



**SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES**

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Home Page: [doh.sd.gov/boards/midwives/](http://doh.sd.gov/boards/midwives/)

## Birth Reporting Form

South Dakota Certified Professional Midwives Administrative Rules, 20:85:04:07: "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 hospital Transport Form.**

Completed Birth Reporting Form

Checklist  Typed narrative and Transport Form (if transport occurred)

\$100 Birth Delivery Fee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date