

## MIDWIFERY PROGRAM

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

<b>Hospital Reporting Forms Received</b>	<b>FY 16/17 Q1</b>	<b>FY 16/17 Q2</b>	<b>FY 16/17 Q3</b>	<b>FY 16/17 Q4</b>	<b>FY 16/17 Total</b>
Licensed Midwife	61	47	47	44	199
Certified Nurse-Midwife	4	2	3	1	10
Unlicensed/unknown	2	0	0	0	2

<b>Hospital Reporting Forms Received</b>	<b>FY 15/16 Total</b>
Licensed Midwife	140
Certified Nurse-Midwife	7
Unlicensed/unknown	2