

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT Summary

as of 7/14/2011 8:32:51 AM

SECTION A - Submission Summary

Number of Midwives Expected to Report	258
Number Reported	216
Number Unreported	42
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	2010

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?	151	65

SECTION D - CLIENT SERVICES

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	3115
14	Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	120
15	Total number of clients served whose births were still pending on the last day of this reporting year.	809
16	Enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!	1802
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION!	203

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	162	0	0	0	30	ORANGE	69	0	0	0
02	ALPINE	0	0	0	0	31	PLACER	40	1	0	0
03	AMADOR	0	0	0	0	32	PLUMAS	1	0	0	0
04	BUTTE	4	0	0	0	33	RIVERSIDE	79	2	0	0
05	CALAVERAS	4	0	0	0	34	SACRAMENTO	53	1	0	0
06	COLUSA	1	0	0	0	35	SAN BENITO	1	0	0	0
07	CONTRA COSTA	45	0	0	0	36	SAN BERNARDINO	60	3	0	0
08	DEL NORTE	1	0	0	0	37	SAN DIEGO	167	1	0	0
09	EL DORADO	19	0	0	0	38	SAN FRANCISCO	163	1	0	0
10	FRESNO	20	0	0	0	39	SAN JOAQUIN	4	0	0	0
11	GLENN	0	0	0	0	40	SAN LUIS OBISPO	36	1	0	0
12	HUMBOLDT	50	0	0	0	41	SAN MATEO	29	0	0	0
13	IMPERIAL	0	0	0	0	42	SANTA BARBARA	21	0	0	0
14	INYO	0	0	0	0	43	SANTA CLARA	44	2	0	0
15	KERN	37	0	0	0	44	SANTA CRUZ	30	0	0	0
16	KINGS	1	0	0	0	45	SHASTA	51	2	0	0
17	LAKE	7	0	0	0	46	SIERRA	0	0	0	0
18	LASSEN	4	0	0	0	47	SISKIYOU	1	0	0	0
19	LOS ANGELES	380	0	0	0	48	SOLANO	7	0	0	0
20	MADERA	2	0	0	0	49	SONOMA	47	0	0	0
21	MARIN	45	0	0	0	50	STANISLAUS	7	0	0	0
22	MARIPOSA	0	0	0	0	51	SUTTER	2	0	0	0
23	MENDOCINO	15	0	0	0	52	TEHAMA	2	0	0	0
24	MERCED	4	0	0	0	53	TRINITY	5	0	0	0
25	MODOC	0	0	0	0	54	TULARE	6	0	0	0
26	MONO	0	0	0	0	55	TUOLUMNE	21	0	0	0
27	MONTEREY	2	0	0	0	56	VENTURA	97	0	0	0
28	NAPA	24	0	0	0	57	YOLO	14	0	0	0
29	NEVADA	50	1	0	0	58	YUBA	5	0	0	0

SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		Total #
19	Number of planned out-of-hospital births at the onset of labor	2245
20	Number of completed births in an out-of-hospital setting	1840
21	Breech deliveries	13
22	Successful VBAC's	109
23	Twins both delivered out-of-hospital	5
24	Higher Order Multiples - all delivered out-of-hospital	0

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

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated</i> to pregnancy	10
26	G2	Hypertension developed in pregnancy	22
27	G3	Blood coagulation disorders, including phlebitis	2
28	G4	Anemia	3
29	G5	Persistent vomiting with dehydration	2
30	G6	Nutritional & weight loss issues, failure to gain weight	1
31	G7	Gestational diabetes	7
32	G8	Vaginal bleeding	3
33	G9	Suspected or known placental anomalies or implantation abnormalities	7
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	27
35	G11	HIV test positive	0
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	8
37	G12.1	Fetal anomalies	2
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	28
39	G14	Fetal heart irregularities	4
40	G15	Non vertex lie at term	31
41	G16	Multiple gestation	11
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	12
43	G18	Client request	37
44	G19	Other	23

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	0
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	8
47	H3	Isoimmunization, severe anemia, or other blood related issues	1
48	H4	Significant infection	0
49	H5	Significant vaginal bleeding	1
50	H6	Preterm labor or preterm rupture of membranes	26
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	8
52	H8	Fetal demise	5
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	0
54	H10	Other	0

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

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	6
56	I2	Active herpes lesion	1
57	I3	Abnormal bleeding	4
58	I4	Signs of infection	4
59	I5	Prolonged rupture of membranes	31
60	I6	Lack of progress; maternal exhaustion; dehydration	179
61	I7	Thick meconium in the absence of fetal distress	16
62	I8	Non-vertex presentation	18
63	I9	Unstable lie or mal-position of the vertex	7
64	I10	Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER)	1
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	14
66	I12	Client request; request for medical methods of pain relief	50
67	I13	Other	2

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	1
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	4
70	J3	Suspected uterine rupture	0
71	J4	Maternal shock, loss of consciousness	0
72	J5	Prolapsed umbilical cord	1
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	32
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	13
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	7
78	K2	Repair of laceration beyond level of midwife's expertise	10
79	K3	Postpartum depression	0
80	K4	Social, emotional or physical conditions outside of scope of practice	1
81	K5	Excessive or prolonged bleeding in later postpartum period	3
82	K6	Signs of infection	3
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	0
84	K8	Client request	2
85	K9	Other	2

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

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	1
87	L2	Uterine inversion, rupture or prolapse	0
88	L3	Uncontrolled hemorrhage	4
89	L4	Seizures or unconsciousness, shock	1
90	L5	Adherent or retained placenta with significant bleeding	10
91	L6	Suspected postpartum psychosis	1
92	L7	Signs of significant infection	0
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	1
94	L9	Other	3

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

Line No.	Code	Reason	Total #
95	M1	Low birth weight	1
96	M2	Congenital anomalies	9
97	M2.1	Birth injury	0
98	M3	Poor transition to extrauterine life	6
99	M4	Insufficient passage of urine or meconium	0
100	M5	Parental request	1
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	4
102	M7	Other	1

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	6
105	N3	Abnormal cry, seizures or loss of consciousness	2
106	N4	Significant jaundice at birth or within 30 hours	1
107	N5	Evidence of clinically significant prematurity	0
108	N6	Congenital anomalies	2
109	N6.1	Birth injury	1
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)	2
115	N12	Other	0

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	341	O8	190
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	10	O9	4
118	With serious pregnancy/birth related medical complications not resolved by 6 weeks	O3	0	O10	1
119	Death of mother	O4	0	O11	0
120	Unknown	O5	0	O12	0
121	Information not obtainable	O6	1	O13	0
122	Other	O7	0	O14	0
INFANT					
123	Healthy live born infant	O15	301	O24	149
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	19	O25	4
125	With serious pregnancy/birth related medical complications not resolved by 4 weeks	O17	2	O26	2
126	Fetal demise diagnosed prior to labor	O18	4	O27	0
127	Fetal demise diagnosed during labor or at delivery	O19	6	O28	0
128	Live born infant who subsequently died	O20	1	O29	1
129	Unknown	O21	1	O30	1
130	Information not obtainable	O22	0	O31	0
131	Other	O23	7	O32	2

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	0	P38	0	P22	0
140	Infection	P31	0	P39	2	P23	2
141	Meconium aspiration, other respiratory	P32	0	P40	0	P24	0
142	Neurological issues/seizures	P33	0	P41	0	P25	0
143	Other medical issue	P34	0	P42	0	P26	0
144	Unknown	P35	0	P43	0	P27	0
145	Information not obtainable	P36	0	P44	0	P28	0
146	Other	P37	0	P45	0	P29	0