***Midwifery Legacies Project***



**Twentieth Century Midwives**

 **MIDWIFE-to-MIDWIFE**

**Interview Project**

*Information & Application Packet*

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** Twentieth Century Midwives**

**Midwife-to-Midwife Interview Project**

**INFORMATION & INSTRUCTIONS**

***Project History***

The development of modern midwifery in the United States is due, in part, to the personal commitment of many midwives who practiced during the 1900’s. Their stories are rich with determination and surpassing barriers. These stories must be saved for historical purposes and can serve as inspiration for student and early-career midwives. The acknowledgement that the stories of these midwives are worthy of preservation is also a way of honoring the senior midwives who pioneered the profession on so many fronts.

The Midwifery Legacies Project (MLP), formerly known as the OnGoing Group (OGG), was formed in 2009. MLP is supported by the A.C.N.M. Foundation, Inc., and seeks to honor senior (age 65+) Certified Nurse-Midwives and Certified Midwives through a variety of activities that acknowledge and preserve their contribution to the profession. Current MLP activities include: maintaining a roster of contact information for senior midwives, outreach via an annual Birthday Card greeting, biographical video and written interviews of senior midwives, and student-senior interactions.

The Twentieth Century Midwives – Midwife-to-Midwife Interview Project began in 2015 and along with the Student Interview Project, has collected numerous personal and professional histories of senior midwives. The stories, along with the interviewer names, are archived at the A.C.N.M. Foundation headquarters as part of the *Twentieth Century Midwives Story Collection*.Interview content is used in print and electronic form to publicize the midwifery profession.

***Eligibility Criteria***

CNM/CM members of the American College of Nurse-Midwives are eligible to participate.

**Instructions for Participants**

**First Steps:**

* Review the entire information packet
* Complete the top portion of the Project Application *(See page 6)*, and submit via email to the A.C.N.M. Foundation: fdn@acnm.org

**Interviewer-Interviewee Matching Process:**

* Project Applications are reviewed on a first-come, first-serve basis
* Senior midwife interviewees are assigned based on the general geographic area of the interviewer when possible.
* In-person, face-to face interviews are greatly preferred, but if distance and/or time prohibit this, a virtual interview *(by telephone or video conference)* is an acceptable alternative.
* Project coordinators will communicate the name and contact information to the applicant via email.

***Please note:*** *Contact Information changes frequently and although we strive to maintain updated information, interviewers occasionally encounter difficulty in contacting the senior midwife with the information provided.*

* Contact the senior midwife by phone, email, or postal mail. Remember that some retired midwives may not use email. If one method of communication does not yield a contact after a few days, try another method. Bear in mind that the individual may be traveling or the contact information may be out of date. If you are unable to contact the senior midwife after reasonable time and effort, contact your assigned project coordinator(s) for another assignment.
* When you contact the senior midwife, explain the purpose of the project and the interview process. Discuss areas that will be covered by the interview so that the senior midwife can be thinking about what she/he would like to tell you about.

***Remember:*** *The senior midwife may not have heard about the project before your contact.*

* Ask if she/he has a CV, and if not, ask if they would be willing to fill-out a biographical data form prior to your arrival for the interview. This may give the midwife time to think about dates and places where she/he worked over the years.
* Arrange with the senior midwife for a time, date, and place for the interview. Does this individual have special needs that need to be considered for the interview? If you will be going to the midwife’s home to conduct the interview, ask directions, parking, and other logistics.

**Conducting the Interview:**

* Obtain the midwife’s signed consent to be interviewed using the Initial Consent form included with this packet *(page 7)*. Give one copy to the midwife and keep one copy to be submitted with your written project.
* Request a copy of the midwife’s resume or CV. If the midwife does not have one, you may construct an informal one using the guidelines included in this packet or simply complete the Biographical Data Form included in this packet.
* If the interviewee agrees, take a photo of her/him to be included with the interview.
* Inquire if there are media articles about the midwife and her/his career that you might copy to include with the materials that you submit. Be certain that the midwife retains the originals of these supplemental items.
* Arrange a relaxed and comfortable setting for the interview. If you choose to record the audio and/or video of the interview, minimize extraneous noise and assure appropriate lighting.
* Conduct the interview according to the Interview Questionnaire *(page 8)* provided in this packet.
* Thank the midwife for their time and for sharing her/his story. Remind her/him that you will be sending a draft of the written interview for final approval and/or corrections. You will also be sending a Final Consent form stating that the midwife has read and edited the interview and that it is satisfactory.

**Writing:**

* Write the interview in narrative form, not exceeding 1,000 words. Avoid question and answer format.
* Include a title page with the senior midwife’s name, interviewer’s name, and interview date. This page does not count in the 1000 word limit.
* The interview and reflection should exhibit excellent content and grammar, flow logically, and express the senior midwife’s story in an engaging manner.

**Validating Your Written Interview with the Senior Midwife:**

* Send a copy of your completed interview essay to the senior midwife for review and approval. Ask if it is accurate and if there is any portion that the midwife does not want included in the final draft. Make corrections accordingly.
* When the senior midwife has read and agreed to the final draft, have the midwife sign two copies of the Final Consent form. Give one copy to the midwife and keep one copy to be submitted with your written project.
* The review & consent process may be accomplished by email. If the midwife does not use email, remember to leave plenty of time to achieve this step by postal mail.

**Submitting Your Interview & Accompanying Items:**

* Complete the Submission Checklist to ensure that you have included all required items.
* Send an electronic copy of these items to the A.C.N.M. Foundation (fdn@acnm.org). Check with your assigned project coordinator(s) for instructions on submitting non-electronic versions of supporting items.
* Send a thank you note to the senior midwife thanking her/him for their participation.

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**PROJECT APPLICATION**

***INSTRUCTIONS:*** *To initiate the interview matching process, the interviewer should complete the upper portion of this form and email it to the A.C.N.M. Foundation at* *fdn@acnm.org**:*

**Interviewer Information**

Name:

Current Address:

City: State: Zip code:

Telephone (home):

Telephone (cell):

Email Address:

Midwifery School / Year of graduation:

Other locations accessible and/or special requests for the matching process:

*----------Section below to be completed at time of interview project submission-----------*

**Senior Midwife Interviewee Information**

Name:

Address:

City: State: Zip code:

Telephone (home):

Telephone (cell):

Email Address:

Midwifery School / Year of graduation:

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**INITIAL CONSENT FOR INTERVIEW**

The purpose of the interview is to offer a listening ear to your history as a midwife and record your words for historical purposes. Many midwife stories are lost. If we write about the establishment of midwifery care and services in the early days, the foundation of the profession will be recorded. Formalizing the collection of midwifery stories will preserve our heritage.

After your interview today, the interviewer will write what you said and then will send or email the interview to you so that you can edit or make corrections as needed. Once you approve the content, your story will be sent to the A.C.N.M. Foundation office for safekeeping.

Participating in this study may not benefit you directly but will contribute to the body of knowledge about midwifery practice. Immediately, the stories may help students and new midwives learn from your history. We do not envision any significant risks related to participation in this interview. You may choose not to participate, although we would appreciate you informing us so we do not unnecessarily contact you again about this project.

Audio or video recordings of the interview may be done with your permission and will be kept at the A.C.N.M. Foundation office. The interviews will be utilized for publications and promotion of midwifery. The plans are to create an anthology when the collection is sufficient to publish. Abstracts of each interview and a brief biography of the interviewer will be written to create a summary.

The A.C.N.M. Foundation shall own all rights, title, and interest in the approved documentation, to be used and disposed of without limitation, as A.C.N.M. Foundation shall in its sole discretion determine.

Your signature on this consent form indicates your agreement to participate in the interview. You will be given a copy of this form to keep, and the second consent form will be kept with your submitted history.

Thank you very much for your willingness to participate.

I have read the consent form and all questions about the interview have been answered. I agree to participate in the interview.

**Senior Midwife Interviewee:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interviewer:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INTERVIEW QUESTIONNAIRE**

**Tips for conducting an interview:**

* Create a space that is inviting for the senior midwife
* Ask the senior midwife how she/he would like to be addressed
* Share something about yourself
* The first step to a good interview is to listen with your heart
* Organize your interview questions ahead of time to maximize the telling of her/his experience
* You might consider sharing some general questions ahead of time to allow the midwife to contemplate and be prepared

**Demographic Information**

Ask the senior midwife to provide a copy of her/his CV or resume. If she/he does not have a CV or resume, have her/him complete the Biographical Data Form included in this packet. Alternatively, the interviewer may choose to construct a CV/resume for the senior midwife, using information from the Biographical Data Form.

**Constructing a CV**

If the midwife does not have a CV or resume, you may construct a brief CV for the midwife. Be sure to provide a copy to the interviewee, also. Include the following elements:

* Demographic information
* Birthplace, location
* Post high school education, degree, & dates; including nursing, midwifery, and any other institutions and degree
* Midwifery positions held – agency, dates, location in reverse chronological order
* Participation in ACNM and ACNMF – committees, offices, fellowship, etc. (national, state, local)
* Other professional achievements or awards of note
* Publications

**Standardized Interview Questions**

The following questions should be used to guide the conversation between the interviewer and senior midwife. Each interview should include, at minimum, the following information:

* Are you retired or are you still working in midwifery or another professional area?
* What experience or individual influenced your decision to become a midwife?
* Tell me about your midwifery education and individuals who may have mentored you through your midwifery career.
* What were your greatest joys and deepest regrets about in your midwifery career?
* What have been the political, professional and personal challenges that have shaped your role as a midwife?
* What do you consider the “heart of midwifery”?
* Do you have advice or “words of wisdom” for midwives?
* How are you using your midwifery education now?
* Would you share a memorable story from your midwifery career?
* Is there anything you would like to tell me that I didn’t ask?

**Concluding the interview**

* Do you have a copy of an article about your midwifery career or other publication about you that you would like to share?
* What method (email, US mail) would be best for me to send you a copy of the interview to review and approve?

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**SENIOR MIDWIFE BIOGRAPHICAL DATA FORM**

**DEMOGRAPHICS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 *First Middle Last Maiden Name*

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone – home: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth – City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Female / Male 

 *(month / day / year)*

**EDUCATION**

Graduation Date: \_\_\_\_\_\_­\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_

 *(month/year)*

Graduation Date: \_\_\_­\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_

 *(month/year)*

Graduation Date: \_\_\_­\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_

 *(month/year)*

**WORK HISTORY**

Date: \_\_\_\_\_ to \_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_

**SERVICE / PROFESSIONAL ACTIVITIES** *(attach additional pages as needed)*

ACNM Service *(Committees, Offices – National, State and Local):*

A.C.N.M. Foundation Service *(Committees, Offices – National, State and Local)*:

Professional Achievements/Awards:

Publications:

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**FINAL CONSENT FOR INTERVIEW USE**

I hereby grant the A.C.N.M. Foundation, Inc. rights to my interview, likeness, and any interview-related materials in written, photographic, audio, and/or video format, without payment or any other consideration.

I understand that the written account of my interview may be archived, copied, exhibited, published, and/or distributed. Additionally, I waive any right to royalties or other compensation arising from or related to the use of my interview or image.

I understand this permission signifies that written, photographic, audio, and/or video recordings of me may be electronically displayed via the Internet or in a public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

The A.C.N.M. Foundation, Inc. shall hereby own the copyright and all rights to the interview and all related materials. No copies of the interview or sections thereof may be reproduced or disseminated in any form without permission from the A.C.N.M. Foundation, Inc.

By signing this release, I hereby acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material.

My signature also certifies that I have reviewed the entire written interview account and all related materials *(CV, picture, articles, audio and/or video recordings of the interview),* and thatI have had ample opportunity to request changes and/or removal of any portion of the interview that I do not wish to have included. These changes, if any, have been made to my satisfaction.

**Senior Midwife Interviewee:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth *(MM/DD/YYYY):* \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Date *(MM/DD/YYYY)*:\_\_\_\_\_\_\_\_\_

**Interviewer:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth *(MM/DD/YYYY):* \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Date *(MM/DD/YYYY)*:\_\_\_\_\_\_\_\_\_

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**SUBMISSION CHECKLIST**

*USE THIS CHECKLIST TO ENSURE YOUR PROJECT SUBMISSION IS COMPLETE*

**Interviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interviewee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | **Completed** |
| 1. Project Application submitted to fdn@acnm.org?
 |  |
| 1. Senior midwife assigned/approved by a project coordinator?
 |  |
| 1. Initial Consent for Interview signed & included?
* *(2 copies) - one submitted with interview & one copy given to senior midwife to keep*
 |  |
| 1. CV, resume, or biographical data form completed and included with submission?
 |  |
| 1. Written interview includes responses to all/most of the standardized interview questions?
 |  |
| 1. Senior midwife interviewee has reviewed & approved the written interview?
 |  |
| 1. Final Consent for Interview Use signed & included?
* *(2 copies) - one submitted with interview & one copy given to senior midwife to keep*
 |  |
| 1. Senior midwife interviewee photo included, if permission granted by interviewee
 |  |
| 1. Project submission completed via email to fdn@acnm.org?
 |  |