

**STATE OF FLORIDA DEPARTMENT OF HEALTH  
Council of Licensed Midwifery**

**LICENSED MIDWIFE Individual Client Statistics Tool**

This Form may be helpful in your record keeping. When you close the chart, fill in the information and retain the Statistics sheet for your Annual report. This form matches the Licensed Midwife Annual Report Form for ease of collecting information. This form will NOT be turned in and should be kept for your records.

**SECTION 1: Client Information**

Name: \_\_\_\_\_

Accepted for prenatal care only?  YES  NO

Receiving Medicaid?  YES  NO

Did this client Leave The Practice For Non-medical reasons?  YES  NO (if yes, your are finished with this form)

Was this pregnancy, delivery and postpartum normal throughout?  YES  NO (If No, Fill Out Section 2)

What was the Birth Weight? \_\_\_\_\_

Where did she deliver?  Home  Birth Center  Hospital (LM delivery) (1-B,C,D) on Annual Statistics Form

Was This a Maternal Death?  YES  NO (If yes, You will need to submit a separate report with the Annual Statistics form) (4-C)

**SECTION 2: Transfer & Fetal Deaths Information**

Please Check The Appropriate Box, and Fill In Additional Information For The Type of Transfer.

**Transferred Antepartum** (3-A) On annual Statistics report

Date	Reason For Transfer	Gestational Age at Transfer	Delivery Outcome, if Known (NSVD, VAC, Forceps, C/S)

**Transferred Intrapartum** (3-B) On annual Statistics report

DATE	Number of Hours at home or Birth center	REASON FOR TRANSFER	Delivery Outcome NSVD, VAC, Forceps, C/S	BIRTH WEIGHT	APGARS

**Transferred Postpartum** (3-C) On annual Statistics report

Date	Reason For Transfer	# of Days in Hospital	Outcome/Condition on Discharge

**Newborn Transfer** (3-D) On annual Statistics report

Date	Baby's Initials	Reason For Transfer	Birth Weight	APGARS	# of Days in the Hospital	Outcome/Condition On Discharge

**Fetal Death / Stillbirth (delivered at home with midwife)** (4-A) On annual Statistics report

Date	Baby's Initials	Cause of Death	Death Was:			Birth Weight	Gestational Age	Reported to The Medical Examiner?
			Before Labor	During Labor	During Delivery			

**Fetal Death / Neonatal** (within 7 days of life follow midwifery delivery of a live infant) (4-B) On annual Statistics Report

Date	Baby's Initials	Cause of Death	Site of Death	Birth Weight	Age at death	Reported to The Medical Examiner?