

IDAHO STATE BOARD OF MIDWIFERY
Division of Occupational and Professional Licenses
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BIRTH STATISTICS FORM

NAME _____ LICENSE NUMBER _____

STATISTICS FOR CALENDAR YEAR OF _____ (PREVIOUS CALENDAR YEAR FROM RENEWAL)

	Total number of clients -- this is the total number of Idaho clients for whom you provided care
	Total number of births attended -- this is the total number of births that you attended and signed the birth certificate
	Number of cesarean births -- of your "Total number of clients" how many were cesarean births
	Number of successful VBAC's with midwife -- of your "Total number of clients" that were VBAC's, how many were successful with you
	Number of first babies -- total of the first babies of your "Total number of clients"
	Number of APGAR scores below five (5) at five (5) minutes
	Total number of women transferred to a physician/hospital during labor and delivery
	Total number of women transferred to a physician/hospital following the birth
	Total number of women transferred to a physician/hospital -- of your "Total number of clients" how many women were transferred to a physician/ hospital
	Total number of women transferred to a physician prenatally for medical reasons
	Total number of newborns transferred to a physician/hospital -- of your "Total number of births attended" how many newborns were transferred to a physician/hospital
	Total number of newborns admitted to neonatal intensive care -- of your "Total number of births attended" how many newborns were admitted to neonatal intensive care
	Total number of newborns in neonatal intensive care for longer than 24 hours

	Total number of significant perinatal problems occurring up to six (6) weeks -- of your "Total number of births attended" how many significant perinatal problems occurred up to six (6) weeks old
	Total number of newborn deaths occurring up to six (6) weeks -- of your "Total number of births attended" how many newborn deaths occurred up to six (6) weeks old
	Average Maternal Age -- average age of the mothers that were in your "Total number of clients"
	Oldest Maternal Age -- age of the oldest mother that was in your "Total number of clients"
	Youngest Maternal Age -- age of the youngest mother that was in your "Total number of clients"
	Average birth weight -- average birth weight in grams of the babies from the "Total number of births attended"
	Largest baby -- highest birth weight in grams of all the babies from the "Total number of births attended"
	Smallest baby -- lowest birth weight in grams of all the babies from the "Total number of births attended"

1. Please list the reason for each **prenatal** transfer of care:

2. Please list the reason for each transport occurring during **labor and delivery**:

3. Please list the reason for each **newborn** transport:

4. Please list all **other** significant newborn problems occurring during the six (6) weeks following the birth: