

# DRAFT CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Proposed Language in BLUE, proposed deleted language in ~~strikethrough~~

## SECTION A - LICENSEE DATA

|   |             |              |  |
|---|-------------|--------------|--|
| 1a. First:  | 1b. Middle: | 1c. Last:    |  |
| 2. License Number:  |             |              |  |
| <i>Numbers 3-10 are voluntary, but will assist OSHPD in contacting you if questions arise relating to your report</i> |             |              |  |
| 3. Street Address 1:  |             |              |  |
| 4. Street Address 2:  |             |              |  |
| 5. City:  | 6. State:   | 7. ZIP Code: |  |
| 8. Phone 1:   |             | 9. Phone 2:  |  |
| 10. E-mail Address:   |             |              |  |

## SECTION B - REPORTING PERIOD

| Line No. | Report Year |
|----------|-------------|
| 11       | 2016        |

## SECTION C - SERVICES PROVIDED IN CALIFORNIA

| Line No.   |  | Yes | 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? |     |    |
| <p>If "yes," continue with completion of the report. If "no," go to the last page, sign and date the report and mail to:</p> <p style="margin-left: 100px;">Office of Statewide Health Planning and Development<br/>                     Information Services Division, Patient Data Section<br/>                     Licensed Midwife Annual Report<br/>                     2020 West El Camino Avenue, Suite 1100<br/>                     Sacramento, CA 95833</p> |  |     |    |

## SECTION D - CLIENT SERVICES

Lines 13 to 17: Client Services include all clients for whom you provided midwifery services in this reporting year, whose intended place of birth at the onset of YOUR care was an out-of-hospital setting. Include all clients regardless of year initially booked.

| Line No. |   | Total # |
|----------|---|---------|
| 13       | Total number of clients served as primary caregiver, <a href="#">for birth related care</a> , during this calendar year.<br><br><a href="#">Birth related care includes antepartum, intra-partum, and postpartum. This does not include clients seen for family planning during the inter-conceptional years.</a>   |         |
| 14       | Number of clients who <a href="#">were either lost to care or who left care for non-medical reasons</a> . <del>left care for a non-medical reason</del><br><br><a href="#">Definition of lost to care: Clients who never returned for appointments despite efforts to contact them and Licensed Midwife does not know if they left for medical or non-medical reasons.</a><br><br>(DO NOT include these clients in any further categories on this report) |         |
| 15       | Total number of clients served whose births were still pending on the <a href="#">first</a> last day of <del>the reporting</del> <a href="#">the new year</a> .   |         |
| 16       | <del>Total number of women covered in this LMAR (=line 13 minus (line 14+line15) enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!</del>  |         |
| 17       | <del>Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION!</del>  |         |

**SECTION E – OUTCOMES, BY COUNTY, OF LIVE BIRTHS OF FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED**

Lines 18a to 18g: Include all live births, ~~cases of fetal demise, and infant and maternal deaths~~ that occurred during this reporting year, regardless of year client was initially booked.

Column A: Enter each county - use the county codes provided from the dropdown list - where you attended a birth as the primary caregiver.

Column B: Enter the number of clients in that county whose pregnancies resulted in a live birth while under your care.

Column C: ~~Enter the number of clients in that county whose pregnancies resulted in a fetal demise discovered while under your care.~~ Enter the number of clients who delivered a live preterm infant (before 37 0/7 weeks gestation) born in an OOH setting

Column D: ~~Enter the number of clients in that county whose pregnancies resulted in an infant death while under your care.~~ Enter the number of clients who delivered a live preterm infant (before 37 0/7 weeks gestation) born after transfer, in hospital

Column E: ~~Enter the number of clients in that county whose pregnancies resulted in a maternal death while under your care.~~ Enter the number of clients in that county who delivered a low birth weight, term infant in an OOH setting

Column F: Enter the number of clients in that county who delivered a low birth weight, term infant in the hospital after transfer.

| Line No. | (A)<br>County in which the <u>Live Birth</u> Occurred | (B)<br># of Live Births | (C)<br># of <u>Live preterm births (before 37 0/7 weeks gestation) born out of Hospital (OOH)</u> | (D)<br># of <u>Live preterm births (before 37 0/7 weeks gestation) born after transfer, in hospital</u> | (E)<br># of <u>Low birth weight, term, infants - Definition: Under 2500 grams/5 pounds, 8 oz. born Out of Hospital (OOH)</u> | (F)<br># of <u>Low birth weight, term, infants Definition: Under 2500 grams/5 pounds, 8 oz. born after transfer, in hospital.</u> |
|----------|---|-------------------------|---|---|--|---|
| 18a      |   |                         |   |   |  |   |
| 18b      |   |                         |   |   |  |   |
| 18c      |   |                         |   |   |  |   |
| 18d      |   |                         |   |   |  |   |
| 18e      |   |                         |   |   |  |   |
| 18f      |   |                         |   |   |  |   |
| 18g      |   |                         |   |   |  |   |

**NOTE: Prior wording in C, D, and E removed to Section X for Mortality**

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

Lines 19 to 24: Include all births that occurred during this reporting year, regardless of year client was initially booked. It is understood that for this section each birth experience or infant born may be included on more than one line.

DELIVERY: episode of a mother giving birth regardless of number of babies born alive or dead.

Line 19: Enter total number of [singleton](#) out-of-hospital deliveries you planned on attending as the primary caregiver at the onset of labor

Line 20: Out of the total number of [singleton](#) out-of-hospital births you planned on attending as the primary caregiver at the onset of labor (as indicated in line 19), enter the number of those deliveries that **actually did occur** in an out-of-hospital setting

~~Line 21: Breech: Enter the number of planned deliveries you attended in an out of hospital setting as the primary caregiver that were delivered breech.~~

~~Lines 23: Twins: Enter the number of planned deliveries you attended in an out of hospital setting as the primary caregiver that involved twins. Each mother giving birth counts as one delivery, regardless of number of babies born. Record only if all babies delivered out of hospital.~~

~~Lines 24: Higher Order Multiples – all delivered out of hospital: Enter the number of planned deliveries you attended in an out of hospital setting as the primary caregiver that involved a higher number of multiples. Each mother giving birth counts as one delivery, regardless of number of babies born. Record only if all babies delivered out of hospital..~~

| Line No. |   | Total # |
|----------|---|---------|
| 19       | Number of planned out-of-hospital births <b>at the onset of labor</b> |         |
| 20       | Number of completed births in an out-of-hospital setting              |         |
| 21       | <del>Breech deliveries</del>  |         |
| 22       | <del>Successful VBACs</del>   |         |
| 23       | <del>Twins both delivered out of hospital</del>                       |         |
| 24       | <del>Higher Order Multiples – all delivered out of hospital</del>     |         |

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

Lines 25-44: For each reason listed, enter the number of clients who, during the antepartum period electively (no emergency existed) transferred to the care of another healthcare provider. Report the primary reason for each client.

| Line No.              | Code                | Reason   | Total # |
|-----------------------|---------------------|--|---------|
| 25                    | G1                  | Medical or mental health conditions <i>unrelated</i> to pregnancy                      |         |
| 26                    | G2                  | Hypertension developed in pregnancy  |         |
| 27                    | G3                  | Blood coagulation disorders, including phlebitis                                       |         |
| 28                    | G4                  | Anemia   |         |
| 29                    | G5                  | Persistent vomiting with dehydration   |         |
| 30                    | G6                  | Nutritional & weight loss issues, failure to gain weight                               |         |
| 31                    | G7                  | Gestational diabetes   |         |
| 32                    | G8                  | Vaginal bleeding   |         |
| 33                    | G9                  | Suspected or known placental anomalies or implantation abnormalities                   |         |
| 34                    | G10                 | Loss of pregnancy (includes spontaneous and elective abortion)                         |         |
| 35                    | G11                 | HIV test positive  |         |
| 36                    | G12                 | Suspected intrauterine growth restriction, suspected macrosomia                        |         |
| 37                    | G12.1               | Fetal anomalies  |         |
| 38                    | G13                 | Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios                     |         |
| 39                    | G14                 | Fetal heart irregularities   |         |
| 40                    | G15                 | Non vertex lie at term   |         |
| 41                    | G16                 | Multiple gestation   |         |
| 42                    | G17                 | Clinical judgment of the midwife (where a single other condition above does not apply) |         |
| 43                    | G18                 | Client request   |         |
| <a href="#">44</a>    | <a href="#">G19</a> | <a href="#">Greater than 42 and 0/7 weeks gestation</a>                                |         |
| <a href="#">45</a>    | <a href="#">G20</a> | <a href="#">Less than 37 weeks gestation, in labor or with rupture of membranes</a>    |         |
| <a href="#">46</a>    | <a href="#">G21</a> | Other  |         |
| G21 Other Explanation |                     |  |         |

## SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 45-54: For each reason listed, enter the number of clients who, during the antepartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

| Line No.        | Code | Reason  | Total # |
|-----------------|------|---|---------|
| 45              | H1   | Non pregnancy-related medical condition   |         |
| 46              | H2   | Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia                |         |
| 47              | H3   | Isoimmunization, severe anemia, or other blood related issues                                       |         |
| 48              | H4   | Significant infection   |         |
| 49              | H5   | Significant vaginal bleeding  |         |
| 50              | H6   | Preterm labor or preterm rupture of membranes   |         |
| 51              | H7   | Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST) |         |
| 52              | H8   | <a href="#">Less than 37 weeks gestation, in labor or with rupture of membranes</a>                 |         |
| 53              | H9   | Clinical judgment of the midwife (where a single other condition above does not apply)              |         |
| 54              | H10  | Other   |         |
| H10 Explanation |      |   |         |

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

Lines 55-67: For each reason listed, enter the number of clients who, during the intrapartum period, electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

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

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

Lines 68-76: For each reason listed, enter the number of clients who, during the intrapartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

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

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

Lines 77-85: For each reason listed, enter the number of clients who, during the postpartum period, electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

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

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

Lines 86-94: For each reason listed, enter the number of clients who, during the postpartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

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

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

Lines 95-102: For each reason listed, enter the number of infants who electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each infant.

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

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

Lines 103-115: For each reason listed, enter the number of infants who were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each infant.

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



## SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Lines 116-131: For any mother or infant ~~who with~~ transferred of care as ~~r~~ Reported in sections I, J, K, L, M and N, from the licensed midwife to another healthcare provider, please provide the outcome information regarding ~~both~~ the mother and ~~for~~ the infant in the spaces provided. NOTE This section collects data on MORBIDITY only. MORTALITY will only be reported in Section X

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

**Information collection regarding vaginal birth after cesarean, breeches and multiple pregnancies will be discussed at the Interested Parties meeting as well as information collection on mortality. Additional sections will be added as warranted.**

**Current Section P appears directly below without proposed changes**

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

**Only complete this section if you reported instances of fetal demise or infant or maternal deaths in previous sections!**

Lines 132-138: For each complication listed, in Column A, enter the total number of mothers who died during the pregnancy or within six (6) weeks after the end of a pregnancy as a result of that complication. Indicate in Columns A or B the numbers that were out-of-hospital births or transfers. Report only one primary complication for each client.

Lines 139-146: Indicate in Columns A or B the numbers that were out-of-hospital births or transfers. Report only one primary complication for each client.

| 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                  |  | P15                |  | P1                           |  |
| 133             | Sepsis                                 | P9                  |  | P16                |  | P2                           |  |
| 134             | Eclampsia/toxemia or HELLP syndrome    | P10                 |  | P17                |  | P3                           |  |
| 135             | Embolism (pulmonary or amniotic fluid) | P11                 |  | P18                |  | P4                           |  |
| 136             | Unknown                                | P12                 |  | P19                |  | P5                           |  |
| 137             | Information not obtainable             | P13                 |  | P20                |  | P6                           |  |
| 138             | Other                                  | P14                 |  | P21                |  | P7                           |  |
| P12 Explanation |  |                     |  |                    |  |                              |  |
| P13 Explanation |  |                     |  |                    |  |                              |  |
| P14 Explanation |  |                     |  |                    |  |                              |  |
| P19 Explanation |  |                     |  |                    |  |                              |  |
| P20 Explanation |  |                     |  |                    |  |                              |  |
| P21 Explanation |  |                     |  |                    |  |                              |  |
| <b>INFANT</b>   |  |                     |  |                    |  |                              |  |
| 139             | Anomaly incompatible with life         | P30                 |  | P38                |  | P22                          |  |
| 140             | Infection                              | P31                 |  | P39                |  | P23                          |  |
| 141             | Meconium aspiration, other respiratory | P32                 |  | P40                |  | P24                          |  |
| 142             | Neurological issues/seizures           | P33                 |  | P41                |  | P25                          |  |
| 143             | Other medical issue                    | P34                 |  | P42                |  | P26                          |  |
| 144             | Unknown                                | P35                 |  | P43                |  | P27                          |  |
| 145             | Information not obtainable             | P36                 |  | P44                |  | P28                          |  |
| 146             | Other                                  | P37                 |  | P45                |  | P29                          |  |
| P35 Explanation |  |                     |  |                    |  |                              |  |
| P36 Explanation |  |                     |  |                    |  |                              |  |

|                 |  |
|-----------------|--|
| P37 Explanation |  |
| P43 Explanation |  |
| P44 Explanation |  |
| P45 Explanation |  |

**The information contained herein is accurate and complete to the best of my knowledge.**

Signature:

Date:

**Please send the completed report to:**

Office of Statewide Health Planning and Development  
Patient Data Section  
Licensed Midwife Annual Report  
400 R Street, Suite 270  
Sacramento, CA 95811-6213

## Appendix A - County Code List

| County Name  |                 |
|--------------|-----------------|
| ALAMEDA      | ORANGE          |
| ALPINE       | PLACER          |
| AMADOR       | PLUMAS          |
| BUTTE        | RIVERSIDE       |
| CALAVERAS    | SACRAMENTO      |
| COLUSA       | SAN BENITO      |
| CONTRA COSTA | SAN BERNARDINO  |
| DEL NORTE    | SAN DIEGO       |
| EL DORADO    | SAN FRANCISCO   |
| FRESNO       | SAN JOAQUIN     |
| GLENN        | SAN LUIS OBISPO |
| HUMBOLDT     | SAN MATEO       |
| IMPERIAL     | SANTA BARBARA   |
| INYO         | SANTA CLARA     |
| KERN         | SANTA CRUZ      |
| KINGS        | SHASTA          |
| LAKE         | SIERRA          |
| LASSEN       | SISKIYOU        |
| LOS ANGELES  | SOLANO          |
| MADERA       | SONOMA          |
| MARIN        | STANISLAUS      |
| MARIPOSA     | SUTTER          |
| MENDOCINO    | TEHAMA          |
| MERCED       | TRINITY         |
| MODOC        | TULARE          |
| MONO         | TUOLUMNE        |
| MONTEREY     | VENTURA         |
| NAPA         | YOLO            |
| NEVADA       | YUBA            |

## Appendix B – Frequently Asked Questions

|  |
|--|
| <b>What happens if I am out of town and the midwife covering my practice transports one of my clients. Who reports?</b>  |
| If you are the primary midwife and are away or otherwise temporarily leave your clients in the care of a back-up midwife and that midwife ends up transferring your client, you should be the midwife who reports that transfer. This does not apply if you transfer care permanently to the other midwife, only for temporary coverage situations.  |
| <b>I have clients that live and plan to give birth in Nevada, but I occasionally provide care to these clients in my California Office. Should I report this as “care given in California”?</b>  |
| Only report on clients who intended to have you attend their out of hospital birth in California, regardless of what state the midwife was in when you provided their prenatal care.   |
| <b>With regard to fetal demise in Section E, if the fetus has a documented heartbeat when we left for the hospital but doesn't when we get there or has a heartbeat when we arrive at the hospital but dies later, would I report the county in which I discovered the fetal demise?</b>   |
| No, you did not discover the fetal demise while it was under your care and it should not be reported in Section E. In Section E, only enter instance of fetal demise that were discovered under your care. If you don't hear a heartbeat during a prenatal visit or during labor and the demise is confirmed after transfer, you have discovered the demise while under your care and it should be entered in this section.  |
| <b>I'm confused by Line 13 since it includes people who have been or will be reported on in other years. Who should I include in this number?</b>  |
| Only include care given in California. This line should include all the clients who were seen for prenatal care during 2016, but left care for any reason before the baby was born, all the clients who had their babies in 2016 whether at home or after transport, and all clients you saw prenatally in 2016 who had not had their babies yet at the end of the year. This number should only include clients who entered care intending an out of hospital birth and does not include clients seen for well woman care only, doula clients, or clients who intended a hospital birth but wanted additional prenatal care with a midwife. It does <i>not</i> include clients who were still being seen for postpartum care in 2017 after having babies in 2016. |
| <b>If I send the baby to the doctor because of a concern, but also continue to provide care for the baby at home, do I report that a transfer of care for a newborn?</b>   |
| If you are unsure about a baby and bring it to a pediatrician who pronounces everything fine and returns the baby to your care, that is not a transfer and should not be reported in Sections M or N. If you bring the baby in and after examination the medical caregiver decides to admit the baby for observation or decides that the situation warrants ongoing medical observation or treatment, that is a transfer of care and should be reported in Section M or N.   |

## Appendix B – Frequently Asked Questions

**Where would I report a spontaneous abortion that does not require transfer for medical attention?**

Line 13 only, as a client who received services during the reporting year who desired a homebirth at the onset of care.

**If I was attending a birth at a home and continued to attend after the mother was transferred to the hospital for delivery, should I report that in Section E?**

No, Section E is only for reporting births that occurred *while you were the primary caregiver*. In a transfer of care the receiving caregiver becomes the primary caregiver.

**I work with a partner and we do everything together, both are primary at births. Should we take turns reporting or just have one of us report our outcomes and the other just report that no midwife services were performed? It would be nice to report as a practice.**

As long as every occurrence is reported and every midwife files a report, it doesn't really matter which of you files the report. Typically clients are divided up with one midwife designated as the reporter/primary for that client. If MANA stats are being submitted, clients should be divided according to who is listed as "midwife 1" in order to use the California Stats page generated at the end of the year.