

**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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Why? \_\_\_\_\_

Was there a physician referral? \_\_\_\_\_

Was infant transferred? \_\_\_\_\_ Why? \_\_\_\_\_