DRAFT as of 3/9/07

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

YEAR _____

This report is due on or before March 31 in the year following the year of reporting.

First Name	Last Name
Address	
City	State	ZIP Code

License
Number   LM - _____

1   Did you, or a student midwife supervised by you, perform midwife services during the year when the intended place of birth at the onset of care was an out-of-hospital setting?   Yes_____   No_____

If you answered no, skip items 2 - 13, sign and date the report, and mail it to OSHPD at the address provided in the instructions.

2   Total number of clients served as primary caregiver at the onset of care   _____

3   Total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon   _____

4   Total number of clients served under supervision of a licensed physician and surgeon   _____

5   Number of live births attended as the primary caregiver by county
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

County Code	Number	County Code	Number

6   Number of cases of fetal demise attended as primary caregiver at the discovery of the demise by county
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

County Code	Number	County Code	Number

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First Name	Last Name

License
Number   LM - _____

7 Number of women whose primary care was transferred to another care practitioner during
   the antepartum period, and the reason for each transfer
   (If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason
Code   Number   Reason
                            Code   Number

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

8 Number, reason, and outcome for each elective hospital transfer during the intrapartum or
   postpartum period
   (If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason
Code   Number   Outcome
                            Code   Number

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

9 Number, reason, and outcome for each urgent or emergency transport of an expectant mother in the
   antepartum period
   (If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason
Code   Number   Outcome
                            Code   Number

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

10 Number, reason, and outcome for each urgent or emergency transport of an infant or mother during the
    intrapartum or immediate postpartum period
    (If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason
Code   Number   Outcome
                            Code   Number

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

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First Name	Last Name	License Number LM - _____

11 a Number of planned out-of-hospital births at the onset of labor   _____

11 b Number of births completed in an out-of-hospital setting   _____

12   Number of planned out-of-hospital births completed in an out-of-hospital setting that were
       any of the following:

  a Twin births   _____

  b Multiple births other than twin births   _____

  c Breech births   _____

  d Vaginal births after the performance of a caesarian section (VBAC)   _____

13 Did the result of service to any client or infant result in the mortality of the mother or infant? Yes___ No___

If you answered no, skip this item sign and date the report, and mail it to OSHPD at the address provided
in the instructions.

If you answered yes, enter the number of mother and/or infant fatalities below:

    Mother fatalities   _____   Infant fatalities   _____

Provide a brief description of any complications resulting in the mortality of a mother or an infant
(If additional space is needed attach additional pages as needed and reference this item number)

1 _____

2 _____

3 _____

4 _____

(DESIGN NOTE: OR A CODING METHOD OF REPORTING COMPLICATIONS COULD BE USED)

Complication Code Number	Complication Code Number
_____	_____
_____	_____
_____	_____

Signature _____   Date _____

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Supplemental Reporting Form   County Code Form

Item 5 - Report any additional county amounts here that were not already reported on page 1.

Number of live births attended as the primary caregiver by county.

County Code	County Name	Number	County Code	County Name	Number	County Code	County Name	Number
1	Alameda		21	Marin		40	San Luis Obispo	
2	Alpine		22	Mariposa		41	San Mateo	
3	Amador		23	Mendocino		42	Santa Barbara	
4	Butte		24	Merced		43	Santa Clara	
5	Calaveras		25	Modoc		44	Santa Cruz	
6	Colusa		26	Mono		45	Shasta	
7	Contra Costa		27	Monterey		46	Sierra	
8	Del Norte		28	Napa		47	Siskiyou	
9	El Dorado		29	Nevada		48	Solano	
10	Fresno		30	Orange		49	Sonoma	
11	Glenn		31	Placer		50	Stanislaus	
12	Humbolt		32	Plumas		51	Sutter	
13	Imperial		33	Riverside		52	Tehama	
14	Inyo		34	Sacramento		53	Trinity	
15	Kern		35	San Benito		54	Tuolumne	
16	Kings		36	San Bernardino		55	Tulare	
17	Lake		37	San Diego		56	Ventura	
18	Lassen		38	San Francisco		57	Yolo	
19	Los Angeles		39	San Joaquin		58	Yuba	
20	Madera							

Item 6 - Report any additional county amounts here that were not already reported on page 1.

Number of cases of fetal demise attended as primary caregiver at the discovery of the demise by county.

County Code	County Name	Number	County Code	County Name	Number	County Code	County Name	Number
1	Alameda		21	Marin		40	San Luis Obispo	
2	Alpine		22	Mariposa		41	San Mateo	
3	Amador		23	Mendocino		42	Santa Barbara	
4	Butte		24	Merced		43	Santa Clara	
5	Calaveras		25	Modoc		44	Santa Cruz	
6	Colusa		26	Mono		45	Shasta	
7	Contra Costa		27	Monterey		46	Sierra	
8	Del Norte		28	Napa		47	Siskiyou	
9	El Dorado		29	Nevada		48	Solano	
10	Fresno		30	Orange		49	Sonoma	
11	Glenn		31	Placer		50	Stanislaus	
12	Humbolt		32	Plumas		51	Sutter	
13	Imperial		33	Riverside		52	Tehama	
14	Inyo		34	Sacramento		53	Trinity	
15	Kern		35	San Benito		54	Tuolumne	
16	Kings		36	San Bernardino		55	Tulare	
17	Lake		37	San Diego		56	Ventura	
18	Lassen		38	San Francisco		57	Yolo	
19	Los Angeles		39	San Joaquin		58	Yuba	
20	Madera							

Supplemental Reporting Form
for Item Number _____

Refer to the reason code table included in the instructions that provides direction in completing the California Licensed Midwife Annual Report.

Reason Code	Number	Reason Code	Number	Reason Code	Number

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Supplemental Reporting Form
for Item Number _____

Refer to the reason and outcome code tables included in the instructions that provides direction in completing the California Licensed Midwife Annual Report.

Reason Code	Number

Outcome Code	Number

County Codes:

1	Alameda	21	Marin	40	San Luis Obispo		
2	Alpine	22	Mariposa	41	San Mateo		
3	Amador	23	Mendocino	42	Santa Barbara		
4	Butte	24	Merced	43	Santa Clara		
5	Calaveras	25	Modoc	44	Santa Cruz		
6	Colusa	26	Mono	45	Shasta		
7	Contra Costa	27	Monterey	46	Sierra		
8	Del Norte	28	Napa	47	Siskiyou		
9	El Dorado	29	Nevada	48	Solano		
10	Fresno	30	Orange	49	Sonoma		
11	Glenn	31	Placer	50	Stanislaus		
12	Humbolt	32	Plumas	51	Sutter		
13	Imperial	33	Riverside	52	Tehama		
14	Inyo	34	Sacramento	53	Trinity		
15	Kern	35	San Benito	54	Tuolumne		
16	Kings	36	San Bernardino	55	Tulare		
17	Lake	37	San Diego	56	Ventura		
18	Lassen	38	San Francisco	57	Yolo		
19	Los Angeles	39	San Joaquin	58	Yuba		
20	Madera						

Reason Codes:

R1 – Pain relief
R2 – Failure to progress
R3 – Sustained fetal distress
R4 – Malpresentation
R5 – Thick meconium
R6 – Abruptio/previa
R7 – Hemorrhage
R8 – Retained placenta
R9 – Maternal exhaustion
R10 – Multiple birth
R11 – Baby's position
R12 – Chronic medical condition
R13 – Birth defect
R14 – Eclampsia/Pre-eclampsia
R15 – Hypertension
R16 – Diabetes
R17 – Persistent anemia
R18 – Preterm labor
R19 – Blood pressure
R20 – Infection
R21 – Shock
R22 – Requested by client

Outcome Codes:

O1 – Live birth
O2 – Infant death
O3 – Mother death
O4 – Birth defect
O5 – Mother injury
O6 – Infant injury

Complication Codes:

C1 – Failure to progress
C2 – Sustained fetal distress
C3 – Malpresentation
C4 – Thick meconium
C5 – Abruptio/previa
C5 – Hemorrhage
C6 – Retained placenta
C7 – Maternal exhaustion
C8 – Baby's position
C9 – Chronic medical condition
C10– Birth defect
C11 – Eclampsia/Pre-eclampsia
C12 – Hypertension
C13 – Diabetes
C14 – Persistent anemia
C15 – Preterm labor
C16 – Jaundice
C17 – Sepsis/infection
C18 – Respiratory distress
C19 – Failure to thrive
C20 – Seizure
C21 – Prematurity
C22 – Birth injury
C23 – Cervical/uterine prolapse
C24 – Pulmonary embolism
C25 – Thrombophlebitis
C26 – Mec aspiration
C27 – RDA/Hyaline Membrane Disease
C28 – IUGR
C29 – Metabolic hypoglycemia or hypocalcaemia