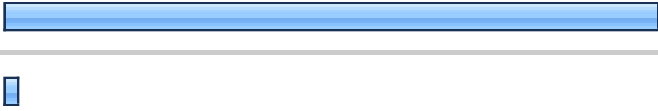


1. Are you a Certified Professional Midwife?

		Response Percent	Response Count
yes		98.5%	944
no		1.5%	14
answered question			958
skipped question			4



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	Response Count
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.	1.8% (15)	3.2% (27)	6.6% (56)	33.3% (281)	54.9% (464)	0.2% (2)	845
Allowing the observation of hospital births would benefit the student's overall education in birth options and transport arrangements.	1.2% (10)	3.0% (25)	5.8% (49)	35.9% (303)	53.6% (452)	0.6% (5)	844
Allowing the observation of hospital births would result in a more medical approach to the student's eventual midwifery practice.	20.8% (175)	52.3% (440)	14.7% (124)	6.9% (58)	3.4% (29)	1.9% (16)	842
Observed births should only count toward midwifery training if they occur in an out-of-hospital setting.	21.4% (180)	50.9% (428)	12.7% (107)	8.7% (73)	5.5% (46)	0.8% (7)	841
Preceptors would be less willing to accept students who were only observing at births.	9.2% (77)	40.7% (342)	23.5% (197)	15.0% (126)	5.8% (49)	5.8% (49)	840
Observed births should be completed prior to assistant or primary births.	5.0% (42)	15.7% (132)	14.3% (120)	29.8% (251)	33.4% (281)	1.8% (15)	841
I support this proposed change and believe NARM should implement it.	3.4% (28)	3.8% (32)	12.3% (103)	37.1% (310)	41.2% (344)	2.2% (18)	835
						Comments?	302
					answered question		846
					skipped question		116

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	Response Count
More birth experiences during training would improve the quality of practice after certification.	1.0% (8)	4.1% (34)	7.0% (58)	34.3% (286)	52.5% (437)	1.2% (10)	833
Increasing the number of births would be worth the extra time and/or expense to obtain more clinical training.	1.2% (10)	6.4% (53)	10.8% (90)	31.9% (266)	48.6% (405)	1.2% (10)	834
I support this proposed change and believe NARM should implement it.	2.0% (17)	7.3% (61)	10.5% (87)	30.2% (251)	48.7% (405)	1.3% (11)	832
						Comments?	209
						answered question	834
						skipped question	128

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?

		Response Percent	Response Count
Yes		4.8%	40
No		95.2%	801
			Comments?
			20
		answered question	841
		skipped question	121

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	Response Count
My training as a CNM/CM/IEM prepared me for an independent, out of hospital (OOH) primary practice in the Midwives Model of Care.	0.0% (0)	17.5% (7)	2.5% (1)	35.0% (14)	42.5% (17)	2.5% (1)	40
I attended some out of hospital births during my CNM/CM/IEM training.	0.0% (0)	5.1% (2)	0.0% (0)	35.9% (14)	56.4% (22)	2.6% (1)	39
Attending the ten out of hospital births as part of documentation for my CPM improved my skills as an OOH midwife.	2.5% (1)	2.5% (1)	12.5% (5)	30.0% (12)	52.5% (21)	0.0% (0)	40
I would have been better prepared by attending more than ten out of hospital births before becoming a CPM.	5.0% (2)	5.0% (2)	22.5% (9)	22.5% (9)	32.5% (13)	12.5% (5)	40
Requiring that all Primary Births Under Supervision be in an out-of-hospital setting would present significant barriers to CNMs, CMs, and IEMs.	2.6% (1)	18.4% (7)	21.1% (8)	26.3% (10)	23.7% (9)	7.9% (3)	38
I support this proposed change and believe NARM should implement it.	15.4% (6)	10.3% (4)	17.9% (7)	25.6% (10)	17.9% (7)	12.8% (5)	39
						Comments?	12
					answered question		40
					skipped question		922

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	Response Count
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).	4.5% (37)	13.9% (114)	9.4% (77)	37.0% (304)	33.9% (278)	1.3% (11)	821
There is no significant difference in training obtained in birth centers or home birth practices.	24.5% (200)	47.8% (390)	9.2% (75)	12.9% (105)	4.7% (38)	1.0% (8)	816
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.	8.2% (67)	38.1% (313)	20.3% (167)	17.8% (146)	9.6% (79)	6.0% (49)	821
Requiring some births during training to be in the home setting will increase the competency of the CPM.	2.9% (24)	8.5% (70)	9.9% (81)	38.9% (320)	38.7% (318)	1.1% (9)	822
I support this proposed change and believe NARM should implement it.	6.1% (50)	11.7% (95)	15.2% (124)	33.5% (273)	31.6% (257)	1.8% (15)	814
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.	5.8% (47)	15.2% (124)	16.8% (137)	39.0% (319)	20.3% (166)	2.9% (24)	817
						Comments?	204
					answered question		823
					skipped question		139

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	Response Count
Increasing the number of births with COC, or changing the definition of COC, would be a significant hardship for many students.	10.1% (83)	27.0% (221)	13.2% (108)	31.2% (256)	14.9% (122)	3.7% (30)	820
Public perception of the validity of the CPM credential would be enhanced by an increase in the COC requirements.	5.6% (46)	18.6% (152)	19.7% (161)	28.1% (230)	22.6% (185)	5.4% (44)	818
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.	13.7% (112)	35.3% (288)	20.7% (169)	18.3% (149)	10.9% (89)	1.0% (8)	815
I support this proposed change and believe NARM should implement it.	8.6% (70)	16.0% (130)	15.6% (127)	30.8% (250)	26.9% (219)	2.1% (17)	813
						Comments?	251
						answered question	820
						skipped question	142

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	Response Count
All twenty primary births under supervision should entail prenatal COC.	13.2% (107)	34.4% (278)	12.6% (102)	25.3% (205)	13.8% (112)	0.6% (5)	809
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.	11.7% (95)	27.7% (225)	19.7% (160)	26.6% (216)	13.2% (107)	1.1% (9)	812
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.	6.8% (55)	18.2% (148)	13.8% (112)	41.2% (335)	19.8% (161)	0.4% (3)	814
The definition of COC should be expanded to include more than one postpartum visit.	5.8% (47)	15.4% (126)	15.8% (129)	38.7% (316)	24.0% (196)	0.2% (2)	816
						Comments?	190
						answered question	819
						skipped question	143

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

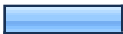




	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know	Response Count
Currency is an important factor in maintaining clinical competency.	1.3% (10)	3.3% (26)	7.1% (56)	42.8% (339)	45.2% (358)	0.4% (3)	792
I support this proposed change and believe NARM should implement it.	3.1% (25)	5.2% (42)	8.7% (71)	41.5% (338)	41.1% (335)	0.5% (4)	815
						Comments?	84
					answered question		817
					skipped question		145

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know	Response Count
The requirements should stay as they are so that all prenatals and births must span at least one calendar year.	6.6% (51)	32.9% (252)	28.9% (222)	21.0% (161)	6.0% (46)	4.6% (35)	767
The requirements should change so that all Primary Births Under Supervision must span at least one year, and the pre-primary clinicals (observes or assists) would need to occur prior to the onset of the first primary birth; this would have the effect of extending the timeframe of clinical training to beyond one year.	5.5% (43)	17.7% (137)	19.9% (154)	39.0% (302)	14.8% (115)	3.1% (24)	775
Increasing the amount of time spent in training would positively impact the public's perception of the rigor of the credential.	2.8% (22)	8.5% (67)	14.7% (116)	41.0% (324)	28.5% (225)	4.6% (36)	790
Increasing the time spent in a clinical setting would negatively affect a student's ability to find a preceptor.	9.1% (72)	43.7% (345)	19.4% (153)	17.0% (134)	2.2% (17)	8.7% (69)	790
Increasing the time spent in a clinical setting would increase the cost to the student without a corresponding increase in value to the student.	11.3% (89)	44.4% (350)	18.5% (146)	14.3% (113)	5.7% (45)	5.8% (46)	789
Increasing the minimum requirement for duration of total clinical training would better prepare new midwives for independent practice.	1.9% (15)	8.7% (68)	15.5% (122)	38.3% (301)	32.7% (257)	2.8% (22)	785
The time frame is not important; it is the total numbers of clinical experiences that should be met regardless of how quickly they occur.	13.3% (104)	36.5% (286)	15.9% (125)	22.3% (175)	10.2% (80)	1.8% (14)	784

Total span of time is not important; it is the actual hours spent in training that should be documented. Documenting the actual hours spent in all clinical settings would add value to the training.	6.7% (53)	23.4% (185)	20.4% (161)	36.9% (291)	10.6% (84)	1.9% (15)	789
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.	12.4% (98)	40.5% (321)	19.3% (153)	14.9% (118)	3.5% (28)	9.3% (74)	792
Extending the minimum duration of clinical training would impose a hardship on students and preceptors beyond what should reasonably be expected from professional training.	13.7% (108)	44.6% (352)	18.6% (147)	13.2% (104)	4.2% (33)	5.7% (45)	789
Documentation of training in prenatal, postpartum, and newborn exams would benefit the credential by showing the additional training obtained by students.	1.4% (11)	5.4% (42)	11.6% (91)	52.2% (409)	26.8% (210)	2.6% (20)	783
						Comments?	204
						answered question	797
						skipped question	165

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

		Response Percent	Response Count
Option A		17.5%	136
Option B		16.6%	129
Option C		32.6%	253
Any of these options are fine with me		18.3%	142
None of these options are fine with me		15.1%	117
		answered question	777
		skipped question	185

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	Response Count
A high school diploma is not relevant to midwifery care.	26.8% (213)	29.7% (236)	15.7% (125)	17.1% (136)	9.7% (77)	0.9% (7)	794
A high school diploma is a basic confirmation of the ability to learn and should be required.	6.4% (51)	12.8% (102)	13.6% (108)	32.6% (259)	33.8% (269)	0.8% (6)	795
Adding the requirement of a high school diploma would have a positive impact on the public perception of the legitimacy of the credential.	3.8% (30)	7.2% (57)	15.3% (121)	30.9% (245)	37.8% (300)	5.0% (40)	793
Adding the requirement of a high school diploma would highlight the lack of further formal education.	8.2% (65)	32.3% (257)	26.4% (210)	18.6% (148)	4.8% (38)	9.7% (77)	795
Additional non-midwifery education requirements should be a function of state licensure rather than certification.	10.7% (84)	28.0% (219)	29.0% (227)	20.2% (158)	5.5% (43)	6.6% (52)	783
Fewer people would become CPMs if a high school diploma is required.	23.5% (186)	44.2% (350)	12.8% (101)	3.5% (28)	1.1% (9)	14.9% (118)	792
Clients have noticed the lack of a high school diploma for certification and expressed concern.	26.5% (209)	28.3% (223)	17.9% (141)	3.8% (30)	2.5% (20)	21.0% (166)	789
Requiring a high school diploma would make a stronger case for the use of the CPM credential in gaining licensure in all states.	3.4% (27)	8.5% (67)	18.6% (147)	31.9% (253)	24.7% (196)	12.9% (102)	792
I support this proposed change and believe NARM should implement it.	5.3% (42)	8.4% (67)	17.3% (137)	29.9% (237)	35.9% (285)	3.2% (25)	793
						Comments?	205
					answered question		798
					skipped question		164

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	Response Count
An increased education requirement for preceptors beyond current requirements would increase the effectiveness of preceptors to verify skills and knowledge.	7.1% (56)	19.9% (157)	15.6% (123)	37.6% (297)	17.1% (135)	2.8% (22)	790
An increased education requirement for preceptors beyond current requirements would negatively impact the availability of preceptors for aspiring midwives.	4.9% (39)	20.3% (160)	15.2% (120)	38.5% (304)	13.9% (110)	7.1% (56)	789
I support this proposed change and believe NARM should implement it.	10.4% (82)	21.8% (172)	21.9% (173)	26.8% (212)	15.2% (120)	3.9% (31)	790
						Comments?	174
					answered question		790
					skipped question		172