



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

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

Patient Name: _____

Start Date: _____

There is no significant disease or condition arising from the pregnancy, including:

 Factors	Enter Dates 																		
Onset of labor before the 37th week of gestation																			
Lie other than vertex at term																			
Multiple gestations																			
Significant vaginal bleeding, especially of undetermined origin																			
Significant gestational hypertension																			
Gestational diabetes mellitus, uncontrolled by diet																			
Severe symptomatic anemia, not responsive to treatment																			
Evidence of pre-eclampsia																			
Consistent size/date discrepancy																			
Deep vein thrombosis or other significant hematologic syndrome																			
Known fetal anomalies or conditions that would render a home birth unsafe																			
Threatened or spontaneous abortion in the second trimester or later																			
Abnormal ultrasound findings requiring a higher level of care																			
Red cell isoimmunization with rising titer																			
Documented placental anomaly or late term previa																			
Rare diseases or disorders outside of the midwife's scope of care																			
Postdates pregnancy																			
HIV Infection																			
Primary or uncontrolled infections																			
Significant decreased fetal responsiveness or evidence of non-reassuring fetal status																			