Licensed Midwife Annual Report (LMAR)

Midwifery Advisory Council Meeting
Medical Board of California

Conflict of Interest Disclosure

I have no conflicts of interest to disclose. This presentation is intended to improve the data collection resources available to California Licensed Midwives and I am not financially affiliated with any of the tools presented.

About this Presentation

This summary of concerns and recommendations regarding the LMAR is based on a comprehensive review of the tool by Marit Bovbjerg PhD & Melissa Cheyney PhD, LDM, two accomplished researchers with specific expertise in data collection for midwifery providers.
This review was commissioned by California Association of Midwives (CALM).

Overview

Statutory Authority

Data Collection Tool

Immediate Concerns

Opportunities for Improvement

Statutory Authority

Business and Professions Code section 2516 requires Licensed Midwives to complete a Licensed Midwife Annual Report

Statute Includes:

- Report Due Dates
- Information to be collected
- Description of how HCAI accepts and uses the information
- Notes on coordination with other data collection systems such as MANA Statistics
- LMAR submission is required for license renewal

Data Collection Tool

Wizard-style tool used to compile practice information

- Question & Answer Style
- Questions presented in sections, not altogether
    - Values are automatically calculated through the tool
- Summary of Report provided at the end and available year after year

Data Collection Tool User guide

mbc.ca.gov/Download/User-Guides/Imar-UserGuide.pdf

LMAR Feedback from Licensed Midwives

“I hope the data collected is not used for any policy decisions…. Because the data collected is severely lacking.”

“I wish there was a better way to collect meaningful data especially with the large number of midwives in our state with a very unified background in terms of education overall as it would be great to see statistics.”

“They sometimes won’t let me proceed without info I cannot obtain, so I’ve had to make guesses on certain cases.”

“[The LMAR tool] made me double-report a fetal demise with the another state.”

“I work primarily in very rural counties. When there is a mortality listed on the LMAR annual summary, I know exactly which case it was and what midwife attended. Sometimes I see outcomes that I entered that are clearly missing from the summaries.”

“It's annoying and difficult to be 100% accurate.”

“It feels like weird punishment to have to track and report yet more information, especially when they've overcomplicated the hell out of reporting simple numbers.”

“the mistakes (also reported by others) make it seem like quality information gathering is not the agenda here.”

“Does vital stats not have most of the info they want anyway??”

“Honestly it feels like paper supervision guised as an 'annual review' with the threat of license suspension for non compliance.”

ONGOING CONCERNS

Functionality of the Tool

Cumbersome and Confusing

Inconsistent Language

Poorly suited to Community Birth

Privacy

Potentially identifiable events:

- Preterm Birth
- Low Birth Weight
- VBAC, especially VBAMC
- Multiples
- Deaths
- County-Specific Data

Policy & Access

Information cannot be appropriately used by midwives, regulatory entities, or policymakers

despite this…

Information will still be used by all of these stakeholders

Quality Improvement

Unclear idea of trends, actions, and outcomes

Treatment of mortality, morbidity, and other sentinel events

Throughout the Tool

- Opaque language
- Denominators are not clearly identified and are inconsistent (sometimes mom, sometimes baby)
- “On this one, I can’t even see what they’re trying to get at.”
- Failure to capture multifactorial decision-making
    - “I didn’t transfer her for the complication, I transferred care because of what the complication would likely do for her specifically.”
- Fears concerning self-incrimination, particularly in regard to care outside the legal scope of Licensed Midwives such as twins, breeches

Client Services

- Group practices--who “owns” the client for reporting?
- Antepartum IUFD
  - Miscarriage has its own bullet, but not >20w but prior to labor onset
  - Does not clarify time of IUFD vs time of termination, miscarriage, stillbirth, delivery, etc
- Antepartum Transfers
  - What happens to medical antepartum transfers?
  - What happens to clients who left care prior to labor onset, but the LM doesn’t know why?
  - Many clients leave for medical AND non-medical reasons, and these #s are not accurately captured (only the primary reason is chosen)
- “Pending” clients at end of year: specific examples of in labor on New Year’s, pending but later lost to follow up, uncounted, double-counted, even triple-counted clients

OOH Birth Outcomes per County

- Terminology: “Out-of-Hospital Birth” vs Community Birth
- Macrosomia or LGA not being tracked despite being a known risk factor for Community Births
- Twins are expected to be early, and small, but this doesn’t carry the same level of risk that an early, small singleton has. How might this be handled?

OOH Birth Outcomes / VBAC Deliveries / Client History

- Convoluted language, unfortunate terminology (such as failed vbac, trial of labor)
- “Onset of Labor” is not defined: start of regular contractions? ROM?
- Denominator of this section is babies, not moms
- Outcomes are not clear
- Precipitous labor is included, but prolonged labor is not captured here

Important Outcomes Missing

- Mother-infant dyad outcomes after community birth, not just after transfer
- Operative vaginal delivery
- Episiotomy and Perineal Trauma
- Clear definition of postpartum hemorrhage
- Severe maternal morbidity
- NICU admission
- Lingering Concerns
- Vaginal birth after Intrapartum Transfer
- Early (<7 days) and late (7-<28 days) neonatal death
- Hospitalization in first 6 weeks, not just immediate postpartum transfer
- Deaths following community birth separated from deaths following hospital birth
- Mental Health Screening

Sentinel Event Processes

Most midwifery-centered research tools (such as MANA, CBDR) include a mechanism for individual death review and to provide the midwife's narrative. The LMAR tool does not include this, nor does it seem LMs would trust this to be a nonpunitive process if it did exist.

California Association of Licensed Midwives (CALM) has a free QI program for its members to review sentinel events, separate from the LMAR.
Midwives can provide the narrative of a sentinel event and have a records/documentation review as a specific process designed to improve care all around, without placing blame.

Summary of Report

- The LMAR tool is inadequate in such a way that it cannot likely be repaired to a point that the data is usable.
    - It is not worth fixing.
- Our ongoing maternity care crisis is more expensive to stakeholders than the replacement of this tool.
- Midwifery stakeholders, including Medical Board members, Licensed Midwives, clients, and policymakers, should know the **data is not usable for research or quality improvement.**

Reasonable Goals for a Data Collection Tool

Fulfills statute

Functional, verifiable data collection

Improves patient safety

Improves quality of care

Lessens administrative burden on providers, patients, & regulators

Opportunities

Community Birth Data Registry

- LMs would enter individual-level data into CBDR
- Could have aggregated data returned to HCAI
- Cost includes user support, software maintenance
- Benchmarking for midwives (information compared to their professional peers)
- Data easily comparable to other participating states, and even to hospitals who participate in OB-COAP
    - Potential for collaboration with CMQCC for QI Initiatives
- Could it be more cost effective than fixing the existing tool?

MANA Stats Plus

- LMs enter individual-level data into MANA Stats Plus
- Free to the midwife for basic service
- Research Validated
- Community Birth and Midwifery-Specific

Individual EHR Programs

- ClientCare
- Mobile Midwife
- Maternity Neighborhood

BirthTracks

- Midwifery-Specific although also used by OB-GYNs & Doulas
- Cost

MAC Members Discussion

- LMAR Subcomittee
- What is the cost of LMAR administration currently, and can the LM fund be allocated in any way to transition to a new LMAR system?
- Clarify communication pathway for this change:
  - MAC recommends change -> MBC votes -> MBC staff work with Staff at HCAI or is there an opportunity for MAC to reach out to HCAI directly or do any of the lifting?
- Is a legislative change necessary, and if so, how might the MAC ask the Medical Board to garner support for this?
  - Presentation on the LMAR at MBC meeting?