

ANNUAL STATISTICS REPORTING FORM

Due February 1

Statistics for Calendar year of: _____, from _____ to _____.
(Date begin) (Date end)

According to Alabama Code 34-19-12 (m)(1), Licensed Midwives are required to file annually with the Alabama State Board of Midwifery the following information. Please submit to the ASBM via email (ALMidwiferyBoard@protonmail.com) or PO Box address found on the website. ALSBM.org

As primary Licensed Midwife		As assistant to another Licensed Midwife
	Total number of completed home births	
	Total number of intrapartum maternal hospital transfers	
	Total number of postpartum maternal hospital transfers	
	Total number of infant transfers from birth until 42 days postpartum	
	Total number of maternal deaths from intrapartum to 42 days postpartum	
	Total number of infant deaths from birth until 42 days postpartum	

I, _____ Alabama License #: _____ attest that the above data is complete, correct, and true to the best of my knowledge. I understand that the Alabama State Board of Midwifery is required to make this information available to the public in accordance with state law.

Signature

Date