

**ARKANSAS DEPARTMENT OF HEALTH
INSTRUCTIONS FOR COMPLETING LLM REQUIRED REPORTS**

Caseload and Birth Log

The Licensed Lay Midwife Caseload and Birth Report Log is required under Section 500 of the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas (Jun1 1, 2018). The form is available from the Arkansas Department of Health (ADH).

The Licensed Lay Midwife Caseload and Birth Report 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 pages are full and new pages started. A new Caseload and Birth Report Log is opened each January 1. The current undelivered caseload will be carried over to a new birth log for the January 1 report. The report must be dated, completed and submitted monthly even if there is no new activity that month and must be postmarked no later than the 10th of the month.

The report consists of 2 pages:

- **Coversheet:** A continuous record of the year's activity. Each column represents one month. A new coversheet is initiated each January.
- **Caseload List:** Each page provides room for listing clients. Please copy and add additional sheets as needed. Each January, a caseload list of undelivered clients is submitted as the initial caseload for the calendar year.

The Caseload and Birth Report Log is used to report the following:

1. Women who receive prenatal care from the LLM for more than one month of the gestation period regardless of whether or not the LLM attended the birth.
 - a. Enter the name and estimated due date on the Log at the time the client enters into care of the LLM.
 - b. Enter the date the Disclosure Form is signed by client and LLM.
 - c. ADH requires that all clients receiving care be listed on the Log in order to establish statistically reliable data for annual reports.
2. Clients who are referred for care, transferred to another provider, transported, lost to follow-up (or leave LLM care), or for other reasons are not attended by the LLM at birth.
3. Consultations between the LLM and a physician, CNM or an ADH clinician to discuss the status and future care of the client.
4. Labors/births attended by the LLM.
5. Apprentice name when apprentice *participates in the client's birth*.

On the Caseload List, the boxes for reporting Consults/Referrals and Transport or Hospitalization of Mother and/or Newborn shall be completed as follows:

- In the box write in the appropriate letter to indicate if it is a consult (C), referral (R) or transport for the mother (M), newborn (N) or both (B) and the date of the event.

Example: For a Consult :

C 2/17/2017

For a Maternal Transport:

M 2/17/2017

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Incident Report

The Incident Report form is used to document incidents or complications and must be submitted to ADH, postmarked by the 10th of the month. Please note that there is a different reporting time-frame for some complications. Refer to section 8 below or Rules section 400 for details. When a second page is needed to provide a comprehensive report, attach and number the second page. Do not write or record anything on the back of any pages.

The following events must be documented:

1. **Consultations and Referrals.** Refer to Rules definitions 103.10 and 103.22. Consultation is the process by which an LLM who maintains primary management responsibility for the client's care, seeks the advice of a physician, CNM, or ADH clinician. This may be by phone, in person or by written request. The physician, CNM, or ADH clinician may require the client to come into their office for evaluation. Referral is the process by which the client is directed to a physician, CNM or ADH clinician for management of a particular problem or aspect of the client's care, after informing the client of the risks to the health of the client or newborn.

A consultation or referral must be documented in the client record and Incident Report whether or not a Transfer or Transport becomes necessary. Consultation and/or Referral is required for:

 - a. Pre-existing conditions listed in the Rules section 303.02
 - b. Prenatal conditions listed in 303.03
 - c. Intrapartum conditions listed in 305.02
 - d. Postpartum conditions listed in 307.02
 - e. Newborn conditions listed in 309.02
 - f. Other problems not specified in the protocol in which there are significant deviations from normal

2. **Transfers.** Refer to Rules definition 103.22: The process by which the LLM relinquishes care of her client for pregnancy, labor, delivery, or postpartum care to a physician, CNM or ADH clinician, after informing the client of the risks to the health or life of the client. A transfer may result from a consultation and/or referral for a complication, or may occur for social reasons (relocation, preference for another provider, preference for a hospital birth, financial reasons, et al). *The delivery date for transfers is recorded when known by the LLM.* Transfers resulting from complications include:
 - a. Conditions that preclude LLM care listed in 303.01
 - b. Recommendation of the consultant (physician, CNM, ADH clinician) following a risk assessment, consultation or referral
 - c. Other conditions as determined by the LLM

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3. **Immediate Transport.** Occurs when the client must be taken to a medical facility by the most expedient method of transportation available, to obtain treatment or evaluation for an emergency condition and includes:
 - a. Intrapartum conditions, Rules section 305.01
 - b. Postpartum conditions, Rules section 307.01
 - c. Newborn conditions, Rules section 309.01
 - d. Other conditions as determined by the LLM

4. **LLM Terminated Care.** Refer to Rules section 301.01.

5. **Informed Refusals.** LLMs who have a current CPM or MBC credential must utilize the ADH Informed Refusal Form in specific situations outlined in the Rules section 104, #4-8. The Informed Refusal Form must be completed according to Rules section 104, #8.c - #8.f. which includes the requirement for the LLM to document the Informed Refusal by completing an Incident Report form and noting the Informed Refusal on the next Caseload and Birth Report Log to be submitted to ADH. The form is maintained in the client record and a copy does not have to be submitted with the required monthly reports.

6. **Third Risk Assessment (Post Dates).** Refer to Rules section 302.01 (3) and 303.01 (5). Between 41 weeks and 0/7 days and 42 weeks and 0/7 days of gestation, a third risk assessment is required. A documented plan for care beyond 42 weeks 0/7 days gestational age must be submitted to the ADH as a required incident report.

7. **Emergency Measures.** Refer to Rules section 400. Refers to emergency measures taken by the LLM when the attendance of a physician or CNM cannot be speedily secured. Unauthorized emergency measures must be reported by the LLM. Physician- or CNM-authorized emergency measures must be reported with documentation of the physician or CNM signed orders.

8. **Perinatal Hospitalization or Death.** Refer to Rules section 400.
 - a. Complications resulting in intrauterine fetal death, or maternal or newborn death within 48 hours of delivery must be reported to ADH within two (2) business days.
 - b. Maternal or newborn deaths that occur between two (2) through thirty (30) days of birth will be reported to ADH within 5 business days.
 - c. Maternal or newborn hospitalizations that occur within thirty (30) days of delivery must be reported to ADH within five (5) business days.

The above reports must be mailed monthly to ADH and postmarked no later than the 10th of each month to the following address:

Arkansas Department of Health
Women's Health Section, Slot 16
4815 W. Markham
Little Rock, AR 72205