

**ARKANSAS DEPARTMENT OF HEALTH
LLM DISCLOSURE FORM**

Client's Printed Name: _____

Client's Address: _____

Street

City

State

Zip Code

Phone Number: _____

In compliance with the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas, at the time of acceptance into care, a Licensed Lay Midwife (LLM) must provide the following disclosures in oral and written form:

- A. Licensed Lay Midwife Scope of Practice
- B. Informed Consent for Licensed Lay Midwifery Care
- C. Requirements for Licensed Lay Midwifery Care
- D. Risks and Benefits of Home and Hospital Births
- E. Emergency Arrangements
- F. Plan for Well-Baby Care

A. Licensed Lay Midwife Scope of Practice

The Rules Governing the Practice of Licensed Lay Midwifery in Arkansas require each LLM to provide information on the scope of licensed midwifery practice under these rules to clients seeking midwifery care. The LLM may provide approved midwifery care only to healthy women, determined to be at low risk for the development of complications of pregnancy or childbirth; and whose outcome of pregnancy is most likely to be the delivery of a healthy newborn and intact placenta. Apprentice midwives and LLM Assistants work under the on-site supervision of the LLM. A person may not practice or offer to act as an LLM in Arkansas unless he/she is licensed by the Arkansas State Board of Health.

The responsibilities of the LLM are specified by the Rules in regards to:

1. Required prenatal care.
2. Attendance during labor and delivery.
3. Care of the healthy newborn for the first fourteen (14) days of life unless care is transferred to a physician or APRN whose practice includes pediatrics. After fourteen (14) days, the LLM is no longer responsible to provide care except for routine counseling on newborn care and breastfeeding as indicated. The client should seek further care from a physician or an APRN whose practice includes pediatrics. If any abnormality is identified or suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours.
4. Postpartum care for a minimum of 30 days after delivery.

These would also apply to any arrangements the LLM has in regard to apprentices she is supervising, or arrangements made with other LLMs to attend the birth, if she/he is unavailable.

The LLM is responsible to ensure the client is informed of and understands the need to receive clinical assessments, including laboratory testing; evaluations by a physician, certified nurse midwife (CNM) or public health maternity clinician; and required visits with the midwife that are mandated by the Rules. The LLM is also responsible for informing the client of the necessary supplies the client will need to acquire for the birth and the newborn (including eye prophylaxis and vitamin K).

LLM providing care _____

Licensed in Arkansas since _____

Arkansas LLM License Number _____ Expiration Date _____

Certified Professional Midwife (CPM) Yes or No (Circle correct response)

Midwifery Bridge Certificate (MBC) Yes or No (Circle correct response)

If CPM, Certification Number _____ Expiration Date _____

Each statement below is to be read and initialed by the client.

B. Informed Consent

_____ I understand that I am retaining the services of _____ who is an LLM, not a CNM or a physician.

_____ I understand the LLM *does or does not* (circle correct response) have liability coverage for services provided to someone having a planned home birth.

_____ I understand that the LLM practices in home settings and does not have hospital privileges.

_____ I understand the LLM *does or does not* (circle correct response) have a working relationship with a physician or CNM. If she/he does, they are:

Physician's Name: _____

CNM's Name: _____

_____ I understand that if my LLM relies on a hospital emergency room for backup coverage, the physician on duty may not be trained in obstetrics.

_____ I understand the LLM is trained and certified in Cardiopulmonary Resuscitation (CPR) and neonatal resuscitation.

_____ I understand there are conditions that are outside the scope of practice of an LLM that will prevent me from beginning midwifery care. These conditions include, but are not limited to: previous cesarean delivery, multiple gestation, and insulin-dependent diabetes.

_____ I understand that there are conditions that are outside the scope of practice of an LLM that will require physician consultation, referral or transfer of care to a physician, CNM or health department clinician, or transport to a hospital. If during the course of my care my LLM informs me that I have a condition indicating the need for a mandatory transfer, I am no longer eligible for a home birth by an LLM. These conditions include but are not limited to: placenta previa in the third trimester, baby's position not vertex at onset of labor, labor prior to thirty-seven (37) weeks gestation, or active herpes lesions at onset of labor.

_____ The LLM is responsible to inform and educate me (the client) on these and other potential conditions that preclude care by an LLM.

_____ I understand emergency medical services for myself and my baby may be necessary and a plan for emergency care must be in place for the prenatal, labor, birth and immediate postpartum and immediate newborn periods, as outlined in Section E of this form.

_____ I understand my laboratory test results must be reviewed and interpreted by a physician, CNM or ADH clinician.

_____ I understand that the LLM must work in accordance with all applicable laws. The Rules Governing the Practice of Midwifery in Arkansas are available online at the Arkansas Department of Health website or by contacting the Arkansas Department of Health.

C. Requirements for Licensed Lay Midwifery Care

I understand the LLM has protocols as specified in the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas that must be followed concerning care for normal pregnancy, labor, home birth and the postpartum period, and for specific potentially serious medical conditions. The following requirements are my responsibility, as a midwife client, to fulfill:

_____ I must have an initial, and 36 week visit with a private physician or CNM or go to an Arkansas Department of Health Local Health Unit which provides maternity services for a risk assessment, which includes a physical exam and lab work.

_____ If my pregnancy continues beyond 41 weeks, I must have a visit before 42 weeks with a private physician or CNM or go to an Arkansas Department of Health Local Health Unit which provides maternity services for a risk assessment.

_____ I must ensure that all my healthcare providers have access to all my medical records at the time of each visit and at the time of delivery. It is unsafe for any of these practitioners to evaluate or deliver a client without knowledge of all lab results and current risk status.

_____ I must have Vitamin K on hand for the birth. This may be ordered in advance of delivery from the Local Health Unit or may be obtained at a pharmacy by prescription.

_____ I must have ophthalmic erythromycin on hand for the birth, if indicated. This may be ordered in advance of delivery from the Local Health Unit or may be obtained at a pharmacy by prescription.

D. Risks and Benefits of Home and Hospital Births

Before becoming a client with the intent of delivery at home, I understand I need to be familiar with some of the advantages and disadvantages of having either a home birth or a hospital birth.

RISKS AND BENEFITS OF HOME AND HOSPITAL BIRTHS	
BENEFITS	
Home	Hospital
<ul style="list-style-type: none"> Planned home birth with skilled, trained, midwifery care 	<ul style="list-style-type: none"> Skilled, specialized obstetric staff
<ul style="list-style-type: none"> Natural progression of labor 	<ul style="list-style-type: none"> Medications to induce or maintain labor, if needed
<ul style="list-style-type: none"> Non-invasive monitoring of labor progression and fetal well-being 	<ul style="list-style-type: none"> Early detection of fetal distress through advanced monitoring techniques
<ul style="list-style-type: none"> Privacy and familiar home surroundings 	<ul style="list-style-type: none"> Equipment available for high risk situations: intensive care, resuscitative equipment, surgical suites
<ul style="list-style-type: none"> Decreased obstetric interventions – midwives are trained to handle some unexpected emergencies on site for low risk women 	<ul style="list-style-type: none"> Immediate medical intervention including medications and blood products if needed, by OB/GYN, pediatrician, and medical personnel trained to deal with life threatening emergencies on site
<ul style="list-style-type: none"> Preserves family togetherness; provides personalized care; honors client’s choices for birthing position, movement, and food and fluids during labor; labor takes place in familiar surroundings 	<ul style="list-style-type: none"> Some hospitals provide family-centered birthing and some provide birthing suites that create a home-like atmosphere and incorporate client’s choices into their birth plan
<ul style="list-style-type: none"> Use of natural, non-invasive pain relief techniques 	<ul style="list-style-type: none"> Availability of pain medications upon request
<ul style="list-style-type: none"> The absolute risk of a planned home birth may be low 	<ul style="list-style-type: none"> The American College of Obstetrics and Gynecology and the American Academy of Pediatrics state that hospitals and birthing centers are the safest settings for birth in the United States
RISKS	
Home	Hospital
<ul style="list-style-type: none"> A planned home birth is associated with a twofold increased risk of newborn death compared to a hospital birth for low risk mother/infant pairs, and greater increases for those at higher risk. 	<ul style="list-style-type: none"> Hospital births are associated with increased maternal interventions including the possibilities of: epidural analgesia, electronic contraction and fetal heart rate monitoring, IVs, vacuum extraction, episiotomy, and cesarean delivery.
<ul style="list-style-type: none"> Certain emergency conditions may occur without warning, which cannot be handled in a timely manner at home; and the home may lack needed emergency equipment for advanced resuscitation. In emergency situations greater risk of adverse outcomes exists, including death, for both mother and child. 	<ul style="list-style-type: none"> Not all hospitals have immediate availability of specialty consultation and care in cases of certain medical emergencies and in these situations there is the risk for adverse outcomes including death for the mother and child.

<ul style="list-style-type: none"> • Transport time to a hospital in case of an emergency can seriously impact the outcome on health of mother and newborn. Travel time of more than 20 minutes has been associated with increased adverse newborn outcomes, including mortality. 	<ul style="list-style-type: none"> • Hospitals that provide delivery services may not be available in some geographic areas requiring the mother to travel longer distances for urgent care of sudden risks.
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_____ I have reviewed the above table and have discussed with my midwife the risks and benefits of both home and hospital births.

E. Emergency Arrangements

An emergency plan must be developed between the client and the LLM detailing the arrangements for transport of the client to the nearest hospital licensed to provide maternity services or to the hospital where the back-up physician has privileges. The hospital must be within fifty (50) miles of the home birth site.

1. The licensed physician or CNM that will be consulted when there are deviations from normal in either the mother or infant is:
 - a. Name of Clinic/Physician/ADH Clinician/CNM for the mother:
 _____ Phone Number _____
 City/State _____
 - b. Name of Physician/ADH Clinician/CNM for the infant if known:
 _____ Phone Number _____
 City/State _____

2. Transport Arrangements: In an emergency, transport to a hospital will be by:

Ambulance: Name: _____
 Phone: _____
 Miles from home birth site: _____
 Estimated time to home birth site _____

Has the option of using a private vehicle for backup been discussed? Yes No

3. In the event of maternal emergency in a home birth, transport will be to the following:

Hospital: _____
 City/State: _____
 Phone: _____
 Miles from home birth site _____ Estimated Time from home birth site _____

I understand that the physician on duty in this hospital emergency room may not be trained in obstetrics.

4. In the event of a neonatal emergency requiring immediate transport, transport will be to the **nearest** hospital:

Hospital: _____

City/State: _____

Phone: _____

Miles from home birth site _____ Estimated Time from home birth site _____

I understand that the physician on duty in this hospital emergency room may not be trained in obstetrics or pediatrics.

_____ I agree to these arrangements should an emergency or medical complication arise.

F. Plan for Routine Well-baby Care

A plan of care should be developed between the client and a physician or an APRN whose practice includes pediatrics to follow up with routine well-baby visits after birth. The LLM is responsible for newborn care immediately following delivery and for the first fourteen (14) days of life, unless care is transferred before that time. After fourteen (14) days, the LLM is no longer responsible to provide care except for routine counseling on newborn care and breastfeeding as indicated. The client should seek further care from a physician or an APRN whose practice includes pediatrics. If any abnormality is identified or suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours.

Name of Physician/APRN for the infant:

Unknown:

Phone _____
City/State _____

Number _____

G. Consent Signatures

The consent signatures page will be kept in the client's chart as proof that all above Disclosure Form items have been initialed.

I have discussed and provided in writing the information included in this disclosure form with my client. I have discussed with her how this impacts her pregnancy and its outcome.

LLM Signature: _____ Date Signed _____

The above information has been discussed with me and also provided in writing. I understand its implications to my pregnancy and its outcome.

Client printed name

Client signature

Date signed