My Report

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1. How would you describe the goal of your practice as a CPM?

Text Response
My goal is to provide safe, evidence-based, midwifery model care for low-risk women and their babies for home births and birth center births.
I would like to serve individual women and families seeking homebirth, and keep my practice small enough to be the primary midwife for my clients.
providing individualized, evidenced based maternity care based on the midwive's model of care to home birth families in my community
To educated mothers in healthy pregnancy, birth, and postpartum.
Provide safe pregnancy, birth, and postpartum care in an out of hospital setting that is evidence based.
To provide safe, secure, professional, efficient, evidence-based, and satisfying help to the families who approach me with a sincere desire to give birth at home or outside the hospital.
Providing access to women of many colors, social incomes, etc. and providing families comprehensive maternity care, safe and evidence based home birth services, with an intimacy of known solo provider in the preconception (gyn health, advocacy, education, and awareness is important to me), prenatal, labor, delivery, and postnatal phases. Including but not limited to fertility, newborn care and child health, lactation, and childbirth education services. The ability to COLLABORATE IN A SUPPORTIVE COMMUNITY and refer and share.... all of us understanding and respecting each others scope and model.
Support women in their choice to have out of hospital birth.
Provide out of hospital care for women who are low-risk through pregnancy and postpartum and newborn care.
To provide safe, comprehensible, and empowering care to families.
To provide safe, competent, and gentle care for mother and baby in all stages of pregnancy and postpartum using a partnership oriented, informed consent model of practice.
To help as many mothers have a safe and satisfying pregnancy and birth experience as possible. To give babies a peaceful, gentle, and safe birth day!
Affordable and personalized care for our clients and babies, to include their family.
Help healthy pregnant women have healthy babies through a normal uncomplicated labor and birth. To improve the health of pregnant women during their pregnancy through education, support, diet counselling and healthy habits. To make the experience of birth satisfying and an opportunity for family bonding between mother, father, other siblings and the new baby.
To provide traditional, holistic midwifery care to mommas and babies.
Birth options for healthy mothers desiring a normal non-medicated OOH birth.
Traditional homebirth midwifery care.
To provide women with the opportunity to birth in their on their own turf while also having an experienced care provider.
My goal is to continue building bridges with my local medical community to provide all aspects of gynecological, maternity and postpartum care. This relationship enables me to provide a more in-depth continuity of care.
My overall practice goal as a CPM is to offer the Midwives Model of Care to women.
Offer evidence-based midwifery care to area families while building partnerships with local providers for good continuity of care.

To provide maternity services as a community midwife to local women desiring home birth using the midwives model of care.
To support the families of Hampton Roads during pregnancy, childbirth and postpartum to obtain the midwifery model of care.
The goal of my practice is to serve women and their babies with excellence. Staying up-to-date on all current stidues and practices.
to provide safe, compassionate care to women and their families seeking out of hospital birth.
My goal is to support individual in having a healthy pregnancy, growing and birthing a healthy baby. I will accomplish this by providing midwifery care including attending births to people who are having low risk pregnancies.
My goal is to provide the best care possible to families who desire home birth. I do this by listening, getting to know families, being available to them, giving them information, answering their questions, and making decisions about care with them. I want for families to be pleased and satisfied with their care and for the rates of mortality and morbidity to be as close to zero as God allows.
To provide safe and unobtrusive care to women and their families. To educate mothers to such degree that they can make informed choices for their care. To encourage families to be more focused on themselves, their choices, their comfort than what a hospital or state agency would encourage. To ensure the sacredness of birth.
My goal as a CPM is to provide women who desire out of hospital birth with quality, safe care for their pregnancies, labors and births, including education and autonomy in their decision making.

Statistic	Value
Total Responses	29

2. What has made your experiences working with physicians positive?

Text Response
I have an established collegial relationship with an OB/GYN. This has made for a very positive experience for me and for the families I serve.
When they respected me as a care provider and realized we are working toward the same goal--good care.
They have been respectful of my clients and their personal choices in their healthcare including home birth.
Their willingness to respectfully accept my patients.
When they treat me as a professional.
Availability of having follow up with another provider.
When/if they acknowledge my presence and seek my opinion or any other information that might be relevant to the case.
Making time, clear communication and respect.
"His" willingness to support and respect a woman's choice. Respectful communication. The Dr. who is our back up is from another country where it is common for woman to be served by midwives, out of hospital. His comfort with our protocols has allowed other Dr.s to look at us a bit differently and perhaps not as threatening.
When they respect my clients and their decisions, that's the most important and beneficial thing.
When physicians speak about us and to us with respect, and include us as a member of a consulting team. Also, when physicians are respectful of our client's previous choices, and offer them a full, robust informed consent conversation about whatever it is they're consulting about.
Sorry but some of your previous questions are too vague. I have physicians I have a relationship with and they range from great, to good, to ok. Then there are physicians I HAVE to see due to a transfer etc and sometimes those are amazing and sometimes they are HORRIBLE!!!! It really depends on each doctor. And where they practice. For example we have two pediatricians that we work with and love. Another 15+ in this community that lie to people, do not trust us, and will not work with us at all. We have two big OB practices and have similar issues. Lies, refusal to collaborate, etc. One physician in one practice that will talk with us though and some mild collaboration. A family doc that see our moms for Rx. A retired OB that helps us a TON!!! He is amazing but just closed his practice! We are lost again with no support!! What I love is when a doctor shows enough damn respect to call me back. Acknowledge my presence. To ask my opinion. To give his without putting me down. To treat my patients with respect. To use EVIDENCE when giving a recommendation rather than his/her OPINION as FACT. I love it when a doctor takes the time to acknowledge my patients emotions and right to choose! I love it when they respect another way to achieve the same goal. I love it when they fight with us for a vaginal birth! I love it when they are willing to bridge a gap in care to give the mom the care she needs. IE will give her Rhogam despite her being "my" patient.
They usually respect the care we provide to our clients.
This only qualifies when referring to ONE physician. This OB answers his phone and email to us in a professional, even friendly manner. He makes us feel accepted as peers (albeit with limitations) but as professionals in our own right instead of ignoring us or making us feel inferior. He helps us provide the care our clients need.
Consulting doc is very supportive while other docs are in between based on hospital

administration policy.
My experience comes from transferring clients in labor or postdates. The majority of local hospitalists have been extremely respectful, treating both myelf and my clients with kindness, giving options and asking for our thoughts and opinions.
Bringing a positive expectation to interactions with physicians and maintaining respectful communication with physicians as well as all medical staff generally works quite well in achieving good outcomes for clients.
I have been lucky to work with physicians that share the same goals as midwives and have been very happy with those relationships. On the other hand, I have had some very poor experiences with some physicians that have had different goals. I am marking very satisfied for the relationships that worked. The experiences were positive because my input as a midwife was valued and taken into consideration when developing a plan of care. In a positive relationship physicians respect that I have built a relationship with a patient over a period of several months and turn to me when needed if the physicians plan of care is not what the patient wants to hear. Hearing that plans for a vaginal or unmedicated birth needs to change is often more palatable from the provider the woman knows. When midwives are respected as experts of normal and physicians understand that they are not experts of normal, we can have great relationships. On that same note, when things are no longer normal, I look to a trusted physician for their expert opinion. I once attended the most beautiful forceps delivery, the physician wanted to do forceps, I knew he was skilled and respected his opinion 100%, the mom was very vocal about no forceps, I was able to look the mom in the eyes and talk to her and she said, ok, you are right, let's do this!
A non emotional interaction with client care front and center. In other words; a physician willing to focus on patient care rather than the planned place of birth (ooh) and the often emotionally charged feelings this may inspire. Respectful Communication amongst everyone involved i.e. Physician, nurse, patient, patient's family, & midwife.
When they respect our licensure and training in normal, low risk pregnancy and birth.
Respect on my part when we need to transfer care or colaborate.
Being able to talk to physicians myself about my clients. I appreciate when they take the time to discuss care with me. As long as they are open to talking and listening and giving suggestions to me, I am very satisfied with our interactions. The issue is that they are not always available to speak with, which is usually because they refuse to speak with me, not because they don't have the time.
There is a particular doctor in my area that will for a fee see my clients for ultra sound. He has also seen my clients when they have had a bad miscarriage or fetal demise. He has been supportive and caring. He does not chastise them for seeing a midwife or me for being one. He does give advice in a very nice and non aggressive way when he feels the mom needs to come into the hospital. Most of my clients, and I encourage this, take his advice.

Statistic	Value
Total Responses	23

3. What would you change about your collaborations with physicians?

Text Response
I would increase the number of physicians with whom I have established relationships. I am working towards establishing a collegial relationship with physicians within every hospital in Northern Virginia and the Valley regions. I feel I have an excellent working model and I would like to replicate that in other hospital systems.
If they have grievances we should speak in private in the hall, and make transfers to the hospital as smooth as possible.
Would like for more open communication and availability from physicians.
Ease of communication
I don't have a formal agreement so that I am not bound by their practice guidelines, which allows me to remain an autonomous provider. I would like to have cordial, professional communication every time I need to interact with a physician and not be disrespected.
Would like the physicians to be supportive of parents choice of birthplace and respect as another competent care provider.
For the most part, I would like my most local physicians to communicate directly with me. This almost never happens. It has happened, however, that they filed a complaint against my license or sought political action to restrict my practice (which would then, of course, restrict the practice of all CPMs in the state).
MORE OF IT
Increase communication and education regarding the CPM credential in Va.
We have a better climate than many; perhaps an increase in support of women's strength and choices.
There are practices in our area that will not accept late transfers of clients who are no longer appropriate candidates for out of hospital birth. There are also practices that will not agree to speak with us at all, when approached in a general attempt to improve relationships and continuity of care. We also have had numerous complaints filed against our licenses to the Board of Medicine for doing things that are well and clearly within our scope of practice (for instance, taking VBAC clients). All we want is a respectful relationship where our clients are not punished for choosing us as providers, and where we are not fearful of continually having to defend our licenses because of what basically amounts to philosophical differences.
Well my previous answer sort of does that but here goes. I would like it if they would STOP filing complaints against my license!!! I would like it if I had a direct way to contact them with urgent questions rather then trying to navigate a system of staff that seem to have a clear goal of "protecting the doctor from the midwife"! I would love it if the doctor would call me back, have a respectful conversation, and receive transfers when a mom needs more care then my license allows me to give. I would love it if they would accept transfers directly rather then it falling on the shoulder of however is unlucky enough to be on call for unassigned patients. I would love it if they would do ultrasounds in office for my moms or any procedure needed without mom needing to transfer to their care. For example see them for a UTI. Or write Rx for Rhogam, Vit K, etc I would love it if they would stop lying to people in the community and spreading rumors.
There is very little we would want to change as it seems to work very well for us. We understand they have protocols and if we are asking for their assistance, it goes along with what our client needs. Most are mindful of the original goal.
If I had to add additional physicians, the above rating would go down to a minimum of

dissatisfied. The same goes for the statement about collaborating, it is only extremely important if there is no legal requirement to do so. As long as there is an option for transfer to an OB, that is the main thing. It would be even better if it would be guaranteed that the OB was professional, kind and even supportive of the client and provider who have made alternative, but informed choices. It would be great to have an OB who we could call for additional information or an opinion on cases in which there is some uncertainty about a potential risk factor that may or may not be normal.
All MCV depts. and All Bon Secours willing to work with me when I need something usually medically indicated. For example - client over 40 weeks needs biophysical profile and not to be labeled as having no known care.
I would like to have a stronger relationship including conference calls and stronger collaboration. I would like to offer all local physicians information and education on CPMs for a better understanding of our capabilities.
Occasionally, being able to communicate by telephone directly with a physician could be helpful in clarifying the best way to proceed with the care of a client.
I recently moved to VA from a state where I did have some great relationships with physicians. Having that experience has made me reluctant to practice without great physician relationships. It makes such a difference when a transport goes well and you have better outcomes. Thankfully I will soon be joining a practice that is working very hard to build great relationships with physicians and so far so good. I wish more physicians, especially pediatricians, were more open to working with out of hospital midwives but again, we are building relationships and things can only get better.
Better access for consultation and collaboration.
More support for the families decision and right to safely choose a home Birth.
I would change the malpractice regs they are under that prevents many of them from colaboration.
I'd like to be able to sit down with them before we have a case, so that we can get to know one another and understand one another's scope of practice and how our working together can benefit patients.
Recently I transported a mom to her local hospital for Bandel's Ring. While the client was lying on the bed between us writhing in pain, he began yelling at me because I did not have all the labs he wanted. I wish physicians 1. understood our policy of allowing clients to steer their decisions about their care. 2. they would be held to a higher standard of professionalism. The first wish I think can be obtained although physicians may still not like it. The second wish I doubt will ever be obtained. As a nurse in a hospital setting I repeated saw this type of behavior and even when it endangered the patient the physician still was not reprimanded.

Statistic	Value
Total Responses	23

4. If a problem arises between you and a physician, which of the following best describes the steps you would take to resolve that issue? Select ALL that apply.

#	Answer		Response	%
1	I do not work with physicians		0	0%
2	I have not experienced problems with physicians		2	8%
3	I report the issue to my supervisor		2	8%
4	I report the issue to the physician's supervisor		3	13%
5	I speak directly with the physician I have an issue		16	67%
6	I do nothing		7	29%
7	Other (please describe below)		11	46%

Other (please describe below)
I have never been made aware of a problem. But, as I mentioned before, physicians have filed complaints against me, which was when I learned of the problem. This did not provide a venue to discuss the problem with the complaining physician, only with the Board of Medicine.
We send them transfer evaluation forms to give them a chance to provide feedback.
We send surveys and try to schedule lunch dates.
Write a letter to the Medical Director. Have considered filing a complaint with the BOM.
I find another way around it, usually a HCA hospital will work with me on everything.
There have been times a particular physician has become near volitile due to her disagreement with OOH care. Im these cases I say nothing to the physician and focus on supporting my client.
I may seek guidance from staff members in how to best navigate on behalf of my client.
when I have had problems with physicians, it was when I was working with a CNM who needed to protect her collaborative agreement, so there wasn't really anything that we could do without threatening that agreement. Midwives NEED autonomy. When we are autonomous, we can report issues and not be concerned about backlash.
Discuss during peer review
Try my best to understand the root of the issue and make modifications to decrease future instances.
If I have problems with a physician I do not go back to that hospital. I do not feel that I can make any difference with them and do not want someone calling the BOM and reporting some crazy charge against me.

Statistic	Value
Min Value	2
Max Value	7
Total Responses	24

5. What are the challenges to working with physicians; what makes it harder?

Text Response
Not enough physicians who share similar values and goals. I find most physicians do not have the same level of understanding and respect for the work I do as my backup doctor does. The relationship I have is rare. There is a lot of fear of liability and a lot of misunderstanding about what I do, how I do it, and what I don't do.
I do not work directly with physicians; it would be in collaboration or consultation; but challenges include each side setting aside stereotypes and expectations, and not always doing so.
Physicians being open to collaboration.
Communication
Disrespect. Them not liking homebirth.
The disrespect and often hostility aimed at midwives.
This is a hard question to answer. I have a good bit of trust as to how my clients will be cared for by the physicians who receive my clients when a transport is necessary during labor. But I do not trust them to communicate with me effectively. Trusting them with my clients is much more important than how I am treated, though. This means I can work without much concern for the reception and subsequent care of the women who need to access medical care during birth. I only know of two physicians who would be willing to consult with a woman in my care during prenatal care unless she agrees to transfer into their care before the consultation. This is a terrible problem. But I am very grateful for the two.
Not everyone understanding one another, communicating well with one another. General nuances of fear, perceptions, and bias.
The absolute disrespect and almost intolerance of some hospitalist in our area hospitals.
A lack of fluidity between care providers. Most of my clients do not want to see if efficient, but if they did, it would be nice to have a relationship where the client can have something that resembles concurrent care without being judged by either care provider.
A great challenge for us are rumors and gossip. We may think we have been building good relationships with local physicians, but then hear that they have been speaking poorly about us to their clients and in the community. Conversely, when an independent party approached our local physicians, she found that they all feel certain that we are speaking poorly about them. We have even had direct conversations about this issue with some providers, but don't see an improvement on either issue. For our part, we always speak well of them, but don't know how we can ever convince them that this is the case.
With the above question it depends on the doc.Some I really do trust. I am giving you my worst case. Right now it is mainly the refusal by them to collaborate at all. Most of them will only interact with us if they absolutely have to. And in my practice they have filed multiple complaints against my license which obviously creates a lack of trust! Every time I transfer I fear another BOM complaint. Even with those that we do work together with I feel they is a hierarchy that makes it hard to communicate. Staff intervention etc.
Sometimes siblings are not allowed in at the time of birth and stays in hospital are longer than most moms would like.
I trust our ONE OB most. I cannot say I trust any of them. I do believe they are all skilled and capable. I do not trust that they have my or my clients' best interests in mind. I do not trust that they will not file a complaint, I worry that they will. I actually have had some

interactions that make me very nervous about transferring.
They see care by a OOH midwife as no care at all and chart it as such. They won't work with me because I'm not part of their system. They refuse to talk to me when I bring in a client for non - emergency reasons while in labor (I. E. 42+ weeks with weak ctx pattern)
My main challange is a misunderstanding, on their part, of my capabilities, my education and experience and the amount of education and informed consent my clients have throughout their care. I have had more than one physician show shock when realizing I do all labs, ultrasounds and continued vitals as the local OBs.
Rarely, I will witness medical incompetence that may place a client or baby at immediate or long term risk, which can be very difficult to negotiate in the moment. More often, I will witness non-evidence based actions that are instituted or recommended which can be sometimes be worked with successfully.
At the moment I am not working with a physician because I am new to VA. The question above is hard to answer since I have had great relationships with high trust levels and would mark 10 and I have been in a practice with horrible relationships and I would mark 1.
Lack of working agreements. Inconsistency in client treatment. Client mistrust of physician. Different points of view regarding who holds ultimate authority during the decision making process of ones birth.
Emergency transports to the nearest hospitals. We may not know the doctor on call accepting unassigned patients.
The physicians I (we) work with are wonderful and there are no challenges.
Their hostility and not being willing to speak with me at all. They also have slandered me and told lies about me to our mutual patients. This has mainly discredited them in the patient's view.
Their lack of professionalism. Their lack of knowledge about my profession. Their lack of understanding, and this is hospital wide, that a patient has the right to make the decision about their care. Hospitals give lip service to this concept but in real life patients are at worst not given information about options or if they are given information they are pushed with fear and threats to comply with the hospital policy.

Statistic	Value
Total Responses	23

6. What are the facilitators to working with physicians; what makes it easier?

Text Response
Sharing information about how I practice and also scheduling face-to-face meetings has helped. Being open and expected to be treated with respect, rather than expected to be treated poorly seems to work well. A little humility goes a long way. Model the behavior you seek in others. Having respect for each others' boundaries helps, too. I've also found it helpful to do job shadowing with my backup doctor. It has given us valuable opportunities to get to know each other better and share more with each other about philosophical differences. I seek his help when I have questions about things I am unsure about, and this has built trust with him. He knows that I don't hesitate to reach out for help if something is outside of my knowledge or skill level.
When physicians and their staff, including anesthesiologists, work to support the mother's wishes as closely as possible, such as a family centered or gentle Cesarean Birth if necessary, but doing newborn checks on the mom so she can get skin to skin with baby. Working together to respect the mom as the autonomous decision maker is the biggest facilitator.
Working to develop relationships with physicians so that they understand the safe practice of home birth midwives
Their own knowledge of the safety of homebirth.
When a physician offers to be personal backup.
It would be easier if we could somehow have occasional meetings, reviews, training sessions, or any kind of discussion outside of the event of a transport. But the doctors are unwilling to spend time on such a thing.
Knowing people, networking. Being persistent, calm, professional, humble, "playing dumb". I would love to collaborate more with hospital staff and boards in general. We don't have access to one another.
Other than "kill 'em with kindness.", I do not know.
Focus being on the mother and her autonomy as a birthing woman.
Face to face meetings, and building relationships.
Its great when they trust me! When they understand my scope of practice, my training and education, and ask questions if they do not. It is amazing when they are so concerned about giving good care that they will see my moms and care for them even if they disagree with the parents choices. I love it when I have a direct way of communicating with them such as a mobile phone number or personal email. I love it when they take time to speak with me on a personal and professional level.And one doc here in particular takes the time even though she hates us! And we respect her so much for that because it is better to openly disagree than to continue to misunderstand, assume, and avoid! A relationship is key!
Electronic charting and faxing records to them, calling in report and accompanying clients in to assist with a smooth transfer of care.
Believing they can accept that we do similar work and we are both concerned for the outcome of healthy mom and baby. Believing they understand our philosophies are different but can accept it as a valid option. Being willing to step in when things go beyond our scope of practice, cheerfully, respectfully and professionally. It also helps if they treat us as if we are human beings.
HCA hospital employees are awesome and willing to share info or point me in the right direction. They see OOH birth as a choice the client made and want all women having babies to be at their healthiest.

A respectful attitude makes all the difference on both ends. Explaining to my client that we are there for the help of the doctor and that she needs to consider all recommendations seems to help. I facilitate a relationship by sending hand written thank you cards to each nurse and physician after each case.
Working alongside with firm resolve, respectfully, avoiding reactivity, while keeping clients informed but not inflamed, all the while being mindful of the desired long term good outcome for everyone who is participating in the course of care, seems to work pretty well in facilitating physician/midwife work relations.
Respect! Being willing to hear the other persons point of view.
Clients working with the physicians recommendations. Client cooperation Respectful dialogue. Professionalism. Referrals/transfers of care made by midwife early in the process of detecting a possible complication of pregnancy or birth.
Having records and labs.
Personal communication seems important.
Only when they are open to talking with us. In my experience, if they will sit down with me and talk, we always come to an understanding.
When they understand what my job is and maybe what my education level is. When they understand that the client determines the direction of their care.

Statistic	Value
Total Responses	22

7. What has made your experiences working with CNMs positive?

Text Response
The CNMs who have experience working in out-of-hospital settings tend to be the most open. Unfortunately, there is a lot of power struggle between CNMs and CPMs. I find this very sad. I have been encouraged by my interactions with the more experienced CNMs. It seems like the newer CNMs tend to be less knowledgeable about CPMs and tend to be more judgmental about us.
Common goals and efforts. Insights regarding well woman care which is outside the training of CNMs.
Their respect for my profession.
CNMs are a part of our group practice.
Once one of the local CNMs expressed interest in knowing what, exactly, I do and how I practice from my perspective - i.e. she has expressed a desire to get to know me, this became much easier with all the others. Some of them are also interested or maybe just curious. Others are not. But I think the result has been positive. This does not mean we all agree, but we do now have a relationship, which makes transfer, consultation, and transport very much easier.
Communication.
They are a part of our practice. We work together as colleagues.
We have a similar, if not identical, model of care. They are very knowledgeable.
When they speak respectfully to our clients, and when they treat us with respect, as care providers.
Most have similar goals for our client's care
The CNM's are a part of our midwife team. We work as one and them same for the most part.
The OOH midwife is wonderful and readily shares her wealth of knowledge even though the other CNMs aren't supportive of her doing OOH birth. In hospital CNMs won't work with me as they have their own protocol to follow based on their practice.
The same as what makes experiences working with physicians positive - positive expectations, mutual respect, being mindful of the shared desire for good outcomes for mothers and babies.
I market dissatisfied because the CNM I worked with had to maintain a collaborative agreement in order to practice legally and that was a horrible experience and put the stability of our practice in jeopardy. It ultimately encouraged me to leave the state and return to VA where the laws are better for CPMs. Sadly, CNMs still have to have collaborative practice. That needs to change. The rest of my relationship was positive due to mutual respect and understanding that we both brought unique skills to the relationship.
Tendency towards being very supportive of the clients birth plan/requests.
They have the same core principles for care.
My partner in midwifery care is a CNM, we work extremely well together.
A few in my transport hospital are very open to talking with me. They have made themselves available for consultation and referral. They listen to us and we are all learning much from one another.
They seem to understand our job and our limitations. They are willing to give advice to us.

Statistic	Value
Total Responses	19

8. What would you change about your collaborations with CNMs?

Text Response
I would love to have a relationship where a CNM is the provider I transfer to when I go to the hospital with a home birth transfer, rather than transferring to an OB.
Increase it.
Nothing right now
Some hospital based CNMs are not supportive of out of hospital.
I cannot change how people are and think, or the fact that they are not interested in hearing how I see things, think about things, and my relationship with my clients. But I am grateful for any positive interaction I can have. Usually, medical providers, once this happens and we really communicate, realize that I am not whatever they thought I was - not nearly as "reckless," "crazy," "irresponsible," "untrained," or "unprofessional" as they thought. All these adjectives have been used about me in public, in private, but never to my face. One technical thing I would like to change is that my records would become a part of the patient's permanent record once we transfer or transport, and that I would automatically receive records of what happened when the client left my care - especially if she returns to my care. I would also like the privilege of being present at the reviews of my cases. Most of the time, no one present at the review was actually present at the birth. I cannot imagine how an effective or truthful review could occur under these circumstances.
Being treated a bit kinder, the physicians treat me kinder! I still want us all to be able to connect on one platform and meet regularly or have a clear way of communicating or understanding. I feel like CNMs just don't understand me or where I come from or make rash decisions about my knowledge/experience/skill set because I'm a lay midwife.
No opinion.
Nothing, I have had only good experiences.
We would just like more collaboration and communication with our local CNM's.
Less doctor like
Not all CNM's are the same. Some are supportive of CPM's and out of hospital birth. Some CNM's are hostile and very unkind towards us.
I am trying to establish a midwives Collective of all area midwives who will share information and support each other. It is hard getting hospital midwives to agree to affiliate with the OOH midwives in any way.
Becoming better acquainted by sharing more workshops together, peer reviews, social interactions, all would be good for ease of collaborations in our work worlds.
I would love ALL midwives to collaborate and respect each other.
Continue to work towards better communication regarding variations in practice styles. Discussion regarding midwife diversity; different backgrounds in education and experience creating diversity in midwives and thereby increasing provider options for pregnant women and their families.
More access to them in the local hospitals and offices.
nothing
There are a few CNMs in the practice to which I most commonly transfer care who do not care to discuss care or outcomes with me. They have made strange/hostile comments to me during births and have not been available to debrief afterwards. In one occasion, the CNM accused me of deliberately waiting to bring a pushing breech patient so that she would be forced to deliver vaginally. Even after I and 2 RNs present confirmed that the breech was not diagnosed prenatally, she refused to believe me. In

fact, she got up and left the nurse's station.
At this point, nothing.

Statistic	Value
Total Responses	19

9. If a problem arises between you and a Certified Nurse Midwife (CNM), which of the following best describes the steps you would take to resolve that issue? Select ALL that apply.

#	Answer		Response	%
1	I do not work with CNMs		0	0%
2	I have not experienced problems with CNMs		4	21%
3	I report the issue to my supervisor		1	5%
4	I report the issue to the CNM's supervisor		2	11%
5	I speak directly with the CNM I have an issue		13	68%
6	I do nothing		2	11%
7	Other (please describe below)		3	16%

Other (please describe below)
We send them feedback forms if they accept one of our transports
Consider filing a complaint
I try to work it out with that CPM if they will return my calls or even talk to me

Statistic	Value
Min Value	2
Max Value	7
Total Responses	19

10. What are the challenges to working with CNMs; what makes it harder?

Text Response
CNMs seem to think hierarchically about care providers and see themselves as above CPMs, rather than lateral to CPMs. I find that irritating.
Hesitation due to misconceptions.
Distrust. And an assumption that they know what happened when they were not present, or that they know how and what I think without asking. Good communication has brought us a VERY long way toward better trust.
Fear, lack of communication, education bias
N/A
NA
Similar challenges with physicians - gossip and rumors. We also feel like the physicians who oversee the local CNM practice holds them back from working with us in a more friendly, open way. More autonomy for CNM's to practice without physician supervision would probably improve their relationship to us.
They also have hospital protocols to follow. Most times it works fine but can sometimes hinder the client's relationships towards them as they see them as a physician. Some times, we do have a difference of opinion in how midwives should practice.
The philosophy of birth and value of CPM's and OOH options.
There are some hospital CNMs whom I have never met who tell people I'm not a real midwife and not to let me touch them! They don't understand the kind of care I give my clients is similar to the kind they give their own clients.
Occasionally, I become aware of a 'territorial' barrier with a CNM. A misperception of hierarchy in midwifery relationships does not serve our goals as midwives.
Lack of autonomy!!!!!!!
Differences in opinion as to who has ultimate authority over ones birth.
Lack of access
No challenges.
Their not being willing to talk.
I have not had any real problems. However, I have heard from other CPMs of CNMs calling the BOM on CPMs for various reasons. This type of thing scares me. I do not have time or money or energy to defend myself with BOM so as with working with physicians I do not contact CNMs unless I really need to and/or I trust them.

Statistic	Value
Total Responses	17

11. What are the facilitators to working with CNMs; what makes it easier?

Text Response
Spending time together on a one-on-one basis seems to help.
Remembering we have a shared tradition of mother care, and just have differently defined paths to our education.
When they are approachable. I hope they feel like I am. They have all my contact information and I have encouraged them to let me know whenever there is a problem. Sometimes these "problems" are simple misinterpretations of the record. It is difficult to adequately record events when there is a problem and everyone is involved in the solution. There should be a discussion to clarify misunderstandings and make the records accurate.
When they wrongfully assume I'm a CNM they let their guard down and it isn't until the idea of home birthing or my midwifery path arises that I am treated differently or theres suddenly no genuine communication
Communication and respect for the different credentials.
We have different strengths, but communication is easy probably because our goal is the same.
Face to face meeting and relationship building.
Same as with the physicians: electronic charting, fax records, call report and accompany client's when transferring i
The philosophy of birth and value of CPM's and OOH options.
Including the in meetings and having them include us in some of their workshops or ground round teachings.
The intention to promote inclusiveness rather than exclusiveness, confirming our mutual goals and how we can achieve these side-by-side, with mutual respect, in our chosen practice settings will ensure the survival of midwifery. It is vital, actually, that midwives pull together to increase our numbers substantially to meet the increasing demands for midwifery care.
Mutual respect.
Open dialogue about client care. Client cooperation. Respect Professionalism
Same core principles in care
Continuing education where we participate together is a positive facilitator.
I have no issues with the ones that are willing to talk with me.
They seem to understand our profession and education level.

Statistic	Value
Total Responses	17

12. What is the scope of practice of a physician when working with a CPM?

Text Response
I'm not sure I understand the question. The scope of practice of a physician when working with a CPM depends upon the situation. Sometimes, if it is during a hospital transfer, we're transferring care to the OB. Other times, we're just consulting. Other times, we're colleagues seeking advice from each other.
Consultant, unless there has been a transfer to hospital, then primary caregiver.
Full scope, when we work "together" it is because there is a problem and I am transferring care to the physician
Some CPMs are choosing to have a formal agreement to have a backup physician. I refuse to do this so that I am not restricted by the physician.
Unsure of the question.
I don't see why the physician's scope would be different just because a CPM is present. It would not change.
In different capacities, I need more details or to share more
Other than the physician that serves as our back up, the others are almost completely unaware of the CPM scope of practice and rarely willing to educate themselves or allow us to do so. The answer below is regarding our back up physician.
Someone to collaborate with and transfer to, if the need arises.
I don't understand what the question is asking.
It depends on the case. Often their role is as a consultor, to advise course of action with a specific client. We also rely on physicians for prescribing basic medications, like antibiotics in the case of a UTI, or RhoGam for Rh negative women. Sometimes their role is to accept transfers of care for a client who is no longer eligible for out of hospital birth.
I do not understand this question.
Most offer what we need for the client and discuss with us any concerns and ask questions to offer as much of a smooth transfer as possible and then usually refer them back to us for postpartum follow up.
The scope of a Physician doesn't change.
No idea
Listen to what I say is going on with a client with an open mind. Trust that I'm only working with normal healthy women with normal healthy pregnancies and that I know what I am doing. Trust that i am coming to them because I'm trying to discern if the client has an issue that might risk her out of an OOH birth and be willing to help me understand the actual nuances of the condition so that I can educate my client. Trust that if I'm talking to them and asking their advice or help, that I'm not going to tell them how to do their job or transport a woman so late in labor that she's a "hot mess" I want the doctor to fix for me!
They don't work *with* us. We may refer a client out to OB care, or possibly consult with a nonhostile OB, but they are relatively hard to find!
To provide suggestions and advice when cases might border on being risked out of care of CPM.
I my case, scope of practice for a physician is full and active transfer of care.
Wow! Difficult question. Not sure how to proceed with this. As licensed, autonomous maternity care providers regulated under the board of medicine in VA, physicians and CPMs have distinct scopes of practice.
To consult when things are variation of normal and to recommend transfer of care (and

ideally accept transfer) when things are no longer normal.
Normally, we have transported or transferred care. So the physician has assumed care of the patient.
Every physician has a different scope of practice 2when working (or not working) with a CPM.
We transfer care to physicians when clients are no longer low risk and need a higher level of care. The role of the physician is to take over care and listen to our report and include us in the decision making process if possible.
I do believe the physician is in charge and his/her advice should be heeded. However, the client needs to be informed and given options.
A physician's scope of practice when working with a CPM includes being available for questions, discussions, and referrals when necessary.

Statistic	Value
Total Responses	26

13. Which of the following are areas of conflict when collaborating with a physician? Select all that apply.

#	Answer		Response	%
1	Fetal monitoring		13	45%
2	Safety of home births		22	76%
3	C-section rate		16	55%
4	Prescribing privileges		14	48%
5	Liability concerns		22	76%
6	Existing fee structures		5	17%
7	Preserving the "normalcy" of birth		22	76%
8	Autonomy		22	76%
9	Other (please describe below)		7	24%
10	None		1	3%

Other (please describe below)
Understanding the scope of the CPM
Clinical differences - they dislike our positions on post-dates pregnancies, PROM, and informed refusals of certain tests
Informed Choice, Delayed Cord clamping,
Accept the basic premise that all normal healthy women should have birth options that include OOH birth with A CPM.
significance of client care versus patient care; informed choice/informed decision making
practice guidelines, protocols - this is the biggest issue aside from the safety of home birth
mobility of client and ingestion of food once in hosptial

Statistic	Value
Min Value	1
Max Value	10
Total Responses	29

14. Which of the following are areas of conflict when collaborating with a CNM? Select all that apply.

#	Answer		Response	%
1	Fetal monitoring		7	24%
2	Safety of home births		15	52%
3	C-section rate		7	24%
4	Prescribing privileges		9	31%
5	Liability concerns		10	34%
6	Existing fee structures		3	10%
7	Preserving the "normalcy" of birth		9	31%
8	Autonomy		12	41%
9	Other (please describe below)		5	17%
10	None		9	31%

Other (please describe below)
Acceptance of a credential that has both limitations and privileges that are different from their own.
Since the CNMs have to work with a supervising OB, we generally don't come into contact with them during the pregnancy or birth. It's the dept. heads and on call OBs that we work with most.
Need to be beholden to their collaborative physician even when physician insists on plan of care that we disagree with
practice guidelines, protocols

Statistic	Value
Min Value	1
Max Value	10
Total Responses	29