

INSTRUCTIONS FOR COMPLETING THE CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Pursuant to Business and Professions Code section 2516, all California licensed midwives must report specific information related to birthing services provided when the client's intended place of birth at the onset of care is an out-of-hospital setting. The California Licensed Midwife Annual Report (MBC-CLMAR) form has been developed to allow for such reporting. Please consult these instructions while completing the form to ensure that the proper information is reported.

This form is to be submitted to the Office of Statewide Health Planning and Development (OSHPD) not the Medical Board of California (Board). The OSHPD will report the data collected, in aggregate form, to the Board each year. Your identity will remain confidential. Only the identity of those licensed midwives who fail to file a report with the OSHPD will be reported to the Board for purposes of restricting license renewal until a report is received. For questions concerning this report, you may contact OSHPD at (916) 326-3935 or the Board at (916) 263-2382.

Mail 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

Throughout this report there are categories for "unknown," "information not obtainable," and "other." If you use these options, we encourage you to explain the reasons on the optional page that follows the reporting form. Remember, your identity will not be linked to this information. Rather, it will be used to highlight issues that may need the attention of the Midwifery Advisory Council and/or the Medical Board of California or to assist in further improvement of the form.

DEFINITIONS: (The following definitions govern only the responses provided in this report)

Collaborative Care – Midwife receives advice or client receives additional medical care or advice regarding the pregnancy from a licensed physician or surgeon. (The midwife remains the primary caregiver.)

Fetal Demise – The death of a fetus at 20 weeks or more of gestation or a weight of 500 grams or more.

Healthcare Practitioner – An individual practitioner (of midwifery or medicine) or a medical facility.

Information not Obtainable – An attempt was made to acquire the information, either from the client or the transfer facility, but it was not provided or received.

Intrapartum – Midwife has begun to monitor/attend woman in labor, regardless of cervical dilation or contraction pattern.

Non-medical Reason – Client preference, relocation, insurance issues, other inability to pay, lost to care/unknown.

Other – No other option applied.

Postpartum – After infant has been born.

Primary Caregiver – Licensed midwife contracted by client to provide primary care midwifery services during her pregnancy and/or out-of-hospital delivery.

For services provided in a group practice, one licensed midwife must be designated as the primary caregiver for each client for reporting purposes. The practice may determine which midwife will report on a client as the primary caregiver in a variety of ways: for example, the primary caregiver is the licensed midwife who a) meets the client first, b) does the client intake, c) provides a majority of the services, d) delivers the infant, etc.

Supervision – Midwife is supervised by a licensed physician or surgeon who will go on record as being the midwife's supervisor for a particular case.

Transfer of Care – The receiving health care practitioner becomes the primary caregiver.

Unknown – Not known.

Section A – LICENSEE DATA

You must provide your name and your California Licensed Midwife license number. All other information in this section is voluntary; however, it will assist the OSHPD in contacting you if questions arise relating to your report.

Section B – REPORTING PERIOD

Indicate the calendar year for which this report pertains. In this report, include outcomes for *all births* occurring in the reporting year, even if the outcome event occurred the next reporting year.

Section C – SERVICES PROVIDED

Line 12 – If the answer is “No,” because no qualifying services were performed during the year, skip all further questions and go to the last page. Sign, date, and mail the form to OSHPD. **You must submit a report, even if no qualifying services were performed during the reporting year.** Pursuant to Business and Professions Code section 2516(d), failure to submit this report to the OSHPD will delay the renewal of your midwife license until receipt of the report.

If the answer is “Yes,” proceed to the next section. The entire report must be completed and submitted in order to satisfy the reporting requirements.

Section D – CLIENT SERVICES

Line 13 – Enter the total number of clients (include any client, regardless of year initially booked) you provided midwifery services to in this reporting year, as the primary caregiver *whose intended place of birth at the onset of care* was an out-of-hospital setting. This includes clients who may have left your care at some point for a non-medical reason and clients for whom collaborative care or supervision occurred.

Line 14 – Enter the total number of clients (include any client, regardless of year initially booked) who left care for non-medical reasons rather than being transferred to another healthcare practitioner. DO NOT include these clients in any further categories on this report. If there were none, enter zero (0).

Line 15 – Enter the total number of clients (regardless of year initially booked) who were pending on the last day of this reporting year (i.e. those who have yet to give birth).

Line 16 – Enter the total number of clients you served (regardless of year initially booked) *when the intended place of birth at the onset of care* was an out-of-hospital setting and who also received collaborative care.

Line 17 – Enter the total number of clients you served (regardless of year initially booked) under the supervision of a licensed physician and surgeon *when the intended place of birth at the onset of care* was an out-of-hospital setting.

Section E – OUTCOMES PER COUNTY

Include all births that occurred during this reporting year, regardless of year client was initially booked. Use one line for each county where a birth you attended as primary caregiver occurred. Use additional paper if necessary.

- Lines 18(a-g)** – In **Column A**, enter each county (using the county codes listed below) where you attended a birth as the primary caregiver.
– In **Column B**, enter the actual number of live births attended as primary caregiver in that county.
– In **Column C**, enter the number of births attended in each county as primary caregiver where the fetus died.

County Codes:

1	Alameda	21	Marin	41	San Mateo
2	Alpine	22	Mariposa	42	Santa Barbara
3	Amador	23	Mendocino	43	Santa Clara
4	Butte	24	Merced	44	Santa Cruz
5	Calaveras	25	Modoc	45	Shasta
6	Colusa	26	Mono	46	Sierra
7	Contra Costa	27	Monterey	47	Siskiyou
8	Del Norte	28	Napa	48	Solano
9	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humboldt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tuolumne
15	Kern	35	San Benito	55	Tulare
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin	59	Out-of-state
20	Madera	40	San Luis Obispo		

Section F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

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 one or more lines.)

Line 19 – In Column A, enter the total number of out-of-hospital births 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, in Column A the number of those births that actually did occur in an out-of-hospital setting.

Lines 21 and 22 – Enter the number of planned births you attended (in an out-of-hospital setting) as the primary caregiver that involved twins or higher order multiple births. Include the number of actual infants delivered out-of-hospital in Column A and the number of sets of twins or higher order multiples in Column B.

Lines 23 and 24 – In Column A, enter the number of planned births you attended (in an out-of-hospital setting) as the primary caregiver that were breech births and/or vaginal births after prior caesarian section (VBAC). For these lines count each infant delivered.

**FOR THE REMAINING SECTIONS
CHOOSE ONE CATEGORY THAT BEST FITS EACH CLIENT TRANSFER**

Section G – ANTEPARTUM TRANSFER OF CARE, ELECTIVE

Lines 25- 43 – For each reason listed, enter the number of clients who, during the antepartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Section H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 44-53 – 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.

Section I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE

Lines 54-66 – For each reason listed, enter the number of clients who, during the intrapartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Section J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 67-74 – 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.

Section K – POSTPARTUM TRANSFER OF CARE, ELECTIVE

Lines 75-83 – For each reason listed, enter the number of clients who, during the postpartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Section L – POSTPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 84-92 – 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.

Section M – INFANT TRANSFER OF CARE, ELECTIVE

Lines 93-99 – For each reason listed, enter the number of infants who were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each infant.

Section N – INFANT TRANSFER OF CARE, URGENT/EMERGENCY

Lines 100-111 – 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.

Section O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Lines 112-118 – For births occurring after the transfer of care of the mother or infant (from the licensed midwife to that of another healthcare provider) for urgent reasons in the antepartum period, or for any reason in the intrapartum or postpartum periods, indicate whether the birth was vaginal or caesarian by using Columns A or B for each outcome listed as it pertains to the mother.

Lines 119-127 – For births occurring after the transfer of care of the mother and infant (from the licensed midwife to that of another healthcare provider), indicate whether the birth was vaginal or caesarian by using Columns A or B for each outcome listed as it pertains to the infant.

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

Lines 128-134 – 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. Of the total entered in Column A, indicate in Columns B or C the numbers that were out-of-hospital births or transfers. Report only the primary complication for each client.

Lines 135-142 – For each complication listed, in Column A, enter the number of infants who were live born and subsequently died within six (6) weeks after birth as a result of that complication. Of the total entered, indicate in Columns B or C the numbers that were out-of-hospital births or transfers. Report only the primary complication for each client.

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