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	Birthweightlbsoz
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?	
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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	Birthweightlbsoz
Clinical Estimate of Gestation (weeks)	Apgar Score 1 minute 5 minute
Was mother transferred prior to delivery?	After delivery?
Why?	
Was infant transferred? Why?	