The Arkansas Lay Midwife Act gives authority to the Board of Health (BOH) to oversee Licensed Lay Midwives (LLMs) in Arkansas. As part of this authority, the BOH sets the rules and regulations for LLMs. These rules require that LLMs follow specific protocols for risk assessment, consultation, referral, and transfer of care to ensure the safety of the mother and baby. The BOH has delegated the authority to enforce these Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas to the Arkansas Department of Health (ADH).

LLMs are trained experts in the care of low-risk pregnancy for women who want to give birth outside of a hospital. Low-risk means that a woman is healthy and should have a normal birth of a healthy baby with no problems. Some women have health issues that give them a greater chance of problems for the mother or baby. The LLM’s training may not prepare her/him to handle these health issues. The health issue may call for testing or treatment that the LLM cannot give. Careful thought and discussion about the safety of an out-of-hospital birth may be needed. A team of health care providers may be better able to handle some health issues. This team may involve LLMs, obstetricians, pediatricians, Certified Nurse Midwives (CNMs), specialists, family doctors, and others.

The mother and her health practitioners should talk about her health issues. Together they can decide on the best plan for her care and for the birth of a healthy baby. Talking about the risks is important and required by the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas, and, as stated by NARM (North American Registry of Midwives) requires that:

If a midwife supports a client’s choices that are outside her Plan of Care, she must be prepared to give evidence of informed consent. The midwife must also be able to document the process that led to the decision and show that the client was fully informed of the potential risk and benefits of proceeding with the new care plan. It is the responsibility of the midwife to provide evidence-based information, clinical expertise, and when appropriate, consultation or referral to other providers to aid the client in the decision making process.

Both the mother and the LLM must sign this form. Signing the form shows that the LLM and the mother have discussed the risks to both mother and baby of refusing the required test, procedure, treatment, medication, or referral. That discussion must include reviewing material from an ADH-approved source for each requirement being refused by the client. The LLM and the mother must decide on a plan of care for the health issue and that plan must be written on the form.
<table>
<thead>
<tr>
<th>LLM INFORMATION</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Arkansas License Number:</td>
</tr>
<tr>
<td>CPM #</td>
<td>CPM Expiration Date:</td>
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<tr>
<td>MBC #</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Email Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLIENT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>CLIENT FILE #</td>
</tr>
</tbody>
</table>

**The client must initial each of the following statements:**

______ I have been told by my LLM that my baby or I should have the following test, procedure, treatment, medication, or referral required by the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

______ I have been told of the following risks and benefits of the test, procedure, treatment, medication, or referral:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
_____ I have had an opportunity to review with my LLM the materials from the following ADH-approved sources:

__________________________________________________________________________________________
__________________________________________________________________________________________

_____ I have had an opportunity to ask questions and have them answered to my satisfaction.

_____ I understand that my condition may require treatment that my LLM cannot provide.

_____ My LLM and I have developed a plan of care as follows:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Having considered all of my options and understanding the risks of refusing the test, procedure, treatment, medication, or referral, I have decided to go against the advice of my LLM and the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas.

This is to certify that I, _________________________________________________________, am refusing at my own insistence the test, procedure, treatment, medication, or referral listed above.

Client Signature: _________________________________________________________________ Date: _______________

LLM Signature: _________________________________________________________________ Date: _______________

Witness Signature: ______________________________________________________________ Date: _______________