

*1. Are you a Certified Professional Midwife?

yes

no

Let's Get Started!

Dear Midwives-

NARM is currently reviewing the General Education requirements for eligibility to apply for the NARM skills and written exams. We are conducting this survey of all CPMs as the second phase for credentialing review. A overview of the review process and report from the Phase 1: Focus Group can be found on NARM Web site: <http://narm.org/focus-group-summary/>

Your responses are very important. The Board wishes to fully understand the potential impacts any changes might have. As incentive to completing the survey, we are offering 5 CEU's in Category 5 for recertification.

The survey should take about 20 minutes to complete.

The first section introduces a series of proposed changes to current NARM requirements, followed by questions about each proposed change. Each proposal contains an explanation of the current requirements, along with any proposed changes.

The second section asks for demographic information that will help us interpret the results, as well as information about your practice and prior experiences. Please have your MANA Statistics, Practice Statistics, or last recertification documents handy when completing this section of the survey.

Your responses will be kept confidential. Any information you provide will not be associated with you personally; it will be combined with other responses and presented in summary format. We do ask for your name and contact information so that we know you have completed the survey and can issue your CEU credit appropriately.

We appreciate your responses and feedback. If you have any questions about this survey, please contact us using the information below. We look forward to hearing from you.

Sincerely,
The NARM Board of Directors

Questions? Please contact Brynne Potter: bpotter@narm.org

Proposed Change #1

Current requirements:

There is no category for "Observed Births" in NARM's current requirements. Births as an Active Participant (Form 111) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered being an Active Participant. See Preceptor Policies for more information.

Potential Change:

To add a category for Experience Requirements called "Observed Births" and to change the category name called "Active Participant" to "Active Assistant". Observed Births would be categorized as births at which the participant has no clinical role other than labor support such as doula, friend, or family member. Minimum number of Observed Births would be ten. Observed Births may be signed off by any witness and occur in any setting. Active Assistant births, which must occur in a setting that supports the MMOC, would be required to be signed off by a qualified preceptor.

2. Please check the box that most closely reflects your level of agreement with each statement below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Exposing the student to more birth scenarios by requiring doula or observed births in any setting will better prepare the student for serving as an assistant in home or birth center births.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing the observation of hospital births would benefit the student's overall education in birth options and transport arrangements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowing the observation of hospital births would result in a more medical approach to the student's eventual midwifery practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observed births should only count toward midwifery training if they occur in an out-of-hospital setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptors would be less willing to accept students who were only observing at births.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observed births should be completed prior to assistant or primary births.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

Proposed Change #2

Current requirements:
Twenty Primary Births Under Supervision

Potential Change:
To increase the minimum number of births in the category of Primary Birth Under Supervision to twenty-five.

3. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
More birth experiences during training would improve the quality of practice after certification.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing the number of births would be worth the extra time and/or expense to obtain more clinical training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

***4. Proposal #3 relates only to CPMs who received their certification via the CNM, CM, or Internationally Educated Midwife routes. If you answer "no" to the following question, you will be skipped to Proposal #4.**

Did you receive your CPM through the CNM, CM, or Internationally Educated Midwife (IEM) route?

- Yes
- No

Comments?

Proposed Change #3

Current requirements:

Applicants may have up to ten of their Primary Births Under Supervision in a hospital setting, and the remainder must be in homes or freestanding birth centers. All primary births must occur in a setting that supports the Midwives Model of Care.

Potential Change:

To require that all Primary Births Under Supervision be Out of Hospital (OOH) Births.

5. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
My training as a CNM/CM/IEM prepared me for an independent, out of hospital (OOH) primary practice in the Midwives Model of Care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attended some out of hospital births during my CNM/CM/IEM training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending the ten out of hospital births as part of documentation for my CPM improved my skills as an OOH midwife.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would have been better prepared by attending more than ten out of hospital births before becoming a CPM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring that all Primary Births Under Supervision be in an out-of-hospital setting would present significant barriers to CNMs, CMs, and IEMs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

Proposed Change #4

Current requirements: There is no requirement that any of the total 20 Primary Births Under Supervision occur in homes, but ten of the primary births must be in out-of-hospital settings, which may include freestanding birth centers or homes.

Potential Change:

To require that a minimum of 5 Primary Under Supervision Births occur in the home setting.

6. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Midwives trained entirely in birth centers may not learn the same transport evaluations that are needed for a home birth practice (variations in time, distance, back-up options).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no significant difference in training obtained in birth centers or home birth practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The difficulty in finding a home birth practice for apprenticeship would be significant barrier to training with no benefit to competency or quality of training if this change is implemented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring some births during training to be in the home setting will increase the competency of the CPM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support requiring midwives in training to attend births with a home birth practice, but I think the five required births in a home setting should count if they are Primary Births Under Supervision or Active Assistant births.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

Proposed Change #5

Current requirements:

Three Continuity of Care (COC) primary births are required. Continuity of Care is defined as four prenatal visits, birth, one newborn examination, and one postpartum examination as primary under supervision.

Potential Change:

To require that the minimum number of COC Births be raised to ten.

Definition/Documentation: The required clinicals (prenatals, birth, newborn exam, and postpartum) for a COC would be

signed by the same preceptor.

7. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Increasing the number of births with COC, or changing the definition of COC, would be a significant hardship for many students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public perception of the validity of the CPM credential would be enhanced by an increase in the COC requirements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Continuity of Care (prenatals, birth, newborn exam, and postpartum) should be verified by the same preceptor rather than by a series of preceptors who supervise each clinical.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

8. Additional Comments about Definition of Continuity of Care:

Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
All twenty primary births under supervision should entail prenatal COC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The definition of COC should be expanded to include 6 prenatal visits, of which 2 visits must be in the second trimester, 3 visits in the third trimester, and 1 visit in any trimester.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The definition of COC should be expanded to include an initial intake exam, review of history and medical records, and both second and third trimester visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The definition of COC should be expanded to include more than one postpartum visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments?	<input type="text"/>					

Proposed Change #6

Current requirements:

Ten of the Primary Births Under Supervision must occur within the last three years; there is no currency requirement for the other 10 primary births.

Potential Change:

To require that all Primary Births Under Supervision should occur within ten years of application. (The current requirement that ten of the primary births must occur within the last three years will remain.)

9. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Currency is an important factor in maintaining clinical competency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments?	<input type="text"/>					

Proposed Change #7

Current requirements:

There is a minimum requirement of one year from first to last primary clinical (prenatals, births, postpartum, or newborn exams). Documentation of Active Participant (Assistant, as proposed) is currently only for births, not prenatal, postpartum, or newborn exams.

Potential Change:

To change the minimum requirement for duration of clinical training with the following options:

- A. Change definition of minimum to one year from first to last Primary Birth Under Supervision. OR
- B. Extend the minimum requirement for duration of total primary clinicals to at least two years, including prenatals, births, postpartum, or newborn exams. OR
- C. Add requirement for documentation of Active Assistant (training) in all clinicals (prenatals, births, postpartum, and newborn exams) and extend the minimum requirement for duration of total clinicals to at least two years.

Preceptors will not want to take a student through two years of training; increasing the minimum time frame will leave many students without a way to complete their training.

Extending the minimum duration of clinical training would impose a hardship on students and preceptors beyond what should reasonably be expected from professional training.

Documentation of training in prenatal, postpartum, and newborn exams would benefit the credential by showing the additional training obtained by students.

Comments?

11. I support the following option as the best choice outlined in the above proposal.

- Option A
- Option B
- Option C
- Any of these options are fine with me
- None of these options are fine with me

Proposed Change #8

Current requirements:
Documentation of non-midwifery education is not required.

Potential Change:
To require that all CPM applicants have a high school diploma or equivalent.

12. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
A high school diploma is not relevant to midwifery care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A high school diploma is a basic confirmation of the ability to learn and should be required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adding the requirement of a high school diploma would have a positive impact on the public perception of the legitimacy of the credential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adding the requirement of a high school diploma would highlight the lack of further formal education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional non-midwifery education requirements should be a function of state licensure rather than certification.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fewer people would become CPMs if a high school diploma is required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients have noticed the lack of a high school diploma for certification and expressed concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring a high school diploma would make a stronger case for the use of the CPM credential in gaining licensure in all states.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

Proposed Change #9

Proposals from the Focus Group Participants:

Focus group participants were given the opportunity to make additional proposals to the NARM Board for any changes in categories that we had not already made in our proposals. Participants were asked to include any comments for their rationale for this suggestion, including any impact that they anticipate from this change. There was one clear proposal

regarding preceptors:

Current Requirements:

A preceptor for a NARM PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Licensed Midwife who has an additional three years of experience or 50 births, including ten COC births beyond the Primary Births Under Supervision experience requirements for CPM certification.

Potential Change from the Focus Group:

That coursework on midwifery education (workshops, on-line courses, etc) be required as a prerequisite for preceptors to be eligible to sign documentation on the CPM application. The coursework is not yet defined, but would have to be reasonably affordable and available to all eligible preceptors if this change is implemented.

13. Please check the box that most closely reflects your agreements with the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
An increased education requirement for preceptors beyond current requirements would increase the effectiveness of preceptors to verify skills and knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An increased education requirement for preceptors beyond current requirements would negatively impact the availability of preceptors for aspiring midwives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support this proposed change and believe NARM should implement it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments?

Demographic Section

We are asking demographic questions for 2 reasons:

1. To inform the subjective answers to questions about the impact of proposed changes to requirements for the CPM.
2. To use this survey as an opportunity to ask CPMs questions about their experience, training, and current practice that we either don't currently ask on our applications for certification or recertification, or would like to refine how we ask the question in order to better allow NARM to provide valid data to researchers and advocates of the CPM.

This section should take 15-30 minutes to complete.

***14. Please give us the following information about you. Your identifying information is for verification purposes only. All personal identifiers are kept completely confidential during survey analysis.**

Name:

State:

Email Address:

Phone Number:

Education

15. Through which route of education did you receive your CPM?

- Portfolio Evaluation Process- Entry Level
- Portfolio Evaluation Process- Experienced Midwife
- Portfolio Evaluation Process- Internationally Educated Midwife
- Graduate from a MEAC accredited school
- State Licensed Midwife
- CNM/CM
- Other (please specify)

16. Please indicate and rate all types of education models and settings that you utilized to gain your knowledge and skills prior to becoming a CPM. Check all settings that apply to your education:

***Definition- A "Clinical Site" can be a birth center, clinic, or hospital that has an on-site clinical training program for students. Programs can be run by the site or by an outside school or preceptor. Birth centers that only utilize long term apprenticeships would not be termed "clinical sites".**

	Percent of Total Training Experience	Value of Training Experience
On-site School	<input type="text"/>	<input type="text"/>
On-line School	<input type="text"/>	<input type="text"/>
Correspondence	<input type="text"/>	<input type="text"/>
Self-Study	<input type="text"/>	<input type="text"/>
Formal Study Group	<input type="text"/>	<input type="text"/>
Workshops	<input type="text"/>	<input type="text"/>
Home Birth Apprenticeship	<input type="text"/>	<input type="text"/>
Birth Center	<input type="text"/>	<input type="text"/>
Hospital	<input type="text"/>	<input type="text"/>
Short Term (less than 6 months) Clinical Site - in country	<input type="text"/>	<input type="text"/>
Short Term Clinical Site- out of country	<input type="text"/>	<input type="text"/>
Long Term (less than 6 months) Clinical Site - in country	<input type="text"/>	<input type="text"/>
Long Term Clinical Site- out of country	<input type="text"/>	<input type="text"/>

Comments?

17. What is your highest level of formal education?

- Less than high school
- High school
- Some college
- Associate's degree
- BA/BS degree
- RN degree
- CNM graduate
- CM graduate
- Master's degree
- Doctoral degree

Other (please specify)

18. AFTER getting your CPM, did you complete any additional formal education? If yes, indicate:

- No, all of my formal education was prior to getting my CPM
- CNM/CM
- College
- Midwifery school
- RN
- Master's
- PhD
- Other (please specify)

19. How many years did you spend in training before attending births as a primary midwife without supervision?

20. At what age did you begin attending births as a primary midwife (after training)?

21. What would you estimate to be the total financial cost of your midwifery education, whether in a school or apprenticeship?

***22. Did you attend a midwifery school for CPMs during your training?**

- yes
- no

***23. Have you been a midwifery preceptor in the last 3 years?**

- yes
- no

If yes, number of students/apprentices?

Midwifery Schools

24. What midwifery school or schools did you attend while training to be a CPM?

25. Was the didactic (academic) education provided by your school mostly:

- On site in classrooms
- On-line
- By correspondence
- Taught by preceptors in a clinical setting
- Other (please specify)

26. Was the clinical (hands-on skills) education provided by your school mostly:

- On site in classrooms
- On-line
- By correspondence
- Taught by preceptors in a clinical setting
- Other (please specify)

Preceptors

Please answer the following questions about your experience as a preceptor.

27. Are you a preceptor for: (you may answer yes to both)

- a midwifery school
- a PEP student

28. Which statement most clearly describes your style of training new apprentices (clinical refers to prenatals, births, postpartum exams)

- The apprentice is part of my practice and attends clinicals of my clients
- I attend clinicals if an apprentice calls and asks for supervision

29. Which statement best describes the didactic (academic knowledge) training of your apprentices/students:

- The apprentice/student is taught didactic materials through another source, and only comes to me for clinicals
- I provide both didactic and clinical training to my apprentices
- Other (please specify)

Practice Information

Please answer the following questions about your practice style, standards, and components.

***30. Have you been in primary midwifery practice for any of the last three years?**

- yes
- no

31. What is your typical prenatal visit schedule (how often do you see your clients?)

	yes	no
monthly through 28 weeks	<input type="radio"/>	<input type="radio"/>
twice monthly from 28-36 weeks	<input type="radio"/>	<input type="radio"/>
weekly from 37 weeks to delivery	<input type="radio"/>	<input type="radio"/>

If no to any of the above, what is your prenatal schedule?

32. How long is a typical prenatal visit?

- 15-30 minutes
- 30-45 minutes
- 45-60 minutes
- one hour or more
- Other (please specify)

33. How many postpartum visits do you have with each client typically during these time frames?

	Number of Visits
first 24 hours	<input type="text"/>
24-48 hours	<input type="text"/>
1-2 weeks	<input type="text"/>
2-4 weeks	<input type="text"/>
5-6 weeks	<input type="text"/>

34. How long is a typical post partum visit?

- 15-30 minutes
- 30-45 minutes
- 45-60 minutes
- one hour or more

Other (please specify)

35. Do you also work as a doula for hospital births (not counting midwife clients who transfer into the hospital)

- No, I have never worked as a doula for hospital births
- Yes, I have served as a doula in the past, but not currently
- Yes, I currently offer that service in my community.

If currently attending doula births, how many have you attended in the past three years?

36. Do you currently carry malpractice insurance?

- yes
- no

37. How many clients initiated care with you within the past three years with the intent of delivering in an out-of-hospital setting under your care as primary midwife?

38. Please answer the following questions about the births you attended in the last three years.

How many:

delivered in a home setting

delivered in a freestanding birth center

delivered in hospital as a planned birth with you as primary caregiver

39. How many transports from home or birth center were:

antenatal

intrapartum

postpartum-maternal

postpartum-newborn

no transfers or transports

40. Of the transports listed in the previous question, please indicate the primary reasons for transfer out of your care/or to hospital. You may choose more than one.

- Prenatal complications prior to 36 weeks
- Prenatal complications after 36 weeks but before labor began
- Prolonged rupture of membranes
- Prolonged labor with slow dilation
- Fetal distress during labor
- Maternal desire for pain relief
- Low APGAR after birth
- Maternal hemorrhage
- Congenital abnormalities
- A Tear that needed suturing beyond your ability.
- Retained placenta
- Other (please specify)

41. How many of your planned deliveries in the last 3 years resulted in cesarean section delivery?

***42. Do you attend VBACs?**

- yes
- no

***43. Do you attend births with multiple gestation?**

- yes
- no

***44. Do you attend planned breeches?**

- yes
- no

Practice Information cont.

45. Do you provide well-woman care beyond the childbearing year?

- yes
- no

46. Do you provide newborn/infant care beyond six weeks?

- yes
- no

47. Is your client base primarily:

- rural
- urban
- suburban
- Other (please specify)

48. How many hours of Peer Review did you attend in the past three years?

49. What is the average number of other midwives who participate in Peer Review with you?

50. Do you contribute your practice data to MANA Stats?

- yes
- no

If yes, beginning what date?

51. What is your usual provider fee?

***do not included facility fees**

****if you typically charge on a sliding scale, what is your average fee?**

52. Is your practice:

- solo
- partnership (2 midwives)
- group (3 or more midwives)

If group, how many midwives are in the practice?

53. Do you routinely attend births with:

- an assistant
- an apprentice/student
- another midwife
- alone

54. Are you legally recognized by a state/province to practice midwifery?

- yes
- no

If yes, which state/province?

55. Are you eligible for Medicaid reimbursement?

- yes
- no

If yes, how many of your clients in the last 3 years were on Medicaid?

56. Do you or your clients get insurance reimbursement for your care?

- Usually
- Sometimes
- Rarely
- I don't submit or participate in insurance reimbursement

57. Are you actively involved in:

- Midwifery Education
- Midwifery Research
- Midwifery Related Politics/Advocacy

58. With which race group categories do you identify? (mark all that apply)

- Hispanic/Latino
- American Indian/Alaska Native
- Asian
- Black
- Native Hawaiian/Pacific Islander
- White

Other (please specify)

59. What percentage of your client populations would you describe as:

White	<input type="text"/>
Black	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native American/Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>

60. What percentage of your client populations would you describe as:

Amish	<input type="text"/>
Mennonite	<input type="text"/>
Mormon	<input type="text"/>
Muslim	<input type="text"/>
Hassidic Jew	<input type="text"/>

Please answer the following questions regarding your VBAC clients/births.

61. How many VBAC clients initiated care with you in the past three years with plans to birth at home or in a freestanding birth center?

62. How many VBAC clients who began labor with you in the past three years completed care with you as the primary provider?

63. How many birthed vaginally (with you or with a transferring provider)?

64. How many had repeat cesarean sections?

Multiple Gestation

Please answer the following questions about your multiple gestation births.

65. How many clients carrying multiples initiated care with you in the last three years with plans to birth at home or in a freestanding birth center?

66. How many of the clients carrying twins who began labor in your care in the last three years completed the birth in your care?

67. How many birthed vaginally (with you or in hospital)?

68. How many had cesarean sections?

Breech

Please answer the following questions about your breech births.

69. How many clients with breech presentation initiated or maintained care with you in the last three years with plans to birth at home or in a freestanding birth center?

70. How many of the clients with a breech presentation who began labor in your care in the last three years completed the birth in your care?

71. How many birthed vaginally (with you or in hospital)?

72. How many had cesarean sections?

Last Question

Please take a minute to think about and respond to this last question.

73. What was the single greatest challenge or obstacle to you in receiving your midwifery certification?

Thanks for your time. A CEU certificate will be emailed to you at the close of the survey period on October 1st.

This survey is Phase Two of the Eligibility Review Project. If you would like to read an overview of the project and the results of our Phase One Focus Group, paste the following link into your browser: <http://narm.org/focus-group-summary/>

The NARM Board will be reviewing the results of this survey as part of Phase Three. Any changes to eligibility requirements will be determined by the NARM Board and communicated to all CPMs and the midwifery community through our electronic and paper newsletters and on our Web site. No changes will be determined prior to January of 2012.

Phase Four of the project is to carefully outline an implementation process for any changes that recognizes short term obstacles for students already in the process of their midwifery education and schools and preceptors who would need time to implement any new requirements.

We are all working together for the same goal: to ensure the highest level of qualified, competent midwives for women and babies.

The NARM Board of Directors