

## MAWV YEARLY SUMMARY REPORT

Name: \_\_\_\_\_ For year: \_\_\_\_\_ Filing Date: \_\_\_\_\_

### I. Summary of Births

Total number of births attended: \_\_\_\_\_ home \_\_\_\_\_ birth center \_\_\_\_\_ hospital \_\_\_\_\_ MD office  
\_\_\_\_\_ In WV \_\_\_\_\_ In other states (please list states): \_\_\_\_\_

# of VBAC deliveries: \_\_\_\_\_ # of multiples births: \_\_\_\_\_

# of breech deliveries: \_\_\_\_\_ # of PROM deliveries: \_\_\_\_\_

Total number of reportable incidents: \_\_\_\_\_

### II. Reviews

**1. Did you complete the Case Review Requirement?**

Yes Date(s): \_\_\_\_\_

No Please Explain \_\_\_\_\_

**2. Please log your reportable incidents for the year on the back of this form →**

**3. Number of Peer Reviews attended:** \_\_\_\_\_ as Reviewer: \_\_\_\_\_ As Reviewed:

### III. Summary of Educational Events & Activities:

1. Please list educational workshops/continuing education events attended: \_\_\_\_\_

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2. Description of preceptor activities, including number of apprentices: \_\_\_\_\_

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