

Attachment ____
 RPICC OB Satellite Outcome Report
 Annual
 Contract # _____
 Fiscal year _____

OUTCOMES	
List total number of delivery outcomes from all OB Satellite clinics under this contract for the fiscal year. (July 1-June 30) Submit the outcome report by September 30.	
Total # of deliveries by OB satellite patients during the fiscal year.	
Total # of live births from OB Satellite patients who delivered during the fiscal year.	
Total # of babies delivered during the fiscal year where the baby was admitted to NICU II	
Total # of babies delivered during the fiscal year where the baby was admitted to NICU III	