

Midwifery Advisory Council Meeting April 17, 2007
Work product for categories of 'Reasons & Complications'
for transfer and codified designations

Elective Antepartum transfer of care to a health care practitioner

Antepartum transfer, Elective / maternal conditions (AE-m)

- AE-m 1 Medical or mental health conditions *unrelated* to pregnancy
- AE-m 2 Hypertension developed in pregnancy
- AE-m 3 Blood coagulation disorders, incl. phlebitis
- AE-m 4 Anemia, persistent vomiting with dehydration,
- AE-m 5 Nutritional & weight loss issues, failure to gain weight
- AE-m 6 Gestational diabetes, unable to control with diet
- AE-m 7 Vaginal bleeding, suspected placental implantation abnormalities
- AE-m 8 Miscarriage
- AE-m 9 Termination of pregnancy
- AE-m 10 HIV test positive
- AE-m 11 Preterm labor or preterm rupture of membranes
- AE-m 12 Client request

Antepartum transfer, Elective / fetal conditions (AE-f)

- AE-f 1 Intrauterine growth restriction, fetal anomalies
- AE-f 2 Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios
- AE-f 3 Intrauterine growth restriction, (IUGR), fetal anomalies
- AE-f 4 Fetal heart irregularities
- AE-f 5 Non vertex lie at term, multiple gestation
- AE-f 6 Other

Antepartum Urgent or Emergent / maternal conditions

- AU-m 1 Non pregnancy related medical condition
- AU-m 2 Severe or persistent headache, pregnancy-induced hypertension (PIH) or preeclampsia
- AU-m 3 Isoimmunization, severe anemia, or other blood related issues
- AU-m 4 Significant infection
- AU-m 5 Significant vaginal bleeding
- AU-m 6 Preterm labor or preterm rupture of membranes

- AU-f 1 Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)
- AU-f 2 Fetal demise

AU-f 3 Other

Intrapartum transfers of care (active labor true delivery of placenta)

Intrapartum transfer, Elective / maternal conditions (IE-m)

- IE-m1 Client request; request for pain relief
- IE-m2 Persistent increase in blood pressure
- IE-m3 Active herpes lesion
- IE-m4 Abnormal bleeding
- IE-m5 Signs of infection
- IE-m6 Prolonged rupture of membranes
- IE-m7 Lack of progress; maternal exhaustion; dehydration

Intrapartum transfer, Elective / fetal conditions (IE-f)

- IE-f 8 Fetal heart tones irregularities; thick me conium
- IE-f 9 Non-vertex presentation; unstable lie
- IE-f 10 Other

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Intrapartum transfer, Urgent or Emergent / maternal conditions (IU-m)

- IU-m 1 Preeclampsia, eclampsia, seizures
- IU-m 2 Significant vaginal bleeding including suspected placental abruption with severe abdominal pain inconsistent with normal labor.
- IU-m 3 Uterine rupture
- IU-m 4 Maternal shock, loss of consciousness

Intrapartum transfer, Urgent or Emergent / fetal conditions (IU-f)

- IU-f 1 Prolapsed umbilical cord
- IU-f 2 Fetal distress
- IU-f 3 Other life threatening conditions or symptoms

Postpartum transfer of care (first 6 wks)

Postpartum transfer, Elective conditions

- PE- 1 Client request
- PE- 2 [Adherent or retained placenta](#)
- PE- 3 [Repair of laceration beyond level of midwife's expertise](#)
- PE- 4 Signs of significant infection
- PE- 5 Postpartum depression
- PE- 6 Social, emotional or physical conditions outside of scope of practice
- PE- 7 Excessive or prolonged much bleeding in later postpartum period

Postpartum transfer, Urgent or emergency

- PU- 1 Abnormal or unstable vital signs
- PU- 2 Uterine inversion, rupture or prolapse
- PU- 3 Uncontrolled hemorrhage
- PU- 4 Seizures or unconsciousness, shock
- PU- 5 Infection
- PU- 6 Postpartum psychosis

Neonatal Transfers of Care

Neonatal, Elective

- NE-1 Parental request
- NE-2 Low birth weight
- NE-3 Congenital anomalies, birth injury
- NE-4 Poor transition to extrauterine life
- NE-5 Insufficient passage of urine or meconium;
- NE-6 Pernicious vomiting
- NE-7 Other medical conditions

Neonatal, Urgent or Emergent

- NU-1 Abnormal vital signs or color, poor tone, lethargy, no interest in nursing
- NU-2 Signs or symptoms of infection
- NU-3 Abnormal cry, seizures or loss of consciousness
- NU-4 Significant jaundice at birth or within 30 hours
- NU-5 Evidence of clinically significant prematurity
- NU-6 Congenital anomalies, birth injury, other medical conditions

- NU-7 Significant dehydration,
- NU-8 Abnormal bulging or depression of fontanel

Complications leading to maternal-infant mortality

Mother

- C-m 1 Blood loss
- C-m 2 Sepsis
- C-m 3 Eclampsia/toxemia or HELLP syndrome
- C-m 4 Embolism (pulmonary or amniotic fluid)

Baby

- C-b1 Infection
- C-b2 Anomaly incompatible with life
- C-b3 Meconium aspiration, other respiratory issues
- C-b4 Neurological issues/seizures
- C-b5 Other medical issue
- C-b6 Unknown

Birth Outcomes

Maternal

- O-m1 Vaginal birth with no complications
- O-m2 Cesarean delivery with no complications
- O-m3 Serious pregnancy/birth related medical complications persisting beyond 6 weeks
- O-m4 Maternal death

Fetal/Neonatal

- O-f/n 1 Fetal demise diagnosed prior to labor
- O-f/n 2 Fetal demise diagnosed during labor or at delivery
- O-f/n 3 Birth related medical complications or birth injury persisting beyond 6 weeks
- O-f/n 4 Infant death

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Agenda Item #4

Pursuant to Section 2516 of the Business and Professions Code all licensed midwives (LM) are required to submit statistics for each client they served as primary caregiver, beginning with the calendar year 2007. If you are in a group practice where all midwives share primary responsibility for all clients and every primary midwife in your practice is an LM, you can submit this form as a practice. Midwives working in practices where each midwife has primary responsibility for a list of clients within the practice should fill out an individual form for the clients they serve as primary midwife. Any midwife attending additional births outside of the practice (where those births are not submitted with group practice statistics) must also submit an individual form listing those births.

For the purposes of this form ONLY the following definitions will be used:

- Primary caregiver=midwife or practice contracted by client to provide primary-care midwifery services during her pregnancy and/or out-of-hospital delivery.
- Collaborative care=midwife receives advice or client receives additional medical care or advice regarding the pregnancy from a licensed physician or surgeon.
- Under supervision =supervised by a licensed physician or surgeon who will go on record as being your supervisor for a particular case.
- Non-medical reason=client preference, relocation, insurance coverage issues, other inability to pay, lost to care.
- Intrapartum=midwife has begun to monitor/attend woman in labor, regardless of cervical dilatation or contraction pattern.
- Postpartum=baby has been born

Reporting as an:

Individual

☐

Group

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Individual Midwife Name and license number

OR

For Group practices:

List Each Midwife's Name and corresponding
license number

Calendar Year Reporting

Please report the following information with regard to cases in which, you, the midwife or the group practice, assisted in the reporting year when the intended place of birth at the onset of care was an out-of-hospital setting AND also report the following information with regard to cases in which, any student midwife, you or the group practice supervised, assisted in the reporting year when the intended place of birth at the onset of care was an out-of-hospital setting.

1.A. Total number of clients served as primary caregiver whose intended place of birth at the onset of care was an out-of-hospital setting. If there were none, enter zero (0) and stop here and submit the form. [satisfies Section 2516 (a) (3) (A)]

1.B. of this number, total number of clients who left care for non-medical reasons. (Do not include these clients in other categories on this reporting form). If there were none, enter zero (0). [satisfies Section 2516 (a) (3) (F)]

1.A. minus 1.B. equals 1.C. or the total number of clients who must be accounted for on the remainder of this form

1.C.

2. Of the number in 1.C., total number of clients served under supervision If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (C)]

3. Of the number in 1.C., total number of clients served with collaborative care. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (B)]

4. Of the number in 1.C. the number of live births attended as the primary caregiver. (by county). If there were none, enter zero (0). [satisfies Section 2516 (a) (3) (D)]

County	Number

5. Of the number in 1.C., total number of cases of fetal demise attended as primary caregiver, at the discovery of the demise. (by county). If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (E)]

County	Number

6. Of the number in 1.C., the total number of planned out of hospital births at the onset of labor. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (J)]

7. Of the number in 1.C., the total number of planned out of hospital births completed in an out of hospital setting. If there were none, enter zero (0). [satisfies Section 2516 (a) (3) (J)]

7.A. Of the total in number 7, how many were twins. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (K-i)]

7.B. Of the total in number 7, how many were higher order multiples. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (K-ii)]

7.C. Of the total in number 7, how many were breech at delivery. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (K-iii)]

7.D. Of the total in number 7, how many were vaginal births after previous caesarian delivery, (VBAC). If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (K-iv)]

8. Of the number in 1.C., the number of non-emergency transfers of primary care during the antepartum period. **(Mother/Fetus counted as a unit)**. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (F)]

Reason	Number

9. Of the number in 1.C., the number of urgent or emergency transfers of primary care during the antepartum period **(Mother/Fetus counted as a unit)**.

If there were none, enter zero (0). [satisfies Section 2516 (a) (3) (H)]

Reason	Outcome	Number

10. Of the number in 1.C., the number of non-emergency transfers of primary care during the intrapartum period. **(Mother/Fetus counted as a unit)**. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (G)]

Reason	Outcome	Number

11. Of the number in 1.C., the number of urgent or emergency transfers of primary care during the intrapartum period. **(Mother/Fetus counted as a unit)**. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (I)]

Reason	Outcome	Number

12. Of the number in 1.C., the number of non-emergency transfers of primary care during the postpartum period, of the mother. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (G)]

Reason	Outcome	Number

13. Of the number in 1.C., the number of urgent or emergency transfers of primary care during the postpartum period, of the mother. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (G)]

Reason	Outcome	Number

14. Of the number in 1.C., the number of non-emergency transfers of primary care during the postpartum period, of the baby. If there were none, enter zero (0)

[satisfies Section 2516 (a) (3) (I)]

Reason	Outcome	Number

15. Of the number in 1.C., the number of urgent or emergency transfers of primary care during the postpartum period, of the baby. If there were none, enter zero (0).

[satisfies Section 2516 (a) (3) (I)]

Reason	Outcome	Number

16. Of the number in 1.C., complications resulting in the mortality of mother. If there were none, enter zero (0). [satisfies Section 2516 (a) (3) (L)]

Complication	Number

17. Of the number in 1.C., complications resulting in the mortality of baby/fetus. If there were none, enter zero (0). [satisfies Section 2516 (a) (3) (L)]

Complication	Number

Agenda Item #4

Reasons and Outcomes Codes for submitting Licensed Midwife Statistics pursuant to Section 2516 of the Business and Professions Code

REASONS

Antepartum transfers of care, (Mother/Fetus counted as a unit)

Non-emergent

- RA-1 Medical or mental health conditions not related to/caused by this pregnancy
- RA-2 Vaginal bleeding
- RA-3 Persistent vomiting with dehydration, nutritional and weight loss issues, failure to gain weight.
- RA-4 Gestational diabetes
- RA-5 Placenta anomalies or placental implantation abnormalities
- RA-6 Abnormal amniotic fluid volume (oligo or polyhydramnios).
- RA-7 Intrauterine growth restriction, fetal anomalies
- RA-8 Positive HIV test
- RA-9 Non vertex lie at term, Multiple gestation
- RA-10 Loss of non-viable pregnancy (includes spontaneous and elective abortion)
- RA-11 Blood Coagulation disorders, including phlebitis
- RA-12 Fetal heart irregularities
- RA-13 Client request
- RA-14 Other (may include uncommon medical conditions affecting pregnancy)

Antepartum transfers of care, (Mother/Fetus counted as a unit)

Urgent or Emergency

- RA-15 Preterm labor or preterm rupture of membranes
- RA-16 Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test.
- RA-17 Severe or persistent headache, pregnancy induced hypertension, or pre-eclampsia

RA-18 Significant infection
**Antepartum transfers of care,
(Mother/Fetus counted as a unit)**

Urgent or Emergency (continued)

- RA-19 Isoimmunization, severe anemia, or other blood related issues
- RA-20 Non pregnancy related medical condition
- RA-21 Significant vaginal bleeding
- RA-22 Fetal Demise
- RA-23 Other

**Intrapartum transfer of care
(Mother/Fetus counted as a unit)**

Non-emergent

- RI-1 Client request, request for medical methods of pain relief
- RI-2 Prolonged rupture of membranes
- RI-3 Lack of progress/maternal exhaustion/dehydration
- RI-4 Abnormal bleeding
- RI-5 Active herpes lesion
- RI-6 Signs of infection
- RI-7 Thick meconium in the absence of evidence of fetal distress.
- RI-8 Non-vertex presentation/unstable lie
- RI-9 Persistent hypertension, Severe or persistent headache,
- RI-10 Other

**Intrapartum transfer of care
(Mother/Fetus counted as a unit)**

Urgent or emergency

- RI-11 Prolapsed umbilical cord
- RI-12 Significant vaginal bleeding including suspected placental abruption with severe abdominal pain inconsistent with normal labor.
- RI-13 Pregnancy induced hypertension, pre-eclampsia, eclampsia, seizures
- RI-14 Uterine rupture
- RI-15 Maternal shock, loss of consciousness
- RI-16 Fetal distress
- RI-17 Other life threatening conditions or symptoms

Immediate Postpartum Transfer of Care

Mother

Non-emergent

- RPM-1 Client request
- RPM-2 Adherent or retained placenta without significant bleeding
- RPM-3 Repair of laceration beyond level of midwife's expertise
- RPM-4 Signs of infection
- RPM-5 Postpartum depression
- RPM-6 Social, emotional or physical conditions outside of scope of practice.
- RPM-7 Excessive or prolonged bleeding in later postpartum period

**Immediate Postpartum Transfer of Care
Mother**

Urgent or emergency

- RPM-8 Adherent or retained placenta with significant bleeding
- RPM-9 Abnormal or unstable vital signs
- RPM-10 Uterine inversion, prolapse or rupture
- RPM-11 Uncontrolled hemorrhage
- RPM-12 Seizures or unconsciousness, shock
- RPM-13 Post partum psychosis
- RPM-14 Other life threatening conditions or symptoms

**Immediate Postpartum Transfer of Care
Infant**

Non-emergent

- RPI-1 Parental request
- RPI-2 Poor transition to extra-uterine life
- RPI-3 Low birth weight
- RPI-4 Congenital anomalies, birth injury, other medical conditions
- RPI-5 Insufficient urine or meconium
- RPI-6 Other

**Immediate Postpartum Transfer of Care
Infant**

Urgent or emergency

- RPI-7 Significant cardiac or respiratory issues, low 5-minute Apgar
- RPI-8 Abnormal vital signs or color, lethargy, poor tone, no interest in nursing
- RPI-9 Signs or symptoms of infection
- RPI-10 Abnormal cry, seizures or loss of consciousness, abnormal bulging of fontanel
- RPI-11 Significant jaundice at birth or within 30 hours of birth
- RPI-12 Evidence of prematurity
- RPI-13 Congenital anomalies, birth injury, other medical conditions of an emergent nature

**Immediate Postpartum Transfer of Care
Infant**

Urgent or emergency (continued)

- RPI-14 Significant dehydration or depression of fontanel
- RPI-15 Other

Complications leading to mortality

Maternal

- C-1 Blood loss
- C-2 Sepsis
- C-3 Eclampsia/toxemia or HELLP syndrome
- C-4 Embolism (pulmonary or amniotic)
- C-5 Other

Fetal/Infant

- C-6 Infection
- C-7 Anomaly incompatible with life
- C-8 Meconium aspiration or other respiratory issues
- C-9 Neurological issues/seizures
- C-10 Other
- C-11 Unknown

Outcomes

Maternal

- O-1 Vaginal Birth with no complications
- O-2 Cesarean delivery with no complications
- O-3 Serious pregnancy/birth related medical complications persisting beyond 6 weeks
- O-4 Maternal Death

Fetal/Infant

- O-5 Healthy live infant
- O-6 Fetal demise diagnosed prior to labor
- O-7 Fetal demise diagnosed during labor or at delivery
- O-8 Birth related medical complications or birth injury persisting beyond 6 weeks
- O-9 Neonatal death