e. number of AP visits conducted, labor managements and deliveries, newborn evaluations and post-partum exams conducted under supervision.
2. Verification of Apprentice-Supervisor relationship
3. Current adult and infant CPR
4. Negative TB skin test, negative chest x-ray, or valid health card

400. SCOPE OF PRACTICE AND PROTOCOLS

Section 400 of these Regulations comprise the Licensed Lay Midwife Protocol.

The Licensed Lay Midwife may provide complete obstetrical care to women who are determined to be at low risk for the development of medical or obstetrical complications of pregnancy or childbirth.

401. REQUIREMENTS FOR LICENSED LAY MIDWIFERY PRACTICE

The following requirements must be met before a Lay Midwife can legally accept a client.

1. Licensing – The Lay Midwife must possess a current Arkansas Lay Midwife License, or Apprentice Permit. See Section 300.
2. Protocol – The Licensed Lay Midwife must adhere to the Lay Midwife protocol as specified in the conditions of practice as outlined in these regulations.
3. Consent - At the time a request is made for care, the Licensed Lay Midwife must discuss certain information concerning Lay Midwife assisted home deliveries with the client. This discussion must be documented by use of a disclosure form by the second visit. Samples of acceptable disclosure forms are available from the Division. It must be signed by the client and filed in her chart.

The disclosure form will include, but is not limited to the following:

- a. The Licensed Lay Midwife has a protocol specified by the Division that she must follow regarding care for potentially serious medical conditions.
- b. When a patient client chooses midwifery care, she must accept the requirements laid out in the Regulations or seek another source of care. Clients may be discharged from care.
- c. Risks and benefits of home birth.
- d. Risks and benefits of hospital delivery.
- e. Factors which preclude a home birth.
- f. Medical conditions which may occur during labor or birth that would require Physician consultation or transport to a hospital and referral to a Physician or Certified Nurse Midwife.
- g. Responsibilities of the Licensed Lay Midwife for prenatal care, attendance at the delivery, and postpartum care, and additional information regarding birth attendance by Apprentices and/or possible birth attendance by another Licensed Midwife if the Midwife is unavailable at the time of labor.

- h. Required medical evaluation, laboratory testing, evaluation by Physician, Certified Nurse Midwife, or public health maternity clinic, required visits with Midwife, obtaining of birth supplies and infant supplies.
 - i. Should an emergency transport become necessary there must be arrangements by the client, in cooperation with the Midwife, for transportation to the nearest hospital with an active obstetrical service to provide maternity services or the hospital where the back-up Physician has privileges. The hospital must be located within 50 miles of the planned delivery site.
 - j. The Licensed Lay Midwife does, or does not have a referral Physician or Certified Nurse Midwife with whom she consults concerning the client's pregnancy.
 - k. If the Licensed Lay Midwife relies on the hospital emergency room for backup coverage, the client must be informed that the Physician on duty may not be trained in obstetrics.
4. Emergency Plan - An individual emergency plan must be established by the Licensed Lay Midwife and client for each Midwife client. A copy of this plan, signed by the Midwife, must be placed in the client's chart. The plan must include provisions for transport to the nearest hospital with an obstetrical service, or to the hospital where the Physician or CNM has obstetrical privileges. This hospital must be located within 50 miles of the planned delivery site.

402. PROTOCOL FOR REQUIRED ANTEPARTUM CARE

Risk Assessment:

Each client must be evaluated by a Physician, a CNM, or a Division maternity clinician at or near the time care is initiated with the Lay Midwife, and again at or near the 36th week of gestation. The purpose of these visits is to assure that the client has no potentially serious medical conditions and has no medical contraindications to home birth. The evaluation must include a maternity risk assessment (see Routine Services below) that will be filed in the client's chart.

402.01 Frequency of Visits

Routine antepartum visits must be made at least every four (4) weeks during the first 28 weeks of gestation, every two (2) weeks from the 28th to 36th weeks, and weekly thereafter until delivery.

402.02 Routine Services

The Licensed Lay Midwife must ensure each client receives from a Physician, CNM, or Division clinician, the following services at or near the initiation of care:

1. Medical, obstetrical and nutritional history. The history must be comprehensive enough to identify potentially dangerous conditions that may preclude midwife care, or that require Physician or CNM consultation.
2. A physical examination comprehensive enough to identify potentially dangerous conditions that may preclude Midwife care.
3. Blood sample for blood group and Rh determination and titer if found to be Rh negative.
4. Hematocrit or hemoglobin.
5. Blood pressure, height and weight.
6. Pap smear, unless negative result is documented within past six months.
7. VDRL.
8. Gonorrhea and Chlamydia.
9. Urine testing for glucose, protein, and asymptomatic bacteriuria (nitrites).
10. Blood Sugar - Follow American Diabetes Association (ADA) Clinical Practice recommendations for gestational diabetes mellitus (GDM) screening and diagnosis. If performed by the Licensed Lay Midwife, use only a CLIA-waived device approved by the FDA for diagnosis (e.g. HemoCue Blood Glucose Analyzer), and follow the ADA recommendations for screening and diagnosis. ADA standards are available through the Division.
11. Estimation of gestational age.
12. Hepatitis B test.
13. Counsel client concerning maternal serum genetic testing, if before 20 weeks gestation.
14. Rubella screen if previous immunity not documented.
15. HIV counseling and test.
16. Group B Strep screening at 35-37 weeks.

Licensed Lay Midwives who are trained in the collection of laboratory specimens may do so. The specimens must be submitted to a standard lab, and the reports must be reviewed and interpreted by the Physician, CNM or Division Clinician.

402.03 Routine Antepartum Care

At each visit the Licensed Lay Midwife will perform and record the following services:

1. Weight.
2. Blood pressure.
3. Fundal height.
4. Determination of fetal position.
5. Urine testing for glucose, protein, and nitrites.
6. Fetal heart tones.
7. Medical and nutritional history since last visit.
8. Check for edema of legs, face and/or hands.
9. Hematocrit or hemoglobin must be repeated at or near 28 weeks.

The Lay Midwife will transfer care of the client immediately to a Physician if any conditions precluding Lay Midwife care are noted.

402.04 Rh Follow-up Protocol

All women with negative Rh factor must be treated as follows:

1. Coombs test as soon as negative Rh is reported if antibody screen was not performed with the initial lab work.
2. Repeat Coombs test at 28 weeks. If it is negative, advise client that an Rh immunoglobulin injection is recommended. If the client is enrolled in a local health unit maternity clinic, an Rh immunoglobulin can be obtained at the clinic.

If Coombs is positive, refer her to a Physician immediately.

3. Obtain a cord blood sample at the time of delivery. Send to a standard laboratory for Rh type. If the infant is Rh positive then the client is to receive immunoglobulin again. This should be obtained within 72 hours of delivery from a private Physician, or from the local health unit if the mother was enrolled in a Division of Health maternity clinic. If the infant is Rh negative then nothing further need be done.

402.05 Pre-Delivery Home Visit

The Licensed Lay Midwife is required to make, prior to delivery, at least one visit to the home where the birth will take place.

The Licensed Lay Midwife should inform the client of the equipment and supplies that must be available at the time of delivery. She should instruct the client and family of requirements for an aseptic delivery site.

403. PROTOCOL FOR REQUIRED INTRAPARTUM CARE

403.01 Initial Labor Assessment

The Licensed Lay Midwife must assess and record:

1. Physical conditions including temperature, pulse, respiration, blood pressure and urinalysis for glucose and protein.
2. Labor status including assessment of contractions, status of membranes, cervical dilatation and effacement.
3. Fetal position, station, size presenting part and heart rate. Establish a fetal heart rate baseline by checking rate and rhythm every 15 minutes for the first hour of observation.
4. Condition of cervix, vaginal walls and pelvic floor.

403.02 Management of Labor

1. First stage. The Licensed Lay Midwife must assess and record:
 - a. Fetal heart rate and rhythm immediately following a contraction, at least every hour until 5 centimeters, then at least every 30 minutes until cervix is completely dilated, and after rupture of membranes, after any treatment, procedure or intervention, when there is a change in contractions or labor pattern, and when there is any indication that a medical or obstetrical complication is developing.
 - b. Rule out prolapsed cord by checking fetal heart rate and rhythm immediately after rupture of membranes and during and after the next two contractions.
 - c. Duration, interval and intensity of uterine contraction and maternal blood pressure at least every two hours.
 - d. Maternal blood pressure and temperature every two hours.
2. Second stage and third stage. The Licensed Lay Midwife's duties include but are not limited to:
 - a. Ascertaining that labor is progressing;
 - b. Assessing and monitoring maternal and fetal well being including heart rate at least every 15 minutes and
 - c. Delivering the newborn and placenta

All services should be provided in a supportive manner and in accordance with these regulations.

404. PROTOCOL FOR REQUIRED POSTPARTUM CARE

404.01 Immediate Care

The Licensed Lay Midwife must remain in attendance for at least two (2) hours after the delivery and shall assess and record the following:

1. Immediately following the delivery of the placenta, the Midwife shall determine that the uterus is firmly contracted without excessive bleeding, ascertain that the placenta has been delivered completely, and determine the number of cord vessels.
2. Midwives may repair 1st and 2nd degree perinatal lacerations.
3. During the two-hour postpartum period, the Midwife shall assess as needed: uterine firmness, vaginal bleeding, vaginal swelling and/or tearing, maternal blood pressure and pulse. The Midwife shall remain in attendance until these signs are well within normal limits or until a Physician or CNM is in attendance if they are found to be abnormal.
4. The Midwife shall leave instructions for follow-up care that include signs and symptoms of conditions that require medical evaluation such as: excessive bleeding, increasing pain, severe headaches or dizziness and inability to void. The mother is given an appointment with the Midwife for postpartum evaluation from 2 to 6 weeks following delivery. Postpartum follow-up should include family planning counseling and the need for rubella vaccine if susceptible.
5. A follow-up home visit is performed at 12 to 24 hours postpartum to evaluate for excessive bleeding, infection, or other complications.

405. PROTOCOL FOR REQUIRED NEWBORN CARE

The Licensed Lay Midwife shall be responsible for care immediately following the delivery only. Subsequent infant care should be managed by a Physician, or a Physician/Registered Nurse team. This does not preclude the Lay Midwife from providing counseling regarding routine newborn care and breastfeeding. If any abnormality is suspected, the newborn must be sent for medical evaluation as soon as possible.

405.01 Immediate Care

1. Suction nose and mouth prior to delivery of shoulders if needed.
2. Immediately after delivering entire body, suction mouth, then, nose again if needed.
3. Clamp cord, then cut.
4. Dry infant in a warm towel, with special attention to the head.

5. Wrap infant in a warm blanket and place on side or next to mother.
6. Determine Apgar scores at one and five minutes after delivery.
7. Observe and Record:
 - a. Skin color and tone.
 - b. Heart rate (120-180/minute).
 - c. Respiration rate and character (40-60/minute by one hour of age).
 - d. Estimated gestational age. Indicate average, small or large for gestational age.
 - e. Temperature, note if rectal or axillary.
 - f. Weight, length, head circumference.
8. Obtain cord blood for Rh and antibody screen if mother is Rh negative.

405.02 Feeding

Infant should be placed at the breast as soon as stable after delivery. The bottle fed infant should be offered commercially prepared oral pediatric electrolyte solution within the first two to three hours after birth. If there are no problems with these feedings then progress to the chosen formula, every three to four hours. Instruct the mother in normal and abnormal feeding patterns.

405.03 Care of Eyes

The Licensed Lay Midwife must see that either Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic in individual dose packaging for eye prophylaxis is available at the time of delivery. The mother must obtain a suitable medication before week 36 of the pregnancy either by prescription from a private Physician or by prior arrangement with a local health unit. If the mother chooses to obtain medication from the local health unit, she must notify the local health unit in sufficient time to allow them one month to obtain the drug. The local health unit will not routinely have the medication on hand.

The Lay Midwife must assure that the infant receives the drug within 1 hour of birth. If the infant does not receive the drug for any reason, the Midwife must document the incident in the client's chart.

405.04 Vitamin K

The Licensed Lay Midwife must advise parents that the infant should receive Vitamin K as soon as possible after birth. The medication should be obtained by prescription before week 36 of pregnancy from a private Physician or by prior

arrangements with a local health unit. If the mother chooses to obtain free medication from the local health unit, she must notify the unit in sufficient time to allow them one month to obtain the drug. The local health unit will not routinely have the drug on hand. The Lay Midwife must assure that the infant receives Vitamin K within 2 hours of birth. If Vitamin K is not administered, the Lay Midwife must document the incident in the client's chart.

405.05 Newborn Screening

All infants must have a capillary blood sample (from heel prick) for the newborn screening as mandated by law and as specified on the Division collection form. The Licensed Lay Midwife is responsible for advising the parents of this law and the procedure for conducting newborn screening and documenting that a blood sample is obtained after 24 hours and no later than 7 days after birth. The sample is submitted to the Division no later than 72 hours after collection. Required forms are available from local Division of Health offices. If the blood sample is not obtained for any reason, the Midwife must document the incident in the client's chart.

405.06 Cord Care

The Midwife must instruct the mother in routine cord care.

406. PROTOCOLS FOR ANTEPARTUM CONDITIONS REQUIRING PHYSICIAN INTERVENTION

Each client is to have a risk assessment (see Section 402, p 14) documented by a Physician, CNM, or Division of Health clinician at or near the initiation of care and again around the 36th week. The following sections detail the actions to be followed by the Licensed Lay Midwife if the client exhibits or develops the specified condition. The Lay Midwife will refer women for medical evaluation as soon as possible after the condition is identified. The Lay Midwife is expected to use his/her judgment regarding the need for consultation, referral, and transport when problems arise that are not specified in the protocol. In addition to the birth log, such care will be documented on an additional report.

406.1 Initial risk Assessment

The following conditions preclude midwife care and care must be transferred:

1. Previous cesarean delivery
2. Multiple gestation
3. Documented placenta previa in the third trimester
4. Position other than vertex at the onset of labor
5. Labor prior to 36 weeks gestation

If any of the following PREEXISTING conditions are identified the client must be examined by a Physician or CNM, currently practicing obstetrics. Division clinicians may accept the referral per Division of Health protocol. A plan of care for the condition must be established, and execution of the plan must be documented. Midwives caring for these clients will submit additional required reports. If a

referral is not made or if the clinician advises against home birth, the care must be transferred immediately to a Physician or Certified Nurse Midwife.

1. Heart disease
2. Epilepsy
3. Diabetes
4. Neurological disease
5. Sickle cell or other hemoglobinopathies
6. Cancer
7. Psychiatric disorders
8. Active tuberculosis
9. Chronic pulmonary disease
10. Thrombophlebitis
11. Endocrinopathy
12. Collagen vascular diseases or other severe collagen disease
13. Renal disease
14. Hypertension
15. Known drug or alcohol addiction
16. Significant congenital or chromosomal anomalies
17. History of post partum hemorrhage not caused by placenta previa or abruption
18. Rh negative isoimmunization (positive Coombs)
19. Structural abnormalities of the reproductive tract including fibroids
20. Lack of documented prenatal care by a Physician, CNM or Division Clinician prior to 34 weeks
21. HIV positive or AIDS
22. Previous infant with GBS disease
23. History of unexplained perinatal death
24. History of 7 or more deliveries
25. Maternal age greater than 40
26. Previous infant weighing less than 5 pounds or more than 10 pounds

406.02 Antepartum Monitoring

If any of the following PRENATAL conditions are identified, the client must be examined by a Physician or CNM currently practicing obstetrics. Division clinicians may accept referrals per Division of Health protocol. A plan of care for the condition must be established, and execution of the plan must be documented. Midwives caring for these clients will submit additional required reports. If a referral is not made or if the clinician advises against home delivery the client must be transferred.

1. Decreased fetal movement or kick count of less than 10 per hour
2. Positive Group B Strep-CDC approved prophylaxis must be obtained
3. Cervical effacement or dilatation prior to 36 weeks
4. Post term pregnancy greater than 42 weeks (document consult as third risk assessment and include with report)
5. Primary herpetic outbreak
6. Clients with a previous preterm delivery must be co-managed until 36 weeks

7. Suspected or confirmed fetal death
8. Vaginal bleeding heavier than a normal period
9. Weight loss after the first trimester
10. Abnormal weight gain
11. Symptoms of vaginitis refractory to treatment
12. Symptoms of UTI refractory to treatment
13. Hematocrit of less than 30 or hemoglobin of less than 10
14. Hyperemesis with weight loss
15. Two blood pressure readings of 140/90 or more
16. Size/date discrepancy of 3 or more weeks on two successive exams
17. Positive Coombs
18. Abnormal PAP smear
19. Sexually transmitted disease
20. Ruptured membranes without onset of labor within 18 hours
21. Signs and symptoms of pre-eclampsia
22. Fetal heart rate below 120 or above 160 or irregular while lying on left side
23. Spontaneous rupture of membranes prior to 36 weeks
24. Gestational Diabetes

407. PROTOCOLS FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION

407.01 Immediate Transport

The following INTRAPARTUM conditions preclude midwifery care, and when identified, the client should be transported to the planned hospital:

1. Position other than vertex
2. Active genital herpes lesions
3. Labor prior to 36 weeks gestation

407.02 Physician Consultation

The following INTRAPARTUM conditions require consultation with a Physician or CNM who has obstetrical privileges in a hospital within 50 miles of the delivery site. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required reports. If consultation is not available the client must be transported to the hospital per the emergency plan. If the client's condition is not stable she should be transported to the nearest hospital.

1. Prolonged labor in a primagravida defined as:
 - a. more than 20 hours from onset of contractions to 4 cms
 - b. more than 17 hours from 4 cm to delivery
 - c. more than 2.5 hours pushing
 - d. more than 1 hour from delivery of the infant to delivery of the placenta.

2. Prolonged labor in the multigravida defined as:

- a. more than 14 hours from onset of contractions to 4 cm
 - b. more than 13 hours from 4 cm to delivery of the infant
 - c. more than 1 hour pushing
 - d. more than 1 hour from delivery of the infant to delivery of the placenta.
3. Two blood pressure of greater than 140/90 two to four hours apart, or a significant rise over baseline, with or without proteinuria.
 4. Abnormal urine protein associated with signs and symptoms of pre-eclampsia.
 5. Persistent Fetal heart rate above 160 or below 120 while mother is on left side.
 6. Maternal temperature of greater than 100.4 unresponsive to hydration.
 7. Thick meconium stained fluid if birth is not imminent.
 8. Abnormal bleeding.
 9. Suspected or confirmed fetal death.

408. PROTOCOLS FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION

Immediate Transport

The following POSTPARTUM conditions preclude midwifery care and when identified, the client should be transported to the hospital:

1. Hemorrhage
2. Third and fourth degree lacerations
3. Signs and symptoms of shock

Physician Consultation

The following IMMEDIATE POSTPARTUM conditions require consultation with a Physician or a CNM who has obstetrical privileges in a hospital within 50 mile of the delivery site. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required reports. If consultation is not available or if the client's condition is not stable, the client must be transported to a hospital:

1. Uterine size 16 to 20 weeks after delivery of placenta
2. Two maternal temperatures of 100.4 or greater checked one hour apart
3. Signs of uterine infection.

409. PROTOCOLS FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION

Immediate Transport

The following NEWBORN conditions, when identified, require transport of the infant to the hospital:

1. Respiratory distress
2. Central cyanosis
3. Seizures
4. Temperature of 101 or more
5. Jaundice at 0 to 24 hours

Physician Consultation

The following NEWBORN conditions require consultation with a Physician whose practice includes pediatrics. A plan of care must be established and execution documented. Midwives caring for these infants will submit additional required reports. If consultation is not available the infant should be transported to the hospital.

1. Apgar of score of less than 5 at one minute or 7 at five minutes
2. Significant abnormalities
3. Jaundice at 24 to 48 hour of life
4. Meconium staining on the skin
5. No urination at 12 hours of life
6. Lethargy or weak suck reflex
7. Heart rate greater than 180 or less than 90 at rest
8. Birth weight of less than 5 ½ pounds or more than 10 pounds
9. Infant temperature of greater than 100 or less than 97.7
10. Gestational age of less than 36 weeks
11. Abnormal cry
12. No stool after 48 hours
13. Vomiting after feedings
14. Apnea lasting longer than 10 seconds
15. Signs of bleeding (petechiae, bruises)
16. Tachypnea of greater than 60 breaths per minute after 4 hours of life
17. Mother's membranes ruptured for more than 24 hours

500. REFERRAL PHYSICIAN

Each Licensed Lay Midwife is encouraged to develop a close working relationship with one or more specific Physician in obstetrical practice or CNM in obstetrical practice who agree to serve as a Referral source for the Lay Midwife. This relationship is optional. The duty of a Referral Physician or CNM is to provide support to the Licensed Lay Midwife when potentially serious conditions, as listed in sections 406 - 409 occur.

The Referral Physician and Lay Midwife relationship, or the CNM and Lay Midwife relationship, can be terminated by either party at any time.

600. EMERGENCY MEASURES

The Licensed Lay Midwife must consult a licensed Physician or CNM whenever there are significant deviations from normal in either the mother or the infant, and must act in accordance with the instructions of the Physician or CNM. In those situations requiring transport to a hospital, the Lay Midwife must notify the emergency room of the designated hospital of an imminent transport and provide a copy of the medical record to the receiving Physician.

The Lay Midwife is expected to use his/her judgment regarding the need for referral and/or emergency transport when problems arise that are not specified in the protocol. Such care must be documented in additional required reports.

No Licensed Lay Midwife may assist labor by any forcible or mechanical means; attempt to remove adherent placenta; administer, prescribe, advise or employ any prescription drug or device; or attempt the treatment of a precluded condition, except in an emergency when the attendance of a Physician or CNM cannot be speedily secured.

Any authorized or unauthorized emergency measures must be reported to the Division on the Birth Log. In the case of actions/procedures authorized by a Physician or CNM in the case of a specific emergency, the Lay Midwife will document these orders with an order signed by the Physician or CNM and submitted to the Division of Health on the 10th of the following month.

700. RECORD KEEPING AND REPORTING REQUIREMENTS

A monthly reporting log will be maintained and sent to the Division postmarked no later than the 10th of each month. Log forms will be provided by the Division. The log will include births that month as well as report clients who were referred, transported, lost to follow-up, or for other reasons not attended by the Licensed Lay Midwife at birth.

When a consultation for a complication occurs (whether or not the complication resulted in a referral or transport and whether or not the Licensed Lay Midwife remained in attendance) the care must be documented in greater detail using forms provided by the Division. These forms will be sent to the Division on the 10th of the month following the event.

All client records must be maintained for 24 years.

The Division will audit selected records from each Licensed Lay Midwife's practice each year. The purpose of the audit will be to confirm compliance with these regulations.

The Licensed Lay Midwife will use the Birth Log to document care of a woman receiving prenatal care from the Lay Midwife for more than one month of the gestational period regardless of whether or not the Lay Midwife attended the birth.

Midwives supervising an Apprentice should record the name of the Apprentice on the Birth Log when the Apprentice provided care. Because the Lay Midwife is responsible for the clinical work of her Apprentices, all reports will be filled in the attending Midwife's name.

Complications resulting in the death of a mother, infant or fetus, within 24 hours of delivery, must be reported to the Division within 2 working days.

The Licensed Lay Midwife is responsible for ensuring that all required services are documented on client records maintained by the Midwife. The records will remain confidential. They are subject to periodic review by Division staff.

The Licensed Lay Midwife is responsible for completing and submitting birth certificates according to instructions of the Division's Office of Vital Statistics.

800. DIVISION RESPONSIBILITIES

801. GRANTING PERMITS AND LICENSES

Staff of the Women's Health Section shall review applications for licensure and issue licenses or permits.

802. REGISTRATION LISTING

The Division shall maintain a list of all Licensed Lay Midwives and Apprentice Midwives holding permits in the State of Arkansas.

803. MONITORING OUTCOMES

The Division shall monitor perinatal outcomes of home births with Lay Midwife attendance and will publish these statistics annually.

The Division shall also review birth reports from Licensed Lay Midwives to assure that such Midwives are practicing within regulatory guidelines and standards of care. The Division will conduct investigations regarding complaints or deviations from the Regulations.

804. ADMINISTRATION OF TESTS

The Division shall administer a licensing examination.

900. SEVERABILITY.

If any provision of these Rules and Regulations, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared to be severable.

1000. REPEAL.

All Regulations and parts of Regulations in conflict herewith are hereby repealed.

1100. CERTIFICATION

This will certify that the Regulations Governing Lay Midwife Practice was prepared pursuant to A.C.A. 20-7-109 et. seq. and A.C.A. 17-85-101 st.seq. A public hearing was held on the 10th day of September, 2007.

This will also certify that the foregoing Rules and Regulations Governing Lay Midwife Practice in Arkansas were adopted by the Arkansas Board of Health at a regular session of same held in Little Rock, Arkansas on the 24th day of January, 2008.

Dated at Little Rock, Arkansas this 21st day of February, 2008.

(Signed Paul Halverson)
Director, Arkansas Department of Health
Secretary of Arkansas State Board of Health

The foregoing Regulations Governing Lay Midwife Practice, a copy of which has been filed in my office, is hereby in compliance with the Administrative Act, on the 17th day of March, 2008.

(Signed) Mike Beebe
Governor
State of Arkansas

Appendix Table of Contents

Regulations Governing the Practice of Lay Midwifery in Arkansas
(Forms and Instructions)

Application for Apprentice Permit.....	1
Application for Apprentice Permit Renewal.....	3
Application for Lay Midwifery License.....	4
Application for Renewal of Lay Midwife License.....	6
Preceptor-Apprentice Agreement.....	7
Instructions for the Documentation of Clinical Experience.....	8
Clinical Experience Documentation for Births as an Active Participant.....	9
Clinical Experience Documentation for Births as Primary Midwife.....	10
Documentation of Acquisition of Clinical Knowledge and Skills.....	11
Preceptor Verification Form for Licensed Midwife Application.....	18
Instructions for Caseload and Birth Log and Complications Report.....	20
Licensed Midwife Caseload and Birth Log.....	22
Complications Report.....	23

ARKANSAS DEPARTMENT OF HEALTH
Women's Health
Application for Lay Midwifery Apprentice Permit

Last Name		First	Middle	Social Security Number		Date
Street		City		State	Zip	
Mailing Address, if different						
Home Phone ()		Business Phone ()		Other Phone (cellular, pager, etc.) ()		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Have you attended school, been licensed, or certified under a different name? If yes, what name(s) _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade Completed	Date Completed	Name of High School	Address	State	Zip	
College or Vocational Training Name and Address of School		Dates Attended		Total Credit/ Clock Hours	Date of Diploma Or Certificate	
		From To				
		From To				
		From To				
If you are not a high school graduate, do you Have an equivalency certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where _____		Date _____	
Other Licenses Name of Trade or Profession		State	License Number		Expiration Date	
Have you ever had a license revoked in any health-related field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____ _____			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____ _____ _____			

I certify that all information given on this application is true and accurate.

Signature of Applicant

Date

Type or print the application and check thoroughly before submitting. An incomplete application will delay processing.

ARKANSAS DEPARTMENT OF HEALTH
Women's Health
Application for Lay Midwifery Apprentice Permit

The following documentation must be included with the application:

1. A copy of your high school diploma or equivalent.
2. Current documentation of a negative TB skin test, negative chest X-ray, or a valid health card.
3. Proof of rubella immunization or immune status.
4. Current certification by American Red Cross or American Heart Association to provide cardiopulmonary resuscitation to adults and infants.
5. Preceptor-Apprentice Agreement(s) signed by the supervising Midwife/Preceptor.

Mail all forms and attachments to:

FREEWAY MEDICAL BUILDING
AR DEPT OF HEALTH, WOMEN'S HEALTH
5800 WEST 10TH, SUITE 401
LITTLE ROCK, AR 72204

ARKANSAS DEPARTMENT OF HEALTH

Women's Health

Apprentice Permit Renewal

Last Name	First	Middle	Date of Birth	Gender <input type="radio"/> Male <input type="radio"/> Female	Date
<i>It is your responsibility to notify us of any change in name or address</i>			Social Security Number		
Address (include Street, City, State, Zip)				Home Phone ()	
				Business Phone ()	
Mailing Address, if different from above				Other Phone (pager, etc.) ()	
Other Licenses Now Current Name of Trade or Profession		State	License Number	Expiration Date	
Have you ever had a license revoked in any health-related field? <input type="radio"/> Yes <input type="radio"/> No If yes, specify			Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No If yes, specify		
_____			_____		
_____			_____		

INSTRUCTIONS

Type or print the application and review thoroughly before submitting. An incomplete application will delay processing. The following documentation must be included with the application:

1. Copy of certificate in Cardio-Pulmonary Resuscitation (infant and adult) showing expiration date.
2. Current documentation of a negative TB skin test, negative chest x-ray, or a valid health card.
3. Current Preceptor-Apprentice Agreement
4. Current Clinical Evaluation for Apprenticeship:
 - a. Clinical Experience Documentation for Births as an Active Participant
 - b. Clinical Experience Documentation for Births as a Primary Midwife
 - c. Documentation of Acquisition of Clinical Knowledge and Skills

Mail all forms and attachments to:

FREEWAY MEDICAL BUILDING
 AR DEPT OF HEALTH, WOMEN'S HEALTH
 5800 WEST 10TH, SUITE 401
 LITTLE ROCK, AR 72204

ARKANSAS DEPARTMENT OF HEALTH
Women's Health
Application for Lay Midwifery License

Last Name		First	Middle	Social Security Number		Date
Street		City		State	Zip	
Mailing Address, if different						
Home Phone ()		Business Phone ()		Other Phone (cellular, pager, etc.) ()		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Have you attended school, been licensed, or certified under a different name? If yes, what name(s) _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you graduate High School? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If No, do you have a GED or High School Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No						
From Where?		Date Obtained?				
Highest Grade Completed	Date Completed	Name of High School	Address	State	Zip	
College or Vocational Training Name and Address of School			Dates Attended	Total Credit/ Clock Hours	Date of Diploma Or Certificate	
			From To			
			From To			
			From To			
Other Licenses Name of Trade or Profession		State	License Number	Expiration Date		
Have you ever had a license revoked in any health-related field? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____			
Practical Experience	As Active Participant	As Primary Midwife	Out of Hospital Births	Hospital Births	Supervisor	
Management of Labor and Births						
Initial Prenatal Exams						
Prenatal Exams						
Newborn Evaluation						
Postpartum Evaluations 0 to 5 Hours Postpartum						
Postpartum Evaluations 24 to 72 Hours Postpartum						
Births with ≥4 prenatal exams, birth attendance, newborn exam, and postpartum exam						

ARKANSAS DEPARTMENT OF HEALTH
Women's Health
Application for Lay Midwifery License

The above practical experiences were performed under the supervision of the following individuals:

Full Name and Title of Supervisor	Complete Mailing Address

I certify that all information given on this application is true and accurate.

 Signature of Applicant

 Date

*Notarize here if you are an Apprentice applying for the Lay Midwife License

 Type or print the application and check thoroughly before submitting. An incomplete application will delay processing.

The following documentation must be included with the application:

1. *Copy of High School Diploma, GED Certificate or highest degree obtained.
2. Current documentation of a negative TB skin test, negative chest X-ray, or a valid health card.
3. *Date of Rubella Immunization or documentation of rubella immune status.
4. Current certification by American Red Cross or American Heart Association to provide cardiopulmonary resuscitation to adults and infants.
5. Documents of completion of the clinical requirements by either:
 - a. Clinical Experience Documentation for Births as Primary Midwife Form, Preceptor Verification Form for Licensed Lay Midwife Application and Documentation of Acquisition of Clinical Knowledge and Skills (completed by each supervising Midwife) documenting the minimal practice experience requirements. (Notary Required) or
 - b. Verification of attainment of the Certified Professional Midwife credential in the form of a letter from the North American Registry of Midwives or a notarized copy of your CPM certificate.

* Arkansas Apprentices that have provided this information to the Health Department with apprentice application will not be required to resubmit these items.

Mail all forms and attachments to:

FREEWAY MEDICAL BUILDING
 AR DEPT OF HEALTH, WOMEN'S HEALTH
 5800 WEST 10TH, SUITE 401
 LITTLE ROCK, AR 72204

ARKANSAS DEPARTMENT OF HEALTH

Women's Health

Midwife License Renewal

Last Name	First	Middle	Date of Birth	Gender <input type="radio"/> Male <input type="radio"/> Female	Date
<i>It is your responsibility to notify us of any change in name or address</i>		Midwife License Number	Social Security Number		
Address (include Street, City, State, Zip)				Home Phone ()	
				Business Phone ()	
Mailing Address, if different from above				Other Phone (pager, etc.) ()	
College/Vocational Training/ Continuing Education since last application (attach copy of diploma/certificate)	Name and Address (City/State) of School or Provider of Continuing Education	Dates Attended		Total Credits/ Clock Hours/ Contact Hours	Date of Diploma Or Certificate
		From	To		
		From	To		
		From	To		
		From	To		
		From	To		
		From	To		
Other Licenses Now Current Name of Trade or Profession		State	License Number		Expiration Date
Have you ever had a license revoked in any health-related field? <input type="radio"/> Yes <input type="radio"/> No If yes, specify _____ _____		Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No If yes, specify _____ _____			
INSTRUCTIONS					
Type or print the application and review thoroughly before submitting. An incomplete application will delay processing. The following documentation must be included with the application:					
<ol style="list-style-type: none"> 1. Copy of certificate in Cardio-Pulmonary Resuscitation (infant and adult) showing expiration dates. 2. Current documentation of a negative TB skin test, negative chest x-ray or a valid health card. 3. Documentation of hours of continuing education obtained (LMW Reg. 301.02) 					
Mail all forms and attachments to:					
FREEWAY MEDICAL BUILDING AR DEPT OF HEALTH, WOMEN'S HEALTH 5800 WEST 10 TH , SUITE 401 LITTLE ROCK, AR 72204					

Preceptor-Apprentice Agreement

Apprentice's name _____

To receive an Apprentice Permit, the apprentice must file an Application for Apprentice Permit and submit a signed Preceptor-Apprentice Agreement. The preceptor is responsible for the training of the apprentice and for supervision of the apprentice's performance as an assistant or primary midwife in the attainment of the required clinical experiences and demonstration of skills. The primary preceptor should provide instruction prior to the performance of clinical skills, and should sign the majority of the required clinical experiences and skills. Other qualified preceptors may sign for some of the required clinical experiences and skills.

Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify the Department of Health. An apprentice may not continue to perform under any other qualified preceptors until a signed Preceptor-Apprentice Agreement is on file with the Department.

Preceptors must be an Arkansas licensed midwife or certified nurse-midwife, or if outside of Arkansas, preceptors must be licensed by the state of residency as a direct-entry midwife or certified nurse-midwife, or have a Certified Professional Midwife credential from the North American Registry of Midwives.

Preceptor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phones: (h) _____ (c) _____

Licensed by (state) _____ date of expiration _____

Or CPM number _____ date of expiration _____

In practice as a primary midwife since _____ total number of births _____

If not licensed in Arkansas, provide notarized copy of state license or CPM certificate, or have a verification letter sent by NARM.

I agree to provide training in all of the required clinical knowledge and skills, and to supervise by direct, on-site, supervision, all clinical experiences that will have my signature on the clinical documentation experience forms for:

Apprentice's signature _____ date _____

Signature of Preceptor _____ date _____

Documentation of Acquisition of Clinical Knowledge and Skills

Instructions for the Documentation of Clinical Experiences:

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health. This preceptor is responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences, that preceptor must have a Preceptor-Apprentice agreement on file with the Department. Any preceptor who signs on any portion of the Application must also be identified on the Preceptor Form included with the application.

The dates from the first assist to the final primary birth should encompass at least one year.

Preceptors are expected to sign the documentation forms at the time the skill is performed competently. Determination of "adequate performance" of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor should be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Twenty (20) of the 75 prenatal exams are required to be initial exams and include the Midwife's prenatal exam, initial interview and history (Regulation 402.3).

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice does not have to perform all skills at every birth in this category, but should be present throughout labor and birth and should perform at least some skills at every birth. The apprentice should complete most of the active participant births before functioning as Primary Midwife under supervision.

Births as Primary Midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision making. Some skills at these births may be performed by the preceptor or other midwives/apprentices, but the catching of the baby, most skills, and labor management should be performed by the apprentice who is claiming the birth as a primary birth under supervision.

**It is recommended that the apprentice make blank copies of all forms in the Application in the event that more space is needed for documentation of clinical experience, or when more preceptors are involved.

Documentation of Acquisition of Clinical Knowledge and Skills

Clinical Experience Documentation for Births as an Active Participant

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

Client Initials	Assist at Initial Midwife Exam	Number of Additional Prenatals	Assist at Birth	Date of birth	Place of birth	Assist Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	4	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
Minimum required			20					
Your numbers								

There are no minimum numbers for any clinicals except assisting at birth, however, it is expected that the supervising midwife will provide training both outside of and during the performance of these other clinicals. The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. Place of birth: indicate home, birth center, or hospital. Transports may count as an assist if the apprentice assisted during labor at home or birth center prior to transport. There may be a period of training where the apprentice observes but does not perform assistant activities at clinical experiences. Observations should not be documented as assists.

Documentation of Acquisition of Clinical Knowledge and Skills

Clinical Experience Documentation for Births as Primary Midwife

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

Client Initials	Perform Initial Midwife Exam	Number of Additional Prenatals	Manage Labor and Birth	Date of birth	Place of birth	Perform Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	8	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
Minimum required	20	55	20			20	40	
Your numbers								

The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. For at least three clients, the apprentice should have provided a minimum of 4 prenatal, birth, newborn, and 2 postpartum exams.

Place of birth code: please indicate home, birth center, or hospital. **Transports to the hospital may not count toward the 20 required primary births, but may be documented for prenatal exams, etc.**

Documentation of Acquisition of Clinical Knowledge and Skills

Apprentice's name _____

The following skills must be documented by a qualified preceptor as being competently performed by the apprentice. **Performance of the skills includes a demonstration and/or verbal discussion of the knowledge implied by the performance of the skill. Please indicate "by discussion" if skill is not performed.**

The preceptor should **date and initial** each line of any skill she is verifying. More than one preceptor may sign in order to complete the form. All preceptors who sign should also be listed on the Preceptor Verification Form.

General Skills

Demonstrates use of universal health precautions relevant to midwifery care _____

Demonstrates appropriate application of aseptic and sterile technique _____

Demonstrates thorough and accurate documentation of care _____

Pharmacology

Demonstrates knowledge of the benefits and risks of the following and refers for prescription and administration when indicated:

Rh Immune Globulin (RhoGam) for an Rh negative mother _____

Vitamin K & erythromycin for the newborn _____

Pitocin _____

Safe use, care, and transport of oxygen _____

Prophylaxis for Group B Strep _____

Postpartum Rubella immunization when non-immune _____

Antepartum

Assessment Skills:

Basic health history/OB and gynecological history/family history _____

Obtains diet history and provides nutritional education _____

Obtains interval updates of medical history _____

Evaluates general appearance _____

Obtains weight and height _____

Assesses maternal weight gain _____

Vital signs: temp, pulse, respirations, blood pressure _____

Urine testing for glucose, protein and nitrites _____

Examination of the skin for color and appearance _____

Examination of the pupils, whites and conjunctiva of the eyes _____

Examination of the thyroid gland for enlargement _____

Examination of lymph glands of the neck and underarm for enlargement _____

Auscultates heart for rate and rhythm _____

Auscultates lungs for abnormal breath sounds _____

Percusses the costovertebral angle for pain _____

Speculum examination of the vagina for color, discharge, leakage of fluid _____

Identifies position, presentation, lie of fetus (Leopold's maneuvers) _____

Assessment of Fetal Heart Rate auscultated by fetascope or doppler _____

Identifies pelvic landmarks, assesses pelvis _____

Measurement of fundal height _____

Documentation of Acquisition of Clinical Knowledge and Skills

Estimates fetal size _____
Lower extremities for varicosities _____
Edema of face legs and hands _____
Determines estimated due date _____
Assesses well-being _____

Intervention Skills:

Evaluates knowledge of self- breast exam techniques _____
Instruction of clean catch urine specimen _____
Recognizes the indications for genetic counseling and refers as appropriate _____
Understands and applies knowledge of good eating practices _____
Evaluates and makes recommendations for discomforts of pregnancy _____
Demonstrates knowledge and application of ADA Clinical Practice Recommendations for gestational diabetic screening and diagnosis _____
Demonstrates knowledge of normal and abnormal of required prenatal screening tests _____
Completes pre-delivery home visit _____
Educates regarding home birth supplies _____

Identifies and takes appropriate action including consultation, referral, or immediate transport when indicated and according to LMW Protocols in the following Prenatal situations:

Suspected abnormality on physical examination _____
Size/Date discrepancy _____
Elevated Blood Pressure Readings _____
Abnormal Kick Count _____
Abnormal weight gain or loss _____
Abnormal Prenatal screening tests _____
Symptoms of urinary tract infections _____
Hyperemesis _____
Abnormal Fetal Heart Rate Patterns _____
Absence of Fetal Heart Rate _____
Position other than vertex presentation _____
Preterm labor _____
Symptoms of Ectopic (Tubal)pregnancy _____
Abnormal vaginal bleeding _____
Prolonged or Premature rupture of membranes _____
Post term pregnancy _____

Labor and Birth

Assessment Skills:

Takes history relevant to labor _____
Assesses effacement and dilation of cervix _____
Assesses station of presenting part _____
Assesses fetal lie, position, and descent _____
Assesses uterine contractions for frequency, duration, and intensity _____
At required intervals, monitors and assesses fetal heart rate during and between contractions _____
Assesses food and fluid intake and output _____

Documentation of Acquisition of Clinical Knowledge and Skills

Assesses maternal well-being and responds appropriately:

Vital signs _____
Emotional well being _____
Assesses labor progress _____

Intervention Skills:

Demonstrates basic labor support skills and comfort measures _____
Uses maternal position changes to facilitate labor _____
Demonstrates perineal support and hand techniques for delivery _____
Demonstrates proficiency in assisting normal, spontaneous vaginal birth _____
Supports father and other family members _____
Organizes birth equipment _____
Follows sterile technique _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Intrapartum situations:

Abnormal fetal heart rates/patterns _____
Prolapsed cord _____
Breech presentation and birth _____
Face presentation and birth _____
Multiple birth _____
Shoulder dystocia _____
Abnormal bleeding _____
Nuchal hand, arm, or cord _____
Edematous cervical lip _____
Rupture of membranes _____
Meconium stained fluids _____
Abnormal changes in vital signs (maternal) _____
Maternal dehydration and/or exhaustion _____
Prolonged labor in:
 Primigravida _____
 Multigravida _____
Abnormal progress of labor _____
Symptoms of Pre-eclampsia _____
Suspected fetal death _____

Postpartum Period

Assessment Skills

Determines signs of placental separation _____
Assesses placenta for size, structure, completeness, cord insertion, and number of vessels, and color _____
Assesses uterus from birth throughout the immediate postpartum period for height, size, consistency, and retained clots _____
Identifies bladder distention and consults or refers if indicated _____
Assesses and estimates blood loss _____
Assesses lochia: amount, odor, consistency, color _____
Recognizes postpartum hemorrhage _____
Recognizes symptoms of shock _____
Assesses perineum and cervix for lacerations _____

Documentation of Acquisition of Clinical Knowledge and Skills

- Identifies potential perineal infection or suture breakdown _____
- Identifies abnormal uterine size after delivery of placenta _____
- Identifies signs of uterine infection _____
- Identifies need for Family Planning counseling and refers as indicated _____

Intervention Skills:

- Appropriately assists with placental delivery _____
- Demonstrates competency in repair of 1st and 2nd degree perineal lacerations _____
- Demonstrates plan for referral for extensive lacerations _____
- Takes appropriate action for postpartum hemorrhage (fundal massage, bimanual compression, expression of clots, activating emergency transport plan) _____
- Demonstrates correct maternal positioning for treatment of shock and activates emergency transport plan _____
- Instructs the mother on postpartum conditions requiring medical evaluation (i.e. excessive bleeding, increasing pain, severe headaches or dizziness or inability to void) _____
- Develops guidelines for emergency transport of mother or baby _____
- Performs maternal exam at 12-24 hours _____
- Performs Postpartum evaluation at 2-6 weeks _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Postpartum situations:

- Abnormal uterine involution _____
- Maternal fever _____
- Signs of uterine infection _____
- Signs of breast infection _____
- Hemorrhage _____
- Third and fourth degree lacerations _____
- Signs and symptoms of shock _____
- Activates emergency transport plan _____

Newborn Care

Assessment Skills:

- Recognizes signs and symptoms of respiratory distress, possible infection, seizures or jaundice in newborns _____
- Determines APGAR scores at one and five minutes _____

Performs newborn assessment and evaluation to minimally include:

- General appearance _____
- Alertness _____
- Flexion of extremities and muscle tone _____
- Sucking _____
- Palate: visualization and palpation _____
- Skin color, lesions, birthmarks, vernix, lanugo, and peeling _____
- Measurements of length, head and chest circumference _____
- Weight _____
- Head: molding, fontanels, hematoma, caput, sutures _____

Documentation of Acquisition of Clinical Knowledge and Skills

Eyes: jaundice of whites, pupils, tracking, spacing _____
Ears: positioning, responds to sound, appear patent _____
Observe chest for symmetry _____
Listen to and count heart rate and respirations _____
Fingers and toes, normal structure and appearance, creases, prints _____
Genitalia: normal appearance, testicle descent in males _____
Takes and records temperature _____
Takes and records femoral pulse _____
Assesses baby for jaundice _____
Gestational age assessment and refers for less than 36 weeks gestation _____
Performs newborn exam at 24-48 hours _____

Intervention Skills:

Assures that the baby's airway is clear, uses suction when indicated _____
Promotes temperature regulation of newborn _____
Supports the establishment of emotional bonds among the baby, mother, and family _____
Cuts, clamps, and cares for cord _____
Collects cord blood when indicated _____
Documents administration of eye prophylaxis _____
Performs or refers for the state required Newborn Screening test _____
Completes Infant Hearing Loss Screening Form _____
Educates mother/parents regarding cord care _____
Assists mother in establishing breastfeeding _____
Provides breastfeeding instruction information _____
Instructs mother in normal and abnormal feeding patterns _____
Assists with breastfeeding positioning and milk expression _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Newborn situations:

Apgar score of less than 5 at one minute or 7 at 5 minutes _____
Jaundice at 0-24 hours _____
Meconium staining on the skin _____
Abnormal heart rate _____
Birth weight less than 5 lbs or greater than 10 lbs _____
Abnormal voiding or stool pattern _____
Temperature over 100 or less than 97.7 _____
Abnormal cry _____
Abnormal feeding patterns (vomiting, poor suck, lethargy) _____
Jaundice at 24-48 hours _____
Abnormal respiratory pattern (tachypnea or apnea) _____
Signs of bleeding (i.e. petechia, bruises) _____
Rupture of membranes more than 24 hours before birth _____

Education and Counseling Skills

Interaction, Support and Counseling Skills:

Understands and applies principles of informed choice _____

Documentation of Acquisition of Clinical Knowledge and Skills

Exhibits communication skills with women, peers, other health care providers _____

Functions as women's advocate during pregnancy, birth, and postpartum period _____

Assesses maternal support system _____

Consults with other health care professionals regarding problems _____

Basic Prenatal Education

Understands and can demonstrate knowledge of:

Emotional and physical changes during pregnancy and postpartum _____

Signs of labor _____

Fetal development _____

Preparing home and family members for birth, as is culturally relevant _____

Preparation for breastfeeding _____

Effects of smoking, drugs, and alcohol consumption _____

Signs and symptoms that necessitate an immediate call to the midwife _____

Preparation for the postpartum period _____

Exploration of fears, concerns, and psycho-social status with family, as appropriate _____

Benefits of exercise _____

Sexuality education appropriate to pregnancy and postpartum _____

Information about required prenatal tests and lab work _____

Circumcision information, as culturally appropriate _____

Information regarding eye prophylaxis _____

Information regarding vitamin K _____

Information regarding the Lay Midwife Newborn Care Kit provided by the Division _____

Information regarding the state required PKU for newborn screening _____

Information regarding the Newborn Screening test _____

Information regarding Screening for Infant Hearing Loss _____

Record Keeping and Forms

Demonstrates knowledge on completion of the Birth Certificate _____

Demonstrate knowledge on completion of the Acknowledgement of Paternity _____

Affidavit _____

Demonstrate knowledge of Licensed Midwife Caseload Log and Division submission requirements _____

Demonstrate knowledge of Complication Report and Division submission requirements _____

Understand components of Emergency Back-up Plans _____

Understand components of Lay Midwife Disclosure Form _____

Understand the Lay Midwife record keeping requirements _____

Understand the Division record audit requirements _____

Understand requirements for CLIA certification to perform laboratory tests _____

Documentation of Acquisition of Clinical Knowledge and Skills

By signing this form for the Documentation of Acquisition of Clinical Knowledge and Skills, I recognize that I have completed the orientation process for each of the skills listed. I have demonstrated knowledge, understanding and competency in the skills and procedures as verified thru demonstration or discussion by my supervising preceptor(s). I have demonstrated knowledge of and adherence to the Rules and Regulations Governing the Practice of Lay Midwifery in Arkansas.

Signature of Preceptor

date

Signature of Apprentice

date

***Notarize here if you are an Apprentice applying for the Lay Midwife License**

Notary seal for verification of signatures:

Signature of Notary

date signed

date of expiration

Documentation of Acquisition of Clinical Knowledge and Skills

Preceptor Verification Form for Licensed Midwife Application

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health. This preceptor is responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences and skills. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences or skills, that preceptor must have a Preceptor-Apprentice Agreement on file with the Department. The following information must be filled out for any preceptor who signs any portion of the Application as documentation of clinical experiences or skills. Preceptors must be licensed in a state as an LM or CNM, or must have the credential Certified Professional Midwife. Number of births listed below means the number supervised for THIS APPRENTICE, not the total experience of the supervising midwife. Fill out all lines for documentation of clinical experiences, indicating zero if none supervised, before signing.

Primary Preceptor:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Additional Preceptors whose signatures are on any of the application forms:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Documentation of Acquisition of Clinical Knowledge and Skills

Additional Preceptors whose signatures are on any of the application forms:

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

Name _____
Address _____
Phone _____ E-mail _____
Licensed in which state? _____ License number _____
CPM? _____ CPM # _____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary _____
Number PRIMARY: initials _____, prenatals _____, newborns _____, postpartums _____
Signature of Preceptor _____

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)

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.