

FLORIDA DEPARTMENT OF HEALTH
Council of Licensed Midwifery

ANNUAL REPORT OF MIDWIFERY PRACTICE

Report data from July 1 through June 30 of each year. Reports are due no later than July 31.

SECTION I: PRACTICE INFORMATION

Midwife Name: _____ License #: _____
 Practice Name: _____
 Address: _____

 Phone Number: _____ Email: _____

SECTION II. CLIENT CARE SERVICES FOR THE MIDWIFE (include data for the report year only)

Section number							Total(s)
2	A	Total number of initial OB clients seen by you (include those accepted into care and not accepted into care):					
	B	Total number of maternity clients you accepted for care in the reporting period:					
	C	Total number of deliveries you performed during reporting period:					
	D	Total number of licensed midwife students assigned to you during the reporting period:					
	E	How many delivered at: Home:		Birthing Ctr:		Hospital:	
	F	Number of unplanned: Breech:		Twins / Multiples			
	G	Number of planned VBAC:	# of primary VBAC:		# of subsequent VBAC:		
	H	Number of water births:					
	I	Number of mothers requiring sutures:					
3	A	Number of mothers transferred antepartum (for medical reasons):					
	B	Number of mothers transferred intrapartum:					
	C	Number of mothers transferred postpartum: (medical reasons)					
	D	Number of newborn transfers:					
4	A	Number of fetal deaths / stillborn: (midwife delivery only)					
	B	Number of fetal deaths / neonatal: (within 7 days of life)					
	C	Number of maternal deaths: (please submit separate report)					

SECTION III. TRANSFER INFORMATION

(3-A) ANTEPARTUM TRANSFER (Medical Reasons): List each transfer separately. Do not list names. Attach separate sheet as needed

Date	Reason For Transfer	Planned or Unplanned Transfer	GA at Transfer	Delivery Outcome, if Known (NSVD, VAC, Forceps, C/S)
Total Number of Antepartum Transfers from all sheet (3-A)				

(3-B) INTRAPARTUM TRANSFERS: List each transfer separately. Do not list names. If needed, attach separate sheets as needed.

DATE	REASON FOR TRANSFER	MOTHER		INFANT		
		Delivery Method	Complications?	BIRTH WEIGHT	Admitted to NICU? If yes, reason and # of days	Neonatal Death?
Total Intrapartum Transfers from all sheets (3-B)						

(3-C) MATERNAL POSTPARTUM TRANSFERS: (List each transfer separately. Do not list names.)

Date	Reason For Transfer	# of Days in Hospital	Outcome/Condition on Discharge
Total Number of Postpartum Transfers from all sheets (3-C)			

(3-D) NEWBORN TRANSFERS: (List each transfer separately. Do not list names.)

Date	Reason For Transfer	Birth Weight	APGARS	Admission to NICU? If yes, # of days	Outcome
Total Newborn Transfers from all sheets(3-D)					

SECTION IV - DEATHS

(4-A) STILLBIRTH (midwife delivered only)

Date	Cause of Death	Death Was:			Birth Weight	Gestational Age
		Before Labor	During Labor	During Delivery		
Total Number of Fetal Death/Stillborn (4-A)						

(4-B) FETAL DEATH/ NEONATAL DEATH (Deaths within seven days of life following midwife delivery of a live infant)

Date	Cause of Death	Site of Death	Birth Weight	Age at death
Total Number of Fetal/Neonatal Deaths (4-B)				

(4-C) MATERNAL DEATH (PLEASE SUBMIT A SEPARATE REPORT FOR EACH INCIDENT)

Number of Reports Attached	
Total Number of Maternal Deaths (4-C)	

I have participated in giving information for the purpose of gathering statistics of Licensed Midwives in the State of Florida. The information I have given is accurate and true.

Print Name: _____

Signature: _____

Date: _____