SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES
27705 460th Avenue, Chancellor, SD 57015
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Home Page: 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 #:_____

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: _____
Completed 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.

Checklist

□ Completed Birth Reporting Form

□ Typed narrative and Transport Form (if transport occurred)

□ $100 Birth Delivery Fee

_____ _____
Signature Date