

Exempt Birthing Center Report Form

Ohio Administrative Code 3701-83-58 – Quality assessment and Performance Improvement

Report Date: _____

Period of Report: _____

Facility Information

Administer or Director of Patient Services:

First Name MI Last Name Credentials

Physicians providing obstetrical and/or pediatric consultation and oversight to birthing center staff:

First Name MI Last Name Credentials

First Name MI Last Name Credentials

First Name MI Last Name Credentials

How many times did the birthing center staff contact a consulting physician?

Number of each of the following staff types:

Traditional Midwives Apprentice Midwives

Certified Professional Midwives State-licensed health care professionals

Admissions Information

By whom are potential patients assessed for risk prior to admission?

First Name MI Last Name Credentials

How are potential patients assessed for risk prior to admission?

Review of prenatal records Other

Evaluation of mother and baby Please specify: _____

Consultation with doctor

Total number of patients seeking admission Total number of patients admitted

Total number of post-delivery admissions

Delivery Information

Total number of deliveries

Number of deliveries by each of the following
Staff types:

Physicians

Certified Nurse Midwives

Certified Professional Midwives

Apprentice Midwives

Lay Midwives

Number of Live Births within each of the following weight categories:

less than 500g

500g – 749g

750g – 999g

1000g – 1249g

1250g – 2499g

2500g or greater

Total number of newborns whose estimated gestational age was less than 37 weeks

Total number of newborns whose estimated gestational age was greater than 42 weeks

Total number of deaths:

Fetal Deaths

Neonatal Deaths

Maternal Deaths

Total number of Transfers:

Maternal Transfers

Neonate Transfers

For each maternal transfer please list the date of transfer, the reason for the transfer, and the facility to which the mother was transferred:

Date	Reason for Transfer	Receiving Facility
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____

For each delivery, please list the person who attended (Required only when specifically requested by the Ohio Department of Health)

1.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
2.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
3.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
4.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
5.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
6.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
7.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
8.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
9.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
10.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
11.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
12.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
13.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
14.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials
15.	_____	_____	_____	_____
	First Name	MI	Last Name	Credentials

For each post-delivery admission, please list the reason for admission and length of stay.

Reason for Admission:

Length of Stay:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____