

CHAPTER 64B24-2 REQUIREMENTS FOR LICENSURE

64B24-2.001	Licensure to Practice Midwifery
64B24-2.002	Examination (Repealed)
64B24-2.003	Licensure by Examination (Repealed)
64B24-2.004	Licensure by Endorsement (Repealed)

64B24-2.001 Midwifery Licensing.

(1) The department designates the North American Registry of Midwives' (NARM) written examination as the approved examination for midwifery licensure.

(2) The department shall issue a license by examination to a person who:

(a) Is 21 years of age or older; and

(b) Has completed a one-hour educational course on HIV/AIDS, which may be included in a course of study or four-month prelicensure course, or submits an affidavit showing good cause pursuant to Section 381.0034(3), F.S.; and

(c) Submits an official transcript from an approved midwifery training program which sets forth all courses successfully completed, the date of graduation and the degree, certificate, or diploma awarded; and

(e) Submits certification to the department of successful completion of an approved examination for licensure; and

(f) Pays to the department the application fee, initial licensure fee, and unlicensed activity fee set forth in Rule 64B24-3.002, F.A.C.; and

(g) Submits a completed application on form DH-MQA 1051, "Application for Midwifery License By Examination," (07/2020). The form is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>. To complete this application online, visit <https://flhealthsource.gov/mqa-services>.

(3) The department shall issue a license by endorsement to a person who:

(a) Is at least 21 years of age;

(b) Has completed a one-hour educational course on HIV/AIDS or submits an affidavit showing good cause pursuant to Section 381.0034(3), F.S.; and

(c) Demonstrates that they are eligible to practice midwifery in another state, territory, or country by submitting:

1. a valid certificate or license to practice midwifery in another state, territory, or country whose licensing requirements are substantially equivalent to or exceed those set forth in Chapter 467, F.S. and these rules; or

2. a valid certificate, diploma or transcript from a midwifery program in another state, bearing the seal of the institution or otherwise authenticated, which renders the individual eligible to practice midwifery in the state in which it was issued; or

3. a valid certificate, diploma or transcript from a foreign institution of medicine or midwifery, bearing the seal of the institution or otherwise authenticated, which renders the individual eligible to practice midwifery in the territory or country in which it was issued, and a certified translation of the certificate or diploma if the document is not in English; and

(d) Submits form DH-MQA 5071, "Licensed Midwife Applicant by Endorsement Education and Training Evaluation," (11/2021), incorporated herein by reference, which may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>, completed by an education credentialing service, which demonstrates completion of education and practicum that is substantially equivalent to or which exceeds the requirements set forth in Chapter 467, F.S. and these rules; and

(e) Submits an official transcript for a four-month prelicensure course from an approved midwifery training program which lists all completed courses and the date of completion of the prelicensure course; and

(f) Submits certification to the department of successful completion of an approved examination for licensure; and

(g) Pays to the department the application fee, initial licensure fee, endorsement fee, and unlicensed activity fee set forth in Rule 64B24-3.002, F.A.C.; and

(h) Submits a completed application on form DH-MQA 5058, "Application for Midwifery License by Endorsement," (07/2020). The form is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06,

Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>. To complete this application online, visit <https://flhealthsource.gov/mqa-services>.

(4) The department shall issue a temporary certificate to practice midwifery in an area of critical need to any person who:

(a) Has applied and is qualifying for licensure by endorsement by meeting the requirements of 64B24-2.001(3)(a), (b), (e), (f), and (h); and

(b) Pays to the department the temporary certificate fee set forth in Rule 64B24-3.002, F.A.C.; and

(c) Submits a completed application on form DH-MQA 5013, "Application for Temporary Midwifery Certificate in Areas of Critical Need," (08/2015). The form is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX> with the following:

1. Documentation of the area of critical need pursuant to Section 467.0125(2)(a), F.S.; and

2. The name of the physician licensed under Chapter 458 or 459, F.S., the Certified Nurse Midwife licensed under Chapter 464, F.S. or midwife licensed under Chapter 467, F.S., who has a minimum of three years of professional experience and who will serve as the midwife's supervisor.

(5) A temporary certificate issued under this section shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years. A temporary certificate is not renewable, nor shall a person be granted a temporary certificate more than once.

Rulemaking Authority 409.908(12)(c), 456.004(5), 456.013, 467.005, 467.0135 FS. Law Implemented 381.0034, 409.908(12)(c), 456.013, 456.048, 456.0635, 456.065, 467.011, 467.0125, 467.017 FS. History—New 1-26-94, Formerly 61E8-2.001, 59DD-2.001, Amended 10-29-02, 12-26-06, 2-7-08, 5-17-09, 8-10-10, 4-26-16, 3-27-17, _____.

64B24-2.002 Examination.

Rulemaking Authority 456.004, 467.005, 456.017 FS. Law Implemented 467.011, 456.017 FS. History—New 1-26-94, Formerly 61E8-2.002, Amended 9-3-95, Formerly 59DD-2.002, Amended 9-26-02, 4-26-16. Repealed _____.

64B24-2.003 Licensure by Examination.

Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 456.017, 467.011, 467.017 FS. History—New 1-26-94, Formerly 61E8-2.003, 59DD-2.003, Amended 10-24-02, 2-2-06, 4-26-16. Repealed _____.

64B24-2.004 Licensure by Endorsement.

Rulemaking Authority 467.005 FS. Law Implemented 467.0125 FS. History—New 1-26-94, Formerly 61E8-2.004, 59DD-2.004, Amended 10-24-02, 2-7-08, 4-22-09, 4-26-16. Repealed _____.

CHAPTER 64B24-2 REQUIREMENTS FOR LICENSURE

64B24-2.001	Licensure to Practice Midwifery
64B24-2.002	Examination <u>(Repealed)</u>
64B24-2.003	Licensure by Examination <u>(Repealed)</u>
64B24-2.004	Licensure by Endorsement <u>(Repealed)</u>

64B24-2.001 ~~Licensure to Practice Midwifery~~ Midwifery Licensing.

(1) The department designates the North American Registry of Midwives' (NARM) written examination as the approved examination for midwifery licensure.

(2) The department shall issue a license by examination to a person who:

(a) Is

(1) Applications for a midwife license by examination or endorsement shall be submitted to the department on incorporated by reference Form DH MQA 1051, (07/2016), Application for Midwifery Licensure, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref 08049>.

(2) Applicants must demonstrate that they:

(a) Are 21 years of age or older; and

(b) Meet the requirements for licensure by examination or endorsement;

(be) ~~Have~~ Has completed a one-hour educational course on HIV/AIDS, which may be included in a course of study or four-month prelicensure course, -or submits an affidavit showing good cause that meets the substantive specifications set forth in pursuant to Section 381.0034(3), F.S., as it pertains to the practice of midwifery, unless an affidavit showing good cause has been submitted allowing the applicant 6 months to complete the course; and

(d) Have completed a two-hour course relating to the prevention of medical errors; and, (c) Submits an official transcript from an approved midwifery training program which sets forth all courses successfully completed, the date of graduation and the degree, certificate, or diploma awarded; and

(e) Submits certification to the department of successful completion of an approved examination for licensure; and

(f) Pays to the department the application fee, initial licensure fee, and unlicensed activity fee set forth in Rule 64B24-3.002, F.A.C.; and

(g) Submits a completed application on form DH-MQA 1051, "Application for Midwifery License By Examination," (07/2020). The form is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>. To complete this application online, visit <https://flhealthsource.gov/mqa-services>.

(3) The department shall issue a license by endorsement to a person who:

(a) Is at least 21 years of age;

(b) Has completed a one-hour educational course on HIV/AIDS or submits an affidavit showing good cause pursuant to Section 381.0034(3), F.S.; and

(c) Demonstrates that they are eligible to practice midwifery in another state, territory, or country by submitting:

1. a valid certificate or license to practice midwifery in another state, territory, or country whose licensing requirements are substantially equivalent to or exceed those set forth in Chapter 467, F.S. and these rules; or

2. a valid certificate, diploma or transcript from a midwifery program in another state, bearing the seal of the institution or otherwise authenticated, which renders the individual eligible to practice midwifery in the state in which it was issued; or

3. a valid certificate, diploma or transcript from a foreign institution of medicine or midwifery, bearing the seal of the institution or otherwise authenticated, which renders the individual eligible to practice midwifery in the territory or country in which it was issued, and a certified translation of the certificate or diploma if the document is not in English; and

(d) Submits form DH-MQA 5071, "Licensed Midwife Applicant by Endorsement Education and Training Evaluation," (11/2021), incorporated herein by reference, which may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>, completed by an education credentialing service, which

demonstrates completion of education and practicum that is substantially equivalent to or which exceeds the requirements set forth in Chapter 467, F.S. and these rules; and

(e) Submits an official transcript for a four-month prelicensure course from an approved midwifery training program which lists all completed courses and the date of completion of the prelicensure course; and

(f) Submits certification to the department of successful completion of an approved examination for licensure; and

(g) Pays to the department the application fee, initial licensure fee, endorsement fee, and unlicensed activity fee set forth in Rule 64B24-3.002, F.A.C.; and

(h) Submits a completed application on form DH-MQA 5058, "Application for Midwifery License by Endorsement," (07/2020). The form is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>. To complete this application online, visit <https://flhealthsource.gov/mqa-services>.

(4) The department shall issue a temporary certificate to practice midwifery in an area of critical need to any person who:

(a) Has applied and is qualifying for licensure by endorsement by meeting the requirements of 64B24-2.001(3)(a), (b), (c), (f), and (h); and

(b) Pays to the department the temporary certificate fee set forth in Rule 64B24-3.002, F.A.C.; and

(c) Submits a completed application on form DH-MQA 5013, "Application for Temporary Midwifery Certificate in Areas of Critical Need," (08/2015). The form is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/licensing/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX> with the following:

1. Documentation of the area of critical need pursuant to Section 467.0125(2)(a), F.S.; and

2. The name of the physician licensed under Chapter 458 or 459, F.S., the Certified Nurse Midwife licensed under Chapter 464, F.S. or midwife licensed under Chapter 467, F.S., who has a minimum of three years of professional experience and who will serve as the midwife's supervisor.

(5) A temporary certificate issued under this section shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years. A temporary certificate is not renewable, nor shall a person be granted a temporary certificate more than once.

~~(e) Have successfully completed an approved four-month prelicensure course, if required.~~

Rulemaking Authority 409.908(12)(c), 456.004(5), 456.013, 467.005, 467.0135 FS. Law Implemented 381.0034, 409.908(12)(c), 456.013, 456.048, 456.0635, 456.065, 467.011, 467.0125, 467.017 FS. History--New 1-26-94, Formerly 61E8-2.001, 59DD-2.001, Amended 10-29-02, 12-26-06, 2-7-08, 5-17-09, 8-10-10, 4-26-16, 3-27-17, _____.

64B24-2.002 Examination.

~~The department hereby designates the North American Registry of Midwives' (NARM) written examination as the midwifery licensure examination. Any person desiring to be licensed as a midwife shall apply and pay the examination fee to the NARM.~~

Rulemaking Authority 456.004, 467.005, 456.017 FS. Law Implemented 467.011, 456.017 FS. History--New 1-26-94, Formerly 61E8-2.002, Amended 9-3-95, Formerly 59DD-2.002, Amended 9-26-02, 4-26-16. Repealed.

64B24-2.003 Licensure by Examination.

~~In addition to the application, persons seeking licensure as a midwife by examination shall submit the following:~~

~~(1) An official transcript from an approved midwifery training program specifically setting forth all courses successfully completed, the date of the applicant's graduation and the degree, certificate, or diploma awarded;~~

~~(2) A general emergency care plan which meets the requirements of Section 467.017(1), F.S.; and,~~

~~(3) Documentation of a passing score on the licensure examination sent directly to the department from the NARM.~~

Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 456.017, 467.011, 467.017 FS. History--New 1-26-94, Formerly 61E8-2.003, 59DD-2.003, Amended 10-24-02, 2-2-06, 4-26-16. Repealed.

64B24-2.004 Licensure by Endorsement.

~~(1)(a) In addition to the application, foreign-trained applicants for licensure as a midwife by endorsement shall submit the following:~~

- ~~1. A valid certificate or diploma from either a foreign institution of medicine or a foreign school of midwifery;~~
- ~~2. A certified translation of the certificate or diploma earned from a foreign institution of medicine or foreign school of midwifery;~~
- ~~3. The document which renders the foreign trained applicant eligible to practice medicine or midwifery in the country in which that document was issued;~~
- ~~4. A certified translation of the certificate, diploma or license which renders the foreign trained applicant eligible to practice medicine or midwifery in the country from which the diploma or certificate was awarded;~~
- ~~5. Explanation of different names on documents submitted with the application;~~
- ~~6. Evidence of successful completion of an approved four month prelicensure course;~~
- ~~7. Evidence of a passing score on the licensure examination; and,~~
- ~~8. A general emergency care plan which meets the requirements described in Section 467.017, F.S.~~

~~(b) In determining whether the requirements to hold a certificate or diploma from a foreign institution of medicine or a foreign school of midwifery are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the department shall consider whether:~~

- ~~1. The applicant has a high school diploma, or its equivalent, and passed the College Level Academic Skills Test (CLAST), or has taken and received a passing grade in three college level credits each of Math and English, or can demonstrate competencies in communication and computation by passing the College Level Examination Program (CLEP) test in communication and computation;~~
- ~~2. The completed midwifery or medical program equivalent to a three year program, offered the equivalent to 90 credit hours, and included minimum required course work and practicum areas as demonstrated by use of the Form DH-MQA-1111, Foreign-Trained Midwife Applicant Evaluation Tool (08/2015), incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No-Ref-06541>;~~
- ~~3. The applicant has received a determination of substantial equivalency through the use of this evaluation tool by an approved foreign education credentialing agency;~~

~~(2)(a) In addition to the application, persons trained in another state seeking licensure as a midwife by endorsement shall submit the following:~~

- ~~1. Evidence of successful completion of the approved four month prelicensure course;~~
- ~~2. Evidence of a passing score on the licensure examination; and,~~
- ~~3. A general emergency care plan which meets the requirements described in Section 467.017, F.S.~~

~~(b) In determining whether the requirements to hold a certificate or license to practice midwifery in another state are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the applicant shall submit:~~

- ~~1. A current valid unrestricted certificate or license to practice midwifery in another state;~~
- ~~2. A certificate or diploma awarded by a midwifery program which was approved by the certifying body of the state in which it was located, or an authenticated copy of that certificate or diploma;~~
- ~~3. A copy of the other state's laws and rules under which the applicant's certificate or license was issued; and,~~
- ~~4. Official transcripts from the midwifery program which document classroom instruction and clinical training equivalent to the requirements in these rules.~~

~~(c) In determining whether the requirements to practice midwifery in another state are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the department shall consider whether:~~

- ~~1. The applicant has a high school diploma, or its equivalent, and passed the College Level Academic Scholastic Test (CLAST), or has taken and received a passing grade in three college level credits each of Math and English, or can demonstrate competencies in communication and computation by passing the College Level Equivalent Proficiency (CLEP) test in communication and computation;~~
- ~~2. The completed midwifery or medical program equivalent to a three year program, offered the equivalent to 90 credit hours, and included minimum required course work and practicum areas as demonstrated by use of the Form DH-MQA-1112, Out of State Midwife Applicant Evaluation Tool (08/2015), incorporated by reference and available at~~

~~<https://www.flrules.org/Gateway/reference.asp?No=Ref 06542>~~.

~~2-7-08, 4-22-09, 4-26-16. *Repealed*~~.

~~3. The applicant has received a determination of substantial equivalency through the use of this evaluation tool by an approved education credentialing agency.~~

~~(3) A temporary certificate to practice midwifery in areas of critical need may be issued to any applicant who is qualifying for licensure by endorsement. The applicant shall submit to the department a completed application on Form DH MQA 5013, Application for Temporary Midwifery Certificate in Areas of Critical Need (08/2015), incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref 06543>; the temporary certificate fee documentation of the area of critical need pursuant to Section 467.0125(2)(a), F.S.; and the name of the individual who will serve as the midwife's supervisor. This individual shall be a physician currently licensed pursuant to Chapter 458 or 459, F.S., a certified nurse midwife licensed pursuant to Chapter 464, F.S., or a midwife licensed pursuant to Chapter 467, F.S., who has a minimum of 3 years of professional experience.~~

~~(4) A temporary certificate issued under this section shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years. A temporary certificate is not renewable, nor shall a person be granted a temporary certificate more than once.~~

~~Rulemaking Authority 467.005 FS. Law Implemented 467.0125 FS. History—New 1-26-94, Formerly 61E8-2.004, 59DD-2.004, Amended 10-24-02, 2-7-08, 4-22-09, 4-26-16. *Repealed*~~.

CHAPTER 64B24-2 REQUIREMENTS FOR LICENSURE

64B24-2.001	Licensure to Practice Midwifery
64B24-2.002	Examination
64B24-2.003	Licensure by Examination
64B24-2.004	Licensure by Endorsement

64B24-2.001 Licensure to Practice Midwifery.

(1) Applications for a midwife license by examination or endorsement shall be submitted to the department on incorporated by reference Form DH-MQA 1051, (07/2016), Application for Midwifery Licensure, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-08049>.

(2) Applicants must demonstrate that they:

- (a) Are 21 years of age or older;
- (b) Meet the requirements for licensure by examination or endorsement;
- (c) Have completed a one-hour educational course on HIV/AIDS that meets the substantive specifications set forth in Section 381.0034, F.S., as it pertains to the practice of midwifery, unless an affidavit showing good cause has been submitted allowing the applicant 6 months to complete the course;
- (d) Have completed a two-hour course relating to the prevention of medical errors; and,

(e) Have successfully completed an approved four-month prelicensure course, if required.

Rulemaking Authority 409.908(12)(c), 456.004(5), 456.013, 467.005, 467.0135 FS. Law Implemented 381.0034, 409.908(12)(c), 456.013, 456.048, 456.0635, 456.065, 467.011, 467.0125, 467.017 FS. History—New 1-26-94, Formerly 61E8-2.001, 59DD-2.001, Amended 10-29-02, 12-26-06, 2-7-08, 5-17-09, 8-10-10, 4-26-16, 3-27-17.

64B24-2.002 Examination.

The department hereby designates the North American Registry of Midwives' (NARM) written examination as the midwifery licensure examination. Any person desiring to be licensed as a midwife shall apply and pay the examination fee to the NARM.

Rulemaking Authority 456.004, 467.005, 456.017 FS. Law Implemented 467.011, 456.017 FS. History—New 1-26-94, Formerly 61E8-2.002, Amended 9-3-95, Formerly 59DD-2.002, Amended 9-26-02, 4-26-16.

64B24-2.003 Licensure by Examination.

In addition to the application, persons seeking licensure as a midwife by examination shall submit the following:

- (1) An official transcript from an approved midwifery training program specifically setting forth all courses successfully completed, the date of the applicant's graduation and the degree, certificate, or diploma awarded;
- (2) A general emergency care plan which meets the requirements of Section 467.017(1), F.S.; and,
- (3) Documentation of a passing score on the licensure examination sent directly to the department from the NARM.

Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 456.017, 467.011, 467.017 FS. History—New 1-26-94, Formerly 61E8-2.003, 59DD-2.003, Amended 10-24-02, 2-2-06, 4-26-16.

64B24-2.004 Licensure by Endorsement.

(1)(a) In addition to the application, foreign-trained applicants for licensure as a midwife by endorsement shall submit the following:

- 1. A valid certificate or diploma from either a foreign institution of medicine or a foreign school of midwifery,
- 2. A certified translation of the certificate or diploma earned from a foreign institution of medicine or foreign school of midwifery,
- 3. The document which renders the foreign trained applicant eligible to practice medicine or midwifery in the country in which that document was issued,

4. A certified translation of the certificate, diploma or license which renders the foreign trained applicant eligible to practice medicine or midwifery in the country from which the diploma or certificate was awarded,
5. Explanation of different names on documents submitted with the application,
6. Evidence of successful completion of an approved four-month prelicensure course,
7. Evidence of a passing score on the licensure examination; and,
8. A general emergency care plan which meets the requirements described in Section 467.017, F.S.

(b) In determining whether the requirements to hold a certificate or diploma from a foreign institution of medicine or a foreign school of midwifery are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the department shall consider whether:

1. The applicant has a high school diploma, or its equivalent, and passed the College-Level Academic Skills Test (CLAST), or has taken and received a passing grade in three college level credits each of Math and English, or can demonstrate competencies in communication and computation by passing the College-Level Examination Program (CLEP) test in communication and computation.

2. The completed midwifery or medical program equivalent to a three year program, offered the equivalent to 90 credit hours, and included minimum required course work and practicum areas as demonstrated by use of the Form DH-MQA 1111, Foreign-Trained Midwife Applicant Evaluation Tool (08/2015), incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-06541>.

3. The applicant has received a determination of substantial equivalency through the use of this evaluation tool by an approved foreign education credentialing agency.

(2)(a) In addition to the application, persons trained in another state seeking licensure as a midwife by endorsement shall submit the following:

1. Evidence of successful completion of the approved four-month prelicensure course,
2. Evidence of a passing score on the licensure examination; and,
3. A general emergency care plan which meets the requirements described in Section 467.017, F.S.

(b) In determining whether the requirements to hold a certificate or license to practice midwifery in another state are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the applicant shall submit:

1. A current valid unrestricted certificate or license to practice midwifery in another state,
2. A certificate or diploma awarded by a midwifery program which was approved by the certifying body of the state in which it was located, or an authenticated copy of that certificate or diploma,
3. A copy of the other state's laws and rules under which the applicant's certificate or license was issued; and,
4. Official transcripts from the midwifery program which document classroom instruction and clinical training equivalent to the requirements in these rules.

(c) In determining whether the requirements to practice midwifery in another state are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the department shall consider whether:

1. The applicant has a high school diploma, or its equivalent, and passed the College Level Academic Scholastic Test (CLAST), or has taken and received a passing grade in three college level credits each of Math and English, or can demonstrate competencies in communication and computation by passing the College Level Equivalent Proficiency (CLEP) test in communication and computation.

2. The completed midwifery or medical program equivalent to a three-year program, offered the equivalent to 90 credit hours, and included minimum required course work and practicum areas as demonstrated by use of the Form DH-MQA 1112, Out-of-State Midwife Applicant Evaluation Tool (08/2015), incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-06542>.

3. The applicant has received a determination of substantial equivalency through the use of this evaluation tool by an approved education credentialing agency.

(3) A temporary certificate to practice midwifery in areas of critical need may be issued to any applicant who is qualifying for licensure by endorsement. The applicant shall submit to the department a completed application on Form DH-MQA 5013, Application for Temporary Midwifery Certificate in Areas of Critical Need (08/2015), incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-06543>; the temporary certificate fee documentation of the area of critical need pursuant to Section 467.0125(2)(a), F.S.; and the name of the individual who will serve as the midwife's supervisor. This

individual shall be a physician currently licensed pursuant to Chapter 458 or 459, F.S., a certified nurse midwife licensed pursuant to Chapter 464, F.S., or a midwife licensed pursuant to Chapter 467, F.S., who has a minimum of 3 years of professional experience.

(4) A temporary certificate issued under this section shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years. A temporary certificate is not renewable, nor shall a person be granted a temporary certificate more than once.

Rulemaking Authority 467.005 FS. Law Implemented 467.0125 FS. History—New 1-26-94, Formerly 61E8-2.004, 59DD-2.004, Amended 10-24-02, 2-7-08, 4-22-09, 4-26-16.



Licensed Midwife Applicant by Endorsement Education and Training Evaluation

Florida Council of Licensed Midwifery
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32314-6330

Web: <http://www.floridahealth.gov/licensing-and-regulation/midwifery/>
E-mail: MQA.Midwifery@flhealth.gov

Section I. Applicant Information

This section is to be completed by the applicant.

Applicant Name: _____

Applicant File Number (if known): _____

Four-Month Prelicensing Program: _____

Program to Be Evaluated: _____

Program Address: _____

Program Type:

☐ Midwifery Program (or equivalent)

☐ Medical School (or equivalent)

☐ Other (specify): _____

Date of Enrollment: _____ **Date of Graduation:** _____

Additional Training to be Evaluated? ☐ Yes ☐ No

If "Yes," what additional training are you submitting for evaluation (e.g., internship, fellowship, residency, certificate or non-degree program)?

If "Yes," what additional documentation will be provided (e.g., transcripts, certificates, correspondence, post-graduate verification forms)?

Sections II through VII of this form must be completed by an education credentialing service.

**Submit this form along with all documentation (transcript, additional training)
to the education credentialing service directly.**

**Council staff will not review documentation of education and training independent of this evaluation,
other than a four-month prelicensing course, pursuant to Rules
64B24-2.004(1)(b)3. and/or 64B24-2.004(2)(c)3., Florida Administrative Code.**

Section II. Education History – Program(s) Evaluated

This section must be completed by an approved education credentialing service, pursuant to Rules 64B24-2.004(1)(b)3. and/or 64B24-2.004(2)(c)3., F.A.C. A determination of educational equivalency does not guarantee all licensing requirements are met. Licensing requirements for applicants by endorsement can be found in Section 467.0125, Florida Statutes and Rule 64B24-2.001, F.A.C.

Program Evaluated: _____

Program Address: _____

Program Type: ☐ Midwifery Program (or equivalent)
☐ Medical School (or equivalent)
☐ Other (specify): _____

Program Accrediting Agency: _____

Date of Enrollment: _____ **Date of Graduation:** _____

Program Length: _____ ☐ Credits ☐ Hours

Program Confers Upon Completion: ☐ Doctoral Degree or Equivalent
☐ Master's Degree or Equivalent
☐ Bachelor's Degree or Equivalent
☐ Certificate/Diploma
☐ Other (specify): _____

Was additional training evaluated? ☐ Yes ☐ No

If "Yes," what additional training was evaluated (e.g., internship, fellowship, residency, certificate program)?

If "Yes," what additional documentation was provided (e.g., transcript, certificate, correspondence, post-graduate verification forms)?

Was the applicant's four-month prelicensing course included in this evaluation? ☐ Yes ☐ No

Section III. Aspects of Prenatal, Postpartal, and Neonatal Care – s. 467.009(1), F.S.

Area of Study	Evidence Found / Courses (if applicable)	Credits	Hours
Basic Nursing/Healthcare Skills			
Basic Sciences			
Behavioral Sciences			
Female Reproductive Anatomy and Physiology			
Nutrition During Pregnancy and Lactation			
Childbirth Education			
Breast Feeding			
Community Care			
Epidemiology			
Genetics			
Embryology			
Neonatology/Neonatal Pediatrics			
Obstetrics / Common Complications			
Gynecology/Women's Health			
Family Planning			
Applied Pharmacology			
Medico/legal Aspects of Midwifery			
Professional Responsibilities			

Section IV. Midwifery Knowledge, Skills, and Professional Behavior – s. 467.009(1), F.S.

Area of Study	Evidence Found / Courses (if applicable)	Credits/Hours	Via Postgraduate/ Other Training
Primary Management / Antepartum Care			<input type="checkbox"/> Y <input type="checkbox"/> N
Primary Management / Intrapartum Care			<input type="checkbox"/> Y <input type="checkbox"/> N
Primary Management / Postpartum Care			<input type="checkbox"/> Y <input type="checkbox"/> N
Collaborative Management, Referral, Consultation			<input type="checkbox"/> Y <input type="checkbox"/> N

Section V. Practicum Requirements – s. 467.009(4), F.S.

Primary Management Requirements	Evidence Found?	Number Reported	Via Postgraduate/ Other Training
50 Patients / Antepartum Period			<input type="checkbox"/> Y <input type="checkbox"/> N
50 Patients / Intrapartum Period			<input type="checkbox"/> Y <input type="checkbox"/> N
50 Patients / Postpartum Period			<input type="checkbox"/> Y <input type="checkbox"/> N

Section VI. Observation/Practicum Requirements – s. 467.009(5), F.S.

Observation Requirements	Evidence Found?	Number Reported	Via Postgraduate/ Other Training
25 Patients / Intrapartum Period			<input type="checkbox"/> Y <input type="checkbox"/> N
50 Babies / Neonatal Period			<input type="checkbox"/> Y <input type="checkbox"/> N

Section VII. Determination / Evaluator Information

Determination: _____

Evaluating Agency: _____

Evaluator Name: _____ Date of Evaluation: _____

Evaluator Signature: _____

Foreign-Trained Midwife Applicant Evaluation Tool

Unit of Study - Classroom and Clinical : Aspects of Prenatal, Intrapartal, Postpartal & Neonatal Care [FS 467.009 (1)]	Credits	Hours	Evidence Found
Basic Nursing/ Healthcare Skills			
Basic Sciences			
Behavioral Sciences			
Female Reproductive Anatomy and Physiology			
Nutrition During Pregnancy and Lactation			
Childbirth Education			
Breast Feeding			
Community Care			
Epidemiology			
Genetics			
Embryology			
Neonatology/ Neonatal Pediatrics			
Obstetrics/ Common Complications			
Gynecology/ Women's Health			
Family Planning			
Applied pharmacology			
Medico/legal Aspects of Midwifery			
Professional Responsibilities			
Midwifery Knowledge, Skills and Professional Behavior in:			
Primary Management Antepartum Care			
Intrapartum Care			
Postpartum Care			
Neonatal Care			
Collaborative Management/ Referral/ Medical Consultation			
Other Courses:			
Practicum During Training [FS 467.009 (4)(5)] Primary Management of :			Number Obtained
50 Women in the Antepartum			#
50 Women in the Intrapartum			#
25 Observations of Women in the IP			#
50 Women in the Postpartum			#
50 Babies in the Neonatal Period			#
Length of Program [FS 467.009 (2)]			
Total Credits / Hours			
3 Years /90 credits/1800 clock hrs			
< 3 Years /90 credits/1800 clock hrs			

[Licensure by Endorsement	Yes/ No		
High School Diploma or Equivalent			
Communications Classes College Level Math (3 credits) & English (3 credits) OR CLEP Credit			
Certificate / Diploma of Midwifery (translated into English if applicable)			
License /Documentation of Eligibility to Practice in Country translated into English (translated into English if applicable) Current: yes/ no Unrestricted: yes/ no			
CPM Obtained Current: yes/ no			
Other Verifiable Sources			
Admissible to a Four Month Pre-licensure Course per Department of Health CLM			

APPLICANT NAME: _____

MIDWIFERY SCHOOL: _____

COUNTRY: _____

EVALUATOR: _____

SIGNATURE: _____

DATE: _____ AGENCY: _____

Out-of-State Midwife Applicant Evaluation Tool

Unit of Study - Classroom and Clinical : Aspects of Prenatal, Intrapartal, Postpartal & Neonatal Care [FS 467.009 (1)]	Credits	Hours	Evidence Found
Basic Nursing/ Healthcare Skills			
Basic Sciences			
Behavioral Sciences			
Female Reproductive Anatomy and Physiology			
Nutrition During Pregnancy and Lactation			
Childbirth Education			
Breast Feeding			
Community Care			
Epidemiology			
Genetics			
Embryology			
Neonatology/ Neonatal Pediatrics			
Obstetrics/ Common Complications			
Gynecology/ Women's Health			
Family Planning			
Applied pharmacology			
Medico/legal Aspects of Midwifery			
Professional Responsibilities			
Midwifery Knowledge, Skills and Professional Behavior in:			
Primary Management			
Antepartum Care			
Intrapartum Care			
Postpartum Care			
Neonatal Care			
Collaborative Management/ Referral/ Medical Consultation			
Other Courses:			
Practicum During Training [FS 467.009 (4)(5)]			Number Obtained
Primary Management of :			
50 Women in the Antepartum			#
50 Women in the Intrapartum			#
25 Observations of Women in the IP			#
50 Women in the Postpartum			#
50 Babies in the Neonatal Period			#
Length of Program [FS 467.009 (2)]			
Total Credits / Hours			
3 Years /90 credits/1800 clock hrs			
< 3 Years /90 credits/1800 clock hrs			

Licensure by Endorsement	Yes/ No	Year		
High School Diploma or Equivalent				
Communications Classes College Level Math (3 credits) & English (3 credits) OR CLEP Credit				
Midwifery Program(s) Name:				
MEAC Accredited (Equivalent 1800 clock hours)				
CPM Obtained Current: yes/ no				
NARM Exam Passed				
Admissible to a Four Month Pre-licensure Course per Department of Health CLM				

APPLICANT NAME: _____

STATE OF MIDWIFERY EDUCATION: _____

EVALUATOR: _____

SIGNATURE: _____

DATE: _____ AGENCY: _____

64B24-7.005 Informed Consent for Licensed Midwifery Services.

- (1) Before providing midwifery services or accepting a patient into care, a licensed midwife must obtain the informed consent of the patient. To obtain informed consent, the midwife must provide to the patient:
 - (a) their educational background, training and experience in the practice of midwifery;
 - (b) the current status of their financial responsibility pursuant to Rule 64B24-7.013, F.A.C. and the amount of professional liability insurance coverage carried;;
 - (c) an explanation of requirements for acceptance into care and for continuing care, including a description of normal pregnancy, labor and delivery, and that consultation, referral, transfer of care or collaborative management for prenatal and postpartum services may be required pursuant to Rule 64B24-7.004, F.A.C., and that transfer of care may result in delay in treatment or an increase of the severity of medical problems or complications arising during pregnancy, labor, and delivery.
 - (d) an explanation of the benefits of natural childbirth related to avoiding potential injury from invasive procedures, anesthesia, or surgical intervention;
 - (e) the nature, benefits, and risks of the care to be provided;;
 - (f) the necessity of a complete medical, health, obstetrical and maternity history;
 - (g) the requirement for risk assessment on an ongoing basis;
 - (h) the requirement of regular prenatal visits; and,
 - (i) the requirement to develop an Individual Emergency Care Plan.
- (2) Documentation of the patient's informed consent must be made on form DH-MQA 1057, "Informed Consent for Licensed Midwifery Services" (11/2021), incorporated herein by reference. A copy of the form may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>. The form must be included in the patient's record.

Rulemaking Authority 467.005 FS. Law Implemented 467.014, 467.015(1)(a), 467.016 FS. History—New 7-14-94, Formerly 61E8-7.005, 59DD-7.005, Amended 5-31-01, 9-11-02, _____.

64B24-7.005 Informed Consent for Licensed Midwifery Services.

~~(1) Before providing midwifery services or accepting a patient into care, a licensed midwife must~~ (1) A licensed midwife shall obtain a patient's the informed consent for the provision of midwifery services of the patient. To obtain informed consent, the midwife must provide to the patient:

~~Such consent shall be recorded on the Informed Consent for Licensed Midwifery Services, Form DH-MQA-1047, revised 3/01, which is hereby adopted and incorporated by reference, and can be obtained from the Council of Licensed Midwifery, 4052 Bald Cypress Way, BIN #C06, Tallahassee, Florida 32399-3256.~~

~~(2) To complete the consent form, the licensed midwife shall inform the patient of:~~

~~(a) The Explain their educational background, training and experience in the practice of midwifery; to the patient;~~

~~(b) Provide the current status of their malpractice insurance coverage financial responsibility pursuant to Rule 64B24-7.013, F.A.C. and the amount of professional liability insurance coverage carried; to the patient;~~

~~(c) an explanation of requirements for acceptance into care and for continuing care, including a description of Explain that midwifery care may be provided only for patients who are expected to have a normal labor and childbirth, except for prenatal and postpartum care provided under a normal pregnancy, labor and delivery, and that consultation, referral, transfer of care or collaborative management for prenatal and postpartum services may be required pursuant to Rule 64B24-7.004, F.A.C., and that transfer of care may result in delay in treatment or an increase of the severity of medical problems or complications arising during pregnancy, labor, and delivery.~~

~~(d) an explanation of the benefits of natural childbirth related to avoiding potential injury from invasive procedures, anesthesia, or surgical intervention;~~

~~(e) the nature, benefits, and risks of the care to be provided;~~

~~(f) the necessity of a complete medical, health, obstetrical and maternity history;~~

~~(g) the requirement for risk assessment on an ongoing basis;~~

~~(h) the requirement of regular prenatal visits; and,~~

~~(i) the requirement to develop an Individual Emergency Care Plan.~~

~~licensee's qualifications to perform the services rendered.~~

~~(b) The nature and risks of the procedures to be used.~~

~~(c) The advantages of the procedures to be used.~~

~~(d) Professional liability insurance status.~~

~~(32) A signed copy of the consent form shall be placed in the patient's record.~~ Documentation of the patient's informed consent must be made on form DH-MQA 1057, "Informed Consent for Licensed Midwifery Services" (11/2021), incorporated herein by reference. A copy of the form may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>. The form must be included in the patient's record.

Rulemaking Authority 467.005 FS. Law Implemented 467.014, 467.015(1)(a), 467.016 FS. History—New 7-14-94, Formerly 61E8-7.005, 59DD-7.005, Amended 5-31-01, 9-11-02, _____.

64B24-7.005 Informed Consent.

(1) A licensed midwife shall obtain a patient's consent for the provision of midwifery services. Such consent shall be recorded on the Informed Consent for Licensed Midwifery Services, Form DH-MQA 1047, revised 3/01, which is hereby adopted and incorporated by reference, and can be obtained from the Council of Licensed Midwifery, 4052 Bald Cypress Way, BIN #C06, Tallahassee, Florida 32399-3256.

(2) To complete the consent form, the licensed midwife shall inform the patient of:

- (a) The licensee's qualifications to perform the services rendered.
- (b) The nature and risks of the procedures to be used.
- (c) The advantages of the procedures to be used.
- (d) Professional liability insurance status.

(3) A signed copy of the consent form shall be placed in the patient's record.

Rulemaking Authority 467.005 FS. Law Implemented 467.014, 467.015(1)(a), 467.016 FS. History—New 7-14-94, Formerly 61E8-7.005, 59DD-7.005, Amended 5-31-01, 9-11-02.



Section I. Patient Information

Name: _____ Date of Birth: _____

Address: _____

Primary Phone (Home/Cell): _____ Work Phone: _____

Gravida/Para: _____ Estimated Due Date: _____

Section II. Consent for Midwifery Services

A copy of Chapter 467, Florida Statutes and 64B24, Florida Administrative Code outlining the scope and qualifications for a midwifery license are available upon request.

- I understand that the educational background, training, and experience of licensed midwives varies. The licensed midwife has explained their education, training and experience to me.
- I understand that the malpractice insurance coverage carried by licensed midwives may vary.
- I understand that licensed midwives provide care for patients who are expected to have a normal pregnancy, labor, and delivery, and that the licensed midwife may be required to consult with, refer me to, transfer my care to, or enter into a collaborative management agreement to provide prenatal and postpartum services only with a physician with hospital obstetrical privileges, if it is determined that I cannot be expected to have a normal pregnancy, labor, and delivery.

Medical problems or complications that may require transfer of my care to a physician or a hospital include but are not limited to symptoms of fetal distress, severe tears of the perineal area, excessive blood loss, seizures, abruption of the placenta, umbilical cord prolapse, and uterine rupture.

- I understand that unpredictable medical problems or complications requiring consultation, referral, or transfer of my care to a physician or a hospital may result in delay in treatment or increase the severity of the medical problems or complications.
- I am aware of the benefits of natural childbirth related to avoidance of potential injury resulting from invasive procedures, anesthesia, or surgical intervention. I am aware of the nature, benefit and risks of the procedures to be used.
- I understand that I must give a complete medical, health, obstetrical and maternity history to the licensed midwife, review risk factors and other requirements with the licensed midwife on an ongoing basis, maintain a schedule of regular prenatal visits with the licensed midwife and make an emergency care plan with the assistance of the licensed midwife which will be implemented should unforeseen complications arise during pregnancy or delivery. The plan will include any necessary pediatric care for my baby.

Section III. Attestation and Signatures

I attest that I have had the opportunity to review and discuss the information contained in this consent form, including but not limited to the conditions which require the licensed midwife to refer and/or transfer my care and the responsibilities of my licensed midwife while I am under their care, that the licensed midwife has presented the status of their malpractice insurance coverage, including the amount of coverage, and that my medical, health, obstetrical, and maternity history, as provided to the licensed midwife is accurate.

I give my consent to receive midwifery services from the midwife named above which are permitted by their scope of practice.

Licensed Midwife Name

License Number

Licensed Midwife Signature

Date Accepted into Care

Patient Signature

Date

INFORMED CONSENT FOR LICENSED MIDWIFERY SERVICES

Client's Name: _____

First

Middle

Maiden

Last

Address: _____

Street

City

State

Zip

Date of Birth: ____ / ____ / ____

Telephone Number: _____

GRAVIDA _____

Para ____ / ____ / ____

EDD ____ / ____ / ____

CONSENT:

I acknowledge that I am contracting for the services of a licensed midwife. I understand that licensed midwives provide care for women who have normal, uncomplicated pregnancies and expect a normal delivery of a healthy child. The educational background, training and experience of Florida licensed midwives varies. The licensed midwife listed below has explained her training and experience to me.

In order to receive care by the midwife, I must do the following:

- ❖ Give a complete medical, health and maternity history
- ❖ Review risk factors and other requirements with my midwife.
- ❖ Maintain a regular schedule for prenatal visits.
- ❖ I must make a plan for emergency care, with the assistance of the midwife. This plan will be implemented should unforeseen complications arise during my pregnancy or deliver. Further, the plan shall include any pediatric care necessary for my baby.

Childbearing is a normal human function, however unpredictable medical problems may arise during pregnancy or childbirth. Because some of these problems may place my child or myself at risk, transfer to a physician and/or hospital may be necessary. Delay in treatment may increase the degree of complication(s). Conditions that may be life threatening and/or require transfer to a hospital, are, but not limited to, symptoms of fetal distress, severe tears of the perineal area, excessive blood loss, seizures, abruption of the placenta, prolapsed cord or uterine rupture.

I am also aware of the benefits of natural childbirth relating to avoidance of potential injury resulting from either invasive procedures, anesthesia, or surgical intervention.

I have had an opportunity to review and discuss the information contained in this consent form; including, but not limited to the conditions which require the midwife to refer and/or transfer my care and responsibilities while under the midwife's care.

I hereby affirm that the licensed midwife presented to me the status of the midwife's malpractice insurance, including the amount of insurance, if any. Yes _____ No _____

I hereby attest to the given accuracy of my medical and obstetrical history and agree to adhere to the listed conditions, but not limited to, in this consent form.

I HEREBY AUTHORIZE _____, LICENSED MIDWIFE, TO PERFORM THOSE MATERNITY SERVICES WHICH ARE WITHIN THE SCOPE OF THE MIDWIFERY LIENSE. A COPY OF CHAPTER 467, FLORIDA STATUTES, AND 64B24, FLORIDA ADMINISTRATIVE CODE, OUTLINING THE SCOPE AND QUALIFICAITONS OF THE MIDWIFERY LIENSE ARE AVAILABLE UPON REQUEST.

Signature of Client

Date Accepted Licensed Midwife for Services

Signature of Licensed Midwife

Date Accepted Client for Services

Printed name of Licensed Midwife

License number

64B24-7.006 At-Home Birth.

(1) For home births, the licensed midwife must:

(a) encourage the patient to have medical care available from a health care practitioner experienced in obstetrics throughout the prenatal, intrapartal and postpartal periods;

(b) visit the home of the patient by 36 weeks of pregnancy to ensure that:

1. the home is safe, clean and conducive to the health of the patient and newborn;

2. the area used for labor and delivery is sufficiently lighted, ventilated, and free from drafts;

3. the area used for labor and delivery is near restroom facilities, including handwashing facilities and a toilet, and that restroom facilities are in working order;

4. the area to be used for labor and delivery is clear of obstruction, and is large enough to allow ample work space;

5. the area to be used for labor and delivery is free from insects; and,

6. the home has safe, clean sleeping arrangements for the newborn; and,

(3) ensure that appropriate supplies are on hand for use at the time of delivery and early postpartum; and,

(4) furnish and ensure the following are clean and ready for use during labor and delivery:

(a) sterile obstetrical pack;

(b) bulb syringe;

(c) oxygen; and,

(d) eye prophylaxis, pursuant to Section 383.04, F.S.; and

(e) vitamin K prophylaxis.

(5) The midwife must document the patient's choice for at-home birth, the date of completion of the home visit, and the outcome of the home visit in the patient's record.

Rulemaking Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.006, 59DD-7.006, Amended 9-11-02,

_____.

64B24-7.006 ~~Preparation for Home Delivery~~At-Home Birth.

(1) For home births, the licensed midwife ~~shall~~must:

(a) ~~e~~Encourage ~~each the~~ patient to have medical care available ~~by from~~ a health care practitioner experienced in obstetrics throughout the prenatal, intrapartal and postpartal periods; ~~and~~;

(b) ~~Make a home visit~~visit the home of the patient by 36 weeks of pregnancy. ~~The licensed midwife shall to~~ ensure that:

1. the setting in which the infant is to be delivered~~home~~ is safe, clean and conducive to the ~~establishment and maintenance of~~ health~~health~~ of the patient and newborn;:-

~~(2) The midwife shall prepare or cause to be prepared the following facilities to be used for delivery:-~~

~~(a) 2. The the area used for labor and delivery shall be cleaned, is well sufficiently lighted, well ventilated, and free from drafts;~~

3. the area used for labor and delivery and close to the toilet is near restroom facilities, including handwashing facilities and a toilet, and that restroom facilities are in working order;:-

~~(b) 4. The delivery the area to be used for labor and delivery is clear of obstruction, and is area should be large enough to allow ample work space and provide privacy;:-~~

~~(e) 5. the area to be used for labor and delivery is The delivery area must be organized, well lighted, clean, free from drafts and insects; and, near handwashing facilities and clear of unnecessary furnishings.~~

6. the home has

~~(d) A safe, clean sleeping arrangements for the infant~~newborn; and,:-

~~(3) The midwife shall instruct the expectant parents and ensure that appropriate supplies are on hand for use by the mother and infant at the time of delivery and early postpartum; and,:-~~

~~(4) The midwife shall have~~furnish the following equipment and supplies and ensure the following are clean and ready for use ~~at delivery~~during labor and delivery:

(a) ~~s~~Sterile obstetrical pack;:-

(b) ~~B~~bulb syringe;:-

(c) ~~o~~Oxygen; ~~and,:-~~

(d) ~~e~~Eye prophylaxis, pursuant to Section 383.04, F.S.; ~~and~~

(e) vitamin K prophylaxis.

(5) The midwife must document the patient's choice for at-home birth, the date of completion of the home visit, and the outcome of the home visit in the patient's record.

64B24-7.006 Preparation for Home Delivery.

- (1) For home births, the licensed midwife shall:
 - (a) Encourage each patient to have medical care available by a health care practitioner experienced in obstetrics throughout the prenatal, intrapartal and postpartal periods; and,
 - (b) Make a home visit by 36 weeks of pregnancy. The licensed midwife shall ensure that the setting in which the infant is to be delivered is safe, clean and conducive to the establishment and maintenance of health.
- (2) The midwife shall prepare or cause to be prepared the following facilities to be used for delivery:
 - (a) The area used for labor shall be cleaned, well lighted, well ventilated and close to the toilet.
 - (b) The delivery area should be large enough to allow ample work space and provide privacy.
 - (c) The delivery area must be organized, well lighted, clean, free from drafts and insects, near handwashing facilities and clear of unnecessary furnishings.
 - (d) A safe, clean sleeping arrangement for the infant.
- (3) The midwife shall instruct the expectant parents and ensure that appropriate supplies are on hand for use by the mother and infant at the time of delivery and early postpartum.
- (4) The midwife shall have the following equipment and supplies clean and ready for use at delivery:
 - (a) Sterile obstetrical pack.
 - (b) Bulb syringe.
 - (c) Oxygen.
 - (d) Eye prophylaxis pursuant to Section 383.04, F.S.

Rulemaking Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.006, 59DD-7.006, Amended 9-11-02.

64B24-7.010 Collaborative Management.

(1) A collaborative management agreement to provide prenatal and postpartum care must be documented in the patient's record, and must contain at a minimum:

- (a) The name, license number, practice address, and phone number of the licensed midwife;
- (b) The name, license number, practice address and phone number of the physician;
- (c) The name, address and phone numbers of the hospital where the physician holds hospital obstetrical privileges;
- (d) The name, age, address, and phone number of the patient;
- (e) All parts of the risk assessment required by Rule 64B24-7.004(2), F.A.C.; and
- (f) Explanation of any required discontinuation of care, if care was discontinued pursuant to the criteria established in the agreement.

(2) A midwife entering a collaborative management agreement may use Form DH-MQA 1057, "Collaborative Management Agreement for Prenatal and Postpartum Care," (11/2021), to meet the requirements of this section. The form is incorporated herein by reference, and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399, or via the web at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources>, or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXX>.

(3) A midwife may enter into a collaborative management agreement to provide prenatal and postpartum care within a specific healthcare facility or under the supervision of a physician group. Any such collaborative management agreement must be documented in writing, and must:

- (a) Be maintained on the premises of the health care facility;
- (b) Be updated at least annually;
- (c) Be readily accessible to the licensed midwife and the physician or physicians responsible for supervision;
- (d) Provide for supervision of the midwife and direction of the care of patients by the facility or physician group; and,
- (e) Include a plan for access to complete obstetrical services.

64B24-7.010 Collaborative Management.

(1) A midwife may provide collaborative prenatal and postpartal care to women not expected to have a normal pregnancy, labor and delivery with a physician who holds hospital obstetrical privileges maintaining supervision for directing the specific course of medical treatment.

(2) Prior to engaging in collaborative management, the licensed midwife shall:

(a) Provide and document to the department that the midwife successfully completed a course on collaborative management within an approved training program.

(b) Enter into a written protocol with a physician licensed under Chapter 458 or 459, F.S., who is actively practicing obstetrics and has hospital obstetrical privileges. The protocol shall be made on the Collaborative Management Agreement form which is incorporated by reference herein, effective 7-14-94, and can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256, and shall at a minimum contain:

1. Name, address and telephone number of patient.
2. Name, address and telephone number of midwife.
3. Name, address and telephone number of physician who will maintain supervision for directing the specific plan of medical treatment as outlined in the protocol.

4. Identification of factors.

5. Rationale of the deviation from the low-risk criteria.

6. Specific course of management and expected outcome.

7. Criteria for the discontinuance of the collaborative agreement.

(c) The protocol shall be signed and dated by the patient, licensed midwife and physician. A copy of the collaborative agreement shall be placed and maintained in the patient's record.

(d) The midwife shall provide the physician with a complete copy of all patient records pertaining to this pregnancy.

(3) A licensed midwife practicing within a health care facility or under the supervision of a physician group shall establish a written collaborative management protocol prior to providing prenatal and postnatal care to women not expected to have a normal pregnancy, labor, or delivery. The written protocol shall:

(a) Be maintained on the premises of the health care facility;

(b) Be updated at least annually;

(c) Be readily accessible to the midwife and physician;

(d) Include a plan for access to complete obstetrical services; and,

(e) Be acceptable in lieu of a patient's specific collaborative management agreement.

Rulemaking Authority 467.005 FS. Law Implemented 467.015(2) FS. History--New 7-14-94, Formerly 61E8-7.010, 59DD-7.010, Amended 9-11-02.



Collaborative Management Agreement for Prenatal and Postpartum Care

Florida Council of Licensed Midwifery
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32314-6330

Web: <http://www.floridahealth.gov/licensing-and-regulation/midwifery/>
E-mail: MQA.Midwifery@flhealth.gov

Section I. Midwife / Physician Contact Information

Name of Licensed Midwife: _____ License Number: _____

Practice Address: _____

Phone: _____

Name of Physician: _____ License Number: _____

Practice Address: _____

Phone: _____

Section II. Hospital Contact Information

Hospital Affiliation: _____

Address: _____

Hospital Phone: _____ Emergency Room Phone: _____

Labor and Delivery Phone: _____ Neonatal Unit Phone: _____

Section III. Signatures

On _____, _____
(Date) (Midwife's Name)

hereby entered into an agreement to provide collaborative prenatal/postpartum care to

_____ with _____
(Patient's Name) (Physician's Name)

As the licensed physician, I will maintain supervision and direct the specific plan of medical treatment as outlined in this protocol.

(Physician's Signature) (Date) (License Number)

As the licensed midwife, I agree to provide collaborative prenatal and postpartum care, and abide by this written protocol. I have provided a complete copy of patient records to the physician.

(Midwife's Signature) (Date) (License Number)

Section IV. Patient Information; Risk Assessment, Management of Care and Outcomes*This section is confidential and exempt from disclosure.*

Name: _____ Patient's Age: _____

Address: _____

Primary Phone (Home/Cell): _____ Work Phone: _____

Gravida/Para: _____ Estimated Due Date: _____

Patient Risk Factors:_____

_____**Rationale for Deviation from Risk Assessment Factors:**_____

_____**Management of Care Plan:**_____

_____**Expected Outcome:**_____

_____**Criteria Requiring Discontinuation of Prenatal and Postpartum Care:**_____

_____**Section V. Required Discontinuation of Collaborative Management***This section should be completed ONLY if discontinuation of collaborative management was required.**This section is confidential and exempt from disclosure.*

Collaborative Management Discontinued on: _____

Date

Explanation of Discontinuation:_____

Midwife's Signature_____
Date_____
Physician's Signature_____
Date

COLLABORATIVE MANAGEMENT AGREEMENT

Name of Licensed Midwife: _____

Address: _____

Office Phone: _____ Beeper No.: _____

Physician Name: _____

Address: _____

Office Phone: _____ Beeper No.: _____

Hospital Affiliation: _____

Address: _____

Hospital Phone: _____ ER Phone: _____ L&D Phone: _____ NU: _____

Patient's Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Age: _____ Gravida/Para: _____ EDD: _____

Patient Risk Factors: _____

Rationale for Deviation from Low Risk Criteria: _____

Management of Care Plan: _____

Expected Outcome: _____

Criteria to Discontinue Collaborative Agreement: _____

On _____, _____ hereby
(Date) (Midwife's Signature)

entered into an agreement to provide collaborative prenatal/postpartum care to

_____ with _____
(Patient's Signature) (Physician's Signature)

who will direct and supervise the course of medical management as specified above.

Discontinued On: _____
(Date) (Patient's Signature)

(Midwife's Signature) (Physician's Signature)

Explanation of Discontinuation: _____

64B24-7.011 Administration of Medicinal and Prescription Drugs.

(1) A licensed midwife may administer:

- (a) postpartum oxytocics;
- (b) prophylactic ophthalmic medication;
- (c) oxygen;
- (d) vitamin K;
- (e) RhO Immune Globulin;
- (f) local anesthetic; and
- (g) medicinal drugs not requiring a prescription pursuant to Chapter 499, F.S.

(2) A licensed midwife may administer drugs requiring prescription pursuant to Chapter 499, F.S. when they are:

- (a) prescribed to the patient by a physician who is licensed under Chapter 458 or 459, F.S.; and,
- (b) dispensed at a pharmacy and by a pharmacist which are licensed under Chapter 465, F.S.

(3) A licensed midwife must document administration of any medicinal or prescription drug in the patient's record. At a minimum, documentation of each administration must include:

- (a) the date and time of administration;
- (b) the type of medicinal or prescription drug administered;
- (c) the name of the medicinal or prescription drug administered;
- (d) the prescribing physician and dispensing pharmacy, if administering a prescription drug;
- (e) the dosage administered;
- (f) the method of administration;
- (g) the location of the injection site or topical application; and,
- (h) the effect of the drug on the patient.

(4) A midwife licensed prior to October 1, 1992 may administer certain medicinal drugs during intrapartal, postpartal and neonatal care if the midwife successfully completed a course in the practice of administering medicinal drugs within an approved training program.

Rulemaking Authority 467.005 FS. Law Implemented 467.006(2), 467.015(3) FS. History—New 7-14-94, Formerly 61E8-7.011, 59DD-7.011, Amended 9-11-02, _____.

64B24-7.011 Administration of Medicinal and Prescription Drugs.

~~(1) A midwife licensed prior to October 1, 1992, may administer certain medicinal drugs during intrapartal, postpartal and neonatal care, if prior to administering such drugs, the licensee has successfully completed a course in the practice of administering medicinal drugs within an approved training program.~~

~~(2) A midwife may administer only those drugs which have been prescribed by a physician licensed under Chapter 458 or 459, F.S., pursuant to Chapter 499, F.S., and dispensed at a pharmacy permitted by Chapter 465, F.S., and by a pharmacist licensed pursuant to Chapter 465, F.S.~~ (1) A licensed midwife may administer:

~~(3) The midwife may administer the following:~~

(a) ~~p~~Postpartum oxytocics;

(b) ~~p~~Prophylactic ophthalmic medication;

(c) ~~Oxygen~~oxygen;

(d) ~~v~~Vitamin K;

(e) RhO Immune Globulin;

(f) ~~L~~ocal anesthetic; and

~~(g) medicinal drugs not requiring a prescription pursuant to Chapter 499, F.S.~~

~~(2) A licensed midwife may administer drugs requiring prescription pursuant to Chapter 499, F.S. when they are:~~

~~(a) prescribed to the patient by a physician who is licensed under Chapter 458 or 459, F.S.; and~~

~~(b) dispensed at a pharmacy and by a pharmacist which are licensed under Chapter 465, F.S.~~

~~(g) Other medications as prescribed by the physician.~~

~~(34) After administering any medicinal drug, the~~ A licensed midwife shall must document administration of any medicinal or prescription drug in the ~~medical record~~ patient's record. At a minimum, documentation of each administration must include:

~~(a) the date and time of administration;~~

~~(b) the -of-the-patient the type of medicinal or prescription drug (s)-administered;~~

~~(c) the name of the medicinal or prescription drug administered;~~

~~(d) the prescribing physician and dispensing pharmacy, if administering a prescription drug;~~

~~(e) the dosage administered;~~

~~(f) the method of administration;~~

~~(g) the location of the injection site, or topical application; the date and time; and,~~

~~(h) the drug's effect of the drug on the patient.~~

~~(4) A midwife licensed prior to October 1, 1992 may administer certain medicinal drugs during intrapartal, postpartal and neonatal care if the midwife successfully completed a course in the practice of administering medicinal drugs within an approved training program.~~

64B24-7.011 Administration of Medicinal Drugs.

(1) A midwife licensed prior to October 1, 1992, may administer certain medicinal drugs during intrapartal, postpartal and neonatal care, if prior to administering such drugs, the licensee has successfully completed a course in the practice of administering medicinal drugs within an approved training program.

(2) A midwife may administer only those drugs which have been prescribed by a physician licensed under Chapter 458 or 459, F.S., pursuant to Chapter 499, F.S., and dispensed at a pharmacy permitted by Chapter 465, F.S., and by a pharmacist licensed pursuant to Chapter 465, F.S.

(3) The midwife may administer the following:

- (a) Postpartum oxytocics.
- (b) Prophylactic ophthalmic medication.
- (c) Oxygen.
- (d) Vitamin K.
- (e) RhO Immune Globulin.
- (f) Local anesthetic.
- (g) Other medications as prescribed by the physician.

(4) After administering any medicinal drug, the midwife shall document in the medical record of the patient the type of drug(s) administered, name of drug, dosage, method of administration, injection site, or topical, the date and time, and the drug's effect.

Rulemaking Authority 467.005 FS. Law Implemented 467.006(2), 467.015(3) FS. History—New 7-14-94, Formerly 61E8-7.011, 59DD-7.011, Amended 9-11-02.

64B24-7.013 Requirement for Insurance; Financial Responsibility of Midwives.

(1) Licensed midwives must carry professional liability insurance coverage in an amount not less than \$100,000.00 per claim, with a minimum annual aggregate of not less than \$300,000.00, through:

- (a) an authorized insurer as defined under Section 624.09, F.S.;
- (b) a surplus lines insurer as defined under Section 626.914, F.S.;
- (c) a risk retention group as defined under Section 627.942, F.S.;
- (d) the Joint Underwriting Association established under Section 627.351(4), F.S.; or
- (e) a plan of self-insurance as provided in Section 627.357, F.S.

(2) A licensed midwife is exempt from the requirement to carry professional liability insurance if the licensed midwife:

(a) practices exclusively as an officer, employee, or agent of the Federal Government or the state or its agencies or subdivisions, who maintains insurance coverage for the licensed midwife that is equivalent to or exceeds the requirements of this section. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of Section 768.28(15), F.S., or who is a volunteer under Section 110.501(1), F.S.; or,

(b) holds a license in inactive status and is not practicing; or,

(c) practices only in conjunction with a teaching position at an approved midwifery school and to the extent that such practice is incidental and necessary to teaching duties, provided the approved midwifery school maintains coverage for the licensed midwife that is equivalent to or exceeds the requirements of this section; or,

(d) does not practice midwifery in Florida; or,

(e) does not have malpractice exposure in Florida.

(3) A licensed midwife must submit attestation of professional liability insurance coverage or exemption from the requirement for insurance on Form DH-MQA XXXX, "Council of Licensed Midwifery – Financial Responsibility," (XX/XXXX), incorporated herein by reference and available from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL, 32399, or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>, or by online submission via the website located at <https://flhealthsource.gov/mqa-services>, when the licensee is no longer exempt from the requirement to carry professional insurance pursuant to this rule, when the licensee becomes exempt from the requirement to carry insurance pursuant to this rule, and at each license renewal.

Rulemaking Authority 409.908(12), 467.005 FS. Law Implemented 409.908(12), 467.014 FS. History—New 7-14-94, Formerly 59DD-7.013, 61E8-7.013, Amended 5-4-98, 4-26-99, 9-11-02, _____.

64B24-7.013 Requirement for Insurance; Financial Responsibility of Midwives.

~~(1) Licensed midwives must carry (1) Except as provided herein, applicants for licensure, applicants for licensure reactivation, and applicants for licensure renewal shall at the time of application submit proof of professional liability insurance coverage in an amount not less than \$100,000.00 per claim, with a minimum annual aggregate of not less than \$300,000.00, from through:~~

~~(a) an authorized insurer as defined under Section 624.09, F.S.;~~

~~(b) from a surplus lines insurer as defined under Section 626.914, F.S.;~~

~~(c) from a risk retention group as defined under Section 627.942, F.S.;~~

~~(d) from the Joint Underwriting Association established under Section 627.351(4), F.S.;~~ or

~~(e) or through a plan of self-insurance as provided in Section 627.357, F.S.~~

~~(2) A licensed midwife is exempt from the requirement to carry professional liability insurance if the licensed midwife:~~

~~(2) A licensed midwife who~~ practices exclusively as an officer, employee, or agent of the Federal Government or the state or its agencies or subdivisions, ~~who shall submit proof to the department that coverage equivalent to or exceeding this section is maintained maintains insurance coverage for the licensed midwife that is equivalent by her employer on her behalf to or exceeds the requirements of this section.~~ For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of Section 768.28(15), F.S., or who is a volunteer under Section 110.501(1), F.S.; or,

~~(b) holds a license in inactive status and is not practicing; or,~~

~~(c) A licensed midwife who practices only in conjunction with a teaching duties position at an approved midwifery school and to the extent that such practice is incidental and necessary to teaching duties, provided the approved midwifery school maintains shall submit proof to the department that coverage for the licensed midwife that is equivalent to or exceeds the requirements of this section; or, equivalent to or exceeding this section is maintained by her employer on her behalf. A licensed midwife may engage in the practice of midwifery only to the extent that such practice is incidental to and a necessary part of duties in conjunction with the teaching position in the school unless the midwife provides proof of coverage as provided by subsection (1) or (2).~~

~~(d) A licensed midwife who does not practice midwifery in this state Florida; or,~~

~~(e) does not have malpractice exposure in Florida shall submit written proof to the department that the licensed midwife does not practice midwifery and shall be required to submit proof of professional liability coverage as required by this section to the department at least 15 days prior to practicing midwifery in this state.~~

(3) A licensed midwife must submit attestation of professional liability insurance coverage or exemption from the requirement for insurance on Form DH-MQA XXXX, "Council of Licensed Midwifery – Financial Responsibility," (XX/XXXX), incorporated herein by reference and available from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL, 32399, or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>, or by online submission via the website located at <https://flhealthsource.gov/mqa-services>, when the licensee is no longer exempt from the requirement to carry professional insurance pursuant to this rule, when the licensee becomes exempt from the requirement to carry insurance pursuant to this rule, and at each license renewal.

Rulemaking Authority 409.908(12), 467.005 FS. Law Implemented 409.908(12), 467.014 FS. History—New 7-14-94, Formerly 59DD-7.013, 61E8-7.013, Amended 5-4-98, 4-26-99, 9-11-02, _____.

64B24-7.013 Requirement for Insurance.

(1) Except as provided herein, applicants for licensure, applicants for licensure reactivation, and applicants for licensure renewal shall at the time of application submit proof of professional liability insurance coverage in an amount not less than \$100,000.00 per claim, with a minimum annual aggregate of not less than \$300,000.00 from an authorized insurer as defined under Section 624.09, F.S., from a surplus lines insurer as defined under Section 626.914, F.S., from a risk retention group as defined under Section 627.942, F.S., from the Joint Underwriting Association established under Section 627.351(4), F.S., or through a plan of self-insurance as provided in Section 627.357, F.S.

(2) A licensed midwife who practices exclusively as an officer, employee, or agent of the Federal Government or the state or its agencies or subdivisions shall submit proof to the department that coverage equivalent to or exceeding this section is maintained by her employer on her behalf. For purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of Section 768.28(15), F.S., or who is a volunteer under Section 110.501(1), F.S.

(3) A licensed midwife who practices only in conjunction with teaching duties at an approved midwifery school shall submit proof to the department that coverage equivalent to or exceeding this section is maintained by her employer on her behalf. A licensed midwife may engage in the practice of midwifery only to the extent that such practice is incidental to and a necessary part of duties in conjunction with the teaching position in the school unless the midwife provides proof of coverage as provided by subsection (1) or (2).

(4) A licensed midwife who does not practice midwifery in this state shall submit written proof to the department that the licensed midwife does not practice midwifery and shall be required to submit proof of professional liability coverage as required by this section to the department at least 15 days prior to practicing midwifery in this state.

Rulemaking Authority 409.908(12), 467.005 FS. Law Implemented 409.908(12), 467.014 FS. History—New 7-14-94, Formerly 59DD-7.013, 61E8-7.013, Amended 5-4-98, 4-26-99, 9-11-02.

64B24-7.004 Risk Assessment; Emergency Care; Consultation, Referral, and Transfer.

(1) DEFINITIONS.

(a) “Consultation” means communication between a licensed midwife and a physician with hospital obstetrical privileges for the purposes of assessing whether the patient may be expected to have a normal pregnancy, labor, and delivery.

(b) “General Emergency Care Plan” means a written plan developed pursuant to s. 467.017(1), F.S. made on form DH-MQA 1077, “General Emergency Care Plan for Licensed Midwives,” which is incorporated herein by reference, and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL, 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>. which is effective until the development of an Individual Emergency Care Plan. The General Emergency Care Plan must be submitted to the Department with any application for license, renewal, or reinstatement, pursuant to s. 467.017, Florida Statutes.

(c) “Individual Emergency Care Plan” means a written plan developed with and for a specific patient pursuant to s. 467.017(1), F.S., which may be made on form DH-MQA XXXX, “Individual Emergency Care Plan” (XX/XXXX), incorporated herein by reference, which may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL, 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>. An Individual Emergency Care Plan must be complete and documented in the patient’s record by 36 weeks of pregnancy.

(d) “Referral” means a request made by a licensed midwife to a physician with hospital obstetrical privileges for the purposes of assessing whether a patient may be expected to have a normal pregnancy, labor, and delivery.

(e) “Risk assessment factors” means the factors which determine whether a patient may be expected to have a normal labor and childbirth as defined in s. 467.003(9), F.S. These factors are enumerated in Section II: Risk Assessment Factors, on form DH-MQA 5072, “Initial and Ongoing Risk Assessment for Midwifery Care” (11/2021), which is incorporated herein by reference and may be obtained from the council office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 or from the website located at <http://www.floridahealth.gov/licensing-and-regulation/midwifery/resources/> or at <https://www.flrules.org/Gateway/reference.asp?No=XXXXXX>.

(f) “Risk assessment score” means the score obtained by using the risk assessment factors, which determines whether a patient may be expected to have a normal pregnancy, labor, and delivery. The risk assessment scoring is specified in Section II: Risk Assessment Factors, on form DH-MQA 5072, “Initial and Ongoing Risk Assessment for Midwifery Care” (11/2021).

(g) “Transfer” or “transfer of care” means a required discontinuation of care by a licensed midwife when a patient can no longer be expected to have a normal pregnancy, labor, delivery, or the patient or neonate is not expected to stabilize postpartum, where care is assumed by another health care provider. Transfer of a patient is completed by executing the General Emergency Care Plan or the Individual Emergency Care Plan of the patient if completed or any time after 36 weeks of pregnancy.

(2) INITIAL RISK ASSESSMENT.

A licensed midwife must complete a risk assessment upon acceptance of a patient into care. The initial assessment must include obtaining the patient's detailed medical history, performing a physical examination, and determining the patient's risk assessment score.

- (a) Initial risk assessment must be documented in the patient's record immediately following acceptance into care.
- (b) A patient with a risk assessment score of less than three may be expected to have a normal pregnancy, labor, and delivery and may continue in the midwife's care.
- (c) A patient with a risk assessment score of three or higher may not continue in the midwife's care without consultation or referral. For the patient to continue in the midwife's care, the midwife and physician must reach a joint decision that the patient may be expected to have a normal pregnancy, labor, and delivery, and document the consultation or referral in the patient's record.

(3) RISK ASSESSMENT FOR PRENATAL AND POSTPARTUM COLLABORATIVE MANAGEMENT.

A licensed midwife may assess risk and enter into a collaborative management agreement with a physician with hospital obstetrical privileges to provide prenatal and postpartum care to patients, including patients with a risk assessment score of three or higher, pursuant to s. 467.015(2), F.S. and Rule 64B24-7.010, F.A.C. A collaborative management agreement to provide prenatal and postpartum care must assess risk to the patient, and contain at a minimum:

- (a) the number of pregnancies and live births of the patient;
- (b) identification of risks to the patient;
- (c) rationale for deviation from risk assessment factors and scoring;
- (d) the plan to manage the patient's care;
- (e) the expected outcome; and,
- (f) the criteria which would require discontinuation prenatal and postpartum care.

(4) ONGOING RISK ASSESSMENT.

Licensed midwives must continue assessing risk for patients in their care.

- (a) Ongoing risk assessment must be documented in the patient's record.
- (b) A patient with a cumulative risk assessment score of three or higher may not continue in the midwife's care without consultation or referral. The patient may continue in the midwife's care if the midwife and physician reach a joint decision that the patient may be expected to have a normal pregnancy, labor, and delivery, and the midwife documents the consultation or referral and determination in the patient's record.

(5) ANTEPARTAL RISK ASSESSMENT; CONSULTATION, REFERRAL, AND TRANSFER.

Licensed midwives must assess for specific risks associated with conditions presenting antepartum, and are required to consult, refer, or transfer upon presentation of certain conditions.

- (a) A licensed midwife must transfer care of the patient if any of the following conditions present antepartum:

1. known or suspected genetic or congenital abnormalities;
2. fetal chromosomal disorders;
3. multiple gestation;
4. pre-eclampsia;
5. intrauterine growth restriction;
6. gestational age exceeding 42 weeks;
7. thrombophlebitis; or
8. laboratory evidence of Rh sensitization.

(b) A patient presenting any of the following during the antepartum period may not continue in the midwife's care without consultation or referral. The patient may continue in the midwife's care if the midwife and physician reach a joint decision that the patient may be expected to have a normal pregnancy, labor, and delivery, and the midwife documents the consultation or referral and determination in the patient's record.

1. hematocrit of less than 33% at 37 weeks gestational age;
2. hemoglobin less than 11g/100ml at 37 weeks gestational age;
3. unexplained vaginal bleeding;
4. weight change of less than twelve or more than fifty pounds at term;
5. non-vertex presentation persisting past 37 weeks gestational age;
6. gestational age between 41 and 42 weeks;
7. genital herpes confirmed clinically or by culture at term;
8. documented asthma attack;
9. gestational diabetes confirmed by an abnormal finding on a glucose tolerance test;
10. hyperemesis that does not respond to supportive care; or
11. other obstetrical, medical, or surgical complications not requiring transfer under Rule 64B24-7.004(5)(a), F.A.C.

(6) INTRAPARTAL RISK ASSESSMENT; CONSULTATION, REFERRAL AND TRANSFER.

Licensed midwives must assess for specific risks associated with conditions presenting intrapartum, and are required to consult, refer, or transfer upon presentation of certain conditions.

(a) If any of the following conditions present intrapartum, the licensed midwife must transfer care of the patient:

1. onset of labor at less than 37 weeks gestational age;
2. non-vertex presentation in labor;
3. evidence of fetal distress that is non-responsive to intrauterine resuscitative measures;
4. moderate to severe meconium staining, or particulate meconium staining;
5. pregnancy induced hypertension (140/90, or an increase of 30 mm/hg of systolic or 15mm/hg diastolic above baseline); or,
6. cord prolapse.

(b) A patient presenting any of the following during the intrapartum period may not continue in the midwife's care without consultation or referral. The patient may continue in the midwife's care if the midwife and physician make a joint determination that the patient may be expected to have a

normal labor and childbirth as defined in s. 467.003(9), F.S., and the midwife documents the consultation or referral and determination in the patient's record.

1. rupture of membranes occurring more than 12 hours before onset of regular active labor;
2. abnormal fetal heart tones;
3. fetal weight estimated at less than 2,500 grams or greater than 4,000 grams;
4. failure to progress (first stage: lack of steady progress in dilation and descent after 24 hours in primipara and 18 hours in multipara; second stage: more than two hours without progress in descent; third stage: more than one hour during active labor);
5. severe vulvar varicosity;
6. marked edema of the cervix;
7. active bleeding;
8. active infectious process; or
9. other obstetrical, medical, or surgical complications not requiring transfer under Rule 64B24-7.004(6)(a), F.A.C.

(7) POSTPARTAL RISK ASSESSMENT; CONSULTATION, REFERRAL AND TRANSFER.

Licensed midwives must assess for specific risks associated with conditions presenting postpartum, and are required to consult, refer, or transfer upon presentation of certain conditions.

(a) If any of the following conditions present postpartum, the licensed midwife must transfer care pursuant to the patient's Individual Emergency Care Plan:

1. an Apgar score of less than seven at five minutes;
2. fetal weight of less than 2,500 grams;
3. signs of prematurity;
4. signs of jaundice;
5. persistent hypothermia (a body temperature of less than 97 degrees Fahrenheit by rectal measurement after two hours of life);
6. respiratory problems;
7. exaggerated tremors;
8. major congenital anomaly;
9. retained placenta; or,
10. postpartum hemorrhage.

(b) A patient or neonate presenting any of the following conditions may not continue in the midwife's care without consultation or referral. For the patient and neonate to continue in the midwife's care, the midwife and physician must make a joint determination that the condition of the patient and neonate may be expected to stabilize, and the midwife must document the consultation or referral in the patient's record.

1. signs of postmaturity;
2. any condition requiring more than four hours of postdelivery observation; or,
3. other obstetrical, medical, or surgical complications not requiring transfer under Rule 64B24-7.004(7)(a), F.A.C.

64B24-7.004 Risk Assessment.

(1) For each patient, the licensed midwife shall assess risk status criteria for acceptance and continuation of care. The general health status and risk assessment shall be determined by the licensed midwife by obtaining a detailed medical history, performing a physical examination, and taking into account family circumstances along with social and psychological factors. The licensed midwife shall risk screen potential patients using the criteria in this section. If the risk factor score reaches 3 points the midwife shall consult with a physician who has obstetrical hospital privileges and if there is a joint determination that the patient can be expected to have a normal pregnancy, labor and delivery the midwife may provide services to the patient. When a client has a risk score of 3 or higher and has previously had a physician consultation for the identical risk factors in a prior pregnancy with no current changes in health or risk factors another consultation is not required.

(2) The licensed midwife shall continue to evaluate a patient during the antepartum, intrapartum and postpartum. If the cumulative risk score reaches three points or higher and the patient is not expected to have a normal pregnancy, labor and delivery, the midwife shall transfer such patient out of his or her care. The midwife may provide collaborative care to the patient pursuant to Rule 64B24-7.010, F.A.C.

(3) The risk factors shall be scored as follows:	Score
(a) Socio-Demographic Factors.	
1. Chronological age under 16, or older than 40.	1
2. Residence of anticipated birth more than 30 minutes from emergency care.	3
(b) Documented Problems in Maternal Medical History.	
1. Cardiovascular System.	
a. Chronic hypertension.	3
b. Heart disease.	3
c. Heart disease assessed by a cardiologist which places the mother or fetus at no risk.	1
d. Pulmonary embolus.	3
e. Congenital heart defects.	3
(i) Congenital heart defects assessed by a cardiologist which places the mother or fetus at no risk.	1
2. Urinary System.	
a. Renal disease.	3
b. History of pyelonephritis.	1
3. Psycho-Neurological.	
a. History of psychotic episode adjudged by psychiatric evaluation and which required use of drugs related to its management, but not currently on medication.	1
b. Current mental health problems.	
Requiring drug therapy.	3
c. Epilepsy or seizures in the last two years.	3
d. Required use of anticonvulsant drugs.	3
e. During the current pregnancy, drug or alcohol addiction, use of addicting drugs.	3
f. Severe undiagnosed headache.	3
4. Endocrine System.	
a. Diabetes mellitus.	3
b. History of gestational diabetes.	1
c. Current thyroid disease.	
(I) Euthyroid.	1
(II) Non-Euthyroid.	3
5. Respiratory System.	
a. Chronic bronchitis.	1
(I) Current or chronic or with medication.	3
(II) Without medication or current problems.	1
b. Smoking.	
(I) 10 or less cigarettes per day.	1

(II) More than 10 cigarettes per day.	3	
6. Other Systems.		
a. Bleeding disorder or hemolytic disease.	3	
b. Cancer of the breast in the past five years.	3	
7. Documented Problems in Obstetrical History		
a. Expected Date of Delivery (EDD) less than 12 months from date of previous delivery.	1	
b. Previous Rh sensitization.	3	
c. 5 or more term pregnancies.	3	
d. Previous abortions.		
(I) 3 or more consecutive spontaneous abortions.	3	
(II) Two consecutive spontaneous abortions or more than three spontaneous abortions.	1	
(III) 1 septic abortion.	3	
e. Uterus.		
(I) Incompetent cervix, with related medical treatment.	3	
(II) Prior uterine surgery.	3	
(III) Prior uterine surgery followed by an uncomplicated vaginal birth.	2	
f. Previous placenta abruptio.	3	
g. Previous placenta previa.	1	
h. Severe pregnancy induced hypertension during last pregnancy.	2	
i. Postpartum hemorrhage apparently unrelated to management.	3	
8. Physical Findings of Previous Births		
a. Stillbirth occurring at more than 20 weeks gestation or neonatal loss (other than cord accident).	3	
b. Birthweight.		
(I) Less than 2500 grams or two or more previous premature labors without a subsequent low risk pregnancy and full term appropriate for gestational age (AGA) infant.	3	
(II) Less than 2500 grams or two or more previous premature labors with one or more full term AGA infant(s) subsequently delivered, after a low risk pregnancy.	1	
(III) More than 4000 grams.	1	
c. Major congenital malformations, genetic, or metabolic disorder.	3	
9. Maternal Physical Findings.		
a. Gestation.		
(I) Of more than 22 weeks in the patient's first pregnancy (nullipara), unless the patient provides a copy of a medical record documenting a prenatal physical examination and prenatal care by a licensed physician, advanced registered nurse practitioner, or licensed midwife trained in obstetrics and gynecology who regularly provides maternity care.	3	
(II) Of more than 28 weeks if the patient has had at least one previous viable birth (multipara), unless the patient provides a copy of a medical record documenting a prenatal physical examination and prenatal care by a licensed physician, advanced registered nurse practitioner, or licensed midwife trained in obstetrics and gynecology who regularly provides maternity care.	3	
b. Prepregnant weight is not within the range of the following weights by height:	2	
Height in Inches Without Shoes	Prepregnant Minimum Weight in Pounds	Prepregnant Maximum Weight in Pounds
56	83	143
57	85	146
58	86	150
59	89	153
60	92	157
61	95	161
62	97	166
63	100	170

64	103	175	
65	106	180	
66	110	185	
67	113	190	
68	117	196	
69	121	202	
70	124	208	
71	128	212	
72	131	217	
73	135	222	
c. Evidence of clinically diagnosed pathological uterine myoma or malformations, abdominal or adnexal masses.			3
d. Polyhydramnios or oligohydramnios.			
(I) Prior pregnancy.			2
(II) Current pregnancy.			3
e. Cardiac diastolic murmur, systolic murmur grade III or above, or cardiac enlargement.			3
10. Current Laboratory Findings.			
a. Hematocrit/Hemoglobin.			
(I) Less than 31% or 10.3 gm/100 ml.			1
(II) Less than 28% or 9.3 gm/100 ml.			3
b. Sickle cell anemia.			3
c. Pap smear suggestive of dysplasia.			3
d. Evidence of active tuberculosis.			3
e. Positive serologic test for syphilis confirmed active.			3
f. HIV positive.			3

Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 467.015 FS. History--New 7-14-94, Formerly 61E8-7.004, 59DD-7.004, Amended 9-11-02, 2-2-06, 4-1-09.



Initial and Ongoing Risk Assessment for Midwifery Care

Florida Department of Health
Council of Licensed Midwifery

This form shall be retained as part of patient records.
DO NOT submit this form to the Council office.

Section I: Client Information

Client Name: _____
Client Age: _____
General Practitioner: _____

Section II: Risk Assessment Factors

Socio-Demographic Factors

- | | | |
|---|--------------------------------|----------------------------|
| 1. Is the client under 16 years of age or over 40 years of age? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 2. Is the anticipated birthing site more than thirty minutes from emergency care? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

Documented Problems in Maternal Medical History

A. Cardiovascular System

- | | | |
|--|--------------------------------|----------------------------|
| 3. Does the client have chronic hypertension? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 4. Does the client have a history of heart disease?
(if "N", skip to question 5) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. The heart disease has been assessed by a cardiologist, Maternal Fetal Medicine (MFM) specialist, or Perinatology specialist and has been determined to place the mother or fetus at risk, OR the heart disease has not been assessed by a cardiologist. | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. The heart disease has been assessed by a cardiologist, maternal fetal medicine (MFM) specialist, or Perinatology specialist and has been determined to place the mother or fetus at no risk. | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 5. Does the client have pulmonary embolus? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 6. Does the client have a congenital heart defect?
(if "N", skip to question 7) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. The congenital heart defect has been assessed by a cardiologist, Maternal Fetal Medicine (MFM) specialist, or Perinatology specialist and has been determined to place the mother or fetus at risk, OR the congenital heart defect has not been assessed by a cardiologist. | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. The congenital heart defect has been assessed by a cardiologist, Maternal Fetal Medicine (MFM) specialist, or Perinatology specialist and has been determined to place the mother or fetus at no risk. | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |

B. Urinary System

- | | | |
|--|--------------------------------|----------------------------|
| 7. Does the client have a history of renal disease? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 8. Does the client have a history of pyelonephritis? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |

C. Psycho-Neurological Factors

- | | | |
|--|--------------------------------|----------------------------|
| 9. Is the client currently prescribed medication(s) related to the treatment of any mental health condition? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 10. Does the client have a history of epilepsy or seizures within the last two years? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 11. Is the client required to use anticonvulsant drugs? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

12. During the current pregnancy, is the client:

- | | | |
|---|--------------------------------|----------------------------|
| a. addicted to the use of drugs or alcohol? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. using addictive drugs? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 13. Does the client experience severe, undiagnosed headaches? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

D. Endocrine System

- | | | |
|---|--------------------------------|----------------------------|
| 14. Does the client have a history of diabetes mellitus? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 15. Does the client have a history of gestational diabetes? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 16. Does the client have thyroid disorder? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <i>(If "N", skip to question 17)</i> | | |
| a. Non-Euthyroid | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. Euthyroid | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |

E. Respiratory System

- | | | |
|---|--------------------------------|----------------------------|
| 17. Does the client currently have any respiratory infection or condition? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <i>(If "N", skip to question 18)</i> | | |
| a. The client has not been diagnosed or is not on medication. | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. The client has been diagnosed and has been prescribed medication. | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 18. Does the client have a history with chronic respiratory infections or conditions? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 19. Does the client smoke? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <i>(If "N", skip to question 20)</i> | | |
| a. The client smokes more than 10 cigarettes a day | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. The client smokes 10 or less cigarettes a day | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |

F. Other Systems

- | | | |
|--|--------------------------------|----------------------------|
| 20. Does the client have a bleeding disorder or hemolytic disease? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 21. Has the client had breast cancer within the last five years? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

Documented Problems in Obstetrical History

- | | | |
|--|--------------------------------|----------------------------|
| 22. Is the expected delivery date (EDD) less than 12 months from the date of previous delivery? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 23. Does the client have a history of Rh sensitization? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 24. Has the client had five or more term pregnancies? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 25. Has the client had a history of abortion? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <i>(If "N", skip to question 26)</i> | | |
| a. Has the client had three or more consecutive spontaneous abortions? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. Has the client had a septic abortion? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| c. Has the client had two consecutive spontaneous abortions, OR three or more spontaneous abortions? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 26. Does the client have an incompetent cervix? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 27. Has the client had prior uterine surgery? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <i>(If "N", skip to question 28)</i> | | |
| a. The client has not had an uncomplicated vaginal birth following prior uterine surgery. | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. The client has had an uncomplicated vaginal birth following prior uterine surgery. | <input type="checkbox"/> Y (2) | <input type="checkbox"/> N |
| 28. Has the client had previous <i>placenta abruptio</i> ? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 29. Has the client had previous <i>placenta previa</i> ? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 30. Did the client have severe pregnancy induced hypertension during their last pregnancy? | <input type="checkbox"/> Y (2) | <input type="checkbox"/> N |
| 31. Did the client have a postpartum hemorrhage apparently unrelated to management? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

Physical Findings

A. Physical Findings of Previous Births

- | | | |
|--|--------------------------------|----------------------------|
| 32. Did the client have a stillbirth occurring at more than 20 weeks gestation OR neonatal loss, other than a cord accident? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 33. Has the client had delivered an infant less than 2,500 grams, OR has the client had two or more instances of premature labor?
(If "N", skip to question 34) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. The client has not delivered subsequently OR subsequent deliveries were not low risk or were not full term appropriate for gestational age infant (AGA). | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| b. The client has subsequently delivered one or more full term appropriate for gestational age infants (AGA), following a low risk pregnancy. | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 34. Has the client delivered an infant more than 4,000 grams? | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| 35. Has the client delivered an infant with major congenital malformations or genetic or metabolic disorders? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

B. Maternal Physical Findings

- | | | |
|---|--------------------------------|----------------------------|
| 36. Is the client at more than 22 weeks gestation in their first pregnancy (nullipara), and has not provided medical records documenting a prenatal physical examination and prenatal care by a licensed physician, Advanced Practice Registered Nurse, or licensed midwife trained in obstetrics and gynecology who regularly provides maternity care. | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 37. Is the client at more than 28 weeks gestation after having at least one previous viable birth (multipara) and has not provided medical records documenting a prenatal physical examination and prenatal care by a licensed physician, Advanced Practice Registered Nurse, or licensed midwife trained in obstetrics and gynecology who regularly provides maternity care. | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 38. Has the client's pre-pregnant Body Mass Index (BMI) been determined to be less than 18.5 or greater than 30.0? | <input type="checkbox"/> Y (2) | <input type="checkbox"/> N |
| 39. Is there evidence that the client has clinically diagnosed pathological uterine myoma or malformations, or abdominal or adnexal masses? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 40. Does the client currently have polyhydramnios or oligohydramnios? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 41. Does the client have a history of polyhydramnios or oligohydramnios? | <input type="checkbox"/> Y (2) | <input type="checkbox"/> N |
| 42. Does the client have a cardiac systolic murmur (grade III or above), cardiac diastolic murmur, or cardiac enlargement? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |

Current Laboratory Findings

- | | | |
|--|--------------------------------|----------------------------|
| 43. Does the client have a hematocrit/hemoglobin count of less than 31% (10.3g/mL)?
(If "N", skip to question 44) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. The client has a hematocrit/hemoglobin count of less than 31% (10.3g/mL), and more than 28% (9.3g/mL). | <input type="checkbox"/> Y (1) | <input type="checkbox"/> N |
| b. The client has a hematocrit/hemoglobin count of less than 28% (9.3g/mL). | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 44. Has the client tested positive for sickle cell anemia? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 45. Has a pap smear suggested dysplasia? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 46. Is there evidence of active tuberculosis? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 47. Has the client had a positive serologic test for syphilis confirmed active? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |
| 48. Is the client HIV positive? | <input type="checkbox"/> Y (3) | <input type="checkbox"/> N |



General Emergency Care Plan for Licensed Midwives

Florida Council of Licensed Midwifery
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32314-6330

Web: <http://www.floridahealth.gov/licensing-and-regulation/midwifery/>
E-mail: MQA.Midwifery@flhealth.gov

Section I. General Information

An emergency care plan is required pursuant to Section 467, Florida Statutes, and must address consultation with other health care providers, the emergency transfer of patients, and access to neonatal intensive care units and obstetrical units or other patient care areas.

*This **General Emergency Care Plan** must be submitted to the Department with any application for license, renewal, or reinstatement, and is effective for any patient under a licensed midwife's care until such time as an **Individual Emergency Care Plan** is developed with the patient. An **Individual Emergency Care Plan** must be developed with each patient at no later than 36 weeks.*

Section II. Midwife Information

Midwife Name: _____ License Number: MW _____

Midwife Contact: (____) - ____ - ____ (____) - ____ - ____
Home Phone Cell Phone

Primary Practice Setting:

☐ Home Birth

☐ Birth Center: _____
Name of Birth Center

☐ Hospital: _____
Name of Hospital

Primary Practice Address: _____
Street Address City State ZIP Code

Does your primary practice setting have a standard emergency care plan?

☐ Yes, I work in a facility with a standard emergency care plan.

Attach a copy of the standard emergency care plan for your facility to this form and continue to Section VII. Affirmation.

☐ No, I do not work in a facility with a standard emergency care plan.

Continue to Section III – Plan for Consultation, Referral and Transfer.

Section III. Plan for Consultation, Referral and Transfer

Planning for consultation, referral or transfer must comply with Rule 64B24-7.004, F.A.C.



Individual Emergency Care Plan for Licensed Midwives

Florida Council of Licensed Midwifery
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32314-6330

Web: <http://www.floridahealth.gov/licensing-and-regulation/midwifery/>
E-mail: MQA.Midwifery@flhealth.gov

Section I. General Information

An emergency care plan is required pursuant to Section 467, Florida Statutes, and must address consultation with other health care providers, the emergency transfer of patients, and access to neonatal intensive care units and obstetrical units or other patient care areas.

*An **Individual Emergency Care Plan** must be developed with each patient at no later than 36 weeks. The **Individual Emergency Care Plan** must be retained as a part of the patient record. Do not submit Individual Emergency Care Plans to the Council office.*

Section II. Patient Information; Midwife Information; Practice Setting

Patient Name: _____ Date of Birth: _____

Midwife Name: _____ License Number: MW _____

Midwife Contact: (____) - ____ - ____ (____) - ____ - ____
Home Phone Cell Phone

Practice Setting Elected by Patient:

☐ Home Birth

☐ Birth Center: _____
Name of Birth Center

☐ Hospital: _____
Name of Hospital

Practice Setting Address: _____
Street Address City State ZIP Code

Will you be using a General Emergency Care Plan or standard emergency care plan for the practice setting (facility) where services are to be provided?

☐ Yes, the facility indicated above has a standard emergency care plan, I have reviewed that standard emergency care plan with the patient, and the patient has accepted that plan as their Individual Emergency Care Plan.

Continue to Section VII – Affirmation.

☐ Yes, I have reviewed my General Emergency Care Plan with the patient, and the patient has accepted that plan as their Individual Emergency Care Plan.

Continue to Section VII – Affirmation.

☐ No, I will not be using my General Emergency Care Plan, nor a standard emergency care plan implemented in the practice setting listed above. I have developed an Individual Emergency Care Plan below with my patient below.

Continue to Section III – Plan for Consultation, Referral and Transfer.

Section III. Plan for Consultation, Referral and Transfer

Planning for consultation, referral or transfer must comply with Rule 64B24-7.004, F.A.C.

Section IV. Emergency Transfer - Hospitals

List the first and primary and alternate options for transfer of care in the event hospitalization is required.

Primary Hospital Name: _____

Hospital Address: _____
Street Address City State ZIP Code

ER Phone: (____) – ____ - _____ Labor and Delivery Phone: (____) – ____ - _____

☐ NICU ☐ Perinatal Unit

Alternate Hospital Name: _____

Hospital Address: _____
Street Address City State ZIP Code

ER Phone: (____) – ____ - _____ Labor and Delivery Phone: (____) – ____ - _____

☐ NICU ☐ Perinatal Unit**Section V. Emergency Transfer – Emergency Medical Services (EMS) Transport Entity**

List the EMS (911) transport entity in your practice area.

☐ City: _____ ☐ County: _____**Section VI. Physician Arrangement**

If you have an arrangement with a physician, complete this section. If you do not have an arrangement with a physician, continue to Section VII. Affirmation.

Physician Name: _____ License Number: _____

Physician Phone: (____) – ____ - _____

Physician Practice Address: _____
Street Address City State ZIP Code

Section VII. Affirmation

If patient complications arise, I will consult, refer, or transfer to the appropriate health care provider, facility or licensed physician as provided in this Individual Emergency Care Plan.

To facilitate transfer of care, I will provide continued supportive care to the extent that I am able. I will accompany during my patient during transfer, will provide relevant patient data and documentation, and will report any necessary information to the accepting provider, facility, or physician.

Licensed Midwife Signature

Date

I understand that the midwife may be required to consult, refer, or transfer according to this Individual Emergency Care Plan in the event of certain complications.

Patient Signature

Date

Pursuant to Section 467.017, Florida Statutes, F.A.C., a midwife is required to file with the department upon initial application and each biennial renewal, an emergency care plan that shall be implemented as needed in the practice setting.

EMERGENCY BACK UP PLAN FOR LICENSED MIDWIFERY PATIENTS

Department of Health -Council of Licensed Midwifery – PO Box 6330, Tallahassee, FL 32314-6330

☐ Homebirth ☐ Birth Center ☐ Hospital

(Midwives practicing in facilities with a standard emergency care plan, please attach a copy of your facility plan or complete the following for your facility.)

Midwife's Name: _____

Address: _____

Home Phone: () _____ - _____ Office Phone: () _____ - _____ Pager: () _____ - _____

Business/Facility Name: _____ Phone () _____ - _____

Address: _____

EMERGENCY TRANSFER HOSPITAL:

(List first and second option in your practice area -please check box if facility has NICU/Perinatal services)

1. Hospital: _____ E. R. #: () _____ - _____ L&D #: _____ - _____

Address: _____ ☐ NICU ☐ Perinatal Unit

2. Hospital: _____ E. R. #: () _____ - _____ L&D #: _____ - _____

Address: _____ ☐ NICU ☐ Perinatal Unit

PLAN FOR CONSULTATION WITH OTHER HEALTH CARE PROVIDERS AND EMERGENCY TRANSFER:

Name of Emergency Medical Services (EMS) 911 Transport Entity:

☐ City _____ ☐ County _____

BACKUP PHYSICIAN ARRANGEMENT: (if any)

Physician Name: _____ Phone: () _____ - _____

Address: _____

AFFIRMATION:

In the event complications arise during my patient's pregnancy, labor, delivery or postpartum, I will implement the Emergency Care Plan individualized for each patient accepted into my care, according to the guidelines contained herein. I will consult, refer or transfer to the appropriate health care facility as medically necessary, and provide emergency management. In order to facilitate the safe transfer of services and to provide continued supportive care to the extent that I am able, I will accompany my patient during transfer to provide relevant patient data and documentation and give report to the accepting provider.

Midwife's Signature: _____ Date: _____

64B24-7.007 Responsibilities During the Antepartum Period.

During the antepartum period, the licensed midwife must:

- (1) complete an initial risk assessment, pursuant to Rule 64B24-7.004(3), F.A.C.;
- (2) ensure that each patient has had appropriate diagnostic testing or screening and document testing or screening in the patient's record, which includes:
 - (a) a pap smear current within the last three years;
 - (b) blood group testing, including Rh factor and antibody screening;
 - (c) a complete blood count (CBC);
 - (d) a rubella titer;
 - (e) a urinalysis with culture;
 - (f) sickle cell screening, if the patient is part of an at-risk population; and
 - (g) screening for chlamydia, gonorrhea, hepatitis B, HIV/AIDS and syphilis, pursuant to Rule 64D-3.042, F.A.C., or document the patient's objection to screening in the patient's record;
- (3) inform the patient of prenatal screening requirements for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors pursuant to ss. 383.14(1)(b) and 383.011(1)(e), F.S., and:
 - (a) complete the Healthy Start Prenatal risk screening procedures pursuant to Rule 64C-7.009(2), F.A.C. and document the screening in the patient's record pursuant to 64C-7.010(2), F.A.C.; or,
 - (b) document the patient's objection to the Healthy Start prenatal risk screening in the patient's record, pursuant to 64C-7.008, F.A.C.;
- (4) offer screening and counseling, and document screening or counseling in the patient's record related to:
 - (a) neural tube defects;
 - (b) Group B Streptococcus;
 - (c) Chorionic villus sampling (CVC) or genetic amniocentesis, if the patient is 35 years of age or older at the time of delivery;
 - (d) nutritional counseling;
 - (e) childbirth preparation;
 - (f) risk assessment factors as defined in Rule 64B24-7.004, F.A.C.;
 - (g) common discomforts of pregnancy; and
 - (h) danger signs of pregnancy;
- (5) ensure that each patient has had appropriate follow-up testing, screening, and counseling and document the testing, screening or counseling in the patient's record, which includes:
 - (a) hematocrit or hemoglobin testing at 28 and 36 weeks gestation;
 - (b) diabetic screening between 24 and 28 weeks gestation; and,
 - (c) antibody screening at 28 weeks gestation, counseling to encourage RhoGAM prophylaxis, and, if the patient declines RhoGAM prophylaxis, an antibody screening at 36 weeks if the patient is Rh negative;
- (6) require prenatal visits every four weeks until 28 weeks gestation, every two weeks from 28 to 36 weeks gestation and weekly from 36 weeks until delivery, which include the following procedures and examinations, and documentation of the procedures and examinations in the patient's record:
 - (a) weight;
 - (b) blood pressure;
 - (c) urine dip stick for protein and glucose each visit with leukocytes, ketones, and nitrites as indicated;
 - (d) fundal height;
 - (e) fetal heart tones and rate;
 - (f) assessment of edema and patellar reflexes, when indicated;
 - (g) gestational age and size correlation;
 - (h) fetal presentation, for visits occurring during or after 28 weeks gestational age;
 - (i) nutritional assessment; and,
 - (j) assessment of subjective symptoms of pregnancy-induced hypertension, urinary tract infection, and preterm labor; and,
- (7) document the expected date of delivery (EDD) and gestational age in the patient's record by 20 weeks, if practical, based on:
 - (a) the patient's last normal menstrual period;

- (b) the date of conception, if known;
- (c) uterine enlargement determined by recorded measurements of the uterine fundus;
- (d) detection of fetal heart tones with a Doppler ultrasound; or,
- (f) detection of fetal heart tones with a fetoscope;
- (9) provide counseling and encourage the use of ultrasound to determine a reliable EDD, if the EDD cannot be established by the above criteria; and,
- (10) consult, refer, or transfer care of patients presenting with certain conditions during the antepartum period as required by Rule 64B24-7.004(5), Florida Administrative Code.

Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.007, 59DD-7.007, Amended 9-11-02, 7-21-03, 9-18-06, _____.

64B24-7.007 Responsibilities of Midwives During the Antepartum Period.

~~(1) During the antepartum period, The the~~ licensed midwife ~~shall~~ must:

~~(a1) Require ensure that each patient to have ahas provided a complete history;~~

~~(2) complete a and physical examination which includes of the patient::complete an initial risk assessment, pursuant to Rule 64B24-7.004(3), F.A.C.;~~

~~(23) ensure that each patient has had appropriate diagnostic testing or screening and document testing or screening in the patient's record, which includes:~~

~~1-(a) Pap a pap smear current within the last three years:-~~

~~2. Serological screen for syphilis.~~

~~3. Gonorrhea and chlamydia screening.~~

~~4-(b) Blood blood group testing, including Rh factor and antibody screening:-~~

~~(c) 5-a Complete-complete blood count (CBC):-~~

~~6-(d) a Rubella-rubella titer:-~~

~~7-(e) Urinalysis-a urinalysis with culture:-~~

~~8-(f) Sickle-sickle cell screening, if the patient is part of an for at-risk population; and-~~

~~(g) -screening for chlamydia, gonorrhea, hepatitis B, HIV/AIDS and syphilis, pursuant to Rule 64D-3.042, Florida Administrative Code F.A.C., or document the patient's objection to screening in the patient's record;~~

~~9. Screen for hepatitis B surface antigen (HBsAG).~~

~~10. Screen for HIV/AIDS.~~

~~(b3) inform the patient of prenatal screening requirements for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors pursuant to Sectionsss. 383.14(1)(b) and 383.011(1)(e), F.S., and:~~

~~(a) -Conduct-complete the Healthy Start Prenatal risk Sscreening procedures pursuant to Rule 64C-7.009(2), F.A.C. and keep reeorddocument of the screening in the patient's record pursuant to 64C-7.010(2), F.A.C.:- or,~~

~~(a)(b) -interview or assure that each patient has been previously screened.document record the objection of the parentthe patient's objection to the Healthy Start prenatal risk screening in the patient's record, pursuant to 64C-7.008, F.A.C.;~~

~~(e4) opProvide counseling and offer screening and counseling, and document screening or counseling in the patient's record related to the following:~~

~~1-(a) Neural-neural tube defects:-~~

~~2-(b) Group B Streptococcus:-~~

~~3-(c) CVS-Chorionic villus sampling (CVC) or genetic amniocentesis, if the patient is for women 35 years of age or older at the time of delivery:-~~

~~4-(d) nNutritional counseling:-~~

~~5-(e) cChildbirth preparation:-~~

~~6-(f) rRisk assessment fFactors as defined in Rule 64B24-7.004, Florida Administrative Code F.A.C.:-~~

~~7-(g) cCommon discomforts of pregnancy: and-and-~~

~~8-(h) dDanger signs of pregnancy: and-~~

~~(5d) Fensure that each patient has had appropriate follow-up testing, screening, and counseling and document the testing, screening or counseling in the patient's record, which includes:~~

~~1-(a) hHematocrit or hemoglobin testing levels-at 28 and 36 weeks gestation:-~~

~~2-(b) Diabetic-diabetic screening between 24 and 28 weeks gestation: and-~~

~~3-(c) Antibody-antibody screening ing for Rh-negative mothers, at 28 weeks gestation, -cCounseling and-to encourage RhoGAM prophylaxis, and-, -In those clientsif the patient declinesing RhoGAM prophylaxis, an repeat-antibody screening at 36 weeks if the patient is Rh negative: and-~~

~~(e)(6) rRequire prenatal visits every four weeks until 28 weeks gestation, every two weeks from 28 to 36 weeks gestation and weekly from 36 weeks until delivery, which include the following procedures and examinations, and documentation of the procedures and examinations in the patient's record:-~~

~~(2) The following procedures and examinations shall be completed and recorded at each prenatal visit:~~

~~(a) Wweight:-~~

~~(b) Blood blood pressure:-~~

- (c) ~~U~~rine dip stick for protein and glucose each visit with leukocytes, ketones, and nitrites as indicated;
- (d) ~~F~~undal height ~~measurements~~;
- (e) ~~F~~etal heart tones and rate;
- (f) ~~A~~ssessment of edema and patellar reflexes, when indicated;
- (g) ~~I~~ndication of weeks' gestational age and size correlation;
- (h) ~~D~~etermination of fetal presentation, for visits occurring during or after 28 weeks of gestation;
- (i) ~~N~~utritional assessment; and;
- (j) ~~a~~ssessment of subjective symptoms of ~~PH~~pregnancy-induced hypertension, ~~UTI~~urinary tract infection, and preterm labor; and;

(73) ~~An assessment of the document the e~~Expected ~~d~~Date of ~~d~~Delivery (EDD) and gestational age in the patient's record shall be done by 20 weeks, if practical, according to based on:

- (a) the patient's last normal menstrual period;
 - (b) the date of conception, if known;
 - (c) ~~Reference to the statement of u~~terine size enlargement determined by recorded measurements of the uterine fundus; recorded during the initial exam;
 - (d) ~~Hearing detection of~~ fetal heart tones at eleven weeks with a Doppler ultrasound; and unit, if one is available, and patient gives consent;
 - (e) ~~Recording of quickening date~~;
 - (f) ~~Recording weeks of gestation by dates and measuring in centimeters the height of the uterine fundus~~;
 - (g) ~~Hearing the detection of~~ fetal heart tones at twenty weeks with a fetoscope; and;
- (94) ~~If provide counseling and encourage the use of ultrasound to determine a reliable EDD, if the EDD cannot be established by the above criteria; and,~~ then the licensed midwife shall encourage the patient to have an ultrasound for EDD.

(105) ~~The midwife shall refer a patients for consultation consult, refer, to a physician with hospital obstetrical privileges if any of the following conditions occur during the pregnancy:~~

- (a) Hematocrit of less than 33% at 37th week gestation or hemoglobin less than 11 gms/100 ml.
 - (b) Unexplained vaginal bleeding.
 - (c) Abnormal weight change defined as less than 12 or more than 50 pounds at term.
 - (d) Non-vertex presentation persisting past 37th week of gestation.
 - (e) Gestational age between 41 and 42 weeks.
 - (f) Genital herpes confirmed clinically or by culture at term.
 - (g) Documented asthma attack.
 - (h) Hyperemesis not responsive to supportive care.
 - (i) Any other severe obstetrical, medical or surgical problem.
- (6) The midwife shall transfer a patient if any of the following conditions occur during the pregnancy:
- (a) Genetic or congenital abnormalities or fetal chromosomal disorder.
 - (b) Multiple gestation.
 - (c) Pre-eclampsia.
 - (d) Intrauterine growth retardation.
 - (e) Thrombophlebitis.
 - (f) Pyelonephritis.
 - (g) Gestational diabetes confirmed by abnormal glucose tolerance test.
 - (h) Laboratory evidence of Rh sensitization.
- (7) ~~If the conditions listed pursuant to this section are resolved satisfactorily and the physician and midwife deem that the patient is expected to have a normal pregnancy, labor and delivery, then the care of the patient shall continue with the licensed midwife or transfer care of patients presenting with certain conditions during the antepartum period as required by Rule 64B24-7.004(5), Florida Administrative Code.~~

64B24-7.007 Responsibilities of Midwives During the Antepartum Period.

- (1) The licensed midwife shall:
 - (a) Require each patient to have a complete history and physical examination which includes:
 1. Pap smear.
 2. Serological screen for syphilis.
 3. Gonorrhea and chlamydia screening.
 4. Blood group including Rh factor and antibody screen.
 5. Complete blood count (CBC).
 6. Rubella titer.
 7. Urinalysis with culture.
 8. Sickle cell screening for at risk population.
 9. Screen for hepatitis B surface antigen (HBsAG).
 10. Screen for HIV/AIDS.
 - (a) (b) Conduct the Healthy Start Prenatal Screen interview or assure that each patient has been previously screened.
 - (c) Provide counseling and offer screening related to the following:
 1. Neural tube defects.
 2. Group B Streptococcus.
 3. CVS or genetic amniocentesis for women 35 years of age or older at the time of delivery.
 4. Nutritional counseling.
 5. Childbirth preparation.
 6. Risk Factors.
 7. Common discomforts of pregnancy.
 8. Danger signs of pregnancy.
 - (d) Follow-up screening:
 1. Hematocrit or hemoglobin levels at 28 and 36 weeks gestation.
 2. Diabetic screening between 24 and 28 weeks gestation.
 3. Antibody screen for Rh negative mothers, at 28 weeks gestation. Counsel and encourage RhoGAM prophylaxis. In those clients declining RhoGAM prophylaxis repeat antibody screen at 36 weeks.
 - (e) Require prenatal visits every four weeks until 28 weeks gestation, every two weeks from 28 to 36 weeks gestation and weekly from 36 weeks until delivery.
- (2) The following procedures and examinations shall be completed and recorded at each prenatal visit:
 - (a) Weight.
 - (b) Blood pressure.
 - (c) Urine dip stick for protein and glucose each visit with leukocytes, ketones, and nitrites as indicated.
 - (d) Fundal height measurements.
 - (e) Fetal heart tones and rate.
 - (f) Assessment of edema and patellar reflexes, when indicated.
 - (g) Indication of weeks' gestation and size correlation.
 - (h) Determination of fetal presentation after 28 weeks of gestation.
 - (i) Nutritional assessment.
 - (j) Assessment of subjective symptoms of PIH, UTI and preterm labor.
- (3) An assessment of the Expected Date of Delivery (EDD) and gestational age shall be done by 20 weeks, if practical, according to:
 - (a) Last normal menstrual period.
 - (b) Reference to the statement of uterine size recorded during the initial exam.
 - (c) Hearing fetal heart tones at eleven weeks with a Doppler unit, if one is available, and patient gives consent.
 - (d) Recording of quickening date.
 - (e) Recording weeks of gestation by dates and measuring in centimeters the height of the uterine fundus.
 - (f) Hearing the fetal heart tones at twenty weeks with a fetoscope.

(4) If a reliable EDD cannot be established by the above criteria, then the licensed midwife shall encourage the patient to have an ultrasound for EDD.

(5) The midwife shall refer a patient for consultation to a physician with hospital obstetrical privileges if any of the following conditions occur during the pregnancy:

- (a) Hematocrit of less than 33% at 37th week gestation or hemoglobin less than 11 gms/100 ml.
- (b) Unexplained vaginal bleeding.
- (c) Abnormal weight change defined as less than 12 or more than 50 pounds at term.
- (d) Non-vertex presentation persisting past 37th week of gestation.
- (e) Gestational age between 41 and 42 weeks.
- (f) Genital herpes confirmed clinically or by culture at term.
- (g) Documented asthma attack.
- (h) Hyperemesis not responsive to supportive care.
- (i) Any other severe obstetrical, medical or surgical problem.

(6) The midwife shall transfer a patient if any of the following conditions occur during the pregnancy:

- (a) Genetic or congenital abnormalities or fetal chromosomal disorder.
- (b) Multiple gestation.
- (c) Pre-eclampsia.
- (d) Intrauterine growth retardation.
- (e) Thrombophlebitis.
- (f) Pyelonephritis.
- (g) Gestational diabetes confirmed by abnormal glucose tolerance test.
- (h) Laboratory evidence of Rh sensitization.

(7) If the conditions listed pursuant to this section are resolved satisfactorily and the physician and midwife deem that the patient is expected to have a normal pregnancy, labor and delivery, then the care of the patient shall continue with the licensed midwife.

Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.007, 59DD-7.007, Amended 9-11-02, 7-21-03, 9-18-06.

64B24-7.008 Responsibilities During the Intrapartum Period.

(1) During the intrapartum period, the licensed midwife must:

(a) determine the onset of labor and document the onset of labor in the patient's record;

(b) review the patient's prenatal records;

(c) assess the condition of the patient and fetus;

(d) assess the delivery environment. If the patient is to deliver at home, the assessment must confirm requirements for home delivery are met, pursuant to Rule 64B24-7.006, F.A.C.; and,

(e) complete a sterile vaginal examination to assess cervical dilation and effacement, presentation, position and station of the fetus, and the status of the membranes .

(2) During active labor, the licensed midwife must:

(a) maintain a safe and hygienic delivery environment;

(b) provide nourishment and support to the patient and facilitate rest;

(c) monitor, assess and document the status of labor and the maternal and fetal condition, as follows:

1. Monitor the patient's blood pressure and document the patient's blood pressure hourly in the patient's record, or more frequently if indicated by significant change in patient condition or additional symptoms present;

2. Monitor the patient's pulse document the patient's pulse in the patient's record every 2 hours while membranes are intact and temperature is normal and every hour after rupture of membranes;

3. Monitor the patient's temperature document the patient's temperature in the patient's record every 4 hours, every hour if elevated to 100° F or above, or more frequently if indicated by significant change in patient condition or additional symptoms present;

4. Monitor and document in the patient's record estimated fluid intake and urinary output every 2 hours, or more frequently if indicated by significant changes in patient condition or additional symptoms present;

5. Assess for edema and document abnormal edema in the patient's record;

6. Monitor the frequency, duration and intensity of contractions every half hour, or more frequently if indicated by significant change in patient condition or additional symptoms present;

7. Monitor vaginal discharge and document any abnormality in discharge in the patient's record;

8. Monitor fetal heart tones:

a. Every hour during the latent phase;

b. Every 30 minutes during the active phase of the first stage;

c. Every 15 minutes during transition;

d. Every five minutes during the second stage; and

e. Immediately after the appearance of amniotic fluid in the vaginal discharge; and,

9. Palpate the abdomen for the position and level of the presenting part; and,

10. Perform sterile vaginal examination to assess:

a. cervical dilation and effacement;

b. presentation, position and station of the fetus; and,

c. the status of the membranes.

(3) The licensed midwife must consult, refer or transfer care of patients presenting with certain conditions during the intrapartum period, as required by Rule 64B24-7.004(6), F.A.C.

(4) The licensed midwife may perform the following operative procedures, and must document any operative procedure completed in the patient's record:

(a) an amniotomy, when the fetal head is engaged and well applied to the cervix in active labor and the patient's cervix is four or more centimeters dilated;

(b) an omphalotomy;

(c) an episiotomy, when indicated; and

(d) suturing of first and second degree lacerations.

(5) The midwife must not perform any other operative procedures, attempt to correct fetal presentations by external or internal version, or use artificial, forcible or mechanical means to assist the birth.

(6) The midwife may administer prescription drugs pursuant to Rule 64B24-7.011, F.A.C.

Rulemaking Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.008, 59DD-7.008, Amended 9-11-02, 7-21-03, _____.

64B24-7.008 Responsibilities of Midwives During the Intrapartum Period.

(1) During the intrapartum period, the licensed midwife must:

(1) Upon initial assessment, the midwife shall make an assessment of the patient which includes:

(a) ~~d~~Determine the onset of labor and document the onset of labor in the patient's record;

(b) ~~r~~Review of the patient's prenatal records;

(c) ~~Assess~~ assessment of the condition of the ~~mother~~ patient and fetus;

(d) ~~Assess~~ assessment of the delivery environment. ~~I~~; if the patient is to deliver at home, the assessment must confirm requirements for home delivery are met, pursuant to Rule 64B24-7.006, F.A.C.; and,

(e) ~~complete~~ Perform a sterile vaginal examinations to initially assess cervical dilation and effacement, presentation, position and station of the fetus, and the status of the membranes.

(2) Throughout During active labor, the licensed midwife shall:

(a) ~~m~~Maintain a safe and hygienic delivery environment;

(b) ~~P~~Provide nourishment, rest and support to the patient and facilitate rest as indicated by patient's condition;

(c) ~~m~~Monitor, assess and record document the status of labor and the maternal and fetal condition, as follows:

(d) 1. Monitor the patient's blood pressure. ~~Measure the and record~~ document the patient's blood pressure every hour hourly in the patient's record, unless or more frequently if indicated by significant changes in patient condition or additional symptoms present; require more frequent assessments.

(e) 2. Take Monitor the patient's pulse and record document the patient's pulse in the patient's record every 2 hours while membranes are intact and temperature is normal and, then every hour after rupture of membranes;

3. (f) Take Monitor the patient's temperature and record document the patient's temperature in the patient's record every 4 hours, or, or more frequently if maternal condition warrants, and every hour if elevated to 100° F or above, or more frequently, if indicated by significant change in patient condition or additional symptoms present;

(g) 4. Estimate Monitor and record document in the patient's record estimated fluid intake and urinary output at least every 2 hours, or, more frequently if indicated by significant changes in patient condition or additional symptoms present;

(h) 5. Assess for hydration and edema and record document abnormal edema in the patient's record;

(3) The midwife shall assess and record the status of labor as follows:

(a) 6. Measure Monitor the frequency, duration and intensity of the contractions every half hour, or and more frequently if indicated by significant change in patient condition or additional symptoms present;

(b) 7. Observe Monitor and record vaginal discharge and record document any abnormality in discharge in the patient's record;

(c) 8. Monitor fetal heart tones during and following contractions to assess fetal condition according to the following schedule after admission to care for labor:

a1. Every hour during the latent phase;

b2. Every 30 minutes during the active phase of the first stage;

c3. Every 15 minutes during transition;

d4. Every five minutes during the second stage; and,

e5. Immediately after the appearance of amniotic fluid in the vaginal discharge; and,

(d) 9. Palpate the abdomen for the position and level of the presenting part; and,

(e) 10. Perform sterile vaginal examinations to assess:

a. cervical dilation and effacement;

b. presentation, position and station of the fetus; and,

c. the status of the membranes.

(3) -The licensed midwife must refer patients consult, refer or for consultation or transfer care of patients presenting with certain conditions during the intrapartum period, as required by Rule 64B24-7.004(6), Florida Administrative Code F.A.C.

(4) Risk factors shall be assessed throughout labor to determine the need for physician consultation or emergency transport. The midwife shall consult, refer or transfer to a physician with hospital obstetrical privileges if the following occur during labor, delivery or immediately thereafter:

(a) Premature labor, meaning labor occurring at less than 37 weeks of gestation.

- ~~(b) Premature rupture of membranes, meaning rupture occurring more than 12 hours before onset of regular active labor.~~
- ~~(c) Non-vertex presentation.~~
- ~~(d) Evidence of fetal distress.~~
- ~~(e) Abnormal heart tones.~~
- ~~(f) Moderate or severe meconium staining.~~
- ~~(g) Estimated fetal weight less than 2,500 grams or greater than 4,000 grams.~~
- ~~(h) Pregnancy induced hypertension which is defined as 140/90, or an increase of 30 mm hg systolic or 15 mm hg diastolic above baseline.~~
- ~~(i) Failure to progress in active labor:~~
 - ~~1. First stage: lack of steady progress in dilation and descent after 24 hours in primipara and 18 hours in multipara.~~
 - ~~2. Second stage: more than 2 hours without progress in descent.~~
 - ~~3. Third stage: more than 1 hour.~~
- ~~(j) Severe vulvar varicosities.~~
- ~~(k) Marked edema of cervix.~~
- ~~(l) Active bleeding.~~
- ~~(m) Prolapse of the cord.~~
- ~~(n) Active infectious process.~~
- ~~(o) Other medical or surgical problems.~~
- ~~(45) The midwife shall not~~The licensed midwife may perform the following operative procedures, and must document any operative procedure completed in the patient's record~~perform any operative procedure other than:~~
 - ~~(a) Artificial rupture of the membranes~~an amniotomy, when ~~the~~ fetal head is engaged and well applied to the cervix in active labor and the patient's cervix is four or more centimeters dilated;:-
 - ~~(b) an Clamping and cutting the umbilical cord~~omphalotomy;:-
 - ~~(c) Ean episiotomy, when ~~indicated~~;:- and~~
 - ~~(d) Suture suturing of to repair~~ first and second degree lacerations.
- ~~(56) The midwife shall must not perform any other operative procedures,~~ attempt to correct fetal presentations by external or internal version, or use artificial, forcible or mechanical means to assist the birth.
- ~~(67) The midwife shall use only~~may administer prescription drugs pursuant to Rule 64B24-7.011, F.A.C.
- ~~(8) The midwife shall not use artificial, forcible or mechanical means to assist the birth.~~

Rulemaking Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.008, 59DD-7.008, Amended 9-11-02, 7-21-03, _____.

64B24-7.008 Responsibilities of Midwives During Intrapartum.

(1) Upon initial assessment, the midwife shall:

- (a) Determine onset of labor.
- (b) Review patient's prenatal records.
- (c) Assess condition of the mother and fetus.
- (d) Assess delivery environment.
- (e) Perform sterile vaginal examinations to initially assess cervical dilation and effacement, presentation, position and station of the fetus, and the status of the membranes.

(2) Throughout active labor the midwife shall:

- (a) Maintain a safe and hygienic environment.
- (b) Provide nourishment, rest and support as indicated by patient's condition.
- (c) Monitor, assess and record the status of labor and the maternal and fetal condition.
- (d) Measure the blood pressure every hour unless significant changes or symptoms require more frequent assessments.
- (e) Take the patient's pulse every 2 hours while membranes are intact and temperature is normal, then every hour after rupture of membranes.

(f) Take the temperature every 4 hours, or more frequently if maternal condition warrants, and every hour if elevated to 100° F or above.

(g) Estimate fluid intake and urinary output at least every 2 hours.

(h) Assess for hydration and edema.

(3) The midwife shall assess and record the status of labor as follows:

(a) Measure the frequency, duration and intensity of the contractions every half hour and more frequently if indicated.

(b) Observe and record vaginal discharge.

(c) Monitor fetal heart tones during and following contractions to assess fetal condition according to the following schedule after admission to care for labor:

1. Every hour during the latent phase.

2. Every 30 minutes during the active phase of the first stage.

3. Every 15 minutes during transition.

4. Every five minutes during the second stage.

5. Immediately after the appearance of amniotic fluid in the vaginal discharge.

(d) Palpate the abdomen for the position and level of the presenting part.

(e) Perform sterile vaginal examinations to assess cervical dilation and effacement, presentation, position and station of the fetus, and the status of the membranes.

(4) Risk factors shall be assessed throughout labor to determine the need for physician consultation or emergency transport. The midwife shall consult, refer or transfer to a physician with hospital obstetrical privileges if the following occur during labor, delivery or immediately thereafter:

(a) Premature labor, meaning labor occurring at less than 37 weeks of gestation.

(b) Premature rupture of membranes, meaning rupture occurring more than 12 hours before onset of regular active labor.

(c) Non-vertex presentation.

(d) Evidence of fetal distress.

(e) Abnormal heart tones.

(f) Moderate or severe meconium staining.

(g) Estimated fetal weight less than 2,500 grams or greater than 4,000 grams.

(h) Pregnancy induced hypertension which is defined as 140/90, or an increase of 30 mm hg systolic or 15 mm hg diastolic above baseline.

(i) Failure to progress in active labor:

1. First stage: lack of steady progress in dilation and descent after 24 hours in primipara and 18 hours in multipara.

2. Second stage: more than 2 hours without progress in descent.

3. Third stage: more than 1 hour.

(j) Severe vulvar varicosities.

- (k) Marked edema of cervix.
- (l) Active bleeding.
- (m) Prolapse of the cord.
- (n) Active infectious process.
- (o) Other medical or surgical problems.
- (5) The midwife shall not perform any operative procedure other than:
 - (a) Artificial rupture of the membranes when the fetal head is engaged and well applied to the cervix in active labor and four or more centimeters dilated.
 - (b) Clamping and cutting the umbilical cord.
 - (c) Episiotomy when indicated.
 - (d) Suture to repair first and second degree lacerations.
 - (6) The midwife shall not attempt to correct fetal presentations by external or internal version.
 - (7) The midwife shall use only prescription drugs pursuant to Rule 64B24-7.011, F.A.C.
 - (8) The midwife shall not use artificial, forcible or mechanical means to assist the birth.

Rulemaking Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.008, 59DD-7.008, Amended 9-11-02, 7-21-03.

64B24-7.009 Responsibilities During the Postpartum Period.

(1) IMMEDIATE POST-DELIVERY RESPONSIBILITIES. Immediately following delivery, the licensed midwife must:

- (a) clear the airway of the newborn;
- (b) perform an omphalotomy;
- (c) obtain a cord blood sample for diagnostic testing, with the patient's consent;
- (d) complete Apgar testing and document the Apgar score of the newborn at one minute and five minutes in the patient's record;
- (e) weigh and document the weight of the newborn in the patient's record;
- (f) instill prophylactic for the prevention of neonatal opthamalia into each eye and document that the prophylactic was instilled in the patient record, or document that prophylactic was not instilled and retain the written objection of the parent, pursuant to Section 383.04, F.S.;

(g) administer vitamin K prophylaxis and document the administration in the patient's record, or document that the patient declined the administration of vitamin K prophylaxis in the patient's record;

(2) IMMEDIATE POSTPARTUM OBSERVATION AND RESPONSIBILITIES. The licensed midwife must remain with the patient and newborn for at least two hours following delivery, and until the conditions of the conditions of the patient and newborn are stable, as evidenced by normal blood pressure, pulse, respiration, and bladder function, a firm uterine fundus, and normal lochial discharge of the patient and established respirations, normal temperature, and sucking of the newborn. During this observation period, the licensed midwife must:

(a) examine the newborn and report any abnormalities or problems to the physician including low Apgar score and document any abnormalities or problems in the patient's record;

(b) observe for signs of hemorrhaging in the patient and document any signs of hemorrhaging in the patient's record;

(c) inspect the expelled placenta to ensure that it is intact and free from abnormalities and document in the patient's record;

(d) palpate the uterine fundus of the patient to ensure that it is firm and document in the patient's record;

(e) provide for infant bonding with parent;

(f) instruct the patient in self-care and care of the newborn, including feeding and cord care;

(3) GENERAL POSTPARTUM RESPONSIBILITIES AND FOLLOW-UP CARE. During the antepartum period, the licensed midwife must:

(a) complete a follow-up visit between 24 and 48 hours following delivery, unless conditions warrant an earlier visit, or arrange for such a visit to be made by a physician, certified nurse midwife, registered nurse, or another licensed midwife and document the visit or arranged visit in the patient record;

(b) instruct the patient to have a postpartum examination within 6 to 8 weeks after delivery, or sooner if any abnormalities exist or problems arise;

(c) ensure laboratory testing of the cord blood sample is ordered if the patient consented to the sample, including blood group testing, Rh factor and antibody screening, and a direct Coombs test, if the mother is Rh negative;

(c) obtain the results of the laboratory tests of the cord blood sample if the patient consented and is Rh negative, and ensure that the patient received RHo immune globulin within 72 hours of delivery, if the newborn is Rh positive, and document in the patient's record;

(d) inform the patient of postnatal screening requirements for metabolic disorders, other hereditary and congenital disorders, and enviornmental risk factors pursuant to Sections 383.14(1)(b) and 383.011(1)(e), F.S.;

(e) complete the Healthy Start postnatal risk screening procedures pursuant to Rule 64C-7.009(2), F.A.C. and document the screening pursuant to 64C-7.010(2), F.A.C. in the patient's record, or record the objection of the parent to the Healthy Start postnatal risk screening, pursuant to Rule 64C-7.008, F.A.C. in the patient's record;

(f) register the birth of the child pursuant to Rule 64V-1.006, F.A.C., if the birth occurred outside a facility and document in the patient's record;

(e) ensure the patient has been rescreened for sexually transmitted diseases when required by Rule 64D-3.042, Florida Administrative Code and document in the patient's record; and,

(i) report any inflammation or discharge in the eyes occuring within two weeks of birth, pursuant to Section 383.06, F.S. and document in the patient's record;

(4) A licensed midwife must refer, consult or transfer care of patients or newborns presenting with certain conditions as required by Rule 64B24-7.004(7), F.A.C .

Rulemaking Authority 467.005 FS. Law Implemented 382.013, 467.015 FS. History—New 7-14-94, Formerly 61E8-7.009, Amended 3-20-96, Formerly 59DD-7.009, Amended 9-11-02, _____.

64B24-7.009 Responsibilities of the Midwife During the Postpartum Period.

(1) IMMEDIATE POST-DELIVERY RESPONSIBILITIES. (1) Immediately following delivery, the licensed midwife must: Care of the newborn shall include:

- (aa) Clearing clear the airway of the newborn; of mucus;
- (bb) Clamping and cutting the umbilical cord; perform an omphalotomy;
- (cc) Obtaining-obtain a cord blood sample for laboratory diagnostic testing, with the patient's consent;
for type, Rh Factor, and direct Coombs test when the mother is Rh negative.
- (dd) Assessing the newborn's condition according to complete Apgar testing and document the Apgar scoring of the newborn at one (1) minute and five (5) minutes in the patient's record and record the results of each assessment;
- (e) Weighing-weigh and document the weight of the infant newborn in the patient's record;
- (ff) Instilling-instill prophylaxis-prophylactic for the prevention of neonatal ophthalmia into each eye and document that the prophylactic was instilled in the patient record, or document that prophylactic was not instilled and retain the written objection of the parent, pursuant to Section 383.04, F.S.;
- (g) administer vitamin K prophylaxis and document the administration in the patient's record, or document that the patient declined the administration of vitamin K prophylaxis in the patient's record;

(2) IMMEDIATE POSTPARTUM OBSERVATION AND RESPONSIBILITIES. The licensed midwife must remain with the patient and newborn for at least two hours following delivery, and until the conditions of the patient and newborn are stable, as evidenced by normal blood pressure, pulse, respiration, and bladder function, a firm uterine fundus, and normal lochial discharge of the patient and established respirations, normal temperature, and sucking of the newborn. During this observation period, the licensed midwife must:

- (a) examine the newborn and report any abnormalities or problems to the physician including low Apgar score and document any abnormalities or problems in the patient's record;
- (b) observe for signs of hemorrhaging in the patient and document any signs of hemorrhaging in the patient's record;
- (c) inspect the expelled placenta to ensure that it is intact and free from abnormalities and document in the patient's record;
- (d) palpate the uterine fundus of the patient to ensure that it is firm and document in the patient's record;
- (e) provide for infant bonding with parent;
- (f) instruct the patient in self-care and care of the newborn, including feeding and cord care;

(3) GENERAL POSTPARTUM RESPONSIBILITIES AND FOLLOW-UP CARE. During the antepartum period, the licensed midwife must:

- (a) complete a follow-up visit between 24 and 48 hours following delivery, unless conditions warrant an earlier visit, or arrange for such a visit to be made by a physician, certified nurse midwife, registered nurse, or another licensed midwife and document the visit or arranged visit in the patient record;
- (b) instruct the patient to have a postpartum examination within 6 to 8 weeks after delivery, or sooner if any abnormalities exist or problems arise;
- (c) ensure laboratory testing of the cord blood sample is ordered if the patient consented to the sample, including blood group testing, Rh factor and antibody screening, and a direct Coombs test, if the mother is Rh negative;
- (c) obtain the results of the laboratory tests of the cord blood sample if the patient consented and is Rh negative, and ensure that the patient received Rho immune globulin within 72 hours of delivery, if the newborn is Rh positive, and document in the patient's record;
- (d) inform the patient of postnatal screening requirements for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors pursuant to Sections 383.14(1)(b) and 383.011(1)(e), F.S.;
- (e) complete the Healthy Start postnatal risk screening procedures pursuant to Rule 64C-7.009(2), F.A.C. and document the screening pursuant to 64C-7.010(2), F.A.C. in the patient's record, or record the objection of the parent to the Healthy Start postnatal risk screening, pursuant to Rule 64C-7.008, F.A.C. in the patient's record;
- (f) register the birth of the child pursuant to Rule 64V-1.006, F.A.C., if the birth occurred outside a facility and document in the patient's record;
- (e) ensure the patient has been rescreened for sexually transmitted diseases when required by Rule 64D-3.042, Florida Administrative Code and document in the patient's record; and,
- (i) report any inflammation or discharge in the eyes occurring within two weeks of birth, pursuant to Section 383.06, F.S. and

document in the patient's record;

(g) Administering vitamin K prophylaxis;

(h) Examining the newborn and reporting any abnormalities or problems to the physician including low Apgar score;

(i) Providing for infant bonding with parent.

(2) The midwife shall consult, refer or transfer the infant to a physician if any of the following conditions occur:

(a) Apgar score less than 7 at 5 minutes;

(b) Signs of pre- or post-maturity;

(c) Weight: if less than 2,500 grams;

(d) Jaundice;

(e) Persistent hypothermia, meaning a body temperature of less than 97° F rectal after 2 hours of life;

(f) Respiratory problem;

(g) Exaggerated tremors;

(h) Major congenital anomaly;

(i) Any condition requiring more than 4 hours of postdelivery observation;

(3) Care of the mother shall include:

(a) Observation for signs of hemorrhage;

(b) Inspection of the expelled placenta to insure that it is intact and free from defects or abnormalities;

(c) Palpation of the fundus to insure that it is firm;

(d) The midwife shall instruct the mother in self care and care of the infant including feeding and cord care;

(4) The midwife must remain with the mother and infant for at least 2 hours postpartum, or until both the mother's and infant's conditions are stable, whichever is longer. Maternal stability is evidenced by normal blood pressure, pulse, respirations, bladder functioning, fundus firm and lochia normal. Infant stability is evidenced by established respirations, normal temperature, and strong sucking.

(4) A licensed midwife must ~~refer patients or newborns for consultation~~refer, consult or transfer care of patients or newborns ~~presenting with certain conditions~~ as required by Rule 64B24-7.004(7), ~~Florida Administrative Code~~F.A.C. (5) If any complications arise, such as a retained placenta or postpartum hemorrhage, the midwife shall consult with a physician, or transport the patient for emergency medical care dependent upon the urgency of the situation.

(6) A follow-up visit shall be made between 24 and 48 hours following delivery, unless conditions warrant an earlier visit. The midwife may arrange for such a visit to be made by a physician, certified nurse-midwife, registered nurse, or another licensed midwife. The patient shall be instructed to have a postpartum examination within 6 to 8 weeks after delivery or sooner if any abnormalities exist or problems arise.

(7) If the mother is Rh negative, the midwife shall obtain the laboratory tests results of the cord blood studies, and if the infant is Rh positive, assure and document that the mother receives Rho immune globulin within 72 hours of the delivery. ~~document~~

(8) The midwife shall instruct the parents regarding the requirement for the infant screening blood test for metabolic disorders. If arrangements for this screening have not been made, the midwife shall notify the county health unit or retain the written objection pursuant to Section 383.14, F.S.

(9) The midwife shall conduct the Healthy Start Postnatal Screening for the infant or assure that it will be done.

(10) Within 5 days following each birth, form DH-511, Certificate of Live Birth, available from the local county health department, must be completed and submitted to the local registrar of vital statistics.

(a) For births occurring in a hospital, birth-center or other health care facility, or en route thereto, the person in charge of the facility is responsible for the preparation and filing of the certificate, and for certifying the facts of the birth therein. Within 48 hours of the birth, the midwife shall provide the facility with the medical information required for the birth certificate.

(b) For births occurring outside a facility wherein a licensed midwife is in attendance during or immediately after the delivery, the midwife shall prepare and file the certificate.

64B24-7.009 Responsibilities of the Midwife During Postpartum.

- (1) Care of the newborn shall include:
 - (a) Clearing the airway of mucus.
 - (b) Clamping and cutting the umbilical cord.
 - (c) Obtaining a cord blood sample for laboratory testing for type, Rh Factor, and direct Coombs test when the mother is Rh negative.
 - (d) Assessing the newborn's condition according to Apgar scoring at one (1) minute and five (5) minutes and record the results of each assessment.
 - (e) Weighing the infant.
 - (f) Instilling prophylaxis into each eye or retain the written objection pursuant to Sections 383.04 and 383.06, F.S.
 - (g) Administering vitamin K prophylaxis.
 - (h) Examining the newborn and reporting any abnormalities or problems to the physician including low Apgar score.
 - (i) Providing for infant bonding with parent.
- (2) The midwife shall consult, refer or transfer the infant to a physician if any of the following conditions occur:
 - (a) Apgar score less than 7 at 5 minutes.
 - (b) Signs of pre- or post-maturity.
 - (c) Weight: if less than 2,500 grams.
 - (d) Jaundice.
 - (e) Persistent hypothermia, meaning a body temperature of less than 97° F rectal after 2 hours of life.
 - (f) Respiratory problem.
 - (g) Exaggerated tremors.
 - (h) Major congenital anomaly.
 - (i) Any condition requiring more than 4 hours of postdelivery observation.
- (3) Care of the mother shall include:
 - (a) Observation for signs of hemorrhage.
 - (b) Inspection of the expelled placenta to insure that it is intact and free from defects or abnormalities.
 - (c) Palpation of the fundus to insure that it is firm.
 - (d) The midwife shall instruct the mother in self care and care of the infant including feeding and cord care.
- (4) The midwife must remain with the mother and infant for at least 2 hours postpartum, or until both the mother's and infant's conditions are stable, whichever is longer. Maternal stability is evidenced by normal blood pressure, pulse, respirations, bladder functioning, fundus firm and lochia normal. Infant stability is evidenced by established respirations, normal temperature, and strong sucking.
- (5) If any complications arise, such as a retained placenta or postpartum hemorrhage, the midwife shall consult with a physician, or transport the patient for emergency medical care dependent upon the urgency of the situation.
- (6) A follow-up visit shall be made between 24 and 48 hours following delivery, unless conditions warrant an earlier visit. The midwife may arrange for such a visit to be made by a physician, certified nurse midwife, registered nurse, or another licensed midwife. The patient shall be instructed to have a postpartum examination within 6 to 8 weeks after delivery or sooner if any abnormalities exist or problems arise.
- (7) If the mother is Rh negative, the midwife shall obtain the laboratory tests results of the cord blood studies, and if the infant is Rh positive, assure and document that the mother receives Rho immune globulin within 72 hours of the delivery.
- (8) The midwife shall instruct the parents regarding the requirement for the infant screening blood test for metabolic disorders. If arrangements for this screening have not been made, the midwife shall notify the county health unit or retain the written objection pursuant to Section 383.14, F.S.
- (9) The midwife shall conduct the Healthy Start Postnatal Screening for the infant or assure that it will be done.
- (10) Within 5 days following each birth, form DH 511, Certificate of Live Birth, available from the local county health department, must be completed and submitted to the local registrar of vital statistics.
 - (a) For births occurring in a hospital, birth center or other health care facility, or en route thereto, the person in charge of the facility is responsible for the preparation and filing of the certificate, and for certifying the facts of the birth therein. Within 48 hours of the birth, the midwife shall provide the facility with the medical information required for the birth certificate.

(b) For births occurring outside a facility wherein a licensed midwife is in attendance during or immediately after the delivery, the midwife shall prepare and file the certificate.

Rulemaking Authority 467.005 FS. Law Implemented 382.013, 467.015 FS. History—New 7-14-94, Formerly 61E8-7.009, Amended 3-20-96, Formerly 59DD-7.009, Amended 9-11-02.



Annual Report of Midwifery Practice

2021

Florida Council of Licensed Midwifery

Section I: Overview

A. Statutory Basis and Rule Implementation

The Council of Licensed Midwifery (Council), in its advisory capacity, is required by section 467.004(3)(e), Florida Statutes, to “collect and review data regarding licensed midwifery.” To implement this requirement, the Department of Health adopted Rule 64B24-1.004(5), Florida Administrative Code, requiring the Council to prepare an annual report no later than November 1st each year.

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

B. Requirements of the Licensee

This report is derived from data provided using the *Annual Report of Midwifery Practice Form (DH-MQA 5011)* on an annual basis. Midwives whose licenses are active are required to report by July 31st each year.

C. Ongoing Development of the Annual Report of Midwifery Practice

The Council, acting in an advisory capacity, provides insight as to how the form might be further refined, what types of data to collect, and how to interpret that data in the context of the midwifery practice.

D. Reporting Rates

The reporting rate fell in this reporting cycle. We believe this decrease in returns is related to the ongoing effects of COVID-19 during the reporting period, an increase in the number of midwives reporting that they are not practicing in the state of Florida, and a significantly higher percentage of delinquent licenses which were delinquent for the entire reporting period. A decrease in the number of midwives reporting has resulted in a corresponding increase in enforcement action.

Delinquent licenses which were delinquent for the entire reporting period account for **6%** of all licenses in this reporting period; they accounted for **10%** in the prior reporting period (FY 19-20) but were not delinquent for the entirety of the reporting period. Licensees reporting that they are not practicing in Florida account for **10%** of the total number of active licenses otherwise required to report. The total number of licensees required to report is the total number of licensees, less those in a not practicing, delinquent, or inactive status.

Reporting Period	Licensees Required to Report	Licensees in ACTIVE Status Required to Report	Reports Received	Percentage Returns / ACTIVE Percentage Returns
FY 2016-2017	198	(not available)	177	89.3% / (not available)
FY 2017-2018	206	(not available)	200	97.0% / (not available)
FY 2018-2019	217	206	167	77.0% / 81.1%
FY 2019-2020	212	191	134	63.2% / 70.0%
FY 2020-2021	210	177	123	58.6% / 69.5%

E. Limitations of the Dataset

The dataset compiled from the *Annual Report of Midwifery Practice Form (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.

Reports Received 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, **20 out of 123** reported “0,” “none,” or similar in each data field. This represents **16.2%** of licensees who hold an active license but do not practice in Florida.

The non-practicing reports received are not considered in analyses related to practice. A total of **103 reports** were considered in analysis related to practice.

Section II. Midwifery Practice in Florida

A. Antepartum Practice

Initial Visits and Acceptance into Care:

Reports where the total number of clients accepted into care exceeded the number of clients at initial visit, reports where all responses in section two were “0” or similar, and one outlier where 931 initial visits were reported with no patients accepted into care were not included for the purposes of calculations relating to initial visits and acceptance into care.

The total number of midwives practicing whose initial visit and acceptance into care data could be verified was **100 of 103**.

FY 2020-2021

Total Number of Initial Obstetrics Clients Seen:	4,468
Total Number of Maternity Clients Accepted into Care:	4,056
Percentage of Clients Accepted After Initial Visit:	90.7%

FY 2019-2020

Total Number of Initial Obstetrics Clients Seen:	5,367
Total Number of Maternity Clients Accepted into Care:	4,887
Percentage of Clients Accepted After Initial Visit:	91.1%

Change from Prior Reporting Period

Total Number of Initial Obstetrics Clients Seen:	-899 (83% of prior FY)
Total Number of Maternity Clients Accepted into Care:	-831 (90% of prior FY)
Percentage of Clients Accepted After Initial Visit:	-0.4%

Of the reports reviewed, **29** indicated a total number of initial visits exceeding the total number of clients accepted into care.

While the overall number of clients seen and accepted into care fell significantly in this reporting period, the percentage of clients accepted into care after initial visit remained fairly constant.

Acceptance into Care Only

Six midwives reported only data in fields 2A and 2B. While these midwives are practicing, their results indicate that their practice was limited to initial visits and screening in this reporting period; they have been excluded from results that survey patterns in intrapartum and postpartum practice, since they do not have any intrapartum and postpartum practice in this reporting cycle.

2A (Total number of initial OB clients seen by you)	2B (Total number of maternity clients you accepted for care in the reporting period)
6	6
15	15
26	26
26	26
6	6
1	1

Transfers in the Antepartum

While the antepartum transfer rate increased overall, the number of unplanned antepartum transfers remained consistent with prior reporting periods. The number of planned antepartum transfers increased significantly.

78 of 103 midwives (75.7%) reported one or more transfers of care in the antepartum period.

FY 2020-2021

Planned Transfers:	182
Unplanned Transfers:	243
Unknown/Other:	10
Total Number of Transfers in the Antepartum:	435
Antepartum Transfer Rate:	10.7% (435 / 4,056)

FY 2019-2020

Planned Transfers:	105
Unplanned Transfers:	242
Unknown/Other:	49
Total Number of Transfers in the Antepartum:	396
Antepartum Transfer Rate:	8.1% (396 / 4,887)

Change from Prior Reporting Period

Planned Transfers:	+77	(+73.3%)
Unplanned Transfers:	-1	(-0.4%)
Unknown/Other:	-39	(-79.5%)
Total Number of Transfers in the Antepartum:	+39	(+8.9%)
Antepartum Transfer Rate:	+2.6%	

B. Labor and Delivery; Antepartum and Intrapartum Practice**Delivery by Setting**

Midwives are required to report deliveries which they performed as the primary midwife. Adjusted total reported deliveries exclude reports where the total number of deliveries and delivery by location cannot be verified, except where the total deliveries as the primary midwife included delivery in a hospital setting as a part of the total in error.

The total number of midwives reporting intrapartum practice was whose birth-related data by practice setting could be verified was **91 of 103 (74.0% of midwives)**.

FY 2020-2021

Reported Deliveries (unadjusted):	2,372
Total Reported Deliveries (adjusted):	2,157
Home Deliveries:	1,228
Birthing Center Deliveries:	924
Total Reported Deliveries (Home, Birthing Center):	2,152

FY 2019-2020

Reported Deliveries (unadjusted):	2,022
Total Reported Deliveries (adjusted):	1,993
Home Deliveries:	1,129
Birthing Center Deliveries:	891
Total Reported Deliveries (Home, Birthing Center):	2,020

Change from Prior Reporting Period

Reported Deliveries (unadjusted):	+350	(+17.3%)
Total Reported Deliveries (adjusted):	+164	(+8.2%)
Home Deliveries:	+99	(+8.7%)
Birthing Center Deliveries:	+33	(+3.7%)
Total Reported Deliveries (Home, Birthing Center):	+132	(+6.5%)

Hospital Deliveries Attended by Licensed Midwives

Midwives may attend deliveries in hospitals but would not be considered the primary practitioner. The total number of midwives reporting attending one or more births in a hospital is **14 out of 103 (13.6%)**.

FY 2020-2021

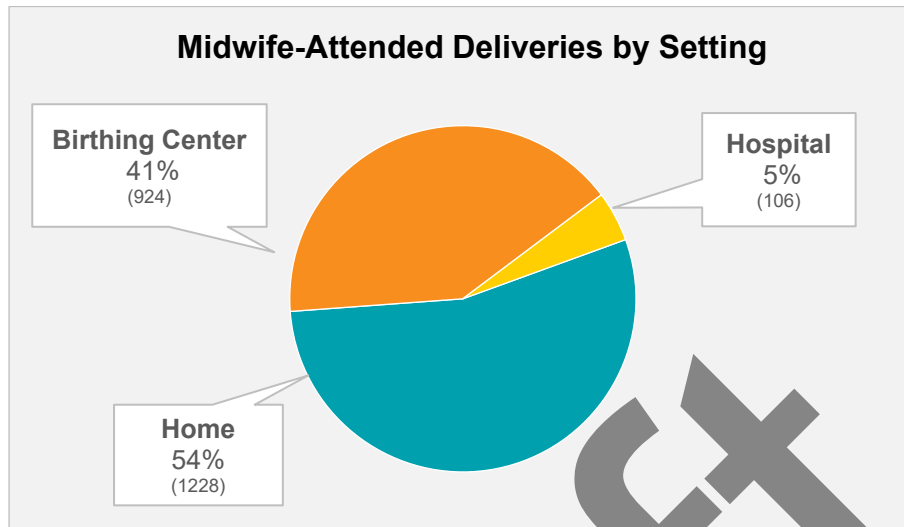
Hospital Births:	106
Total Attended Deliveries (adjusted; including Hospital):	2,263

FY 2019-2020

Hospital Births:	53
Total Attended Deliveries (adjusted; including Hospital):	2,046

Change from Prior Reporting Period

Hospital Births:	+53	(+100.0%)
Total Attended Deliveries (adjusted; including Hospital):	+207	(+10.1%)



Vaginal Births after Cesarean Section (VBAC)

Several midwives left reporting fields related to planned vaginal births after caesarian (VBAC) section blank or entered an “X” or similar; it was assumed for the purposes of reporting data that a “X” or blank field was equivalent to entering “0” in these fields for purposes of analysis.

The total number of midwives whose VBAC-related data could be verified was **101 of 103**.

Planned Vaginal Birth after Cesarean Section

Includes all VBAC planned during the reporting period, regardless of delivery.

FY 2020-2021

Midwives Planning VBAC:	7 of 101	(6.91%)
Number of Planned VBAC:	12	

FY 2019-2020

Midwives Planning VBAC:	10 of 100	(10.0%)
Number of Planned VBAC:	14	

Change from Prior Reporting Period

Midwives Planning VBAC:	-3.09%	
Number of Planned VBAC:	-2	(-14.3%)

Completed Primary and Subsequent Vaginal Birth after Cesarean Section

Completed VBACs are reported in two categories. **Primary VBAC** is defined as vaginal birth occurring as the next birth after a cesarean section. **Subsequent VBAC** is defined as any vaginal birth occurring after a cesarean section which does not immediately follow a caesarian section. The number of completed primary and subsequent VBAC significantly exceeds the number of VBAC planned over the past two reporting periods.

FY 2020-2021

<i>Primary VBAC:</i>	65 (2.9% of births)	28.7% (29 of 101 midwives)
<i>Subsequent VBAC:</i>	65 (2.9% of births)	36.6% (37 of 101 midwives)
Total VBAC:	130 (5.7% of births)	47.5% (48 of 101 midwives)

FY 2019-2020

<i>Primary VBAC:</i>	69 (3.3% of births)	37.0% (37 of 100 midwives)
<i>Subsequent VBAC:</i>	57 (2.7% of births)	36.0% (36 of 100 midwives)
Total VBAC:	126 (6.1% of births)	51.0% (51 of 100 midwives)

Change from Prior Reporting Period

<i>Primary VBAC:</i>	-4 (-0.4% of births)	-8.3% of midwives
<i>Subsequent VBAC:</i>	0 (0.0% of births)	+0.6% of midwives
Total VBAC:	+4 (-0.4% of births)	-3.5% of midwives

Non-Vertex Presentation (Breech Birth)

Non-vertex presentation requires consultation, referral, and in some cases, transfer of care of a client. If transfer is required, licensed midwives may continue to provide antepartum and postpartum care as part of a collaborative management agreement.

FY 2020-2021

Breech Births Reported: 13 (0.06% of births)

FY 2019-2020

Breech Births Reported: 5 (0.02% of births)

Change from Prior Reporting Period

Breech Births Reported: +8 (+0.04% of births)

Planned and Unplanned Transfer for Non-Vertex Presentation (Breech Birth)

Licensed midwives are required to consult or refer if non-vertex presentation (NVP) persists pasts 37 weeks gestational age. Licensed midwives routinely plan transfer of care during the antepartum period if non-vertex presentation is a likely outcome and may continue to provide antepartum and postpartum care as part of a collaborative management agreement.

FY 2020-2021

Planned Antepartum Transfers attributed to NVP: 15 of 182 (8.2%)
Total Antepartum Transfers for NVP: 29 of 436 (6.7%)

FY 2019-2020

Planned Antepartum Transfers attributed to NVP: 7 of 105 (6.7%)
Total Antepartum Transfers for NVP: 19 of 396 (4.8%)

Change from Prior Reporting Period

Planned Antepartum Transfers attributed to NVP: +8 (+1.5%)
Total Antepartum Transfers for NVP: +10 (+1.9%)

Antepartum Transfer Data for Non-Vertex Presentation (Breech Birth); Planned and Unplanned

Reported antepartum transfers where the reason for transfer was “breech,” “non-vertex presentation,” “transverse,” or similar:

Date	Reason	Planned?	GA/Xfer	Outcome
11/11/2020	Breech	Unplanned	37w 0d	CS
3/4/2021	Breech	Planned	40w 4d	CS
3/26/2021	Transverse	Planned	41w 1d	CS
11/17/2020	Breech	Planned	39w 3d	CS
8/7/2020	Breech	Planned	40w 0d	CS
10/7/2020	Breech	Planned	36w 0d	CS
12/2/2020	Breech	Planned	38w 0d	CS

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
2/18/2021	Breech	Planned	39w 0d	CS
5/29/2021	Breech	Unplanned	41w 4d	CS
2/2/2021	Breech @ term	Unplanned	40w 0d	CS
2/19/2021	Breech @ term, IUER	Unplanned	37w 0d	CS
3/25/2021	Breech	Planned	37w 0d	CS
9/15/2021	Breech	Unplanned	40w 0d	CS
4/17/2021	Breech	Planned	39w 0d	Sched C/S
4/24/2021	Breech	Unplanned	40w 0d	CS; live birth
8/1/2020	Breech, ROM	Planned	41w 0d	CS
12/22/2020	Breech @ 40 wk	Planned	40w 2d	CS
11/13/2020	Breech	Planned	40w 0d	CS
12/8/2020	Breech	Planned	40w 0d	*
12/19/2020	Breech @ Term	Unplanned	39w 0d	CS
1/26/2021	PIH/Breech @ Term	Unplanned	37w 0d	CS
3/8/2021	Breech @ Term	Unplanned	38w 0d	CS
3/15/2021	Breech @ Term	Unplanned	40w 0d	CS
12/13/2020	Breech presentation after 38wga (Dismissed from care for non-compliance with TOC)	Unplanned	40w 0d	Unassisted Birth
9/17/2020	Breech Presentation	Planned	37w 1d	CS
4/26/2021	Traverse position at 41.6wga	Unplanned	41w 6d	CS
7/10/2020	Breech, ROM	Unplanned	38w 4d	CS
7/20/2020	Breech with Unsuccessful ECV	Unplanned	38w 0d	CS
11/26/2020	Breech Position	Planned	39w 0d	CS

Intrapartum Transfer Data for Non-Vertex Presentation (Breech Birth)

Reported intrapartum transfers where the reason for transfer was “breech,” “non-vertex presentation,” “transverse,” or similar:

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU Admit ?	NICU Reason	NICU Days	Death?
11/6/2020	Unexpected Breech	CS	N	2948	N	N/A	N/A	N
8/24/2020	Breech	CS	N	*	*	*	*	N
7/13/2020	Preterm Breech ROM	CS	N	*	*	*	*	N
10/30/2020	Surprise Breech	CS	N	4167	N	N/A	N/A	N
1/27/2021	Surprise Breech	CS	N	3629	N	N/A	N/A	N
2/21/2021	Breech	CS	N	3402	N	N/A	N/A	N
11/16/2020	Breech Transverse Lie	CS	N	2410	Y	Meconium	6	N
3/9/2021	Breech in labor	CS	N	3827	N	N/A	N/A	N
4/21/2021	Unplanned Breech	CS	N	3062	N	N/A	N/A	N
2/1/2021	Un[planned] Breech	CS	N	3175	N	N/A	N/A	N
6/16/2021	Breech Presentation	CS	N	4536	N	N/A	N/A	N

Multiple Gestation and Birth:

Midwives are required to transfer care of a client when multiple gestation (MG) presents, though they may continue to provide antepartum and postpartum care as part of a collaborative management agreement.

One unplanned multiple birth was reported in this reporting period.

FY 2020-2021

Planned Antepartum Transfers for MG: 2 of 182 (1.1% of transfers)
Total Antepartum Transfers for MG: 3 of 436 (0.6% of transfers)

FY 2019-2020

Planned Antepartum Transfers for MG: 2 of 105 (1.9% of transfers)
Total Antepartum Transfers for MG: 7 of 364 (1.9% of transfers)

Change from Prior Reporting Period

Planned Antepartum Transfers for MG: 0 (0%)
Total Antepartum Transfers for MG: -4 (-1.3%)

Antepartum Transfer Data for Multiple Gestation

Reported antepartum transfers where the reason for transfer was "multiple," or similar:

Date	Reason	Planned?	GA/Xfer	Outcome
5/10/2021	Twin Pregnancy	Planned	28w 4d	Unknown
7/24/2020	Twins	Unplanned	12w 0d	Unknown
5/1/2021	Twins	Planned	14w 5d	Unknown

Deliveries Completed in Water

Deliveries completed in water are commonplace; the percentage of deliveries completed in water remains consistent with prior reporting periods.

FY 2020-2021

Deliveries Completed in Water: 1,078 (47.6% of deliveries)
Midwives Reporting Delivery in Water: 99 (96.1% of midwives)

FY 2019-2020

Deliveries Completed in Water: 955 (46.7% of deliveries)
Midwives Reporting Delivery in Water: 93 (93.0% of midwives)

Change from Prior Reporting Period

Deliveries Completed in Water: +123 (+0.9% of deliveries)
Midwives Reporting Delivery in Water: +6 (+3.1% of midwives)

Transfers in the Intrapartum

Licensed midwives are required to transfer care of a client for early onset of labor, non-vertex presentation in labor, evidence of fetal distress, moderate to severe meconium staining, pregnancy induced hypertension or cord prolapse. Midwives may also transfer care of a client intrapartum for conditions outside of these specific, identified risks. The most common reason for intrapartum transfer in this reporting period was failure to progress.

85 of 103 midwives (82.5%) reported one or more transfer of care in the intrapartum period.

FY 2020-2021

Total Intrapartum Transfers:	369
Intrapartum Transfer Rate:	16.3%
Complications after Intrapartum Transfer:	53 (14.4% of transfers; 2.3% of births)
NICU Admissions:	23 (6.2% of transfers; 1.0% of births)
Deaths after Intrapartum Transfer:	4 (1.1% of transfers; 0.1% of births)

FY 2019-2020

Total Intrapartum Transfers:	298
Intrapartum Transfer Rate:	14.6%
Complications after Intrapartum Transfer:	35 (11.7% of transfers; 1.7% of births)
NICU Admissions:	18 (6.0% of transfers; 0.8% of births)
Deaths after Intrapartum Transfer:	1 (0.3% of transfers; 0.05% of births)

Change from Prior Reporting Period

Total Intrapartum Transfers:	+71
Intrapartum Transfer Rate:	+1.7%
Complications after Intrapartum Transfer:	+18 (+2.7% of transfers; +0.6% of births)
NICU Admissions :	+5 (+0.2% of transfers; +0.2% of births)
Deaths after Intrapartum Transfer:	+3 (+0.8% of transfers; +0.05% of births)

C. Newborn and Maternal Outcomes; Postpartum Care

Licensed midwives are required to transfer care of a newborn when the newborn's APGAR score is less than seven at five minutes, when fetal weight is below 2,500 grams, when there are signs of prematurity or jaundice, when there is persistent hypothermia, when there are respiratory problems, when there are exaggerated tremors, or when there is a major congenital anomaly. Similarly, midwives are required to transfer care of a client when the placenta is retained or when hemorrhage occurs.

Midwives may also transfer care of a client or newborn postpartum for conditions outside these specific, identified risks. The most common reason for postpartum client transfer of care was suturing; the most common reason for postpartum newborn transfer of care was respiratory problems.

54 of 103 midwives (52.4%) reported one or more transfers of care in the postpartum period.

FY 2020-2021

Client Transfers Reported:	60
Newborn Transfers Reported:	41 (1.8% of deliveries)
NICU Admissions Reported:	32 (78.0% of transfers)

FY 2019-2020

Client Transfers Reported:	61
Newborn Transfers Reported:	32 (1.6% of deliveries)
NICU Admissions Reported:	21 (65.6% of transfers)

Change from Prior Reporting Period

Client Transfers Reported:	-1
Newborn Transfers Reported:	+9 (+0.2%)
NICU Admissions Reported:	+11 (+12.4%)

Mothers Requiring Sutures

A midwife may suture first- and second-degree lacerations. Transfer is required for suturing of third- and fourth-degree lacerations.

FY 2020-2021

Number of Midwives Performing Suturing:	88 (85.4% of midwives)
Number of Clients Requiring Sutures:	570 (24.7% of clients)
Number of Transfers for Suturing:	20 (28.6% of postpartum transfer)

FY 2019-2020

Number of Midwives Performing Suturing:	84 (84.0% of midwives)
Number of Clients Requiring Sutures:	558 (27.2% of clients)
Number of Transfers for Suturing:	15 (24.2% of postpartum transfer)

Change from Prior Reporting Period

Number of Midwives Performing Suturing:	+4 (+1.4% of midwives)
Number of Clients Requiring Sutures:	+ (-2.5% of clients)
Number of Transfers for Suturing:	+5 (+4.4% of postpartum transfer)

Postpartum Transfer Data for Suturing

Reported postpartum transfers where the reason for transfer was "suture," "laceration," or similar:

Date	Reason	Hospital Days	Outcome
1/6/2021	3rd Degree Tear	1	Repair in OR, discharge the same day, stable
11/5/2020	4th Degree Tear	1	Repaired at Hosp & D/C
4/14/2021	Suspected 3rd Degree	0	Repaired/ D/C Same Day
4/6/2021	3rd Degree Laceration	0	Sutured in triage and discharged
7/1/2020	Episiotomy Repair	1	Uncomplicated repair; stable
7/30/2020	Repair of 4th degree laceration	1	Uncomplicated repair; stable
5/4/2020	Vag vault suture	1	Stable
11/10/2020	Post-partum Hemorrhage w/ retained membranes & 3rd degree lac	1	D&C, lac repair, discharged in stable condition
4/7/2021	3D Tear	1	repaired in ER Discharged
6/23/2021	3rd degree tear repair	0.5	repaired/released
9/2/2020	Repair of 3rd degree laceration	1	Repair Complete
5/11/2021	3rd Degree Laceration	4	Surgical Repair/stable
10/11/2020	3rd Degree	1	Stable
5/12/2021	3rd Degree Laceration/PP Hemorrhage	2	Recovered well w/o transfusion
1/9/2021	4th degree perineal laceration requiring repair	1	Stable, good recovery
3/28/2021	Laceration repair (first degree vessel)	1	Stable
4/30/2021	Cervical prolapse and suture of 2nd degree laceration	0	Cervix no longer prolapsed upon arrival at hospital, patient sutured and discharged within 4 hours

Stillborn Delivery, Fetal Demise, Maternal Death

FY 2020-2021

Two stillbirths were reported as intrapartum transfers. Two neonatal deaths occurring within seven days of delivery were reported; both neonatal deaths followed admittance to a neonatal intensive care unit. No deaths occurred under the primary care of a licensed midwife. No maternal deaths were reported.

FY 2019-2020

One stillbirth was reported. Two neonatal deaths occurring within seven days of delivery were reported; one followed admittance of the newborn to a neonatal intensive care unit. No deaths occurred under the primary care of a licensed midwife. No maternal deaths were reported.

Draft

Section III. Appendix – Transfer Data

Antepartum Transfer Data

All reported antepartum transfers. An asterisk () denotes incomplete fields.*

Date	Reason	Planned?	GA/Xfer	Outcome
8/4/2020	G/13 P4	Planned	20w 0d	NSVD
11/27/2020	Postdates	Planned	42w 0d	Induction, SVD
12/7/2020	Marginal placenta previa	Unplanned	35w 0d	CS
1/13/2021	Fetal Growth Restriction	Unplanned	39w 0d	NSVD
1/27/2021	Stroke/hypercoagulability disorder	Unplanned	11w 0d	Unknown
2/16/2021	Postdates	Planned	42w 0d	Induction
2/17/2021	Postdates	Planned	41w 0d	elected induction
6/9/2021	MFM determination of high-risk status	Planned	36w 0d	NSVD
2/17/2021	Polyhydramnios	Planned	37w 0d	Elective C-Section
3/3/2021	Anemia	Planned	37w 0d	Unknown
4/15/2021	SAB 1st trimester	Unplanned	11w 0d	SAB
4/26/2021	IUGR	Planned	36w 0d	Unknown
7/18/2020	Postdates	Unplanned	42w 0d	NSVD
8/19/2020	IUGR	Unplanned	39w 0d	NSVD
10/6/2020	Postdates	Unplanned	41w 0d	CS
11/13/2020	Hypertension	Unplanned	38w 0d	NSVD
11/11/2020	Breech	Unplanned	37w 0d	CS
2/4/2021	Postdates	Unplanned	42w 0d	NSVD
2/25/2021	Oligohydramnios	Unplanned	39w 0d	CS
5/20/2021	Hypertension	Unplanned	41w 0d	CS
6/4/2021	Postdates	Unplanned	41w 0d	NSVD
1/12/2021	Placenta accreta	Unplanned	37w 0d	CS; lost part of bladder
6/2/2021	Low Fluid Levels	Unplanned	42w 0d	CS
7/14/2021	Polyhydramnios	Unplanned	36w 0d	CS
8/18/2020	High Risk - Low HGB	Planned	38w 0d	NSVD
7/24/2020	High Blood Pressure	Planned	40w 0d	*
8/7/2020	Low HGB	Planned	39w 0d	NSVD
11/15/2020	High Risk - Seizures	Planned	35w 0d	*
11/15/2020	High Risk - Endocrine disorders	Planned	8w 0d	*
2/15/2021	Post Dates	Planned	42w 0d	CS
2/25/2021	Post Dates	Planned	42w 0d	NSVD
4/22/2021	Post Dates	Planned	42w 0d	CS
4/23/2021	Premature Delivery	Unplanned	35w 0d	NSVD
5/25/2021	Planned Induction	Planned	36w 0d	*
9/2/2021	ICP	Planned	36w 0d	NSVD
9/17/2020	High Risk, bipolar, PTL HX	Planned	28w 0d	*
12/30/2020	Chronic HTN	Planned	4w 0d	*
12/30/2020	Anemia	Planned	38w 0d	*
6/7/2021	Gestational Diabetes	Planned	37w 0d	*
6/9/2021	Premature Delivery	Unplanned	33w 0d	NSVD
6/23/2021	Hep C	Planned	15w 0d	*

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
6/27/2021	Covid 19+	Planned	38w 0d	NSVD
3/3/2020	elevated liver profile	Planned	32w 0d	CS
7/1/2020	Abnormal GTT	Unplanned	28w 3d	*
7/16/2020	Mild polyhydramnios, previous C/S	Planned	31w 5d	*
9/29/2020	Fetal Macrosomia	Unplanned	39w 0d	*
12/22/2020	Elevated liver enzymes, suspected PIH + previous C/S	Planned	33w 5d	*
1/26/2021	AMA + Albuminuria	Unplanned	38w 2d	*
2/9/2021	525 of PTL	Unplanned	34w 0d	*
5/4/2021	Prediabetes	Unplanned	22w 2d	*
5/10/2021	Twin Pregnancy	Planned	28w 4d	*
10/23/2020	Transferred to Jackson Sys due to financial reason	Planned	16w 0d	Unknown
10/15/2020	Miscarriage - sent to hospital	Unplanned	19w 0d	NSVD
9/15/2020	SAB	Unplanned	11w 2d	SAB
9/29/2020	Gestational Diabetes	Unplanned	36w 6d	CS
10/5/2020	SAB	Unplanned	12w 4d	SAB
10/15/2020	Cholestasis	Unplanned	38w 1d	NSVD
1/11/2021	Gestational Diabetes	Unplanned	35w 1d	NSVD
2/9/2021	Gestational Hypertension	Unplanned	38w 1d	CS
3/2/2021	Gestational Hypertension	Unplanned	38w 6d	NSVD
7/24/2020	PIH	Planned	39w 0d	NSVD
10/4/2020	Diagnosis of diaphragmatic hernia	Planned	40w 1d	NSVD
10/9/2020	Postdates	Planned	41w 6d	NSVD
1/17/2021	Postdates	Planned	41w 6d	NSVD
3/4/2021	Breech	Planned	40w 4d	CS
3/26/2021	Transverse	Planned	41w 1d	CS
4/1/2021	Preterm Labor	Unplanned	36w 0d	NSVD
4/26/2021	PIH	Planned	40w 1d	NSVD
7/13/2020	42 Weeks Gestation	Unplanned	41w 0d	NSVD
8/6/2020	low AFI	Planned	40w 2d	CS
8/29/2020	Decreased Placenta Infusion	Planned	38w 2d	NSVD
9/29/2020	low AFI	Planned	39w 0d	NSVD
11/17/2020	Breech	Planned	39w 3d	CS
1/11/2021	low AFI	Planned	40w 1d	CS
2/15/2021	Requested induction	Planned	39w 1d	NSVD
3/20/2021	Premature Rupture of membrane / no labor	Unplanned	38w 3d	NSVD
7/13/2020	Fibroids	Planned	19w 0d	*
8/6/2020	PIH	Planned	40w 0d	CS
8/7/2020	Breech	Planned	40w 0d	CS
9/28/2020	SAB	Unplanned	12w 0d	*
9/30/2020	Theatened PTL	Planned	31w 0d	*
10/2/2020	Gestational Diabetes	Planned	30w 0d	*
10/7/2020	Breech	Planned	36w 0d	CS
10/11/2020	PTL	Unplanned	17w 1d	*
11/9/2020	Fetal Demise	Unplanned	27w 0d	NSVD
12/2/2020	Breech	Planned	38w 0d	CS
12/4/2020	Umbilical Abnormality	Planned	20w 0d	*

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
12/4/2020	SAB	Unplanned	8w 0d	*
12/5/2020	Low AFI, Unidentified Bleeding	Planned	28 0d	*
12/22/2020	SAB	Unplanned	10w 0d	*
1/14/2021	S&S Preeclampsia	Planned	37w 0d	*
2/17/2021	Fetal Demise	Unplanned	36w 0d	NSVD
2/18/2021	Breech	Planned	39w 0d	CS
3/22/2021	Severe Anemia	Planned	20w 0d	*
3/28/2021	Precipitous Delivery at Fire Station	Unplanned	39w 0d	NSVD
3/29/2021	SAB	Unplanned	10w 0d	NSVD
4/2/2021	Precipitous Delivery at Home	Unplanned	39w 0d	*
4/5/2021	Placenta Previa	Planned	30w 0d	*
5/19/2021	Hyperemesis	Planned	13w 0d	*
6/9/2021	Stage 1 Kidney Disease	Planned	36w 0d	*
6/18/2021	S&S Preeclampsia	Planned	36w 0d	NSVD
2/1/2021	Placenta Previa	Planned	38w 0d	CS
2/1/2021	HIV Positive	Planned	38w 0d	CS
8/23/2020	Got Medicaid - I don't Accept	Planned	12w 3d	to Another Midwife
8/20/2020	High Blood Pressure	Unplanned	37w 6d	CS
11/19/2020	PPROM -/c fetal anomaly	Unplanned	30w 3d	CS
3/19/2021	Postdates	Planned	42w 0d	NSVD
5/21/2021	Planned hospital birth due to down syndrome	Planned	29w 5d	CS
5/6/2021	Covid with complications at term	Unplanned	39w 0d	CS
5/29/2021	Breech	Unplanned	41w 4d	CS
8/28/2020	Post Date Induction	Planned	41w 0d	NSVD
9/15/2020	Post Date Induction	Unplanned	41w 0d	NSVD
9/28/2020	PIH, referred to OB care	Planned	34w 0d	CS
11/16/2020	PIH	Unplanned	39w 0d	CS
12/7/2020	ROM with Meconium prior to labor, referred to hospital	Unplanned	40w 0d	CS
12/10/2020	Post Date Induction	Unplanned	41w 0d	NSVD
1/4/2021	Prolonged ROM without Labor	Unplanned	40w 0d	NSVD
1/12/2021	Thrombocytopenia	Planned	40w 0d	NSVD
3/24/2021	Post Date Induction	Planned	41w 0d	CS
3/31/2021	Thrombophlebitis	Planned	40w 0d	NSVD
4/8/2021	Post Date Induction	Unplanned	41w 0d	CS
5/12/2021	PIH	Planned	37w 0d	NSVD
6/14/2021	PIH; Induction	Unplanned	37w 0d	CS
7/8/2020	Low AFI levels	Planned	38w 4d	NSVD
1/19/2021	COVID Positive	Unplanned	39w 3d	NSVD
1/24/2021	COVID Positive	Unplanned	37w 2d	NSVD
6/10/2021	Low AFI levels	Planned	41w 4d	NSVD
7/10/2020	Pre-Eclampsia	Unplanned	40w 0d	NSVD
12/15/2020	Pre-Eclampsia	Unplanned	39w 0d	Unknown
1/22/2021	Pre-Eclampsia	Unplanned	37w 0d	NSVD; induced
7/24/2020	Postdates	Unplanned	41w 0d	NSVD
8/5/2020	PIH	Unplanned	37w 0d	CS
10/5/2020	Postdates	Unplanned	42w 0d	NSVD

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
10/15/2020	Failed BPP	Unplanned	41w 0d	NSVD
2/2/2021	Breech @ term	Unplanned	40w 0d	CS
4/19/2021	Postdates	Unplanned	41w 0d	NSVD
5/26/2021	Failed BPP	Unplanned	41w 0d	NSVD
2/19/2021	Breech @ term, IUER	Unplanned	37w 0d	CS
7/13/2020	Polyhydramnios	Planned	38w 0d	NSVD
7/29/2020	PTL	Unplanned	35w 0d	NSVD
7/31/2020	Polyhydramnios	Planned	40w 0d	CS
8/1/2020	Postdates	Planned	42w 0d	CS
8/18/2020	Pre-Eclampsia	Planned	38w 0d	CS
8/20/2020	HTN	Planned	38w 0d	NSVD
10/12/2020	Macrosomia	Planned	41w 0d	CS
10/14/2020	HTN	Unplanned	39w 0d	NSVD
10/21/2020	2nd Trim Fetal Demise	Unplanned	18w 0d	NSVD
10/22/2020	IUGR	Planned	37w 0d	NSVD
12/1/2020	Oligohydramnios	Planned	37w 0d	NSVD
12/22/2020	GDM	Planned	33w 0d	Unknown
12/26/2020	Fetal Hydrops	Planned	29w 0d	CS
1/5/2021	HTN	Planned	16w 0d	Unknown
3/1/2021	PROM	Unplanned	28w 0d	NSVD
3/17/2021	Fetal Demise	Unplanned	35w 0d	NSVD
3/25/2021	Breech	Planned	37w 0d	CS
5/14/2021	Polyhydramnios	Planned	28w 0d	NSVD
6/13/2021	IUGR	Planned	36w 0d	NSVD
6/13/2021	Anemia	Planned	38w 0d	NSVD
9/15/2021	Breech	Unplanned	40w 0d	CS
12/26/2020	mother request - kidney stones	Planned	39w 3d	NSVD
8/20/2020	mother request - financial reasons	Planned	41w 0d	NSVD
1/2/2021	released from care for failure to communicate medical issue	Planned	38w 5d	NSVD
7/28/2020	Postdates	Planned	42w 0d	NSVD
9/11/2020	Preterm Labor	Unplanned	36w 1d	NSVD
9/14/2020	Postdates	Planned	41w 6d	NSVD
9/15/2020	Pre-Eclampsia	Planned	39w 3d	NSVD
9/22/2020	Preterm SROM	Planned	35w 6d	NSVD
10/6/2020	Pre-Eclampsia	Unplanned	25w 4d	NSVD
12/19/2020	Postdates	Planned	41w 0d	NSVD
3/28/2021	Low fluids, variable cord blood velocity	Unplanned	36w 5d	NSVD
7/12/2020	Postdates	Planned	42w 0d	NSVD
3/1/2021	Postdates	Planned	42w 0d	NSVD
3/23/2021	Oligohydramnios	Unplanned	39w 0d	NSVD
4/29/2021	Postdate Induction	Planned	42w 0d	NSVD
5/15/2021	Intrauterine Fetal Demise	Unplanned	35w 2d	NSVD
8/8/2020	PROM insufficient ctx not admitted	Unplanned	40w 0d	NSVD
7/14/2020	Preeclampsia or GHTN	Unplanned	39w 0d	NSVD
8/6/2020	PROM insufficient ctx	Unplanned	38w 0d	NSVD
8/19/2020	Subclinical Preeclampsia	Unplanned	39w 0d	NSVD

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
12/1/2020	GHTN	Unplanned	39w 0d	NSVD
9/2/2020	Pyelonephritis/Preeclampsia	Unplanned	39w 0d	NSVD
7/24/2020	Twins	Unplanned	12w 0d	Unknown
4/17/2021	Breech	Planned	39w 0d	Sched CS
6/25/2021	Subclinical preeclampsia	Unplanned	40w 0d	NSVD
2/19/2021	MAB induced SAB	Unplanned	12w 0d	SAB
3/16/2021	MAB	Unplanned	11w 0d	P & E
4/29/2021	MAB	Unplanned	12w 0d	SAB
11/4/2020	Polyhydramnios	Unplanned	40w 0d	CS
2/21/2021	Wanted OB/G/N	Planned	26w 0d	Unknown
10/26/2020	0 Labor VBAC	Planned	42w 0d	CS Live Birth
9/21/2020	Postdates 42 weeks	Unplanned	42w 0d	CS Live Birth
04/11/2020	Maternal Fever	Unplanned	39w 0d	CS Live Birth
4/24/2021	Breech	Unplanned	40w 0d	CS Live Birth
6/18/2021	Post Dates 42 Weeks	Unplanned	42w 0d	CS Live Birth
8/5/2020	SAB suspected & confirmed	Unplanned	12w 0d	SAB
9/18/2020	Severe Anemia & Weight Gain > 50lbs	Unplanned	35w 0d	Unknown
10/21/2020	Oligohydramnios seen on BPP	Unplanned	41w 0d	NSVD
10/23/2020	Preterm labor & PPRM	Unplanned	26w 0d	Preterm SVD
12/30/2020	HTN	Unplanned	40w 0d	NSVD
2/24/2021	Preterm labor	Unplanned	30w 0d	Unknown
4/20/2021	Gestational Diabetes	Unplanned	31w 0d	Unknown
4/30/2021	Pyelonephritis	Unplanned	25w 0d	Still Pregnant
5/20/2021	Gestational Diabetes	Unplanned	26w 0d	Still Pregnant
7/1/2020	IUGR	Unplanned	38w 4d	Vaginal Delivery
10/16/2020	Pregnancy induced hypertension	Unplanned	40w 0d	Vaginal Delivery
11/20/2020	Decels c/- NST @ Postdates Consult	Unplanned	41w 2d	Vaginal Delivery
6/23/2021	Short Cervix	Unplanned	23w 4d	NA
6/24/2021	Isoimmunization	Unplanned	20w 0d	NA
12/8/2020	Pre-Eclampsia	Planned	39w 0d	NSVD
10/13/2020	Oligohydramnios + Postdates (42wga)	Planned	42w 0d	NSVD
7/2/2020	Covid positive w/ unexplained bleeding	Planned	37w 2d	NSVD
8/2/2020	Low hemoglobin	Planned	38w 5d	NSVD
10/15/2020	Premature	Planned	32w 6d	CS
11/2/2020	Postdates	Planned	42w 0d	NSVD
7/9/2020	42 wks no labor	Planned	42w 0d	CS
8/1/2020	Breech, ROM	Planned	41w 0d	CS
10/12/2020	low Hgb	Planned	38w 0d	Vaginal Delivery
8/21/2020	ROM no active	Planned	38w 0d	Vaginal Delivery
2/3/2021	ROM no active	Planned	38w 0d	Vaginal Delivery
2/22/2021	Low Lgb	Planned	38w 0d	Vaginal Delivery
4/5/2021	Covid +	Planned	39w 0d	Vaginal Delivery
10/4/2020	Postdates, never went into labor	Planned	41w 6d	CS
9/22/2020	Oligohydramnios	Planned	39w 5d	CS
6/1/2021	PTL	Unplanned	31w 5d	CS
7/7/2020	Pre-Eclampsia	Planned	37w 0d	CS
4/6/2020	PTL	Unplanned	21w 5d	NSVD

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
2/4/2020	PT wanted induction	Unplanned	37w 1d	CS
9/28/2020	Preeclampsia	Unplanned	36w 0d	NSVD
10/11/2020	Preterm Labor	Unplanned	36w 0d	NSVD
10/20/2020	PIH	Unplanned	39w 0d	CS
12/22/2020	Missed - SAB	Planned	14w 0d	D & C
4/6/2021	Polyhydramnios/LGA/PIH	Planned	36w 0d	CS
4/12/2021	Complete Previa	Planned	30w 0d	CS
5/3/2021	Severe Fetal Renal Pelvis	Planned	38w 0d	CS
6/14/2021	Second Trimester Bleeding	Planned	17w 0d	SVD/SAB
6/15/2021	Pre-Eclampsia	Unplanned	34w 0d	SVD
6/28/2021	0 FHT's/cord accident - true knot	Unplanned	39w 0d	SVD
8/13/2020	Induction - HTN	Planned	39w 1d	NSVD
12/30/2020	Postdates - requested induction	Planned	41w 4d	NSVD
2/23/2021	Induction - HTN	Planned	37w 0d	NSVD
3/7/2021	Postdates - requested induction	Planned	41w 0d	RC/S
1/5/2021	Induction after ECV	Planned	38w 6d	NSVD
6/3/2021	Induction - high risk	Planned	39w 0d	RC/S
6/16/2021	Induction - Very low HGB	Planned	40w 0d	CS
7/11/2021	Vaginal Bleeding, Preterm	Unplanned	26w 4d	RC/S
4/8/2021	PROM w/o progressing labor	Unplanned	41w 2d	NSVD
5/6/2021	GDM uncontrolled	Planned	34w 0d	CS
9/18/2020	Postdates	Unplanned	42w 0d	CS
11/21/2021	Post-dates/non-reassuring BPP	Unplanned	42w 0d	CS
6/16/2021	COVID	Unplanned	41w 0d	NSVD
4/28/2021	PIH	Planned	17w 6d	*
5/20/2021	Stillbirth	Unplanned	23w 2d	*
6/2/2021	SAB	Unplanned	11w 6d	*
6/23/2021	Pain Management	Unplanned	39w 0d	NSVD
9/15/2020	SAB	Unplanned	11w 4d	*
9/16/2020	Post Dates	Planned	41w 5d	CS
11/6/2020	SAB	Unplanned	9w 2d	*
11/25/2020	SAB	Unplanned	11w 0d	*
12/3/2020	Pain Management	Unplanned	41w 2d	CS
12/27/2020	SAB	Unplanned	5w 0d	*
1/5/2021	IUGR	Planned	40w 1d	CS
1/9/2021	PROM	Unplanned	37w 1d	NSVD
3/2/2021	Hyperemesis Gravidarum	Planned	7w 4d	*
4/6/2021	High Risk Due to Previous Brain Surgery	Planned	10w 2d	*
4/10/2021	Post Dates	Planned	42w 0d	NSVD
8/13/2020	Congenital defect	Planned	26w 0d	Unknown
9/22/2020	Postdate induction with non-reactive NST	Unplanned	41w 0d	NSVD
10/30/2020	didn't qualify for continued care, pre-existing auto-immune condition	Planned	19w 0d	Unknown
11/22/2020	Prolonged ROM without Labor	Unplanned	38w 0d	CS
12/1/2020	Covid positive at onset of labor	Planned	38w 0d	CS
12/16/2020	preterm labor	Unplanned	35w 0d	NSVD
1/31/2021	Prolonged ROM without labor & hypertension	Unplanned	37w 0d	NSVD

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
2/2/2021	induction planned d/t placental cysts & AMA	Planned	40w 0d	NSVD
2/11/2021	Induced for IUGR	Planned	37w 0d	NSVD
2/22/2021	Pre-Eclampsia	Unplanned	36w 0d	NSVD
2/22/2021	Induced d/t fetal movement	Unplanned	38w 0d	NSVD
3/12/2021	Persistent Anemia	Planned	38w 0d	NSVD
3/15/2021	SGA/anhydramnios	Unplanned	39w 0d	NSVD
5/15/2021	Pre-E	Unplanned	40w 0d	NSVD
12/22/2020	Breech @ 40 wk	Planned	40w 2d	CS
7/27/2020	Planned hospital birth	Planned	39w 0d	NSVD
8/1/2020	Planned hospital birth	Planned	40w 0d	VBAC
8/13/2020	Preeclampsia induced by hospital	Unplanned	38w 0d	NSVD
8/14/2020	Client went to hospital in labor	Unplanned	40w 0d	NSVD
9/8/2020	Client went to hospital in labor	Unplanned	40w 0d	NSVD
11/13/2020	Breech	Planned	40w 0d	CS
11/23/2020	PROM	Unplanned	40w 0d	NSVD
11/25/2020	Preeclampsia induced by hospital	Unplanned	38w 0d	*
12/8/2020	Breech	Planned	40w 0d	*
12/13/2020	Preeclampsia induced by hospital	Unplanned	*	*
1/14/2021	Planned Hospital Birth	Planned	40w 0d	CS
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
8/6/2020	Polyhydramnios	Unplanned	39w 3d	CS
9/18/2020	SROM - Thick Meconium	Unplanned	38w 6d	NSVD
3/21/2021	Pre-Eclampsia	Unplanned	38w 5d	CS
6/10/2021	Polyhydramnios	Planned	37w 0d	CS
10/26/2020	Pre-Eclampsia	Unplanned	36w 2d	CS
7/12/2020	HTN/Pre-Eclampsia	Unplanned	39w 2d	IOL - Vaginal
8/27/2020	HTN/Pre-Eclampsia	Planned	40w 3d	IOL - Vaginal
9/2/2020	HTN/Pre-Eclampsia	Planned	38w 4d	IOL - Vaginal
9/3/2020	Oligohydramnios	Planned	39w 6d	IOL - Vaginal
8/11/2020	No FHT auscultated at 40w1 day, not in labor, fetal demise confirmed at hospital	Unplanned	40w 1d	Forceps
6/22/2021	Poor BPP	Planned	41w 2d	CS
7/30/2020	IUGR	Unplanned	40w 0d	NSVD
8/31/2020	GDM	Unplanned	37w 0d	NSVD
9/28/2020	Postdates	Unplanned	41w 0d	NSVD
10/7/2020	PIH	Unplanned	39w 0d	NSVD
10/13/2020	Decreased Fetal movement	Unplanned	38w 0d	NSVD
12/19/2020	Pre-Eclampsia	Unplanned	37w 0d	CS
12/19/2020	Breech @ Term	Unplanned	39w 0d	CS
12/23/2020	PIH	Unplanned	41w 0d	NSVD
1/26/2021	PIH/Breech @ Term	Unplanned	37w 0d	CS

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
1/29/2021	Postdates	Unplanned	41w 0d	NSVD
3/8/2021	Breech @ Term	Unplanned	38w 0d	CS
3/15/2021	Breech @ Term	Unplanned	40w 0d	CS
3/18/2021	ITP	Unplanned	39w 0d	NSVD
4/23/2021	Postdates	Unplanned	41w 0d	NSVD
5/20/2021	PIH	Unplanned	37w 0d	NSVD
5/20/2021	Postdates	Unplanned	41w 0d	CS
5/21/2021	IUGR	Unplanned	37w 0d	CS
10/20/2020	GDM, controlled with medication	Planned	39w 2d	NSVD; induced
2/16/2021	HTN	Unplanned	39w 2d	CS
8/10/2020	High-risk, positive drug screen	Unplanned	30w 2d	Unknown
10/28/2020	H/O previous C/S x5	Planned	38w 0d	CS
12/13/2020	Breech presentation after 38wga (Dismissed from care for non-compliance with TOC)	Unplanned	30w 0d	Unassisted Birth
4/28/2021	Preterm Labor	Unplanned	31w 0d	NSVD
6/29/2021	6/8 BPP Oligo	Unplanned	41w 0d	NSVD
4/4/2021	Pre-Eclampsia	Unplanned	39w 0d	NSVD
2/11/2021	SGA	Unplanned	39w 0d	CS
10/12/2020	Hypertension	Unplanned	41w 0d	NSVD; induced
11/7/2020	Fetal arrhythmia	Planned	39w 0d	NSVD
3/27/2021	Preterm Labor	Unplanned	36w 0d	NSVD
6/8/2021	Hypertension	Unplanned	39w 0d	NSVD
10/1/2020	Low FH Ultrasound showed low AFI	Planned	37w 0d	NSVD
6/20/2021	Pre-Eclampsia	Unplanned	38w 0d	*
6/7/2021	Preterm Labor, premature ROM, cord prolapse	Unplanned	28w 1d	CS; NICU Admit
10/13/2020	Appendicitis	Unplanned	37w 5d	CS
7/4/2020	SGA	Transfer	36w 0d	NSVD
8/26/2020	GDM	Transfer	30w 0d	NSVD
10/8/2020	SGA	Transfer	36w 0d	NSVD; induced
8/2/2020	PROM with Heavy Meconium	Unplanned	41w 0d	CS
8/12/2020	IUGR	Planned	34w 0d	NSVD; induced
9/9/2020	PROM with moderate-heavy Meconium	Planned	38w 5d	NSVD
9/17/2020	Breech Presentation	Planned	37w 1d	CS
11/10/2020	PROM	Unplanned	35w 1d	CS
4/8/2021	PROM	Unplanned	35w 0d	NSVD
4/30/2021	Pre-Eclampsia	Planned	32w 0d	NSVD
6/28/2020	Fetal Heart Tone Decels	Unplanned	41w 1d	NSVD; induced
5/1/2021	Twins	Planned	14w 5d	Unknown
7/16/2020	SAB	Unplanned	16w 0d	Unknown, did not return
2/2/2021	PTL	Unplanned	25w 0d	CS Live Birth
6/30/2021	Fetal Demise	Unplanned	27w 0d	NSVD
3/29/2021	Cholestasis	Unplanned	38w 4d	CS
8/2/2020	PROM @ 32wga	Unplanned	32w 0d	NSVD
11/1/2020	PPROM at 36.5wga	Unplanned	36w 5d	NSVD
12/7/2020	PROM >12 hrs with MSAF	Unplanned	40w 6d	NSVD
4/26/2021	Traverse position at 41.6wga	Unplanned	41w 6d	CS

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
7/5/2020	HTN/possible HELLP	Unplanned	38w 4d	NSVD, M&B stable
7/20/2020	Postdates 42.0 weeks, no labor	Planned	42w 0d	CS, M&B stable
7/23/2020	C/S d/t persistent breech and failed ECV	Planned	39w 2d	CS, M&B stable
9/2/2020	Maternal request/pain relief early labor	Unplanned	40w 6d	CS, M&B stable
9/13/2020	Termination d/t Trisomy 18	Planned	23w 5d	NSVD, M/Stable fetus non-V
9/20/2020	Oligohydramnios and Placenta abnormalities	Unplanned	38w 2d	NSVD, M&B stable
10/4/2020	Prodromal labor/Cervical Fibroid impeding labor	Unplanned	39w 2d	CS, M&B stable
12/31/2020	Maternal medication use not safe for OOHb	Planned	39w 2d	NSVD, M&B stable
1/22/2021	IUGR/TOC to OB/GYN high risk	Unplanned	34w 3d	Unknown
2/1/2021	Postdates, 42.0 weeks, no labor	Planned	42w 0d	NSVD, M&B stable
2/12/2021	Complete Previa	Planned	38w 0d	CS, M&B stable
5/7/2021	Postdates, 42.0 weeks, no labor	Planned	42w 0d	NSVD, M/Stable, hospital unable to resuscitate baby, Apgar 0/0/0, fetal death at hospital
4/21/2021	Induction of labor for fetal cardiac anomaly	Planned	37w 0d	NSVD
5/28/2021	Induction of labor for macrosomia	Planned	40w 5d	NSVD
7/1/2020	PPROM	Unplanned	35w 0d	NSVD
7/1/2020	Preeclampsia	Unplanned	37w 2d	NSVD
7/10/2020	Breech, ROM	Unplanned	38w 4d	CS
11/9/2020	Severe Headache	Unplanned	40w 1d	NSVD
11/24/2020	Fetal Demise	Unplanned	41w 0d	CS
12/19/2020	PROM >24 hours	Unplanned	40w 0d	NSVD
1/9/2021	Severe Hypertension	Unplanned	37w 6d	CS
2/7/2021	Post Dates	Unplanned	42w 1d	NSVD
7/20/2020	Breech with Unsuccessful ECV	Unplanned	38w 0d	CS
5/9/2021	Premature Rupture of Membranes	Unplanned	40w 0d	IOL and VD
10/3/2021	VBAC	Planned	40w 0d	NSVD
5/29/2021	VBAC	Planned	40w 0d	NSVD
5/9/2021	Preterm Labor	Unplanned	33w 0d	NSVD Hospital
4/11/2021	Fever Bradycardia	Unplanned	40w 0d	CS
4/15/2021	Missed miscarriage	Planned	18w 0d	NSVD; induced
12/16/2020	Liver disfunction	Planned	36w 0d	CS
3/3/2021	Pre-Eclampsia	Planned	36w 0d	NSVD; induced
7/28/2020	Postdates	Planned	42w 0d	NSVD
7/4/2020	PROM	Unplanned	40w 6d	CS
11/29/2020	PROM	Planned	40w 2d	Social concerns/PROM
3/29/2021	PPROM	Unplanned	32w 0d	CS at 34wga
4/17/2021	Non-reassuring NST	Unplanned	39w 0d	NSVD
4/22/2021	Gestational Hypertension	Unplanned	25w 0d	Unknown
5/12/2021	Preterm labor	Unplanned	35w 0d	NSVD en route to hosp
5/14/2021	Fetal arrhythmia	Unplanned	34w 0d	Unknown

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Planned?	GA/Xfer	Outcome
6/8/2021	Intrahepatic cholestasis of pregnancy (ICP)	Unplanned	39w 0d	NSVD
7/22/2020	GDM	Planned	33w 0d	Unknown
8/6/2020	Fetal Demise	Unplanned	23w 0d	NSVD
9/17/2020	Placental abruption	Unplanned	32w 0d	CS baby lived
1/18/2021	Shortened Cervix	Unplanned	29w 0d	Unknown
7/19/2020	Preterm labor	Unplanned	32w 0d	Preterm Birth
7/27/2020	non-compliance	Unplanned	30w 0d	Unknown
8/26/2020	Hypertension	Unplanned	35w 0d	Hospital Birth
9/23/2020	Hypertension	Unplanned	28w 0d	MFM Management
10/5/2020	Postdates	Unplanned	42w 0d	Hospital Induction
11/11/2020	Hepatitis C	Unplanned	17w 0d	MFM Management
1/24/2021	Postdates	Unplanned	42w 0d	Hospital induction
1/26/2021	Hypertension	Unplanned	38w 0d	MFM Management
2/5/2021	Postdates	Unplanned	42w 0d	Hospital Induction
5/24/2021	IUGR	Unplanned	33w 0d	Unknown
12/11/2020	SAB	Unplanned	15w 0d	*
12/31/2020	IUFD	Unplanned	38w 0d	FD
9/27/2020	Premature Rupture of Membranes Ctx	Unplanned	41w 0d	NSVD
1/23/2021	Postdates - desired IOL	Planned	40w 4d	NSVD
10/31/2020	Postdates - decreased AF volume	Unplanned	40w 4d	NSVD VBAC
6/2/2021	Premature Rupture of Membranes s/- ctx	Unplanned	40w 2d	NSVD
5/24/2021	IOL due to GDM	Planned	39w 2d	NSVD
2/15/2021	Premature Rupture of Membranes s/- ctx	Unplanned	40w 1d	NSVD
12/10/2020	Postdates - decreased AF volume	Unplanned	41w 5d	NSVD
8/11/2020	Pre-Term Labor	Unplanned	21w 0d	NSVD
7/25/2020	PROM prior to 37 weeks with no contractions	Unplanned	36w 2d	NSVD
3/12/2021	PROM prior to 37 weeks	Unplanned	36w 1d	NSVD
7/28/2020	Postdates/Patient Choice	Unplanned	41w 5d	CS
11/26/2020	Breech Position	Planned	39w 0d	CS
3/18/2021	HTN	Unplanned	24w 1d	NSVD
5/29/2021	PROM w/ insufficient ctx @ 24hr	Unplanned	40w 4d	NSVD
6/1/2021	TOC to physician for +HCV antibodies	Planned	31w 0d	Unknown
6/13/2021	PPROM @ 36 WGA	Unplanned	36w 4d	NSVD

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Intrapartum Transfer Data

All reported intrapartum transfers. An asterisk (*) denotes incomplete fields.

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
12/17/2020	Passed out in shower 36w 5d	*	*	2438	N	N/A	N/A	N
8/3/2020	Augmentation	NSVD	Failure to progress	3175	N	N/A	N/A	N
10/25/2020	Augmentation	CS	Failure to progress	3459	N	N/A	N/A	N
3/8/2021	Fetal Distress	CS	Failure to progress	3714	N	N/A	N/A	N
6/3/2021	Augmentation	CS	Failure to progress	3685	N	N/A	N/A	N
7/26/2020	Failure to Progress	NSVD	*	*	N	N/A	N/A	N
8/8/2020	Failure to Progress	NSVD	*	*	N	N/A	N/A	N
8/9/2020	Failure to Progress	CS	*	*	N	N/A	N/A	N
8/10/2020	Arrested 2nd Stage	NSVD	*	*	Y	*	*	N
11/7/2020	Failure to Progress	CS	*	*	N	N/A	N/A	N
12/13/2020	Failure to Progress	CS	*	*	N	N/A	N/A	N
12/29/2020	Failure to Progress	NSVD	*	*	N	N/A	N/A	N
12/21/2020	Failure to Progress	CS	*	*	N	N/A	N/A	N
12/31/2020	Failure to Progress	NSVD	*	*	N	N/A	N/A	N
4/20/2021	<37wks	NSVD	*	*	N	N/A	N/A	N
4/30/2021	Failure to Progress	NSVD	*	*	N	N/A	N/A	No
10/6/2020	Failure to Descend	NSVD	*	4167	N	N/A	N/A	N
1/13/2021	High BP	NSVD	*	3968	N	N/A	N/A	N
2/2/2021	Pain Management	NSVD	*	3657	N	N/A	N/A	N
3/31/2021	Failure to Descend	CS	*	3486	N	N/A	N/A	N
4/17/2021	Pain Management	CS	*	4053	N	N/A	N/A	N
4/25/2021	Breech	CS	*	2628	N	N/A	N/A	N
4/6/2021	Failure to Descend	NSVD	*	3316	N	N/A	N/A	N
3/12/2021	Pain Management	CS	*	3855	N	N/A	N/A	N
6/22/2021	Failure to Descend	NSVD	*	2579	N	N/A	N/A	N
6/10/2020	Failure to Progress	NSVD	*	*	N	N/A	N/A	N
5/22/2021	Client Choice	CS	*	3231	N	N/A	N/A	N
5/24/2021	Fetal tachycardia	CS	*	3628	N	N/A	N/A	N
5/26/2021	PROM	NSVD	*	3373	N	N/A	N/A	N
9/30/2020	Failure to Progress	CS	None	4636	N	N/A	N/A	N
12/29/2020	Allergic Reaction to Abx	NSVD	None	3402	N	N/A	N/A	N
4/16/2021	Dysfunctional labor/pain relief	NSVD	None	3459	N	N/A	N/A	N
6/13/2021	Pain relief	NSVD	None	4366	N	N/A	N/A	N
9/30/2020	Failure to Progress	CS	Fetal distress	3345	N	N/A	N/A	N
9/8/2020	Failure to Progress	NSVD	4th degree tear	3232	N	N/A	N/A	N
1/6/2021	Malpresentation	CS	Dr Manual moved baby cord prolapse	3402	N	N/A	N/A	N
1/20/2021	Pain relief	NSVD	None	4252	N	N/A	N/A	N
2/8/2021	Fetal Distress	NSVD	None	3289	N	N/A	N/A	N
6/20/2021	PROM	NSVD	None	3062	N	N/A	N/A	N
7/5/2020	Prolonged Labor	CS	None	3515	N	N/A	N/A	N
9/16/2020	Prolonged Labor	NSVD	None	3714	N	N/A	N/A	N
11/6/2020	Unexpected Breech	CS	None	2948	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
11/8/2020	Thick Meconium	NSVD	None	3657	Y	*	4	N
11/13/2020	Prolonged Labor	NSVD	None	4026	N	N/A	N/A	N
12/8/2020	Pain Management	NSVD	None	3260	N	N/A	N/A	N
1/1/2021	Pain Management	NSVD	None	3147	N	N/A	N/A	N
5/16/2021	ROM 34 WGA	NSVD	None	2240	Y	*	7	N
6/23/2021	ROM 29 WGA	NSVD	None	*	Y	*	63	N
7/5/2020	FTP, 2nd Stage	CS	*	*	*	*	*	N
8/24/2020	Breech	CS	*	*	*	*	*	N
10/24/2020	FTP, 1st Stage	VD	*	*	*	*	*	N
11/27/2021	Fetal decels	CS	*	*	*	*	*	N
3/17/2021	FTP w/ ROM	NSVD	*	*	*	*	*	N
3/23/2021	FTP w/ ROM	NSVD	*	*	*	*	*	N
4/3/2021	FTP 1st Stage w/ Cervical Edema	CS	*	*	*	*	*	N
5/25/2021	FTP, 1st Stage	CS	*	*	*	*	*	N
6/14/2021	FTP, 1st Stage	Unk	*	*	*	*	*	N
6/20/2021	PPROM	NSVD	None	992	Y	Preterm 30 Days	*	N
8/14/2020	Meconium	CS	None	3572	N	N/A	N/A	N
10/3/2020	PPROM	NSVD	None	2268	N	N/A	N/A	N
10/18/2020	PPROM	NSVD	None	3799	N	N/A	N/A	N
10/23/2020	Low AFI - FTP	CS	None	3856	N	N/A	N/A	N
5/4/2021	PROM - FTP	NSVD	None	3459	N	N/A	N/A	N
2/24/2021	Fetal tachycardia	VAC/ NSVD	None	3629	N	N/A	N/A	N
1/7/2021	Prolonged Rupture of Membranes	NSVD	None	3685	N	N/A	N/A	N
4/29/2021	Prolonged Rupture of Membranes	NSVD	None	3175	N	N/A	N/A	N
10/17/2021	Arrest of Labor	CS	None	4200	N	N/A	N/A	N
1/16/2021	Arrest of Labor	CS	None	3200	N	N/A	N/A	N
4/29/2021	Arrest of Labor	NSVD	None	2977	N	N/A	N/A	N
10/31/2021	Failure to Progress	CS	None	3856	N	N/A	N/A	N
1/5/2021	Prolonged Labor	CS	N	4196	N	N/A	N/A	N
1/26/2021	Prolonged Labor	CS	N	3714	Y	for Observation	1	N
6/28/2021	Meconium stained fluid in labor	NSVD	Neonatal	3714	Y	meconium aspiration syndrome	10	N
9/4/2020	Failure to Progress	CS	N	3487	N	N/A	N/A	N
2/27/2021	Failure to Progress	CS	N	3203	N	N/A	N/A	N
5/18/2021	PROM, Failure to Progress	NSVD	N	3005	N	N/A	N/A	N
7/28/2020	FTP/PROM	NSVD	N	*	N	N/A	N/A	N
8/9/2020	FTP 2nd Stage	CS	N	4564	N	N/A	N/A	N
10/22/2020	Frank bleeding in labor/Htn	NSVD	N	*	N	N/A	N/A	N
2/4/2021	Prolonged Labor/FTP	NSVD	N	*	N	N/A	N/A	N
7/13/2020	Preterm Breech ROM	CS	N	*	N	N/A	N/A	N
7/26/2020	FTP	CS	N	*	N	N/A	N/A	N
8/5/2020	FTP	NSVD	N	*	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
9/7/2020	FTP	NSVD	N	*	N	N/A	N/A	N
9/18/2020	PIH	NSVD	N	*	N	N/A	N/A	N
1/5/2021	Client Choice	NSVD	N	*	N	N/A	N/A	N
1/8/2021	Preterm ROM	NSVD	N	*	N	N/A	N/A	N
1/22/2021	Non-Vertex in Labor	NSVD	N	*	N	N/A	N/A	N
5/17/2021	FTP w/ ROM, PIH	CS	*	*	*	*	*	*
8/22/2020	Meconium	NSVD	N	3714	N	N/A	N/A	N
8/27/2020	PROM	CS	N	*	N	N/A	N/A	N
8/29/2020	Pain Management	NSVD	N	3884	N	N/A	N/A	N
10/2/2020	HTN	NSVD	N	*	N	N/A	N/A	N
11/20/2020	FTP 1	NSVD	N	4139	N	N/A	N/A	N
11/30/2020	FTP 1	CS	N	3912	N	N/A	N/A	N
12/1/2020	FTP 1	NSVD	N	3430	N	N/A	N/A	N
12/23/2020	Meconium	NSVD	N	3317	N	N/A	N/A	N
1/19/2021	FTP 1	NSVD	N	4167	N	N/A	N/A	N
1/21/2021	Fetal Distress	CS	COVID @ 33wga	3317	N	N/A	N/A	N
1/29/2021	FTP 1	NSVD	N	3770	N	N/A	N/A	N
2/14/2021	PROM	NSVD	N	3118	N	N/A	N/A	N
2/14/2021	FTP 2	NSVD	N	4252	N	N/A	N/A	N
2/15/2021	Meconium	NSVD	N	2920	N	N/A	N/A	N
3/12/2021	FTP 1	NSVD	N	2750	N	N/A	N/A	N
3/14/2021	FTP 2	CS	N	3260	N	N/A	N/A	N
3/26/2021	Meconium	NSVD	N	3430	N	N/A	N/A	N
3/31/2021	FTP 1	C/S	N	3714	N	N/A	N/A	N
4/11/2021	PROM	NSVD	N	3657	N	N/A	N/A	N
4/20/2021	FTP 2	NSVD	N	*	N	N/A	N/A	N
4/30/2021	Pain Management	NSVD	N	3459	N	N/A	N/A	N
5/10/2021	FTP 1	CS	N	3005	N	N/A	N/A	N
5/13/2021	FTP 1	CS	N	*	N	N/A	N/A	N
6/20/2021	FTP 2	CS	N	*	N	N/A	N/A	N
9/2/2020	Request for pain meds	CS	N	3544	N	N/A	N/A	N
9/5/2020	Request for pain meds	CS	N	3430	N	N/A	N/A	N
9/22/2020	Failure to Progress 2nd Stage	CS	Baby born with severe genetic disorder	*	Y	*	6	Y
7/2/2020	Failure to Progress/unreassuring fetal heart tones	NSVD	N	2807	N	N/A	N/A	N
3/26/2021	In coordinate uterine pattern/mentioned exhaustion	NSVD	N	3090	N	N/A	N/A	N
10/30/2020	Surprise Breech	CS	N	4167	N	N/A	N/A	N
1/27/2021	Surprise Breech	CS	N	3629	N	N/A	N/A	N
2/27/2021	Failure to progress, Maternal exhaustion	NSVD	N	3600	N	N/A	N/A	N
7/12/2020	Failure to progress	NSVD	N	3600	N	N/A	N/A	N
8/3/2020	Failure to progress	NSVD	N	4451	N	N/A	N/A	N
7/20/2020	Malpresentation	NSVD	N	3232	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
3/11/2021	Dysfunctional labor	NSVD	N	4224	N	N/A	N/A	N
4/7/2021	Pre-Eclampsia	NSVD	PpH	4026	Y	*	1	N
5/13/2021	Prodromal Labor/Pain Relief	NSVD	N	3175	N	N/A	N/A	N
6/21/2021	Failure to Progress	CS	N	3770	N	N/A	N/A	N
7/4/2020	PROM insufficient ctx FTP	NSVD	N	4366	N	N/A	N/A	N
1/9/2021	FTP	NSVD	N	3657	N	N/A	N/A	N
1/8/2021	Anxiety exhaustion 2nd stage	NSVD	N	3856	N	N/A	N/A	N
1/25/2021	pain management, anxiety	CS	N	3799	N	N/A	N/A	N
2/18/2021	stalled labor [/o] ctx	CS	N	3969	N	N/A	N/A	N
3/5/2021	FTP insufficient ctx	NSVD	N	3515	N	N/A	N/A	N
5/12/2021	FTP	CS	N	3572	N	N/A	N/A	N
1/7/2021	FTP 2nd Stage	CS	N	3629	N	N/A	N/A	N
6/17/2021	maternal exhaustion/FTP	NSVD	N	3685	N	N/A	N/A	N
2/21/2021	Breech	CS	N	3402	N	N/A	N/A	N
8/21/2020	*	NSVD	Patient Desire	3685	N	N/A	N/A	N
11/19/2020	*	NSVD	Pain Management	2608	N	N/A	N/A	N
12/2/2020	*	NSVD	Pain Management	3629	N	N/A	N/A	N
2/9/2021	*	NSVD	PROM	4366	N	N/A	N/A	N
3/26/2021	*	Unk	Failure to progress	3515	N	N/A	N/A	N
10/6/2020	FTP + Pain Management	NSVD	N	3799	N	N/A	N/A	N
5/17/2021	Decelerations	CS	N	3374	N	N/A	N/A	N
12/27/2020	FTP	CS	Internal hematoma of incision site - chorio - mntitis	3572	Y	Chorioamnitis	11	N
11/8/2020	FTP	NSVD	N	3033	N	N/A	N/A	N
11/25/2020	FTP	NSVD	N	3289	N	N/A	N/A	N
9/5/2020	FTP	NSVD	N	3572	N	N/A	N/A	N
9/16/2020	No FHT heard upon labor check	NSVD	N	3572	Y	Still Birth	*	Y
11/7/2020	Decels	NSVD	N	*	N	N/A	N/A	N
1/3/2021	Self-transfer pain	NSVD	N	*	N	N/A	N/A	N
11/14/2020	PPROM	CS	N	3657	N	N/A	N/A	N
3/26/2021	Anemia, not a candidate for OOH delivery	NSVD	N	3289	N	N/A	N/A	N
6/15/2021	PROM, FTP	NSVD	N	3374	N	N/A	N/A	N
7/23/2020	PROM	SVD	N	3317	N	N/A	N/A	N
11/8/2020	Prolonged 2nd Stage	CS	N	3912	N	N/A	N/A	N
11/30/2020	PROM	SVD	N	2892	N	N/A	N/A	N
3/12/2021	Pain Management	SVD	N	3147	N	N/A	N/A	N
4/6/2021	Pain Management	CS	N	3402	N	N/A	N/A	N
6/1/2021	Prolonged 2nd Stage	NSVD	N	3175	N	N/A	N/A	N
6/12/2021	Pain Management	NSVD	N	3629	N	N/A	N/A	N
7/14/2020	FTP	NSVD	N	3374	N	N/A	N/A	N
9/11/2020	Prolonged Labor	NSVD	N	*	N	N/A	N/A	N
11/11/2020	Prolonged Labor	CS	N	*	N	N/A	N/A	N
12/26/2020	PPROM 36w4d	NSVD	N	2750	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
1/2/2021	PPROM 36w5d	NSVD	N	*	N	N/A	N/A	N
4/3/2021	Prolonged Labor	NSVD	N	3232	N	N/A	N/A	N
5/6/2021	NRFHT	NSVD	N	2211	*	*	*	Y
6/28/2021	Preterm 36w2d	NSVD	N	2807	N	N/A	N/A	N
	PROM Possible non-cephalic presentation	CS	N	3345	N	N/A	N/A	N
12/18/2020	Failure to progress	CS	c/- complication	3572	N	N/A	N/A	N
2/26/2021	no progress, noncompliant refusing abx/IV	unk	*	*	N	N/A	N/A	N
8/28/2020	Elevated B/P	NSVD	N	3005	N	N/A	N/A	N
11/21/2020	MSAF	NSVD	N	3289	N	N/A	N/A	N
1/18/2021	FHT Decels	CS	N	3629	N	N/A	N/A	N
9/7/2020	PROM	CS	N	3940	N	N/A	N/A	N
9/29/2020	FTP	NSVD	N	4734	N	N/A	N/A	N
2/9/2021	FTP	CS	N	4479	N	N/A	N/A	N
3/8/2021	Swollen Cervix	NSVD	N	3883	N	N/A	N/A	N
5/5/2021	FTP	NSVD	N	3061	N	N/A	N/A	N
5/21/2021	FTP	CS	N	3487	N	N/A	N/A	N
11/12/2020	Pain Management	CS	N	3317	N	N/A	N/A	N
12/4/2020	Lack of Progress	CS	N	*	N	N/A	N/A	N
2/8/2021	Lack of Progress	CS	N	3430	N	N/A	N/A	N
2/12/2021	Fetal Distress	CS	N	3033	N	N/A	N/A	N
3/4/2021	Fetal Distress	CS	N	3629	N	N/A	N/A	N
9/4/2020	FTP 2nd Stage	NSVD	N	5046	N	N/A	N/A	N
5/18/2021	FTP, Pain Management	CS	N	3572	N	N/A	N/A	N
6/10/2021	FTP, Pain Management	CS	N	3714	N	N/A	N/A	N
6/30/2021	FTP, ROM <12 hrs	CS	Mec	4054	Y	O2 stat down	2	N
7/22/2020	Pain Medication - Exhaustion	NSVD	N	3657	N	N/A	N/A	N
7/26/2020	Pain Management & Contractions Stalled	CS	N	3070	N	N/A	N/A	N
8/15/2020	Fetal Heart Decels	NSVD	N	3113	N	N/A	N/A	N
11/21/2020	Labor Stalled	CS	N	4620	N	N/A	N/A	N
12/17/2020	Labor Stalled	Vacuum	N	3238	N	N/A	N/A	N
1/3/2021	Labor Stalled	CS	N	4030	N	N/A	N/A	N
1/7/2021	Labor Stalled	NSVD	N	3633	N	N/A	N/A	N
2/26/2021	Pain relief	NSVD	N	*	N	N/A	N/A	N
3/14/2021	Pain	NSVD	N	*	N	N/A	N/A	N
5/11/2021	Labor Stalled, Pain Medication	Vacuum	N	3640	N	N/A	N/A	N
11/16/2020	Breech Transverse Lie	CS	N	2410	Y	Meconium	6	N
12/4/2020	Non-Reassuring FHT	CS	N	3430	N	N/A	N/A	N
5/6/2021	Non-Reassuring FHT	NSVD	N	3430	N	N/A	N/A	N
5/25/2021	FTP	NSVD	N	4111	N	N/A	N/A	N
9/26/2020	Arrest of Labor	CS	N	unk	N	N/A	N/A	N
10/3/2020	Pain relief	CS	N	unk	N	N/A	N/A	N
11/22/2020	Arrest of Labor	CS	N	4000	N	N/A	N/A	N
12/13/2020	Patient request pain relief	NSVD	N	2381	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
2/22/2021	Patient request pain relief	CS	N	2940	N	N/A	N/A	N
8/31/2020	stillbirth at 22wks	NSVD	*	*	N	N/A	N/A	Y
8/7/2020	Breech presentation at onset of labor	CS	*	4337	N	N/A	N/A	N
2/16/2020	Tx for pain management	CS	*	*	N	N/A	N/A	N
10/9/2020	FTP w/ ROM	CS	N	4082	N	N/A	N/A	N
11/9/2020	Non-Vertex in Labor	CS	N	3770	N	N/A	N/A	N
1/2/2021	FTP w/ ROM	NSVD	N	3799	N	N/A	N/A	N
4/7/2021	PIH in Labor	NSVD	*	*	N	N/A	N/A	N
5/6/2021	PIN in Labor	NSVD	*	2722	N	N/A	N/A	N
2/22/2021	FTP, 2nd Stage	NSVD	N	3487	N	N/A	N/A	N
3/9/2021	Breech in labor	CS	N	3827	N	N/A	N/A	N
4/30/2021	Pain Management	CS	N	3317	N	N/A	N/A	N
12/2/2020	Prolonged ROM and FTP	CS	N	3289	N	N/A	N/A	N
2/22/2021	Persistent posterior presentation c/ prolonged ROM	CS	Postpartum Pre-Eclampsia	3232	Y	Meconium aspiration syndrome	7	N
2/20/2021	Non-reassuring heart tones during second stage consistent with fetal distress	Emergency CS	N	3175	N	N/A	N/A	N
3/19/2021	Client desired pain management	NSVD	N	3515	N	N/A	N/A	N
4/21/2021	Prolonged second stage maternal exhaustion	CS	Severe PPH	3856	N	N/A	N/A	N
6/9/2021	Maternal panic during second stage leading to non-reassuring FHT	NSVD	N	3345	N	N/A	N/A	N
6/3/2021	PPROM @ 42 wks	NSVD	N	3600	N	N/A	N/A	N
5/23/2021	PPROM	NSVD	N	3799	N	N/A	N/A	N
4/21/2021	Unplanned Breech	CS	N	3062	N	N/A	N/A	N
2/10/2021	PPROM	NSVD	N	2608	N	N/A	N/A	N
2/1/2021	Un Breech	CS	N	3175	N	N/A	N/A	N
7/25/2020	ROM no labor	NSVD	N	3544	N	N/A	N/A	N
8/9/2020	Failure to Progress	CS	N	3912	N	N/A	N/A	N
10/15/2020	Prolonged ROM/no progress	NSVD	N	3459	N	N/A	N/A	N
3/31/2021	PROM	NSVD	N	2551	N	N/A	N/A	N
5/30/2021	ROM/no change irregular labor	NSVD	Adverse Reaction to pain meds	2835	N	N/A	N/A	N
6/16/2021	Breech Presentation	CS	None	4536	N	N/A	N/A	N
8/13/2020	Pain Management	NSVD	N	3544	N	N/A	N/A	N
9/18/2020	Failure to progress, Maternal exhaustion	NSVD	N	3544	N	N/A	N/A	N
9/21/2020	Failure to progress, Maternal exhaustion	CS	N	3260	N	N/A	N/A	N
1/4/2021	Failure to Progress	CS	N	*	N	N/A	N/A	N
1/4/2021	Failure to Progress	CS	N	4196	N	N/A	N/A	N
2/10/2021	PPROM/FTP	CS	Unknown Breech	2722	N	N/A	N/A	N
1/20/2021	PROM >24 hrs	NSVD	N	3657	N	N/A	N/A	N
8/26/2020	Fetal tachycardia	NSVD	N	2778	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
8/29/2020	Failure to Progress	NSVD	N	*	N	N/A	N/A	N
9/6/2020	Pain Management	NSVD	Y	3402	N	N/A	N/A	N
10/5/2020	Pain Management	NSVD	N	3657	Y	Spina Bifida	10	N
11/3/2020	Decels	NSVD	N	3203	N	N/A	N/A	N
12/8/2020	Decels	CS	N	4026	N	N/A	N/A	N
12/12/2020	Maternal Exhaustion	CS	N	*	N	N/A	N/A	N
7/25/2020	Thick Meconium	NSVD	N	3203	N	N/A	N/A	N
7/20/2020	ROM with thick meconium	NSVD	N	3572	N	N/A	N/A	N
12/2/2020	Exhaustion	NSVD	N	3232	N	N/A	N/A	N
11/19/2020	Exhaustion	NSVD	N	3900	N	N/A	N/A	N
3/10/2021	Breech	CS	N	2778	N	N/A	N/A	N
6/25/2021	Prolonged ROM, arrest of labor	NSVD	N	3289	N	N/A	N/A	N
11/19/2020	Failure to Progress	CS	*	3685	N	N/A	N/A	N
11/25/2020	High blood pressure	NSVD	*	2977	N	N/A	N/A	N
2/9/2021	PROM	NSVD	*	4082	N	N/A	N/A	N
2/18/2021	Fetal intolerance of labor	CS	*	3232	N	N/A	N/A	N
2/20/2021	PROM	NSVD	*	3459	N	N/A	N/A	N
2/20/2021	Maternal exhaustion	NSVD	*	2977	N	N/A	N/A	N
6/3/2021	Heavy Meconium	NSVD	*	4196	N	N/A	N/A	N
12/3/2020	PROM/FTP	NSVD	N	4224	N	N/A	N/A	N
2/9/2021	FTP	NSVD	N	4167	N	N/A	N/A	N
3/23/2021	1st stage arrest	*	*	3090	N	N/A	N/A	N
4/21/2021	Decels	*	*	3544	N	N/A	N/A	N
4/21/2021	PIH in Labor	*	*	4224	N	N/A	N/A	N
7/25/2020	Pain relief	CS	Unk	4196	N	N/A	N/A	N
11/6/2020	Pain relief	NSVD	None	3118	N	N/A	N/A	N
1/26/2021	HTN	CS	Pre-Eclampsia	3827	N	N/A	N/A	N
4/6/2021	PROM/FTP	NSVD	N	3374	N	N/A	N/A	N
5/10/2021	PROM/Mec (thick)/ Breech	CS	N	4026	Y	*	1	N
6/29/2021	1st stage arrest/pain relief	CS	N	3572	Y	*	1	N
7/22/2020	Prodromal Labor, FTP, Maternal exhaustion	CS	N	3884	N	N/A	N/A	N
12/26/2020	TOLAC, Failure to progress	CS	N	3317	N	N/A	N/A	N
5/19/2021	TOLAC, frank bleeding and maternal exhaustion	CS	N	3714	N	N/A	N/A	N
10/5/2020	Premature urge to push	NSVD	N	3203	N	N/A	N/A	N
10/28/2020	FTP/Inadequate ctx	NSVD	N	2948	N	N/A	N/A	N
11/0/20	FTP 2nd Stage	CS	N	4252	N	N/A	N/A	N
8/18/2020	Reals in labor	CS	Decels	3260	N	N/A	N/A	N
8/18/2020	Failure to Progress	NSVD	N	3657	N	N/A	N/A	N
8/29/2020	Failure to Progress	NSVD	N	3345	N	N/A	N/A	N
8/9/2020	Preterm Labor	NSVD	N	2636	N	N/A	N/A	N
1/4/2021	Breech	CS	N	3430	N	N/A	N/A	N
11/22/2020	*	CS	Reason - FTP OP Presentation	3685	Y	Hypoxia	Unk	N
1/16/2021	*	CS	FTP, fetal distress	2977	Y	observation	Unk	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
5/24/2021	*	Unk	Failure to progress	2778	N	N/A	N/A	N
8/11/2020	Second Stage Arrest	CS	N	3544	N	N/A	N/A	N
2/7/2021	Breech	CS	N	2920	N	observation	2	N
4/12/2021	Cord Prolapse	CS	*	4394	Y	Breathing Issues	3	N
12/14/2020	Failure to Progress	CS	N	3005	N	N/A	N/A	N
10/11/2020	Failure to Progress	NSVD	N	4309	N	N/A	N/A	N
8/23/2020	Breech Presentation	NSVD	N	3628	N	N/A	N/A	N
2/24/2021	Pre-Eclampsia	CS	PP Pre-Eclampsia	2892	N	N/A	N/A	N
10/30/2020	Pain Management	NSVD	N	3827	N	N/A	N/A	N
9/6/2020	PROM	NSVD	N	4366	N	N/A	N/A	N
4/4/2021	Pain relief	NSVD	PPH	3657	N	N/A	N/A	N
5/26/2021	Failure to Progress	CS	N	3487	N	N/A	N/A	N
5/27/2021	Hypertension	NSVD	Pre-Eclampsia	3118	N	N/A	N/A	N
11/4/2020	MSAF	NSVD	*	*	N	N/A	N/A	N
11/7/2020	Pain relief	NSVD	Appendicitis on day 5pp	*	N	N/A	N/A	N
12/9/2020	FTP/fetal tachycardia	*	Vaginal Forceps	2523	N	N/A	N/A	N
12/19/2020	Decelerations	NSVD	*	2722	N	N/A	N/A	N
3/7/2021	Hypertension in labor	NSVD	*	*	N	N/A	N/A	N
10/20/2020	Failure to Progress	NSVD	*	3941	N	N/A	N/A	N
10/12/2020	Failure to Progress	CS	*	3090	N	N/A	N/A	N
10/24/2020	Placental abruption	CS	*	3685	N	N/A	N/A	N
12/17/2020	Wanted Pain Relief	NSVD	*	3770	N	N/A	N/A	N
12/19/2020	PROM	NSVD	*	3118	N	N/A	N/A	N
8/31/2020	Pain Management	NSVD	N	4054	N	N/A	N/A	N
9/6/2020	MSAF	NSVD	N	3572	N	N/A	N/A	N
9/14/2020	Hypertension	NSVD	N	3005	N	N/A	N/A	N
9/19/2020	Fetal Distress	CS	N	3402	N	N/A	N/A	N
10/5/2020	Fetal Distress	NSVD	N	3374	N	N/A	N/A	N
10/14/2020	Hypertension	NSVD	N	2778	N	N/A	N/A	N
11/24/2020	Arrest of Descent	CS	N	4111	N	N/A	N/A	N
12/12/2020	Pain Management	CS	N	3402	N	N/A	N/A	N
12/16/2020	FTP	NSVD	N	3657	N	N/A	N/A	N
12/31/2020	Breech/Preterm	CS	N	2296	N	N/A	N/A	N
1/10/2021	Pain Management	CS	N	3912	N	N/A	N/A	N
1/27/2021	Pain Management	NSVD	N	3232	N	N/A	N/A	N
4/6/2021	FTP	CS	N	3657	N	N/A	N/A	N
5/19/2021	MSAF	NSVD	N	4111	N	N/A	N/A	N
2/11/2021	FTP, maternal exhaustion	NSVD	N	3799	N	N/A	N/A	N
5/21/2021	>24 hr PROM	CS	FTP, fetal distress	3260	N	N/A	N/A	N
2/25/2021	B/P + slow progress	VBAC NSVD	N	3401	N	N/A	N/A	N
12/19/2020	Desired Pain Mgmt	NSVD	GDM	2800	Y	BS Monitoring	3	N
8/27/2020	Transverse Arrest	CS	N	2976	N	N/A	N/A	N
8/17/2020	Meconium stained AF	NSVD	*	3543	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
5/4/2021	Desired Pain Management	VBAC NSVD	N	3231	N	N/A	N/A	N
9/21/2020	Planned hospital	CS	WNL	3033	*	*	*	N
10/16/2020	Pain Management	CS	*	3680	*	*	*	N
10/29/2020	FTP; Prolonged ROM	CS	Baseball sized fibroid found	3538	N	N/A	N/A	N
11/13/2020	Pain Management	NSVD	WNL	2721	N	N/A	N/A	N
8/11/2020	Pre-Term Labor	NSVD	WNL	411	N	N/A	N/A	N
2/5/2021	Non-Reassuring FHT	SVD	Vac Extraction & Fundal Pressure	NA	*	*	*	N
3/13/2021	Heavy Meconium upon ROM	NSVD	Postpartum Pre-Eclampsia	3033	N	N/A	N/A	N
3/25/2021	PPROM	NSVD	WNL	2126	Y	Hypoglycemia	5	N
4/9/2021	Attempted VBAC; suspected uterine tear	CS	Uterine Window	4422	N	N/A	N/A	N
7/10/2020	HTN, maternal exhaustion, FTP	Vacuum	episiotomy, vacuum assist	3289	N	N/A	N/A	N
8/6/2020	FHR decels, extended pushing time	NSVD	none	3629	N	N/A	N/A	N
8/24/2020	Maternal Request for pain meds	NSVD	none	2948	N	N/A	N/A	N
8/27/2020	Fetal distress	NSVD	nuchal x5	3147	N	N/A	N/A	N
11/20/2020	Thick meconium, prolonged decels	NSVD	N	3742	N	N/A	N/A	N
9/17/2020	Maternal Request for pain meds	NSVD	fever, 2 units of blood	3912	N	N/A	N/A	N
1/29/2021	Maternal Request for pain meds	NSVD	N	3289	N	N/A	N/A	N
2/6/2021	Maternal Request for pain meds	NSVD	N	3402	N	N/A	N/A	N
7/7/2020	Meconium	NSVD	N	*	N	N/A	N/A	N
12/18/2020	Failure to Progress	NSVD	N	4281	N	N/A	N/A	N
1/1/2021	Failure to Progress	NSVD	N	3374	N	N/A	N/A	N
6/21/2021	Failure to Progress	NSVD	N	4366	N	N/A	N/A	N
8/4/2020	FTP	CS	N	3799	N	N/A	N/A	N
8/31/2020	Non-reassuring FHT	CS	N	3062	N	N/A	N/A	N
9/28/2020	FTP	CS	N	3175	N	N/A	N/A	N
10/6/2020	Maternal exhaustion	NSVD	Shoulder dislocated	4536	N	N/A	N/A	N
10/26/2020	FTP	CS	N	3629	N	N/A	N/A	N
10/16/2020	Prolonged ROM	CS	N	3345	N	N/A	N/A	N
10/25/2020	Placental abruption	CS	N	4054	N	N/A	N/A	N
3/27/2021	Maternal request for pain management	NSVD	N	3742	N	N/A	N/A	N
4/18/2021	Failure to progress	CS	N	3544	N	N/A	N/A	N
4/28/2021	Maternal exhaustion & variable FHT decelerations	NSVD	N	3005	N	N/A	N/A	N
6/1/2021	Surprise Breech	NSVD	N	3090	Y	Cord gas observation	*	N
5/18/2021	Pain relief	Vacuum	broken clavicle	3685	N	N/A	N/A	N
4/22/2021	Pain relief/Epidural	CS	macrosomia	4819	N	N/A	N/A	N
5/7/2021	FTP/Insufficient ctx	NSVD	MSAF	3345	N	N/A	N/A	N

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
					Admit ?	Reason	Days	Death
5/30/2021	FTP Second Stage	CS	N	3118	N	N/A	N/A	N

Postpartum Transfer Data - Client

All reported client postpartum transfers. An asterisk (*) denotes incomplete fields.

Date	Reason	Hospital Days	Outcome
12/17/2020	Passed out during delivery, husband caught baby in shower & called 911, midw, ?inadvadevdue? to 36.5	2	Uneventful discharge
11/19/2020	3rd degree tear	<1	Repaired
4/6/2021	Retained Placenta/PPH	2	Stable
12/25/2020	PP Hemorrhage	2	Stable, [Up] Fe
8/1/2020	Postpartum Hemorrhage	1	D&C, blood transfusion
2/1/2021	Retained Placenta	1	Stable
9/10/2020	3rd degree laceration repair needed	4 hrs	Stable on discharge
7/24/2020	Postpartum Hypertension	2 days	Stable, FU with Cardiologist
4/11/2021	Postpartum Hemorrhage	32 hrs	Stable, FU labs
6/12/2021	Prolapsed Uterus	0	Discharged
10/20/2020	PP Retained Placenta	2	Blood Transfusion
3/29/2021	Baggy uterus/bleeding	2	Fully Resolved C/- (?)ptocm drip(?)
4/11/2021	Persistent PP Bleeding	2	Removal of fragments/no further issues
6/2/2021	3rd Degree Tear	0	Sutured and discharged same day
3/8/2021	Retained Placenta	1	WNL
7/5/2020	Retained Placenta	1	normal, healthy after D and C
7/30/2020	Postpartum Preeclampsia	3	Healthy, normal
9/17/2020	PPH	4 hrs	Stable, no admission
12/18/2020	Missing 80% of chorion	6 hrs	Stable, no admission, uterine sweep, Abx administered
1/6/2021	3rd Degree Tear	1	Repair in OR, discharge the same day, stable
11/5/2020	4th Degree Tear	1	Repaired at Hosp & D/C
4/14/2021	Suspected 3rd Degree	0	Repaired/ D/C Same Day
4/6/2021	3rd Degree Laceration	0	Sutured in triage and discharged
7/1/2020	Episiotomy Repair	1	Uncomplicated repair; stable
7/30/2020	Repair of 4th degree laceration	1	Uncomplicated repair; stable
7/13/2020	Vag hematoma, slow pph	1	Stable
5/4/2020	Vag vault suture	1	Stable
05/27/2021	Hemorrhage	1	WNL
8/23/2020	Retained Placenta & Postpartum Hemorrhage	1	D&C, blood transfusion of 1 unit, discharge stable
10/25/2020	Postpartum Hemorrhage	<1	evaluation/observation, not admitted to hospital, stable
11/10/2020	Post-partum Hemorrhage w/ retained membranes & 3rd degree lac	1	D&C, lac repair, discharged in stable condition
12/29/2020	Postpartum Hemorrhage	<1	evaluation, not admitted to hospital, stable
5/1/2021	Postpartum Hemorrhage	1	admit for observation, discharged in stable condition
4/7/2021	3D Tear	1	repaired in ER Discharged
7/19/2020	Syncopy	1	Stable

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Hospital Days	Outcome
7/22/2020	PPH	12hrs	Cervical laceration repair
5/30/2021	Syncopy x2 in immediate postpartum	1	Discharged stable, Neuro follow up for dystonia
6/23/2021	3rd degree tear repair	0.5	repaired/released
4/6/2021	Postpartum Hemorrhage	1	Stable
1/19/2021	Postpartum Hemorrhage	1	Stable
11/2/2020	Retained Placenta	>1	General Anesthesia & placenta expelled stable
9/2/2020	Repair of 3rd degree laceration	1	Repair Complete
4/7/2021	Retained Placenta	3	Manual removal/stable
5/11/2021	3rd Degree Laceration	4	Surgical Repair/stable
3/5/2021	Postpartum Hemorrhage	3	Blood Transfusion/Good
10/11/2020	3rd Degree	1	Stable
6/27/2021	Retained Placenta	3	Stable
5/12/2021	3rd Degree Laceration/PP Hemorrhage	2	Recovered well w/o transfusion
5/22/2021	Postpartum Hemorrhage	1	D/C <24 hrs/Stable
11/7/2020	Postpartum Hemorrhage	1	D/C <24 hrs/Stable
11/17/2002	PPH	1	Stable, Healthy
4/6/2024	PPH	1	Stable/Recovered
8/25/2020	Retained Placenta	0	Great Health
1/9/2021	4th degree perineal laceration requiring repair	1	Stable, good recovery
5/13/2021	Client chose to transfer with infant, no medical indications for transfer	1	Stable, normal recovery
1/19/2021	Hyperglycemia hemorrhage	1	Stable
3/28/2021	Laceration repair (first degree vessel)	1	Stable
4/6/2021	PP Hemorrhage	1	Fe Infusion
3/26/2021	Retained placenta/cx closed	1	manual dilation + removal
4/30/2021	Cervical prolapse and suture of 2nd degree laceration	0	Cervix no longer prolapsed upon arrival at hospital, patient sutured and discharged within 4 hours

Postpartum Transfer Data - Newborn

All reported newborn postpartum transfers. An asterisk (*) denotes incomplete fields.

Date	Reason	Birth Weight (g)	APGARS		NICU Admit?	Days	Outcome
11/28/2020	Retractions	3997	8	9	Y	3	Discharged 12/02/2020
2/7/2021	Tachypnea	3232	7	9	N	*	Evaluated & released to home
10/9/2020	Respiratory Distress	*	2	7	Y	>7	Baby Okay
1/30/2021	Respiratory Distress	*	9	9	Y	3	Baby Okay
3/24/2021	Respiratory Distress, Spontaneous Pneumothorax	3033	8	8	Y	5	Stable on Discharge
7/9/2020	TTN	2920	6	9	Y	2	Discharged
5/28/2021	TTN	2750	10	10	Y	2	Discharged
4/10/2021	Tachypnea	2353	8	10	Y	2	Discharged - no further concerns
7/8/2020	medication error - RDS	3856	9	9	Unk	Unk	Unknown
1/20/2021	Low O ₂ sat	4281	9	10	Y	2	WNL
7/17/2020	Jaundice/high bilirubin	3118	8	9	Y	*	Healthy, resolved

Annual Report of Midwifery Practice – 2021

Florida Council of Licensed Midwifery / Florida Department of Health
Medical Quality Assurance; Bureau of Health Care Practitioner Regulation

Date	Reason	Birth Weight (g)	APGARS		NICU Admit?	Days	Outcome
3/6/2021	Hypovolemia from evulsion cord	3402	5	7	N	*	1 day stay in peds
6/24/2021	TTN ++ sats o ²	4082	9	9	N	*	1 day stay in peds
9/17/2020	Low APGARS	3600	6	7	N	*	Assessed with no admission
10/7/2020	Further Assessment	3856	5	6/9	Y	10	Was treated with antibiotics possible infection, cultures
4/14/2021	Suspected Meconium Aspiration	3714	7	8	Y	2	D/C -/s Comp.
7/1/2020	Apnea after breech delivery	2637	2	2	Y	6	Stable Newborn
7/30/2020	Apnea after breech delivery	2523	3	4	Y	10	Stable Newborn
9/18/2020	Tachypnea	3629	9	9	Y	8	Stable Newborn
11/24/2020	Post Resuscitation Check	4195	4	7	Y	3	WNL
5/1/2021	to accompany mother during postpartum transfer	4082	9	10	N	*	routine care provided
9/26/2020	Cleft Palate	3600	10	10	Y	2	Surgical Correction
8/4/2020	Facial Cyanosis	3997	6	8	Y	1	Discharged healthy
7/7/2020	Twisted Bowel	3827	8	10	Y	21	Surgery, Discharged
10/27/2020	NRP, neonate non-responsive at delivery	3629	2	2	NA	*	Neonatal death
5/27/2021	NRP, neonate non-responsive at delivery	2948	2	4	Y	*	NICU
2/17/2021	Abnormal respirations and poor feeding	3203	9	9	Y	5	WNL, no follow up
2/19/2021	MAS? Observation	4196	5	7	Y	19	zero injury/resolved and released
6/29/2021	Fetal Bradycardia with arrythmia onset 6 min PP	2608	7	8	N	*	Monitored for 24h and resolved on its own
4/6/2020	Bradycardia	3685	8	10	Y	2	Stable
3/8/2021	Heavy Meconium	3246	6	4	Y	4	Fetal demise
5/25/2021	TTNB	4366	3	3	Y	2	Stable upon discharge
3/29/2021	Bradycardia at 2 days	4082	6	9	Y	5	No diagnosis, follow-up with cardiologist
8/1/2020	Poor SPO2 stats	4508	6	8/9	Y	2	M/Stable, baby discharged from NICU stable, clear cultures
4/4/2021	SGA	2381	1	8	Y	Unk	Dx with CF and Short Gut Syndrome
5/24/2021	TTN	3544	6	9	Y	10	Recovered
1/24/2021	Transient Tachypnea of vag newborn	4082	*	*	Y	3	Good
3/13/2021	Respiratory Distress	3620	8	9	Y	7	No Complications Parent + COVID-19
4/2/2021	Heart sounds located on Rt side of chest instead of Lt. - Dx congenital CDH	3770	9	9	Y	12	Good recovery after surgery monitored by specialist
5/13/2021	O2 levels unstable, thick mec, evaluation/monitoring for possible MAS	3714	9	9	N	*	Good recovery
4/26/2021	RDS	3869	2	4/5	Y	11	Discharged, stable