

**BOARD OF DIRECT ENTRY MIDWIFERY**

Oregon Health Licensing Agency  
700 Summer Street N.E., Suite #320  
Salem, Oregon 97301-1287  
(503) 378 – 8667

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**PEER REVIEW SUMMARY SHEET**

(You *must* submit a Peer Review Sheet for every Peer Review conducted at the time of renewal).

Midwife's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Date(s) of Peer Review: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**PEER REVIEW INFORMATION**

1. Reviewer's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Reviewer's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reporting Period - From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Cases Reviewed: \_\_\_\_\_

Total Number of Births with non-absolute and/or absolute risk criteria: \_\_\_\_\_  
(You must complete and submit a risk criteria summary form for each case).

Please complete the statistical reporting form on the following page, for this reporting period, for every client who entered into labor under your care.

(Please Note: Do not include clients transferred out of your care prior to labor)

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Signature (Midwife)

Date

# STATISTICAL OCCURRENCE REPORTING FORM

Case / Birth ID#	Year	County of Occurrence	Hospital Transfer in Labor		Birth Number			VBAC*		Breech Birth		Live Birth		APGAR Score		Maternal Death	
			Yes	No	Single	Twin	Triplet	Yes	No	Yes	No	Yes	No	1 Min.	5 Min.	Yes	No
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25.																	
		<b>Total</b>															

\*Vaginal After Previous C- Section

**Please Note:** Do not include clients transferred out of your care prior to labor

