Midwife Report Guide Instructions

The Midwife Report provides centralized data management to help State Agencies with information-based administration of the midwives under their oversight. The Midwife Report Tool stores data about midwife services regulated by the Arizona Department of Health Services (ADHS). This tool has been extended with supportive applications to maintain and analyze the submission and content of the midwife report.

About this Guide

The Midwife Report Guide gives you the information you need to:

- Determine required and conditionally required fields.
- Provide information for referenced fields with specific rule considerations.

Note: This guide assumes:

- *You are familiar with basic computer and internet operations.*
- *You are knowledgeable in the statute and rules which govern the practice of Midwifery in the state of Arizona.*
- *You were the attending midwife for this client.*

Legend

This guide uses the following special characters and typography to note additional information or special considerations:

BOLD	These notes highlight special considerations you should be aware of when answering the question.
*	Questions with a * require that at least one data field out of a set of fields be completed.
ITALICS	Indicates a reference to rule or statute.
REQUIRED	Indicates specific field requirement

Midwife and Client Information

The following guide relates to the first page of the Midwife Report. Please contact the Division of Licensing, Bureau of Professions & Occupations (BLPO) regarding any questions by emailing blpo@azdhs.gov or calling 602-364-2079.

Please visit https://licensing.azdhs.gov/LicensingOnline/BSL to submit a Midwife Report.

For first time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours (Monday through Friday).

Please keep in mind that when you are logged into the portal, sessions expire automatically after 20 minutes of inactivity.

MIDWIFE SECTION

1. Midwife's name:
   Pre-filled using registered credentials.

2. Midwife's license number:
   Pre-filled using registered credentials.

MOTHER SECTION

*3. What is the mother's date of birth?
   Note: Date must be entered in MM/DD/YYYY format and the Mother must be between 13 and 65 years of age.

*4. Please provide a unique Client or Chart Number you will use to identify this mother and pregnancy.
   Note: The chart number must be unique to others submitted under the Midwife's license.

*5. When was the mother's last menstrual period?
   Note: Date must be entered in MM/DD/YYYY format.
   Please indicate if the last menstrual period was used in determining the estimated due date? (Y/N) If yes, then the date must be within the last 15 months. If no, the date must be within the last 5 years.

*6. What is/was the mother's estimated due date?
   Note: Date must be entered in MM/DD/YYYY format. The date must occur after the reported last menstrual period date (question 5).

*7. What is the mother's gravida and para?
   REQUIRED: Both the gravida and para fields must be entered.
   Note: Gravida (1-20) Para (0-20); Gravida must be equal or greater than Para.

*8. Please indicate if any of the following conditions apply:
REQUIRED: At least one option required *(multiple choices possible)*.
Note: The option "None" may be selected when additional conditions are selected. Any additional relevant condition(s) not listed may be included in any appropriate comments field box.

*9. When did midwifery services end?
Note: Date must be in MM/DD/YYYY format. Per Arizona Administrative Code (A.A.C.) R9-16-101(27), "Postpartum means the six-week period following delivery of a newborn and placenta." End of service date must be within the last year and should not be more than <u>6 weeks</u> past the date of delivery.

*10. Did any of the following events occur?
REQUIRED: This question determines if the system needs to make the Demise Reporting section available to the midwife.
Note: If a demise <u>has</u> occurred, the Midwife is required to submit the Midwife Report within 5 days of the demise per A.A.C. R9-16-104(B)(1) and (2)

Demise Report - Only Required When Question 10 is Marked "Yes" Indicating a Demise Has Occurred.

*11. You have indicated a demise of a mother or infant, or there was a stillborn delivery. Please select all that occurred.
REQUIRED: Select all events that occurred.
Note: At least one option must be selected. Stillborn and infant demise cannot both be selected.

*12. Provide a summary of the circumstances leading up to the demise.
Note: The comment box has a character limit of 4,000.

*13. Provide actions taken by the midwife in response to the event.
Note: The comment box has a character limit of 4,000.

Transfer of Care Initiated?

Pursuant to A.A.C. R9-16-101(32), Transfer of Care is defined as, "[a] midwife refers the care of a client or newborn to an emergency medical services provider, a certified nurse midwife, a hospital, or a physician who then assumes responsibility for the direct care of the client or newborn."

*14. Was a Transfer of Care initiated for a prohibited practice (see A.A.C. R9-16-111)?
Note: For a list of all conditions which fall under prohibited practice, please review A.A.C. R9-16-111.
If care was transferred for a reason not covered under A.A.C. R9-16-111, please select "No" and provide a summary of circumstances in the Additional Comments section (Question 45).

Transfer of Care Details - Only Required if You Answered "Yes" on Question 14.

15. You have indicated that a transfer of care was required. Please provide any additional comments regarding the transfer of care here.
Note: The text box has a character limit of 4,000.

*16. What was the method of transport?
REQUIRED: Midwife, EMS or Patient *(you can only select one).*

*17. What was the transport destination?
REQUIRED: Hospital, EMS, Physician's Office, or Certified-Nurse Midwife *(you can only select one).*

*18. Please specify which hospital, physician's office, EMS, or Certified-Nurse Midwife the care was transferred to.

*19. Please enter a date and time for:
REQUIRED: Transfer initiated *(if applicable; Arrival at Destination required).*
Note: Please enter the date in MM/DD/YYYY format.

Pursuant to A.A.C R9-16-101(12), Emergency Care Plan is defined as, "the arrangements established by a midwife for a client's transfer of care in a situation in which the health or safety of the client or newborn is determined to be at risk."

For further information regarding the Emergency Care Plan, including requirements and implementation, please refer to A.A.C. R9-16-108(D) through (F).

*20. Did you use the Emergency Care Plan?
REQUIRED: You may only select "Yes" or "No."
Note: If you selected "No," please skip to Question 25.

21. If the Emergency Care Plan was used, was the charge nurse notified of the onset of labor?
REQUIRED: You may only select "Yes" or "No."
Note: If you selected "No," please explain. The text box has a character limit of 1,000 characters.

22. If you indicated "Yes" for Question 21, please enter the date and time.
Note: Please enter the date in MM/DD/YYYY format.

23. If you indicated "Yes" for Question 21 and the delivery was completed at home, was the charge nurse notified of the completion of labor?
Note: If you selected "No," please explain. The text box has a character limit of 1,000 characters.

24. If you indicated "Yes" for Question 23, please enter the date and time.
Note: Please enter the date in a MM/DD/YYYY format.

*25. What was the medical reason for the transfer of care?
REQUIRED: Please select all that apply.
Note: If you indicated on page 1 that a prohibited practice developed, you may not select "No condition" for this question.

Delivered by the Midwife?

*26. Did you, the midwife, complete the delivery for this client?
REQUIRED: You may only select "Yes" or "No."
Note: If you select "No", you will skip the Delivery Information page and continue to the Additional Information page.

Delivery Information - Only Required if You Answered "Yes" on Question 26

27. You have indicated that the delivery was completed by the midwife. Please provide any additional information.
Note: This text box has a character limit of 4,000.

*28. Please indicate whether the client had a prior cesarean section and/or a fetus in complete breech or frank breech in this delivery?
Note: Additional delivery information regarding progression of labor will be required if a prior cesarean or breech during this delivery are indicated.

Pursuant to A.A.C R9-16-108(B), "Except as provided in R9-16-111(C) or (D) a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may accept a client for a vaginal delivery:

1. *After a prior Cesarean section, or*
2. *Of a fetus in a complete breech or frank breech presentation.*

Pursuant to A.A.C R9-16-108(J)(4)(a) and (b), "During the intrapartum period from the onset of labor until after the delivery of the placenta, a midwife shall…[f]or deliveries described in subsection (B), during labor determine the progression of active labor:

a. *For a pregnant woman giving birth to her first newborn, by monitoring whether dilation occurs at an average of one centimeter per hour until completely dilated, and a second stage does not exceed two hours;*
b. *For a pregnant woman who has previously given birth to one or more newborns, by monitoring whether dilation occurs at an average of 1.5 to two centimeters per hour until completely dilated, and a second stage does not exceed one hour."*

29. If the client had any of the conditions from Question 28, please provide progression of labor information for the current pregnancy.
Note: The value for the first stage must be between 0 and 10 cm. The hour and minute fields must be entered for both first stage and second stage of labor.

*30. When was the delivery date.
Note: Please enter the date in MM/DD/YYYY format.

*31. What was the infant's gender?
Note: Please select either Male, Female, or Not Yet Determined.

*32. Please enter in the following infant measurements.
Note: Please use numeric characters only and provide measurements in grams or centimeters (cm). Two decimal places are acceptable. The weight must be between 500 and 8000 grams, the length between 25 and 70 cm, and the head circumference between 4 and 50 cm.

*33. What was the weight for gestational age designation?
REQUIRED: Please choose either Appropriate for Gestation Age (AGA), Small for Gestation Age (SGA), or Large for Gestational Age (LGA).

*34. What were the infant's Apgar scores?
REQUIRED: Both the 1 minute and 5 minute fields are required.
Note: Numeric characters from 0 to 10 only.

*35. Were there any complications?
REQUIRED: Select either Normal with No Complications, Preterm (under 36 weeks) or Abnormal/Complications.
Note: If you select Abnormal/Complications, Question 36 is required. If you select any other option, skip to Question 37.

36. Please describe the abnormalities/complications which presented during the current pregnancy.
Note: This text box has a 4,000 character limit.

*37. What was the filing date for the infant's birth certificate?
REQUIRED: The date should match the file date on the Birth Certificate Form.
Note: Please enter the filing date occurring after the delivery date and before/on today's date in the MM/DD/YYYY format.

38. What was the infant's birth certificate number, if available?

Additional Information

*39. Was cord blood information provided?
REQUIRED: You may only select "Yes" or "No."
Note: If you selected "No," please explain. The text box has a character limit of 1,000 characters.

*40. Was newborn screening information provided?
REQUIRED: You may only select "Yes" or "No."
Note: If you selected "No," please explain. The text box has a character limit of 1,000 characters.

*41. Was hearing screening information provided?
REQUIRED: You may only select "Yes" or "No."
Note: If you selected "No," please explain. The text box has a character limit of 1,000 characters.

*42. Was the first newborn screening completed?
REQUIRED: You may only select "Yes" or "No."

Note: If you selected "No," please explain. The text box has a character limit of 1,000 characters.

Pursuant to A.A.C R9-16-101(19), Informed Consent is defined as, "a document signed by a client, as provided in R9-16-109, agreeing to the provision of midwifery services."

*43. Please enter the date that you obtained informed consent.
Note: Please enter the informed consent date in a MM/DD/YYYY format. The informed consent date must be prior to the delivery date and/or the end of services date.

*44. Did the mother receive a medical consultation?
REQUIRED: You may only select "Yes" or "No."
Note: If you selected "No", please explain. The text box has a character limit of 1,000 characters.

45. Please include any additional information not included elsewhere:
Note: This text box has a 4,000 character limit.

<u>You MUST click on the "DONE" button at the end of the page to submit your report.</u>

This is also your confirmation page which will reflect the Midwife Client Number you reported on the "Midwife and Client Information" page; Question 4.