

**MEDICAL BOARD OF CALIFORNIA – DIVISION OF LICENSING**

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**MEMORANDUM**

<b>DATE</b>	August 14, 2007
<b>TO</b>	Members, Midwifery Advisory Council
<b>FROM</b>	Kathi Burns, Manager <i>KB</i> Licensing Operations Section
<b>SUBJECT</b>	<b>Midwife Annual Reporting Form and Instructions</b>

Attached are the most recent versions of the Midwife Annual Reporting Form and Instructions. These documents were 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 these documents in their 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 versions of these documents. Time during the meeting does not allow for a line by line review of these documents, so please be prepared to bring forth your identified issues for discussion.

If you have any questions regarding these documents, please contact me at (916) 263-2417 or [kburns@mbc.ca.gov](mailto:kburns@mbc.ca.gov).

Attachments:

Midwife Annual Reporting Form and Instructions

## INSTRUCTIONS FOR COMPLETING THE LICENSED MIDWIFE ANNUAL REPORT

Pursuant to Business and Professions Code section 2516, all licensed midwives must report specific information related to birthing services provided when the client's 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 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). The OSHPD will report the data collected, in aggregate form, to the board each year. Your identity will remain confidential. Only the identity of those licensed midwives who fail to file a report with the OSHPD will be reported to the board for purposes of restricting license renewal until a report is received.

### 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 infant, 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/unknown.

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

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

**Healthcare Provider** – Includes an individual practitioner (other than a licensed midwife) or medical facility.

Comment [KB1]: Changed from "baby" for wording consistency.

Comment [KB2]: Added definition.

## **Section A – LICENSEE DATA**

You must provide your name and your California Licensed Midwife License number. All other information in this section is voluntary; however, it will assist the OSHPD in contacting you should questions relating to your survey arise.

## **Section B – REPORTING PERIOD**

Indicate the calendar year for which this report pertains.

## **Section C – SERVICES PROVIDED**

Line 12 –

If the answer is “no,” because no qualifying services were performed 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, Suite 2100  
Sacramento, CA 95811

## **SUBMIT A REPORT - EVEN IF NO QUALIFYING SERVICES WERE**

**PERFORMED:** Pursuant to Business and Professions Code section 2516(d), failure to submit this report to the OSHPD will delay the renewal of your midwife license until receipt of the report. For questions concerning this report, you may contact OSHPD at (916) 323-7679 or the Medical Board of California at (916) 263-2382.

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

## **Section D – CLIENT SERVICES**

**Line 13 –** Enter the total number of clients (include any client, regardless of year initially booked) you provided midwifery services to in this reporting year, as the primary care giver whose intended place of birth at the onset of care was an out-of-hospital setting. This includes clients who may have left your care at some point for a non-medical reason and clients where collaborative care or supervision occurred. If there were none, enter zero (0) and submit the form as described above in Section C.

**Comment [KB3]:** At this point, tracking each birth seems arduous for the reporter, as the client booking and birth often occur in different fiscal years. We may reconsider this when the reporting format becomes electronic. This will be reflected in the aggregated data.

**Line 14 –** Enter the total number of clients (include any client, regardless of year initially booked) who left care for non-medical reasons rather than being transferred to another provider. If there were none, enter zero (0).

**Line 15 –** Enter the total number of clients (regardless of year initially booked) who were pending on the last day of this reporting year (i.e. those who have yet to give birth).

**Comment [KB4]:** New question added. This may help identify number of clients served, births that occurred, and births outstanding to better clarify the statistics. This will be reflected in the aggregated data.

**Line 16** – Enter the total number of clients you served (regardless of year initially booked) when the intended place of birth at the onset of care was an out-of-hospital setting and who also received collaborative care.

**Line 17** – Enter the total number of clients you served (regardless of year initially booked) under 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**

Include all births that occurred during this reporting year, regardless of year client was initially booked.

- Lines 18(a-g)**– In **Column A**, enter each county (using the county codes listed below) 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 fetus died.

#### **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	Humboldt	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**

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 one or more lines.)

**Line 19** – In column A, enter the total number of out-of-hospital births you planned on attending as the primary care giver **at the onset of labor.**

**Line 20** – 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 19), enter, in column A the number of those births that actually did occur in an out-of-hospital setting.

**Lines 21 and 22** – Enter the number of planned births you attended (in an out-of-hospital setting) as the primary care giver that involved twins and multiple births. Include the number of actual infants delivered in Column A and the number of sets of twins or multiples in Column B. (Multiples are births involving more than two infants).

**Lines 23 and 24** – In column A, enter the number of births you attended as the primary care giver that were breech births and/or (during the prior pregnancy) vaginal births after the performance of a caesarian section (VBAC). For these lines count each infant delivered.

**Comment [KBS]:** Is this correct? Or, should it be during "any" prior pregnancy? Or, does it even need to be here?

**FOR THE REMAINING SECTIONS  
CHOOSE ONE CATEGORY THAT BEST FITS EACH CLIENT TRANSFER**

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

**Lines 25-45** – For each reason listed, enter the number of clients who, during the antepartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Choose only one reason for each client.

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

**Lines 46-55** – 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. Choose only one reason for each client.

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

**Lines 56-68** – For each reason listed, enter the number of clients who, during the intrapartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Choose only one reason for each client.

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

**Lines 69-76** – 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. Choose only one reason for each client.

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

**Lines 77-85** – For each reason listed, enter the number of clients who, during the postpartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Choose only one reason for each client.

**Section L – POSTPARTUM TRANSFER OF CARE, 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. Choose only one reason for each client.

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

**Lines 95-101** – For each reason listed, enter the number of infants who were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Choose only one reason for each infant.

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

**Lines 102-113** – 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. Choose only one reason for each infant.

## **Section O – COMPLICATIONS LEADING TO MORTALITY**

**Lines 114-118** – For each complication listed, enter the number of mothers who died during the pregnancy or within the first 42 days after termination of a pregnancy, as a result of that complication. Choose only one complication for each client.

**Lines 119-125** – For each complication listed, enter the number of infants who were live born and subsequently died within the first 42 days after birth as a result of that complication. Choose only one complication for each client.

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

**Lines 126-130** – For births occurring after the transfer of care of the mother or infant (from the licensed midwife to that of another healthcare provider) for urgent reasons in the antepartum period, or for any reason in the intrapartum or postpartum periods, indicate whether the birth was vaginal or caesarian by using columns A or B for each outcome listed as it pertains to the mother.

**Lines 131-137** – For births occurring after the transfer of care of the mother and infant (from the licensed midwife to that of another healthcare provider), indicate whether the birth was vaginal or caesarian by using columns A or B for each outcome listed as it pertains to the infant.

**Comment [KB6]:** This is part of the definition of maternal death from the World Health Organization. Do you want this wording added?

**Comment [KB7]:** This is part of the definition of maternal death from the World Health Organization. Do you want this wording added?

# 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). Your midwife license will not be renewed unless and the requisite data is submitted.

## SECTION A – LICENSEE DATA

1. Midwife Name	1a. First:	1b. Middle:	1c. Last:
2. License Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Street Address 1	<input type="text"/>		
4. Street Address 2	<input type="text"/>		
5. City:	6. State:	7. Zip:	
8. Phone 1:	9. Phone 2:		
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
10. E-mail Address:			

## SECTION B – REPORTING PERIOD

Line no.	Report Year
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 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?		
<p><b>*If you answered no, go to the last page, sign and date the report and mail it to:</b>          Office of Statewide Health Planning and Development          Patient Data Section          Licensed Midwife Annual Report          400 R Street, Suite 2100          Sacramento, CA 95811</p>			

**SECTION D – CLIENT SERVICES**

Line No.		Total #
13	Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting	
14	Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting and who left care for a non-medical reason	
15	Number of clients pending on the last day of this reporting year	
16	Number of clients you served who received collaborative care	
17	Number of clients you served while you were under the supervision of a licensed physician and surgeon	

**Comment [KB1]:** New question-see instructions for further information.

**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
18a			
18b			
18c			
18d			
18e			
18f			
18g			

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

Line No.		(A) Total #	(B) # of Sets
19	Number of planned out-of-hospital births at the onset of labor		
20	Number of completed births		
21	Twins		
22	Multiples (Other than twin births)		
23	Breech		
24	VBAC		

**SECTION G – ANTEPARTUM TRANSFER OF CARE, ELECTIVE**



Line No.	Code	Reason	Total #
25	AE1	Medical or mental health conditions <i>unrelated</i> to pregnancy	
26	AE2	Hypertension developed in pregnancy	
27	AE3	Blood coagulation disorders, including phlebitis	
28	AE4	Anemia	
29	AE5	Persistent vomiting with dehydration	
30	AE6	Nutritional & weight loss issues, failure to gain weight	
31	AE7	Gestational diabetes	
32	AE8	Vaginal bleeding	
33	AE9	Placental anomalies or implantation abnormalities	
34	AE10	Loss of pregnancy (includes spontaneous and elective abortion)	
35	AE11	HIV test positive	
36	AE12	Intrauterine growth restriction, fetal anomalies	
37	AE13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
38	AE14	Intrauterine growth restriction (IUGR), fetal anomalies	
39	AE15	Fetal heart irregularities	
40	AE16	Non vertex lie at term	
41	AE 17	Multiple gestation	
42	AE18	Clinical judgment of the midwife (where a single other condition above does not apply)	
43	AE19	Client request	
44	AE20	Non-medical reason	
45	AE21	Other	

**SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
46	AU1	Non pregnancy-related medical condition	
47	AU2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
48	AU3	Isoimmunization, severe anemia, or other blood related issues	
49	AU4	Significant infection	
50	AU5	Significant vaginal bleeding	
51	AU6	Preterm labor or preterm rupture of membranes	
		<i>(reasons continue on next page)</i>	
52	AU7	Marked decrease in fetal movement, abnormal fetal	

		heart tones, non-reassuring non-stress test (NST)	
53	AU8	Fetal demise	
54	AU9	Clinical judgment of the midwife (where a single other condition above does not apply)	
55	AU10	Other	

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

**SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY**

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

**SECTION K – POSTPARTUM TRANSFER OF CARE, ELECTIVE**

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

**SECTION L – POSTPARTUM TRANSFER OF CARE, URGENT/EMERGENCY**

Line No.	Code	Reason	Total #
86	PU1	Abnormal or unstable vital signs	
87	PU2	Uterine inversion, rupture or prolapse	
88	PU3	Uncontrolled hemorrhage	
89	PU4	Seizures or unconsciousness, shock	
90	PU5	Adherent or retained placenta with significant bleeding	
91	PU6	Postpartum psychosis	
92	PU7	Signs of significant infections	
93	PU8	Clinical judgment of the midwife (where a single other condition above does not apply)	
94	PU9	Other	

**SECTION M – INFANT TRANSFER OF CARE, ELECTIVE**

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

**Comment [K82]:** Changed from Neonatal for wording consistency.

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

**Comment [KB3]:** Changed from Neonatal for wording consistency.

Line No.	Code	Reason	Total #
102	NU1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
103	NU2	Signs or symptoms of infection	
104	NU3	Abnormal cry, seizures or loss of consciousness	
105	NU4	Significant jaundice at birth or within 30 hours	
106	NU5	Evidence of clinically significant prematurity	
107	NU6	Congenital anomalies, birth injury, other medical conditions of an emergent nature	
108	NU7	Significant cries, seizures, or loss of consciousness	
109	NU8	Significant dehydration or depression of fontanel	
110	NU9	Significant cardiac or respiratory issues	
111	NU10	Ten minute APGAR of less than seven (7)	
112	NU11	Abnormal bulging of fontanel	
111	NU12	Other	

**SECTION O – COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY**

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

**SECTION P – BIRTH OUTCOMES AFTER TRANSFER**

MBC-LMARF  
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Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarian Deliveries	
MOTHER					
126	Without complication	OM1		OM6	
127	With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks	OM2		OM7	
128	With serious pregnancy/birth related medical complications resolved by 6 weeks	OM3		OM8	
129	Death of mother	OM4		OM9	
130	Other	OM5		OM10	
INFANT/FETUS					
131	Healthy live born infant	OI1		OI6	
132	Fetal demise diagnosed prior to labor	OI2		OI8	
133	Fetal demise diagnosed during labor or at delivery	OI3		OI9	
134	With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks	OI4		OI10	
135	With serious pregnancy/birth related medical complications resolved by 6 weeks	OI5		OI11	
136	Live born infant who subsequently died	OI6		OI12	
137	Other	OI7		OI13	

Signature

Date

Printed Name