



**Secretary of State
Office of Professional Regulation**

**MIDWIVES
Individual Practice Data**

To renew your license, please complete this Individual Practice Data form and submit it along with your renewal application. Please complete all sections of this form and write or type your responses clearly and legibly.

Instructions

- Provide data starting from the date you were originally licensed OR from when you completed your last renewal application (January 2023), whichever is later.
- Submit data only from deliveries that took place in Vermont.
- Submit data from midwifery care provided by you as an individual licensed midwife, not by the business or partnership of two or more licensed midwives.
 - If more than one licensed midwife provided care (prenatal, birth, or other) for a client, the midwife listed as the attending midwife on the birth certificate shall report the data for that client.
 - If there is a transfer prior to delivery, the midwife making the referral and transfer shall report the data for that client.
- The information provided must not include any data that would identify the client.

Licensee information			
First Name	MI	Last Name & Suffix (Jr., II, etc.)	License #
Practice information	Name of practice		
	P.O. Box		
	Street/Apt #		
	City/State/Zip		

1. Demographic Information	
Total number of clients who initiated care	
Total number of clients who delivered at home	
Total number of clients who transferred out of care prior to labor	
Total number of clients who transferred out of care during labor	
Total number of clients who transferred out of care during the first 12 hours postpartum	

2. Transfer of Care Prior to Labor				
Number of clients who transferred care prior to labor				
Reason for Transfer of Care (Numbers of Each)				
Miscarriage		Client Moved		Client Chose Hospital Birth
Increased risk		Changed Midwives		Licensed midwife for prenatal care only, home birth never a plan

3. Reasons for Transfer of Care Prior to Labor due to increased risk				
Total number of transfers prior to labor due to increased risk				
Numbers of Each				
Preterm		Breech or Malpresentation		Multiple Birth
Hypertensive disorder of pregnancy		Anemia		Gestational Diabetes
Fetal Demise		Placenta Previa		Placental Abruption
Post-term		Other		

4. Transport from Planned Home or Birth Center Birth to Health Care Facility

Total number of transports from a planned home or birth center birth to a health care facility during or after labor

Reason for Transport - Numbers of Each

Pain Relief		Failure to Progress		Sustained Fetal Distress	
Malpresentation		Thick Meconium		Newborn's Condition	
Postpartum Hemorrhage		Retained Placenta		Maternal Exhaustion	
3 rd or 4 th degree laceration		Excessive vaginal bleeding prior to birth			

5. Complications of Labor and Delivery

Note: If a client transferred out of your care to the hospital at any point, do not include any complications managed at the hospital in your data reporting below. Report only complications and management of complications that were managed at home by you.

Total number of times complications were managed during labor and/or delivery at home

Type of Labor and Delivery Complications: Numbers of Each

Shoulder Dystocia		Thick or Moderate Meconium Present		Retained placenta	
Low APGARs (10-minute APGAR of 7 or less)		Postpartum hemorrhage		Unexpected precipitous breech	
Dehydration		Unexpected twin delivery		Unexpected fetal demise with imminent delivery	
Other					

6. Perineal, Labial, Cervical, and Vaginal Lacerations				
Total number of times perineal, labial, and/or vaginal lacerations occurred				
Total Numbers of Each				
Episiotomy		Repairs (by midwife)		Complex repairs requiring transfer to hospital
Lacerations		Degree of Perineal Lacerations	1": 2": 3": 4":	
Other				

7. Newborn Data of newborns born at home			
Total number of babies born at home			
Number of babies born at home requiring PPV, oxygen, and/or advanced NRP steps by midwife at home		Number of babies transferred to hospital from home for evaluation and then discharged without hospital admission	
Congenital anomalies		Number of babies transferred to hospital from home and admitted	
Fetal demise before labor		Fetal demise during labor	

8. Immediate Neonatal Complications			
<p>Note: If a client transferred out of your care to the hospital at any point, do not include any complications managed at the hospital in your data reporting below. Report only complications and management of complications that were managed at home by you.</p>			
Total Number of Immediate Neonatal Complications of newborns born at home			
Seizures		Respiratory Distress	
IUGR/SGA		Metabolic Hypoglycemia	
Birth Injuries		Other	

9. Infant Health Problems and Death in First Six Weeks of Life			
Number of infants with health problems during first six weeks of life			
Number of infant deaths within first six weeks			
Infant Health Complications (Numbers of Each)			
Jaundice Beyond Normal Physiological Level		Respiratory Distress	
Failure to Thrive		Seizures	
Meconium aspiration syndrome		Sepsis/Infection	
Other (please specify)			
Underlying Causes of Infant Deaths in First Six Weeks (Numbers of Each)			
Birth Defects		SIDS	
Other (please specify)			

10. Postpartum Maternal Morbidities and Hospital Admissions in the first six weeks after delivery				
Total number of maternal health complications in postpartum period				
Total number of clients admitted to hospital in postpartum period				
Types of Maternal Health Complications in Postpartum Period (Numbers of Each)				
Infections		Excessive Uterine Bleeding		Depression
Other (please specify)				

11. Breastfeeding		
Total number of clients breastfeeding		
Breastfeeding at 2 weeks		
Breastfeeding at 6 Weeks		

INDIVIDUAL CLIENT DATA

- **Fill out completely for each client.**
- **Use as many copies of this page as needed and submit with your renewal application.**
- **If you choose to use a spreadsheet in lieu of this form, make sure it includes each of these fields. Please save the spreadsheet as a PDF and submit it as a PDF.**

Age	
Number of previous pregnancies	
Number of previous births	
Number of Prenatal Visits	
Identified Risk Factors	
Term at Birth (Weeks and Days)	
Encouragement, Induction, and/or Augmentation of Labor (Please Specify Which Type)	
Other Birth Procedures Provided (Please Specify)	
Place of Birth (Home or Hospital)	
Route of delivery (vaginal or cesarean section)	
Reason for transfer	

STATEMENT OF MIDWIFE

I certify that the above statements and data, as well as any attachments, are true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and may result in disciplinary action.

Midwife Name (Printed)

Midwife signature

Date