

COVER PAGE FOR DATA COLLECTION

LDEM name: _____

LDEM license number: _____

Date of submission: _____

**Randomized number of form (to be completed by Board
staff):** _____

Maryland Data Collection form Licensed Direct-Entry Midwives (LDEM)

Under Maryland law, LDEMs must submit this annual report to the midwifery advisory committee summarizing their outcomes of care by October 1st of each calendar year. This report must include all data from July 1st of last year through June 30th of this year. The data submitted in this form by individual midwives will be kept confidential by the committee and will be aggregated with the data from all midwives and submitted to the Board of Nursing and the Maryland legislators in reports. This data will help the Board of Nursing make legislative recommendations in the future to improve midwifery care in Maryland.

Do not include identifying information about clients¹ on this form. This report should contain de-identified data only.

DUPLICATE RECORDS: Do not submit duplicate records for an individual client if she was attended by more than one midwife. If you practice in a partnership or group of midwives, assign one designated midwife to each client who will submit the data for that individual. If the birth occurs at home or in a birth center, the same midwife who signs the birth certificate form must submit the data. For antenatal transfers, the person who initiates the transfer must submit the data. A single case must not be reported twice if multiple midwives attended the birth or gave care prenatally.

The designated midwife that submits the data for a birth is not claiming more or less legal responsibility for the birth than any other midwife that participated in her care. **The purpose of this data is for quality assurance of midwifery care as a whole in Maryland, not to investigate individual midwives or cases.**

1. Clients who entered care with midwife in the report year: _____
2. Clients who entered care in previous year and were in midwife’s care for labor/birth in report year _____
3. Number of clients who went into labor intending to give birth at home/birth center _____
4. Home/birth center births completed as planned _____
5. Number of spontaneous abortions/miscarriages not requiring transfer _____
6. Number of unanticipated multiple births completed out-of-hospital _____
7. List the number of births completed at home/birth center as planned by county. Enter “0” (zero) if there were none. These numbers should match the birth certificates you have submitted per county:

Allegany		Harford	
Anne Arundel		Howard	
Baltimore City		Kent	
Baltimore County		Montgomery	

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¹ The term “client” in this document is equivalent to the term “patient” as used in Maryland statute 8-6C-01(n).

Calvert		Prince George's	
Caroline		Queen Anne's	
Carroll		St. Mary's	
Cecil		Somerset	
Charles		Talbot	
Dorchester		Washington	
Frederick		Wicomico	
Garrett		Worcester	

8. Clients who entered care in report year and transferred out in pregnancy:
 _____ (total number)

Elective or non-emergency transfers in pregnancy

9. Total number of elective or non-emergency transfers in pregnancy: _____
 A. Enter the total number of transfers for each reason. Enter “0” (zero) if there were none:

Code	Reason for transfer	Total number of transfers for this reason
301	Medical or mental health conditions <i>unrelated to pregnancy</i>	
302	Hypertension developed in pregnancy	
303	Blood coagulation disorders, including phlebitis	
304	Anemia	
305	Persistent vomiting with dehydration	
306	Nutritional & weight loss issues, failure to gain weight	
307	Gestational diabetes	
308	Vaginal bleeding	
309	Suspected or known placental anomalies or implantation abnormalities	
310	Loss of pregnancy (includes spontaneous and elective abortion) <i>when a transfer took place</i>	
311	HIV test positive	
312	Suspected intrauterine growth restriction, suspected macrosomia	
313	Fetal anomalies	
314	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
315	Fetal heart irregularities	
316	Non vertex lie at term	
317	Multiple gestation	
318	Clinical judgment of the midwife (when a single other condition above does not apply)	
319	Client choice/non-medical [client moved, cost/insurance problem, client wanted another provider, midwife-initiated other than due to complications, client chose unassisted birth, midwife provided prenatal care for planned hospital birth, no reason given by client, etc.]	
320	Other (please specify)	

Urgent or emergency transfers in pregnancy

10. Total number of urgent or emergency transfers in pregnancy: _____

A. Reasons for urgent or emergency transfers in pregnancy:

Code	Reason for transfer
401	Non pregnancy-related medical condition
402	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia
403	Isoimmunization, severe anemia, or other blood related issues
404	Significant infection
405	Significant vaginal bleeding
406	Preterm labor or preterm rupture of membranes
407	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)
408	Fetal demise
409	Clinical judgment of the midwife (when a single other condition above does not apply)
410	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. For each urgent or emergency transfer in pregnancy list the reason for transfer and outcome of the birth, using the lists above in 10-A, 10-B and 10-C:

Transfer	Reason for transfer— <i>Use correct code from 10-A</i>	Outcome for mother, if available— <i>Use correct code from 10-B</i>	Outcome for infant, if available— <i>Use correct code from 10-C</i>
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Intrapartum Transfers

11. Total number of intrapartum transfers: _____
 Total number of immediate postpartum transfers (within 72 hours of birth): _____

A) Of the total, list the number of immediate postpartum transfers **initiated** to provide:

1. Care for the mother: _____ [record these transfers one time each under either section 14-D or 15-D only]
2. Care for the baby: _____ [record these transfers one time each under either section 16-D or 17-D only]
3. Medically indicated care for both mother and baby: _____ [record these transfers one time each under either section 14-D or 15-D *only*. Make a note of the reason for transfer of the baby under the “additional space” section provided at the end of this packet].

Elective or non-emergency intrapartum transfers

12. Of the total intrapartum transfers how many were elective or non-emergency? _____

A. Reasons for intrapartum elective or non-emergency transfers:

Code	Reason for intrapartum elective or non-emergency transfer
501	Persistent hypertension, severe or persistent headache
502	Active herpes lesion
503	Abnormal bleeding
504	Signs of infection
505	Prolonged rupture of membranes
506	Lack of progress, maternal exhaustion, dehydration
507	Thick meconium in the absence of fetal distress
508	Non-vertex presentation
509	Unstable lie or malposition of the vertex
510	Multiple gestation
511	Clinical judgment of the midwife (when a single other condition above does not apply)
512	Client request; request for methods of pain relief
513	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks

104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each intrapartum elective or non-emergency transfer and the outcome of the birth using the lists above in 12-A, 12-B and 12-C:

Transfer	Reason for transfer— <i>Use correct code from 12-A</i>	Outcome for mother, if available— <i>Use correct code from 12-B</i>	Outcome for infant, if available— <i>Use correct code from 12-C</i>
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Urgent or emergency intrapartum transfers

13. Of the total intrapartum transfers how many were urgent or emergency? _____

A. Reasons for urgent or emergency intrapartum transfers:

Code	Reason for urgent or emergency intrapartum transfer
601	Suspected preeclampsia, eclampsia, seizures
602	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor
603	Suspected uterine rupture
604	Maternal shock, loss of consciousness
605	Prolapsed umbilical cord
606	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress
607	Clinical judgment of the midwife (when a single other condition above does not apply)
608	Other life threatening conditions or symptoms
609	Multiple gestation (BIRTH IS IMMINENT OR AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF- HOSPITAL)

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each urgent or emergency intrapartum transfer and the outcome of the birth using the lists above in 13-A, 13-B and 13-C:

Transfer	Reason for transfer— <i>Use correct code from 13-A</i>	Outcome for mother, if available— <i>Use correct code from 13-B</i>	Outcome for infant, if available— <i>Use correct code from 13-C</i>
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Immediate postpartum maternal transfers (within 72 hours of birth)

14. Of the total immediate postpartum maternal transfers, meaning in the first 72 hours after birth, how many were elective or non-emergency? _____

A. Reasons for immediate postpartum maternal elective or non-emergency transfers:

Code	Reason for immediate postpartum maternal elective or non-emergency transfer
701	Retained placenta without significant bleeding
702	Repair of laceration beyond midwife's expertise
703	Postpartum depression
704	Social, emotional or physical conditions outside of scope of practice
705	Signs of infection
706	Clinical judgment of midwife (when a single other condition above does not apply)
707	Client request
708	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each immediate postpartum maternal elective or non-emergency transfer and the outcome of the birth using the lists above in 14-A, 14-B and 14-C:

Transfer	Reason for transfer— <i>Use correct code from 14-A</i>	Outcome for mother, if available— <i>Use correct code from 14-B</i>	Outcome for infant, if available— <i>Use correct code from 14-C</i>
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Immediate postpartum (within 72 hours of birth) maternal urgent or emergency transfer

15. Of the total immediate postpartum maternal transfers, meaning in the first 72 hours after birth, how many were urgent or emergency? _____

A. Reasons for immediate postpartum maternal urgent or emergency transfers:

Code	Reason for immediate postpartum maternal urgent or emergency transfer
801	Abnormal or unstable vital signs
802	Uterine inversion, rupture or prolapse
803	Uncontrolled hemorrhage
804	Seizures or unconsciousness, shock
805	Adherent or retained placenta with significant bleeding
806	Suspected postpartum psychosis
807	Signs of significant infection
808	Clinical judgment of the midwife (when a single other condition above does not apply)
809	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable

209	Other
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D. List the reason for each immediate postpartum maternal urgent or emergency transfer and the outcome of the birth using the lists above in 15-A, 15-B and 15-C:

Transfer	Reason for transfer— <i>Use correct code from 15-A</i>	Outcome for mother, if available— <i>Use correct code from 15-B</i>	Outcome for infant, if available— <i>Use correct code from 15-C</i>
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Immediate postpartum (within 72 hours of birth) newborn elective or non-emergency transfers

16. Of the total immediate postpartum newborn transfers, meaning in the first 72 hours of birth, how many were elective or non-emergency? _____

A. Reasons for immediate postpartum newborn elective or non-emergency transfers:

Code	Reason for immediate postpartum newborn elective or non-emergency transfer
901	Low birth weight
902	Congenital anomalies
903	Birth injury
904	Poor transition to extrauterine life
905	Insufficient passage of urine or meconium
906	Parental request
907	Clinical judgment of the midwife (when a single other condition above does not apply)
908	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for newborn:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each immediate postpartum newborn elective or non-emergency transfer and the outcome of the birth using the lists above in 16-A, 16-B and 16-C:

Transfer	Reason for transfer— <i>Use correct code from 16-A</i>	Outcome for mother, if available— <i>Use correct code from 16-B</i>	Outcome for infant, if available— <i>Use correct code from 16-C</i>
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Immediate postpartum (within 72 hours of birth) newborn urgent or emergency transfers

17. Of the total immediate postpartum newborn transfers, meaning in the first 72 hours after birth, how many were urgent or emergency?

A. List of reasons for immediate postpartum newborn urgent or emergency transfers:

Code	Reasons for immediate postpartum newborn urgent or emergency transfer
351	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing
352	Signs or symptoms of infection
353	Abnormal cry, seizures or loss of consciousness
354	Significant jaundice at birth or within 30 hours
355	Evidence of clinically significant prematurity
356	Congenital anomalies
357	Birth injury
358	Significant dehydration or depression of fontanelles
359	Significant cardiac or respiratory issues
360	APGAR of less than seven at 5 minutes
361	Abnormal bulging of fontanelles
362	Clinical judgment of the midwife (when a single other condition above does not apply)
363	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown

208	Information not obtainable
209	Other

D. List the reason for each immediate postpartum newborn urgent or emergency transfer and the outcome of the birth using the lists above in 17-A, 17-B and 17-C:

Transfer	Reason for transfer— <i>Use correct code from 17-A</i>	Outcome for mother, if available— <i>Use correct code from 17-B</i>	Outcome for infant, if available— <i>Use correct code from 17-C</i>
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18. 3rd or 4th degree lacerations: _____

19. Breastfeeding initiated: _____

20. Breastfeeding as of 6-week postpartum visit: _____

21. Hospital transfer outcomes:

A. Cesarean sections: _____

B. Vacuum or forceps deliveries: _____

22. List the number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death (if you had transferred into the hospital and were no longer primary caregiver at the time of the death do not include the demise here—these belong under number 23).

Enter "0" (zero) if there were none:

County	Fetal Demise	Infant Death	Maternal Death	County	Fetal Demise	Infant Death	Maternal Death
Allegany				Harford			
Anne Arundel				Howard			
Baltimore City				Kent			
Baltimore County				Montgomery			
Calvert				Prince George's			
Caroline				Queen Anne's			
Carroll				St. Mary's			
Cecil				Somerset			
Charles				Talbot			
Dorchester				Washington			
Frederick				Wicomico			
Garrett				Worcester			

23. List the number of cases of fetal demise, infant deaths (within the first 6 weeks of life), and maternal deaths (within 6 weeks of birth) when the midwife was not the primary caregiver at the discovery of the demise or death.

Type of incident	Total number
Fetal Demise	
Infant Deaths	
Maternal Deaths	

24. Provide a brief description of any outcomes marked as 103, 104, 107, 203, 204, 205, 206 or 209 throughout entire form: _____
