



MEMORANDUM

DATE	August 10, 2007
TO	Members, Midwifery Advisory Council
FROM	Kathi Burns, Manager <i>KB</i> Licensing Operations Section
SUBJECT	Midwife Annual Report Coding System

Attached is the most recent version of the Midwife Annual Report Coding System. This document was created based upon input from the Midwifery Advisory Council (MAC); Office of Statewide Health Planning and Development staff; and Division of Licensing staff.

Please review this document in its entirety and make note of any questions, concerns, or suggestions you may have for discussion at the September 6, 2007, MAC meeting. Pay particular attention to the highlighted areas as they represent a significant change from the prior version of this document. Time during the meeting does not allow for a line by line review of this document, so please be prepared to bring forth your identified issues for discussion.

If you have any questions regarding this document, please contact me at (916) 263-2417 or kburns@mbc.ca.gov.

Attachments:

Business and Professions Code Section 2516
Midwife Annual Report Coding System

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

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.

Midwife Annual Report CODING SYSTEM

Antepartum Transfer of Care

Elective:

- AE1 Medical or mental health conditions *unrelated* to pregnancy
- AE2 Hypertension developed in pregnancy
- AE3 Blood coagulation disorders, including phlebitis
- AE4 Anemia
- AE5 Persistent vomiting with dehydration
- AE6 Nutritional & weight loss issues, failure to gain weight
- AE7 Gestational diabetes
- AE8 Vaginal bleeding
- AE9 Placental anomalies or implantation abnormalities
- AE10 Loss of pregnancy (includes spontaneous and elective abortion)
- AE11 HIV test positive
- AE12 Intrauterine growth restriction, fetal anomalies
- AE13 Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios
- AE14 Intrauterine growth restriction, (IUGR), fetal anomalies
- AE15 Fetal heart irregularities
- AE16 Non vertex lie at term
- AE17 Multiple gestation
- AE18 Clinical judgment of the midwife (where a single other condition above does not apply)
- AE19 Client request
- AE20 Non-medical reason
- AE21 Other

Urgent or Emergent:

- AU1 Non pregnancy-related medical condition
- AU2 Severe or persistent headache, pregnancy-induced hypertension (PIH) or preeclampsia
- AU3 Isoimmunization, severe anemia, or other blood related issues
- AU4 Significant infection
- AU5 Significant vaginal bleeding
- AU6 Preterm labor or preterm rupture of membranes
- AU7 Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)
- AU8 Fetal demise
- AU9 Clinical judgment of the midwife (where a single other condition above does not apply)
- AU10 Other

Intrapartum Transfer of Care

Elective:

- IE1 Persistent hypertension; severe or persistent headache
- IE2 Active herpes lesion
- IE3 Abnormal bleeding
- IE4 Signs of infection
- IE5 Prolonged rupture of membranes
- IE6 Lack of progress; maternal exhaustion; dehydration
- IE7 Thick meconium in the absence of fetal distress
- IE8 Non-vertex presentation
- IE9 Unstable lie or mal-position of the vertex
- IE10 Multiple gestation, not diagnosed prior to labor
- IE11 Clinical judgment of the midwife (where a single other condition above does not apply)
- IE12 Client request; request for medical methods of pain relief
- IE13 Other

Comment [KB1]: Confirm wording, also should "Thick meconium be added to Urgent/Emergent Section?"

Comment [KB2]: Proposed wording addition.

Urgent/Emergent:

- IU1 Preeclampsia, eclampsia, seizures
- IU2 Significant vaginal bleeding including suspected placental abruption with severe abdominal pain inconsistent with normal labor
- IU3 Uterine rupture
- IU4 Maternal shock, loss of consciousness
- IU5 Prolapsed umbilical cord
- IU6 Non-reassuring fetal heart tones
- IU7 Clinical judgment of the midwife (where a single other condition above does not apply)
- IU8 Other life threatening conditions or symptoms

Postpartum Transfer of Care

Elective:

- PE1 Adherent or retained placenta without significant bleeding
- PE2 Repair of laceration beyond level of midwife's expertise
- PE3 Postpartum depression
- PE4 Social, emotional or physical conditions outside of scope of practice
- PE5 Excessive or prolonged bleeding in later postpartum period
- PE6 Signs of infection
- PE7 Clinical judgment of the midwife (where a single other condition above does not apply)
- PE8 Client request
- PE9 Other

Urgent or Emergency:

- PU1 Abnormal or unstable vital signs
- PU2 Uterine inversion, rupture or prolapse
- PU3 Uncontrolled hemorrhage
- PU4 Seizures or unconsciousness, shock
- PU5 Adherent or retained placenta with significant bleeding
- PU6 Postpartum psychosis
- PU7 Signs of significant infections
- PU8 Clinical judgment of the midwife (where a single other condition above does not apply)
- PU9 Other

Neonatal Transfer of Care**Elective:**

- NE1 Low birth weight
- NE2 Congenital anomalies, birth injury
- NE3 Poor transition to extrauterine life
- NE4 Insufficient passage of urine or meconium
- NE5 Parental request
- NE6 Clinical judgment of the midwife (where a single other condition above does not apply)
- NE7 Other medical conditions

Urgent or Emergent:

- NU1 Abnormal vital signs or color, poor tone, lethargy, no interest in nursing
- NU2 Signs or symptoms of infection
- NU3 Abnormal cry, seizures or loss of consciousness
- NU4 Significant jaundice at birth or within 30 hours
- NU5 Evidence of clinically significant prematurity
- NU6 Congenital anomalies, birth injury, other medical conditions of an emergent nature
- NU7 Significant cries, seizures, or loss of consciousness
- NU8 Significant dehydration or depression of fontanel
- NU9 Significant cardiac or respiratory issues
- NU10 Ten minute APGAR of less than seven (7)
- NU11 Abnormal bulging of fontanel
- NU12 Other

Complications Leading to Maternal/Infant Mortality**Related to Mother:**

- CM1 Blood loss
- CM2 Sepsis
- CM3 Eclampsia/toxemia or HELLP syndrome
- CM4 Embolism (pulmonary or amniotic fluid)
- CM5 Other

Related to Infant:

- C11 Infection
- C12 Anomaly incompatible with life
- C13 Meconium aspiration, other respiratory issues
- C14 Neurological issues/seizures
- C15 Other medical issue
- C16 Unknown
- C17 Other

Birth Outcomes After Transfer

Relating to Mother:

- | | | |
|----------|------------|---|
| Vaginal: | Caesarian: | |
| OM1 | OM6 | Without complication |
| OM2 | OM7 | With serious pregnancy/birth related medical complications
not resolved by 6 weeks |
| OM3 | OM8 | With serious pregnancy/birth related medical complications
resolved by 6 weeks |
| OM4 | OM9 | Death of mother |
| OM5 | OM10 | Other |

Relating to Infant/Fetus:

- | | | |
|----------|------------|---|
| Vaginal: | Caesarian: | |
| OI1 | OI7 | Healthy live born infant |
| OI2 | OI8 | Fetal demise diagnosed prior to labor |
| OI3 | OI9 | Fetal demise diagnosed during labor or at delivery |
| OI4 | OI10 | With serious pregnancy/birth related medical complications
not resolved by 6 weeks |
| OI5 | OI11 | With serious pregnancy/birth related medical complications
resolved by 6 weeks |
| OI6 | OI12 | Live born infant who subsequently died |
| OI7 | OI13 | Other |

Comment [KB3]: 3 proposed additions to category.