

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section A - Submission Summary | | | | | |
|---------------------------------------|------|------|------|------|------|
| | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of midwives expected to report | 394 | 363 | 330 | 311 | 283 |
| Number Reported | 343 | 316 | 259 | 272 | 241 |
| Number Unreported | 51 | 47 | 71 | 39 | 42 |

| Section C - Services Provided in California | | | | | |
|--|-------------|------|------|------|------|
| Did you or a student midwife supervised by you perform midwife services in the State of California during the year when the intended place of birth at the onset of your care was an out-of-hospital setting? | Total # Yes | | | | |
| | 2015 | 2014 | 2013 | 2012 | 2011 |
| | 237 | 220 | 191 | 189 | 178 |
| | Total # No | | | | |
| | 2015 | 2014 | 2013 | 2012 | 2011 |
| | 106 | 96 | 68 | 83 | 63 |

| Section D - Client Services | | | | | |
|--|------|------|------|------|------|
| | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of clients served as primary caregiver during the calendar year | 5528 | 5386 | 5052 | 4370 | 3934 |
| Number of clients who left care for a non-medical reason | 337 | 256 | 222 | 175 | 133 |
| Number of clients served whose births were still pending on the last day of the reporting year | 1342 | 1282 | 1345 | 1193 | 908 |
| Number of clients served who also received collaborative care | 2562 | 2763 | 2720 | 2532 | 2288 |
| Number of clients served under the supervision of a licensed physician and surgeon | 112 | 161 | 444 | 296 | 257 |

| Section E - Total Outcomes in which Birth, Fetal Demise, or Infant or Maternal Death Occurred | | | | | |
|---|------|------|------|------|------|
| | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of live births | 3233 | 3285 | 2813 | 2547 | 1676 |
| Number of cases of fetal demise | 8 | 14 | 10 | 6 | 6 |
| Number of infant deaths | 0 | 2 | 3 | 0 | 1 |
| Number of maternal deaths | 0 | 0 | 0 | 0 | 0 |

| Section F - Outcomes of Out-of-Hospital Births | | | | | |
|---|------|------|------|------|------|
| | 2015 | 2014 | 2013 | 2012 | 2011 |
| Number of planned out-of-hospital births at the onset of labor | 3616 | 3397 | 3028 | 2784 | 2611 |
| Number of completed births in an out-of-hospital setting | 3082 | 2833 | 2559 | 2316 | 2123 |
| Breech deliveries | 12 | 12 | 20 | 13 | 13 |
| Successful VBAC's | 172 | 150 | 109 | 118 | 115 |
| Twins both delivered out-of-hospital | 0 | 1 | 6 | 4 | 4 |
| Higher order multiples - all delivered out-of-hospital | 0 | 1 | 0 | 1 | 0 |

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section G - Antepartum Transfer of Care, Elective/Non-Emergency | | | | | |
|--|------------|------------|------------|------------|------------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Medical or mental health conditions <i>unrelated</i> to pregnancy | 16 | 12 | 5 | 5 | 4 |
| Hypertension developed in pregnancy | 45 | 40 | 27 | 27 | 22 |
| Blood coagulation disorders, including phlebitis | 1 | 5 | 7 | 2 | 2 |
| Anemia | 2 | 6 | 1 | 2 | 1 |
| Persistent vomiting with dehydration | 3 | 3 | 2 | 0 | 2 |
| Nutritional and weight loss issues, failure to gain weight | 1 | 1 | 0 | 0 | 0 |
| Gestational diabetes | 9 | 10 | 8 | 9 | 7 |
| Vaginal bleeding | 6 | 4 | 5 | 2 | 3 |
| Suspected or known placental anomalies or implantation abnormalities | 14 | 10 | 9 | 8 | 6 |
| Loss of pregnancy (includes spontaneous and elective abortion) | 60 | 67 | 55 | 50 | 34 |
| HIV test positive | 0 | 1 | 0 | 0 | 1 |
| Suspected intrauterine growth restriction, suspected macrosomia | 12 | 12 | 4 | 8 | 5 |
| Fetal anomalies | 5 | 5 | 9 | 10 | 7 |
| Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios | 17 | 15 | 21 | 9 | 13 |
| Fetal heart irregularities | 8 | 2 | 9 | 6 | 2 |
| Non vertex lie at term | 45 | 43 | 33 | 43 | 32 |
| Multiple gestation | 18 | 8 | 16 | 10 | 9 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 26 | 35 | 43 | 16 | 38 |
| Client request | 48 | 48 | 28 | 40 | 39 |
| Other | 70 | 74 | 26 | 22 | 22 |
| Total | 406 | 401 | 308 | 269 | 249 |

| Section H - Antepartum Transfer of Care, Urgent/Emergency | | | | | |
|---|------------|------------|-----------|-----------|-----------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Non pregnancy-related medical condition | 17 | 21 | 0 | 2 | 1 |
| Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia | 24 | 16 | 16 | 13 | 13 |
| Isoimmunization, severe anemia, or other blood related issues | 1 | 2 | 1 | 1 | 2 |
| Significant infection | 0 | 0 | 1 | 1 | 0 |
| Significant vaginal bleeding | 11 | 2 | 5 | 3 | 5 |
| Preterm labor or preterm rupture of membranes | 38 | 47 | 44 | 44 | 30 |
| Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST) | 6 | 12 | 8 | 6 | 7 |
| Fetal demise | 5 | 7 | 5 | 2 | 4 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 5 | 1 | 4 | 2 | 0 |
| Other | 7 | 5 | 5 | 2 | 1 |
| Total | 114 | 113 | 89 | 76 | 63 |

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section I - Intrapartum Transfer of Care, Elective/Non-Emergency | | | | | |
|--|------------|------------|------------|------------|------------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Persistent hypertension; severe or persistent headache | 9 | 11 | 6 | 8 | 8 |
| Active herpes lesion | 0 | 0 | 0 | 0 | 1 |
| Abnormal bleeding | 2 | 5 | 5 | 3 | 2 |
| Signs of infection | 8 | 5 | 7 | 7 | 6 |
| Prolonged rupture of membranes | 31 | 41 | 38 | 27 | 34 |
| Lack of progress; maternal exhaustion; dehydration | 231 | 260 | 231 | 248 | 240 |
| Thick meconium in the absence of fetal distress | 16 | 22 | 20 | 23 | 14 |
| Non-vertex presentation | 18 | 16 | 16 | 11 | 11 |
| Unstable lie or mal-position of the vertex | 6 | 6 | 7 | 6 | 7 |
| Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER) | 1 | 0 | 0 | 1 | 0 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 29 | 41 | 11 | 11 | 18 |
| Client request; request for medical methods of pain relief | 71 | 70 | 50 | 46 | 44 |
| Other | 11 | 15 | 7 | 6 | 3 |
| Total | 433 | 492 | 398 | 397 | 388 |

| Section J - Intrapartum Transfer of Care, Urgent/Emergency | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Suspected preeclampsia, eclampsia, seizures | 3 | 4 | 2 | 5 | 1 |
| Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor | 5 | 5 | 3 | 3 | 5 |
| Suspected uterine rupture | 1 | 2 | 0 | 0 | 0 |
| Maternal shock, loss of consciousness | 0 | 0 | 0 | 0 | 0 |
| Prolapsed umbilical cord | 2 | 1 | 1 | 1 | 0 |
| Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress | 30 | 45 | 41 | 32 | 46 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 1 | 10 | 10 | 3 | 11 |
| Other life threatening conditions or symptoms | 2 | 2 | 0 | 0 | 1 |
| Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL) | 1 | 0 | 1 | 0 | 0 |
| Total | 45 | 69 | 58 | 44 | 64 |

| Section K - Postpartum Transfer of Care - Mother, Elective/Non-Emergency | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Adherent or retained placenta without significant bleeding | 20 | 14 | 7 | 11 | 8 |
| Repair of laceration beyond level of midwife's expertise | 22 | 20 | 16 | 14 | 25 |
| Postpartum depression | 4 | 1 | 1 | 3 | 2 |
| Social, emotional or physical conditions outside of scope of practice | 0 | 1 | 1 | 1 | 0 |
| Excessive or prolonged bleeding in later postpartum period | 7 | 5 | 11 | 4 | 7 |
| Signs of infection | 1 | 7 | 1 | 1 | 5 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 1 | 3 | 2 | 1 | 4 |
| Client request | 8 | 1 | 2 | 1 | 0 |
| Other | 2 | 5 | 0 | 2 | 1 |
| Total | 65 | 57 | 41 | 38 | 52 |

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section L - Postpartum Transfer of Care - Mother, Urgent/Emergency | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Abnormal or unstable vital signs | 4 | 4 | 7 | 5 | 3 |
| Uterine inversion, rupture or prolapse | 2 | 1 | 0 | 0 | 0 |
| Uncontrolled hemorrhage | 11 | 8 | 9 | 5 | 6 |
| Seizures or unconsciousness, shock | 4 | 2 | 2 | 0 | 2 |
| Adherent or retained placenta with significant bleeding | 21 | 17 | 15 | 11 | 17 |
| Suspected postpartum psychosis | 0 | 1 | 1 | 0 | 1 |
| Signs of significant infection | 4 | 2 | 1 | 0 | 0 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 5 | 2 | 3 | 0 | 4 |
| Other | 5 | 0 | 4 | 0 | 1 |
| Total | 56 | 37 | 42 | 21 | 34 |

| Section M - Transfer of Care - Infant, Elective/Non-Emergency | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Low birth weight | 3 | 1 | 3 | 0 | 0 |
| Congenital anomalies | 2 | 4 | 3 | 5 | 2 |
| Birth injury | 0 | 0 | 1 | 0 | 0 |
| Poor transition to extrauterine life | 10 | 13 | 11 | 13 | 9 |
| Insufficient passage of urine or meconium | 0 | 0 | 0 | 1 | 0 |
| Parental request | 0 | 2 | 1 | 2 | 0 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 6 | 7 | 16 | 5 | 10 |
| Other | 4 | 4 | 2 | 3 | 4 |
| Total | 25 | 31 | 37 | 29 | 25 |

| Section N - Transfer of Care - Infant, Urgent/Emergency | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Abnormal vital signs or color, poor tone, lethargy, no interest in nursing | 13 | 11 | 8 | 8 | 12 |
| Signs or symptoms of infection | 4 | 8 | 1 | 2 | 2 |
| Abnormal cry, seizures or loss of consciousness | 0 | 2 | 1 | 0 | 0 |
| Significant jaundice at birth or within 30 hours | 3 | 2 | 1 | 0 | 2 |
| Evidence of clinically significant prematurity | 0 | 0 | 2 | 1 | 0 |
| Congenital anomalies | 3 | 2 | 1 | 0 | 0 |
| Birth injury | 0 | 0 | 0 | 1 | 0 |
| Significant dehydration or depression of fontanelles | 0 | 0 | 0 | 0 | 1 |
| Significant cardiac or respiratory issues | 22 | 9 | 10 | 10 | 7 |
| Ten minute APGAR score of six (6) or less | 3 | 3 | 2 | 0 | 3 |
| Abnormal bulging of fontanelles | 0 | 0 | 0 | 0 | 0 |
| Clinical judgment of the midwife (where a single other condition above does not apply) | 4 | 0 | 1 | 3 | 1 |
| Other | 2 | 2 | 5 | 1 | 3 |
| Total | 54 | 39 | 32 | 26 | 31 |

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section O - Birth Outcomes After Transfer of Care | | | | | |
|---|------------|------------|------------|------------|------------|
| Total # of Vaginal Births - Mother | | | | | |
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Without complication | 594 | 592 | 393 | 433 | 401 |
| With serious pregnancy/birth related medical complications resolved by 6 weeks | 10 | 15 | 12 | 7 | 13 |
| With serious pregnancy/birth related medical complications not resolved by 6 weeks | 1 | 2 | 2 | 2 | 2 |
| Death of mother | 0 | 0 | 0 | 0 | 0 |
| Unknown | 4 | 3 | 1 | 9 | 2 |
| Information not obtainable | 0 | 4 | 0 | 0 | 1 |
| Other | 0 | 3 | 2 | 2 | 4 |
| Total | 609 | 619 | 410 | 453 | 423 |

| Total # of Vaginal Births - Infant | | | | | |
|---|------------|------------|------------|------------|------------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Healthy live born infant | 561 | 611 | 333 | 411 | 419 |
| With serious pregnancy/birth related medical complications resolved by 4 weeks | 20 | 19 | 16 | 13 | 60 |
| With serious pregnancy/birth related medical complications not resolved by 4 weeks | 4 | 4 | 5 | 3 | 3 |
| Fetal demise diagnosed prior to labor | 3 | 5 | 2 | 1 | 3 |
| Fetal demise diagnosed during labor or at delivery | 3 | 2 | 2 | 2 | 4 |
| Live born infant who subsequently died | 1 | 1 | 9 | 2 | 5 |
| Unknown | 0 | 4 | 44 | 3 | 0 |
| Information not obtainable | 0 | 2 | 43 | 6 | 1 |
| Other | 5 | 5 | 3 | 3 | 2 |
| Total | 597 | 653 | 457 | 444 | 497 |

| Total # of Caesarean Deliveries - Mother | | | | | |
|---|------------|------------|------------|------------|------------|
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Without complication | 238 | 267 | 258 | 196 | 184 |
| With serious pregnancy/birth related medical complications resolved by 6 weeks | 16 | 8 | 12 | 5 | 7 |
| With serious pregnancy/birth related medical complications not resolved by 6 weeks | 0 | 0 | 0 | 0 | 0 |
| Death of mother | 1 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Information not obtainable | 0 | 0 | 0 | 0 | 0 |
| Other | 1 | 0 | 0 | 0 | 1 |
| Total | 256 | 275 | 270 | 201 | 192 |

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section O - Birth Outcomes After Transfer of Care (continued) | | | | | |
|---|------------|------------|------------|------------|------------|
| Total # of Caesarean Deliveries - Infant | | | | | |
| Reason | 2015 | 2014 | 2013 | 2012 | 2011 |
| Healthy live born infant | 212 | 231 | 217 | 162 | 155 |
| With serious pregnancy/birth related medical complications resolved by 4 weeks | 3 | 2 | 7 | 7 | 3 |
| With serious pregnancy/birth related medical complications not resolved by 4 weeks | 3 | 4 | 4 | 2 | 3 |
| Fetal demise diagnosed prior to labor | 0 | 0 | 0 | 0 | 0 |
| Fetal demise diagnosed during labor or at delivery | 1 | 3 | 1 | 1 | 2 |
| Live born infant who subsequently died | 1 | 1 | 1 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Information not obtainable | 0 | 0 | 0 | 0 | 0 |
| Other | 1 | 0 | 1 | 0 | 0 |
| Total | 221 | 241 | 231 | 172 | 163 |

| Section P - Complications Leading to Maternal and/or Infant Mortality | | | | | |
|---|----------|----------|----------|----------|----------|
| Out-of-Hospital - Mother | | | | | |
| Complication | 2015 | 2014 | 2013 | 2012 | 2011 |
| Blood loss | 0 | 0 | 0 | 0 | 0 |
| Sepsis | 0 | 0 | 0 | 0 | 0 |
| Eclampsia/toxemia or HELLP syndrome | 0 | 0 | 0 | 0 | 0 |
| Embolism (pulmonary or amniotic fluid) | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Information not obtainable | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

| Out-of-Hospital - Infant | | | | | |
|--|----------|----------|----------|----------|----------|
| Complication | 2015 | 2014 | 2013 | 2012 | 2011 |
| Anomaly incompatible with life | 0 | 1 | 3 | 0 | 0 |
| Infection | 0 | 0 | 0 | 0 | 0 |
| Meconium aspiration, other respiratory | 0 | 0 | 0 | 0 | 1 |
| Neurological issues/seizures | 0 | 0 | 0 | 0 | 0 |
| Other medical issue | 0 | 1 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Information not obtainable | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 2 | 3 | 0 | 1 |

LICENSED MIDWIFE ANNUAL REPORT SUMMARY

Multi-Year Comparison

| Section P - Complications Leading to Maternal and/or Infant Mortality (continued) | | | | | |
|---|----------|----------|----------|----------|----------|
| After Transfer - Mother | | | | | |
| Complication | 2015 | 2014 | 2013 | 2012 | 2011 |
| Blood loss | 0 | 0 | 0 | 0 | 0 |
| Sepsis | 0 | 0 | 0 | 0 | 0 |
| Eclampsia/toxemia or HELLP syndrome | 0 | 0 | 0 | 0 | 0 |
| Embolism (pulmonary or amniotic fluid) | 1 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 |
| Information not obtainable | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 | 0 |

| After Transfer - Infant | | | | | |
|--|----------|----------|-----------|----------|----------|
| Complication | 2015 | 2014 | 2013 | 2012 | 2011 |
| Anomaly incompatible with life | 1 | 1 | 5 | 1 | 2 |
| Infection | 0 | 0 | 1 | 0 | 0 |
| Meconium aspiration, other respiratory | 0 | 1 | 0 | 0 | 0 |
| Neurological issues/seizures | 0 | 0 | 0 | 0 | 1 |
| Other medical issue | 0 | 0 | 2 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 1 | 1 |
| Information not obtainable | 0 | 0 | 0 | 0 | 0 |
| Other | 1 | 0 | 2 | 0 | 1 |
| Total | 2 | 2 | 10 | 2 | 5 |