

# DRAFT CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Proposed Language in BLUE, proposed deleted language in ~~strikethrough~~

## SECTION A - LICENSEE DATA

1a. First:	1b. Middle:	1c. Last:	
2. License Number:			
<i>Numbers 3-10 are voluntary, but will assist OSHPD in contacting you if questions arise relating to your report</i>			
3. Street Address 1:			
4. Street Address 2:			
5. City:	6. State:	7. ZIP Code:	
8. Phone 1:		9. Phone 2:	
10. E-mail Address:			

## SECTION B - REPORTING PERIOD

Line No.	Report Year
11	2016

## SECTION C - SERVICES PROVIDED IN CALIFORNIA

Line No.		Yes	No
12	Did you or a student midwife supervised by you perform midwife services in the <b>State of California</b> during the year when the intended place of birth at the onset of your care was an out-of-hospital setting?		
<p>If "yes," continue with completion of the report. If "no," go to the last page, sign and date the report and mail to:</p> <p>Office of Statewide Health Planning and Development                      Information Services Division, Patient Data Section                      Licensed Midwife Annual Report                      2020 West El Camino Avenue, Suite 1100                      Sacramento, CA 95833</p>			

## SECTION D - CLIENT SERVICES

Lines 13 to 17: Client Services include all clients for whom you provided midwifery services in this reporting year, whose intended place of birth at the onset of YOUR care was an out-of-hospital setting. Include all clients regardless of year initially booked.

Line No.		Total #
13	Total number of clients served as primary caregiver, <a href="#">for birth related care</a> , during this calendar year.  <a href="#">Birth related care includes antepartum, intra-partum, and postpartum. This does not include clients seen for family planning during the inter-conceptional years.</a>	
14	Number of clients who <a href="#">were either lost to care or who left care for non-medical reasons</a> . <del>left care for a non-medical reason</del>  <a href="#">Definition of lost to care: Clients who never returned for appointments despite efforts to contact them and Licensed Midwife does not know if they left for medical or non-medical reasons.</a>  (DO NOT include these clients in any further categories on this report)	
15	Total number of clients served whose births were still pending on the <a href="#">first</a> last day of <del>the reporting</del> <a href="#">the new year</a> .	
16	<a href="#">Total number of women covered in this LMAR (=line 13 minus (line 14+line15) enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!</a>	
17	<del>Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION!</del>	

**SECTION E – OUTCOMES, BY COUNTY, OF LIVE BIRTHS OF FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED**

Lines 18a to 18g: Include all live births, ~~cases of fetal demise, and infant and maternal deaths~~ that occurred during this reporting year, regardless of year client was initially booked.

Column A: Enter each county - use the county codes provided from the dropdown list - where you attended a birth as the primary caregiver.

Column B: Enter the number of clients in that county whose pregnancies resulted in a live birth while under your care.

Column C: ~~Enter the number of clients in that county whose pregnancies resulted in a fetal demise discovered while under your care.~~ Enter the number of clients who delivered a live preterm infant (before 37 0/7 weeks gestation) born in an OOH setting

Column D: ~~Enter the number of clients in that county whose pregnancies resulted in an infant death while under your care.~~ Enter the number of clients who delivered a live preterm infant (before 37 0/7 weeks gestation) born after transfer, in hospital

Column E: ~~Enter the number of clients in that county whose pregnancies resulted in a maternal death while under your care.~~ Enter the number of clients in that county who delivered a low birth weight, term infant in an OOH setting

Column F: Enter the number of clients in that county who delivered a low birth weight, term infant in the hospital after transfer.

Line No.	(A) County in which the <u>Live Birth</u> Occurred	(B) # of Live Births	(C) # of <u>Live preterm births (before 37 0/7 weeks gestation) born out of Hospital (OOH)</u>	(D) # of <u>Live preterm births (before 37 0/7 weeks gestation) born after transfer, in hospital</u>	(E) # of <u>Low birth weight, term, infants - Definition: Under 2500 grams/5 pounds, 8 oz. born Out of Hospital (OOH)</u>	(F) # of <u>Low birth weight, term, infants Definition: Under 2500 grams/5 pounds, 8 oz. born after transfer, in hospital.</u>
18a						
18b						
18c						
18d						
18e						
18f						
18g						

**NOTE: Prior wording in C, D, and E removed to Section X for Mortality**

## SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Lines 19 to 24: 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 more than one line.

DELIVERY: episode of a mother giving birth regardless of number of babies born alive or dead.

Line 19: Enter total number of [singleton](#) out-of-hospital deliveries you planned on attending as the primary caregiver at the onset of labor

Line 20: Out of the total number of [singleton](#) out-of-hospital births you planned on attending as the primary caregiver at the onset of labor (as indicated in line 19), enter the number of those deliveries that **actually did occur** in an out-of-hospital setting

~~Line 21: Breech: Enter the number of planned deliveries you attended in an out of hospital setting as the primary caregiver that were delivered breech.~~

~~Lines 23: Twins: Enter the number of planned deliveries you attended in an out of hospital setting as the primary caregiver that involved twins. Each mother giving birth counts as one delivery, regardless of number of babies born. Record only if all babies delivered out of hospital.~~

~~Lines 24: Higher Order Multiples – all delivered out of hospital: Enter the number of planned deliveries you attended in an out of hospital setting as the primary caregiver that involved a higher number of multiples. Each mother giving birth counts as one delivery, regardless of number of babies born. Record only if all babies delivered out of hospital..~~

Line No.		Total #
19	Number of planned out-of-hospital births <b>at the onset of labor</b>	
20	Number of completed births in an out-of-hospital setting	
21	<del>Breech deliveries</del>	
22	<del>Successful VBACs</del>	
23	<del>Twins both delivered out of hospital</del>	
24	<del>Higher Order Multiples – all delivered out of hospital</del>	

**SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY**

Lines 25-44: For each reason listed, enter the number of clients who, during the antepartum period electively (no emergency existed) transferred to the care of another healthcare provider. Report the primary reason for each client.

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated</i> to pregnancy	
26	G2	Hypertension developed in pregnancy	
27	G3	Blood coagulation disorders, including phlebitis	
28	G4	Anemia	
29	G5	Persistent vomiting with dehydration	
30	G6	Nutritional & weight loss issues, failure to gain weight	
31	G7	Gestational diabetes	
32	G8	Vaginal bleeding	
33	G9	Suspected or known placental anomalies or implantation abnormalities	
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	
35	G11	HIV test positive	
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	
37	G12.1	Fetal anomalies	
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
39	G14	Fetal heart irregularities	
40	G15	Non vertex lie at term	
41	G16	Multiple gestation	
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	
43	G18	Client request	
<a href="#">44</a>	<a href="#">G19</a>	<a href="#">Greater than 42 and 0/7 weeks gestation</a>	
<a href="#">45</a>	<a href="#">G20</a>	<a href="#">Less than 37 weeks gestation, in labor or with rupture of membranes</a>	
<a href="#">46</a>	<a href="#">G21</a>	Other	
G21 Other Explanation			

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

Lines 45-54: 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. Report only the primary reason for each client.

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
47	H3	Isoimmunization, severe anemia, or other blood related issues	
48	H4	Significant infection	
49	H5	Significant vaginal bleeding	
50	H6	Preterm labor or preterm rupture of membranes	
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	
52	H8	<a href="#">Less than 37 weeks gestation, in labor or with rupture of membranes</a>	
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	
54	H10	Other	
H10 Explanation			

## SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY

Lines 55-67: For each reason listed, enter the number of clients who, during the intrapartum period, electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	
56	I2	Active herpes lesion	
57	I3	Abnormal bleeding	
58	I4	Signs of infection	
59	I5	Prolonged rupture of membranes	
60	I6	Lack of progress; maternal exhaustion; dehydration	
61	I7	Thick meconium in the absence of fetal distress	
62	I8	Non-vertex presentation	
63	I9	Unstable lie or mal-position of the vertex	
64	I10	<del>Multiple gestation</del>	
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	
66	I12	Client request; request for medical methods of pain relief	
67	I13	Other	

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

Lines 68-76: 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. Report only the primary reason for each client.

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	
70	J3	Suspected uterine rupture	
71	J4	Maternal shock, loss of consciousness	
72	J5	Prolapsed umbilical cord	
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	
75	J8	Other life threatening conditions or symptoms	
76	J9	Multiple gestation	

**SECTION K – POSTPARTUM TRANSFER OF CARE - MOTHER, ELECTIVE/NON-EMERGENCY**

Lines 77-85: For each reason listed, enter the number of clients who, during the postpartum period, electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	
78	K2	Repair of laceration beyond level of midwife's expertise	
79	K3	Postpartum depression	
80	K4	Social, emotional or physical conditions outside of scope of practice	
81	K5	Excessive or prolonged bleeding in later postpartum period	
82	K6	Signs of infection	
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	
84	K8	Client request	
85	K9	Other	
K9 Explanation			

**SECTION L – POSTPARTUM TRANSFER OF CARE - MOTHER, 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. Report only the primary reason for each client.

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	
87	L2	Uterine inversion, rupture or prolapse	
88	L3	Uncontrolled hemorrhage	
89	L4	Seizures or unconsciousness, shock	
90	L5	Adherent or retained placenta with significant bleeding	
91	L6	Suspected postpartum psychosis	
92	L7	Signs of significant infection	
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	
94	L9	Other	
L9 Explanation			

**SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE/NON-EMERGENCY**

Lines 95-102: For each reason listed, enter the number of infants who electively (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each infant.

Line No.	Code	Reason	Total #
95	M1	Low birth weight	
96	M2	Congenital anomalies	
97	M2.1	Birth injury	
98	M3	Poor transition to extrauterine life	
99	M4	Insufficient passage of urine or meconium	
100	M5	Parental request	
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	
102	M7	Other	
M7 Explanation			

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

Lines 103-115: 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. Report only the primary reason for each infant.

Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
104	N2	Signs or symptoms of infection	
105	N3	Abnormal cry, seizures or loss of consciousness	
106	N4	Significant jaundice at birth or within 30 hours	
107	N5	Evidence of clinically significant prematurity	
108	N6	Congenital anomalies	
109	N6.1	Birth injury	
110	N7	Significant dehydration or depression of fontanelles	
111	N8	Significant cardiac or respiratory issues	
112	N9	Ten minute APGAR score of six (6) or less	
113	N10	Abnormal bulging of fontanelles	
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	
115	N12	Other	
N12 Explanation			



## SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Lines 116-131: For any mother or infant ~~who with~~ transferred of care as ~~r~~ Reported in sections I, J, K, L, M and N, from the licensed midwife to another healthcare provider, please provide the outcome information regarding ~~both~~ the mother and ~~for~~ the infant in the spaces provided. NOTE This section collects data on MORBIDITY only. MORTALITY will only be reported in Section X

Line No.	Reason	(A)Total # ofVaginal Births	(B)Total # ofCaesarean Deliveries
<b>MOTHER</b>		Code	Code
116	Without complication	O1	O8
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	O9
118	With serious pregnancy/birth related medical complications <b>not</b> resolved by 6 weeks	O3	O10
<del>119</del>	<del>Death of Mother</del>	<del>O4</del>	<del>O11</del>
120	Unknown	O5	O12
121	Information not obtainable	O6	O13
122	Other	O7	O14
O5 Explanation			
O6 Explanation			
O7 Explanation			
O12 Explanation			
O13 Explanation			
O14 Explanation			
<b>INFANT</b>			
123	Healthy live born infant	O15	O24
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	O25
125	With serious pregnancy/birth related medical complications <b>not</b> resolved by 4 weeks	O17	O26
<del>127</del>	<del>Fetal demise diagnosed prior to labor</del>	<del>O18</del>	<del>O27</del>
<del>126</del>	<del>Fetal demise diagnosed during labor or at delivery</del>	<del>O19</del>	<del>O28</del>
<del>128</del>	<del>Live born infant who subsequently died</del>	<del>O20</del>	<del>O29</del>
129	Unknown	O21	O30
130	Information not obtainable	O22	O31
131	Other	O23	O32
O21 Explanation			
O22 Explanation			
O23 Explanation			
O30 Explanation			
O31 Explanation			
O32 Explanation			

**Information collection regarding vaginal birth after cesarean, breeches and multiple pregnancies will be discussed at the Interested Parties meeting as well as information collection on mortality. Additional sections will be added as warranted.**

**Current Section P appears directly below without proposed changes**

**SECTION P – COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY**

**Only complete this section if you reported instances of fetal demise or infant or maternal deaths in previous sections!**

Lines 132-138: For each complication listed, in Column A, enter the total number of mothers who died during the pregnancy or within six (6) weeks after the end of a pregnancy as a result of that complication. Indicate in Columns A or B the numbers that were out-of-hospital births or transfers. Report only one primary complication for each client.

Lines 139-146: Indicate in Columns A or B the numbers that were out-of-hospital births or transfers. Report only one primary complication for each client.

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
		Code		Code		Code	
<b>MOTHER</b>							
132	Blood loss	P8		P15		P1	
133	Sepsis	P9		P16		P2	
134	Eclampsia/toxemia or HELLP syndrome	P10		P17		P3	
135	Embolism (pulmonary or amniotic fluid)	P11		P18		P4	
136	Unknown	P12		P19		P5	
137	Information not obtainable	P13		P20		P6	
138	Other	P14		P21		P7	
P12 Explanation							
P13 Explanation							
P14 Explanation							
P19 Explanation							
P20 Explanation							
P21 Explanation							
<b>INFANT</b>							
139	Anomaly incompatible with life	P30		P38		P22	
140	Infection	P31		P39		P23	
141	Meconium aspiration, other respiratory	P32		P40		P24	
142	Neurological issues/seizures	P33		P41		P25	
143	Other medical issue	P34		P42		P26	
144	Unknown	P35		P43		P27	
145	Information not obtainable	P36		P44		P28	
146	Other	P37		P45		P29	
P35 Explanation							
P36 Explanation							

P37 Explanation	
P43 Explanation	
P44 Explanation	
P45 Explanation	

**The information contained herein is accurate and complete to the best of my knowledge.**

Signature:

Date:

**Please send the completed report to:**

Office of Statewide Health Planning and Development  
Patient Data Section  
Licensed Midwife Annual Report  
400 R Street, Suite 270  
Sacramento, CA 95811-6213

## Appendix A - County Code List

County Name	
ALAMEDA	ORANGE
ALPINE	PLACER
AMADOR	PLUMAS
BUTTE	RIVERSIDE
CALAVERAS	SACRAMENTO
COLUSA	SAN BENITO
CONTRA COSTA	SAN BERNARDINO
DEL NORTE	SAN DIEGO
EL DORADO	SAN FRANCISCO
FRESNO	SAN JOAQUIN
GLENN	SAN LUIS OBISPO
HUMBOLDT	SAN MATEO
IMPERIAL	SANTA BARBARA
INYO	SANTA CLARA
KERN	SANTA CRUZ
KINGS	SHASTA
LAKE	SIERRA
LASSEN	SISKIYOU
LOS ANGELES	SOLANO
MADERA	SONOMA
MARIN	STANISLAUS
MARIPOSA	SUTTER
MENDOCINO	TEHAMA
MERCED	TRINITY
MODOC	TULARE
MONO	TUOLUMNE
MONTEREY	VENTURA
NAPA	YOLO
NEVADA	YUBA

## Appendix B – Frequently Asked Questions

<b>What happens if I am out of town and the midwife covering my practice transports one of my clients. Who reports?</b>
If you are the primary midwife and are away or otherwise temporarily leave your clients in the care of a back-up midwife and that midwife ends up transferring your client, you should be the midwife who reports that transfer. This does not apply if you transfer care permanently to the other midwife, only for temporary coverage situations.
<b>I have clients that live and plan to give birth in Nevada, but I occasionally provide care to these clients in my California Office. Should I report this as “care given in California”?</b>
Only report on clients who intended to have you attend their out of hospital birth in California, regardless of what state the midwife was in when you provided their prenatal care.
<b>With regard to fetal demise in Section E, if the fetus has a documented heartbeat when we left for the hospital but doesn’t when we get there or has a heartbeat when we arrive at the hospital but dies later, would I report the county in which I discovered the fetal demise?</b>
No, you did not discover the fetal demise while it was under your care and it should not be reported in Section E. In Section E, only enter instance of fetal demise that were discovered under your care. If you don’t hear a heartbeat during a prenatal visit or during labor and the demise is confirmed after transfer, you have discovered the demise while under your care and it should be entered in this section.
<b>I’m confused by Line 13 since it includes people who have been or will be reported on in other years. Who should I include in this number?</b>
Only include care given in California. This line should include all the clients who were seen for prenatal care during 2016, but left care for any reason before the baby was born, all the clients who had their babies in 2016 whether at home or after transport, and all clients you saw prenatally in 2016 who had not had their babies yet at the end of the year. This number should only include clients who entered care intending an out of hospital birth and does not include clients seen for well woman care only, doula clients, or clients who intended a hospital birth but wanted additional prenatal care with a midwife. It does <i>not</i> include clients who were still being seen for postpartum care in 2017 after having babies in 2016.
<b>If I send the baby to the doctor because of a concern, but also continue to provide care for the baby at home, do I report that a transfer of care for a newborn?</b>
If you are unsure about a baby and bring it to a pediatrician who pronounces everything fine and returns the baby to your care, that is not a transfer and should not be reported in Sections M or N. If you bring the baby in and after examination the medical caregiver decides to admit the baby for observation or decides that the situation warrants ongoing medical observation or treatment, that is a transfer of care and should be reported in Section M or N.

## Appendix B – Frequently Asked Questions

<b>Where would I report a spontaneous abortion that does not require transfer for medical attention?</b>
Line 13 only, as a client who received services during the reporting year who desired a homebirth at the onset of care.
<b>If I was attending a birth at a home and continued to attend after the mother was transferred to the hospital for delivery, should I report that in Section E?</b>
No, Section E is only for reporting births that occurred <i>while you were the primary caregiver</i> . In a transfer of care the receiving caregiver becomes the primary caregiver.
<b>I work with a partner and we do everything together, both are primary at births. Should we take turns reporting or just have one of us report our outcomes and the other just report that no midwife services were performed? It would be nice to report as a practice.</b>
As long as every occurrence is reported and every midwife files a report, it doesn't really matter which of you files the report. Typically clients are divided up with one midwife designated as the reporter/primary for that client. If MANA stats are being submitted, clients should be divided according to who is listed as "midwife 1" in order to use the California Stats page generated at the end of the year.