

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Completion/submission of this form by all licensed midwives in California is required pursuant to Business and Professions Code section 2516(c). Your midwife license will not be renewed unless and until the requisite data is submitted.

SECTION A – LICENSEE DATA

1a. First:	1b. Middle:	1c. Last:
2. License Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<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: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9. Phone 2: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*10. E-mail Address:		

SECTION B – REPORTING PERIOD

Line No.	Report Year
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION C – SERVICES PROVIDED

Line No.		Yes	No
12	Did you, or a student midwife supervised by you, perform midwife services during the year when the intended place of birth at the onset of 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 it to:</p> <p>Office of Statewide Health Planning and Development Patient Data Section Licensed Midwife Annual Report 400 R Street, Suite 270 Sacramento, CA 95811-6213</p>		

SECTION D – CLIENT SERVICES

Line No.		Total #
13	Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting.	
14	Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting and who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	
15	Number of clients pending on the last day of this reporting year.	
16	Number of clients you served who received collaborative care.	
17	Number of clients you served while you were under the supervision of a licensed physician and surgeon.	

SECTION E - OUTCOMES PER COUNTY

Line No.	(A) County (see instructions for county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise
18a			
18b			
18c			
18d			
18e			
18f			
18g			

SECTION F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		(A) Total #	(B) # of Sets
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	Twins		
22	Multiples (Other than twin births)		
23	Breech		
24	VBAC		

SECTION G – ANTEPARTUM TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated to pregnancy</i>	
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	Intrauterine growth restriction, fetal anomalies	
37	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
38	G14	Fetal heart irregularities	
39	G15	Non vertex lie at term	
40	G16	Multiple gestation	
41	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	
42	G18	Client request	
43	G19	Other	

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
44	H1	Non pregnancy-related medical condition	
45	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
<i>Reasons continue on next page</i>			

46	H3	Isoimmunization, severe anemia, or other blood related issues	
47	H4	Significant infection	
48	H5	Significant vaginal bleeding	
49	H6	Preterm labor or preterm rupture of membranes	
50	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	
51	H8	Fetal demise	
52	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	
53	H10	Other	

SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE

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

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

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

SECTION K – POSTPARTUM TRANSFER OF CARE, ELECTIVE

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

SECTION L – POSTPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

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

SECTION M – INFANT TRANSFER OF CARE, ELECTIVE

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

SECTION N – INFANT TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
100	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
101	N2	Signs or symptoms of infection	
102	N3	Abnormal cry, seizures or loss of consciousness	
<i>Reasons continue on next page</i>			

103	N4	Significant jaundice at birth or within 30 hours	
104	N5	Evidence of clinically significant prematurity	
105	N6	Congenital anomalies, birth injury, other medical conditions of an emergent nature	
106	N7	Significant dehydration or depression of fontanelles	
107	N8	Significant cardiac or respiratory issues	
108	N9	Ten minute APGAR of less than seven (7)	
109	N10	Abnormal bulging of fontanelles	
110	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	
111	N12	Other	

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarian Deliveries	
		Code		Code	
MOTHER					
112	Without complication	O1		O8	
113	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2		O9	
114	With serious pregnancy/birth related medical complications not resolved by 6 weeks	O3		O10	
115	Death of mother	O4		O11	
116	Unknown	O5		O12	
117	Information not obtainable	O6		O13	
118	Other	O7		O14	
INFANT/FETUS					
119	Healthy live born infant	O15		O24	
120	With serious pregnancy/birth related medical complications resolved by 6 weeks	O16		O25	
121	With serious pregnancy/birth related medical complications not resolved by 6 weeks	O17		O26	
122	Fetal demise diagnosed prior to labor	O18		O27	
123	Fetal demise diagnosed during labor or at delivery	O19		O28	
<i>Outcomes continue on next page</i>					

124	Live born infant who subsequently died	O20		O29	
125	Unknown	O21		O30	
126	Information not obtainable	O22		O31	
127	Other	O23		O32	

SECTION P – COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY WITHIN SIX (6) WEEKS

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

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

Signature: _____

Date: _____

Printed Name: _____

