



Annual Report of **Midwifery Practice**

Ron DeSantis
Governor

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2026

Mission

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

Vision

To be the healthiest state in the nation.

Values

- **Innovation:** We search for creative solutions and manage resources wisely.
- **Collaboration:** We use teamwork to achieve common goals and solve problems.
- **Accountability:** We perform with integrity and respect.
- **Responsiveness:** We achieve our mission by serving our customers and engaging our partners.
- **Excellence:** We promote quality outcomes through learning and continuous performance improvement.



Section I: Overview

Purpose

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

To support this responsibility, the Florida Department of Health (Department) adopted Rule 64B24-1.004(5), Florida Administrative Code (F.A.C.), which requires the Council to prepare an annual publication on midwifery practice by November 1. All licensed midwives must submit their individual report annually by July 31.*

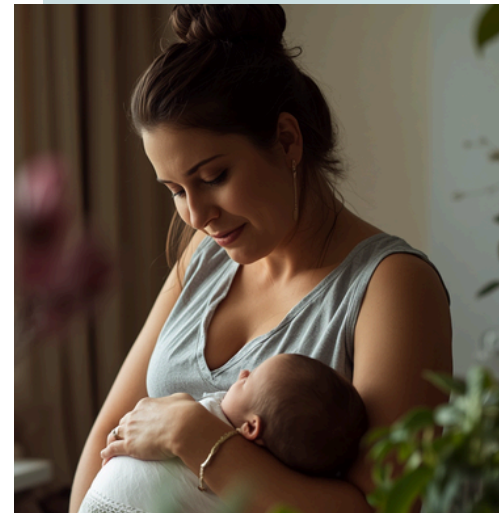
To promote timely and consistent reporting, the *Annual Report of Midwifery Practice Form (DH-MQA 5011)* was developed with advisement from the Council and adopted in 2016 as part of Rule 64B24-7.014, F.A.C. Reporting accuracy and compliance improved substantially in FY 2024-25, when the Council implemented digital submission, increasing licensee access and streamlining data collection. These improvements produced the first two consecutive fiscal years (FY 2024-25 and FY 2025-26) with sufficiently consistent reporting to allow for meaningful, year-over-year comparisons. As such, this publication now offers both a statewide snapshot of licensed midwifery practice and the first reasonably comparable datasets for examining changes in reported activity across consecutive years.

This report does not address individual midwives or specific cases. Instead, it provides a broad, statewide view intended to strengthen regulatory decision-making and support the midwifery profession's ability to meet the needs of mothers and families throughout Florida. All data are self-reported and may reflect inaccuracies introduced by unfamiliarity with the reporting system, error, or omission.

Participation

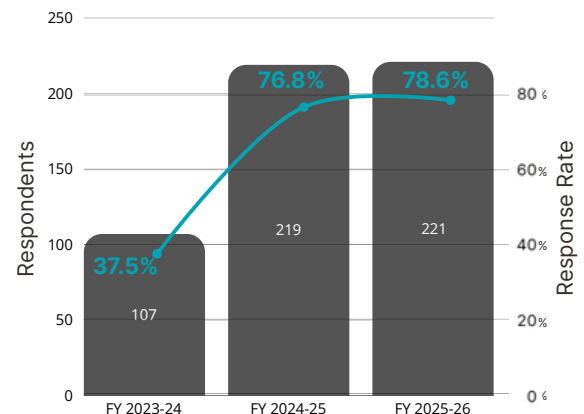
During FY 2025-26, 281 individuals held a licensed midwife credential in Florida, and 221 of those licensees submitted a completed annual report. After accounting for duplicate submissions and excluding respondents who were certified nurse-midwives not required to report, the compliance (response) rate among licensed midwives reached 78.6%. This reflects a modest improvement over FY 2024-25 and demonstrates continued strong engagement following the transition to online reporting.

Because most midwives submitted valid reports and the share of nonrespondents was relatively small, the FY 2025-26 dataset provides a reliable foundation for examining statewide midwifery activity. However, results should still be interpreted with appropriate caution, as nonresponse and self-reporting may introduce some degree of error. While the report describes shifts in client volume, delivery practices, and transfers, these comparisons should be understood as changes in reported activity rather than established long-term trends.



A statewide snapshot to guide informed decisions for Florida families.

Annual Reporting Compliance



**This excludes Certified Nurse Midwives.*

Section II: Results

Reported Practice Volume

Reported initial client visits decreased slightly, from 7,623 in FY 2024-25 to 7,385 in FY 2025-26, a decrease of 3.1%. At the same time, the number of maternity clients accepted increased considerably, from 6,172 to 7,008, an increase of 13.5%. Reported deliveries increased more modestly, from 2,905 to 2,994, or 3.1%.

Together, these measures show that changes in reported maternity practice were not uniform. Licensed midwives reported accepting substantially more maternity clients despite fewer initial obstetric client visits, while the number of deliveries performed increased modestly. Because these measures represent different points in maternity care and may not represent the same clients within the reporting period, the relationship should not be interpreted as a client progression or conversion rate. However, the divergence warrants continued monitoring as additional years of comparable data become available.

Delivery Practices

Reported home and birthing center deliveries increased 5.9% and 7.8%, respectively, while hospital deliveries remained relatively stable. Water births moved in the opposite direction, decreasing 7.9% despite a 3.1% increase in overall reported deliveries.

Reported planned vaginal births after cesarean (VBAC) also decreased, from 200 to 172, or 14.0%. Primary VBACs (or first VBAC attempts) decreased from 92 to 87, while subsequent VBACs (or repeat VBACs) decreased from 110 to 83. Because the appropriate population eligible for VBACs is not established by the aggregate measures presented here, these changes are reported as counts and should not be interpreted as changes in the likelihood of VBACs among eligible counts.

Transfers

Reported transfers present a mixed year-over-year picture. Antepartum transfers decreased 4.4%, while intrapartum transfers increased 6.1%. Larger relative increases occurred among postpartum (+37.5%) and newborn (+30.0%) transfers, although both remained comparatively infrequent relative to overall reported practice volume.

Additional years of comparable data are needed to determine whether these changes represent sustained patterns or normal year-to-year variation.

7,385 Initial OB Client Visits

(- 3.1% since FY 2024-25)

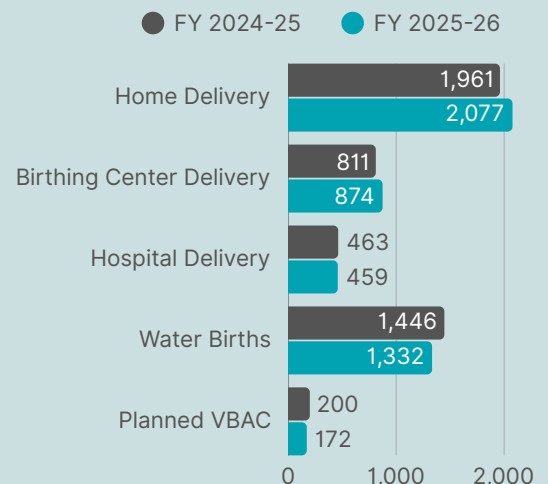
7,008 Maternity Clients Accepted

(+ 13.5% since FY 2024-25)

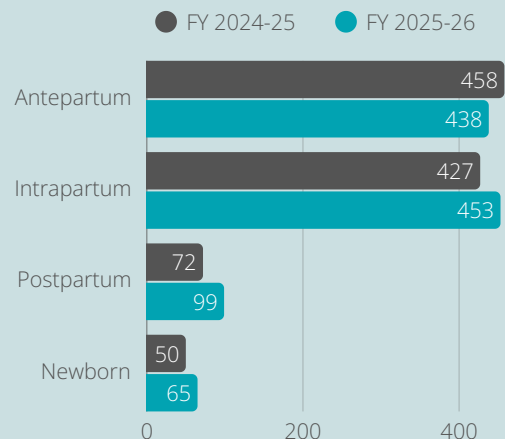
2,994 Deliveries Performed

(+ 3.1% since FY 2024-25)

Reported Delivery Practices



Reported Transfers by Stage of Care



Selected Clinical Outcomes

Several relatively uncommon events remained infrequently reported. Unplanned breech deliveries decreased from 16 to 14. Unplanned twin or multiple deliveries increased from zero to two; because the prior-year value was zero, a percentage change is not calculated. One fetal death/stillborn was reported in FY 2025-26 compared with none the year before. Four neonatal fetal deaths were reported in each year, and no maternal deaths were reported in either year.

Conclusion

FY 2025-26 results demonstrate both continuity and change in reported midwifery practice. Overall delivery volume increased modestly, with growth in reported home and birthing center deliveries, while water births and planned VBACs declined. Transfer patterns also shifted, with fewer antepartum transfers but increases in intrapartum, postpartum, and newborn transfers.

While these year-over-year differences provide the first opportunity to examine changes across comparable reporting periods, additional years of continued reporting compliance is needed to strengthen the Department's ability to identify sustained patterns in Florida midwifery practice over time.

Infrequently Reported Outcomes

Outcome	FY 2024-25	FY 2025-26
Unplanned Breech	16	14
Unplanned Multiples	0	2
Fetal Death/Stillborn	0	1
Neonatal Fetal Death	4	4
Maternal Death	0	0



Share insights in this MQA Readership Survey to strengthen future reports and support clearer statewide understanding of midwifery practice.



Connect with Us

For questions or additional information about licensure processes, **MQA's Virtual Agent, ELI**, is available on board and council websites to provide immediate guidance, helpful suggestions, and streamlined support through both voice and online chat options.

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