

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Summary

as of 7/20/2015 9:19:02 AM

SECTION A - Submission Summary

| | |
|---|-----|
| Number of Midwives Expected to Report | 363 |
| Number Reported | 316 |
| Number Unreported | 47 |
| 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 | 2014 |

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 State of California during the year when the intended place of birth at the onset of your care was an out-of-hospital setting? | 220 | 96 |

SECTION D - CLIENT SERVICES

| Line No. | | Total # |
|----------|---|---------|
| 13 | Total number of clients served as primary caregiver during this calendar year. | 5386 |
| 14 | Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report) | 256 |
| 15 | Total number of clients served whose births were still pending on the last day of this reporting year. | 1282 |
| 16 | Enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE! | 2763 |
| 17 | Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION! | 161 |

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 | 324 | 2 | 1 | 0 | 30 | ORANGE | 119 | 0 | 0 | 0 |
| 02 | ALPINE | 1 | 0 | 0 | 0 | 31 | PLACER | 39 | 0 | 0 | 0 |
| 03 | AMADOR | 3 | 0 | 0 | 0 | 32 | PLUMAS | 1 | 0 | 0 | 0 |
| 04 | BUTTE | 25 | 0 | 0 | 0 | 33 | RIVERSIDE | 124 | 0 | 0 | 0 |
| 05 | CALAVERAS | 3 | 0 | 0 | 0 | 34 | SACRAMENTO | 110 | 0 | 0 | 0 |
| 06 | COLUSA | 1 | 0 | 0 | 0 | 35 | SAN BENITO | 6 | 0 | 0 | 0 |
| 07 | CONTRA COSTA | 39 | 1 | 0 | 0 | 36 | SAN BERNARDINO | 124 | 1 | 0 | 0 |
| 08 | DEL NORTE | 1 | 0 | 0 | 0 | 37 | SAN DIEGO | 251 | 0 | 0 | 0 |
| 09 | EL DORADO | 27 | 1 | 0 | 0 | 38 | SAN FRANCISCO | 240 | 1 | 0 | 0 |
| 10 | FRESNO | 21 | 0 | 0 | 0 | 39 | SAN JOAQUIN | 17 | 0 | 0 | 0 |
| 11 | GLENN | 0 | 0 | 0 | 0 | 40 | SAN LUIS OBISPO | 74 | 1 | 0 | 0 |
| 12 | HUMBOLDT | 57 | 0 | 0 | 0 | 41 | SAN MATEO | 40 | 0 | 0 | 0 |
| 13 | IMPERIAL | 0 | 0 | 0 | 0 | 42 | SANTA BARBARA | 108 | 1 | 0 | 0 |
| 14 | INYO | 0 | 0 | 0 | 0 | 43 | SANTA CLARA | 116 | 0 | 1 | 0 |
| 15 | KERN | 59 | 0 | 0 | 0 | 44 | SANTA CRUZ | 58 | 1 | 0 | 0 |
| 16 | KINGS | 1 | 0 | 0 | 0 | 45 | SHASTA | 107 | 0 | 0 | 0 |
| 17 | LAKE | 5 | 0 | 0 | 0 | 46 | SIERRA | 0 | 0 | 0 | 0 |
| 18 | LASSEN | 6 | 0 | 0 | 0 | 47 | SISKIYOU | 12 | 0 | 0 | 0 |
| 19 | LOS ANGELES | 550 | 2 | 0 | 0 | 48 | SOLANO | 14 | 0 | 0 | 0 |
| 20 | MADERA | 6 | 0 | 0 | 0 | 49 | SONOMA | 125 | 1 | 0 | 0 |
| 21 | MARIN | 55 | 1 | 0 | 0 | 50 | STANISLAUS | 23 | 0 | 0 | 0 |
| 22 | MARIPOSA | 5 | 0 | 0 | 0 | 51 | SUTTER | 2 | 0 | 0 | 0 |
| 23 | MENDOCINO | 21 | 1 | 0 | 0 | 52 | TEHAMA | 4 | 0 | 0 | 0 |
| 24 | MERCED | 6 | 0 | 0 | 0 | 53 | TRINITY | 5 | 0 | 0 | 0 |
| 25 | MODOC | 1 | 0 | 0 | 0 | 54 | TULARE | 9 | 0 | 0 | 0 |
| 26 | MONO | 0 | 0 | 0 | 0 | 55 | TUOLUMNE | 30 | 0 | 0 | 0 |
| 27 | MONTEREY | 70 | 0 | 0 | 0 | 56 | VENTURA | 109 | 0 | 0 | 0 |
| 28 | NAPA | 13 | 0 | 0 | 0 | 57 | YOLO | 28 | 0 | 0 | 0 |
| 29 | NEVADA | 84 | 0 | 0 | 0 | 58 | YUBA | 6 | 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 | 3397 |
| 20 | Number of completed births in an out-of-hospital setting | 2833 |
| 21 | Breech deliveries | 12 |
| 22 | Successful VBAC's | 150 |
| 23 | Twins both delivered out-of-hospital | 1 |
| 24 | Higher Order Multiples - all delivered out-of-hospital | 1 |

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 | 12 |
| 26 | G2 | Hypertension developed in pregnancy | 40 |
| 27 | G3 | Blood coagulation disorders, including phlebitis | 5 |
| 28 | G4 | Anemia | 6 |
| 29 | G5 | Persistent vomiting with dehydration | 3 |
| 30 | G6 | Nutritional & weight loss issues, failure to gain weight | 1 |
| 31 | G7 | Gestational diabetes | 10 |
| 32 | G8 | Vaginal bleeding | 4 |
| 33 | G9 | Suspected or known placental anomalies or implantation abnormalities | 10 |
| 34 | G10 | Loss of pregnancy (includes spontaneous and elective abortion) | 67 |
| 35 | G11 | HIV test positive | 1 |
| 36 | G12 | Suspected intrauterine growth restriction, suspected macrosomia | 12 |
| 37 | G12.1 | Fetal anomalies | 5 |
| 38 | G13 | Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios | 15 |
| 39 | G14 | Fetal heart irregularities | 2 |
| 40 | G15 | Non vertex lie at term | 43 |
| 41 | G16 | Multiple gestation | 8 |
| 42 | G17 | Clinical judgment of the midwife (where a single other condition above does not apply) | 35 |
| 43 | G18 | Client request | 48 |
| 44 | G19 | Other | 74 |

SECTION H - ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|----------|------|---|---------|
| 45 | H1 | Non pregnancy-related medical condition | 21 |
| 46 | H2 | Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia | 16 |
| 47 | H3 | Isoimmunization, severe anemia, or other blood related issues | 2 |
| 48 | H4 | Significant infection | 0 |
| 49 | H5 | Significant vaginal bleeding | 2 |
| 50 | H6 | Preterm labor or preterm rupture of membranes | 47 |
| 51 | H7 | Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST) | 12 |
| 52 | H8 | Fetal demise | 7 |
| 53 | H9 | Clinical judgment of the midwife (where a single other condition above does not apply) | 1 |
| 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 | 11 |
| 56 | I2 | Active herpes lesion | 0 |
| 57 | I3 | Abnormal bleeding | 5 |
| 58 | I4 | Signs of infection | 5 |
| 59 | I5 | Prolonged rupture of membranes | 41 |
| 60 | I6 | Lack of progress; maternal exhaustion; dehydration | 260 |
| 61 | I7 | Thick meconium in the absence of fetal distress | 22 |
| 62 | I8 | Non-vertex presentation | 16 |
| 63 | I9 | Unstable lie or mal-position of the vertex | 6 |
| 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) | 41 |
| 66 | I12 | Client request; request for medical methods of pain relief | 70 |
| 67 | I13 | Other | 15 |

SECTION J - INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|----------|------|---|---------|
| 68 | J1 | Suspected preeclampsia, eclampsia, seizures | 4 |
| 69 | J2 | Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor | 5 |
| 70 | J3 | Suspected uterine rupture | 2 |
| 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 | 45 |
| 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 | 2 |
| 76 | J9 | Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL) | 0 |

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

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 77 | K1 | Adherent or retained placenta without significant bleeding | 14 |
| 78 | K2 | Repair of laceration beyond level of midwife's expertise | 20 |
| 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 | 5 |
| 82 | K6 | Signs of infection | 7 |
| 83 | K7 | Clinical judgment of the midwife (where a single other condition above does not apply) | 3 |
| 84 | K8 | Client request | 1 |
| 85 | K9 | Other | 5 |

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

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 86 | L1 | Abnormal or unstable vital signs | 4 |
| 87 | L2 | Uterine inversion, rupture or prolapse | 1 |
| 88 | L3 | Uncontrolled hemorrhage | 8 |
| 89 | L4 | Seizures or unconsciousness, shock | 2 |
| 90 | L5 | Adherent or retained placenta with significant bleeding | 17 |
| 91 | L6 | Suspected postpartum psychosis | 1 |
| 92 | L7 | Signs of significant infection | 2 |
| 93 | L8 | Clinical judgment of the midwife (where a single other condition above does not apply) | 2 |
| 94 | L9 | Other | 0 |

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

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 95 | M1 | Low birth weight | 1 |
| 96 | M2 | Congenital anomalies | 4 |
| 97 | M2.1 | Birth injury | 0 |
| 98 | M3 | Poor transition to extrauterine life | 13 |
| 99 | M4 | Insufficient passage of urine or meconium | 0 |
| 100 | M5 | Parental request | 2 |
| 101 | M6 | Clinical judgment of the midwife (where a single other condition above does not apply) | 7 |
| 102 | M7 | Other | 4 |

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 | 11 |
| 104 | N2 | Signs or symptoms of infection | 8 |
| 105 | N3 | Abnormal cry, seizures or loss of consciousness | 2 |
| 106 | N4 | Significant jaundice at birth or within 30 hours | 2 |
| 107 | N5 | Evidence of clinically significant prematurity | 0 |
| 108 | N6 | Congenital anomalies | 2 |
| 109 | N6.1 | Birth injury | 0 |
| 110 | N7 | Significant dehydration or depression of fontanelles | 0 |
| 111 | N8 | Significant cardiac or respiratory issues | 9 |
| 112 | N9 | Ten minute APGAR score of six (6) or less | 3 |
| 113 | N10 | Abnormal bulging of fontanelles | 0 |
| 114 | N11 | Clinical judgment of the midwife (where a single other condition above does not apply) | 0 |
| 115 | N12 | Other | 2 |

SECTION O - BIRTH OUTCOMES AFTER TRANSFER OF CARE

| Line No. | Reason | (A) Total # of Vaginal Births | | (B) Total # of Caesarean Deliveries | |
|---------------|---|-------------------------------------|-----|---|-----|
| | | Code | | Code | |
| MOTHER | | | | | |
| 116 | Without complication | O1 | 592 | O8 | 267 |
| 117 | With serious pregnancy/birth related medical complications resolved by 6 weeks | O2 | 15 | O9 | 8 |
| 118 | With serious pregnancy/birth related medical complications not resolved by 6 weeks | O3 | 2 | O10 | 0 |
| 119 | Death of mother | O4 | 0 | O11 | 0 |
| 120 | Unknown | O5 | 3 | O12 | 0 |
| 121 | Information not obtainable | O6 | 4 | O13 | 0 |
| 122 | Other | O7 | 3 | O14 | 0 |
| INFANT | | | | | |
| 123 | Healthy live born infant | O15 | 611 | O24 | 231 |
| 124 | With serious pregnancy/birth related medical complications resolved by 4 weeks | O16 | 19 | O25 | 2 |
| 125 | With serious pregnancy/birth related medical complications not resolved by 4 weeks | O17 | 4 | O26 | 4 |
| 126 | Fetal demise diagnosed prior to labor | O18 | 5 | O27 | 0 |
| 127 | Fetal demise diagnosed during labor or at delivery | O19 | 2 | O28 | 3 |
| 128 | Live born infant who subsequently died | O20 | 1 | O29 | 1 |
| 129 | Unknown | O21 | 4 | O30 | 0 |
| 130 | Information not obtainable | O22 | 2 | O31 | 0 |
| 131 | Other | O23 | 5 | O32 | 0 |

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 | |
| MOTHER | | | | | | | |
| 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 |
| INFANT | | | | | | | |
| 139 | Anomaly incompatible with life | P30 | 1 | P38 | 1 | P22 | 2 |
| 140 | Infection | P31 | 0 | P39 | 0 | P23 | 0 |
| 141 | Meconium aspiration, other respiratory | P32 | 0 | P40 | 1 | P24 | 1 |
| 142 | Neurological issues/seizures | P33 | 0 | P41 | 0 | P25 | 0 |
| 143 | Other medical issue | P34 | 1 | P42 | 0 | P26 | 1 |
| 144 | Unknown | P35 | 0 | P43 | 0 | P27 | 0 |
| 145 | | P36 | 0 | P44 | 0 | P28 | 0 |

| | | | | | | | |
|-----|----------------------------|-----|---|-----|---|-----|---|
| | Information not obtainable | | | | | | |
| 146 | Other | P37 | 0 | P45 | 0 | P29 | 0 |

California Licensed Midwife Annual Report Optional Feedback

Total Number of Comments: 21

Reporting Year: 2014

As of: 7/20/2015 9:28:54 AM

| Section/Category | Comments/Explanation |
|------------------|--|
| Miscellaneous | I am currently licensed to practice in another state, but occasionally I come to California to attend to family and close friends. Please call if you need any further clarification. Thank you. |
| G-Other | The newborn in section O, line 125, with serious medical complication has Trisomy18 and is currently still alive at 7 months old. He is in and out of the hospital due to respiratory issues and infections. |
| G-Other | there is no way to change my address on this form. |
| Miscellaneous | need to add intrapartum category for non-progressive prodromal labor (signs and symptoms of very early labor that last longer than 24-48 hrs without change or progress |
| L-Other | need category for discovery of complicated vertex presentation such as face presentation or compound presentation, etc |
| G-Other | Please change my address: ... |
| G-Other | Mom developed cholestasis prior to 37 weeks gestation |
| G-Other | I just submitted my report and immediately after detected an error in Section G where I report the 4 who left care in Section D for non medical reasons. And it states not to report them anywhere else. So I just removed them from line items 43 and 44 and now I am completely accurate. I apologize for my confusion. |
| P-Infant-Other | The only fetal demise we had was detected once we transported to the hospital for pre-eclampsia. The placenta had abrupted and the baby was stillborn. |
| N-Other | One baby suspected of possible UTI at 3 weeks of age. Admitted to hospital and treated for UTI. One baby admitted to hospital at 15 days and treated for late onset GBS infection. |
| G-Other | I included a birth as an out-of-hospital birth that happened with me catching in the back of an ambulance. The reason for the transfer was a prolapsed cord on a breech baby. The delivery went well and mom and baby were both healthy and ready to go home before we arrived at the hospital. They were forced to stay in the hospital for 24 hours. |
| G-Other | Please change my mailing address to: ... |
| G-Other | My address isn't current on this form but I couldn't figure out how to change it here. MBC has the accurate address. |
| G-Other | Midwifery care was provided as secondary midwife in 2014 |
| G-Other | My address has changed and the field did not allow me to change it. Please note that my current address is: ... |
| Miscellaneous | My address was changed with the board last year and is correct online, but doesn't appear correct here. The correct address is ... |
| G-Other | I have a new address. This form reflects my old address, and I am unable to change my address here. My new address is: ... I would like to request an option for confirming, then changing our addresses on the form each year. Thank you! |
| Miscellaneous | I'm currently living and working in Madagascar, East Africa where we have a maternity center for impoverished women. |
| Miscellaneous | I am a new midwife, my first year in practice. I offer Hybrid Midwifery for those women wanting home midwifery care prenatally and postpartum, but would like to birth in the hospital. I found my first Annual Reporting to be challenging to describe my role, in terms of Primary Provider, etc. I had 1 client with an |

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| | |
|---------------|--|
| | infant death, who was under collaborative care with a pediatrician. How do I report? |
| Miscellaneous | To note, I live in Belize 75% of the year and attend most of my clients there. As I understand it this form is only to report births in the state of California, so for that reason it appears that I only attended 2 births last year. I am also licensed in Belize and report as needed under their Nurses & Midwives Act. Please do let me know is it is necessary to report to The Medical Board of California births that I attend elsewhere, & if so how I go about doing that. Thank you so much. |
| G-Other | Client lives 2 hours away and started care with Primary Care Physician. Continues concurrent care until she delivers. |