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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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