



SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

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Home Page: doh.sd.gov/boards/midwives/

Birth Reporting Form

South Dakota Certified Professional Midwives Administrative Rules, 20:86:04:07: "The certified professional midwife shall pay a birth delivery fee of \$100 accompanied by the birth reporting form, within 30 days of delivery."

****Note:** The \$100 fee should ONLY be sent to the Board if the certified professional midwife completes the delivery.

Licensee Name: _____ License #: _____

Address: _____

Client Code (ID): _____ County of Birth: _____

Gravida/Para: _____ Age of Mother: _____

Date of Delivery: _____ Weight of Baby: _____
Pounds Ounces

Sex of Baby: Male Female Estimated Gestational Age: _____
Weeks

APGARS: 1/ _____ 5/ _____ 10/ _____

Method of Delivery: Vaginal VBAC C-Section

Transport Necessary: YES* NO If yes, was transport for: Mother Infant

****If transport occurred, describe in detail on a separate page, management and outcome. Attach Transport Form (photo or photocopy is acceptable).**

Birth Reporting Form

Checklist Typed narrative and Transport Form (if transport occurred)

\$100 Birth Delivery Fee

Signature

Date