



Annual Report of Midwifery Practice

2018

Florida Council of Licensed Midwifery

Section I: Overview

A. Requirements of the Licensee

The Midwifery Annual Report is derived from data provided using the *Annual Report of Midwifery Practice (DH-MQA 5011)*, a form developed for self-reporting of midwifery statistics on an annual basis. Licensed Midwives whose licenses are active are required to report by July 31st each year under Rule 64B24-7.014(6), Florida Administrative Code.

B. Development of the Midwifery Annual Report

The *Annual Report of Midwifery Practice (DH-MQA 5011)* was first required in July of 2016. Since 2016, the Council of Licensed Midwifery, acting in an advisory capacity, has provided insight as to how the form might be further refined, the types of data collected, and how that data may be interpreted in the context of the profession of midwifery.

C. Reporting Rates

The Department has worked to increase communications with Licensed Midwives concerning submission of annual report data, and in FY 2017-2018, took action against licensees who failed to report, in accordance with Rule 64B24-7.014(7), Florida Administrative Code.

Reporting rates for the *Annual Report* have improved significantly over the three reporting cycles:

Reporting Period	Licensees Required to Report	Reports Received	Percentage Returns
FY 2015-2016	143	51	35.7%
FY 2016-2017	198	177	89.3%
FY 2017-2018	206	200	97.0%

D. Limitations of the Dataset

The dataset compiled from the *Annual Report of Midwifery Practice (DH-MQA 5011)* is subject to inaccuracy introduced by licensees less familiar with the reporting mechanism, by error, or by omission.

The *Annual Report of Midwifery Practice* is designed to observe general trends within the profession, and to assess where regulatory response is appropriate in relation to the observed trends. The Annual Report of Midwifery Practice is not intended to provide information about specific midwives or specific cases.

Outliers – Required Reports for Non-Practicing Midwives

A significant number of licensees who were required to report do not appear to practice in Florida. Of the licensees in ACTIVE status in the reporting period, 46 out of 200 reported “0,” “none,” or similar in each data field. This represents 23% of the licensure base which hold an active license, but do not practice in Florida. The non-practicing results received are considered outliers for all analyses related to practice.

Section II. Midwifery Practice in Florida

A. Initial Visits and Antepartum Care

Initial Visits and Acceptance into Care:

Total Number of Initial OB Clients Seen:	5,975*
Total Number of Maternity Clients Accepted into Care:	5,722*

*Of 188 reports returned where 2A was greater than 2B.

Transfers in the Antepartum:

Planned Transfers:	172
Unplanned Transfers:	268
Unknown/Other:	35
Total Number of Transfers in the Antepartum:	475

Outliers – Initial Visits / Acceptance into Care Only

Six midwives reported only data in fields 2A (*Total number of initial OB clients seen by you*) and 2B (*Total number of maternity clients you accepted for care in the reporting period*). Their results represent a significant departure from data reported by other midwives:

<i>2A (Total number of initial OB clients seen by you)</i>	<i>2B (Total number of maternity clients you accepted for care in the reporting period)</i>
133	109
100	100
46	46
54	54
63	63
59	59

While these midwives are practicing, their results indicate that their practice is limited to intake; they have been excluded from results that survey patterns in intrapartum and postpartum practice.

B. Labor and Delivery; Intrapartum Care

Delivery by Setting:

Midwives are required to report deliveries which they performed. This subset excludes results where the total number of deliveries and delivery by location do not match, as the data cannot be validated as accurate. The total number of midwives whose birth-related data could be included in this subset was 118 of 134 midwives who reported deliveries in 2C and 2E.

Home Deliveries (2E): 1,293*
 Birthing Center Deliveries (2E): 1,151*

Total Reported Deliveries (excluding hospital deliveries): 2,444*

Midwives may attend deliveries in hospitals but would not be considered the primary practitioner. The total reported deliveries below represent the number of confirmed births where a midwife was in attendance, as reported in 2C and 2E, respectively. In total, 28 midwives (23.72%) reported attendance at a hospital birth.

Hospital Deliveries (2E): 108

Total Reported Deliveries (including hospital; midwife attended): 2,552

Breech Births and Multiple Births:

Of the 118 midwives whose birth-related data could be validated in 2C and 2E, seven instances of breech births were reported among five midwives. There were no breech births reported by midwives whose birth-related data could not be validated. Transfer data, included below, indicates that three of the reported breech births occurred in a hospital after transfer. As such, it appears only four breech births occurred under the care of a midwife.

Date	Reason	Delivery Method	Complications	Birth Weight	NICU Admit?	NICU Reason	NICU Days	Death?
March 2018	Surprise Breech	C Section	None	7 lb., 10 oz	No	N/A	N/A	No
10/10/2017	Surprise Breech	C Section	None	7.21 lb.	No	N/A	N/A	No
02/25/2018	Breech	C Section	None	7 lb., 8 oz	No	N/A	N/A	No

One multiple birth was reported by a midwife who reported data in 2C and 2E, and whose birth related data could not be verified.

Planned Vaginal Births after Cesarean Section:

Planned vaginal births after cesarean section (VBAC) are reported in two categories:

Planned Primary VBAC: Primary VBAC is defined as vaginal birth occurring as the next birth after a cesarean section.

Planned Subsequent VBAC: Subsequent VBAC is defined as any vaginal birth occurring after a cesarean section which is not a primary VBAC.

Of the 118 midwives whose birth-related data could be validated, the number of planned primary VBAC and subsequent VBAC were:

Primary VBAC:	60	(38/118 midwives; 32.2%)
Subsequent VBAC:	59	(39/118 midwives; 31.4%)
Total VBAC:	119	

The total number of primary and subsequent VBAC reported were:

Primary VBAC:	76	(42 midwives)
Subsequent VBAC:	76	(44 midwives)
Total VBAC:	152	

Deliveries Completed in Water:

Of the 118 midwives whose birth-related data could be validated, **109 midwives** (92.4%) reported deliveries completed in water.

The total number of deliveries reported as completed in water in this subset was **1,253**, or **51.3%** of the total births.

The total number of midwives reporting deliveries reported as completed in water was **131**. The total number of deliveries reported as completed in water was **1,399**.

Transfers in the Intrapartum:

Total Number of Transfers in the Intrapartum: 343

Number of reported complications after transfer:	53
Number of Reported NICU admissions:	25
Number of deaths reported after transfer in the intrapartum:	4

Transfer data where fetal death was reported after intrapartum transfer. The transfer data below represents outcomes that did not occur under the supervision of a licensed midwife:

Date	Reason	Delivery Method	Complications	Birth Weight
10/23/2017	Fetal distress	C Section	Fetal demise	9 lb., 15 oz
03/26/2018	Fetal distress	C Section	Fetal demise	7 lb., 9 oz
11/01/2017	Non-reassuring FHT	C Section	Fetal demise (9 hours after transfer)	6 lb., 9 oz
03/04/2018	Mec / No FHR	NSVD	Nuchal cord	6 lb., 13 oz

C. Newborn and Maternal Outcomes; Postpartum Care

Mothers Requiring Sutures

Per Rule 64B24-7.008(5), F.A.C., midwives may suture to repair first and second degree lacerations. Of the 118 midwives whose birth-related data could be validated, **95 midwives** (80%) reported providing sutures as part of postpartum care. In total, **572** mothers required sutures following birth. This is approximately **23.4%** of deliveries completed by midwives whose birth-related data could be validated.

The total number of mothers requiring sutures reported was **655**.

An additional **22** mothers were transferred postpartum for repair of lacerations of the third or fourth degree. Repair of lacerations outside the scope permitted for midwives' accounts for **30.6%** of transfers occurring postpartum:

<i>Date</i>	<i>Reason</i>	<i>Hospital Days</i>	<i>Outcome</i>
6/8/2018	3rd Degree Laceration	0	Stable
5/24/2018	4th degree laceration repair	<1	Laceration repaired DC to home
11/21/2017	3rd Degree Laceration	NA	Sutured as outpatient; excellent
17-Nov	3rd Degree Laceration	0	Good condition
4/25/2018	Repair of extensive laceration 2nd	<1	Stable
9/5/2017	4th degree laceration	2	Uncomplicated; surgical repair
12/15/2017	3rd Degree Tear	10 hours	Tear sutured in OR, clients discharge after suturing was completed
12/11/2017	3rd degree perineal tear	0	Outpatient; repaired
3/28/2018	PPH and 3rd degree laceration	2	Healthy, normal
7/3/2018	3rd degree laceration	2	good / good
2/11/2018	4th degree tear	1	Repaired in OR
11/27/2017	Repair of possible 3" tear	0	Discharge
10/14/2017	3rd degree laceration repair	X	Normal recovery
10/22/2017	3rd degree laceration repair	<1	Normal recovery
2/17/2018	3rd degree laceration repair	1	Normal recovery
9/1/2017	3rd degree laceration	<1	repaired and discharged to home
4/2/2018	3rd laceration	0	repaired - stable
9/5/2017	4th degree laceration	24 hours	OR repair
10/24/2017	3rd degree laceration	6 hours	ER repair
5/13/2018	Cervical tear, prolapse	1	WNL
9/24/2017	3rd degree laceration	not admitted	good
4/18/2018	2nd/3rd degree laceration for repair	<1 (2 hours)	Lac. Repaired & discharged

Newborn Postpartum Transfers

In total, **38 newborn transfers** occurring postpartum were reported. **27 of 38** of these transfers resulted in admittance of the newborn to a neonatal intensive care unit (NICU).

One neonatal death was reported after postpartum transfer; transfer data states that the newborn was unresponsive to neonatal resuscitation. This outcome is not reported in Section IV of the report and did not occur under the supervision of the licensed midwife reporting the outcome.