



SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

27705 460th Avenue, Chancellor, SD 57015

Phone: 605-743-4451 Email: cpmsdlicense@gmail.com

Home Page: doh.sd.gov/boards/midwives/

President Debbie Pease **called the meeting to order at 1:07pm** after welcoming everyone and offering some instruction to help run the meeting more effectively.

Executive Secretary Weis called the roll. A quorum was present. **Members of the board in attendance:** Debbie Pease President, Sue Rooks Vice President, and Eudine Stevens were all present via phone. Autumn Cavender-Wilson attended the Exec. Session.

President Pease **welcomed, Eudine Stevens, our new CPM member**, recently appointed by Governor Noem.

Others in attendance: Tammy Weis, SD Board of CPM Exec Secretary at the CPM office. Steven Blair *Assistant Attorney General and legal counsel for the board*, CPMs: Debbie Eakes and Grace Fox; were present via phone.

Pease noted that it had been requested to **amend the agenda** to add SDCL 1-26-2 along with 1-25-2 to the citation for Executive Session. **Rooks moved to make the change**, Stevens second. The board voted unanimously. **MOTION PASSED.**

Stevens moved to approve the agenda as amended, Rooks second. The board voted unanimously. **MOTION PASSED.**

No one present desired to address the board.

Stevens moved to **correct the spelling of Debbie Eakes name in the draft minutes from March, 2022.** Rooks second. The board voted unanimously. **MOTION PASSED.** There were no other additions or corrections. Rooks moved to **approve as corrected**, Stevens second. The board voted unanimously. **MOTION PASSED**

Weis presented the financial report. Vender report from Aug 31, 2023 was presented which documents expenditures for the past 5 years for comparison. The board averages \$9-10,000 annually in operating expenses. The Exec Secretary determines how much of the contract dollars to invoice based on how well the board is doing financially...generally \$8000 annually or about \$154.00/week. This also pays for our phone, internet, office supplies, postage, travel and lodging in Pierre as needed, and Professional Liability Insurance for the Exec Sec. The final page shows our income this fiscal year which began July 1, 2023. Account balance is \$5854.41 with only \$88.64 in expenditures this FY. President Pease requested an estimate of what the Exec Sec would have normally received for June, July, August and September. Monthly invoice of \$693.23 X 4 = \$2772.92. Board Members have requested to forgo their \$60

compensation for each meeting which saves a minimum of \$600/ year. While the board's budget is limited, it is the best it has been since its inception.

CPM care for miscarriage or loss in pregnancy was discussed. Rooks moved that we have two board members (Eudine Stevens CPM and Sue Rooks, CNM) **study the issue and bring recommendations** to the board at our next meeting. Stevens second. The board voted unanimously. **MOTION PASSED**

Revising the CPM Renewal form was discussed. Stevens offered a sample revision. Rooks moved to have **Stevens work with Weis on a final revision to present to the board**. Stevens second. The board voted unanimously. **MOTION PASSED**

Renewal of the Exec Sec contract was discussed. The new contract template for the DOH has changes in requirements from FY 2023, which were unexpected, so the contract has not been signed. The State Auditor must have the contract in place for the board to access funds to operate. **The board requested that Steve Blair (Legal Counsel) discuss the situation with the attorney for the DOH.**

Weis gave an office report. We have three CPM renewals completed and two probable. We had 27 births in the first 6 months of 2023 with 2 transfers for postdates and one transfer for maternal exhaustion and pain management. The DOH has submitted a candidate to the Governor to fill our physician opening. We have investigated two complaints and will confer with legal counsel in Exec Session.

Rooks moved that the board go to **Executive session pursuant to 36C 1-26-2 and 1-25-2 (3) to discuss confidential records and consult with Legal Counsel**. Stevens second. The board voted unanimously. **MOTION PASSED**

The board went into **Executive Session** at 2:48pm

President Pease **reconvened the meeting** at 2:58pm to take action on the matter discussed in Executive Session.

Cavender Wilson moved that **we accept the recommendation of the investigator and legal counsel to dismiss the complaint from May 31, 2023 because we do not have jurisdiction where the actions took place**, and direct our Executive Secretary to communicate that information to all affected parties. Second by Stevens. Rooks recused herself because she was the investigator. The board voted unanimously. **MOTION PASSED.**

President Pease announced that our next meeting will be **March 21, 2024 (1-4pm CST).**

At 2:57pm **Rooks moved to adjourn**. Cavender Wilson second. The board voted unanimously. **MOTION PASSED.**

South Dakota Board of Certified Professional Midwives Members

Name: **Debbie Pease, President**

Position: **Public Member**

City: Centerville

Term End Date: 10/30/2026 Final Term

Name: **Susan Rooks, Vice President**

Position: **Certified Nurse Midwife**

City: Oral

Term End Date: 10/30/2025 Final Term

Name: **Autumn Cavender-Wilson, Secretary**

Position: **Certified Professional Midwife**

City: Granite Falls, MN

Term End Date: 10/30/2024 Final Term

Name: **Eudine Stevens**

Position: **Certified Professional Midwife**

City: Conde

Term End Date: 10/30/2025 First Term

Name: **Amy Lueking, MD**

Position: **Physician**

City: Pierre

Term End Date: 10/30/2024 First Term

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Expense Cat	SubObject	Account Name	Fiscal Year						Grand Total
			2019	2020	2021	2022	2023	2024	
Other	5101030	BOARD & COMM MBRS FEES	840.00	600.00	480.00	60.00			1,980.00
	5102010	OASI-EMPLOYER'S SHARE	64.26	45.90	36.72	4.59			151.47
	5203100	LODGING/IN-STATE	0.00						0.00
	5204080	LEGAL CONSULTANT			0.00				0.00
	5204090	MANAGEMENT CONSULTANT	6,341.80	7,216.26	8,043.76	7,232.30	8,132.30	4,479.69	41,446.11
	5204160	WORKSHOP REGISTRATION FEE	75.35	76.05					151.40
	5204181	BIT DEVELOPMENT COSTS			84.10	89.50			173.60
	5204200	CENTRAL SERVICES	289.19	320.11	350.12	298.61	272.96	114.13	1,645.12
	5204207	HUMAN RESOURCES SERVICES	376.54	225.87	173.46		28.28		804.15
	5204360	ADVERTISING-NEWSPAPER	696.42			276.81			973.23
	5204510	RENTS-OTHER		23.91					23.91
	5204590	INS PREMIUMS & SURETY BDS	900.00	880.00	245.00	825.00	995.00		3,845.00
	5205020	OFFICE SUPPLIES					105.00		105.00
	5208080	REFUND OF PRIOR YRS REV			1,000.00				1,000.00
	5208290	OTHER INTEREST PAYMENTS					4.07		4.07
	5228000	OPER TRANS OUT -NON BUDGT			917.39				917.39
Grand Total			9,583.56	9,388.10	11,330.55	8,786.81	9,537.61	4,593.82	53,220.45

South Dakota Licensed Certified Professional Midwives

- Elaine Arnold CPM** License #002103 Expires Dec. 1, 2025
Location: Enumclaw, WA 98022
Serving: Not in South Dakota at this time.
Contact: Email: aiti.elaine@gmail.com www.Avivmidwifery.com
Phone: 425-344-7703
- Eileen Carlson CPM** License #001901 Expires March 1, 2025
Location: Marshall, MN 56258
Serving: Eastern South Dakota Area: Watertown, Summit, South Shore, Milbank, De Smet, Volga, Brookings. Availability is dependent on time of the year (weather considerations) and case load.
Contact: Email: eileenmidwife@gmail.com Phone: 952-300-7379
Web: Tree of Life Midwifery tolmidwifery.com
<https://www.facebook.com/Tree-of-Life-Midwifery-659138270869454/>
- Autumn Cavender-Wilson CPM** License #001904 Expires April 1, 2025
Location: Granite Falls, MN 56241
Serving: North Eastern South Dakota: Northern Sioux Falls, Renner, Brookings, Arlington, Watertown, Clark, Wilmont, Waubay. Availability is dependent on time of the year (weather considerations) and case load.
Contact: Email: autumn@yellowmedicinemidwifery.com
Phone: 320-444-5645
Web: Yellow Medicine Midwifery <http://yellowmedicinemidwifery.org/>
<https://www.facebook.com/yellowmedicinemidwife/>
- Debbie Eakes CPM** License #001902 Expires August 1, 2025
Location: Granite Falls, MN 56241
Serving: Northeastern South Dakota: Watertown, Milbank, Southshore, Waverly, Estelline, Toronto, Bruce, White, Brookings, Elkton, Flandreau. Availability is dependent on time of the year (weather considerations) and case load.
Contact: Email: elnidobirhandfamily@gmail.com Phone: 320-522-3773
Web: <https://www.elnidobirhandfamily.org/>
- Grace Fox** License # 002301 Expires April 1 2025
Location: Rapid City SD 57701
Serving: Western South Dakota
Contact: Email: dragonflymidwife@gmail.com Phone: 541-621-3984
- Jackie Lopez CPM** License #001903 Inactive Status April 1, 2023

South Dakota Licensed Certified Professional Midwives

Alaina Kerkhove CPM License #001906 Expires August 1, 2025

Location: Coleman, SD 57017

Serving: Eastern South Dakota: Sioux Falls, Renner, Brookings, Arlington, Watertown, Clark, Wilmont, Waubay, Sisseton. Availability is dependent on time of the year (weather considerations) and case load.

Contact: Email: Alainababies@yahoo.com
Phone: 605-633-1709

Eudine J. Stevens CPM License #002102 Expires Nov. 1, 2025

Location: 120 Broadway Street, Conde, SD 57434

Serving: Aberdeen Area, Huron Area, Watertown area

Contact: Email: eudine@gentlewife.net
Phone: 406-939-1960 Fax 877-922-7925
Web: Gentle Touch Midwifery <http://www.mygentlewife.rocks>
<https://www.facebook.com/gentletouchmidwifery/>

Ann Wilde Hintz CPM License #001905 Expires May 1, 2025

Location: Fergus Falls MN 56537

Serving: Northeastern South Dakota: Watertown, Sisseton, Britton, Webster, Lake City, Aberdeen, Groton, Milbank, Clark, Wilmot, Waubay, Rosholt, South Shore. Will travel and make special arrangements for underserved areas of South Dakota. Client must also be willing to travel for prenatal appointments. Availability is dependent on time of the year (weather considerations) and case load.

Contact: Email: embracebirthcare@gmail.com
Phone: 218-321-0956 FAX 833-228-5592
Web: Embrace Birth Care www.embracebirthcare.com
www.facebook.com/Embrace-Birth-Care-LLC

Licensed Student Midwives

Alissa Crandall SM License #002201S Issued June 1, 2022

Preceptor: Eudine J. Stevens CPM License #002102
Location: Huron, SD

Brooke Erickson SM License #002302S Issued December 1, 2023

Preceptor: Eileen Carlson CPM License #001901
Location: Slayton, MN

Abbie Paulson SM License #002202S Issued August 1, 2022

Preceptor: Eudine J. Stevens CPM License #002102
Location: Aberdeen, SD

SB57 became SDCL in the 2024 Session

It was brought by the Governor's Office and it affects all professional licensing boards. They are setting a blanket policy to allow boards to give those who have committed a crime the ability to be considered for licensure if the board deems they have been rehabilitated or that their licensure doesn't pose a threat to the public.

Below is our statute that I believe is relevant. Since it has a "may" and not a "shall", I don't think it will change how we operate.

36-9C-22. Denial, revocation, or suspension for misconduct.

The board may deny, revoke, or suspend any license or application for licensure to practice as a certified professional midwife or certified professional midwife student in this state, and may take such other disciplinary or corrective action as the board deems appropriate upon proof that the license holder or applicant has:

- (1) Committed fraud, deceit, or misrepresentation in procuring or attempting to procure a license;
- (2) Aided or abetted an unlicensed person to practice as a certified professional midwife;
- (3) Engaged in practice as a certified professional midwife under a false or assumed name and failed to register that name pursuant to chapter [37-11](#), or impersonated a license holder of a like or different name;
- (4) Committed an alcohol or drug related act or offense that interferes with the ability to practice midwifery safely;
- (5) Negligently, willfully, or intentionally acted in a manner inconsistent with the health and safety of those entrusted to the license holder's care;
- (6) Had authorization to practice as a certified professional midwife denied, revoked, or suspended or had other disciplinary action taken in another state;
- (7) Practiced in this state as a certified professional midwife without a valid license;
- (8) Engaged in the performance of certified professional midwifery beyond the scope of practice authorized by § [36-9C-13](#);
- (9) Violated any provision of this chapter or rule promulgated pursuant to this chapter;
- (10) **Been convicted of a felony.** The conviction of a felony means a conviction of any offense which, if committed in this state, would constitute a felony under state law; or
- (11) Engaged in substandard, unprofessional, or dishonorable conduct.

Source: SL 2017, ch 172, § 22.

Source: SL 2017, ch 172, § 12.

36-9C-13. Practice in out-of-hospital setting.

For the purposes of this chapter, the practice of a certified professional midwife is the management and care of the low-risk mother-baby unit in an out-of-hospital setting during pregnancy, labor, delivery, and postpartum periods. A certified professional midwife may perform the following scope of practice in an out-of-hospital setting including a licensed birth center:

- (1) Initial and ongoing assessment for suitability of midwifery care including assessment of risk;
- (2) Prenatal care, including the routine monitoring of vital signs, indicators of fetal development, and ordering of routine prenatal laboratory tests;
- (3) Recognizing the limits of knowledge and experience, planning for situations beyond expertise, and consulting with, or referring or transporting clients to other licensed health care providers as appropriate;
- (4) Attending and supporting the natural process of labor and birth;
- (5) Postpartum care of the mother and an initial assessment and screening of the newborn;
- (6) Providing prenatal education, information, and referrals to community resources on childbirth preparation, breastfeeding, exercise, nutrition, parenting, and care of the newborn;
- (7) Limited prescriptive authority to administer:
 - (a) Vitamin K to the baby either orally or through intramuscular injection;
 - (b) Postpartum antihemorrhagic medication in an emergency situation;
 - (c) Local anesthetic for repair of a first or second degree perineal laceration;
 - (d) IV antibiotics for treatment of Group B strep during labor;
 - (e) Oxygen;
 - (f) Eye prophylaxis;
 - (g) RhoGam; and
- (8) Preparing and filing of a birth certificate pursuant to § 34-25-9.1.

Source: SL 2017, ch 172, § 13.

36-9C-14. Actions excluded from practice of certified professional midwife.

For the purposes of this chapter, the practice of a certified professional midwife does not include:

- (1) The use of any surgical instrument at a childbirth, except as necessary to sever the umbilical cord or repair a first or second degree perineal laceration;
 - (2) Prescribing prescription medications including controlled drugs, except as permitted pursuant to subdivision 36-9C-13(7);
 - (3) The assisting of childbirth by artificial or mechanical means including forceps, vacuum delivery, or cesarean delivery; or
 - (4) Performing or assisting in an abortion.
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20:86:03:04. Conditions for which a maternal transport to hospital shall be facilitated. A certified professional midwife shall facilitate the immediate transport of a client to a hospital for emergency care if the client has any of the following disorders, diagnosis, conditions or symptoms:

(1) Infection during labor or immediately postpartum where maternal temperature is above 100.8 degrees Fahrenheit for two consecutive readings in one hour and one or more of the following are present:

- (a) Foul smelling amniotic fluid;
- (b) Shaking;
- (c) Chills; or
- (d) Elevated pulse;

(2) Suggestion of fetal jeopardy, such as any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, thick meconium , or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;

(3) Inability to obtain fetal heart tones after 20 weeks gestation or anytime later in pregnancy;

(4) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;

(5) Second stage labor after three hours without adequate progress, and third stage labor after one hour without adequate progress;

(6) Current spontaneous preterm labor;

(7) Current preterm premature rupture of membranes;

(8) Signs of pre-eclampsia or eclampsia;

(9) Current hypertensive disease of pregnancy;

(10) Continuous uncontrolled bleeding;

(11) Suspected placenta accreta;

(12) Hemorrhage not responsive to treatment;

(13) Unresolved maternal shock;

(14) Cord prolapse;

(15) Active herpes during labor;

(16) Transverse in labor;

(17) Excessive antepartum and intrapartum painless vaginal bleeding;

(18) Cardiac arrest;

(19) Delivery injuries to the bladder or bowel including third and fourth degree lacerations;

(20) Seizures;

(21) Uncontrolled vomiting;

(22) Coughing or vomiting of blood;

(23) Severe chest pain or cardiac irregularities;

(24) Apnea;

(25) Persistent uterine atony;

- (26) Uterine inversion;
- (27) Indications of infection in the immediate postpartum;
- (28) Tremors, hyperactivity, or seizures;
- (29) Declining oxygen stats or tachypnea unable to be resolved; or
- (30) Client desires transport for herself or her newborn.

Source: 45 SDR 31, effective September 10, 2018.

General Authority: SDCL [36-9C-32\(2\)\(6\)](#).

Law Implemented: SDCL 36-9C-36.



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Application for Certified Professional Midwife License Renewal

Licensure renewal information and fees must be received by the South Dakota Board of Certified Professional Midwives office *by your license expiration date* or your license will lapse. **It is illegal to practice professional midwifery in South Dakota without an active CPM license.** You are responsible to maintain licensure whether or not you receive a renewal notice.

All forms and fees must be postmarked on or before your expiration date to avoid lapsing.

Please follow instructions carefully to avoid delays in processing your renewal. If any information is incorrect, incomplete or illegible, processing may be delayed. Upon receipt of all forms and fees at the South Dakota Board of Certified Professional Midwives office your application will be considered for renewal. You will be notified if additional information is required.

To RENEW your CPM license, **submit the following** to the South Dakota Board of Certified Professional Midwives office:

- Completed ***Application for CPM License Renewal Form***
- Completed ***Verification of Experience Form***
- **Fee: \$1500**
 - Payment should be in the form of a money order or personal check payable to South Dakota Board of Certified Professional Midwives. Fees are non-refundable and must accompany form. A \$40 fee will be charged for any insufficient check written.



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Application to Renew CPM License

I request to RENEW:

SD CPM License Number: _____

Name(Last): _____ (First): _____ (Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(Home): _____ (Work): _____ (Cell): _____

Date of Birth: ____/____/____ Email Address: _____

Disciplinary Information

If "YES" is answered to any of the below questions please attach a detailed explanation. You must also submit copies of charges or citations and ALL communication with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion / compliance with court requirements.

Please report all instances not previously reported to the board. Have you ever:

1.	Committed fraud, deceit, or misrepresentation in procuring or attempting to procure a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Aided or abetted an unlicensed person to practice as a certified professional midwife in South Dakota?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Engaged in practice as a certified professional midwife under a false or assumed name and failed to register that name pursuant to chapter 37-11 or impersonated a license holder of a like or different name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Committed an alcohol or drug related act or offense that interferes with the ability to practice midwifery safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Negligently, willfully, or intentionally acted in a manner inconsistent with the health and safety of those entrusted to your care as a certified professional midwife?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Had the authorization to practice as a certified professional midwife denied, revoked, or suspended or had other disciplinary action taken in another state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Violated any provision of Chapter 36-9C or rule pursuant to 36-9C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Been convicted of a misdemeanor and/or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Engaged in substandard, unprofessional, or dishonorable conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verification of Experience Form

NARM CPM certification current: No Yes

Effective Dates : From _____ To _____

Submit copy if renewed during the past licensure period

Are you a NARM CPM approved preceptor? No Yes

Do you have any students? No Yes

Continuing education units taken: _____

Have you obtained a license in another state(s) since previous licensing period? No Yes

If yes: Where _____

Do you have an active license in another state(s)? No Yes

If yes: Where _____

According to SDCL:36-9C-16 (3) Evidence that the license holder has a minimum of 140 hours in the preceding 12-month period, or 480 hours in the preceding 6-year period, of patient care, employment, or volunteer work in midwifery;

Are you currently working as a CPM? No Yes 12-month ___ or 6-year ___

Births attended _____

Average hours of care given _____

Estimated hours served _____

If no, are you:

___ Retired

___ Inactive

___ Volunteer Volunteer hours _____

I, the undersigned, declare and affirm under the penalties or perjury that this application for licensure renewal in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things correct and true.

Signature of Applicant: _____ Date: _____

The board may request a review of your records to verify the hours specified on this form

Maternal Intrapartum or Postpartum- Newborn Transfer Form

Date: _____

Transfer Info:

Client code : _____

Status at transfer: Stable Unstable

DOB: _____

Transfer: Intrapartum- Early Active Stage 2

Weeks gestation: _____

Postpartum - Stage 3 or 4

G/P: _____

Transfer: Emergent Non Emergent

EDD: _____

Transferred by: Ambulance Helicopter Car

Based on LMP - Ovulation- US Other factors: _____

Reason for transfer: Circle all that apply

- Maternal exhaustion - Client requests
- Pain management
- Blood Pressure Hyper/Hypotension
- Malpresentation/ Breech
- Abnormal bleeding or PPH
- Shock / Seizure / Cardiac event
- Non reassuring FHT / Meconium
- SN/SX of infection/fever
- Prolonged 2nd or 3rd Stage *
- Unstable lie
- Placental abruption
- Uncontrolled vomiting
- Extensive repair or 3rd /4th degree repair needed
- Preterm labor or rupture of membranes
- Uterine rupture

Other reasons: _____

Time line-Date	Begin- Time	Transfer time
Stage 2		
Stage 3 no progress		
*Applicable only if this was reason for transfer		

Admission: **No** Client treated and released **Yes**

Information the receiving facility received from midwife: Circle all that apply

Prenatal record Postpartum record Labor records Birth records Labs and/or US results

Time of call placed: _____

Receiving facility: _____

Receiving Provider: _____

Midwife name: _____ Midwife's phone #: _____

Date of report: _____

Maternal Intrapartum or Postpartum- Newborn Transfer Form

Date: _____

Transfer Info:

Client code : _____

Status at transfer: Stable Unstable

Weeks gestation: _____

Transfer: Infant ____ hours. _____ minutes old

EDD: _____

Transfer: Emergent Non Emergent

Infant: M F

Transferred by: Ambulance Helicopter Car

Date of Birth: _____

Apgar ____ 1 min. ____ 5 min ____ 10min

Time of birth: _____

Resuscitation: No Yes

Stimulation Bulb DeLee PPV #____ Heart Compression ____ min. O2 ____ liters ____ min.

Reason for transfer: Circle all that apply

- Apgar \leq 6 at 10 minutes
- Congenital anomalies
- Birth weight <5 lbs
- Unstable Temp/heart rate
- Breathing - grunting, TTN, retraction
- Oxygen prolong needed
- Abnormal coloration - central cyanosis
- Jaundice
- Client desires transfer
- Birth injury
- SN/SX of illness
- Meconium aspiration
- Meconium stain -non particulate - particulate

Other reasons: _____

Admission: **No** Infant was treated and released **Yes**

Information the receiving facility or provider received from midwife: Circle all that apply

Birth records Newborn Exam Newborn screening results - blood, CCHD or Hearing results

Other Labs results

Time of call placed: _____

Receiving facility: _____

Receiving Provider: _____

Midwife name: _____ Midwife's phone #: _____

Date of report: _____



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Birth Report Assessment Form

License # _____

County of Birth: _____ Date of Delivery: _____

1. Birth Report Clerical Assessment

a. No questionable clerical documentation noted.

Executive Secretary

b. Clerical documentation was corrected as follows: _____

Executive Secretary

2. Birth Report CPM Assessment (CPM from another region)

a. No questionable documentation noted.

CPM Board Member

b. Referred for committee review due to this questionable documentation: _____

CPM Board Member

3. Birth Report Committee Assessment (CPM & MD)

a. Review of documentation including interview with CPM _____

b. Birth Report has been reviewed and no further action is merited.

Physician Board Member

CPM Board Member

c. Referred for investigation: _____

Physician Board Member

CPM Board Member