



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF MEDICAL LICENSURE AND DISCIPLINE**  
**MIDWIFERY ADVISORY COUNCIL**  
**RISK ASSESSMENT FORM**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The registered direct-entry midwife shall not provide care to any woman whose medical history shows the following:

- Yes  No  Prior Cesarean procedures
- Yes  No  Significant cardiac disease
- Yes  No  Active tuberculosis
- Yes  No  Asthma, if severe or uncontrolled by medication or other chronic pulmonary disease
- Yes  No  Preexisting renal disease
- Yes  No  Hepatic disorders
- Yes  No  Untreated or uncontrolled endocrine disorders
- Yes  No  Significant hematological disorders
- Yes  No  Preexisting/uncontrolled neurologic disorders
- Yes  No  Essential hypertension
- Yes  No  Active cancer
- Yes  No  Pre-gestational diabetes mellitus
- Yes  No  History of newborn with group B strep disease
- Yes  No  Current substance addiction or abuse
- Yes  No  Current severe psychiatric illness
- Yes  No  History of Rh red cell isoimmunization
- Yes  No  Positive for HIV antibody or hepatitis B
- Yes  No  Primary or uncontrolled infections
- Yes  No  History of uterine surgery involving breach of the uterine wall.
- Yes  No  Prior neonatal death related to an intrapartum event
- Yes  No  Primary post-partum hemorrhage requiring surgery

**Document referral to an appropriate licensed health care provider if any of the above are answered "Yes".**

**Midwife's Signature:** \_\_\_\_\_