

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT Summary

as of 7/14/2011 8:32:51 AM

SECTION A - Submission Summary

Number of Midwives Expected to Report	258
Number Reported	216
Number Unreported	42
Note: Report Field Numbers 1 through 10 are specific to each midwife report submitted and are not included in this aggregation.	

SECTION B - REPORTING PERIOD

Line No.	Report Year
11	2010

SECTION C - SERVICES PROVIDED IN CALIFORNIA - This report should reflect services provided in California only.

Line No.		Total # Yes	Total # No
12	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?	151	65

SECTION D - CLIENT SERVICES

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	3115
14	Number of clients who left care for a non-medical reason.. (DO NOT include these clients in any further categories on this report)	120
15	Total number of clients served whose births were still pending on the last day of this reporting year.	809
16	Enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!	1802
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. IMPORTANT: SEE DEFINITION OF SUPERVISION!	203

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED

(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths	(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths
01	ALAMEDA	162	0	0	0	30	ORANGE	69	0	0	0
02	ALPINE	0	0	0	0	31	PLACER	40	1	0	0
03	AMADOR	0	0	0	0	32	PLUMAS	1	0	0	0
04	BUTTE	4	0	0	0	33	RIVERSIDE	79	2	0	0
05	CALAVERAS	4	0	0	0	34	SACRAMENTO	53	1	0	0
06	COLUSA	1	0	0	0	35	SAN BENITO	1	0	0	0
07	CONTRA COSTA	45	0	0	0	36	SAN BERNARDINO	60	3	0	0
08	DEL NORTE	1	0	0	0	37	SAN DIEGO	167	1	0	0
09	EL DORADO	19	0	0	0	38	SAN FRANCISCO	163	1	0	0
10	FRESNO	20	0	0	0	39	SAN JOAQUIN	4	0	0	0
11	GLENN	0	0	0	0	40	SAN LUIS OBISPO	36	1	0	0
12	HUMBOLDT	50	0	0	0	41	SAN MATEO	29	0	0	0
13	IMPERIAL	0	0	0	0	42	SANTA BARBARA	21	0	0	0
14	INYO	0	0	0	0	43	SANTA CLARA	44	2	0	0
15	KERN	37	0	0	0	44	SANTA CRUZ	30	0	0	0
16	KINGS	1	0	0	0	45	SHASTA	51	2	0	0
17	LAKE	7	0	0	0	46	SIERRA	0	0	0	0
18	LASSEN	4	0	0	0	47	SISKIYOU	1	0	0	0
19	LOS ANGELES	380	0	0	0	48	SOLANO	7	0	0	0
20	MADERA	2	0	0	0	49	SONOMA	47	0	0	0
21	MARIN	45	0	0	0	50	STANISLAUS	7	0	0	0
22	MARIPOSA	0	0	0	0	51	SUTTER	2	0	0	0
23	MENDOCINO	15	0	0	0	52	TEHAMA	2	0	0	0
24	MERCED	4	0	0	0	53	TRINITY	5	0	0	0
25	MODOC	0	0	0	0	54	TULARE	6	0	0	0
26	MONO	0	0	0	0	55	TUOLUMNE	21	0	0	0
27	MONTEREY	2	0	0	0	56	VENTURA	97	0	0	0
28	NAPA	24	0	0	0	57	YOLO	14	0	0	0
29	NEVADA	50	1	0	0	58	YUBA	5	0	0	0

SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		Total #
19	Number of planned out-of-hospital births at the onset of labor	2245
20	Number of completed births in an out-of-hospital setting	1840
21	Breech deliveries	13
22	Successful VBAC's	109
23	Twins both delivered out-of-hospital	5
24	Higher Order Multiples - all delivered out-of-hospital	0

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

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated</i> to pregnancy	10
26	G2	Hypertension developed in pregnancy	22
27	G3	Blood coagulation disorders, including phlebitis	2
28	G4	Anemia	3
29	G5	Persistent vomiting with dehydration	2
30	G6	Nutritional & weight loss issues, failure to gain weight	1
31	G7	Gestational diabetes	7
32	G8	Vaginal bleeding	3
33	G9	Suspected or known placental anomalies or implantation abnormalities	7
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	27
35	G11	HIV test positive	0
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	8
37	G12.1	Fetal anomalies	2
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	28
39	G14	Fetal heart irregularities	4
40	G15	Non vertex lie at term	31
41	G16	Multiple gestation	11
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	12
43	G18	Client request	37
44	G19	Other	23

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	0
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	8
47	H3	Isoimmunization, severe anemia, or other blood related issues	1
48	H4	Significant infection	0
49	H5	Significant vaginal bleeding	1
50	H6	Preterm labor or preterm rupture of membranes	26
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	8
52	H8	Fetal demise	5
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	0
54	H10	Other	0

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

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	6
56	I2	Active herpes lesion	1
57	I3	Abnormal bleeding	4
58	I4	Signs of infection	4
59	I5	Prolonged rupture of membranes	31
60	I6	Lack of progress; maternal exhaustion; dehydration	179
61	I7	Thick meconium in the absence of fetal distress	16
62	I8	Non-vertex presentation	18
63	I9	Unstable lie or mal-position of the vertex	7
64	I10	Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER)	1
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	14
66	I12	Client request; request for medical methods of pain relief	50
67	I13	Other	2

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	1
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	4
70	J3	Suspected uterine rupture	0
71	J4	Maternal shock, loss of consciousness	0
72	J5	Prolapsed umbilical cord	1
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	32
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	13
75	J8	Other life threatening conditions or symptoms	2
76	J9	Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	0

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

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	7
78	K2	Repair of laceration beyond level of midwife's expertise	10
79	K3	Postpartum depression	0
80	K4	Social, emotional or physical conditions outside of scope of practice	1
81	K5	Excessive or prolonged bleeding in later postpartum period	3
82	K6	Signs of infection	3
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	0
84	K8	Client request	2
85	K9	Other	2

SECTION L – POSTPARTUM TRANSFER OF CARE - MOTHER, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	1
87	L2	Uterine inversion, rupture or prolapse	0
88	L3	Uncontrolled hemorrhage	4
89	L4	Seizures or unconsciousness, shock	1
90	L5	Adherent or retained placenta with significant bleeding	10
91	L6	Suspected postpartum psychosis	1
92	L7	Signs of significant infection	0
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	1
94	L9	Other	3

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

Line No.	Code	Reason	Total #
95	M1	Low birth weight	1
96	M2	Congenital anomalies	9
97	M2.1	Birth injury	0
98	M3	Poor transition to extrauterine life	6
99	M4	Insufficient passage of urine or meconium	0
100	M5	Parental request	1
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	4
102	M7	Other	1

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

Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	11
104	N2	Signs or symptoms of infection	6
105	N3	Abnormal cry, seizures or loss of consciousness	2
106	N4	Significant jaundice at birth or within 30 hours	1
107	N5	Evidence of clinically significant prematurity	0
108	N6	Congenital anomalies	2
109	N6.1	Birth injury	1
110	N7	Significant dehydration or depression of fontanelles	0
111	N8	Significant cardiac or respiratory issues	9
112	N9	Ten minute APGAR score of six (6) or less	3
113	N10	Abnormal bulging of fontanelles	0
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	2
115	N12	Other	0

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarean Deliveries	
		Code		Code	
MOTHER					
116	Without complication	O1	341	O8	190
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	10	O9	4
118	With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks	O3	0	O10	1
119	Death of mother	O4	0	O11	0
120	Unknown	O5	0	O12	0
121	Information not obtainable	O6	1	O13	0
122	Other	O7	0	O14	0
INFANT					
123	Healthy live born infant	O15	301	O24	149
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	19	O25	4
125	With serious pregnancy/birth related medical complications <u>not</u> resolved by 4 weeks	O17	2	O26	2
126	Fetal demise diagnosed prior to labor	O18	4	O27	0
127	Fetal demise diagnosed during labor or at delivery	O19	6	O28	0
128	Live born infant who subsequently died	O20	1	O29	1
129	Unknown	O21	1	O30	1
130	Information not obtainable	O22	0	O31	0
131	Other	O23	7	O32	2

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

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
		Code		Code		Code	
MOTHER							
132	Blood loss	P8	0	P15	0	P1	0
133	Sepsis	P9	0	P16	0	P2	0
134	Eclampsia/toxemia or HELLP syndrome	P10	0	P17	0	P3	0
135	Embolism (pulmonary or amniotic fluid)	P11	0	P18	0	P4	0
136	Unknown	P12	0	P19	0	P5	0
137	Information not obtainable	P13	0	P20	0	P6	0
138	Other	P14	0	P21	0	P7	0
INFANT							
139	Anomaly incompatible with life	P30	0	P38	0	P22	0
140	Infection	P31	0	P39	2	P23	2
141	Meconium aspiration, other respiratory	P32	0	P40	0	P24	0
142	Neurological issues/seizures	P33	0	P41	0	P25	0
143	Other medical issue	P34	0	P42	0	P26	0
144	Unknown	P35	0	P43	0	P27	0
145	Information not obtainable	P36	0	P44	0	P28	0
146	Other	P37	0	P45	0	P29	0

**California Licensed Midwife Annual Report
Optional Feedback**

Total Number of Comments: 17

2010

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Section/Category **Comments/Explanation**

M-Other	These 3 babies included 1 with down syndrome, 1 with cleft lip and palate, and 1 with a pulmonary stenosis. All three babies were born lusty and remained at home but were followed during their 6 week post partum period concurrently by myself and specialists.
G-Other	I work for an OB-Gyn Corporation providing prenatal care. I do not presently provide delivery services. The mothers that I provide care for deliver at a local hospital under the care of MD, Ob?Gyn.
G-Other	transfer of care one (1) pt PROM at 35 wks with a breech presentation
O-Infant-Other	Line 124:This baby was transferred urgently but not emergency, was found to have Listeria infection acquired prenatally while mother was traveling outside the United States. He is healthy and well and was discharged from the NICU at 3 weeks of age.
H-Other	I am unsure where to put my 35 week PPROM client. It was not urgent/emergent but of course she did need hospital care and her labor was induced. I would consider that antepartum (mainly because it was not urgent/emergent) or at most intrapartum but not urgent/emergent. I put her in H6 #50 and also G20 #44, but she should probably be in one or the other but not both. I really don't want to call it urgent/emergent.
O-Infant-Other	Just want to clarify that this baby was born at home and brought to hospital after 2 hours of birth for polycythemia.
G-Other	Line 44:This woman transferred in a non-emergent way before labor for suspected rupture of membranes at near-term gestation.
G-Other	This is actually pertaining to Section A. I tried to add my mailing address information, but could not get the fields to accept my data. It says to keep our profile updated, but there is no way to get to the profile page to update any data.
J-Other	J7: client reported she was in labor and requested labor care, but did not express any concern about well-being of baby during phone conversation; upon arrival I was unable to auscultate FHT at first assessment, thus immediate transfer of care to hospital to confirm demise...in addition, this listed as fetal demise discovered under my care in section E
Miscellaneous	One client's military husband had to move out of state with his wife. During their last prenatal, I felt the need for an Ultrasound to be done to ascertain a sudden increase in Fundal Height. They strongly did not want an Ultrasound. Since they were leaving my care anyway I couldn't demand any action from them nor contact their primary physician/Obstetrician since they did not have one. If OBGYN's were REQUIRED to supervise planned OOH clients, more could have been done to ensure a safer outcome
Miscellaneous	I couldn't enter my address. It is

**California Licensed Midwife Annual Report
Optional Feedback**

Toal Number of Comments: 17

Reporting Year: 2010

As of: 7/14/2011 8:52:52 AM

Section/Category	Comments/Explanation
G-Other	Patient transported for retained placenta would have been fine but no OB showed up for over 1 1/2 hours, ER doc did not know how to do a manual removal of placenta and pulled on cord for over 1 hour causing excessive bleeding. Once hospital found an OB (misunderstanding who was oncall) patient was taken in for dnc and placenta came right out and bleeding stopped. ER doc almost killed patient!
Miscellaneous	I noticed there was not a place to register out of state births. I cared for 28 clients in the state of Nevada in 2010. I did not record them in the 2010 California stats. Also, I am reporting stats to MANA as well. Is there any way this process could be stream lined to combine the two or just use MANA. The California stat form is to confusing and difficult to use. Would like to see some changes.
G-Other	The licensee information section would not allow me to correct a telephone number error in my profile. The number in error is the #2 phone #:....it should be.
Miscellaneous	Section J - When I arrived at the birth the mother was complete and pushing, thick meconium was noted and no fetal heart tones were found. Baby was born still in the hospital after transfer by ambulance. Cause of death was inconclusive with cause noted as probable cord accident. Section O- This is the same baby noted in Section J
I-Other	This woman had SROM at 34 weeks it was categorized as antenatal transfer by the MANA stats program but seems intrapartum per your definition (ruptured bag I went and evaluated baby, confirming rupture before transfer) This item may need more clarification to avoid confusion. I had to change the number of clients from 8 to 9 that I provided care for when labor started.
G-Other	One baby stopped kicking at 32 weeks - mother informed me 2 days later. Labor was induced in hospital and she delivered a stillborn baby.

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

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	

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 State of California during the year when the intended place of birth at the onset of your care was an out-of-hospital setting?		

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 during this calendar year.	
14	Number of clients who left care for a non-medical reason. (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 last day of this reporting year.	
16	Enter the number of clients served who also received collaborative care. IMPORTANT: SEE DEFINITION OF COLLABORATIVE CARE!	
17	Enter the number of clients served under the supervision of a licensed physician and surgeon IMPORTANT: SEE DEFINITION OF SUPERVISION!	

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH OR FETAL DEMISE OCCURRED

Lines 18a to 18g: Include all 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 or had a client whose pregnancy resulted in a fetal demise discovered while under your care.

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.

Column D: Enter the number of clients in that county whose pregnancies resulted in an infant death while under your care.

Column E: Enter the number of clients in that county whose pregnancies resulted in a maternal death while under your care.

Line No.	(A) County in which the Birth Occurred or Fetal Demise was discovered (see county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise Discovered while Client was Under Your Care	(D) # of Cases of Infant Death While Under Your Care	(E) # of Cases of Maternal Death While Client was Under Your Care
18a					
18b					
18c					
18d					
18e					
18f					
18g					

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 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 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: Enter the number of planned deliveries you attended in an out-of-hospital as the primary caregiver that were delivered breech.

Line 22: Enter the number of planned deliveries you attended in an out-of-hospital setting as the primary caregiver who delivered vaginally after having a prior cesarean section (VBAC).

Lines 23: Enter the number of planned deliveries you attended in an out-of-hospital 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: Enter the number of planned deliveries you attended in an out-of-hospital setting as the primary caregiver that involved a high 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 at the onset of labor	
20	Number of completed births in an out-of-hospital setting	
21	Breech deliveries	
22	Successful VBAC's	
23	Twins both delivered out-of-hospital	
24	Higher Order Multiples - all delivered out-of-hospital	

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	
44	G19	Other	
G19 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	Fetal demise	
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 #
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 (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	

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 (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	

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 with transfer of care Reported in section 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.

Line No.	Reason	(A)Total # ofVaginal Births	(B)Total # ofCaesarean Deliveries
MOTHER		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 not resolved by 6 weeks	O3	O10
119	Death of mother	O4	O11
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			
INFANT			
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 not resolved by 4 weeks	O17	O26
126	Fetal demise diagnosed prior to labor	O18	O27
127	Fetal demise diagnosed during labor or at delivery	O19	O28
128	Live born infant who subsequently died	O20	O29
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			

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

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	
MOTHER							
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							
INFANT							
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

MOST COMMON REASONS FOR TRANSFER

	2007	2008	2009	2010
Antepartum Elective	Client request 160	AB: spon & termin 59	Client request 32	Client request 37
	AB: spon & termin 39	Non vertex @ term 48	Non vertex @ term 29	Non vertex @ term 31
	Other 22	Client request 26	AB: spon & termin 27	Fluid: digo /poly 28
	Non vertex @ term 16	Hypertension dev in pg 12	MW clinical judgement 26	AB: spon & termin 27
	Hypertension dev in pg 12	Fluid: digo /poly 12	Hypertension dev in pg 12	Hypertension dev in pg 22
	MW clinical judgement 12	Multiple Gestation 12	Fluid: digo /poly 12	Multiple Gestation 11
			Multiple Gestation 10	MW clinical judgement 10
		Placenta Abreva 8		
Antepartum Urgent / Emergency	Preterm labor or rupture of membranes 16	Preterm labor or rupture of membranes 33	Preterm labor or rupture of membranes 26	Preterm labor or rupture of membranes 26
	Decreased fetal movement / NST 8	Decreased fetal movement / NST 6	Headache / PIH/ Preeclampsia 10	Headache / PIH/ Preeclampsia 8
	Fetal demise 5	Headache / PIH/ Preeclampsia 5	Decreased fetal movement / NST 7	Decreased fetal movement / NST 8
	Non-pg medical condx 3	Fetal demise 5	Fetal demise 6	Fetal demise 5
	Headache / PIH/ Preeclampsia 3			
Intrapartum Elective	Lack of progress/exhaustion/ dehydration 125	Lack of progress/exhaustion/ dehydration 188	Lack of progress/exhaustion/ dehydration 164	Lack of progress/exhaustion/ dehydration 179
	Pt. request pain meds 36	Pt. request pain meds 46	Pt. request pain meds 38	Pt. request pain meds 50
	Prolonged ROM 18	Prolonged ROM 31	Prolonged ROM 23	Prolonged ROM 31
	MW clinical judgement 10	Thick meconium in absence of fetal distress 14	Non-vertex presentation 12	Non-vertex presentation 18
	Thick meconium in absence of fetal distress 9	Non-vertex presentation 11	Mal position 11	Thick meconium in absence of fetal distress 16
	Non-vertex presentation 9	Mal position 10	Thick meconium in absence of fetal distress 10	MW clinical judgement 14
	Mal position 7	Hypertension/ Headache 5	MW clinical judgement 8	Mal position 7
	Hypertension/ Headache 3		S/S Sepsis 4	Hypertension/ Headache 6
		Hypertension/ Headache 3		
Intrapartum Urgent/ Emergency	Fetal Distress 14	Fetal Distress 23	MW clinical judgement 21	Fetal Distress 13
	Vaginal Bleeding/ suspected placental abruption 3	MW clinical judgement 4	Fetal Distress 16	MW clinical judgement 3
	MW clinical judgement 3	Vaginal Bleeding/ suspected placental abruption 2	Vaginal Bleeding/ suspected placental abruption 3	Vaginal Bleeding/ suspected placental abruption 4
	Preeclampsia 2	Cord prolapse 2	PCLX (preeclampsia?) 1	
	Cord prolapse 1			

Postpartum Elective	Laceration beyond MW 14	Laceration beyond MW 24	Laceration beyond MW 14	Laceration beyond MW 10
	Adherent Placenta without significant bleeding 6	Adherent Placenta without significant bleeding 13	Adherent Placenta without significant bleeding 7	Adherent Placenta without significant bleeding 7
	Signs of infection 3	Excessive bleeding in later postpartum 4	Signs of infection 5	Excessive bleeding in later postpartum 3
	Excessive bleeding in later postpartum 2	Client Request 3	Client Request 3	Signs of infection 3
	MW clinical judgement 2	Social, emotional or physical condx outside scope 2	PostPartum depression 2	Client Request 2
		MW clinical judgement 2		
Postpartum Urgent/ Emergency	Adherent Placenta with significant bleeding 9	Adherent Placenta with significant bleeding 10	Adherent Placenta with significant bleeding 8	Adherent Placenta with significant bleeding 10
	Uncontrolled hemorrhage 4	Uncontrolled hemorrhage 7	Uncontrolled hemorrhage 5	Uncontrolled hemorrhage 4
		Abnormal vitals 3	Seizure 3	
Infant Elective	MW clinical judgement 7	Poor transition 6		Congenital anomalies 9
	Poor transition 4	Congenital anomalies 4		Poor transition 6
	Congenital anomalies 3	Low birth weight 1		MW clinical judgement 4
	Low birth weight 2	Other 4		
Infant Urgent / Emergency	Significant cardiac or respiratory issues 9	Abnormal vital signs, color, tone, lethargy, not nursing 16		Abnormal vital signs, color, tone, lethargy, not nursing 11
	Abnormal vital signs, color, tone, lethargy, not nursing 5	Significant cardiac or respiratory issues 7		Significant cardiac or respiratory issues 9
	Congenital anomalies 4	10 min. Apgar 6 or less 6		Signs of infection 6
	10 min. Apgar 6 or less 3	Significant jaundice w/in 30 hrs 3		10 min. Apgar 6 or less 3
	Significant jaundice w/in 30 hrs 2	Congenital anomalies 2		Abnormal cry, seizures or loss of consciousness 2
	Other 2	MW clinical judgement 3		Congenital anomalies 2

OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

	2007	2008	2009	2010
Planned Out of Hospital Births at Onset of Labor	1687	2278	1974	2245
Completed Births in Out-of-Hospital Setting	1438	1885	1621	1840
Intrapartum Elective Transfer	226	317	282	333
Intrapartum Urgent/Emergency Transfer	23	33	42	53
Total Intrapartum Transfer	249	350	324	386
Postpartum Elective Transfer	30	51	32	28
Postpartum Urgent/Emergency Transfer	17	29	27	21
Total Postpartum Transfer	47	80	59	49
Newborn Elective Transfer	17	16	21	22
Newborn Urgent/Emergency Transfer	26	29	24	37
Total Newborn Transfer	43	55	45	59
Intrapartum / Postpartum Transfer Rate	17.50%	18.90%	19.40%	19.30%
Newborn Transfer Rate	2.60%	2.40%	2.30%	2.60%
L/S rate	7.7% (130)	8.8% (200)	9.4% (187)	8.7% (195)
Maternal Mortality	0	1	ā transfer - 0 p transfer - 1	0
Perinatal/Neonatal mortality				