BUSINESS AND PROFESSIONS CODE - BPC
DIVISION 2. HEALING ARTS [500 - 4999.129] (Division 2 enacted by Stats. 1937, Ch. 399.)
CHAPTER 5. Medicine [2000 - 2529.6] (Chapter 5 repealed and added by Stats. 1980, Ch. 1313, Sec. 2.)

ARTICLE 24. Licensed Midwives [2505 - 2523] (Article 24 repealed and added by Stats. 1993, Ch. 1280, Sec. 3.)

Section
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 no later than March 30, 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 California in which the midwife, or the student midwife supervised by the midwife, assisted during 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 number by county of live births attended as primary caregiver.
(C) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death.
(D) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.
(E) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.
(F) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.
(G) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.
(H) 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.
(I) 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 cesarean section.
(J) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate.
(K) 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 30, 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 30 of each year. The board shall include this information in its annual report to the Legislature.
(g) The board, with input from the Midwifery Advisory Council, may adjust the data elements required to be reported to better coordinate with other reporting systems, including the reporting system of the Midwives Alliance of North America (MANA), while maintaining the data elements unique to California. To better capture data needed for the report required by this section, the concurrent use of systems, including MANA’s, by licensed midwives is encouraged.
(h) Notwithstanding any other law, a violation of this section shall not be a crime.
(Amended by Stats. 2013, Ch. 665, Sec. 6. (AB 1308) Effective January 1, 2014.)

Demographic Characteristics

Table A provides information about the demographics of nurse-midwives and licensed midwives in California. The Board of Registered Nursing collected information about NM demographic characteristics through a sample survey conducted in early 2017; comparable data on the racial/ethnic and gender characteristics of LMs are not available.

Nearly all NMs are female (98.9%), and it is likely that nearly all LMs are female as well. The NM workforce is somewhat older than the LM workforce; 48% of NMs are 55 years and older, while only 27% of LMs are 55 years and older. The NM workforce is predominantly white, but 5.9% of NMs are Black, which is high compared with many other health professions.

Table A. California Midwives, by Demographic

	NURSE-MIDWIVES	LICENSED MIDWIVES
Gender		
▶ Male	1.1%	—
▶ Female	98.9%	
Age Group		
▶ Under 35	10.0%	12.2%
▶ 35–44	21.3%	37.3%
▶ 45–54	20.8%	24.4%
▶ 55–64	21.2%	16.6%
▶ 65 and older	26.7%	9.6%
Racial/Ethnic Group		
▶ White, non-Hispanic	82.4%	—
▶ Hispanic	4.3%	
▶ Asian	3.8%	
▶ Black/African American	5.9%	
▶ Native Hawaiian/Pacific Islander	0.7%	
▶ Mixed/Other	2.9%	

Source: Authors' analysis of the 2017 Survey of Nurse Practitioners and Certified Nurse Midwives public-use data file.

Educational Pipeline in California

There are currently two NM education programs in California, at California State University, Fullerton, and the University of California, San Francisco.[142] These programs graduate approximately 30 students per year. There is only one LM program accepted by the Medical Board of California as meeting the educational requirements for a licensure, the Nizhoni Institute of Midwifery, based in San Diego. The Medical Board also has approved programs in other states: two in Florida and one each in Idaho, Maine, New Mexico, Oregon, Texas, Utah, Vermont, and Washington. The Medical Board also has approved two midwifery schools that allow students to obtain credit by examination for previous midwifery education and clinical experience, based in Texas and Vermont.

Birth Data Form for Code aj0119

Start Demographic History Pregnancy Labor & Birth Postpartum Newborn Finish

Mother's birth date: / / (MM/DD/YYYY)

State or province of mother's residence: -

County of mother's residence: (click if you need to look up US county using address)

Postal (ZIP) code of mother's residence:

Mother's education:

-	high school grad/GED	bachelor's degree
8th grade or less	some college	master's degree
some high school	associate degree	doctorate or professional degree

Mother's race/ethnic origin as you would answer on the US birth certificate (for mixed origins, check all that apply):

White	Chinese	Vietnamese	Samoan
Black or African American	Filipino	other Asian	other Pacific Islander
American Indian or Alaska Native...	Japanese	Native Hawaiian	0ther...
Asian Indian	Korean	Guamanian or Chamorro	

Spanish/Hispanic/Latina: - Yes No

Does this client belong to a cultural or religious group whose behaviors/beliefs either significantly change her risk factors, or limit your range of options for treatment or transfer?

- Yes No

Pick the best choice:

-
Amish
other...

Married/partnered: - Yes No

Mother on, or eligible for, Medicaid (US) or social assistance (other countries): - Yes No

Mother received WIC during this pregnancy: - Yes No

Primary expected source of payment:

-	Medicaid	other government insurance	other
private insurance	self-pay	Medicare	
universal health care	military insurance	barter	

(Undo changes to this page)

Start Demographic History Pregnancy Labor & Birth Postpartum Newborn Finish

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PERINATAL DATA SNAPSHOTS:

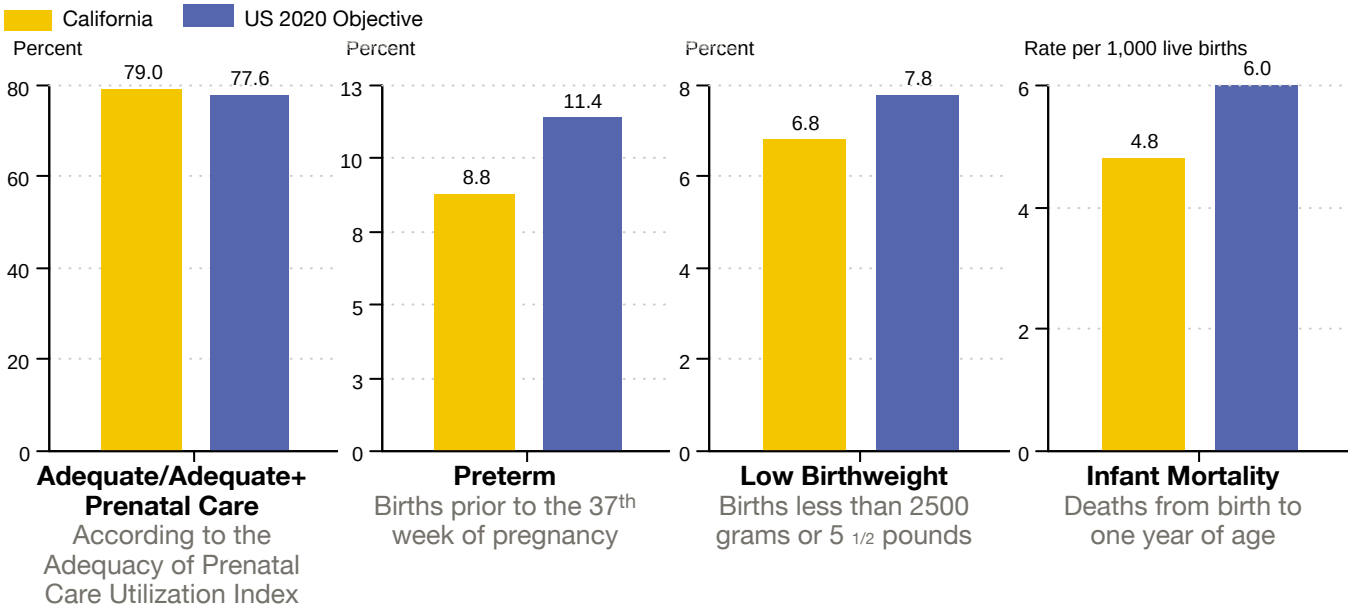
California

Maternal and Infant Health Overview

In an Average Week in California[1, 2]

9,514	587	3,161	839	649	45
babies are born	babies are born to teen mothers (ages 15-19)	babies delivered by cesarean section	babies are born preterm	babies are born low birthweight	babies die before their first birthday

California and US Year 2020 Objectives[1, 2]



Indicators, California

	Number	Rate
Births[1]	494,705	62.0
Adequate/Adequate+ PNC[1]	379,548	79.0%
Early Prenatal Care[1]	401,885	82.8%
Uninsured Women (15-44 yrs)[3]	NA	23.8%
Uninsured Children(<19 yrs)[3]	NA	10.9%
C Section[1]	164,375	33.2%

	Number	Rate
Preterm[1]	43,627	8.8%
Very Preterm[1]	6,702	1.4%
Late Preterm[1]	31,510	6.4%
Low Birthweight[1]	33,753	6.8%
Very Low Birthweight[1]	5,683	1.1%
Infant Mortality[2]	2,354	4.8

Footnotes

- Adequate/Adequate+ prenatal care (PNC) is measured using the Adequacy of Prenatal Care Utilization Index and takes into account timing of prenatal care, number of visits, and infant's gestational age.
- For more information on U.S. 2020 objectives, visit www.healthypeople.gov/2020.
- Birth rate is live births per 1,000 women aged 15-44 years.
- Early prenatal care is pregnancy-related care beginning in the first trimester (1-3 months).
- NA = Not Available.
- Very preterm is less than 32 completed weeks of pregnancy. Late preterm is between 34-36 weeks of pregnancy.
- Very low birthweight is less than 1500 grams (3 1/3 pounds).

Sources

1 National Center for Health Statistics, final natality data (2013).
2 National Center for Health Statistics, period linked birth/infant death data (2013).
3 US Census Bureau. Data prepared for the March of Dimes using the Current Population Survey Annual Social and Economic Supplements (2010-2012 Average).

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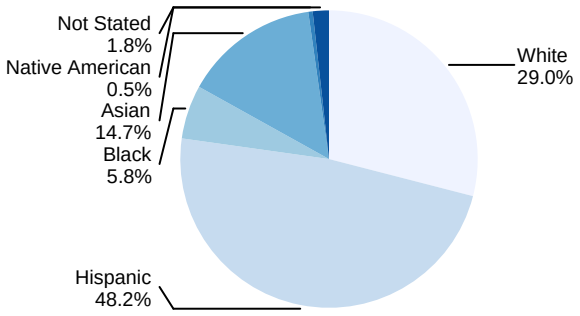
PERINATAL DATA SNAPSHOTS:

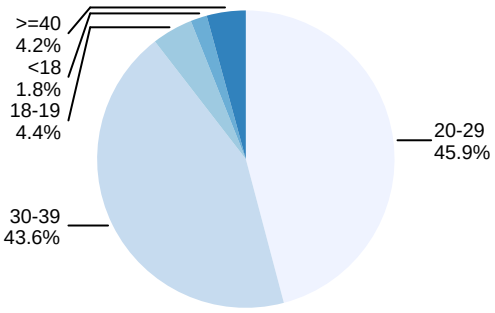
California
Birth Profile

Births by Maternal Characteristics, 2013[1]

Maternal Race / Ethnicity



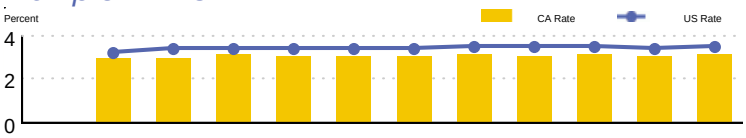
Maternal Age



Total live births = 494,705

Births by Plurality, 2003-2013[1, 2]

Multiple Births

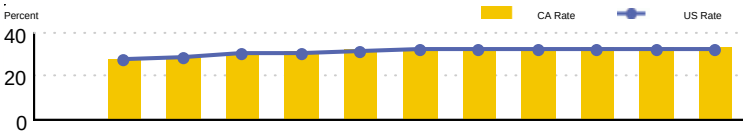


Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CA Rate	3.0	3.0		3.1	3.1		3.2	3.1	3.2	3.1	3.2
US Rate	3.3		3.4		3.4	3.4		3.5	3.5	3.4	3.5

- In 2013, 3.2% of all live births were multiple births, and 96.8% were singleton births in California.
- Between 2003 and 2013, the percentage of multiple births in California increased nearly 7%.
- An increase in multiple births is related to increasing maternal age and greater use of infertility treatment.
- Multiple births are associated with increased risks for adverse outcomes and pregnancy complications such as prematurity, low birthweight, gestational diabetes, and preeclampsia.

Births by Method of Delivery, 2003-2013[1]

Cesarean Deliveries



Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CA Rate	27.9	29.3	30.7	31.3	32.1	32.6	33.0	33.0	33.2	33.2	33.2
	27.5	29.1	30.3	31.1	31.8	32.3	32.9	32.8	32.8	32.8	

- In California in 2013, 33.2% of live births were cesarean deliveries, and 66.8% were vaginal deliveries.
- Between 2003 and 2013, the percent of live births delivered by cesarean section in California increased 19%.
- In California in 2013, the rate of vaginal births after a previous cesarean (VBAC) was 6.4% of live births among women who had a previous cesarean delivery.

Footnotes

- All race categories exclude Hispanics.
- Multiple births include twin, triplet, and higher order deliveries.
- VBAC rates based on the 2003 Revision of the U.S. Standard Certificate of Live Birth. Details available at: http://www.marchofdimes.org/peristats/calc/dm.

Sources

1 National Center for Health Statistics, final natality data.
2 Multiple Birth Fact Sheet by March of Dimes available at http://www.marchofdimes.org/pregnancy/multiples-twins-triplets-and-beyond.aspx.

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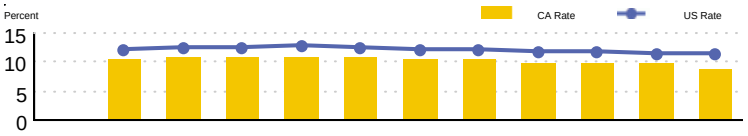
PERINATAL DATA SNAPSHOTS:

California

Trends in Birth Outcomes

Health Indicators[1-5]

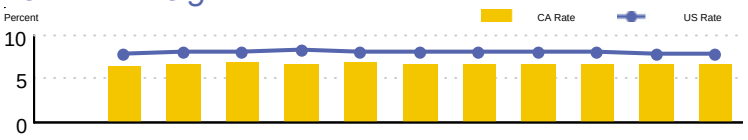
Preterm



Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CA Rate	10.5	10.7	10.7	10.7	10.9	10.5	10.3	9.9	9.8	9.6	8.8
US Rate	12.3	12.5	12.7	12.8	12.7	12.3	12.2	12.0	11.7	11.5	11.4

- In 2013, 8.8% of infants (43,627 babies) were born preterm in California.
- Between 2003 and 2013, the rate of infants born preterm in California declined more than 16%.
- Approximately three-quarters of all preterm births occur spontaneously, and the remainder result from medical intervention.
- The most consistently identified risk factors for spontaneous preterm births include a history of preterm birth, current multifetal pregnancy, and some uterine and/or cervical abnormalities.

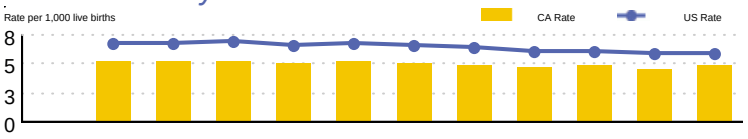
Low Birthweight



Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CA Rate	6.6	6.7	6.9	6.8	6.9	6.8	6.8	6.8	6.8	6.7	6.8
US Rate	7.9	8.1	8.2	8.3	8.2	8.2	8.2	8.1	8.1	8.0	8.0

- In 2013, 6.8% of infants (33,753 babies) were born low birthweight in California.
- Between 2003 and 2013, the rate of infants born low birthweight in California increased 3%.
- Major risk factors for low birthweight include multifetal pregnancy, prematurity, smoking, inadequate maternal nutrition, and extremes of maternal age.

Infant Mortality



Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
CA Rate	5.2	5.2	5.3	5.0	5.2	5.1	4.9	4.7	4.8	4.5	4.8
										6.0	

- In 2013, the infant mortality rate was 4.8 per 1,000 live births (2,354 babies) in California.
- Between 2003 and 2013, the infant mortality rate in California declined nearly 8%.
- Some leading causes of infant mortality are birth defects, prematurity/low birthweight, and sudden infant death syndrome.

Health Indicators, California[6]

	Maternal Race / Ethnicity			Maternal Age (years)				Plurality		All
	Non-Hispanic White	Non-Hispanic Black	Hispanic	<20	20-29	30-39	≥40	Singleton	Multiple	
Preterm	8.3%	13.2%	9.6%	10.2%	8.5%	9.7%	14.7%	7.9%	55.3%	9.4%
Low Birthweight	6.0%	11.5%	6.2%	7.3%	6.1%	7.0%	10.8%	5.2%	54.0%	6.8%
Infant Mortality	3.9	9.3	4.6	6.6	4.7	4.1	6.5	4.2	20.2	4.7

Footnotes

- Preterm is less than 37 completed weeks gestation.
- Low birthweight is less than 2500 grams (5 1/2 pounds).
- Infant mortality rate is infant deaths per 1,000 live births.
- All race categories exclude Hispanics.
- Multiple births include twin, triplet, and higher order deliveries.

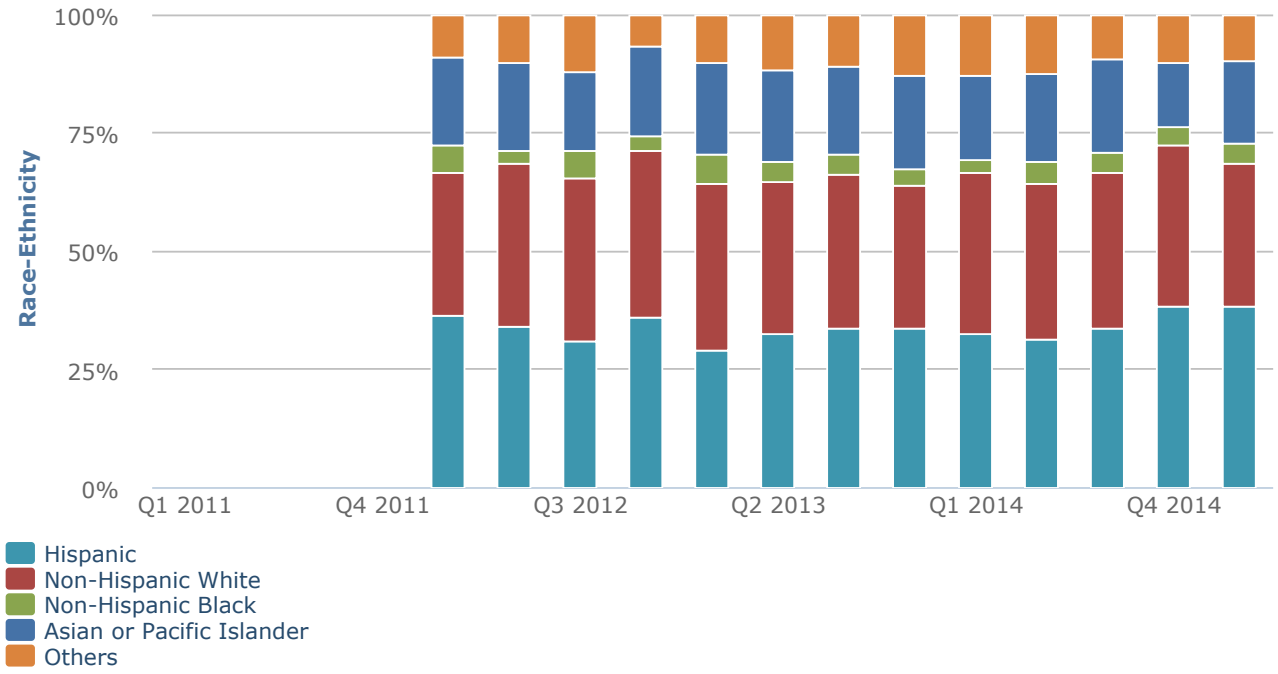
Sources

1 National Center for Health Statistics, final natality data.
2 Prematurity risk factors compiled by March of Dimes available at www.marchofdimes.org/pregnancy/preterm-labor-and-birth.aspx.
3 Iams JD. The epidemiology of preterm birth. Clin Perinatol. 2003;30:651-54.
4 Low Birthweight Fact Sheet by March of Dimes available at www.marchofdimes.org/baby/low-birthweight.aspx.
5 National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present.
6 National Center for Health Statistics, final natality data, (2011-2013 Average) and period linked infant birth/death data (2011-2013 Average).

Race-Ethnicity

Deliveries by patient race-ethnicity

Frequency: Quarterly ▼



Population	Hispanic	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	Others	Overall
Q1 2015	38.2%	30.2%	4.5%	17.4%	9.7%	100.0%
Q4 2014	38.2%	34.1%	4.0%	13.6%	10.1%	100.0%
Q3 2014	33.9%	32.6%	4.6%	19.7%	9.2%	100.0%
Q2 2014	31.2%	33.3%	4.6%	18.5%	12.4%	100.0%
Q1 2014	32.4%	34.3%	2.5%	17.9%	12.9%	100.0%
Q4 2013	33.9%	30.0%	3.5%	19.8%	12.8%	100.0%
Q3 2013	33.6%	32.5%	4.6%	18.5%	10.9%	100.0%
Q2 2013	32.6%	32.2%	4.1%	19.4%	11.6%	100.0%
Q1 2013	29.1%	35.2%	6.1%	19.2%	10.3%	100.0%
Q4 2012	36.0%	35.4%	3.0%	19.0%	6.6%	100.0%
Q3 2012	30.9%	34.6%	5.6%	16.7%	12.1%	100.0%
Q2 2012	34.0%	34.7%	2.6%	18.6%	10.1%	100.0%
Q1 2012	36.4%	30.2%	5.7%	18.9%	8.8%	100.0%
Q4 2011	No Cases	No Cases	No Cases	No Cases	No Cases	
Q3 2011	No Cases	No Cases	No Cases	No Cases	No Cases	
Q2 2011	No Cases	No Cases	No Cases	No Cases	No Cases	
Q1 2011	No Cases	No Cases	No Cases	No Cases	No Cases	

About the CMDC Demo Site

To learn more about the California Maternal Data Center project, please visit the CMQCC Website or contact Anne Castles at acastles@cmqcc.org.

All data displayed in this demo site is artificial; patient level details are realistic, but randomly generated.