

# 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	<b>258</b>
Number Reported	<b>216</b>
Number Unreported	<b>42</b>
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
<b>11</b>	<b>2010</b>

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

Line No.		Total # Yes	Total # No
<b>12</b>	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?	<b>151</b>	<b>65</b>

**SECTION D - CLIENT SERVICES**

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

## 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 ( <b>NO BABIES DELIVERED PRIOR TO TRANSFER</b> )	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 ( <b>AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL</b> )	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	
<b>MOTHER</b>					
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 <b>not</b> 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
<b>INFANT</b>					
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 <b>not</b> 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	
<b>MOTHER</b>							
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
<b>INFANT</b>							
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