

Name:

Please fill out for previous
two calendar years.

LM Annual Report		Year: _____	Year: _____
1	Do you practice in a setting where you share client load (ie birth center?)	Yes___ No ___	Yes___ No ___
	If yes, how many midwives total (including you) participate in the practice?		
	List total number of clients who enrolled in care at your practice/setting (include those who transferred out of your care or who are still pregnant):		
2	List the number births you attended as primary midwife:		
3	List the number of prenatal transfers (prior to labor beginning) as primary midwife:		
4	List the number of transfers of client during labor, delivery, and immediately following birth (as primary midwife):		
5	List the number of newborn transfers:		
6	List the number of fetal losses after 20 weeks gestation (total in practice if you share a case load):		
7	List the total number of neonatal deaths (post live-birth) in your practice (total in practice if you share case load):		
8	List the number of VBACs in your setting (do not include clients transferred in antepartum or intrapartum period):		
	List the number of multiple (twin, etc) births in your setting (do not include clients transferred in antepartum or intrapartum period):		
	List the number of breech births in your setting (do not include clients transferred in antepartum or intrapartum period):		
9	Are you a Medicaid provider?	Yes___ No ___	Yes___ No ___
	If yes, list the numer of total clients enrolled in Medicaid:		
10	Do you see people for routine reproductive health care (non-pregnancy) care?	Yes___ No ___	Yes___ No ___
	If yes, list the number of visits/encounters with clients that were for GYN only care (non-OB):		