



# Birth Center Annual Report

Report data from July 01, 2021 through June 30, 2022.

Completed reports must be received by the Agency no later than July 30, 2022.

Date Created:

Created By:

## Birth Center Information

Facility Name

County

Street Address

City

State

Zip

File Number

License Number

License Status

License Last Status Date

## Client Care Services Enter data into each weight group.

### Number of Deliveries in the Birth Center by Weight:

Total Number of Deliveries :

< 2500 Grams \*

2500 Grams or more \*

### Number of Maternity Clients Accepted for Care and Length of Stay:

Number of Maternity Clients:

Total: \*

Total Length of Stay, Hours:

Shortest: \*

Longest: \*

Average: \*

Postpartum Length of Stay, Hours:

Shortest: \*

Longest: \*

Average: \*

### Surgical Services Performed at the Birth Center:

Circumcisions \*

Episiotomies \*

Episiotomies/Laceration Repair \*

Save

## Transfer Information

### Maternal Transfers:

Are any Maternal Transfer(s) being reported: \*

+ New <input checked="" type="checkbox"/> Save changes <input type="checkbox"/> Cancel changes						
Date	Intrapartum / Postpartum	Days in Hospitals	Transfer Reason	Transfer Reason Comment	Actions	
<b>No maternal transfers during the reporting period.</b>						
No items to display						

### Newborn Transfers:

Are any Newborn Transfer(s) being reported: \*

+ New <input checked="" type="checkbox"/> Save changes <input type="checkbox"/> Cancel changes						
Date	Birth Weight , Grams	Days in Hospitals	APGAR (5 min) _/10	Transfer Reason	Transfer Reason Comment	Actions
<b>No newborn transfers during the reporting period.</b>						
No items to display						

### Deaths

#### Newborn Deaths:

Are any Newborn Death(s) being reported: \*

Delivered at the birth center and died within seven days of life. Do not include clients transferred more than 48 hours before birth.

Date	Birth Weight , Grams	Occurred	Reported to Medical Examiner	Cause Of Death	Cause of Death Comment	Actions
<b>No newborn deaths during the reporting period.</b>						

Navigation bar with left and right arrows, a central '0' indicator, and the text 'No items to display' on the right.

#### Stillborn/Fetal Deaths:

Are any Stillborn Death(s) being reported: \*

Delivered at the birth center only.

Date	Birth Weight , Grams	Occurred	Reported to Medical Examiner	Cause Of Death	Cause of Death Comment	Actions
<b>No stillborn/fetal deaths during the reporting period.</b>						

Navigation bar with left and right arrows, a central '0' indicator, and the text 'No items to display' on the right.

## Maternal Deaths:

Are any Maternal Death(s) being reported: \*

[+ New](#) [✓ Save changes](#) [✗ Cancel changes](#)

Date	Reported to Medical Exami	Occurred	Cause Of Death	Cause of Death Comment	Actions
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**No maternal deaths during the reporting period.**

< 0 > No items to display

## Signature

The information presented on this form is true and correct.

Prepared By:

Date of Submission:

Username:

Title:

Email Address:

Phone:

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AHCA Form 3130-3004OL, January 2022

Rule 59A-11.019, Florida Administrative Code