



Agenda Item 12C

## MEMORANDUM

<b>DATE</b>	July 13, 2007
<b>TO</b>	Members, Midwifery Committee Members, Division of Licensing
<b>FROM</b>	Kathi Burns, Manager <i>KB</i> Licensing Operations Section
<b>SUBJECT</b>	<b>Midwife Annual Reporting Form</b>

### BACKGROUND:

Upon conclusion of the Midwifery Advisory Council's (MAC) work developing a coding system to assist in the collection of midwifery practice data as required by Business and Professions Code section 2516, members of the MAC, Division of Licensing (DOL) staff, and representatives from the Office of Statewide Health Planning and Development (OSHPD) turned their attention to creating a user-friendly annual reporting form and instructions for use by licensed midwives to report the required data.

OSHPD is the entity responsible for receiving, compiling, and reporting, to the Division, the aggregate data collected. The form itself was designed to not only allow easy reporting by licensed midwives, but for efficient data entry by OSHPD staff.

Since licensed midwives are required to report practice data for the 2007 calendar year, an urgent need exists that this form and its instructions be completed and provided to licensed midwives as soon as possible. As such, a draft of the proposed form and instructions are attached for your review.

It is the intent of the MAC, that this form, or something similar, be available in electronic format for submission via the Internet by the 2008 reporting year. In the meantime, Division staff is requesting that the Committee and Division delegate authority to make final modifications to the form and instructions, based upon input from the MAC and OSHPD, to the Chief of the Division of Licensing.

### RECOMMENDATION:

Staff recommends that delegated authority be granted to the Chief of the Division of Licensing to approve a final version of the Midwife Annual Reporting Form and related instructions.

#### Attachments:

Business and Professions Code Section 2516  
Midwife Annual Coding Reporting Form and Instructions

**Business and Professions Code  
Division 2 – Healing Arts, Chapter 5 – Medicine  
Article 24 – Licensed Midwives  
Section 2516**

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**Section 2516 – Report on out-of-hospital births to be submitted annually; Confidentiality; Noncompliance**

**2516.** (a) Each licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted in March, with the first report due in March 2008, for the prior calendar year, in a form specified by the board and shall contain all of the following:

- (1) The midwife's name and license number.
  - (2) The calendar year being reported.
  - (3) The following information with regard to cases in which the midwife, or the student midwife supervised by the midwife, assisted in the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:
    - (A) The total number of clients served as primary caregiver at the onset of care.
    - (B) The total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon.
    - (C) The total number of clients served under the supervision of a licensed physician and surgeon.
    - (D) The number by county of live births attended as primary caregiver.
    - (E) The number, by county, of cases of fetal demise attended as primary caregiver at the discovery of the demise.
    - (F) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.
    - (G) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.
    - (H) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.
    - (I) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.
    - (J) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.
    - (K) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:
      - (i) Twin births.
      - (ii) Multiple births other than twin births.
      - (iii) Breech births.
      - (iv) Vaginal births after the performance of a caesarian section.
    - (L) A brief description of any complications resulting in the mortality of a mother or an infant.
    - (M) Any other information prescribed by the board in regulations.
- (b) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.
- (c) The office shall report to the board, by April, those licensees who have met the requirements of subdivision (a) for that year.
- (d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).
- (e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective reporting and the aggregation of data pursuant to subdivision (f).
- The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).
- (f) The office shall report the aggregate information collected pursuant to this section to the board by July of each year. The board shall include this information in its annual report to the Legislature.
- (g) Notwithstanding any other provision of law, a violation of this section shall not be a crime.

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**INSTRUCTIONS FOR COMPLETING  
THE LICENSED MIDWIFE ANNUAL REPORT**

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Pursuant to Business and Professions Code section 2516, all licensed midwives must report specific information related to birthing services provided when the intended place of birth at the onset of care is an out-of-hospital setting. The attached form has been developed to allow for such reporting. Please consult these instructions while completing the form to ensure that the proper information is being reported.

Please note that the form is to be submitted to the Office of Statewide Health Planning and Development (OSHPD) not the Medical Board of California (board). OSHPD will report the data collected in aggregate form to the board each year for inclusion in their report to the Legislature and will reveal to the board only the identity of those licensed midwives who fail to report for purposes of restricting license renewal until a report is received.

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**DEFINITIONS:**

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

**Primary Care Giver** – Licensed midwife contracted by client to provide primary-care midwifery services during her pregnancy and/or out-of-hospital delivery

If services are provided in a practice or medical group type setting, one licensed midwife must be deemed to be the primary care giver for each client for reporting purposes. This determination may be made in a variety of ways. For example, the primary care giver is the licensed midwife who, a) meets the client first, b) does the client intake, c) delivers the baby, etc...

**Collaborative Care** – Midwife receives advice or client receives additional medical care or advice regarding the pregnancy from a licensed physician or surgeon

**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

**Non-medical Reason** – Client preference, relocation, insurance issues, other inability to pay, lost to care

**Intrapartum** – Midwife has begun to monitor/attend woman in labor, regardless of cervical dilation or contraction pattern

**Postpartum** – After baby has been born.

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**Section A – LICENSEE DATA**

You must provide your name and California Licensed Midwife License number. All other information is voluntary.

**Section B – REPORTING PERIOD**

Indicate the calendar year for which this report pertains.

**Section C – SERVICES PROVIDED**

**Line 12** – If your answer is “no,” because you did not perform any qualifying midwifery services during the year, skip all further questions and go to the last page. Sign and date the form and mail it to:

Office of Statewide Health Planning and Development  
Patient Data Section  
Licensed Midwife Annual Report  
400 R Street, Second Floor  
Sacramento, CA 95811.

***YOU MUST SUBMIT A REPORT-  
EVEN IF YOU DID NOT PERFORM ANY QUALIFYING SERVICES***

This is necessary, as the Medical Board of California will not renew an expired midwife license if this report has not been submitted (Business and Professions Code section 2516(d)).

- If your answer is “yes,” proceed to the next section.

**Section D – CLIENT SERVICES**

**Line 13** – Enter the total number of clients you served as the primary care giver, *when the intended place of birth at the onset of care* was an out-of-hospital setting. (Include the total number of clients served, including those where collaborative care or supervision occurred).

**Line 14** – Enter the total number of clients who left care for non-medical reasons.

**Line 15** – Enter the total number of clients you served *when the intended place of birth at the onset of care* was an out-of-hospital setting, who also received collaborative care.

**Line 16** – Enter the total number of clients you served with the supervision of a licensed physician and surgeon *when the intended place of birth at the onset of care* was an out-of-hospital setting.

**Section E – OUTCOMES OF ATTENDED BIRTHS**

**Line 17** – In **Column A**, enter each county (using the county code listed on next page) where you attended a birth as the primary caregiver.  
– In **Column B**, enter the actual number of live births attended as primary care giver.  
– In **Column C**, indicate the number of births attended as primary care giver where the baby died.

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**County Codes:**

1	Alameda	21	Marin	41	San Mateo
2	Alpine	22	Mariposa	42	Santa Barbara
3	Amador	23	Mendocino	43	Santa Clara
4	Butte	24	Merced	44	Santa Cruz
5	Calaveras	25	Modoc	45	Shasta
6	Colusa	26	Mono	46	Sierra
7	Contra Costa	27	Monterey	47	Siskiyou
8	Del Norte	28	Napa	48	Solano
9	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humbolt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tuolumne
15	Kern	35	San Benito	55	Tulare
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin	59	Out-of-state
20	Madera	40	San Luis Obispo		

**Section F – OUTCOME FOR OUT-OF-HOSPITAL BIRTHS**

**Line 18** – Enter the total number of out-of-hospital births you planned on attending as the primary care giver **at the onset of labor**. For this line, count each baby delivered.

**Line 19** – Out of the total number of out-of-hospital births you planned on attending as the primary care giver **at the onset of labor** (as indicated in line 17), enter the number of births that actually did occur in the out-of-hospital setting. For this line, count each baby delivered.

**Lines 20 and 21** – Enter the number of births you attended (in an out-of-hospital setting) as the primary care giver that involved twins and multiple births. For these lines, include the number of actual babies delivered in Column A and the number of sets of twins or multiples in Column B. (Multiples are births involving more than two babies).

**Lines 22 and 23** – Enter the number of births you attended as the primary care giver that were breech births and/or vaginal births after the performance of a caesarian section (VBAC). For these lines count each baby delivered.

It is understood that each birth experience or baby born may fall into one or more categories listed in this section.

**Section G – ANTEPARTUM TRANSFER OF CARE – ELECTIVE**

**Lines 24- 44** – For each reason listed, enter the number of clients who, during the antepartum period (prior to the onset of labor), were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

**Section H – ANTEPARTUM TRANSFER OF CARE – URGENT/EMERGENCY**

**Lines 45-55** – For each reason listed, enter the number of clients who, during the antepartum period (prior to the onset of labor), were transferred to the care of another health care practitioner due to an urgent or emergency situation.

**Section I – INTRAPARTUM TRANSFER OF CARE – ELECTIVE**

**Lines 56-69** – For each reason listed, enter the number of clients who, during the intrapartum period (when the licensed midwife has begun to monitor/attend the woman in labor, regardless of cervical dilation or contraction pattern), were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

**Section J – INTRAPARTUM TRANSFER OF CARE – URGENT/EMERGENCY**

**Lines 70-77** – For each reason listed, enter the number of clients who, during the intrapartum period (when the licensed midwife has begun to monitor/attend the woman in labor, regardless of cervical dilation or contraction pattern), were transferred to the care of another health care practitioner due to an urgent or emergency situation.

**Section K – POSTPARTUM TRANSFER OF CARE – ELECTIVE**

**Lines 78-87** – For each reason listed, enter the number of clients who, during the postpartum period (after baby has been born), were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

**Section L – POSTPARTUM TRANSFER OF CARE – URGENT/EMERGENCY**

**Lines 87-95** – For each reason listed, enter the number of clients who, during the postpartum period (after baby has been born), were transferred to the care of another health care practitioner due to an urgent or emergency situation.

**Section M – NEONATAL TRANSFER OF CARE – ELECTIVE**

**Lines 96-102** – For each reason listed, enter the number of babies who were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

**Section N – NEONATAL TRANSFER – URGENT/EMERGENCY**

**Lines 102-114** – For each reason listed, enter the number of babies who were transferred to the care of another health care practitioner due to an urgent or emergency situation.

**Section O – COMPLICATIONS LEADING TO MORTALITY**

**Lines 115-119** – For each reason listed, enter the number of mothers who died during or after the birth of the baby that somehow related to the labor and/or delivery.

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**Lines 120-126** – For each reason listed, enter the number of babies who died.

## **Section P – BIRTH OUTCOMES AFTER TRANSFER OF CARE**

**Lines 127-131** – For births occurring after the transfer of care of the mother and baby from the licensed midwife to another health care practitioner, indicate whether the birth was vaginal or caesarian for each outcome listed as it pertains to the mother.

**Lines 132-135** – For births occurring after the transfer of care of the mother and baby from the licensed midwife to that of another health care practitioner, indicate whether the birth was vaginal or caesarian for each outcome listed as it pertains to the baby.

**CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT**  
 Completion/submission of this form by all licensed midwives in California is required pursuant to Business and Professions Code section 2516(c). Failure to do so will result in the licensee being unable to renew of his or her midwife license without first submitting the requisite data.

**SECTION A – LICENSEE DATA**

1. Midwife Name	1a. First:	1b. Middle:	1c. Last:
2. License Number	□ □ □ □ □		
3. Street Address 1			
4. Street Address 2			
5. City:	6. State:	7. Zip:	
8. Phone 1:	9. Phone 2:		
□ □ □ - □ □ □ - □ □ □ □	□ □ □ - □ □ □ - □ □ □ □		
10. E-mail Address:			

**SECTION B – REPORTING PERIOD**

Line no.	Report Year
11	□ □ □ □

**SECTION C – SERVICES PROVIDED**

Line No.		Yes	No*
12	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?		
* If you answered no, skip to last page, sign and date the report and mail it to OSHPD at the address provided.			

**SECTION D – CLIENT SERVICES**

Line No.		Total #
13	Number of clients you served as primary care giver at the onset of care	
14	Number of clients who left care for non-medical reasons	
15	Number of clients you served who received collaborative care	
16	Clients you served while you were under the supervision of a licensed physician and surgeon	



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**SECTION E - OUTCOMES OF ATTENDED BIRTHS**

Line No.	(A) County (see instructions for county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise
17a			
17b			
17c			
17d			
17e			
17f			
17g			

**SECTION F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS**

Line No.		Total #	# of Sets
18	Number of planned out-of-hospital births at the onset of <b>labor</b>		
19	Number of completed births		
20	Twins		
21	Multiple births (Other than twin births)		
22	Breech births		
23	VBAC deliveries		

**ANTEPARTUM TRANSFER OF CARE – ELECTIVE**

Line No.	Code	Reason	Total #
24	AE1	Medical or mental health conditions <i>unrelated</i> to pregnancy	
25	AE2	Hypertension developed in pregnancy	
26	AE3	Blood coagulation disorders, incl. phlebitis	
27	AE4	Anemia	
28	AE5	Persistent vomiting with dehydration	
29	AE6	Nutritional & weight loss issues, failure to gain weight	
30	AE7	Gestational diabetes	
31	AE8	Vaginal bleeding	
32	AE9	Placental anomalies or implantation abnormalities	
33	AE10	Loss of pregnancy (includes spontaneous and elective abortion)	
34	AE11	HIV test positive	

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35	AE12	Intrauterine growth restriction, fetal anomalies	
36	AE13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
37	AE14	Intrauterine growth restriction (IUGR), fetal anomalies	
38	AE15	Fetal heart irregularities	
39	AE16	Non vertex lie at term	
40	AE 17	Multiple gestation	
41	AE18	Clinical judgment of the midwife (where a single other condition above does not apply)	
42	AE19	Client request	
43	AE20	Non-medical reason	
44	AE21	Other	

### ANTEPARTUM TRANSFER OF CARE – URGENT OR EMERGENCY

Line No.	Code	Reason	Total #
45	AU1	Non pregnancy-related medical condition	
46	AU2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
47	AU3	Isoimmunization, severe anemia, or other blood related issues	
48	AU4	Significant infection	
49	AU5	Significant vaginal bleeding	
50	AU6	Preterm labor or preterm rupture of membranes	
51	AU7	Hypertension developed in pregnancy	
52	AU8	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non- stress test (NST)	
53	AU9	Fetal demise	
54	AU10	Clinical judgment of the midwife (where a single other condition above does not apply)	
55	AU11	Other	

### INTRAPARTUM TRANSFER OF CARE – ELECTIVE

Line No.	Code	Reason	Total #
56	IE1	Persistent hypertension; severe or persistent headache	
57	IE2	Active herpes lesion	
58	IE3	Abnormal bleeding	
59	IE4	Signs of infection	
60	IE5	Prolonged rupture of membranes	

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61	IE6	Lack of progress; maternal exhaustion; dehydration	
62	IE7	Other life threatening conditions or symptoms	
63	IE8	Thick meconium in the absence of fetal distress	
64	IE9	Non-vertex presentation	
65	IE10	Unstable lie or mal-position of the vertex	
66	IE11	Multiple gestation	
67	IE12	Clinical judgment of the midwife (where a single other condition above does not apply)	
68	IE13	Client request; request for medical methods of pain relief	
69	IE14	Other	

### INTRAPARTUM TRANSFER OF CARE – URGENT OR EMERGENCY

Line No.	Code	Reason	Total #
70	IU1	Preeclampsia, eclampsia, seizures	
71	IU2	Significant vaginal bleeding including suspected placental abruption with severe abdominal pain inconsistent with normal labor.	
72	IU3	Uterine rupture	
73	IU4	Maternal shock, loss of consciousness	
74	IU5	Prolapsed umbilical cord	
75	IU6	Non-reassuring fetal heart tones	
76	IU7	Clinical judgment of the midwife (where a single other condition above does not apply)	
77	IU8	Other life threatening conditions or symptoms	

### POSTPARTUM TRANSFER OF CARE – ELECTIVE

Line No.	Code	Reason	Total #
78	PE1	Adherent or retained placenta without significant bleeding	
79	PE2	Repair of laceration beyond level of midwife's expertise	
80	PE3	Adherent or retained placenta without significant bleeding	
81	PE4	Postpartum depression	
82	PE5	Social, emotional or physical conditions outside of scope of practice	
83	PE6	Excessive or prolonged bleeding in later postpartum period	
84	PE7	Signs of infection	
85	PE8	Clinical judgment of the midwife (where a single other condition above does not apply)	
86	PE9	Client request	

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87	PE10	Other	
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**POSTPARTUM TRANSFER OF CARE – URGENT OR EMERGENCY**

Line No.	Code	Reason	Total #
88	PU1	Abnormal or unstable vital signs	
89	PU2	Uterine inversion, rupture or prolapse	
90	PU3	Uncontrolled hemorrhage	
91	PU4	Seizures or unconsciousness, shock	
92	PU5	Adherent or retained placenta with significant bleeding	
93	PU6	Postpartum psychosis	
94	PU7	Signs of significant infections	
95	PU8	Other	

**NEONATAL TRANSFER OF CARE – ELECTIVE**

Line No.	Code	Reason	Total #
96	NE1	Low birth weight	
97	NE2	Congenital anomalies, birth injury	
98	NE3	Poor transition to extrauterine life	
99	NE4	Insufficient passage of urine or meconium	
100	NE5	Parental request	
101	NE6	Clinical judgment of the midwife (where a single other condition above does not apply)	
102	NE7	Other medical conditions	

**NEONATAL TRANSFER OF CARE – URGENT OR EMERGENCY**

Line No.	Code	Reason	Total #
103	NU1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
104	NU2	Signs or symptoms of infection	
105	NU3	Abnormal cry, seizures or loss of consciousness	
106	NU4	Significant jaundice at birth or within 30 hours	
107	NU5	Evidence of clinically significant prematurity	
108	NU6	Congenital anomalies, birth injury, other medical conditions of an emergent nature	
109	NU7	Significant cries, seizures, or loss of consciousness	
110	NU8	Significant dehydration or depression of fontanelles	

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111	NU9	Significant cardiac or respiratory issues	
112	NU10	Ten minute APGAR of less than seven (7)	
113	NU11	Abnormal bulging of fontanel	
114	NU12	Other	

### COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY

Line No.	Code	Reason	Total #
<b>MOTHER</b>			
115	CM1	Blood loss	
116	CM2	Sepsis	
117	CM3	Eclampsia/toxemia or HELLP syndrome	
118	CM4	Embolism (pulmonary or amniotic fluid)	
119	CM5	Other	
<b>INFANT</b>			
120	CI1	Infection	
121	CI2	Anomaly incompatible with life	
122	CI3	Meconium aspiration, other respiratory issues	
123	CI4	Neurological issues/seizures	
124	CI5	Other medical issue	
125	CI6	Unknown	
126	CI7	Other	

### BIRTH OUTCOMES AFTER TRANSFER

Line No.	Reason	Total # of Vaginal Births	Total # of Caesarian Deliveries
<b>MOTHER</b>			
127	Without complication	OM1	OM7
128	With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks	OM2	OM8
129	With serious pregnancy/birth related medical complications resolved by 6 weeks	OM2	OM9
130	Death of mother	OM4	OM10
131	Other	OM5	OM11

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INFANT					
132	Healthy live born infant	O11		O15	
133	Fetal demise diagnosed prior to labor	O12		O16	
134	Fetal demise diagnosed during labor or at delivery	O13		O17	
135	Other	O14		O18	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed forms to:

Office of Statewide Health Planning and Development  
Patient Data Section  
Licensed Midwife Annual Report  
400 R Street, Second Floor  
Sacramento, CA 95811  
Phone: (916) XXX-XXXX