

# MIDWIFERY PROGRAM

## Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form

<b>Hospital Reporting Forms Received</b>	<b>FY 19/20 Q1</b>	<b>FY 19/20 Q2</b>	<b>FY 19/20 Q3</b>	<b>FY 19/20 Q4</b>	<b>FY 19/20 Total</b>
Licensed Midwife	34	N/A	N/A	N/A	<b>34</b>
Certified Nurse-Midwife	1	N/A	N/A	N/A	<b>1</b>
Unlicensed/unknown	0	N/A	N/A	N/A	<b>0</b>

<b>Hospital Reporting Forms Received by Fiscal Year</b>	<b>FY 18/19 Total</b>	<b>FY 17/18 Total</b>	<b>FY 16/17 Total</b>	<b>FY 15/16 Total</b>	<b>FY 14/15 Total</b>
Licensed Midwife	172	153	208	N/A	N/A
Certified Nurse-Midwife	1	0	10	N/A	N/A
Unlicensed/unknown	0	2	2	N/A	N/A