

ACNM/AMCB MIDWIFERY MASTERFILE

Version: June 27, 2015

SECTION I: DEMOGRAPHIC INFORMATION

1) Birth Date (MM/DD/YYYY)

2) Please identify your sex

- Female
- Male
- transgender
- I choose not to respond

3) What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Indian/Pakistani
- Native Hawaiian or other Pacific Islander
- White
- Other race
- I choose not to respond

4) If you selected 'other race' , please specify your race.

5) Mark the box that best applies to your ethnicity.

- Yes, Hispanic/Latino
- No, not /Hispanic/Latino
- I choose not to respond

6) Are you able to provide midwifery services to patients in a language other than English

- No
- Yes, Spanish
- Yes, Mandarin Chinese
- Yes, another language

SECTION 2: CERTIFICATION INFORMATION

7. Please provide your American College of Nurse-Midwives' (ACNM) membership number?

I am not a member of ACNM

Membership number _____

8) Please identify the number of states in which you hold either an active license (or are otherwise authorized) to practice midwifery.

None

1

2

3

4

5

6

7

8

9

10 or more

9) Please identify the name of the PRIMARY state or US territory where you are licensed to practice midwifery. If you are not licensed in the US please specify the location in the space provided.

Alabama

Alaska

American Samoa

Arizona

Arkansas

California

Colorado

Connecticut

D.C.

Delaware

Florida

Georgia

Guam

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- US Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

If you selected other, please specify

10) Please provide the name of the PRIMARY state or US territory in which you work. If you do not work in the US please identify the location in the space provided.

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- D.C.
- Delaware
- Florida

- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- US Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

If you selected other, please
specify _____

SECTION 3: EDUCATION

11) Please identify all of your earned academic degree(s). Please note: this question does NOT refer to nursing diplomas or certification received such as FNP, NP, CNM or

licensure such as RN.

- Associate, Nursing
- Associate, not Nursing
- Bachelor's, Nursing
- Bachelors, not Nursing
- Master's, Nursing
- Master's, Midwifery
- Master's, Public Health
- Master's, not Nursing, Midwifery or Public Health
- Doctorate (any type e.g. DNP, PhD etc.)

12) If you have identified that you hold a doctoral degree, please select the type(s) of doctoral degrees you currently hold from the list below. If you select "doctorate, other type" please identify the type of doctoral degree you hold and the related discipline in which you hold this degree in the blank provided.

- Doctorate of Nursing Practice (DNP) or Nursing Doctorate (ND)
- DNS or DNSc
- PhD (Nursing)
- Doctorate, Public Health (Dr.PH) or DrPH (Public Health)
- PhD, other than Nursing (please specify degree discipline in comment area)
- Doctorate, other type (not PhD), e.g., JD, MD, PharmD (please specify below)

Other (please specify below)

13) What additional type of provider certification do you hold that enables you to provide women's health care?

- Adult Health Nurse Practitioner (ANP)
 - Family Nurse Practitioner (FNP)
 - Women's Health Care Nurse Practitioner (WHCNP)
 - None
 - Other (please specify)
-

SECTION 4: EMPLOYMENT

14) Please check the statement that is most applicable to your current employment status regardless if you are self-employed, or have an employer. If your work hours vary over the course of the year or from week to week, provide the answer that you think best 'fits' your work hours.

- Employed full time (35 or more hours/week)
- Employed part time (34 hours or less/week)
- Employed full time and employed in a second job (either part time or full time)
- Not employed during the past year for reason OTHER than retirement
- Retired
- Other

If other, please specify

15) In your full time midwifery employment (35 hours or more/week) what are your primary areas of responsibility? Check all that apply.

- Clinical midwifery - AP
- Clinical midwifery - IP
- Clinical midwifery - PP
- Clinical midwifery - NB
- Clinical midwifery - WH reproductive care
- Clinical midwifery - WH primary care
- Midwifery education
- Education- other than midwifery
- Administration - midwifery related
- Administration - not midwifery related
- Research - midwifery related
- Research - not midwifery related
- N/A - Part time midwifery employment only
- N/A - Retired, unemployed
- Other primary responsibility (please specify)

Additional comments _____

16) In your part time midwifery employment (34 hours or less/week), what are your primary areas of responsibility? Check all that apply.

- Clinical midwifery - AP
- Clinical midwifery - IP
- Clinical midwifery - PP
- Clinical midwifery - NB
- Clinical midwifery - WH reproductive care
- Clinical midwifery - WH primary care
- Midwifery education
- Education other than midwifery
- Administration - midwifery related
- Administration - not midwifery related
- Research - midwifery related
- Research - not midwifery related

- N/A – Part time midwifery employment only
- Retired, unemployed
- Other primary responsibility (please specify)

Additional comments _____

17. For each primary area of responsibility that you selected for your full-time midwifery employment, please indicate the average/typical number of hours spent on that responsibility in a typical 35 - 40-hour work week (Insert 0 if you do not have responsibility for that area of work or do not work full time. If you work for more than one employer, provide the total number of hours, per area of responsibility, that you provide across all employers. For example, if you provide clinical midwifery services – IP for 8 hours for one employer, and 8 hours in the same area of work for a second employer, the sum of hours = 16 for that area of work. The sum of hours should not exceed 40, although it is recognized that many midwives work in excess of a 40 hour week.

N of Hours

- Clinical midwifery – AP _____
- Clinical midwifery – IP _____
- Clinical midwifery – PP _____
- Clinical midwifery – NB _____
- Clinical midwifery - WH reproductive care _____
- Clinical midwifery - WH primary care _____
- Midwifery education _____
- Education other than midwifery _____
- Administration - midwifery related _____
- Administration - not midwifery related _____
- Research - midwifery related _____
- Research - not midwifery related _____
- N/A Do not work full- time _____
- Other primary responsibility _____

18. For each primary area of responsibility that you selected for your part-time midwifery employment, please indicate the average/typical number of hours spent on that responsibility in a typical, maximum, 34 hour work week (Insert 0 if you do not have responsibility for that area of work or do not work part-time. If you work for more than one employer, provide the total number of hours, per area of responsibility, that you provide across all employers. For example, if you provide clinical midwifery services – IP for 5 hours for one employer, and 5 hours in the same area of work for a second employer, the sum of hours = 10 for that area of work. The sum of hours should not exceed 34.)

N of Hours

- Clinical midwifery – AP _____
- Clinical midwifery – IP _____

- Clinical midwifery – PP _____
- Clinical midwifery – NB _____
- Clinical midwifery - WH reproductive care _____
- Clinical midwifery - WH primary care _____
- Midwifery education _____
- Education other than midwifery _____
- Administration - midwifery related _____
- Administration - not midwifery related _____
- Research - midwifery related _____
- Research - not midwifery related _____
- N/A Do not work part- time _____
- Other primary responsibility _____

19. What are your plans for the next 12 months regarding direct patient care?

- Increase hours
- Decrease hours
- Seek non-clinical job
- Retire
- Continue as I am presently doing
- Unknown/undecided

20) Primary Employment - Whether you work full or part time please select the ONE answer that best describes your primary employer.

- Educational Institution
- Federal Government (e.g., USAID or HRSA)
- Private physician-involved Group Practice (including at least one physician and at least one NP/PA/CNM/CM)
- Private non-physician or midwifery owned Group Practice (including no physicians but two or more NPs/PAs/CNMs/CMs)
- Private solo CNM or CM practice
- Midwife-managed Clinic (not fitting any of the above)
- HMO (Health Maintenance Organization, e.g. Kaiser)
- Federally-funded FQHC (Community and/or Migrant and/or Homeless and/or Public Housing Health Center funded by HRSA under PHS Section 330)
- FQHC Look-Alike (meets CHC/MHC/HHC/PHHC criteria but not federally-funded)
- Other FQHC (such as Indian Tribal Health Centers recognized by CMS as FQHCs)
- Rural Health Clinic (RHC)
- Other Community Clinic (including Free Clinics)
- Retail-based Convenient Care Clinic (e.g. Target, CVS Minute Clinics)
- Other Urgent Care Clinics (e.g. Patient First)
- Hospital Inpatient Care (non-federal)
- Hospital Outpatient Care (non-federal)
- Hospital Emergency Room (non-federal)
- Ambulatory Care Surgical Center
- NHSC (National Health Service Corps) site
- IHS (Indian Health Service) site
- Other PHS (Public Health Service) site
- Military (Army, Air Force, Navy, Marine, Coast Guard) hospitals or sites
- Veteran's Administration (VA) site
- Long-term/extended care facility, e.g. nursing homes, rehabilitation hospitals
- Hospice
- Home Health Care

- Federal Correctional Facility and/or detention center
- State or local correctional facility and/or detention facility
- Mental health facility
- Occupational Health facility
- Other

21. Please provide the 9-digit zip code of your primary practice location. If you are uncertain of the last four digits; please provide at least the 5-digit code.

□□□□□ - □□□□

- I choose not to respond.□

22. Please write in- the number of full-time equivalents midwives at your primary practice location

[Definition of FTE: One FTE is equal to one full time position (35 or more hours/week) regardless if one person is in the position or if it is split amongst two or more midwives e.g. each works 17 ½ hours/weekly)]

23. Do you provide services in your full-time employment at a single location (one or more clinical units at a single geographic site), or in multiple locations (different geographic sites)? Please answer this question ONLY if you work 35 or more hours per week.

- Single location
- Multiple locations
- Not applicable (do not work full-time)

24. Do you provide services in your part-time employment at a single location (one or more clinical units at a single geographic site), or in multiple locations (different geographic sites)? Please answer this question ONLY if you work 34 or less hours per week OR if you work full time and also have another full- or part-time position).

- Single location
- Multiple locations
- Not applicable (do not work in another full- or part-time position)

25) Do you attend births?

- No
- Yes

26) Where do you attend births? Please check all responses that apply.

- Hospital
- Hospital birthing center

- Free standing birthing center
- Home
- N/A (do not attend births)

27. Please indicate the approximate number of live births for which you were the primary and/or responsible attendant in each of these birth settings in the past year. Insert 0 if you did not attend births in any specific type of facility.

	N of births
Hospital	_____
Hospital birthing center	_____
Free standing birthing center	_____
Home	_____
N/A (do not attend births)	_____

28) Please select the range that includes your annual salary for all midwifery related work

- Less than \$30,000
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 or more
- N/A (no midwifery related income)

29) Please provide your annual salary (to the closest whole number) for ALL midwifery related income (clinical practice, educator, researcher, consultant, etc.). Do not use the dollar sign (\$), commas (,), hyphens (-) or periods (.) in your answer.

_____dollars