

You can access the ADHS Midwife Report Portal using this link:

<https://licensing.azdhs.gov/LicensingOnline/BSL>

The Midwifery Reporting Portal includes restrictions for most fields to improve ease of use and data quality. Please keep these in mind as you test the portal.

ADHS Midwife Report			
MIDWIFE AND MOTHER INFORMATION			
Question	Requirements	Notes	Logic
1. What is the midwife's name?		First Name and Last Name will be prefilled from the Profile of the user logged in.	
2. What is the midwife's license number?		License number will be prefilled from the Profile of the user logged in.	
3. What is the mother's date of birth?	*Required Field	Date of Birth will allow for mothers from 13 – 65 years old only.	
4. Please provide a unique Client or Chart Number you will use to identify this mother and pregnancy.	*Required Field	Field must be unique to the midwife's license number but can match report from another midwife.	
5. When was the mother's last menstrual period?	*Required Field	Date must be prior to today's date. If within the last 5 years, select No for "Use to calculate EDD?" If within last 15 months, can select Yes for "Use to calculate EDD?"	
6. What is/was the mother's estimated due date?	*Required Field	Date should be prior to the date of the LMP. If "Use to calculate EDD?" is yes, calculated EDD box will appear.	
7. What is the mother's gravida and para?	*Required Field	Entry must be a whole number. Gravida and para must be between 0 and 20. PARA must be equal to or less than GRAVIDA.	
8. Please indicate if any of the following conditions apply:	*Required Field	If None is selected, submitter cannot select any other condition. Other is not an option.	

ADHS Midwife Report

MIDWIFE AND MOTHER INFORMATION *continued*

Question	Requirements	Notes	Logic
9. When did midwifery services end?	*Required Field	Date must be after LMP. Date must be equal to or after Delivery Date, Date of Informed Consent and Transfer Initiation Date. Date must be before today's date. After January 1, 2015, Date must be within the last year.	
10. Did any of the following events occur: 1. A mother has died under the midwife's care, 2. A stillborn child (at least 20 weeks gestation) has been delivered by the midwife, or 3. A newborn delivered by midwife has died within the first 6 weeks after birth.	*Required Field		If Yes is selected, submitter will be directed to Demise Report page. If No is selected, submitter will be directed to the Transfer of Care page.

ADHS Midwife Report

DEMISE REPORT (Only if Yes is selected in Q10)

Question	Requirements	Notes	Logic
11. You have indicated that the mother or infant expired, or there was a stillborn delivery. Please select all that occurred	*Required Field	Submitter cannot select both Stillborn and Infant Demise.	
12. Provide a summary of the circumstances leading up to the events:	*Required Field	Field allows up to 4000 characters.	
13. Provide actions taken by the midwife in response to the event:	*Required Field	Field allows up to 4000 characters.	

ADHS Midwife Report

TRANSFER OF CARE?

Question	Requirements	Notes	Logic
14. Did a Transfer of Care for either the mother or the child occur at any time during midwifery care?	*Required Field		If Yes is selected, submitter will be directed to Transfer of Care page. If No is selected, submitter will be directed to Delivered by Midwife page.

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TRANSFER OF CARE (only if Yes is selected for Q14)			
Question	Requirements	Notes	Logic
15. You have indicated that transfer of care was required. Please provide any additional information:	*Required Field		
16. What was the method of transport?	*Required Field		
17. What was the transfer destination?	*Required Field		
18. Please specify which hospital/physician office or the EMS/MW the care was transferred to.	*Required Field	Field allows up to 1000 characters.	
19. Please enter a date and time for: Transfer Initiation Date Arrival at Destination	*Initiation- Required Field Arrival-Not Required	Transfer Initiation Date must be before or equal to Services End Date and after LMP. Arrival at Destination date and time must be after Transfer Initiation date and time and before or equal to today's date.	
20. Did you use the Emergency Action Plan?	*Required Field		If No is selected, Q21-24 will be disabled.
21. If EAP was used, was the charge nurse notified in the EAP at onset of labor?	*Required if Yes selected for Q20	If No is selected here, submitter must explain in the box provided.	If No is selected, Q22 will be disabled.
22. If yes, please enter the date and time:	* Required if Yes selected for Q21	Date and time must be equal to or prior to today's date and time.	
23. If EAP was used, was the charge nurse notified in the EAP at the completion of labor?	* Required if Yes selected for Q20	If No is selected here, submitter must explain in the box provided.	If No is selected, Q24 will be disabled.
24. If yes, please enter the date and time:	* Required if Yes selected for Q23	Date and time must be equal to or prior to today's date and time.	
25. What was the medical reason for transfer of care?	*Required Field	Condition(s) selected from will display here with "Condition(s) from Page 1" option already checked. "Non-Medical Reason" and "Other Medical Reason" are options.	

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DELIVERED BY MIDWIFE?

Question	Requirements	Notes	Logic
26. Did you, the midwife, complete the delivery for this mother?	*Required Field		If Yes is selected, will be directed to Delivered by Midwife page. If No is selected, will be directed to the Additional Information page.

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DELIVERY INFORMATION (only if Yes selected for Q26)			
Question	Requirements	Notes	Logic
27. You have indicated that the delivery was completed by the midwife. Provide any additional information:		Field allows up to 4000 characters.	
28. Please indicate whether mother had any of the following: 1. Prior cesarean section and/or 2. Fetus in complete breech or frank breech presentation in this delivery	*Required Field		
29. Please indicate the progress of labor for current pregnancy	*Required if anything other than Not Applicable selected for Q28	Can only enter whole numbers. First stage (in cm/hour) between 0-10 cm	
30. When was the delivery date?	*Required Field	Delivery Date must be before or equal to Services End Date, Birth Certificate Filing Date, and today's date. Delivery Date must be equal to or after Date Informed Consent and after LMP. Gestational Age calculation based on EDD and Delivery Date. If "Use to Calculate EDD?" is set to Yes, Gestational Age calculation based on LMP	
31. What was the infant's gender?	*Required Field		
32. Please enter in the following infant measurements: Weight (in grams) Length (in cm) Head circumference (in cm)	*Required Fields	Must be a numbers with up 2 decimal places Weight between 500 and 8000 grams Length between 25 and 70 cm Head Circumference between 4-50 cm	
33. What was the weight for gestational age designation?	*Required Field		
34. What were the infant's Apgar scores? 1 and 5 minutes	*Required Field	Can only enter whole numbers 0 to 10	
35. Where there any existence of complications?	*Required Field		If Normal or Preterm, Q36 disabled.

ADHS Midwife Report

DELIVERY INFORMATION continued

Question	Requirements	Notes	Logic
36. Please describe "Abnormal/complications":	Required if Abnormal/ complications selected in Q35	Field allows up to 4000 characters.	
37. What was the filing date for the infant's birth certificate?	*Required Field.	Filing Date must be equal to or after Delivery Date. Filing Date must be before or equal to today's date.	
38. What was the infant's birth certificate number? (if available)		Field allows up to 1000 characters.	

ADHS Midwife Report

<u>ADDITIONAL INFORMATION</u>			
Question	Requirements	Notes	Logic
39. Was cord blood information provided?	*Required Field	If No is selected here, submitter must explain in the box provided. Field allows up to 1000 characters.	
40. Was newborn screening information provided?	*Required Field	If No is selected here, submitter must explain in the box provided. Field allows up to up to 1000 characters.	
41. Was hearing screening information provided?	*Required Field	If No is selected here, submitter must explain in the box provided. Field allows up to up to 1000 characters.	
42. Was the first newborn screening completed?	*Required Field	If No is selected here, submitter must explain in the box provided. Field allows up to up to 1000 characters.	
43. Please enter the date that you obtained informed consent.	*Required Field	Date Informed Consent must be before or equal to the Delivery Date, Service End Date and today's date.	
44. Did the mother receive medical consultation?	*Required Field	If No is selected here, submitter must explain in the box provided. Field allows up to up to 1000 characters.	
45. Please include any additional information not included elsewhere:		Field allows up to 4000 characters.	

After Q45, will go to Midwife Survey final page:

“You have reached the end of the Midwifery Services Report!
 You MUST click on the "DONE" button at the end of the page to SUBMIT your report.
 Thank you for submitting your Birth Record Report for client number: [Q4 response].”

Submitter MUST click on the "DONE" button to submit.

After clicking “Done”, submitter should see everything entered and be able to print it.
 The Printed form should be legible with fonts large enough to read.

VIEWING AND PRINTING EXISTING SURVEYS

Submitter will be able to see all previous surveys submitted and Print each one at time.

Go to “View Existing Midwife Surveys”

Can sort grid by Client DOB, Chart Number, Delivery Date, Services End Date, or Submitted Date by clicking on title.

Blue Print button will show for each record.

EDITING SURVEYS

Submitter will be sent a link in an email whenever a change is needed as indicated by Program Review.

The changes required will be posted in red on top of the page.

Also, submitters can login anytime and see if there are any surveys that need changes.

It will be in same grid where they view their existing surveys with a blue Edit link to the left, which they can click on to Edit.

When the submitter finishes the changes, the status of the review goes back to Program Review and an email will be sent to all active users in Program Review role (on internal portal).