



Date Report Prepared: date
Report Prepared by: free text

MIDWIFE REPORT

MIDWIFE INFORMATION

First Name: free text Last Name: free text License Number: number

CLIENT INFORMATION

D.O.B.: date Client Number: number
L.M.P.: date E.D.D.: date Gravida: number Para: number
Condition: VBAC, or breech or N/A (drop-down)

LABOR AND DELIVERY OUTCOMES

Maternal Outcome: no complication
of complications
expires (drop-down)
If VBAC or Breech: Rate of dilation (cm/hr)
Duration of 2nd stage (hrs)

Newborn Outcome: Date of Birth: date Gender: Male/Female Weight (grams):
Length(cm): number Head Circumference: number
Designation: AGA/SGA/LGA Apgar Score 1 minute: number
Apgar Score 5 minutes: number Complications: Yes/No
Specify: drop-down of most common & other?
Birth Certificate Filing Date: date Certificate Number: number

TRANSFER OF CARE

Did Client Require Transfer of Care? Yes/No
Method of Transport: Midwife, EMS, client (drop-down)
Destination: hospital; physician office; other (drop-down)
Name of Destination: free text Time Arrived at Designation: time (military)
Did You Use the Emergency Care Plan?: Yes/No
Medical Reason for Transfer of Care: Pre-eclampsia, Eclampsia; Bleeding; Elevated Temp; Pres. not Vertex, Prolonged ROM, Difficult Delivery Hemorrhage; Retained Placenta; Shock; other
Specify Other: free text

MIDWIFE SERVICES TERMINATION

Date of Termination: date
Reason for Termination: delivered/end of postpartum care; developed complication (specify); transferred care; fetal demise (drop-down)
If Termination Was Due to Medical Complication, Specify: prolonged first stage; prolonged ROM; failure to progress; preterm labor; elevated BP; pres. not vertex; prolonged second stage, other (drop-down)
Specify Other: free text

ADDITIONAL INFORMATION

Newborn Screening Information Provided? Yes/No
Were Newborn Screening Tests Ordered as indicated in A.R.S. § 36-694? Yes/No

The midwife shall complete a Midwife Report on each client within 30 days following the termination of midwifery services. The Midwife Report shall be submitted to the AZ Department of Health Services, Licensing Division.

Arizona Department of Health Services
Form updated: May 2013