

**MONTANA 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 January 15th and July 15th of each year.

Client Identification \_\_\_\_\_ Midwife License Number \_\_\_\_\_  
Age of Mother \_\_\_\_\_ Mother married? \_\_\_\_\_  
Month prenatal care began \_\_\_\_\_ Number of PN visits \_\_\_\_\_  
# of living children now \_\_\_\_\_ # of deceased children now \_\_\_\_\_ # of terminations \_\_\_\_\_  
Sex of Baby \_\_\_\_\_ Birthweight \_\_\_\_\_ lbs \_\_\_\_\_ oz  
Clinical Estimate of Gestation (weeks) \_\_\_\_\_ Apgar Score 1 minute \_\_\_\_\_ 5 minute \_\_\_\_\_  
Was mother transferred prior to delivery? \_\_\_\_\_ After delivery? \_\_\_\_\_  
Why? \_\_\_\_\_

Was there a physician referral? \_\_\_\_\_  
Was infant transferred? \_\_\_\_\_ Why? \_\_\_\_\_

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Client Identification \_\_\_\_\_ Midwife License Number \_\_\_\_\_  
Age of Mother \_\_\_\_\_ Mother married? \_\_\_\_\_  
Month prenatal care began \_\_\_\_\_ Number of PN visits \_\_\_\_\_  
# of living children now \_\_\_\_\_ # of deceased children now \_\_\_\_\_ # of terminations \_\_\_\_\_  
Sex of Baby \_\_\_\_\_ Birthweight \_\_\_\_\_ lbs \_\_\_\_\_ oz  
Clinical Estimate of Gestation (weeks) \_\_\_\_\_ Apgar Score 1 minute \_\_\_\_\_ 5 minute \_\_\_\_\_  
Was mother transferred prior to delivery? \_\_\_\_\_ After delivery? \_\_\_\_\_  
Why? \_\_\_\_\_

Was there a physician referral? \_\_\_\_\_  
Was infant transferred? \_\_\_\_\_ Why? \_\_\_\_\_