

# MIDWIFERY PROGRAM

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

<b>Hospital Reporting Forms Received</b>	<b>FY 21/22 Q1</b>	<b>FY 21/22 Q2</b>	<b>FY 21/22 Q3</b>	<b>FY 21/22 Q4</b>	<b>FY 21/22 Total</b>
Licensed Midwife	51	0	0	0	51
Certified Nurse-Midwife	0	0	0	0	0
Unlicensed/Unknown	1	0	0	0	1

<b>Hospital Reporting Forms Received by Fiscal Year</b>	<b>FY 20/21 Total</b>	<b>FY 19/20 Total</b>	<b>FY 18/19 Total</b>	<b>FY 17/18 Total</b>	<b>FY 16/17 Total</b>
Licensed Midwife	254	179	172	153	208
Certified Nurse-Midwife	4	2	1	0	10
Unlicensed/Unknown	1	2	0	2	2