

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Summary

as of 7/3/2012 7:55:52 AM

SECTION A - Submission Summary

| | |
|---|-----|
| Number of Midwives Expected to Report | 283 |
| Number Reported | 241 |
| 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 | 2011 |

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? | 178 | 63 |

SECTION D - CLIENT SERVICES

| Line No. | | Total # |
|----------|---|---------|
| 13 | Total number of clients served as primary caregiver during this calendar year. | 3934 |
| 14 | Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report) | 133 |
| 15 | Total number of clients served whose births were still pending on the last day of this reporting year. | 908 |
| 16 | Enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE! | 2288 |
| 17 | Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION! | 257 |

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 | 133 | 1 | 0 | 0 | 30 | ORANGE | 92 | 0 | 0 | 0 |
| 02 | ALPINE | 0 | 0 | 0 | 0 | 31 | PLACER | 24 | 0 | 0 | 0 |
| 03 | AMADOR | 2 | 0 | 0 | 0 | 32 | PLUMAS | 2 | 0 | 0 | 0 |
| 04 | BUTTE | 12 | 0 | 0 | 0 | 33 | RIVERSIDE | 84 | 0 | 0 | 0 |
| 05 | CALAVERAS | 3 | 0 | 0 | 0 | 34 | SACRAMENTO | 84 | 1 | 0 | 0 |
| 06 | COLUSA | 1 | 0 | 0 | 0 | 35 | SAN BENITO | 0 | 0 | 0 | 0 |
| 07 | CONTRA COSTA | 19 | 0 | 0 | 0 | 36 | SAN BERNARDINO | 91 | 0 | 0 | 0 |
| 08 | DEL NORTE | 0 | 0 | 0 | 0 | 37 | SAN DIEGO | 132 | 0 | 0 | 0 |
| 09 | EL DORADO | 14 | 0 | 0 | 0 | 38 | SAN FRANCISCO | 127 | 0 | 0 | 0 |
| 10 | FRESNO | 26 | 0 | 0 | 0 | 39 | SAN JOAQUIN | 8 | 0 | 0 | 0 |
| 11 | GLENN | 0 | 0 | 0 | 0 | 40 | SAN LUIS OBISPO | 41 | 0 | 0 | 0 |
| 12 | HUMBOLDT | 46 | 0 | 0 | 0 | 41 | SAN MATEO | 28 | 0 | 0 | 0 |
| 13 | IMPERIAL | 0 | 0 | 0 | 0 | 42 | SANTA BARBARA | 63 | 0 | 0 | 0 |
| 14 | INYO | 0 | 0 | 0 | 0 | 43 | SANTA CLARA | 63 | 0 | 0 | 0 |
| 15 | KERN | 45 | 0 | 0 | 0 | 44 | SANTA CRUZ | 32 | 0 | 0 | 0 |
| 16 | KINGS | 0 | 0 | 0 | 0 | 45 | SHASTA | 49 | 0 | 0 | 0 |
| 17 | LAKE | 3 | 0 | 0 | 0 | 46 | SIERRA | 0 | 0 | 0 | 0 |
| 18 | LASSEN | 0 | 0 | 0 | 0 | 47 | SISKIYOU | 2 | 0 | 0 | 0 |
| 19 | LOS ANGELES | 179 | 1 | 1 | 0 | 48 | SOLANO | 4 | 0 | 0 | 0 |
| 20 | MADERA | 1 | 0 | 0 | 0 | 49 | SONOMA | 21 | 0 | 0 | 0 |
| 21 | MARIN | 45 | 1 | 0 | 0 | 50 | STANISLAUS | 5 | 0 | 0 | 0 |
| 22 | MARIPOSA | 0 | 0 | 0 | 0 | 51 | SUTTER | 1 | 0 | 0 | 0 |
| 23 | MENDOCINO | 22 | 0 | 0 | 0 | 52 | TEHAMA | 3 | 0 | 0 | 0 |
| 24 | MERCED | 3 | 0 | 0 | 0 | 53 | TRINITY | 0 | 0 | 0 | 0 |
| 25 | MODOC | 0 | 0 | 0 | 0 | 54 | TULARE | 9 | 0 | 0 | 0 |
| 26 | MONO | 0 | 0 | 0 | 0 | 55 | TUOLUMNE | 2 | 0 | 0 | 0 |
| 27 | MONTEREY | 0 | 0 | 0 | 0 | 56 | VENTURA | 92 | 2 | 0 | 0 |
| 28 | NAPA | 13 | 0 | 0 | 0 | 57 | YOLO | 14 | 0 | 0 | 0 |
| 29 | NEVADA | 34 | 0 | 0 | 0 | 58 | YUBA | 2 | 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 | 2611 |
| 20 | Number of completed births in an out-of-hospital setting | 2123 |
| 21 | Breech deliveries | 13 |
| 22 | Successful VBAC's | 115 |
| 23 | Twins both delivered out-of-hospital | 4 |
| 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 | 4 |
| 26 | G2 | Hypertension developed in pregnancy | 22 |
| 27 | G3 | Blood coagulation disorders, including phlebitis | 2 |
| 28 | G4 | Anemia | 1 |
| 29 | G5 | Persistent vomiting with dehydration | 2 |
| 30 | G6 | Nutritional & weight loss issues, failure to gain weight | 0 |
| 31 | G7 | Gestational diabetes | 7 |
| 32 | G8 | Vaginal bleeding | 3 |
| 33 | G9 | Suspected or known placental anomalies or implantation abnormalities | 6 |
| 34 | G10 | Loss of pregnancy (includes spontaneous and elective abortion) | 34 |
| 35 | G11 | HIV test positive | 1 |
| 36 | G12 | Suspected intrauterine growth restriction, suspected macrosomia | 5 |
| 37 | G12.1 | Fetal anomalies | 7 |
| 38 | G13 | Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios | 13 |
| 39 | G14 | Fetal heart irregularities | 2 |
| 40 | G15 | Non vertex lie at term | 32 |
| 41 | G16 | Multiple gestation | 9 |
| 42 | G17 | Clinical judgment of the midwife (where a single other condition above does not apply) | 38 |
| 43 | G18 | Client request | 39 |
| 44 | G19 | Other | 22 |

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|----------|------|---|---------|
| 45 | H1 | Non pregnancy-related medical condition | 1 |
| 46 | H2 | Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia | 13 |
| 47 | H3 | Isoimmunization, severe anemia, or other blood related issues | 2 |
| 48 | H4 | Significant infection | 0 |
| 49 | H5 | Significant vaginal bleeding | 5 |
| 50 | H6 | Preterm labor or preterm rupture of membranes | 30 |
| 51 | H7 | Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST) | 7 |
| 52 | H8 | Fetal demise | 4 |
| 53 | H9 | Clinical judgment of the midwife (where a single other condition above does not apply) | 0 |
| 54 | H10 | Other | 1 |

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

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 55 | I1 | Persistent hypertension; severe or persistent headache | 8 |
| 56 | I2 | Active herpes lesion | 1 |
| 57 | I3 | Abnormal bleeding | 2 |
| 58 | I4 | Signs of infection | 6 |
| 59 | I5 | Prolonged rupture of membranes | 34 |
| 60 | I6 | Lack of progress; maternal exhaustion; dehydration | 240 |
| 61 | I7 | Thick meconium in the absence of fetal distress | 14 |
| 62 | I8 | Non-vertex presentation | 11 |
| 63 | I9 | Unstable lie or mal-position of the vertex | 7 |
| 64 | I10 | Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER) | 0 |
| 65 | I11 | Clinical judgment of the midwife (where a single other condition above does not apply) | 18 |
| 66 | I12 | Client request; request for medical methods of pain relief | 44 |
| 67 | I13 | Other | 3 |

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 | 5 |
| 70 | J3 | Suspected uterine rupture | 0 |
| 71 | J4 | Maternal shock, loss of consciousness | 0 |
| 72 | J5 | Prolapsed umbilical cord | 0 |
| 73 | J6 | Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress | 46 |
| 74 | J7 | Clinical judgment of the midwife (where a single other condition above does not apply) | 11 |
| 75 | J8 | Other life threatening conditions or symptoms | 1 |
| 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 | 8 |
| 78 | K2 | Repair of laceration beyond level of midwife's expertise | 25 |
| 79 | K3 | Postpartum depression | 2 |
| 80 | K4 | Social, emotional or physical conditions outside of scope of practice | 0 |
| 81 | K5 | Excessive or prolonged bleeding in later postpartum period | 7 |
| 82 | K6 | Signs of infection | 5 |
| 83 | K7 | Clinical judgment of the midwife (where a single other condition above does not apply) | 4 |
| 84 | K8 | Client request | 0 |
| 85 | K9 | Other | 1 |

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

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 86 | L1 | Abnormal or unstable vital signs | 3 |
| 87 | L2 | Uterine inversion, rupture or prolapse | 0 |
| 88 | L3 | Uncontrolled hemorrhage | 6 |
| 89 | L4 | Seizures or unconsciousness, shock | 2 |
| 90 | L5 | Adherent or retained placenta with significant bleeding | 17 |
| 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) | 4 |
| 94 | L9 | Other | 1 |

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

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 95 | M1 | Low birth weight | 0 |
| 96 | M2 | Congenital anomalies | 2 |
| 97 | M2.1 | Birth injury | 0 |
| 98 | M3 | Poor transition to extrauterine life | 9 |
| 99 | M4 | Insufficient passage of urine or meconium | 0 |
| 100 | M5 | Parental request | 0 |
| 101 | M6 | Clinical judgment of the midwife (where a single other condition above does not apply) | 10 |
| 102 | M7 | Other | 4 |

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 | 12 |
| 104 | N2 | Signs or symptoms of infection | 2 |
| 105 | N3 | Abnormal cry, seizures or loss of consciousness | 0 |
| 106 | N4 | Significant jaundice at birth or within 30 hours | 2 |
| 107 | N5 | Evidence of clinically significant prematurity | 0 |
| 108 | N6 | Congenital anomalies | 0 |
| 109 | N6.1 | Birth injury | 0 |
| 110 | N7 | Significant dehydration or depression of fontanelles | 1 |
| 111 | N8 | Significant cardiac or respiratory issues | 7 |
| 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) | 1 |
| 115 | N12 | Other | 3 |

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

| Line No. | Reason | (A)Total # of Vaginal Births | | (B)Total # of Caesarean Deliveries | |
|---------------|---|------------------------------|-----|------------------------------------|-----|
| MOTHER | | Code | | Code | |
| 116 | Without complication | O1 | 401 | O8 | 184 |
| 117 | With serious pregnancy/birth related medical complications resolved by 6 weeks | O2 | 13 | O9 | 7 |
| 118 | With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks | O3 | 2 | O10 | 0 |
| 119 | Death of mother | O4 | 0 | O11 | 0 |
| 120 | Unknown | O5 | 2 | O12 | 0 |
| 121 | Information not obtainable | O6 | 1 | O13 | 0 |
| 122 | Other | O7 | 4 | O14 | 1 |
| INFANT | | | | | |
| 123 | Healthy live born infant | O15 | 419 | O24 | 155 |
| 124 | With serious pregnancy/birth related medical complications resolved by 4 weeks | O16 | 60 | O25 | 3 |
| 125 | With serious pregnancy/birth related medical complications <u>not</u> resolved by 4 weeks | O17 | 3 | O26 | 3 |
| 126 | Fetal demise diagnosed prior to labor | O18 | 3 | O27 | 0 |
| 127 | Fetal demise diagnosed during labor or at delivery | O19 | 4 | O28 | 2 |
| 128 | Live born infant who subsequently died | O20 | 5 | O29 | 0 |
| 129 | Unknown | O21 | 0 | O30 | 0 |
| 130 | Information not obtainable | O22 | 1 | O31 | 0 |
| 131 | Other | O23 | 2 | O32 | 0 |

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) | |
|---------------|--|------------------------|---|-----------------------|---|---------------------------------|---|
| MOTHER | | Code | | Code | | Code | |
| 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 | 2 | P22 | 2 |
| 140 | Infection | P31 | 0 | P39 | 0 | P23 | 0 |
| 141 | Meconium aspiration, other respiratory | P32 | 1 | P40 | 0 | P24 | 1 |
| 142 | Neurological issues/seizures | P33 | 0 | P41 | 1 | P25 | 1 |
| 143 | Other medical issue | P34 | 0 | P42 | 0 | P26 | 0 |
| 144 | Unknown | P35 | 0 | P43 | 1 | P27 | 1 |
| 145 | Information not obtainable | P36 | 0 | P44 | 0 | P28 | 0 |
| 146 | Other | P37 | 0 | P45 | 1 | P29 | 1 |