

# 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.<br><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.<br><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)<br>County<br>Code | (A2)<br>County Name | (B)<br># of<br>Live<br>Births | (C)<br># of<br>Cases<br>Fetal<br>Demise | (D)<br># of<br>Infant<br>Deaths | (E)<br># of<br>Maternal<br>Deaths | (A1)<br>County<br>Code | (A2)<br>County Name | (B)<br># of<br>Live<br>Births | (C)<br># of<br>Cases<br>Fetal<br>Demise | (D)<br># of<br>Infant<br>Deaths | (E)<br># of<br>Maternal<br>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)<br>Total # of<br>Vaginal Births |            | (B)<br>Total # of<br>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<br>(A) |          | After Transfer<br>(B) |          | Total # from (A) and (B)<br>(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> |

# LICENSED MIDWIFE ANNUAL REPORT SUMMARY

## Multi-Year Comparison

| Section A - Submission Summary        |      |      |      |      |      |      |
|---------------------------------------|------|------|------|------|------|------|
|                                       | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of midwives expected to report | 412  | 394  | 363  | 330  | 311  | 283  |
| Number Reported                       | 364  | 343  | 316  | 259  | 272  | 241  |
| Number Unreported                     | 48   | 51   | 47   | 71   | 39   | 42   |

| Section C - Services Provided in California  |             |      |      |      |      |      |
|--|-------------|------|------|------|------|------|
| 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? | Total # Yes |      |      |      |      |      |
|  | 2016        | 2015 | 2014 | 2013 | 2012 | 2011 |
|  | 239         | 237  | 220  | 191  | 189  | 178  |
|  | Total # No  |      |      |      |      |      |
|  | 2016        | 2015 | 2014 | 2013 | 2012 | 2011 |
|  | 125         | 106  | 96   | 68   | 83   | 63   |

| Section D - Client Services  |      |      |      |      |      |      |
|--|------|------|------|------|------|------|
|  | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of clients served as primary caregiver during the calendar year                         | 5420 | 5528 | 5386 | 5052 | 4370 | 3934 |
| Number of clients who left care for a non-medical reason                                       | 246  | 337  | 256  | 222  | 175  | 133  |
| Number of clients served whose births were still pending on the last day of the reporting year | 1265 | 1342 | 1282 | 1345 | 1193 | 908  |
| Number of clients served who also received collaborative care                                  | 2480 | 2562 | 2763 | 2720 | 2532 | 2288 |
| Number of clients served under the supervision of a licensed physician and surgeon             | 171  | 112  | 161  | 444  | 296  | 257  |

| Section E - Total Outcomes in which Birth, Fetal Demise, or Infant or Maternal Death Occurred |      |      |      |      |      |      |
|---|------|------|------|------|------|------|
|   | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of live births   | 3071 | 3233 | 3285 | 2813 | 2547 | 1676 |
| Number of cases of fetal demise   | 10   | 8    | 14   | 10   | 6    | 6    |
| Number of infant deaths   | 3    | 0    | 2    | 3    | 0    | 1    |
| Number of maternal deaths   | 0    | 0    | 0    | 0    | 0    | 0    |

| Section F - Outcomes of Out-of-Hospital Births                        |      |      |      |      |      |      |
|---|------|------|------|------|------|------|
|   | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of planned out-of-hospital births <b>at the onset of labor</b> | 3664 | 3616 | 3397 | 3028 | 2784 | 2611 |
| Number of completed births in an out-of-hospital setting              | 3018 | 3082 | 2833 | 2559 | 2316 | 2123 |
| Breech deliveries   | 11   | 12   | 12   | 20   | 13   | 13   |
| Successful VBAC's   | 159  | 172  | 150  | 109  | 118  | 115  |
| Twins both delivered out-of-hospital                                  | 1    | 0    | 1    | 6    | 4    | 4    |
| Higher order multiples - all delivered out-of-hospital                | 6    | 0    | 1    | 0    | 1    | 0    |

# LICENSED MIDWIFE ANNUAL REPORT SUMMARY

## Multi-Year Comparison

| Section G - Antepartum Transfer of Care, Elective/Non-Emergency                        |            |            |            |            |            |            |
|--|------------|------------|------------|------------|------------|------------|
| Reason   | 2016       | 2015       | 2014       | 2013       | 2012       | 2011       |
| Medical or mental health conditions <i>unrelated</i> to pregnancy                      | 13         | 16         | 12         | 5          | 5          | 4          |
| Hypertension developed in pregnancy  | 44         | 45         | 40         | 27         | 27         | 22         |
| Blood coagulation disorders, including phlebitis                                       | 5          | 1          | 5          | 7          | 2          | 2          |
| Anemia   | 4          | 2          | 6          | 1          | 2          | 1          |
| Persistent vomiting with dehydration   | 2          | 3          | 3          | 2          | 0          | 2          |
| Nutritional and weight loss issues, failure to gain weight                             | 1          | 1          | 1          | 0          | 0          | 0          |
| Gestational diabetes   | 14         | 9          | 10         | 8          | 9          | 7          |
| Vaginal bleeding   | 4          | 6          | 4          | 5          | 2          | 3          |
| Suspected or known placental anomalies or implantation abnormalities                   | 8          | 14         | 10         | 9          | 8          | 6          |
| Loss of pregnancy (includes spontaneous and elective abortion)                         | 53         | 60         | 67         | 55         | 50         | 34         |
| HIV test positive  | 0          | 0          | 1          | 0          | 0          | 1          |
| Suspected intrauterine growth restriction, suspected macrosomia                        | 16         | 12         | 12         | 4          | 8          | 5          |
| Fetal anomalies  | 10         | 5          | 5          | 9          | 10         | 7          |
| Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios                     | 14         | 17         | 15         | 21         | 9          | 13         |
| Fetal heart irregularities   | 7          | 8          | 2          | 9          | 6          | 2          |
| Non vertex lie at term   | 43         | 45         | 43         | 33         | 43         | 32         |
| Multiple gestation   | 20         | 18         | 8          | 16         | 10         | 9          |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 33         | 26         | 35         | 43         | 16         | 38         |
| Client request   | 65         | 48         | 48         | 28         | 40         | 39         |
| Other  | 51         | 70         | 74         | 26         | 22         | 22         |
| <b>Total</b>   | <b>407</b> | <b>406</b> | <b>401</b> | <b>308</b> | <b>269</b> | <b>249</b> |

| Section H - Antepartum Transfer of Care, Urgent/Emergency   |            |            |            |           |           |           |
|---|------------|------------|------------|-----------|-----------|-----------|
| Reason  | 2016       | 2015       | 2014       | 2013      | 2012      | 2011      |
| Non pregnancy-related medical condition   | 1          | 17         | 21         | 0         | 2         | 1         |
| Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia                | 25         | 24         | 16         | 16        | 13        | 13        |
| Isoimmunization, severe anemia, or other blood related issues                                       | 1          | 1          | 2          | 1         | 1         | 2         |
| Significant infection   | 2          | 0          | 0          | 1         | 1         | 0         |
| Significant vaginal bleeding  | 5          | 11         | 2          | 5         | 3         | 5         |
| Preterm labor or preterm rupture of membranes   | 60         | 38         | 47         | 44        | 44        | 30        |
| Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST) | 10         | 6          | 12         | 8         | 6         | 7         |
| Fetal demise  | 5          | 5          | 7          | 5         | 2         | 4         |
| Clinical judgment of the midwife (where a single other condition above does not apply)              | 3          | 5          | 1          | 4         | 2         | 0         |
| Other   | 5          | 7          | 5          | 5         | 2         | 1         |
| <b>Total</b>  | <b>117</b> | <b>114</b> | <b>113</b> | <b>89</b> | <b>76</b> | <b>63</b> |

**LICENSED MIDWIFE ANNUAL REPORT SUMMARY**  
**Multi-Year Comparison**

| <b>Section I - Intrapartum Transfer of Care, Elective/Non-Emergency</b>                |            |            |            |            |            |            |
|--|------------|------------|------------|------------|------------|------------|
| Reason   | 2016       | 2015       | 2014       | 2013       | 2012       | 2011       |
| Persistent hypertension; severe or persistent headache                                 | 16         | 9          | 11         | 6          | 8          | 8          |
| Active herpes lesion   | 2          | 0          | 0          | 0          | 0          | 1          |
| Abnormal bleeding  | 2          | 2          | 5          | 5          | 3          | 2          |
| Signs of infection   | 5          | 8          | 5          | 7          | 7          | 6          |
| Prolonged rupture of membranes   | 52         | 31         | 41         | 38         | 27         | 34         |
| Lack of progress; maternal exhaustion; dehydration                                     | 255        | 231        | 260        | 231        | 248        | 240        |
| Thick meconium in the absence of fetal distress  | 18         | 16         | 22         | 20         | 23         | 14         |
| Non-vertex presentation  | 13         | 18         | 16         | 16         | 11         | 11         |
| Unstable lie or mal-position of the vertex   | 6          | 6          | 6          | 7          | 6          | 7          |
| Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER)                             | 0          | 1          | 0          | 0          | 1          | 0          |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 17         | 29         | 41         | 11         | 11         | 18         |
| Client request; request for medical methods of pain relief                             | 73         | 71         | 70         | 50         | 46         | 44         |
| Other  | 8          | 11         | 15         | 7          | 6          | 3          |
| <b>Total</b>   | <b>467</b> | <b>433</b> | <b>492</b> | <b>398</b> | <b>397</b> | <b>388</b> |

| <b>Section J - Intrapartum Transfer of Care, Urgent/Emergency</b>   |           |           |           |           |           |           |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| Reason  | 2016      | 2015      | 2014      | 2013      | 2012      | 2011      |
| Suspected preeclampsia, eclampsia, seizures   | 2         | 3         | 4         | 2         | 5         | 1         |
| Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor | 7         | 5         | 5         | 3         | 3         | 5         |
| Suspected uterine rupture   | 0         | 1         | 2         | 0         | 0         | 0         |
| Maternal shock, loss of consciousness   | 1         | 0         | 0         | 0         | 0         | 0         |
| Prolapsed umbilical cord  | 2         | 2         | 1         | 1         | 1         | 0         |
| Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress                                       | 61        | 30        | 45        | 41        | 32        | 46        |
| Clinical judgment of the midwife (where a single other condition above does not apply)                            | 2         | 1         | 10        | 10        | 3         | 11        |
| Other life threatening conditions or symptoms   | 3         | 2         | 2         | 0         | 0         | 1         |
| Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)   | 0         | 1         | 0         | 1         | 0         | 0         |
| <b>Total</b>  | <b>78</b> | <b>45</b> | <b>69</b> | <b>58</b> | <b>44</b> | <b>64</b> |

| <b>Section K - Postpartum Transfer of Care - Mother, Elective/Non-Emergency</b>        |           |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Reason   | 2016      | 2015      | 2014      | 2013      | 2012      | 2011      |
| Adherent or retained placenta without significant bleeding                             | 17        | 20        | 14        | 7         | 11        | 8         |
| Repair of laceration beyond level of midwife's expertise                               | 19        | 22        | 20        | 16        | 14        | 25        |
| Postpartum depression  | 1         | 4         | 1         | 1         | 3         | 2         |
| Social, emotional or physical conditions outside of scope of practice                  | 4         | 0         | 1         | 1         | 1         | 0         |
| Excessive or prolonged bleeding in later postpartum period                             | 7         | 7         | 5         | 11        | 4         | 7         |
| Signs of infection   | 7         | 1         | 7         | 1         | 1         | 5         |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 2         | 1         | 3         | 2         | 1         | 4         |
| Client request   | 3         | 8         | 1         | 2         | 1         | 0         |
| Other  | 3         | 2         | 5         | 0         | 2         | 1         |
| <b>Total</b>   | <b>63</b> | <b>65</b> | <b>57</b> | <b>41</b> | <b>38</b> | <b>52</b> |

# LICENSED MIDWIFE ANNUAL REPORT SUMMARY

## Multi-Year Comparison

| Section L - Postpartum Transfer of Care - Mother, Urgent/Emergency                     |           |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Reason   | 2016      | 2015      | 2014      | 2013      | 2012      | 2011      |
| Abnormal or unstable vital signs   | 5         | 4         | 4         | 7         | 5         | 3         |
| Uterine inversion, rupture or prolapse   | 1         | 2         | 1         | 0         | 0         | 0         |
| Uncontrolled hemorrhage  | 9         | 11        | 8         | 9         | 5         | 6         |
| Seizures or unconsciousness, shock   | 0         | 4         | 2         | 2         | 0         | 2         |
| Adherent or retained placenta with significant bleeding                                | 14        | 21        | 17        | 15        | 11        | 17        |
| Suspected postpartum psychosis   | 0         | 0         | 1         | 1         | 0         | 1         |
| Signs of significant infection   | 2         | 4         | 2         | 1         | 0         | 0         |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 2         | 5         | 2         | 3         | 0         | 4         |
| Other  | 1         | 5         | 0         | 4         | 0         | 1         |
| <b>Total</b>   | <b>34</b> | <b>56</b> | <b>37</b> | <b>42</b> | <b>21</b> | <b>34</b> |

| Section M - Transfer of Care - Infant, Elective/Non-Emergency                          |           |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Reason   | 2016      | 2015      | 2014      | 2013      | 2012      | 2011      |
| Low birth weight   | 1         | 3         | 1         | 3         | 0         | 0         |
| Congenital anomalies   | 3         | 2         | 4         | 3         | 5         | 2         |
| Birth injury   | 0         | 0         | 0         | 1         | 0         | 0         |
| Poor transition to extrauterine life   | 15        | 10        | 13        | 11        | 13        | 9         |
| Insufficient passage of urine or meconium  | 0         | 0         | 0         | 0         | 1         | 0         |
| Parental request   | 12        | 0         | 2         | 1         | 2         | 0         |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 8         | 6         | 7         | 16        | 5         | 10        |
| Other  | 0         | 4         | 4         | 2         | 3         | 4         |
| <b>Total</b>   | <b>39</b> | <b>25</b> | <b>31</b> | <b>37</b> | <b>29</b> | <b>25</b> |

| Section N - Transfer of Care - Infant, Urgent/Emergency                                |           |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Reason   | 2016      | 2015      | 2014      | 2013      | 2012      | 2011      |
| Abnormal vital signs or color, poor tone, lethargy, no interest in nursing             | 15        | 13        | 11        | 8         | 8         | 12        |
| Signs or symptoms of infection   | 4         | 4         | 8         | 1         | 2         | 2         |
| Abnormal cry, seizures or loss of consciousness  | 0         | 0         | 2         | 1         | 0         | 0         |
| Significant jaundice at birth or within 30 hours                                       | 0         | 3         | 2         | 1         | 0         | 2         |
| Evidence of clinically significant prematurity   | 0         | 0         | 0         | 2         | 1         | 0         |
| Congenital anomalies   | 3         | 3         | 2         | 1         | 0         | 0         |
| Birth injury   | 0         | 0         | 0         | 0         | 1         | 0         |
| Significant dehydration or depression of fontanelles                                   | 0         | 0         | 0         | 0         | 0         | 1         |
| Significant cardiac or respiratory issues  | 18        | 22        | 9         | 10        | 10        | 7         |
| Ten minute APGAR score of six (6) or less  | 2         | 3         | 3         | 2         | 0         | 3         |
| Abnormal bulging of fontanelles  | 0         | 0         | 0         | 0         | 0         | 0         |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 1         | 4         | 0         | 1         | 3         | 1         |
| Other  | 5         | 2         | 2         | 5         | 1         | 3         |
| <b>Total</b>   | <b>48</b> | <b>54</b> | <b>39</b> | <b>32</b> | <b>26</b> | <b>31</b> |

# LICENSED MIDWIFE ANNUAL REPORT SUMMARY

## Multi-Year Comparison

| Section O - Birth Outcomes After Transfer of Care   |            |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|------------|
| Total # of Vaginal Births - Mother  |            |            |            |            |            |            |
| Reason  | 2016       | 2015       | 2014       | 2013       | 2012       | 2011       |
| Without complication  | 621        | 594        | 592        | 393        | 433        | 401        |
| With serious pregnancy/birth related medical complications resolved by 6 weeks            | 15         | 10         | 15         | 12         | 7          | 13         |
| With serious pregnancy/birth related medical complications <b>not</b> resolved by 6 weeks | 2          | 1          | 2          | 2          | 2          | 2          |
| Death of mother   | 0          | 0          | 0          | 0          | 0          | 0          |
| Unknown   | 0          | 4          | 3          | 1          | 9          | 2          |
| Information not obtainable  | 1          | 0          | 4          | 0          | 0          | 1          |
| Other   | 2          | 0          | 3          | 2          | 2          | 4          |
| <b>Total</b>  | <b>641</b> | <b>609</b> | <b>619</b> | <b>410</b> | <b>453</b> | <b>423</b> |

| Total # of Vaginal Births - Infant  |            |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|------------|
| Reason  | 2016       | 2015       | 2014       | 2013       | 2012       | 2011       |
| Healthy live born infant  | 614        | 561        | 611        | 333        | 411        | 419        |
| With serious pregnancy/birth related medical complications resolved by 4 weeks            | 19         | 20         | 19         | 16         | 13         | 60         |
| With serious pregnancy/birth related medical complications <b>not</b> resolved by 4 weeks | 9          | 4          | 4          | 5          | 3          | 3          |
| Fetal demise diagnosed prior to labor   | 2          | 3          | 5          | 2          | 1          | 3          |
| Fetal demise diagnosed during labor or at delivery  | 5          | 3          | 2          | 2          | 2          | 4          |
| Live born infant who subsequently died  | 4          | 1          | 1          | 9          | 2          | 5          |
| Unknown   | 1          | 0          | 4          | 44         | 3          | 0          |
| Information not obtainable  | 2          | 0          | 2          | 43         | 6          | 1          |
| Other   | 2          | 5          | 5          | 3          | 3          | 2          |
| <b>Total</b>  | <b>658</b> | <b>597</b> | <b>653</b> | <b>457</b> | <b>444</b> | <b>497</b> |

| Total # of Caesarean Deliveries - Mother  |            |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|------------|
| Reason  | 2016       | 2015       | 2014       | 2013       | 2012       | 2011       |
| Without complication  | 251        | 238        | 267        | 258        | 196        | 184        |
| With serious pregnancy/birth related medical complications resolved by 6 weeks            | 14         | 16         | 8          | 12         | 5          | 7          |
| With serious pregnancy/birth related medical complications <b>not</b> resolved by 6 weeks | 2          | 0          | 0          | 0          | 0          | 0          |
| Death of mother   | 0          | 1          | 0          | 0          | 0          | 0          |
| Unknown   | 0          | 0          | 0          | 0          | 0          | 0          |
| Information not obtainable  | 1          | 0          | 0          | 0          | 0          | 0          |
| Other   | 1          | 1          | 0          | 0          | 0          | 1          |
| <b>Total</b>  | <b>269</b> | <b>256</b> | <b>275</b> | <b>270</b> | <b>201</b> | <b>192</b> |

# LICENSED MIDWIFE ANNUAL REPORT SUMMARY

## Multi-Year Comparison

| Section O - Birth Outcomes After Transfer of Care (continued)                             |            |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|------------|
| Total # of Caesarean Deliveries - Infant  |            |            |            |            |            |            |
| Reason  | 2016       | 2015       | 2014       | 2013       | 2012       | 2011       |
| Healthy live born infant  | 204        | 212        | 231        | 217        | 162        | 155        |
| With serious pregnancy/birth related medical complications resolved by 4 weeks            | 5          | 3          | 2          | 7          | 7          | 3          |
| With serious pregnancy/birth related medical complications <b>not</b> resolved by 4 weeks | 11         | 3          | 4          | 4          | 2          | 3          |
| Fetal demise diagnosed prior to labor   | 1          | 0          | 0          | 0          | 0          | 0          |
| Fetal demise diagnosed during labor or at delivery  | 2          | 1          | 3          | 1          | 1          | 2          |
| Live born infant who subsequently died  | 1          | 1          | 1          | 1          | 0          | 0          |
| Unknown   | 0          | 0          | 0          | 0          | 0          | 0          |
| Information not obtainable  | 1          | 0          | 0          | 0          | 0          | 0          |
| Other   | 0          | 1          | 0          | 1          | 0          | 0          |
| <b>Total</b>  | <b>225</b> | <b>221</b> | <b>241</b> | <b>231</b> | <b>172</b> | <b>163</b> |

| Section P - Complications Leading to Maternal and/or Infant Mortality |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|
| Out-of-Hospital - Mother  |          |          |          |          |          |          |
| Complication  | 2016     | 2015     | 2014     | 2013     | 2012     | 2011     |
| Blood loss  | 0        | 0        | 0        | 0        | 0        | 0        |
| Sepsis  | 0        | 0        | 0        | 0        | 0        | 0        |
| Eclampsia/toxemia or HELLP syndrome                                   | 0        | 0        | 0        | 0        | 0        | 0        |
| Embolism (pulmonary or amniotic fluid)                                | 0        | 0        | 0        | 0        | 0        | 0        |
| Unknown   | 0        | 0        | 0        | 0        | 0        | 0        |
| Information not obtainable  | 0        | 0        | 0        | 0        | 0        | 0        |
| Other   | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total</b>  | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

| Out-of-Hospital - Infant               |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| Complication                           | 2016     | 2015     | 2014     | 2013     | 2012     | 2011     |
| Anomaly incompatible with life         | 0        | 0        | 1        | 3        | 0        | 0        |
| Infection                              | 0        | 0        | 0        | 0        | 0        | 0        |
| Meconium aspiration, other respiratory | 0        | 0        | 0        | 0        | 0        | 1        |
| Neurological issues/seizures           | 0        | 0        | 0        | 0        | 0        | 0        |
| Other medical issue                    | 1        | 0        | 1        | 0        | 0        | 0        |
| Unknown                                | 1        | 0        | 0        | 0        | 0        | 0        |
| Information not obtainable             | 0        | 0        | 0        | 0        | 0        | 0        |
| Other                                  | 1        | 0        | 0        | 0        | 0        | 0        |
| <b>Total</b>                           | <b>3</b> | <b>0</b> | <b>2</b> | <b>3</b> | <b>0</b> | <b>1</b> |

# LICENSED MIDWIFE ANNUAL REPORT SUMMARY

## Multi-Year Comparison

| Section P - Complications Leading to Maternal and/or Infant Mortality (continued) |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|
| After Transfer - Mother   |          |          |          |          |          |          |
| Complication  | 2016     | 2015     | 2014     | 2013     | 2012     | 2011     |
| Blood loss  | 0        | 0        | 0        | 0        | 0        | 0        |
| Sepsis  | 0        | 0        | 0        | 0        | 0        | 0        |
| Eclampsia/toxemia or HELLP syndrome   | 0        | 0        | 0        | 0        | 0        | 0        |
| Embolism (pulmonary or amniotic fluid)  | 0        | 1        | 0        | 0        | 0        | 0        |
| Unknown   | 0        | 0        | 0        | 0        | 0        | 0        |
| Information not obtainable  | 0        | 0        | 0        | 0        | 0        | 0        |
| Other   | 0        | 0        | 0        | 0        | 0        | 0        |
| <b>Total</b>  | <b>0</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |

| After Transfer - Infant                |          |          |          |           |          |          |
|--|----------|----------|----------|-----------|----------|----------|
| Complication                           | 2016     | 2015     | 2014     | 2013      | 2012     | 2011     |
| Anomaly incompatible with life         | 3        | 1        | 1        | 5         | 1        | 2        |
| Infection                              | 0        | 0        | 0        | 1         | 0        | 0        |
| Meconium aspiration, other respiratory | 0        | 0        | 1        | 0         | 0        | 0        |
| Neurological issues/seizures           | 0        | 0        | 0        | 0         | 0        | 1        |
| Other medical issue                    | 1        | 0        | 0        | 2         | 0        | 0        |
| Unknown                                | 0        | 0        | 0        | 0         | 1        | 1        |
| Information not obtainable             | 1        | 0        | 0        | 0         | 0        | 0        |
| Other                                  | 0        | 1        | 0        | 2         | 0        | 1        |
| <b>Total</b>                           | <b>5</b> | <b>2</b> | <b>2</b> | <b>10</b> | <b>2</b> | <b>5</b> |