



FLORIDA DEPARTMENT OF HEALTH (DEPARTMENT)
Council of Licensed Midwifery
4052 Bald Cypress Way, Bin #C-06
Tallahassee, FL 32399-3256
MQA.Midwifery@FLHealth.gov

ANNUAL REPORT OF MIDWIFERY PRACTICE INSTRUCTIONS

Report data from July 1 through June 30 of each year. Reports are due no later than July 31.

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE ANNUAL REPORT

SECTION I: The annual report is **not** practice based. Complete this form with your own individual information and data.

SECTION II: Report only data for the previous fiscal year which is July 1 through June 30.

Section 2A should be the total number of clients you saw in the previous fiscal year for an initial or New Client Visit. The number of New Client Visits must be reported even if you are in a group practice. All clients seen should be included, even if you only completed an initial visit and did not accept the client into care or risked the client out of care at the initial visit. The number in Section 2A should include only first visits with a client.

Section 2B should be the total number of clients you accepted into your care. If you have a prescreening process prior to scheduling an appointment, this number may match the total number of initial OB client visits in Section 2A. A client seen for the first initial visit but not accepted into care should not be counted here and should be counted in Section 2A. The number of clients reported in Section 2B can never exceed the number reported under Section 2A.

Section 2C represents the number of babies you delivered as primary midwife. If your name is on the birth certificate as the provider, you should report that delivery here. If you attended a birth as a backup midwife with no other midwife in attendance, that should be counted as a delivery. Those deliveries where you were in attendance with another midwife, but were not the primary midwife or provider should not be reported here.

Section 2D is the total number of licensed student midwives assigned to you during the reporting period. For example, if you supervised one managing student and two observing students you would report three students. Other types of students, such as nursing students, should not be reported. If you are in a group practice you should report the number of students you personally supervised. For example, if all the midwives in a group of four midwives supervised four students, each midwife in the practice should report four students. If a group of three midwives is supervising two students but one midwife only works with one student, the two midwives working with both students would report two and the midwife working with only one student would report one.

Section 2E breaks down the total number of babies you delivered as primary midwife by location of delivery. "Home" is the number of deliveries you attended in the home setting. "Birthing center" is the number of deliveries you attended at a free-standing birthing center. "Hospital" is the number of babies you delivered as primary midwife in a hospital setting. Do not include clients you transferred that delivered at a hospital. For most licensed midwives, the number of hospital deliveries will be zero. The total number of babies delivered reported in Section 2E should match the number of deliveries reported in Section 2C.

Section 2F is the number of unplanned breech and twin/multiple births you personally delivered as primary midwife. Do not include clients you transferred for breech or twin/multiple births. The total should be the number of breech or twin/multiple births added together.

Section 2G is the number of vaginal births after cesarean delivery (VBAC) that were planned during the reporting year. This should include the mothers who would or did deliver during the reporting period. Report a planned VBAC in the reporting period in which the mother will deliver. A primary VBAC are those mothers who have not delivered a baby since their last cesarean section. Subsequent VBACs are those mothers who have had a successful VBAC with the prior pregnancy.

Section 2H should be the total number of deliveries completed in the water. Do not include mothers who only labored in the water.

Section 2I should be the number of mothers who required suturing. Do not include those mothers with minor lacerations who did not require sutures.

Section 3A is the total number of mothers during the reporting period who transferred for medical reasons during pregnancy and prior to admission in labor. Do not include non-medical transfers, such as patient choice or patient relocation. The total in Section 3A should match the total from the Table of Antepartum Transfers.

Section 3B is the total number of mothers transferred to a hospital during their labor, after admission and prior to delivery. This total should match the total from the Table of Intrapartum Transfers. Do not include transfers that occurred when a mother was in labor but was not admitted by the reporting midwife for labor. For example, a mother in pre-term labor who you sent to the hospital would be an antepartum transfer and not an intrapartum transfer. Another example would be a mother in labor at full term with severe bleeding who was sent to the hospital prior to admission for labor which would be an antepartum transfer. A mother in labor and admitted in to your care for delivery who transfers to the hospital would be an intrapartum transfer.

Section 3C is the total number of postpartum transfers for medical reasons. This should include all mothers transferred to the hospital after delivery of the baby and within six weeks of the birth. This total should match the total from the Table of Postpartum Transfers.

Section 3D is the total number of newborn transfers. This should include all newborns transferred to a hospital after delivery and within seven days of birth. This total should match the total from the Table of Newborn Transfers.

Section 4A is the total number of stillborn deliveries you attended. This should not include intrapartum transfer patients who went on to deliver the stillborn at the hospital, which should be counted as an intrapartum transfer. This total should match the total from the Table of Stillbirths.

Section 4B is the total number of neonatal deaths of babies you delivered. This is any fetal death where the baby was born alive but died within seven days of birth. This total should match the total from the Table of Fetal Death/Neonatal Death.

Section 4C is the total number of maternal deaths of clients in your care. A separate report outlining the details of the maternal death should be submitted with the annual report form.

SECTION III. For each of the tables you should document each occurrence during the reporting year. Use the table provided and attach a separate sheet if you need additional lines. Total each table and compare totals to Section II.

Mail completed forms to the Florida Department of Health, Council of Licensed Midwifery, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, FL 32399-3256, or email to MQA.Midwifery@FLHealth.gov.



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SECTION I: PRACTICE INFORMATION

Midwife Name: _____ License #: _____

Practice Name: _____

Address: _____

Phone Number: _____ Email: _____

Email addresses are public records. If you do not want your email address released pursuant to a public records request do not provide an email address or send electronic mail to the Department and contact the Department by telephone or in writing.

SECTION II. CLIENT CARE SERVICES FOR THE MIDWIFE (include data for the report year only)

Section number		Total(s)
2	A	Total number of initial OB client visits. Include both clients accepted for care and those clients initially seen but not accepted into your care:
	B	Total number of maternity clients you accepted for care in the reporting period:
	C	Total number of deliveries you performed during reporting period:
	D	Total number of licensed midwife students assigned to you during the reporting period:
	E	How many delivered at: Home: _____ Birthing Ctr: _____ Hospital: _____
	F	Number of unplanned: Breech: _____ Twins / Multiples: _____
	G	Number of planned VBAC: # of primary VBAC: _____ # of subsequent VBAC: _____
	H	Number of water births:
	I	Number of mothers requiring sutures:
3	A	Number of mothers transferred antepartum (for medical reasons):
	B	Number of mothers transferred intrapartum:
	C	Number of mothers transferred postpartum: (medical reasons)
	D	Number of newborn transfers:
4	A	Number of fetal deaths / stillborn: (midwife delivery only)
	B	Number of fetal deaths / neonatal: (within seven days of birth)
	C	Number of maternal deaths: (please submit separate report)

SECTION III. TRANSFER INFORMATION

(3-A) ANTEPARTUM TRANSFER (Medical Reasons): List each transfer separately. Do not list names. Attach separate sheet as needed

Date	Reason For Transfer	Planned or Unplanned Transfer	GA at Transfer	Delivery Outcome, if Known (NSVD, VAC, Forceps, C/S)

Total Number of Antepartum Transfers from all sheet (3-A)

(3-B) INTRAPARTUM TRANSFERS: List each transfer separately. Do not list names. If needed, attach separate sheets as needed.

DATE	REASON FOR TRANSFER	MOTHER		INFANT		
		Delivery Method	Complications?	BIRTH WEIGHT	Admitted to NICU? If yes, reason and # of days	Neonatal Death?

Total Intrapartum Transfers from all sheets (3-B)

(3-C) MATERNAL POSTPARTUM TRANSFERS: (List each transfer separately. Do not list names.)

Date	Reason For Transfer	# of Days in Hospital	Outcome/Condition on Discharge
Total Number of Postpartum Transfers from all sheets (3-C)			

(3-D) NEWBORN TRANSFERS: (List each transfer separately. Do not list names.)

Date	Reason For Transfer	Birth Weight	APGARS	Admission to NICU? If yes, # of days	Outcome
Total Newborn Transfers from all sheets(3-D)					

SECTION IV - DEATHS

(4-A) STILLBIRTH (midwife delivered only)

Date	Cause of Death	Death Was:			Birth Weight	Gestational Age
		Before Labor	During Labor	During Delivery		
Total Number of Fetal Death/Stillborn (4-A)						

(4-B) FETAL DEATH/ NEONATAL DEATH (Deaths within seven days of birth following midwife delivery of a live infant)

Date	Cause of Death	Site of Death	Birth Weight	Age at death
Total Number of Fetal/Neonatal Deaths (4-B)				

(4-C) MATERNAL DEATH (PLEASE SUBMIT A SEPARATE REPORT FOR EACH INCIDENT)

Number of Reports Attached	
Total Number of Maternal Deaths (4-C)	

I have participated in giving information for the purpose of gathering statistics of Licensed Midwives in the state of Florida. The information I have given is accurate and true.

Printed Name: _____

Signature: _____

Date Signed: _____

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