LICENSED MIDWIFE ANNUAL REPORT

California Midwives' User Guide

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Introduction

The Licensed Midwife Annual Report (LMAR) User Guide is designed to assist midwives in their reporting of previous year's service provided in California. This guide will walk the midwife through the process of:

- Registering and setting up a new password
- Logging in to LMAR
- Completing, reviewing, and printing their annual report
- Submitting their report to the Office of Statewide Health Planning and Development (OSHPD)

***Note**: An electronic copy of this user guide may be found at the Medical Board of California's Licensed Midwives web page:*

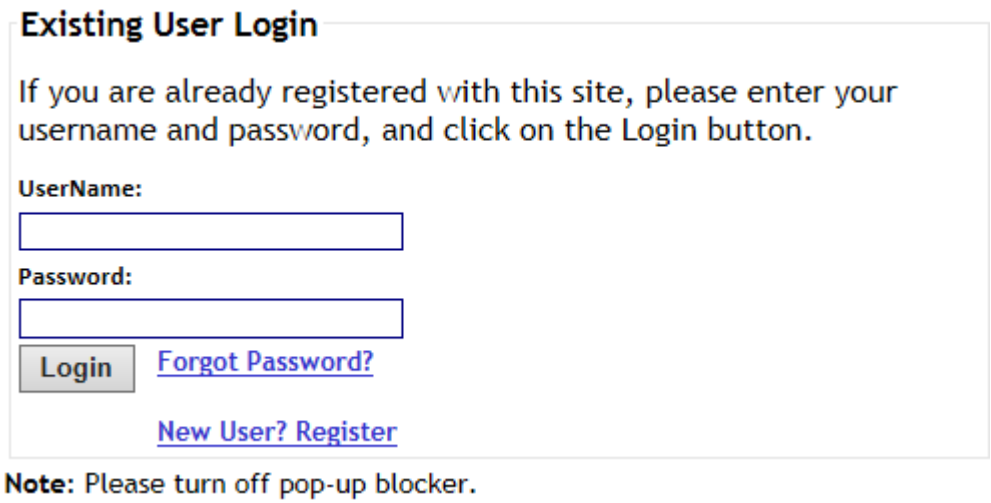
http://www.mbc.ca.gov/Licensees/Midwives/lmar_UserGuide.pdf

Accessing LMAR

Navigate to the following web address to access the LMAR system:

https://lmar.oshpd.ca.gov/

You will be presented with the screen below – this is the main LMAR login screen. Please note the references to the due date of your report (March 30, 2015), and to turn off pop up blockers.

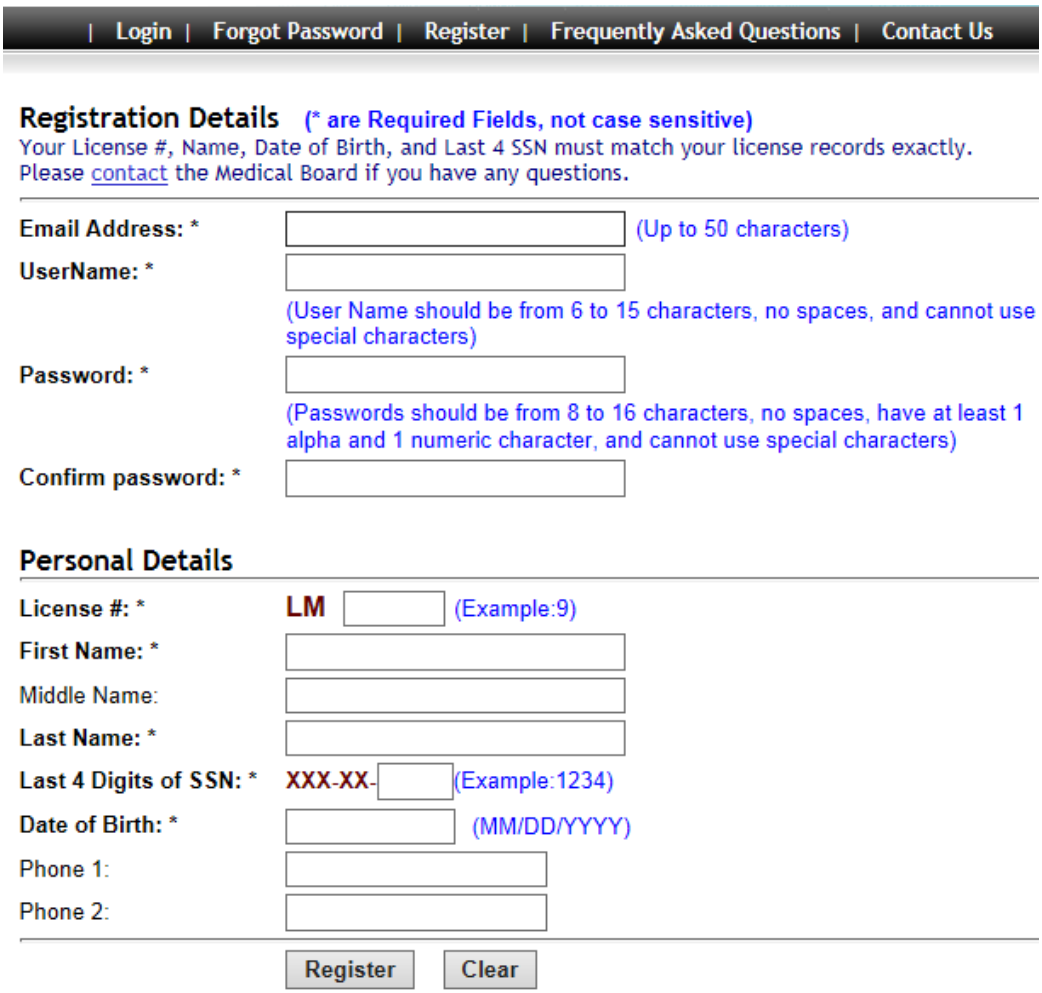


Registration

You must register before you can submit your annual report online. Please remember that you must use the same information as on your license.

New Users

1. Click the Register button located at the bottom of the User Login screen, or click the Register menu option at the top of the screen – both methods will take you to the New User Registration screen. Fields with an asterisk (*) are required. You must fill in all required fields in order to complete your registration.



2. Place the cursor in the Email Address: * field and type your email address.

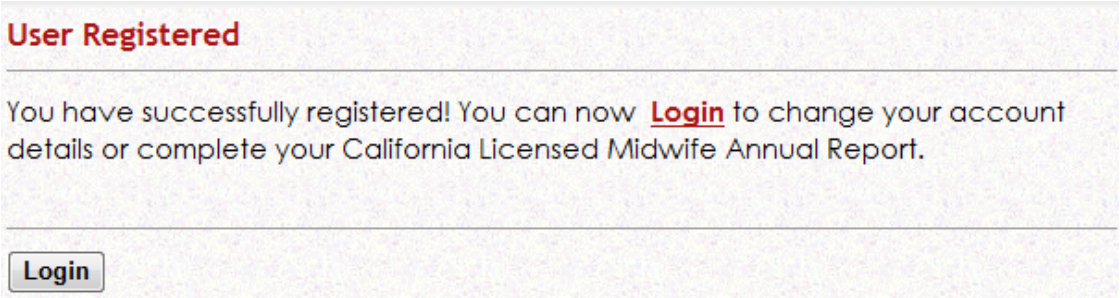
3. Tab to the **UserName: *** field and type your username. This will be the username that you use to login to the LMAR system. Your user name should be between 6 to 15 characters, and must not contain spaces or special characters.
4. Tab to the **Password: *** field and type your password. Your password should be between 8 to 16 characters, must have at least one (1) alpha and one (1) numeric character, and cannot contain spaces or special characters.
5. Tab to the **Confirm password: *** field and retype your password **exactly** as you had typed in the previous password field.

The next six fields must match your license record exactly!

6. Tab to the **License #: *** field and type your license number.
7. Tab to the **First Name: *** field and type your first name.
8. Tab to the Middle Name: field and type your middle name (not required).
9. Tab to the **Last Name: *** field and type your last name.
10. Tab to the **Last 4 Digits of SSN: *** field and type the last four digits of your social security number.
11. Tab to the **Date of Birth: *** field and type your date of birth in MM/DD/YYYY format.
12. Tab to the Phone 1: field and type your phone number (not required). If you wish to provide another phone number, click in the Phone 2: field and enter a second phone number.
13. Review the contents of this page for correctness and make changes if necessary. To complete your registration, click the **Register** button.

    Note: *If you click the* **Clear** *button, you will lose your information and have to begin again.*

When you have successfully registered, you will receive the following screen. Click the **Login** button to continue.



Existing Users

If you are returning to the LMAR system after having previously registered, please continue by logging in with your username and password. If you have forgotten your password, please refer to the "Forgot Password" section to create a new password.

Forgot Password

1. If you have forgotten your password, click the **Forgot Password** menu option.

Forgot Password

For security reasons, we store your password encrypted, and cannot mail it to you. Please enter your registered email address below and we will send you a temporary password so you can reset your password.

If this will not work for you (for example, if your email address has changed), contact us.

Registered Email Address: *

Email Back

2. Type your **Registered Email Address: *** in the field, and click the **Email** button. You will be sent a temporary password which you must change.
3. If you clicked this **Forgot Password** screen by accident, click the **Back** button to return to the **Login** screen.
4. Click contact us. if you do not receive a response within a few days.

Contact Us

For questions concerning the annual report or other information related to licensed midwives, please contact the Medical Board at (916) 263-2382, Webmaster@mbc.ca.gov, or:

Medical Board of California
Attn: Midwifery Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

For technical questions related to the submission of the annual report, please contact the Office of Statewide Health Planning and Development (OSHPD) at (916) 326-3935 or CLMAR@oshpd.ca.gov

Log in to LMAR

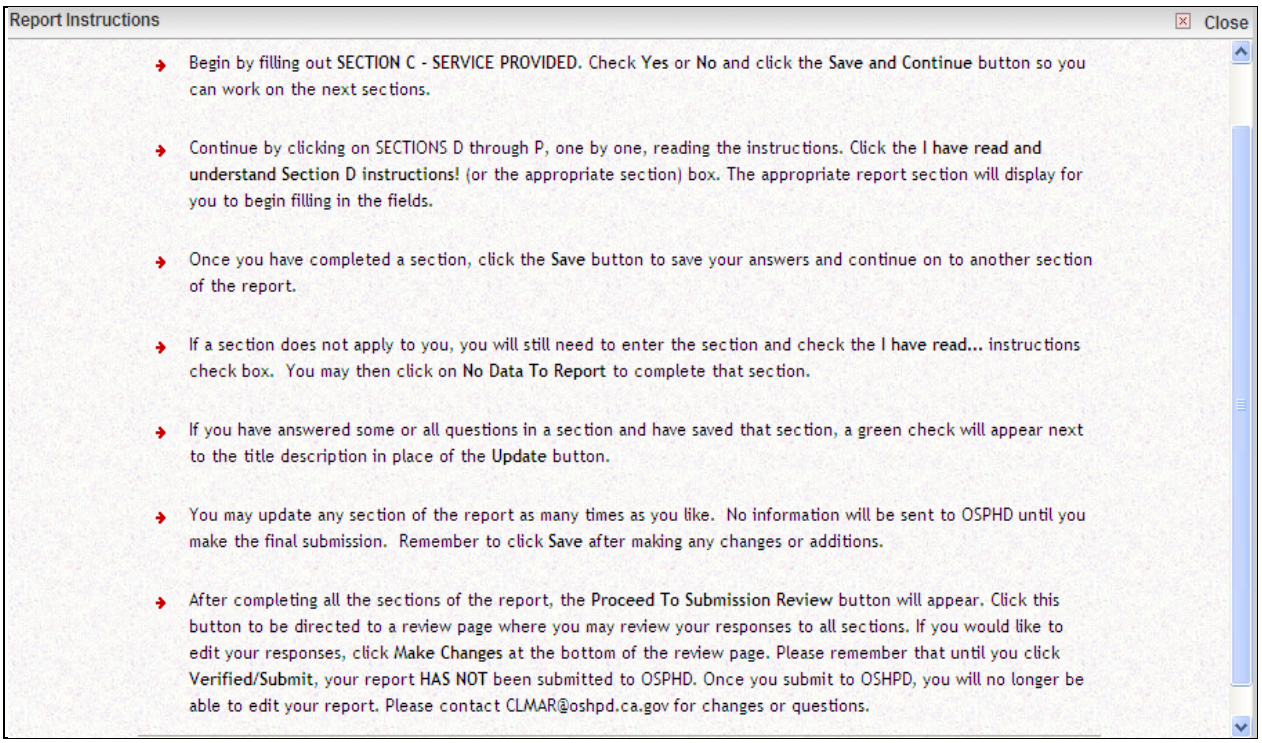
1. If you have already successfully registered and have not submitted your report for the current year, enter your account information and click the Login button.

2. Click the Go! button to begin the process of completing your annual report.

***Note**: To complete or return to a particular section, click on the section title. This is noted in red at the top of the annual report screen, and when you pass your cursor over a section header, it turns red. Also, across from Section B, a message in red displays reminding you of your annual report due date.*

Report Instructions

Click the Report Instructions menu choice (located at the top of the screen) for instructions on how to add data to your annual report. Read through these instructions before you begin. More detailed instructions on how to complete a section is located in each section screen.


Report Instructions

Close

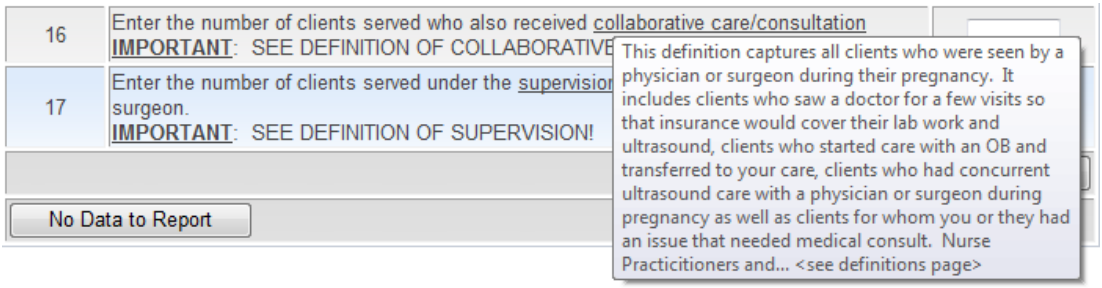
- Begin by filling out SECTION C - SERVICE PROVIDED. Check Yes or No and click the Save and Continue button so you can work on the next sections.
- Continue by clicking on SECTIONS D through P, one by one, reading the instructions. Click the I have read and understand Section D instructions! (or the appropriate section) box. The appropriate report section will display for you to begin filling in the fields.
- Once you have completed a section, click the Save button to save your answers and continue on to another section of the report.
- If a section does not apply to you, you will still need to enter the section and check the I have read... instructions check box. You may then click on No Data To Report to complete that section.
- If you have answered some or all questions in a section and have saved that section, a green check will appear next to the title description in place of the Update button.
- You may update any section of the report as many times as you like. No information will be sent to OSPHD until you make the final submission. Remember to click Save after making any changes or additions.
- After completing all the sections of the report, the Proceed To Submission Review button will appear. Click this button to be directed to a review page where you may review your responses to all sections. If you would like to edit your responses, click Make Changes at the bottom of the review page. Please remember that until you click Verified/Submit, your report HAS NOT been submitted to OSPHD. Once you submit to OSHPD, you will no longer be able to edit your report. Please contact CLMAR@oshpd.ca.gov for changes or questions.

To return to the main report screen, click the Close button located in the top right corner.

Report Sections

Before You Begin – Helpful Hints

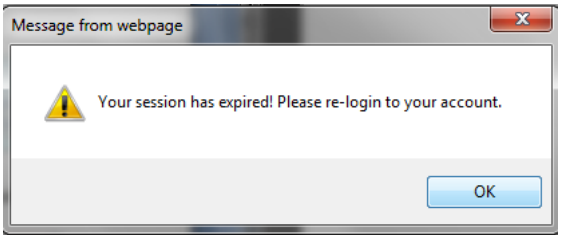
- Each screen will ask if you have **read and understand** the section instructions before you can enter data on the section data entry screen.
- Each section screen will provide you with a link to access the **definitions page**.
- You may return to your report screen from any section screen by clicking the Close button located in the upper corner of the data entry screen.
- If you place your mouse pointer over some blocks of underlined text, a screen tip will display the definition of the underlined word. This lasts about five seconds. If the tip disappears before you have finished reading, simply move your mouse pointer over the word again. If the entire definition does not fit in the tip, there will be a reminder to see the definitions page for a more detailed definition.



- After saving a section, you will return to the main report screen. Notice that recently saved sections will appear as Updated. If you need to return to a section to add or edit data, you may click on the section header at anytime (so long as you have not made your final submission to OSHPD).

Expired Session

The LMAR system is set to timeout after 20 minutes of non-activity. If you leave your LMAR session idle for 20 minutes or more, you will receive a session expired pop-up box when you attempt to access any part of the system. Click OK to return to the log in screen and log back into LMAR.

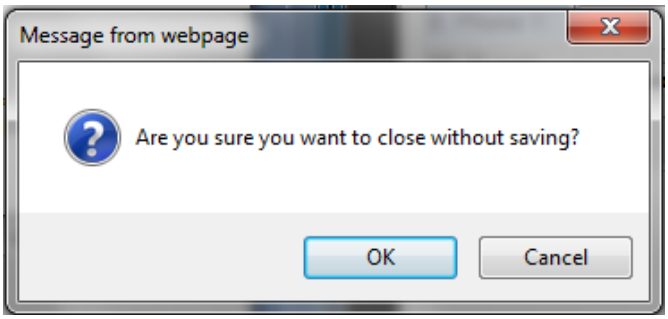


Section A – Licensee Data

If you wish to update your personal information, click on **SECTION A - LICENSEE DATA**. Your name, license number, and e-mail address will appear in the respective fields. You can only change your phone numbers and e-mail address on this screen.

Save: Click the Save button to save your changes or additions.

Close: If you decide to close this screen without updating, click the Close button and confirm that you wish the leave the page without saving.

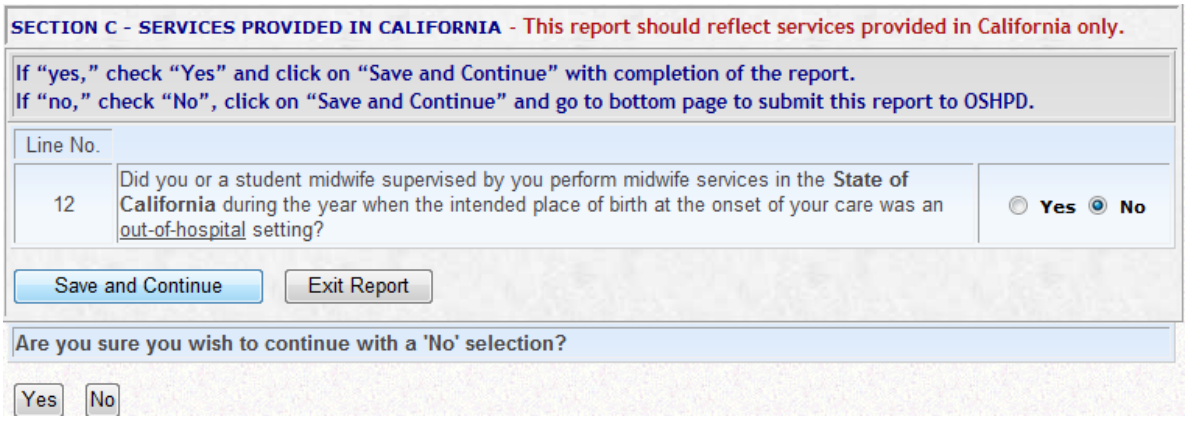


Section B – Reporting Period

Section B simply reminds you of the current reporting year and the due date of your annual report. There is no data for you to enter in Section B.

Section C – Services provided in California

When you pass your cursor over Section C, note the red color change of SECTION C - SERVICES PROVIDED IN CALIFORNIA. Also, note that your annual report should reflect only services provided in California!



1. If you **DID NOT** provide services in California in the previous year:
   a. Click No
   b. Click the Save and Continue button.
   c. Click Yes to confirm your "No" selection.
   d. Proceed to **page 39** of this User Guide.

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

If "yes," check "Yes" and click on "Save and Continue" with completion of the report.
If "no," check "No", click on "Save and Continue" and go to bottom page to submit this report to OSHPD.

Line 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?	◉ Yes ○ No

Save and Continue | Exit Report

2. If you **DID** provide services in California in the previous year:
   a. Click ◉ Yes
   b. Click the Save and Continue button.

   Note: If you click the Exit Report *button, you will return to the* ***My Report*** *screen.*

   c. Click Yes to confirm your selection selection.

Are you sure you wish to continue with a 'Yes' selection?

Yes | No

3. The following screen will display:

To complete or return to a section, click on the section title.

SECTION A - LICENSEE DATA -	
SECTION B - REPORTING PERIOD - Report due no later than	
SECTION C - SERVICES PROVIDED IN CALIFORNIA - This report should reflect services provided in California only.	Yes
SECTION D - CLIENT SERVICES	Update D
SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED	Update E
SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS	Update F
SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY	Update G
SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY	Update H
SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY	Update I
SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY	Update J
SECTION K – POSTPARTUM TRANSFER OF CARE - MOTHER, ELECTIVE/NON-EMERGENCY	Update K
SECTION L – POSTPARTUM TRANSFER OF CARE - MOTHER, URGENT/EMERGENCY	Update L
SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE/NON-EMERGENCY	Update M
SECTION N – TRANSFER OF CARE - INFANT, URGENT/EMERGENCY	Update N
SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE	Update O
SECTION P – COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY	Update P

Click here to provide comments

Save for later updates

4. Click the section title UPDATE button to enter into that section. For example, to enter data into *Section D,* click on "SECTION D – CLIENT SERVICES" or the "Update D" link.
5. Please notice the **Click here to provide comments** link at the bottom of the screen. You may click this link at anytime to provide comments or feedback related to a particular section. This topic will be addressed later in this documentation.
6. You may save your report and return to it for later editing and saving by clicking on the Save for later updates button.

Section D – Client Services

To access this section, click the **SECTION D - CLIENT SERVICES** section title or the Update D link from the main report screen.

1. Read the Section D instructions.
2. Check the ☐ I have read and understand Section D instructions! box.

SECTION D - CLIENT SERVICES ☒ Close

Section D instructions:

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.

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

☐ I have read and understand Section D instructions!

3. The following screen will be available to you:

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	
14	Number of clients who left care for a non-medical reason. (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 last day of this reporting year.	
16	Enter the number of clients served who also received collaborative care/consultation **IMPORTANT**: SEE DEFINITION OF COLLABORATIVE CARE!	
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. **IMPORTANT**: SEE DEFINITION OF SUPERVISION!	

Save Close

No Data to Report

4. If you have No Data to Report on this screen, click this button. You will return to the main report screen.
5. Click in the blank fields in the **Total #** column to type your numbers where appropriate and as the **Line No.** item indicates.
6. After you have typed your numbers in the appropriate fields, click Save. You will return to the main report screen.
7. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section E – Outcomes per County in which Birth, Fetal Demise, or Infant or Maternal Death Occurred

1. Click the SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED section title or Update E link.

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH OR FETAL DEMISE OCCURRED Close

Section E instructions:

Lines 18a to 18g: Include all 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 or had a client whose pregnancy resulted in a fetal demise discovered while under your care.

Column B: Enter the number of clients in that county whose pregnancies resulted in a live birth while under your care. Enter zero (0) if you do not have a live birth to report for that county.

Column C: Enter the number of clients in that county whose pregnancies resulted in a fetal demise discovered while under your care. Enter zero (0) if you do not have a fetal demise to report for that county.

Column D: Enter the number of clients in that county whose pregnancies resulted in an infant death while under your care.

Column E: Enter the number of clients in that county whose pregnancies resulted in a maternal death while under your care.

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

☐ I have read and understand Section E instructions!

2. Read the instructions and check ☐ I have read and understand Section E instructions!. The following screen will be available to you:

Directions:
1. Click the Add button to add an entry.
2. Click the down arrow to open the County list, and click on the County.
3. Click in the # of Live Births, and type and number, and/or
4. Click in the # of Cases of Fetal Demise, and type a number, and/or
5. Click in the # of Cases of Infant Death, and type a number, and/or
6. Click in the # of Cases of Maternal Death, and type a number
7. Click the Remove button to delete an entry.

Add	Line No.	(A) County in which the Birth Occurred or Fetal Demise was Discovered (see county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise Discovered while Client was Under Your Care	(D) # of Cases of Infant Death While Under Your Care	(E) # of Cases of Maternal Death While Client was Under Your Care

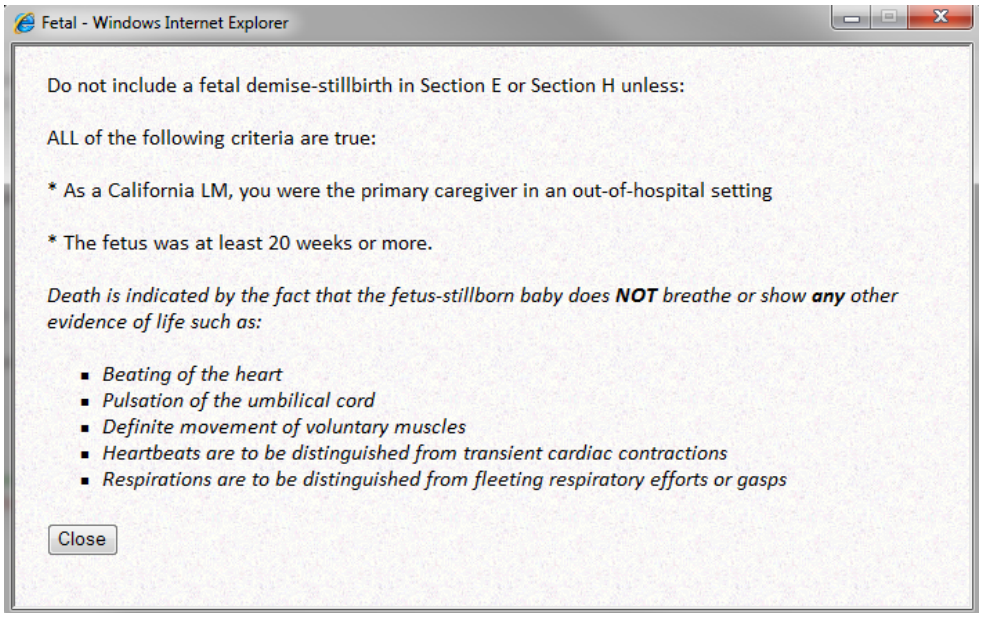
No Data to Report

Save Close

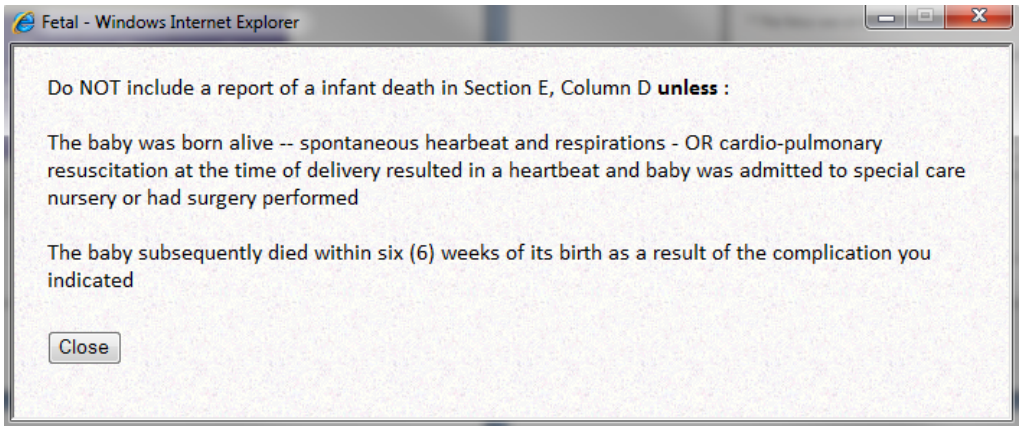
3. Read the directions at the top of this box to become familiar with all columns to accurately add your numerical data.
4. If you have [No Data to Report], click this button. You will return to the main report screen. Otherwise, click the [Add] button.

Add	Line No.	(A) County in which the Birth Occurred or Fetal Demise was Discovered (see county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise Discovered while Client was Under Your Care	(D) # of Cases of Infant Death While Under Your Care	(E) # of Cases of Maternal Death While Client was Under Your Care
Remove	18a	ALAMEDA				

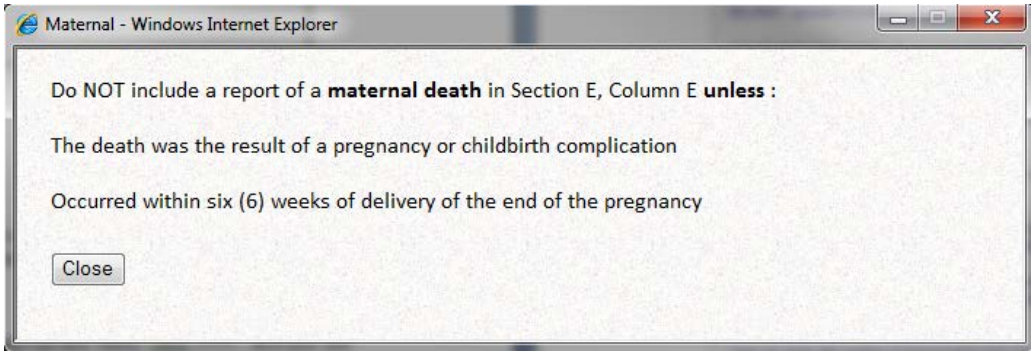
5. Expand the county drop down by clicking the down-facing arrow in: ALAMEDA
6. Scroll through the list of California counties and select the appropriate county where you provided services for the previous year.
7. Type your numerical data associated with the county where you provided services to all columns B through E as appropriate. If you have no data to provide for any column, enter 0.
8. If you provide services in another county, click the [Add] button again to add another row and repeat steps 4 through 7 for each additional county.
9. If you add a county and data in error, click [Remove]. Click [Save] to save your entry. (Click [Close] to exit this screen without saving the data.)
10. If you add data to column C, you will receive the following dialog box. Click **Close** after reading the message.



11. If you add data to column D, you will receive the following dialog box. Click **Close** after reading the message.



12. If you add data to column E, the following dialog box will appear. Click **Close** after reading the message.



Note: *Section E is linked to Section P in that if you provide data in columns D and/or E you must report complications for these deaths in Section P. This will be covered again in Section P of this guide.*

13. After you have typed your numbers in the appropriate fields, click Save. You will return to the main report screen.

14. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section F – Outcomes of Out-of-Hospital births

1. Click the **SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS** section title or Update F link.

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

Section F instructions:

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 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 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: Enter the number of planned deliveries you attended in an out-of-hospital as the primary caregiver that were delivered **breech.**

Line 22: Enter the number of planned deliveries you attended in an out-of-hospital setting as the primary caregiver who delivered vaginally after having a prior cesarean section (VBAC).

Lines 23: Enter the number of planned deliveries you attended in an out-of-hospital 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: Enter the number of planned deliveries you attended in an out-of-hospital setting as the primary caregiver that involved a high 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.**

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

I have read and understand Section F instructions!

2. Read the instructions and check ☐ I have read and understand Section F instructions!. The following screen will be available to you:

Line No.		Total #
19	Number of planned out-of-hospital births **at the onset of labor**.	
20	Number of completed births in an out-of-hospital setting	
21	Breech deliveries	
22	Successful VBAC's	
23	Twins both delivered out-of-hospital	
24	Higher order multiples - all delivered out-of-hospital	

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the main report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. After you have typed your numbers in the appropriate fields, click Save. You will return to the main report screen.

5. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section G – Antepartum Transfer of Care, Elective/Non-Emergency

1. Click the **SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY** section title or the Update G link.

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

Section G instructions:

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.

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

☐ I have read and understand Section G instructions!

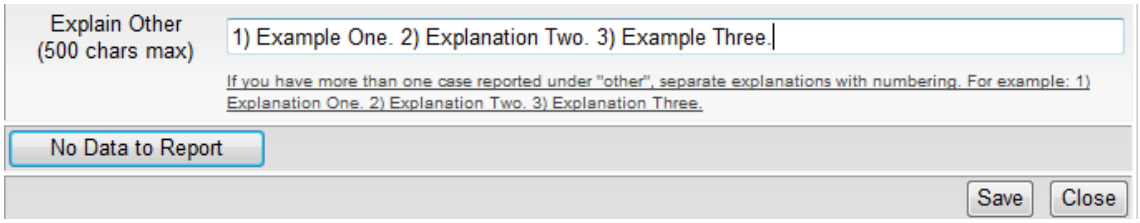
2. Read the instructions and check ☐ I have read and understand Section G instructions!. The following screen will be available to you:

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions *unrelated* 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	
44	G19	Other	

No Data to Report

Save Close

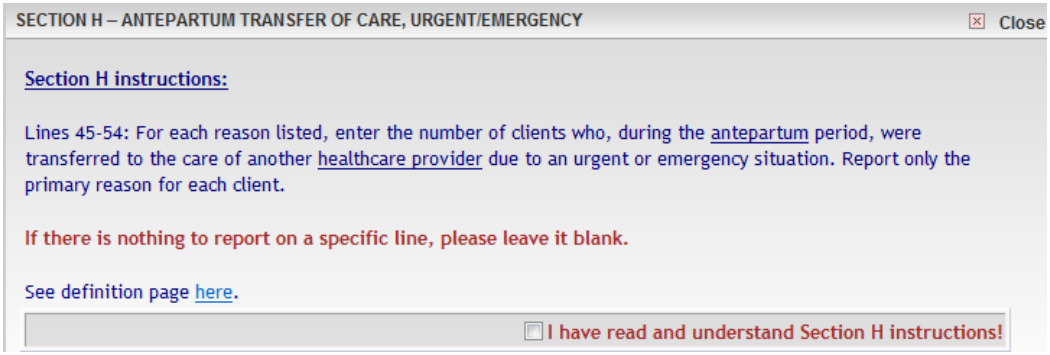
3. If you have [No Data to Report], click this button. You will return to the main report screen. Otherwise, click in the blank fields in the **Total #** column to type your numbers where appropriate and as the **Line No.** item indicates.
4. When you add numerical text to **Line No.** 44 and click [Save], you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.



5. After you have typed your numbers in the appropriate fields, click [Save]. You will return to the main report screen.
6. If you wish to exit this screen and return to it later, click [Close]. You will be asked if you want to close without saving. Click [OK]

Section H – Antepartum Transfer of Care, Urgent/Emergency

1. Click the **SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY** section title or Update H link.



2. Read the instructions and click I have read and understand Section H instructions! . The following screen will be available to you:

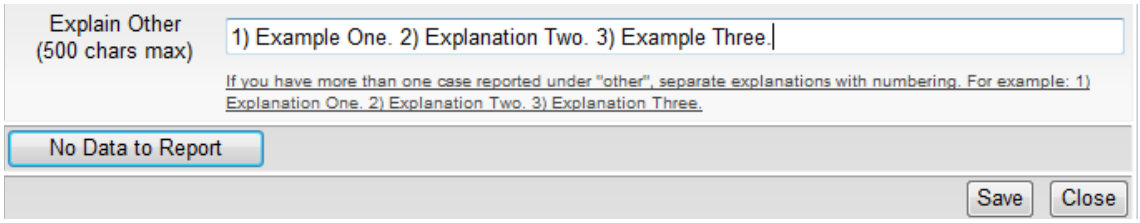
Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
47	H3	Isoimmunization, severe anemia, or other blood related issues	
48	H4	Significant infection	
49	H5	Significant vaginal bleeding	
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	Fetal demise	
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	
54	H10	Other	

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the main report screen. Otherwise, click in the blank fields in the **Total #** column to type your numbers where appropriate and as the **Line No.** item indicates.

4. When you add numerical text to Line No. 54 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.

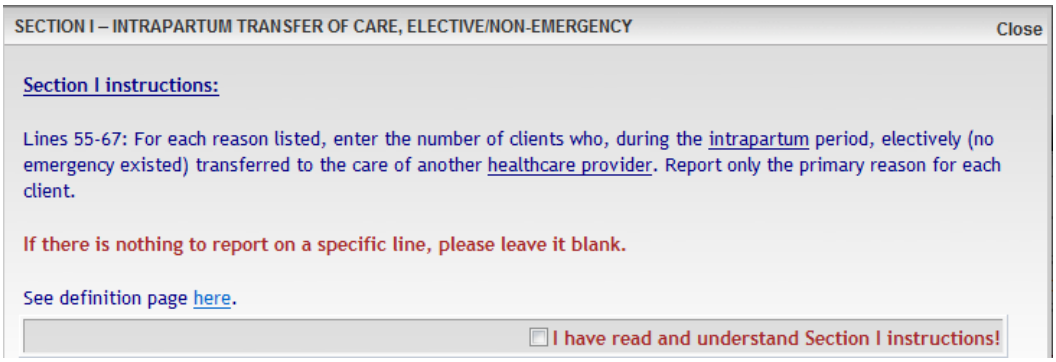


5. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.

6. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section I – Intrapartum Transfer of Care, Elective/Non-Emergency

1. Click the **SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY**. Section title or Update I link.



2. Read the instructions and check I have read and understand Section I instructions!. The following screen will be available to you:

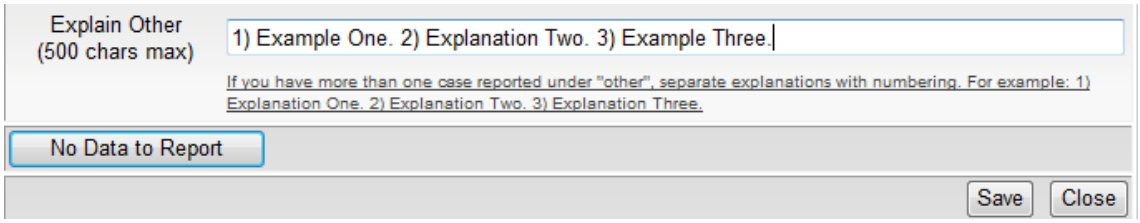
Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	
56	I2	Active herpes lesion	
57	I3	Abnormal bleeding	
58	I4	Signs of infection	
59	I5	Prolonged rupture of membranes	
60	I6	Lack of progress; maternal exhaustion; dehydration	
61	I7	Thick meconium in the absence of fetal distress	
62	I8	Non-vertex presentation	
63	I9	Unstable lie or mal-position of the vertex	
64	I10	Multiple gestation **(NO BABIES DELIVERED PRIOR TO TRANSFER)**	
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	

No Data to Report

Save Close

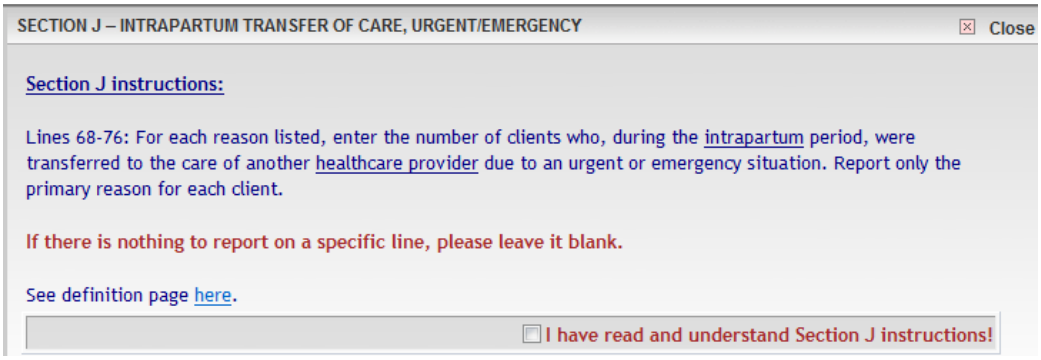
3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. When you add numerical text to **Line No.** 113 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.
5. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.
6. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK



Section J – Intrapartum Transfer of Care, Urgent/Emergency

1. Click the SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY section title or the Update J link.



2. Read the instructions and check I have read and understand Section J instructions! . The following screen will be available to you:

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 **(AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)**	

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. After you have typed your numbers in the appropriate fields, click Save, and you will return to the annual report screen.

5. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section K – Postpartum Transfer of Care – Mother, Elective/Non-Emergency

1. Click the SECTION K – POSTPARTUM TRANSFER OF CARE - MOTHER, ELECTIVE/NON-EMERGENCY section title or Update K link.

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

Section K instructions:

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.

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

I have read and understand Section K instructions!

2. Read the instructions and check I have read and understand Section K instructions! The following screen will be available to you:

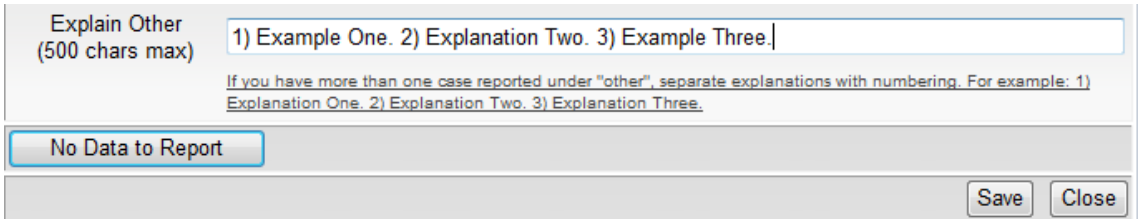
Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	
78	K2	Repair of laceration beyond level of midwife's expertise	
79	K3	Postpartum depression	
80	K4	Social, emotional or physical conditions outside of scope of practice	
81	K5	Excessive or prolonged bleeding 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	

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. When you add numerical text to Line No. 85 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.



5. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.

6. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section L – Postpartum Transfer of Care – Mother, Urgent/Emergency

1. Click the SECTION L – POSTPARTUM TRANSFER OF CARE - MOTHER, URGENT/EMERGENCY section title or Update L link.

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

Section L instructions:

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.

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

I have read and understand Section L instructions!

2. Read the instructions and check I have read and understand Section L instructions! The following screen will be available to you:

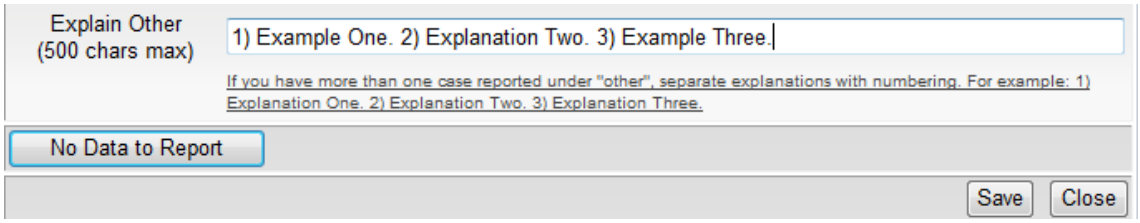
Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	
87	L2	Uterine inversion, rupture or prolapse	
88	L3	Uncontrolled hemorrhage	
89	L4	Seizures or unconsciousness, shock	
90	L5	Adherent or retained placenta with significant bleeding	
91	L6	Suspected postpartum psychosis	
92	L7	Signs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

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. When you add numerical text to Line No. 94 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.

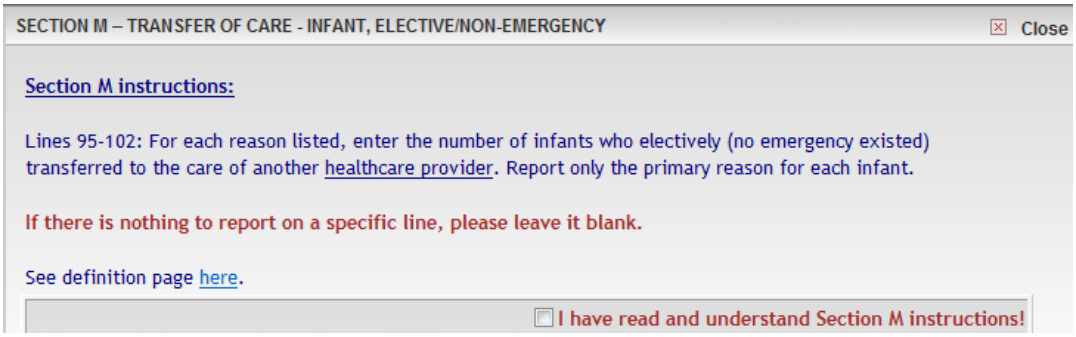


5. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.

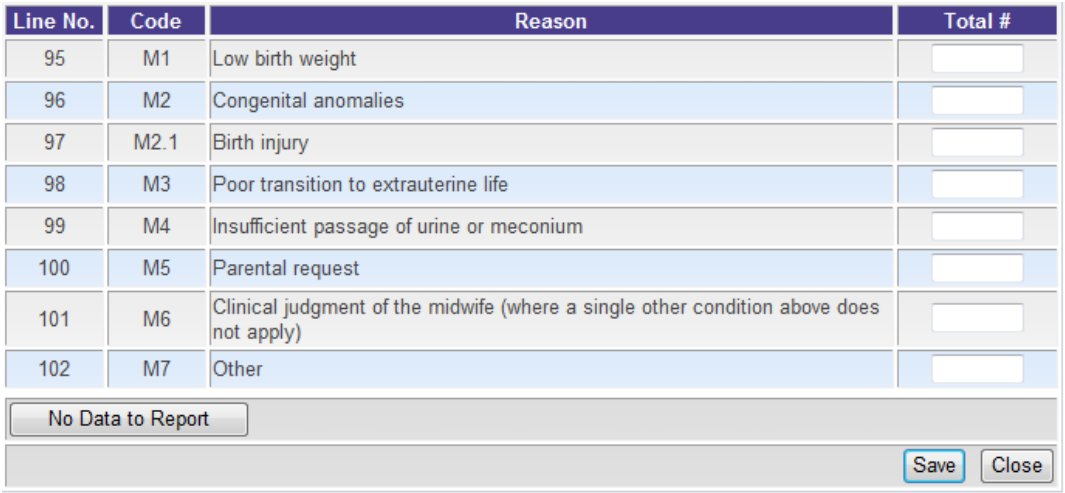
6. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section M – Transfer of Care – Infant, Elective/Non-Emergency

1. Click the SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE/NON-EMERGENCY section title or Update M link.



2. Read the instructions and check I have read and understand Section M instructions! The following screen will be available to you:



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	

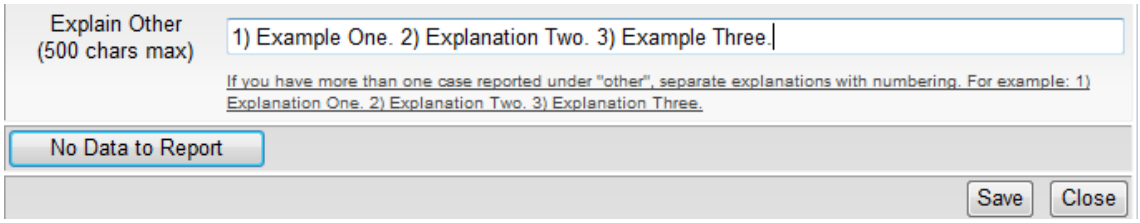
No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

5. When you add numerical text to **Line No.** 102 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.

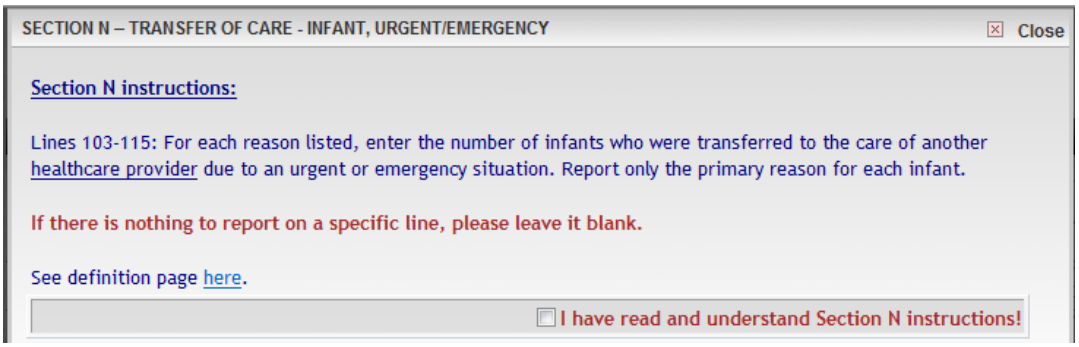


6. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.

7. When you add numerical text to **Line No.** 102 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example above.

Section N – Transfer of Care – Infant, Urgent/Emergency

1. Click the SECTION N – TRANSFER OF CARE - INFANT, URGENT/EMERGENCY section title or the Update N link.



2. Read the instructions and check I have read and understand Section N instructions! The following screen will be available to you:

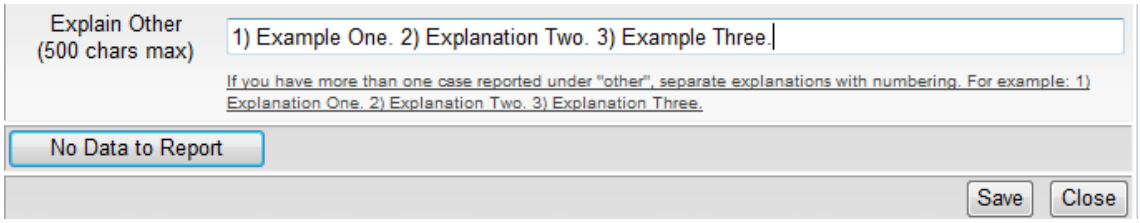
Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
104	N2	Signs or symptoms of infection	
105	N3	Abnormal cry, seizures or loss of consciousness	
106	N4	Significant jaundice at birth or within 30 hours	
107	N5	Evidence of clinically significant 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	

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the Total # column to type your numbers where appropriate and as the Line No. item indicates.

4. When you add numerical text to Line No. 115 and click Save, you will receive the following extension screen requesting an explanation of Other. You have space for 500 characters. If you have more than a one count in the Other field, add an explanation as shown in the example below.



5. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.

6. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section O – Birth Outcomes after Transfer of Care

1. Click the **SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE** section title or the Update O link.

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE ☒ Close

Section O instructions:

Lines 116-131: For any mother or infant with transfer of care Reported in section 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.

If there is nothing to report on a specific line, please leave it blank.

See definition page here.

☐ I have read and understand Section O instructions!

2. Read the instructions and check ☐ I have read and understand Section O instructions!. The following screen will be available to you:

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE ☒ Close

Line No.	Reason	(A) Total # of Vaginal Deliveries		(B) Total # of Caesarean Deliveries	
MOTHER		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 not resolved by 6 weeks	O3		O10	
119	Death of mother	O4		O11	
120	Unknown	O5		O12	
121	Information not obtainable	O6		O13	
122	Other	O7		O14	

Line No.	Reason	(A) Total # of Vaginal Deliveries		(B) Total # of Caesarean Deliveries	
INFANT					
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 not resolved by 4 weeks	O17		O26	
126	Fetal demise diagnosed prior to labor	O18		O27	
127	Fetal demise diagnosed during labor or at delivery	O19		O28	
128	Live born infant who subsequently died	O20		O29	
129	Unknown	O21		O30	
130	Information not obtainable	O22		O31	
131	Other	O23		O32	

No Data to Report

Save Close

3. If you have [No Data to Report], click this button. You will return to the main report screen. Otherwise, click in the blank fields in the A and B columns to type your numbers where appropriate and as the **Line No.** item indicates.

4. When you add numerical text to the fields in columns A and B for the **Mother** and/or **Infant** in the following example, you will be requested to explain each number.

120	Unknown	O5		O12	
121	Information not obtainable	O6		O13	
122	Other	O7		O14	

5. After you have typed your numbers in the appropriate fields for the **Mother** and/or **Infant** screens and clicked [Save], you will receive the following extension screen requesting an explanation. You have space for 500 characters in each field. Remember that each time you add a number in any of these fields in the above example, you will be requested to add an explanation as shown below.

120	Unknown	O5	2	O12	1
121	Information not obtainable	O6	1	O13	1
122	Other	O7	1	O14	1

Explain Unknown (O5) (500 chars max)	1) Unknown Reason One 2) Unknown Reason Two
Explain No Info. (O6) (500 chars max)	<Enter reason why information was not obtainable>
Explain Other (O7) (500 chars max)	<Enter the other reason>
Explain Unknown (O12) (500 chars max)	<Enter why the reason is unknown>
Explain No Info. (O13) (500 chars max)	<Enter reason why information was not obtainable>
Explain Other (O14) (500 chars max)	<Enter the other reason>

If you have more than one case reported under reasons which require an explanation, separate explanations with numbering. For example: 1) Explanation One. 2) Explanation Two. 3) Explanation Three.

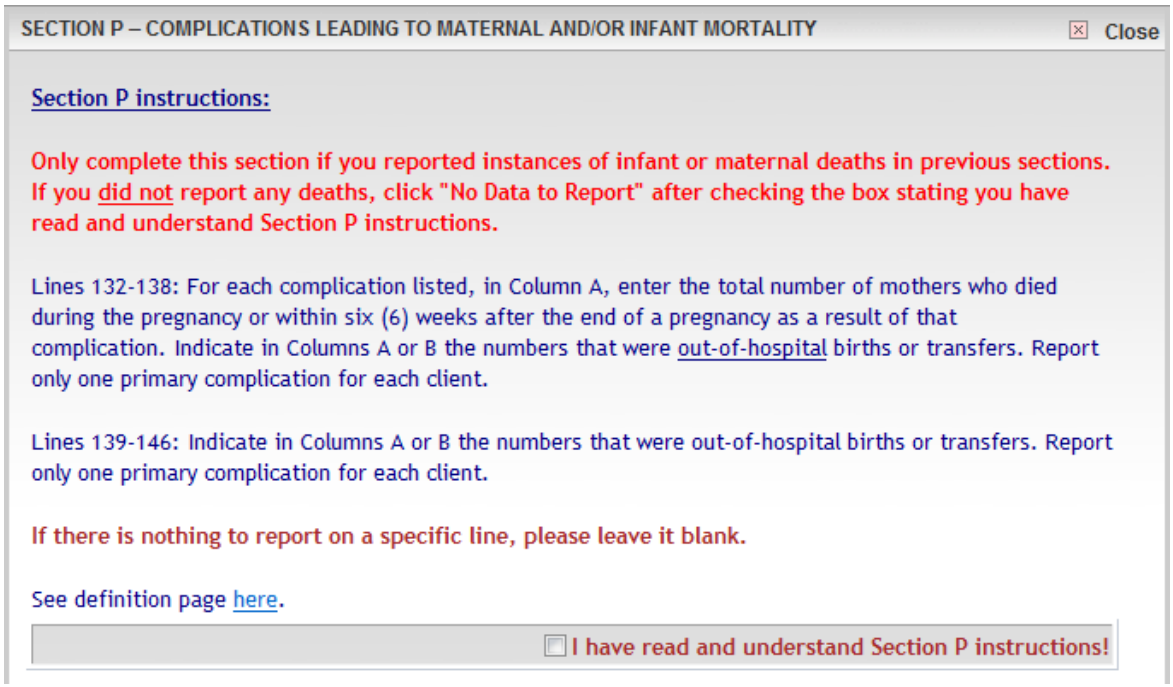
6. After you have typed your numbers in the appropriate fields, click [Save]. You will return to the annual report screen

7. If you wish to exit this screen and return to it later, click [Close]. You will be asked if you want to close without saving. Click [OK].

Section P – Complications Leading to Maternal and/or Infant Mortality

Note: *Only complete Section P if you reported instances of infant or maternal deaths in previous sections!*

1. Click the SECTION P – COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY section title or the Update P link.



2. Read the instructions and check ☐ I have read and understand Section P instructions! The following screen will be available to you:

Reminder!
1 infant mortality reported in Section E. Enter data into column (A) under the infant section.

You must supply complications for each death reported in previous sections in order to complete this section.

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
MOTHER		Code		Code		Code	
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	

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
INFANT							
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	

No Data to Report

Save Close

3. If you have No Data to Report, click this button. You will return to the report screen. Otherwise, click in the blank fields in the A and B columns to type your numbers where appropriate and as the Line No. item indicates. Column C will total automatically.

4. When you add numerical text to the fields in columns A and B for the **Mother** and/or **Infant** in the following example, you will be requested to explain each number.

136	Unknown	P12		P19		P5	
137	Information not obtainable	P13		P20		P6	
138	Other	P14		P21		P7	

5. After you have typed your numbers in the appropriate fields for the **Mother** and/or **Infant** screens and clicked Save, you will receive the following pop-up for either the **Mother** and/or **Infant** . Click the Close button.

Do NOT include a report of a infant death in Section P **unless** :

The baby was born alive -- spontaneous hearbeat and respirations - OR cardio-pulmonary resuscitation at the time of delivery resulted in a heartbeat and baby was admitted to special care nursery or had surgery performed

The baby subsequently died within six (6) weeks of its birth as a result of the complication you indicated

** Note - this section is not designed to report or include fetal demise or stillbirths

6. You will receive the following extension screen requesting an explanation. You have space for 500 characters in each field. Remember that each time you add a number in any of these fields in the above example, you will be requested to add an explanation as shown below.

Explain Other (500 chars max)

1) Example One. 2) Explanation Two. 3) Example Three.

If you have more than one case reported under "other", separate explanations with numbering. For example: 1) Explanation One. 2) Explanation Two. 3) Explanation Three.

No Data to Report

Save Close

7. After you have typed your numbers in the appropriate fields, click Save. You will return to the annual report screen.

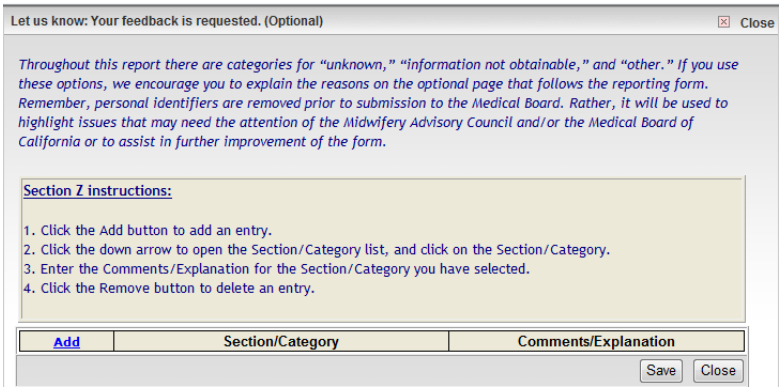
8. If you wish to exit this screen and return to it later, click Close. You will be asked if you want to close without saving. Click OK

Section P is the final section; there are no more sections to complete once Section P is finished. If you wish to edit a section, may click on the section title to return to that section.

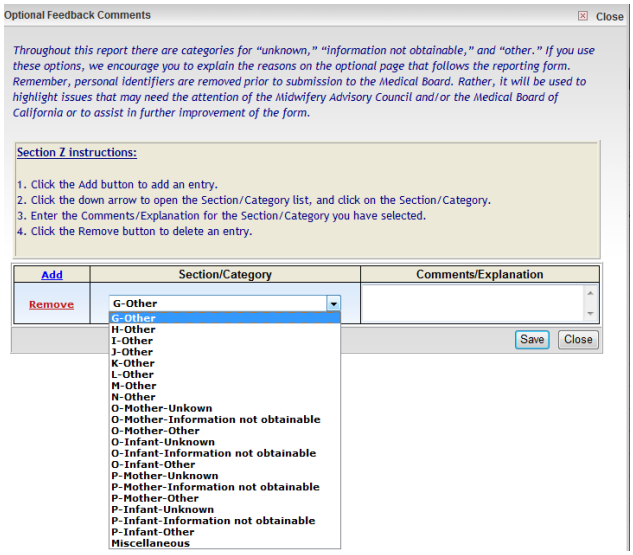
Optional Feedback

You may send comments regarding the LMAR application when you submit your annual report by clicking on the optional feedback item located at the bottom of your annual report screen. **Click here to provide comments** .

1. Click the **Click here to provide comments** link at the bottom of the main report menu. The following screen will be available to you:



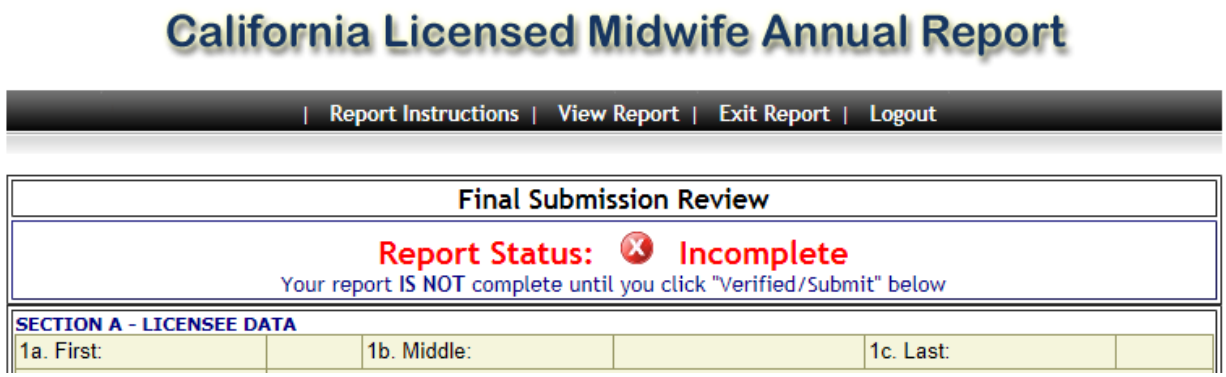
2. Click the **Add** button. Notice the **Section Z instructions:**. Read these instructions for specifics on adding and deleting your entries.



3. Click the down arrow for the **Section/Category** and select the appropriate section.
4. Enter your comments.
5. To add more comments, click the **Add** button again and repeat steps 3 and 4.
6. Click the **Save** button when you are finished.

Final Submission Review

This page allows for you to review all the information you entered in previous sections. Please take this opportunity to verify your responses to each section and make any changes if necessary. Your report **HAS NOT** been submitted to OSHPD at this point.



To make changes:

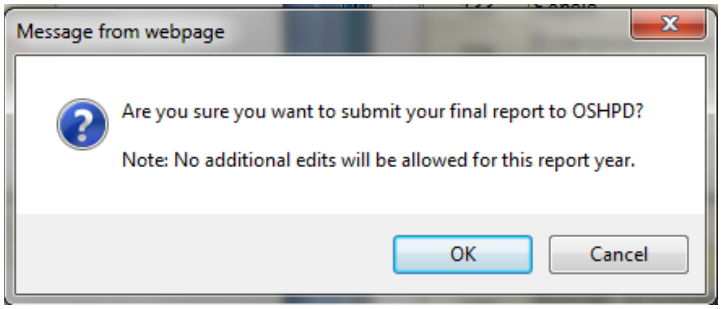
1. Scroll down to the bottom of the **Final Submission Review** page.
2. Click the Make Corrections button, and you will be returned to the main report screen.
3. Click on the section title to enter that section and make adjustments.
4. When you are finished, click the Verified/Submit to return to the Final Submission Review page.

Submitting Your Report to OSHPD

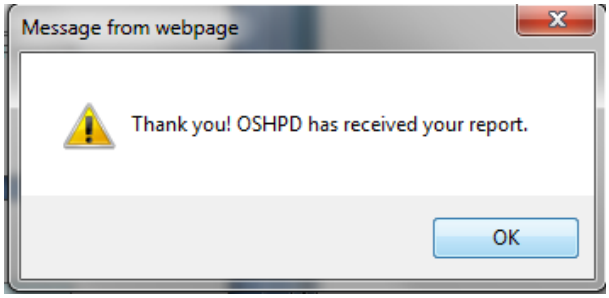
First, verify that all your report information is correct. Once you submit your report you will not be able to modify your responses.

To submit your report:

1. From the **Final Submission Review** page, scroll to the bottom and click on the Verified/Submit button.
2. You will be prompted one final time to verify that you are ready to submit your report.



3. Click the Cancel button to return to your report.
4. Click OK to submit your final report to OSHPD. **No additional edits will be allowed for this report year.**
5. A confirmation window will appear notifying you that OSHPD has received your report.



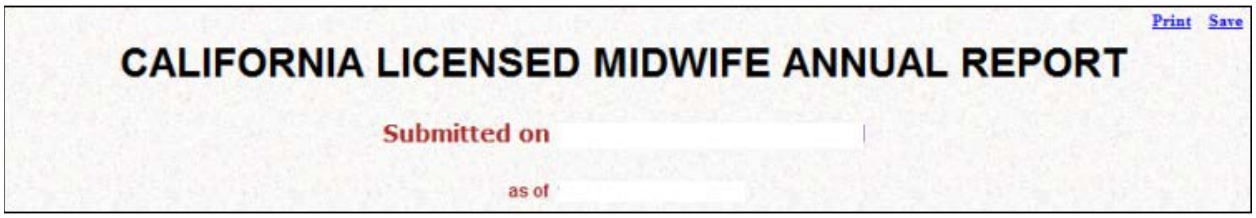
6. Click OK to the confirmation window.
7. You will be returned to the "My Report" screen. Please note that the **Date Submitted** column will display a submission date and time.

My Report

Reporting Year	Report Status	Service Provided	Date Submitted	
2013	Complete	Yes	10/8/2014 3:37:16 PM	View Report
2011	Incomplete	No		View Report
				1

Viewing and Printing Your Submitted Report

1. If you wish to view your report again, click View Report from the "My Report" screen.



2. The date and time you submitted the report is on the top line, and the date and time you printed the report is on the next line.

To Print and/or Save Your Report:

1. Click the Print button to print your report to your local printer.
2. Click the Save button to save your report.

Logout

Click the Logout menu option located at the top of your screen to exit from the LMAR application.