

# CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT Summary

as of 7/13/2017 8:51:50 AM

## SECTION A - Submission Summary

Number of Midwives Expected to Report	<b>412</b>
Number Reported	<b>364</b>
Number Unreported	<b>48</b>
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	<b>2016</b>

## 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 <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?	<b>239</b>	<b>125</b>

## SECTION D - CLIENT SERVICES

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	<b>5420</b>
14	Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	<b>246</b>
15	Total number of clients served whose births were still pending on the last day of this reporting year.	<b>1265</b>
16	Enter the number of clients served who also received collaborative care. <b>IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!</b>	<b>2480</b>
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. <b>IMPORTANT: SEE DEFINITION OF SUPERVISION!</b>	<b>171</b>

**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	246	1	1	0	30	ORANGE	141	0	0	0
02	ALPINE	2	0	0	0	31	PLACER	47	0	0	0
03	AMADOR	1	0	0	0	32	PLUMAS	3	0	0	0
04	BUTTE	24	0	0	0	33	RIVERSIDE	142	0	0	0
05	CALAVERAS	7	0	0	0	34	SACRAMENTO	83	0	0	0
06	COLUSA	0	0	0	0	35	SAN BENITO	0	0	0	0
07	CONTRA COSTA	55	0	0	0	36	SAN BERNARDINO	172	1	0	0
08	DEL NORTE	5	0	0	0	37	SAN DIEGO	241	1	0	0
09	EL DORADO	40	1	0	0	38	SAN FRANCISCO	101	0	0	0
10	FRESNO	20	0	0	0	39	SAN JOAQUIN	16	1	0	0
11	GLENN	0	0	0	0	40	SAN LUIS OBISPO	86	0	0	0
12	HUMBOLDT	93	0	0	0	41	SAN MATEO	29	0	0	0
13	IMPERIAL	0	0	0	0	42	SANTA BARBARA	47	0	0	0
14	INYO	1	0	0	0	43	SANTA CLARA	107	0	0	0
15	KERN	77	1	0	0	44	SANTA CRUZ	41	0	1	0
16	KINGS	0	0	0	0	45	SHASTA	71	0	0	0
17	LAKE	6	0	0	0	46	SIERRA	1	0	0	0
18	LASSEN	8	1	0	0	47	SISKIYOU	13	0	0	0
19	LOS ANGELES	569	2	1	0	48	SOLANO	17	0	0	0
20	MADERA	0	0	0	0	49	SONOMA	174	0	0	0
21	MARIN	36	0	0	0	50	STANISLAUS	35	0	0	0
22	MARIPOSA	1	0	0	0	51	SUTTER	2	0	0	0
23	MENDOCINO	59	0	0	0	52	TEHAMA	8	0	0	0
24	MERCED	5	0	0	0	53	TRINITY	5	0	0	0
25	MODOC	0	0	0	0	54	TULARE	3	0	0	0
26	MONO	2	0	0	0	55	TUOLUMNE	53	0	0	0
27	MONTEREY	7	0	0	0	56	VENTURA	90	1	0	0
28	NAPA	14	0	0	0	57	YOLO	25	0	0	0
29	NEVADA	59	0	0	0	58	YUBA	21	0	0	0

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

Line No.		Total #
19	Number of planned out-of-hospital births <b>at the onset of labor</b>	<b>3664</b>
20	Number of completed births in an out-of-hospital setting	<b>3018</b>
21	Breech deliveries	<b>11</b>
22	Successful VBAC's	<b>159</b>
23	Twins both delivered out-of-hospital	<b>1</b>
24	Higher Order Multiples - all delivered out-of-hospital	<b>6</b>

**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	<b>13</b>
26	G2	Hypertension developed in pregnancy	<b>44</b>
27	G3	Blood coagulation disorders, including phlebitis	<b>5</b>
28	G4	Anemia	<b>4</b>
29	G5	Persistent vomiting with dehydration	<b>2</b>
30	G6	Nutritional & weight loss issues, failure to gain weight	<b>1</b>
31	G7	Gestational diabetes	<b>14</b>
32	G8	Vaginal bleeding	<b>4</b>
33	G9	Suspected or known placental anomalies or implantation abnormalities	<b>8</b>
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	<b>53</b>
35	G11	HIV test positive	<b>0</b>
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	<b>16</b>
37	G12.1	Fetal anomalies	<b>10</b>
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	<b>14</b>
39	G14	Fetal heart irregularities	<b>7</b>
40	G15	Non vertex lie at term	<b>43</b>
41	G16	Multiple gestation	<b>20</b>
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>33</b>
43	G18	Client request	<b>65</b>
44	G19	Other	<b>51</b>

**SECTION H - ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	<b>1</b>
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	<b>25</b>
47	H3	Isoimmunization, severe anemia, or other blood related issues	<b>1</b>
48	H4	Significant infection	<b>2</b>
49	H5	Significant vaginal bleeding	<b>5</b>
50	H6	Preterm labor or preterm rupture of membranes	<b>60</b>
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	<b>10</b>
52	H8	Fetal demise	<b>5</b>
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>3</b>
54	H10	Other	<b>5</b>

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

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	<b>16</b>
56	I2	Active herpes lesion	<b>2</b>
57	I3	Abnormal bleeding	<b>2</b>
58	I4	Signs of infection	<b>5</b>
59	I5	Prolonged rupture of membranes	<b>52</b>
60	I6	Lack of progress; maternal exhaustion; dehydration	<b>255</b>
61	I7	Thick meconium in the absence of fetal distress	<b>18</b>
62	I8	Non-vertex presentation	<b>13</b>
63	I9	Unstable lie or mal-position of the vertex	<b>6</b>
64	I10	Multiple gestation <b>(NO BABIES DELIVERED PRIOR TO TRANSFER)</b>	<b>0</b>
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>17</b>
66	I12	Client request; request for medical methods of pain relief	<b>73</b>
67	I13	Other	<b>8</b>

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

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	<b>2</b>
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	<b>7</b>
70	J3	Suspected uterine rupture	<b>0</b>
71	J4	Maternal shock, loss of consciousness	<b>1</b>
72	J5	Prolapsed umbilical cord	<b>2</b>
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	<b>61</b>
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>2</b>
75	J8	Other life threatening conditions or symptoms	<b>3</b>
76	J9	Multiple gestation <b>(AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)</b>	<b>0</b>

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

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	<b>17</b>
78	K2	Repair of laceration beyond level of midwife's expertise	<b>19</b>
79	K3	Postpartum depression	<b>1</b>
80	K4	Social, emotional or physical conditions outside of scope of practice	<b>4</b>
81	K5	Excessive or prolonged bleeding in later postpartum period	<b>7</b>
82	K6	Signs of infection	<b>7</b>
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>2</b>
84	K8	Client request	<b>3</b>
85	K9	Other	<b>3</b>

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

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	<b>5</b>
87	L2	Uterine inversion, rupture or prolapse	<b>1</b>
88	L3	Uncontrolled hemorrhage	<b>9</b>
89	L4	Seizures or unconsciousness, shock	<b>0</b>
90	L5	Adherent or retained placenta with significant bleeding	<b>14</b>
91	L6	Suspected postpartum psychosis	<b>0</b>
92	L7	Signs of significant infection	<b>2</b>
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>2</b>
94	L9	Other	<b>1</b>

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

Line No.	Code	Reason	Total #
95	M1	Low birth weight	<b>1</b>
96	M2	Congenital anomalies	<b>3</b>
97	M2.1	Birth injury	<b>0</b>
98	M3	Poor transition to extrauterine life	<b>15</b>
99	M4	Insufficient passage of urine or meconium	<b>0</b>
100	M5	Parental request	<b>12</b>
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>8</b>
102	M7	Other	<b>0</b>

**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	<b>15</b>
104	N2	Signs or symptoms of infection	<b>4</b>
105	N3	Abnormal cry, seizures or loss of consciousness	<b>0</b>
106	N4	Significant jaundice at birth or within 30 hours	<b>0</b>
107	N5	Evidence of clinically significant prematurity	<b>0</b>
108	N6	Congenital anomalies	<b>3</b>
109	N6.1	Birth injury	<b>0</b>
110	N7	Significant dehydration or depression of fontanelles	<b>0</b>
111	N8	Significant cardiac or respiratory issues	<b>18</b>
112	N9	Ten minute APGAR score of six (6) or less	<b>2</b>
113	N10	Abnormal bulging of fontanelles	<b>0</b>
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	<b>1</b>
115	N12	Other	<b>5</b>

**SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE**

Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarean Deliveries	
		Code		Code	
<b>MOTHER</b>					
116	Without complication	O1	<b>621</b>	O8	<b>251</b>
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	<b>15</b>	O9	<b>14</b>
118	With serious pregnancy/birth related medical complications <b>not</b> resolved by 6 weeks	O3	<b>2</b>	O10	<b>2</b>
119	Death of mother	O4	<b>0</b>	O11	<b>0</b>
120	Unknown	O5	<b>0</b>	O12	<b>0</b>
121	Information not obtainable	O6	<b>1</b>	O13	<b>1</b>
122	Other	O7	<b>2</b>	O14	<b>1</b>
<b>INFANT</b>					
123	Healthy live born infant	O15	<b>614</b>	O24	<b>204</b>
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	<b>19</b>	O25	<b>5</b>
125	With serious pregnancy/birth related medical complications <b>not</b> resolved by 4 weeks	O17	<b>9</b>	O26	<b>11</b>
126	Fetal demise diagnosed prior to labor	O18	<b>2</b>	O27	<b>1</b>
127	Fetal demise diagnosed during labor or at delivery	O19	<b>5</b>	O28	<b>2</b>
128	Live born infant who subsequently died	O20	<b>4</b>	O29	<b>1</b>
129	Unknown	O21	<b>1</b>	O30	<b>0</b>
130	Information not obtainable	O22	<b>2</b>	O31	<b>1</b>
131	Other	O23	<b>2</b>	O32	<b>0</b>

**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	
<b>MOTHER</b>							
132	Blood loss	P8	<b>0</b>	P15	<b>0</b>	P1	<b>0</b>
133	Sepsis	P9	<b>0</b>	P16	<b>0</b>	P2	<b>0</b>
134	Eclampsia/toxemia or HELLP syndrome	P10	<b>0</b>	P17	<b>0</b>	P3	<b>0</b>
135	Embolism (pulmonary or amniotic fluid)	P11	<b>0</b>	P18	<b>0</b>	P4	<b>0</b>
136	Unknown	P12	<b>0</b>	P19	<b>0</b>	P5	<b>0</b>
137	Information not obtainable	P13	<b>0</b>	P20	<b>0</b>	P6	<b>0</b>
138	Other	P14	<b>0</b>	P21	<b>0</b>	P7	<b>0</b>
<b>INFANT</b>							
139	Anomaly incompatible with life	P30	<b>0</b>	P38	<b>3</b>	P22	<b>3</b>
140	Infection	P31	<b>0</b>	P39	<b>0</b>	P23	<b>0</b>
141	Meconium aspiration, other respiratory	P32	<b>0</b>	P40	<b>0</b>	P24	<b>0</b>
142	Neurological issues/seizures	P33	<b>0</b>	P41	<b>0</b>	P25	<b>0</b>
143	Other medical issue	P34	<b>1</b>	P42	<b>1</b>	P26	<b>2</b>
144	Unknown	P35	<b>1</b>	P43	<b>0</b>	P27	<b>1</b>
145	Information not obtainable	P36	<b>0</b>	P44	<b>1</b>	P28	<b>1</b>
146	Other	P37	<b>1</b>	P45	<b>0</b>	P29	<b>1</b>