

# CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT Summary

as of 7/16/2014 3:47:13 PM

**SECTION A - Submission Summary**

Number of Midwives Expected to Report	<b>330</b>
Number Reported	<b>259</b>
Number Unreported	<b>71</b>
Note: Report Field Numbers 1 through 10 are specific to each midwife report submitted and are not included in this aggregation.	

**SECTION B - REPORTING PERIOD**

Line No.	Report Year
11	<b>2013</b>

**SECTION C - SERVICES PROVIDED IN CALIFORNIA** - This report should reflect services provided in California only.

Line No.		Total # Yes	Total # No
12	Did you or a student midwife supervised by you perform midwife services in the <b>State of California</b> during the year when the intended place of birth at the onset of your care was an out-of-hospital setting?	<b>191</b>	<b>68</b>

**SECTION D - CLIENT SERVICES**

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	<b>5052</b>
14	Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	<b>222</b>
15	Total number of clients served whose births were still pending on the last day of this reporting year.	<b>1345</b>
16	Enter the number of clients served who also received collaborative care. <b>IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!</b>	<b>2720</b>
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. <b>IMPORTANT: SEE DEFINITION OF SUPERVISION!</b>	<b>444</b>

**SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED**

(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths	(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths
01	ALAMEDA	193	0	0	0	30	ORANGE	109	0	0	0
02	ALPINE	0	0	0	0	31	PLACER	43	0	0	0
03	AMADOR	0	0	0	0	32	PLUMAS	0	0	0	0
04	BUTTE	5	0	0	0	33	RIVERSIDE	98	0	0	0
05	CALAVERAS	4	0	0	0	34	SACRAMENTO	64	0	0	0
06	COLUSA	0	0	0	0	35	SAN BENITO	1	0	0	0
07	CONTRA COSTA	46	0	1	0	36	SAN BERNARDINO	69	0	0	0
08	DEL NORTE	1	0	0	0	37	SAN DIEGO	183	2	1	0
09	EL DORADO	20	0	0	0	38	SAN FRANCISCO	181	1	0	0
10	FRESNO	26	0	0	0	39	SAN JOAQUIN	22	0	0	0
11	GLENN	0	0	0	0	40	SAN LUIS OBISPO	80	0	0	0
12	HUMBOLDT	63	0	0	0	41	SAN MATEO	29	0	0	0
13	IMPERIAL	0	0	0	0	42	SANTA BARBARA	174	0	0	0
14	INYO	0	0	0	0	43	SANTA CLARA	96	1	0	0
15	KERN	66	1	0	0	44	SANTA CRUZ	71	1	0	0
16	KINGS	0	0	0	0	45	SHASTA	82	0	0	0
17	LAKE	35	0	0	0	46	SIERRA	0	0	0	0
18	LASSEN	2	0	0	0	47	SISKIYOU	9	0	0	0
19	LOS ANGELES	459	2	0	0	48	SOLANO	9	0	0	0
20	MADERA	2	0	0	0	49	SONOMA	108	0	0	0
21	MARIN	50	0	1	0	50	STANISLAUS	29	0	0	0
22	MARIPOSA	3	0	0	0	51	SUTTER	2	0	0	0
23	MENDOCINO	34	0	0	0	52	TEHAMA	2	0	0	0
24	MERCED	9	0	0	0	53	TRINITY	2	0	0	0
25	MODOC	1	0	0	0	54	TULARE	10	0	0	0
26	MONO	0	0	0	0	55	TUOLUMNE	26	0	0	0
27	MONTEREY	42	0	0	0	56	VENTURA	123	2	0	0
28	NAPA	31	0	0	0	57	YOLO	20	0	0	0
29	NEVADA	74	0	0	0	58	YUBA	5	0	0	0

**SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS**

Line No.		Total #
19	Number of planned out-of-hospital births at the onset of labor	3028
20	Number of completed births in an out-of-hospital setting	2559
21	Breech deliveries	20
22	Successful VBAC's	109
23	Twins both delivered out-of-hospital	6
24	Higher Order Multiples - all delivered out-of-hospital	0

**SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY**

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated</i> to pregnancy	5
26	G2	Hypertension developed in pregnancy	27
27	G3	Blood coagulation disorders, including phlebitis	7
28	G4	Anemia	1
29	G5	Persistent vomiting with dehydration	2
30	G6	Nutritional & weight loss issues, failure to gain weight	0
31	G7	Gestational diabetes	8
32	G8	Vaginal bleeding	5
33	G9	Suspected or known placental anomalies or implantation abnormalities	9
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	55
35	G11	HIV test positive	0
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	4
37	G12.1	Fetal anomalies	9
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	21
39	G14	Fetal heart irregularities	9
40	G15	Non vertex lie at term	33
41	G16	Multiple gestation	16
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	43
43	G18	Client request	28
44	G19	Other	26

**SECTION H - ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	0
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	16
47	H3	Isoimmunization, severe anemia, or other blood related issues	1
48	H4	Significant infection	1
49	H5	Significant vaginal bleeding	5
50	H6	Preterm labor or preterm rupture of membranes	44
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	8
52	H8	Fetal demise	5
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	4
54	H10	Other	5

**SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY**

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	6
56	I2	Active herpes lesion	0
57	I3	Abnormal bleeding	5
58	I4	Signs of infection	7
59	I5	Prolonged rupture of membranes	38
60	I6	Lack of progress; maternal exhaustion; dehydration	231
61	I7	Thick meconium in the absence of fetal distress	20
62	I8	Non-vertex presentation	16
63	I9	Unstable lie or mal-position of the vertex	7
64	I10	Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER)	0
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	11
66	I12	Client request; request for medical methods of pain relief	50
67	I13	Other	7

**SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	2
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	3
70	J3	Suspected uterine rupture	0
71	J4	Maternal shock, loss of consciousness	0
72	J5	Prolapsed umbilical cord	1
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	41
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	10
75	J8	Other life threatening conditions or symptoms	0
76	J9	Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	1

**SECTION K – POSTPARTUM TRANSFER OF CARE - MOTHER, ELECTIVE/NON-EMERGENCY**

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	7
78	K2	Repair of laceration beyond level of midwife's expertise	16
79	K3	Postpartum depression	1
80	K4	Social, emotional or physical conditions outside of scope of practice	1
81	K5	Excessive or prolonged bleeding in later postpartum period	11
82	K6	Signs of infection	1
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	2
84	K8	Client request	2
85	K9	Other	0

**SECTION L – POSTPARTUM TRANSFER OF CARE - MOTHER, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	7
87	L2	Uterine inversion, rupture or prolapse	0
88	L3	Uncontrolled hemorrhage	9
89	L4	Seizures or unconsciousness, shock	2
90	L5	Adherent or retained placenta with significant bleeding	15
91	L6	Suspected postpartum psychosis	1
92	L7	Signs of significant infection	1
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	3
94	L9	Other	4

**SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE/NON-EMERGENCY**

Line No.	Code	Reason	Total #
95	M1	Low birth weight	3
96	M2	Congenital anomalies	3
97	M2.1	Birth injury	1
98	M3	Poor transition to extrauterine life	11
99	M4	Insufficient passage of urine or meconium	0
100	M5	Parental request	1
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	16
102	M7	Other	2

**SECTION N – TRANSFER OF CARE - INFANT, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	8
104	N2	Signs or symptoms of infection	1
105	N3	Abnormal cry, seizures or loss of consciousness	1
106	N4	Significant jaundice at birth or within 30 hours	1
107	N5	Evidence of clinically significant prematurity	2
108	N6	Congenital anomalies	1
109	N6.1	Birth injury	0
110	N7	Significant dehydration or depression of fontanelles	0
111	N8	Significant cardiac or respiratory issues	10
112	N9	Ten minute APGAR score of six (6) or less	2
113	N10	Abnormal bulging of fontanelles	0
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	1
115	N12	Other	5

**SECTION O - BIRTH OUTCOMES AFTER TRANSFER OF CARE**

Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarean Deliveries	
		Code		Code	
<b>MOTHER</b>					
116	Without complication	O1	393	O8	258
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	12	O9	12
118	With serious pregnancy/birth related medical complications <b>not</b> resolved by 6 weeks	O3	2	O10	0
119	Death of mother	O4	0	O11	0
120	Unknown	O5	1	O12	0
121	Information not obtainable	O6	0	O13	0
122	Other	O7	2	O14	0
<b>INFANT</b>					
123	Healthy live born infant	O15	333	O24	217
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	16	O25	7
125	With serious pregnancy/birth related medical complications <b>not</b> resolved by 4 weeks	O17	5	O26	4
126	Fetal demise diagnosed prior to labor	O18	2	O27	0
127	Fetal demise diagnosed during labor or at delivery	O19	2	O28	1
128	Live born infant who subsequently died	O20	9	O29	1
129	Unknown	O21	44	O30	0
130	Information not obtainable	O22	43	O31	0
131	Other	O23	3	O32	1

**SECTION P - COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY**

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
		Code		Code		Code	
<b>MOTHER</b>							
132	Blood loss	P8	0	P15	0	P1	0
133	Sepsis	P9	0	P16	0	P2	0
134	Eclampsia/toxemia or HELLP syndrome	P10	0	P17	0	P3	0
135	Embolism (pulmonary or amniotic fluid)	P11	0	P18	0	P4	0
136	Unknown	P12	0	P19	0	P5	0
137	Information not obtainable	P13	0	P20	0	P6	0
138	Other	P14	0	P21	0	P7	0
<b>INFANT</b>							
139	Anomaly incompatible with life	P30	3	P38	5	P22	8
140	Infection	P31	0	P39	1	P23	1
141	Meconium aspiration, other respiratory	P32	0	P40	0	P24	0
142	Neurological issues/seizures	P33	0	P41	0	P25	0
143	Other medical issue	P34	0	P42	2	P26	2
144	Unknown	P35	0	P43	0	P27	0
145		P36	0	P44	0	P28	0

	Information not obtainable						
146	Other	P37	0	P45	2	P29	2