

Licensed Midwife Annual Report
Task Force Report
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Following are recommendations from the Midwifery Advisory Council Task Force for adjustments to the Licensed Midwife Annual Reporting (LMAR) Tool.

The overall recommendation of this task force is to seek legislative change to permit moving data collection for Licensed Midwives to the Midwives Alliance of North America (MANA) Department of Research statistical data-base. Reasons for this move has been delineated in former reports to this council and to the Board as a whole, however, it is important to review the main advantages of that system. First among them is that the MANA Stats reporting tool was designed by those with knowledge on how to collect this type of data. Additionally, it has a dedicated staff of researchers, computer coders and others working to make sure it continues to be the best tool of its kind. A number of other states have already made the choice to capture data in this manner. And finally, the MANA data collection is essentially done in a prospective rather than retrospective (how the LMAR functions) manner. This is the gold standard in data collection and should be what is used in California. Since a move of this nature cannot be accomplished in an expedient manner, we submit the following items for review and incorporation, either in part or in total, into the LMAR.

A legislative fix is now needed to remove language from B&P Section 2516 that is no longer appropriate given changes to our authorizing statute by AB 1308.

- Remove B&P Sec 2516 (3)(B) “*The total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon*”, originally included to capture data on how many midwives had some type of relationship with a physician. Suggest capturing data on consultation/referrals in another way on the reporting tool
- Remove B&P Sec 2516 (3)(C) “*The total number of clients served under the supervision of a licensed physician and surgeon*”, supervision is no longer required by law

General Recommendations:

- Confine all information regarding deaths in a separate section (see below and Appendix A), removing the collection of data relating to deaths from all other sections.
- For each item that has a definition, have a pop up box with the definition that is not one you scroll over to select but one that automatically comes up when the cursor is put into the answer box
- Remove the requirement to report by county. It too easily identifies the midwife and her client, especially in counties with a low population. This will require a legislative fix.
- General workings of the on-line tool
 - ✓ The ‘No Data to Report’ button is confusing. If you are filling in the form with zeros as you go down a column and then notice the ‘no data’ button at the bottom you have to remove the zeros before you can select that button. Recommend allowing zeros to be inserted and removing the button. This would mandate reporters reading each item before answering.
 - ✓ Zeros are allowed to be entered in some sections and not in others and then do not show on the final form, including print view. Recommend allowing zeros in all fields if that is the answer and have the zeros print on the saved form.

- ✓ Comments made in each section do not show on the finalized form, including the print view. This should be corrected, with all comments made by the reporter showing on both their copy and on what is sent to the OSHPD.
- ✓ Ideally, it would be good if midwives could enter their data as it occurs, over the course of the reporting year. This could be easily accomplished by asking the legislature to mandate data be submitted to the Midwives Alliance of North America as is the case for a number of other states.

Recommendations by current reporting tool section as follows:

Section D Client Services:

- Line 14 *Number of clients who left care for non-medical reasons*: Change wording to: Number of clients who were either lost to care or who left care for non-medical reasons (definition of lost to care: clients who never returned for appointments despite efforts to contact them)
- Line 15 *Total number of clients served whose births were still pending on the last day of the year*: Remove. It serves no purpose, is not required by statute, and confuses the numbers
- Line 16 *Collaborative Care*: Change to number of times referrals were made (acknowledge that it might be more than one referral per client) and include the reasons for the referral from the list currently being developed in regulation. This may need to be incorporated in coming years pending the adoption of the regulation implementing AB 1308.
- Line 17 *Supervision*: will need to be removed after legislative fix noted above re: supervision

Section E Outcomes per county in which birth, fetal demise, or infant or maternal death occurred

General recommendations:

It is desired that more in-depth information be captured regarding the nature of all deaths. Therefore we recommend having a separate Section X for reporting of all deaths.

Change Section E to capture information on live births only:

- Column A change to county in which live birth occurred
- Column B keep the same
- Column C move to Section X
- Column D move to Section X
- Column E move to Section X

Specific recommendations for additional fields of data:

- Retain Columns A & B
- Add the following Columns:
 - ✓ Number of live preterm births (before 37 0/7 weeks gestation) delivered after transfer of care
 - ✓ Number of low birth weight infants (under 2500 grams/5# 8oz). Delineate between OOH and after transfer, in hospital.
 - ✓ Number of live preterm births completed out of hospital (before 37 0/7 weeks gestation)

Section F Outcomes of out of hospital births

- Line 19 and 20 no change
- Line 21 *Breech*: split to delivered OOH and delivered after transfer (it should be recognized that occasionally Breech babies will be born with an LM in attendance secondary to precipitous, undiagnosed Breech)
- Line 22 *VBAC*: create a separate section for VBAC. See notes for Section P

- Line 23 *Twins*: collect data on both delivered OOH along with outcome, one delivered OOH and outcomes for both, and transferred for both with outcomes
- Line 24: *Higher Order Multiples*: collect data on all delivered OOH along with outcomes, one delivered OOH and outcomes, more than one delivered OOH and outcomes, and transferred for all with outcomes.

Section G Antepartum Transfer, elective: no changes

Section H Antepartum Transfer of Care, urgent

- Line 52 Fetal Demise: remove to Section X

Section I Intrapartum transfer of care, elective

- Line 64 *Multiple Gestation* Remove, data captured in Section F (this eliminates duplicate data)

Section J Intrapartum transfer of care, urgent

- Line 76: *Multiple Gestation* Remove, data captured in Section F (this eliminates duplicate data)

Sections K, L, M, N no recommended changes

Section O Birth Outcomes after transfer of care:

- Wording change in directions “Lines 116-131: For any mother or infant who transferred care as reported in section I, J, K, L, M and N, from the licensed midwife to another healthcare provider, please provide the outcome information regarding the mother and the infant in the spaces provided. Deaths will be reported in a separate section”.
- Lines 119 *Death of mother*: Capture data in new Section X
- Line 126 *Fetal demise diagnosed prior to labor*: Capture data in new Section X
- Line 127 *Fetal demise diagnosed during labor or at delivery*: Capture data in new Section X
- Line 128 *Live born infant who subsequently died*: Capture data in new Section X
- Make it clear that this Section O is for morbidity only. Deaths will be captured **ONLY** in Section X.

Section P Vaginal Birth After Cesarean (completely restructured)

- Eliminate current questions in favor of Section X
- Use this Section to capture VBAC information only, as follows
 - Number of planned OOH VBACs at onset of term labor or term rupture of membranes at term
 - Number of completed VBACs OOH
 - Number of completed VBACs after transfer to hospital
 - Number of cesarean sections after transfer to hospital
 - Number of diagnosed uterine dehiscence and outcome (morbidity only, deaths captured in Section X)
 - Number of diagnosed uterine ruptures and outcome (morbidity only, deaths captured in Section X)
 - Consider capturing data on: VBAC after one prior CS and VBAC after more than one prior CS
- Complications leading to death related to VBAC will be captured in Section X

Section X

This new section will capture all deaths; fetal, neonatal and maternal. Each death will be recorded individually, not as an aggregate. This allows for all of the details of each death to be individually gathered. No data regarding the death of a mother or an infant will be entered elsewhere on this form. A summary of captured data is included here, all components (cause, OOH, after transfer) are collected as they have been previously. For exact language please see Appendix A.

1. Number of pregnancy losses (from any cause) prior to 20 completed weeks of gestation (*could be separated into SAB/TAB/TAB for medical indication or fetal anomaly if desired, though not necessary*)
2. Number of fetal demise(s) prior to onset of labor or after rupture of membranes without labor, from 20 0/7 weeks gestation up to and including 36 6/7 weeks gestation (pre-term) (*could capture data on exact number of weeks gestation*)
3. Number of fetal demise(s) prior to onset of labor or rupture of membranes without labor, after 37 0/7 weeks gestation (term)
4. Number of fetal demise(s) during labor between 20 0/7 weeks gestation and 36 6/7 weeks gestation (pre-term) (*While LMs should not be intentionally caring for these women there is the possibility that an LM would go check on a woman that meets this criteria and find both active labor and a demise. Variables re place of death, place of labor, etc are collected on proposed form*)
5. Number of fetal demise(s) during labor after 37 0/7 weeks gestation (term)
6. Number of neonatal (presumes live born infant) deaths prior to the 7th day of extra-uterine life
7. Number of neonatal (presumes live born infant) deaths from day 7 to day 28 of extra-uterine life
8. Number of maternal deaths (*Definition: death of mother as a result of pregnancy; while pregnant or within 42 days of the end of a pregnancy*)
9. Number of fetal demise(s) (of any category) diagnosed prior to labor by a physician who were subsequently delivered OOH by the LM on maternal request (*This information is captured for each death, rather than as an aggregate*)
10. Whether death attributable to diagnosed anomalies incompatible with life
11. Information on VBAC that resulted in the death of a mother or an infant
12. Complications contributing to deaths of mother or infant
13. Place of death, OOH or after transfer