



Annual Report of Midwifery Practice

2019

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 for the 2015-2016 fiscal year. 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. Similar action is pending for non-compliance with reporting requirements this year.

Reporting rate fell in this reporting cycle. We believe this decrease in returns may be coincident with the license renewal cycle.

Reporting Period	Licensees Required to Report	Licensees in ACTIVE status Required to Report	Reports Received	Percentage Returns
FY 2016-2017	198	(not available)	177	89.3%
FY 2017-2018	206	(not available)	200	97.0%
FY 2018-2019	217	206	167	80.6%

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, 39 out of 206 reported “0,” “none,” or similar in each data field. This represents 18.9% 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:	5,856*
Total Number of Maternity Clients Accepted into Care:	4,972*

**Of 165 reports returned where 2A was greater than or equal to 2B. Reports where 2B was greater than 2A have been excluded from calculations related to practice.*

Percentage of Clients Accepted After Initial Visit:	84.9%
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Transfers in the Antepartum:

Planned Transfers:	135
Unplanned Transfers:	243
Unknown/Other:	16
Total Number of Transfers in the Antepartum:	404

Outliers – Initial Visits / Acceptance into Care Only

Five 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:

2A (Total number of initial OB clients seen by you)	2B (Total number of maternity clients you accepted for care in the reporting period)
125	100
2	0
295	295
208	208
400	90
287	283
188	150

While these midwives are practicing, their results indicate that their practice is limited to initial visits and screening; 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 as the primary midwife. 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 121 of 166 midwives who reported deliveries in 2C and 2E.

2C - Reported Deliveries:	2,173
Home Deliveries (2E):	1,175
Birthing Center Deliveries (2E):	1,039
Total Reported Deliveries (Home, Birthing Center):	2,214

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, 23 midwives of 102 midwives included in this dataset (22.6%) reported attendance at a hospital birth.

Hospital Deliveries (2E):	81
Total Reported Deliveries (including hospital):	2,448

The total number of deliveries was adjusted to offset midwives who reported hospital deliveries as a part of their total in 2C as primary in error. The total reported deliveries that can be confirmed based on the data available is:

Total Reported Deliveries (validated):	2,173
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Planned Vaginal Births after Cesarean Section:

Several midwives left fields related to planned vaginal births after caesarian section blank or entered an “X” or similar; it was assumed for the purposes of reporting data that an “X” was equivalent to entering “0” in these fields purposes of analysis, and that midwives who left one or both fields blank should be excluded from the analysis. We believe this to be an issue with the reporting mechanism.

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 107 midwives whose primary VBAC related data could be validated and 120 midwives whose subsequent VBAC could be validated, the number of planned primary VBAC and subsequent VBAC were:

Primary VBAC:	33	(12/107 midwives; 11.21%)
Subsequent VBAC:	53	(33/120 midwives; 27.5%)
Total VBAC:	86	

Breech Births and Multiple Births:

Of the midwives whose birth-related data could be validated in 2C and 2E, 18 instances of breech births were reported. There were no breech births reported by midwives whose birth-related data could not be validated. Transfer data included below provides only 11 of 18 breech births where the reason for transfer was listed as “breech” or similar.

Date	Reason	Delivery Method	Complications	Birth Weight	NICU Admit?	NICU Reason	NICU Days	Death?
07/28/2018	Breech	C Section	None	8 lb., 4 oz	No	N/A	N/A	Unknown
10/15/2018	Surprise Breech	C Section	None	7 lb., 8oz.	No	N/A	N/A	No
06/30/2019	Breech	C Section	None	7 lb., 14 oz	No	N/A	N/A	No
01/01/2019	Undiagnosed Breech	SVD	None	7lb., 14 oz.	No	N/A	N/A	No
01/01/2019	Breech Baby	C Section	None	Unknown	No	N/A	N/A	No
02/10/2019	Breech Presentation	C Section	None	3430g	No	N/A	N/A	No
04/26/2019	Breech	C Section	None	Unknown	No	N/A	N/A	No
03/08/2019	Breech ROM Heavy Mec	C Section	None	9 lb., 0 oz.	No	N/A	N/A	No
05/16/2019	Surprise Breech Presentation	Vaginal	Surprise Breech Presentation	Unknown	Yes	Birth Trauma	4 Days	Yes
07/30/2018	Breech	C Section	None	3493g	No	N/A	N/A	No
01/30/2019	Breech Presentation	Vaginal	3 rd Degree Episiotomy	9 lb., 9 oz.	Yes	Complications from Delivery	6 Weeks	No

Two multiple births were reported by a midwife, which were verifiable by transfer data:

Date	Reason	Planned?	GA/Xfer	Outcome
11/30/2018	Twins	Planned	22	V/S
7/2/2018	Twins	Planned	21	?

Deliveries Completed in Water:

Of the 121 midwives whose birth-related data could be validated, **100 midwives** (82.6%) reported deliveries completed in water.

The total number of deliveries reported as completed in water in this subset was **1,044**, or **48.0%** of the total births that could be verified.

Transfers in the Intrapartum:

Total Number of Transfers in the Intrapartum: 331

Number of reported complications after transfer: 58
 Number of Reported NICU admissions: 31
 Number of deaths reported after transfer in the intrapartum: 3

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
04/29/2019	AFE/Cardiac Arrest	C Section	Fetal demise (Passed Away From AFE)	Unknown
01/17/2019	Thick Mec PROM	C Section	None	8 lb., 8 oz
05/16/2019	Surprise Breech Presentaion	V/D	Fetal demise (Surprise Breech Presentation)	Unknown

C. Newborn and Maternal Outcomes; Postpartum Care

Mothers Requiring Sutures

Of the 121 midwives whose birth-related data could be validated, **79 midwives** (65.2%) reported providing sutures as part of postpartum care. In total, **551** mothers required sutures following birth. This is approximately **23.4%** of deliveries completed by midwives whose birth-related data could be validated.

An additional **18** mothers were transferred postpartum for repair of lacerations of the third or fourth degree. Suturing outside the scope permitted accounts for **25.7%** of all postpartum transfers:

Date	Reason	Hospital Days	Outcome
08/30/2018	Suturing	1	Good
07/28/2019	3 perineal lac./250mL blood loss	2	Good
11/18/2018	4 th Degree Lac	4 hours	Released after sutures & observe
05/31/2019	3rd Degree tear stitches	2 hours	Vag. Repair WNL
12/24/2018	Severe labial laceration	0.5	Sutured by MD - Stable
9/9/2018	3 rd degree tear/repair	4 hours	Client was sutured and discharged
12/06/2018	Sutures – messy 2 nd degree	0	Triage only
03/26/2019	Extensive Repair, 3 rd Degree	1	Good
07/14/2018	Severe 2 nd degree laceration/hemorrhage	3	Blood transfusion, stable at discharge
11/27/2018	Extensive 2 nd degree LAC & Ecchymosis – Low Maternal Tolerance	A few hours	Stable
08/08/2018	Sutures (3 rd -4 th degree)	1	Fixed
08/04/2018	3 rd degree LAC	1	Healthy + Well
12/28/2018	Suturing/PPH	1	Stable at discharge
12/15/2018	Suturing	1	Stable at discharge
11/27/2018	Suturing	1	Stable at discharge
03/23/2019	3rd degree laceration	1	Sutured/Stable
10/17/2018	3rd degree laceration (B)	1	Sutured and Discharged, given abx and instructions for post repair care
11/08/2018	3 rd degree perineal laceration, consult and suture repair	<1	Repaired with sutures by hospital OB, discharged same day in stable condition, no complications.

Newborn Postpartum Transfers

In total, **46 newborn transfers** occurring postpartum were reported. **34 of 46** 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.