NOVEMBER 2025 | DIVISION OF MEDICAL QUALITY ASSURANCE

ANNUAL REPORT OF MIDWIFERY PRACTICE

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GOVERNOR
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MISSION:

To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

VISION:

To be the healthiest state in the nation.

VALUES:

INNOVATION

We search for creative solutions and manage resources wisely.

COLLABORATION

We use teamwork to achieve common goals and solve problems.

ACCOUNTABILITY

We perform with integrity and respect.

RESPONSIVENESS

We achieve our mission by serving our customers and engaging our partners.

EXCELLENCE

We promote quality outcomes through learning and continuous performance improvement.

SECTION I: OVERVIEW

The Council of Licensed Midwifery (Council), in its advisory role under section 467.004(3)(e), Florida Statutes, is charged with collecting and reviewing data on licensed midwifery in Florida.

To fulfill this responsibility, the Florida Department of Health adopted Rule 64B24-1.004(5), Florida Administrative Code (F.A.C.), requiring the Council to prepare an annual report on midwifery practice, due each year by November 1. Midwives with active licenses must submit their individual report annually by July 31.*

To ensure timely, consistent reporting, the *Annual Report of Midwifery Practice Form (DH-MQA 5011)* was developed with advisement from the Council and adopted in 2016 as a part of Rule 64B24-7.014, F.A.C.

In its advisory capacity, the Council continues to inform what information should be collected, how the reporting tool can be improved, and how the data should be interpreted to reflect the realities of the midwifery practice.

In Fiscal Year (FY) 2024-25, the Council improved reporting by allowing licensees to conveniently submit their reports through an online version. This digital format improves licensee access, streamlines data collection, and improves data accuracy.

The purpose of this report is to highlight statewide trends, inform regulatory decisions, and strengthen the profession's ability to meet the needs of mothers and families across Florida. It does not address individual midwives or specific cases, but instead provides a broader view of the field and its direction.

**The scope of this does not include Certified Nurse-Midwives (CNMs).*

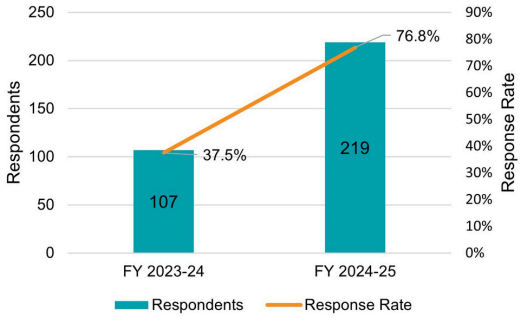
SECTION II: RESULTS

The following data captures patient care services self-reported by midwives from FY 2024-25, per Rule 64B24-7.014, F.A.C. The compiled dataset is subject to inaccuracy introduced by licensees less familiar with the reporting mechanism, by error, or by omission.

As shown by Figure 1, 76.8% (219) of 285 licensed midwives in Florida submitted an annual report, which is nearly twice as many as submitted the previous year (37.5% or 107).

The following sums were calculated to gain a better understanding of midwife activity.*

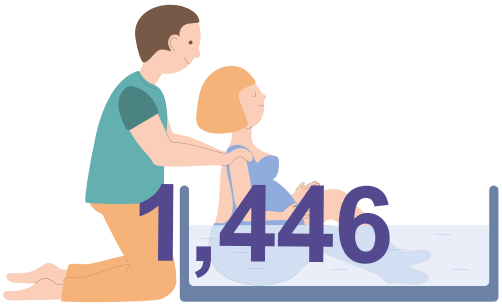
Figure 1: Annual Report Reponse Rate



- In FY 2024-25, a total of 7,623 initial obstetrician (OB) visits by midwives were recorded, which includes both patients accepted for care and those initially seen but not accepted into care.
- A total of 6,172 maternity patients were accepted into midwives' care during FY 2024-25.
- Of the 6,172 maternity patients accepted into midwives' care, 47.1% (2,905) delivered with assistance from a midwife at locations including home, birthing centers, or hospitals. Of all patients, 31.8% (1,961) delivered at home with assistance from a midwife.

In the case of birthing complications, the mother or newborn may be transferred to the hospital for the duration of the birth.

- In FY 2024-25, 458 maternity patients were transferred during the antepartum phase of labor, compared to 427 who were transferred intrapartum and 72 postpartum; 50 newborns were also transferred.



Number of water births reported by licensed midwives in FY 2024-25.

Number of midwife students assigned to licensed midwives in FY 2024-25.

Birthing mothers who have had cesarean births are usually able to safely try vaginal birth during a next delivery. This is commonly referred to as vaginal birth after cesarean, or VBAC. During FY 2024-25, licensed midwives reported a total number of 200 planned VBACs, 92 primary VBACs*, and 110 subsequent VBACs**. There were no unplanned deliveries of twins or multiples, and 16 unplanned breeches during delivery.

There were four fetal deaths by midwife delivery reported in FY 2024-25, and no reports of maternal deaths.

** Primary VBAC - a vaginal birth after a cesarean delivery in a woman who has not previously had a vaginal birth following that cesarean (i.e. first VBAC attempt).*
*** Subsequent VBAC - a vaginal birth after a cesarean delivery in a woman who has already had a successful VBAC or vaginal birth after that cesarean (i.e. repeat VBAC).*

CONTACT US

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MQA's Virtual Agent, ELI

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