

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

SECTION A - LICENSEE DATA

1a. First:		1b. Middle:		1c. Last:	
2. License Number:					
<i>Numbers 3-10 are voluntary, but will assist OSHPD in contacting you if questions arise relating to your report</i>					
3. Street Address 1:					
4. Street Address 2:					
5. City:		6. State:		7. ZIP Code:	
8. Phone 1:			9. Phone 2:		
10. E-mail Address:					

SECTION B - REPORTING PERIOD

Line No.	Report Year
11	

SECTION C - SERVICES PROVIDED IN CALIFORNIA

Line No.		Yes	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?		

SECTION D - CLIENT SERVICES

Lines 13 to 17: Client Services include all clients for whom you provided midwifery services in this reporting year, whose intended place of birth at the onset of **YOUR** care was an out-of-hospital setting. Include **all** clients regardless of year initially booked.

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

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED

Lines 18a to 18g: Include all births, cases of fetal demise, and infant and maternal deaths that occurred during this reporting year, regardless of year client was initially booked.

Column A: Enter each county - use the county codes provided from the dropdown list - where you attended a birth as the primary caregiver or had a client whose pregnancy resulted in a fetal demise discovered while under your care.

Column B: Enter the number of clients in that county whose pregnancies resulted in a live birth while under your care.

Column C: Enter the number of clients in that county whose pregnancies resulted in a fetal demise discovered while under your care.

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

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

Line No.	(A) County in which the Birth Occurred, or Fetal Demise or Death was discovered (see county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise Discovered while Client was Under Your Care	(D) # of Cases of Infant Death While Under Your Care	(E) # of Cases of Maternal Death While Client was Under Your Care
18a					
18b					
18c					
18d					
18e					
18f					
18g					

SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Lines 19 to 24: Include all births that occurred during this reporting year, regardless of year client was initially booked. It is understood that for this section each birth experience or infant born may be included on more than one line.

DELIVERY: episode of a mother giving birth regardless of number of babies born alive or dead.

Line 19: Enter total number of out-of-hospital deliveries you planned on attending as the primary caregiver at the onset of labor

Line 20: Out of the total number of out-of-hospital births you planned on attending as the primary caregiver at the onset of labor (as indicated in line 19), enter the number of those deliveries that **actually did occur** in an out-of-hospital setting

Line 21: Enter the number of planned deliveries you attended in an out-of-hospital as the primary caregiver that were delivered breech.

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

Lines 23: Enter the number of planned deliveries you attended in an out-of-hospital as the primary caregiver that involved twins. Each mother giving birth counts as one delivery, regardless of number of babies born. Record only if all babies delivered out-of-hospital.

Lines 24: Enter the number of planned deliveries you attended in an out-of-hospital setting as the primary caregiver that involved a high number of multiples. Each mother giving birth counts as one delivery, regardless of number of babies born. Record only if all babies delivered out-of-hospital.

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

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

Lines 25-44: For each reason listed, enter the number of clients who, during the antepartum period electively (no emergency existed) transferred to the care of another healthcare provider. Report the primary reason for each client.

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

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 45-54: For each reason listed, enter the number of clients who, during the antepartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

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

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

Lines 55-67: For each reason listed, enter the number of clients who, during the intrapartum period, electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

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

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 68-76: For each reason listed, enter the number of clients who, during the intrapartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

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

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

Lines 77-85: For each reason listed, enter the number of clients who, during the postpartum period, electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

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

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

Lines 86-94: For each reason listed, enter the number of clients who, during the postpartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

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

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

Lines 95-102: For each reason listed, enter the number of infants who electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each infant.

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

SECTION N – TRANSFER OF CARE - INFANT, URGENT/EMERGENCY

Lines 103-115: For each reason listed, enter the number of infants who were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each infant.

Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
104	N2	Signs or symptoms of infection	
105	N3	Abnormal cry, seizures or loss of consciousness	
106	N4	Significant jaundice at birth or within 30 hours	
107	N5	Evidence of clinically significant prematurity	
108	N6	Congenital anomalies	
109	N6.1	Birth injury	
110	N7	Significant dehydration or depression of fontanelles	
111	N8	Significant cardiac or respiratory issues	
112	N9	Ten minute APGAR score of six (6) or less	
113	N10	Abnormal bulging of fontanelles	
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	
115	N12	Other	
N12 Explanation			

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Lines 116-131: For any mother or infant with transfer of care Reported in section I, J, K, L, M and N, from the licensed midwife to another healthcare provider, please provide the outcome information regarding both the mother and for the infant in the spaces provided.

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

SECTION P – COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY

Only complete this section if you reported instances of fetal demise or infant or maternal deaths in previous sections!

Lines 132-138: For each complication listed, in Column A, enter the total number of mothers who died during the pregnancy or within six (6) weeks after the end of a pregnancy as a result of that complication. Indicate in Columns A or B the numbers that were out-of-hospital births or transfers. Report only one primary complication for each client.

Lines 139-146: Indicate in Columns A or B the numbers that were out-of-hospital births or transfers. Report only one primary complication for each client.

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
		Code		Code		Code	
MOTHER							
132	Blood loss	P8		P15		P1	
133	Sepsis	P9		P16		P2	
134	Eclampsia/toxemia or HELLP syndrome	P10		P17		P3	
135	Embolism (pulmonary or amniotic fluid)	P11		P18		P4	
136	Unknown	P12		P19		P5	
137	Information not obtainable	P13		P20		P6	
138	Other	P14		P21		P7	
P12 Explanation							
P13 Explanation							
P14 Explanation							
P19 Explanation							
P20 Explanation							
P21 Explanation							
INFANT							
139	Anomaly incompatible with life	P30		P38		P22	
140	Infection	P31		P39		P23	
141	Meconium aspiration, other respiratory	P32		P40		P24	
142	Neurological issues/seizures	P33		P41		P25	
143	Other medical issue	P34		P42		P26	
144	Unknown	P35		P43		P27	
145	Information not obtainable	P36		P44		P28	
146	Other	P37		P45		P29	
P35 Explanation							
P36 Explanation							
P37 Explanation							
P43 Explanation							
P44 Explanation							
P45 Explanation							

The information contained herein is accurate and complete to the best of my knowledge.

Signature:

Date:

Please send the completed report to:

Office of Statewide Health Planning and Development
Patient Data Section
Licensed Midwife Annual Report
400 R Street, Suite 270
Sacramento, CA 95811-6213

Appendix A - County Code List

County Name	
ALAMEDA	ORANGE
ALPINE	PLACER
AMADOR	PLUMAS
BUTTE	RIVERSIDE
CALAVERAS	SACRAMENTO
COLUSA	SAN BENITO
CONTRA COSTA	SAN BERNARDINO
DEL NORTE	SAN DIEGO
EL DORADO	SAN FRANCISCO
FRESNO	SAN JOAQUIN
GLENN	SAN LUIS OBISPO
HUMBOLDT	SAN MATEO
IMPERIAL	SANTA BARBARA
INYO	SANTA CLARA
KERN	SANTA CRUZ
KINGS	SHASTA
LAKE	SIERRA
LASSEN	SISKIYOU
LOS ANGELES	SOLANO
MADERA	SONOMA
MARIN	STANISLAUS
MARIPOSA	SUTTER
MENDOCINO	TEHAMA
MERCED	TRINITY
MODOC	TULARE
MONO	TUOLUMNE
MONTEREY	VENTURA
NAPA	YOLO
NEVADA	YUBA

Appendix B – Frequently Asked Questions

What happens if I am out of town and the midwife covering my practice transports one of my clients. Who reports?

If you are the primary midwife and are away or otherwise temporarily leave your clients in the care of a back-up midwife and that midwife ends up transferring your client, you should be the midwife who reports that transfer. This does not apply if you transfer care permanently to the other midwife, only for temporary coverage situations.

I have clients that live and plan to give birth in Nevada, but I occasionally provide care to these clients in my California Office. Should I report this as “care given in California”?

Only report on clients who intended to have you attend their out of hospital birth in California, regardless of what state the midwife was in when you provided their prenatal care.

With regard to fetal demise in Section E, if the fetus has a documented heartbeat when we left for the hospital but doesn't when we get there or has a heartbeat when we arrive at the hospital but dies later, would I report the county in which I discovered the fetal demise?

No, you did not discover the fetal demise while it was under your care and it should not be reported in Section E. In Section E, only enter instance of fetal demise that were discovered under your care. If you don't hear a heartbeat during a prenatal visit or during labor and the demise is confirmed after transfer, you have discovered the demise while under your care and it should be entered in this section.

I'm confused by Line 13 since it includes people who have been or will be reported on in other years. Who should I include in this number?

Only include care given in California. This line should include all the clients who were seen for prenatal care during 2010 but left care for any reason before the baby was born, all the clients who had their babies in 2010 whether at home or after transport, and all clients you saw prenatally in 2010 who had not had their babies yet at the end of the year. This number should only include clients who entered care intending an out of hospital birth and does not include clients seen for well woman care only, doula clients, or clients who intended a hospital birth but wanted additional prenatal care with a midwife. It does *not* include clients who were still being seen for postpartum care in 2010 after having babies in 2009.

If I send the baby to the doctor because of a concern, but also continue to provide care for the baby at home, do I report that a transfer of care for a newborn?

If you are unsure about a baby and bring it to a pediatrician who pronounces everything fine and returns the baby to your care, that is not a transfer and should not be reported in Sections M or N. If you bring the baby in and after examination the medical caregiver decides to admit the baby for observation or decides that the situation warrants ongoing medical observation or treatment, that is a transfer of care and should be reported in Section M or N.

Appendix B – Frequently Asked Questions

Where would I report a spontaneous abortion that does not require transfer for medical attention?

Line 13 only, as a client who received services during the reporting year who desired a homebirth at the onset of care.

If I was attending a birth at a home and continued to attend after the mother was transferred to the hospital for delivery, should I report that in Section E?

No, Section E is only for reporting births that occurred *while you were the primary caregiver*. In a transfer of care the receiving caregiver becomes the primary caregiver.

I work with a partner and we do everything together, both are primary at births. Should we take turns reporting or just have one of us report our outcomes and the other just report that no midwife services were performed? It would be nice to report as a practice.

As long as every occurrence is reported and every midwife files a report, it doesn't really matter which of you files the report. Typically clients are divided up with one midwife designated as the reporter/primary for that client. If MANA stats are being submitted, clients should be divided according to who is listed as "midwife 1" in order to use the California Stats page generated at the end of the year.

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

DEFINITIONS: (The following definitions govern only the responses provided in this report.)

Antepartum: Same as prenatal; *however*, in formal medical Latin, antepartum is before, intrapartum is during (labor and birth) and postpartum refers to the moment the baby is born (i.e. the laboring woman).

At the Onset of Labor: Midwife has begun to monitor/attend woman in labor (defined as having regular uterine contractions leading to progressive cervical change OR having experienced a ruptured bag of waters).

Collaborative Care/Consultation: This definition captures all clients who were seen by a physician or surgeon during their pregnancy. It includes clients who saw a doctor for a few visits so that insurance would cover their lab work and ultrasound, clients who started care with an OB and transferred to your care, clients who had concurrent ultrasound care with a physician or surgeon during pregnancy as well as clients for whom you or they had an issue that needed medical consult. Nurse Practitioners and Certified Nurse Midwives seen at doctor's offices count as collaborative care providers. It does not include a client who saw a physician for the first time when they transferred out of your care and never returned to your care.

Delivery: Delivery Episode: one mother giving birth, regardless of number of babies delivered, live or dead.

Discovered: The county in which the fetal demise was detected, even if that county is different from the county in which the mother resides or the birth was intended.

Fetal Demise/Stillbirth: A fetal demise/stillbirth applies to the death of a fetus at 20 or more weeks gestation. Death is indicated by the fact that the fetus/stillborn baby does not breathe or show any other evidence of life such as: beating of the heart, pulsation of the umbilical cord, definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions and respirations are to be distinguished from fleeting respiratory efforts or gasps.

Healthcare Practitioner: An individual practitioner (of midwifery or medicine) or a medical facility.

Higher Order Multiples: A single pregnancy resulting in three or more babies.

Infant Death: The death of any infant that occurs within the first six weeks of life.

Information Not Obtainable: An attempt was made to acquire the information, either from the client or the transfer facility, but it was not provided or received.

Intrapartum: Midwife has begun to monitor/attend woman in labor (defined as having regular uterine contractions leading to progressive cervical change OR having experienced a ruptured bag of water).

Live Birth: Birth of one live baby.

Maternal Death: The death of a woman while pregnant or within 6 weeks of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Morbidity: Birth-related Morbidity = Serious complications for mother or baby relative to pregnancy, childbirth, or the condition of the neonate during the first 6 wks following delivery.

Non-medical Reason: Examples include but are not limited to: client preference, relocation, insurance issues, other inability to pay, lost to care, unknown.

Other: No other option applies.

Out of Hospital Setting: A non-clinical facility, typically a residence.

Postnatal: After the birth *but* refers to the neonate or newborn baby in the first 28 days after birth.

Postpartum: After the infant has been born until 6 weeks later.

Primary Caregiver: Licensed midwife contracted by the client to provide primary care midwifery services during her pregnancy and/or for planned out of hospital delivery. See frequently asked questions for issues surrounding reporting when you share a practice with a partner.

Stillbirth/Fetal Demise: A fetal demise/stillbirth applies to the death of a fetus at 20 or more weeks gestation. Death is indicated by the fact that the fetus/stillborn baby does not breathe or show any other evidence of life such as: beating of the heart, pulsation of the umbilical cord, definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions and respirations are to be distinguished from fleeting respiratory efforts or gasps.

Supervision: Midwife is supervised by a licensed physician or surgeon who will go on record as being the midwife's supervisor for a particular case.

Total: Only include care given in California. Include: all clients who were seen for prenatal care during 2010 but left care for any reason before the baby was born; all clients who had their babies in 2010 whether at home or after transport; all clients you saw prenatally in 2010 who had not had their babies yet at the end of the year. This number should only include clients who entered care intending an out of hospital birth and does not include clients seen for well woman care only, doula clients, or clients who intended a hospital birth but wanted additional prenatal care with a midwife. It does not include clients who were still being seen for postpartum care in 2010 after having babies in 2009.

Transfer of Care: The receiving health care practitioner becomes the primary caregiver.

Unknown: Information is not known to the reporting licensed midwife.

VBAC (Vaginal birth after a previous Cesarean section): Still applies even if the mother-to-be has had a vaginal birth in the interim. For example, a normal birth, then a Cesarean section, a vaginal birth immediately afterwards (VBAC), and then, has another pregnancy and a second VBAC.