BOARD OF ALTERNATIVE HEALTH CARE

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SEMI-ANNUAL BIRTH REPORTS

These reports are to be made for each birth that you cared for during the preceding 6 months. They are due Jan 15th and July 15th of each year commencing July 15, 1993. They can be compiled from the Montana Certificate of Live Birth that should be filed for each birth.

Client identification_____ Midwife License Number_____

County of birth_____ Sex of baby_____
Age of mother_____ Mother married_____
Education of mother_____ Education of father_____
Month of pregnancy prenatal care began_____Number of pn visits_____
# of now living children____# of now dead children____# of terminations____
Birthweight____lb____oz Clinical Estimate of Gestation (weeks)_____
Plurality_____ Apgar Score-1 minute_____5 minute_____
Was mother transferred prior to delivery?_____ After delivery?_____
Why?_____

Was infant transferred?_____ Why?_____

MEDICAL RISK FACTORS FOR THIS PREGNANCY
(Shade all that apply ■)

Anemia (Hct. < 30/Hgb. < 10)	01 ☐
Cardiac disease	02 ☐
Acute or chronic lung disease	03 ☐
Diabetes	04 ☐
Genital herpes	05 ☐
Hydramnios/Oligohydramnios	06 ☐
Hemoglobinopathy	07 ☐
Hypertension, chronic	08 ☐
Hypertension, pregnancy-associated	09 ☐
Eclampsia	10 ☐
Incompetent cervix	11 ☐
Previous infant 4000 ᵍ grams	12 ☐
Previous preterm or small for gestational age infant	13 ☐
Renal disease	14 ☐
Rh sensitization	15 ☐
Uterine bleeding	16 ☐
None	00 ☐
Other _____ *(Specify)*	17 ☐

OTHER RISK FACTORS FOR THIS PREGNANCY
(Complete all items)

Tobacco use during pregnancy Yes ☐ No ☐
Average number cigarettes per day _____
Alcohol use during pregnancy Yes ☐ No ☐
Average number drinks per week _____
Weight gained during pregnancy _____ lbs

OBSTETRIC PROCEDURES *(Shade all that apply ■)*

Amniocentesis	01 ☐
Electronic fetal monitoring	02 ☐
Induction of labor	03 ☐
Stimulation of labor	04 ☐
Tocolysis	05 ☐
Ultrasound	06 ☐
None	00 ☐
Other _____ *(Specify)*	07 ☐

COMPLICATIONS OF LABOR AND/OR DELIVERY
(Shade all that apply ■)

Febrile (> 100°F. or 38°C.)	01 ☐
Meconium, moderate/heavy	02 ☐
Premature rupture of membrane (> 12 hours)	03 ☐
Abruptio placenta	04 ☐
Placenta previa	05 ☐
Other excessive bleeding	06 ☐
Seizures during labor	07 ☐
Precipitous labor (< 3 hours)	08 ☐
Prolonged labor (> 20 hours)	09 ☐
Dysfunctional labor	10 ☐
Breech/Malpresentation	11 ☐
Cephalopelvic disproportion	12 ☐
Cord prolapse	13 ☐
Anesthetic complications	14 ☐
Fetal distress	15 ☐
None	00 ☐
Other _____ *(Specify)*	16 ☐

METHOD OF DELIVERY *(Shade all that apply ■)*

Vaginal	01 ☐
Vaginal birth after previous C-section	02 ☐
Primary C-section	03 ☐
Repeat C-section	04 ☐
Forceps	05 ☐
Vacuum	06 ☐

ABNORMAL CONDITIONS OF THE NEWBORN
(Shade all that apply ■)

Anemia (Hct < 39/Hgb < 13)	01 ☐
Birth injury	02 ☐
Fetal alcohol syndrome	03 ☐
Hyaline membrane disease/RDS	04 ☐
Meconium aspiration syndrome	05 ☐
Assisted ventilation < 30 min	06 ☐
Assisted ventilation ≥ 30 min	07 ☐
Seizures	08 ☐
None	00 ☐
Other _____ *(Specify)*	09 ☐

CONGENITAL ANOMALIES OF CHILD
(Shade all that apply ■)

Anencephalus	01 ☐
Spina bifida/Meningocele	02 ☐
Hydrocephalus	03 ☐
Microcephalus	04 ☐
Other central nervous system anomalies *(Specify)*_____	05 ☐
Heart malformations	06 ☐
Other circulatory/respiratory anomalies *(Specify)*_____	07 ☐
Rectal atresia/stenosis	08 ☐
Tracheo-esophageal fistula/Esophageal atresia	09 ☐
Omphalocele/Gastroschisis	10 ☐
Other gastrointestinal anomalies *(Specify)*_____	11 ☐
Malformed genitalia	12 ☐
Renal agenesis	13 ☐
Other urogenital anomalies *(Specify)*_____	14 ☐
Cleft lip/palate	15 ☐
Polydactyly/Syndactyly/Adactyly	16 ☐
Club foot	17 ☐
Diaphragmatic hernia	18 ☐
Other musculoskeletal/integumental anomalies *(Specify)*_____	19 ☐
Down's syndrome	20 ☐
Other chromosomal anomalies *(Specify)*_____	21 ☐
None	00 ☐
Other _____ *(Specify)*	22 ☐