

Maternal Health Program
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LICENSED MIDWIFE'S QUARTERLY REPORT

1. NAME _____ DATE _____
2. Circle the quarter: 1st (Jan-Mar) 2nd (Apr-Jun) 3rd (Jul-Sep) 4th (Oct-Dec)
3. Circle the year: 2008 2009 2010 2011 2012 2013
4. Were you a primary midwife to one or more women in NM in the quarter? **YES NO**
5. If YES, then
 - A. Answer the questions below for the quarter, and
 - B. Sign the certification of participation in MANA Statistics Project

Women in Your Care:

1. How many well woman clients in your care this quarter? _____
2. How many pregnant women in your care at the beginning of the quarter? _____
3. How many pregnant women in your care at the end of the quarter? _____
4. How many births did you attend this quarter? _____
5. How many clients' care did you complete this quarter? _____

Transfers:

1. How many women transferred from your care AP for non-medical reasons? _____
Reasons: _____

2. How many women transferred from your care AP for medical reasons? _____
Reasons: _____

3. How many women transferred from your care in labor? _____
Reasons: _____

4. How many women transferred from your care postpartum? _____
Reasons: _____

5. How many babies transferred from your care? _____
Reasons: _____

I certify that I participate in the MANA statistics project (www.manastats.org) and am in compliance with their data reporting requirements.

Signature: _____ **Date:** _____