

**IDAHO STATE BOARD OF MIDWIFERY**

**700 West State Street, P.O. Box 83720**

**Boise, Idaho 83720-0063**

**BIRTH STATISTICS FORM**

NAME \_\_\_\_\_

STATISTICS FOR CALENDAR YEAR OF 2016

From 1-1-2016 To 12-31-2016

(Date begin)

(Date end)

|  |  |
|--|--|
|  | Total number of clients to whom the applicant has provided care <b>and was the signer on the birth certificate</b> (defined as any client who initiates care during the antepartum, intrapartum, or postpartum period) |
|  | Of the above number, list the total number of Medicaid clients initiating care   |
|  | Total number of births attended (including hospital transports)  |
|  | Of the above number, list the total number of Medicaid clients delivered by the midwife.   |
|  | Average maternal age   |
|  | Youngest maternal age  |
|  | Oldest maternal age  |
|  | Number of first babies   |
|  | Average birth weight   |
|  | Smallest baby  |
|  | Largest baby   |
|  | Total number of women transferred to a physician <b>prenatally</b> for medical reasons   |
|  | Total number of women transferred to a physician/hospital during <b>labor and delivery</b>   |
|  | Total number of women transferred to a physician/hospital <b>following the birth</b>   |
|  | Number of cesarean births  |
|  | Total number of Medicaid clients transported for medical reasons.  |
|  | Number of VBACs that ended in cesarean birth   |
|  | Number of successful VBACs with midwife  |
|  | Total number of <b>newborns</b> transferred to a physician/hospital  |
|  | Total number of newborns admitted to the neonatal intensive care unit (NICU) for more than 24 hours  |

|  |   |
|--|---|
|  | Total number of <b>stillbirths</b> occurring after 22 weeks gestation   |
|  | Total number of <b>newborn deaths</b> occurring up to six (6) weeks postpartum  |
|  | Total number of clients to whom the applicant has provided care <b>and did not sign the birth certificate</b> (defined as any client who initiates care during the antepartum, intrapartum, or postpartum period) |

1. Please list the reason for each **prenatal** transfer:
  
  
  
  
  
  
  
  
  
  
2. Please list the reason for each transfer occurring during **labor and delivery**:
  
  
  
  
  
  
  
  
  
  
3. Please list the reason for each transfer **following the birth**:
  
  
  
  
  
  
  
  
  
  
4. Please list the reason for each **newborn** transfer:
  
  
  
  
  
  
  
  
  
  
5. For each **stillbirth**, please list birth weight and gestational age:
  
  
  
  
  
  
  
  
  
  
6. For each **newborn death**, please list birth weight and age:
  
  
  
  
  
  
  
  
  
  
7. Please list all **other** significant newborn problems occurring during the six (6) weeks following the birth.