Professional Relationships Between Certified Nurse-Midwives and Physicians  
Illinois / Indiana NP, CNM and PA Training Consortium  
Research grant funded by:  
The Robert Wood Johnson Foundation

Thank you for assisting us. The purpose of this survey is to assess the feasibility for initiating programs for the recruitment, training and placement of Certified Nurse-Midwives in the undeserved areas of Illinois and Indiana. The information you provide is anonymous. **DO NOT** write your name on the survey.

Instructions: Please answer each of the following questions by either supplying the appropriate information in the blank provided or by circling the appropriate letter. Please answer ALL questions.

**Practice Characteristics**

1. How long have you been in nurse-midwifery practice? _____ Year(s) _____ Month(s)
2. How long have you practiced in your present community? _____ Year(s) _____ Month(s)
3. In which county and state do you practice? _______________ IL IN
4. In which county and state do you live? _______________ IL IN
5. How would you best describe your practice arrangement?
   a. Solo practice (self-employed)
   b. Group of certified nurse-midwives practice
   c. Group of certified nurse-midwives and physicians
   d. Employed by a hospital/physician
   e. Work exclusively for an HMO
   f. Work in an academic or teaching setting
   g. Work in a Federal, State or Local agency
   h. Other ________________________________
6. What is the scope of your practice (related to maternity)?
   a. Complete obstetric and gynecological services, including deliveries
   b. Antepartum, postpartum, and family planning services
   c. Other limited services, including education and training
   d. Not currently in practice
7. During 1996, approximately how many deliveries did you attend? _____
8. Where do you attend your deliveries? (Please specify percentages for all that apply)
   _____% In the patient's home
   _____% In a birthing center
   _____% In a hospital
   _____% Other ________________________________
9. What is the average charge for your delivery services (labor, parturition)? $____
10. What is the average reimbursement for your delivery expenses, as a percentage of cost? ____%
11. What percent of your patients are on:
    Medicaid? _____%
    third party insurance? _____%
    self pay? _____%
12. Are you accepting new patients into your practice who are on Medicaid?
   a. No ➔ What is your primary reason for not accepting or limiting the
       number of patients in your practice who are on Medicaid?
   b. Yes, but a limited number
   c. Yes

13. Do you have professional liability insurance?
   a. Yes ➔ Who pays for your liability insurance?
   b. No

Experience with Physicians

When answering the remaining questions, please use the following definitions:
Consultation - obtaining advice on a patient's care, while maintaining primary responsibility
Referral - transferring primary responsibility for a patient's care to another care provider

14. During 1996, approximately how many patients did you see for obstetric/gynecological care? ____

15. During 1996, approximately how many patients did you refer to a physician for obstetric care? ____

16. During 1996, for approximately how many patients did you seek consultation from a physician
    for obstetric care? ____

*(if you answered 0 or none for both 15 and 16, please skip to question 24)*

17. How was contact first established with this physician(s)?
   a. I approached the physician(s)
   b. Hospital/Clinic where I practice initiated the contact
   c. The physician approached me
   d. Other ____________________________

18. What type of agreement do you have for consultant/referral with this physician(s)?
   a. Written contract
   b. Oral agreement
   c. Other ____________________________

19. How do you maintain contact with this physician(s)? (please circle all that apply)
   a. Regularly scheduled meetings
   b. Regularly scheduled telephone calls
   c. On an "as needed" basis by telephone or in person
   d. Other ____________________________

20. What are your reasons for consulting or referring patients to this physician(s)? (please circle all that apply)
   a. The hospital where I practice requires this contact
   b. It increases referrals of patients to my practice
   c. Other ____________________________

21. How long have you consulted or referred patients to this physician(s)? _____ Year(s) _____ Month(s)
22. Are there any conditions that you must meet in order to maintain the ability to consult or send referrals to this physician(s)?
   a. Yes → Which of these conditions apply? (please circle all that apply)
   b. Must meet the physician’s requirements for care?
   c. Must practice by protocol (i.e., clinical practice agreements)?
   d. Patient must be seen by the physician during pregnancy?
   e. Good communication must exist between myself and physician
   f. Cannot request assistance of the physician in home deliveries
   g. I must refer patients with complications to the physician
   h. Other
   i. No

23. What would you like to change about your relationship with this physician(s)? (please circle all that apply)
   a. No change needed
   b. More physician consultation and referral
   c. Insurance coverage for consultation
   d. The physician should not require back-up arrangements for home deliveries
   e. I need formal referral and consultation arrangements
   e. Other ________________________________________________________________

24. Have you ever been named in an obstetric malpractice suit for your role as a certified nurse-midwife?
   a. Yes
   b. No

25. Has a physician with whom you have consulted ever been named in an obstetric malpractice suit in which you collaborated?
   a. Yes
   b. No

26. Do you believe physicians would be willing to consult or refer to a certified nurse-midwife for obstetric care?
   a. No → What are the reasons that you believe physicians may not be willing to consult with or receive referrals from a nurse-midwife? (please rank all that apply, using 1 to indicate most important, 2 to indicate next, etc.)
   b. Physicians are not comfortable with the skill of certified nurse-midwives.
   c. Physicians are concerned that working with certified nurse-midwives would have an adverse effect on professional relationships with other physicians.
   d. Physicians are concerned that working with certified nurse-midwives increases the risk of being named in a malpractice suit.
   e. Physicians are concerned insurance premiums will be increased if they establish a relationship with a certified nurse-midwife.
   f. Insurance companies require that physicians supervise all births attended by the certified nurse-midwife.
   g. Physicians are concerned their practice partners do not want such contact; otherwise they would be willing.
   h. Other
   i. Yes
27. Are you willing to attend a delivery in a licensed birthing center?
   a. Yes
   b. No

28. Are you willing to attend a delivery in a home?
   a. Yes
   b. No

For questions 29 through 32, please circle the number which most closely identifies your opinion.

29. Do you believe certified nurse-midwives provide an acceptable alternative to physician care for women with low risk pregnancies?
    1 never  2 sometimes  3 neutral  4 often  5 always

30. Do you believe certified nurse-midwives have the skills necessary to differentiate between low and high risk pregnancies?
    1 never  2 sometimes  3 neutral  4 often  5 always

31. Do you believe certified nurse-midwives can increase access to obstetric care for women who have no physician in their area?
    1 never  2 sometimes  3 neutral  4 often  5 always

32. Do you believe certified nurse-midwives can increase access to obstetric care for women who cannot afford physician and/or hospital fees?
    1 never  2 sometimes  3 neutral  4 often  5 always

33. Would you be willing to work in a practice with physicians?
   a. Yes
   b. No
   c. Not sure

34. Do you have any additional comments?

Demographic Characteristics

35. What is your age? _____

36. What is your sex?
   a. Female
   b. Male

37. What is your level of nurse-midwifery education?
   a. Associate level certification
   b. Bachelors level certification
   c. Masters level certification
   d. Post-masters certification
   e. Ph.D. or equivalent

Thank you for your participation.
Please place your completed questionnaire in the enclosed envelop and mail it at your earliest convenience.
Thank you for assisting us. The purpose of this survey is to assess the feasibility for initiating programs for the recruitment, training and placement of Certified Nurse-Midwives in the undeserved areas of Illinois and Indiana. The information you provide is anonymous. DO NOT write your name on the survey.

Instructions: Please answer each of the following questions by either supplying the appropriate information in the blank provided or by circling the appropriate letter. Please answer ALL questions.

**Practice Characteristics**

1. How long have you been in practice (not including residency)?
   ____ Year(s) ____ Month(s)

2. How long have you practiced in your present community?
   ____ Year(s) ____ Month(s)

3. In which county and state do you practice?
   ____________________________ IL IN

4. In which county and state do you live?
   ____________________________ IL IN

5. How would you best describe your practice arrangement?
   a. Solo practice (self-employed)
   b. Group of physicians practice
   c. Group of physicians and certified nurse-midwives
   d. Employed by a hospital/physician
   e. Work exclusively for an HMO
   f. Work in an academic or teaching setting
   g. Work in a Federal, State or Local agency
   h. Other ________________________________

6. What is the scope of your practice?
   a. Complete obstetric and gynecological services, including deliveries
   b. Antepartum, postpartum, and family planning services
   c. Other limited services, including education and training
   d. Not currently in practice

7. During 1996, approximately how many deliveries did you attend? _____

8. Where do you attend your deliveries? (Please specify percentages for all that apply)
   _____ % In the patient’s home
   _____ % In a birthing center
   _____ % In a hospital
   _____ % Other ________________________________

9. What is the average charge for your delivery services (labor, parturition)? $____

10. What is the average reimbursement for your delivery expenses, as a percentage of cost? ____%

11. What percentage of your patients are on:
    Medicaid? _____%
    third party insurance? _____%
    self pay? _____%
12. Are you accepting new patients into your practice who are on Medicaid?
   a. No
   b. Yes, but a limited number
   c. Yes
   What is your primary reason for not accepting or limiting the number of patients in your practice who are on Medicaid?

13. Do you have professional liability insurance?
   a. Yes
   b. No
   Who pays for your liability insurance?

Experience with Physicians

When answering the remaining questions, please use the following definitions:
Consultation - obtaining advice on a patient's care, while maintaining primary responsibility
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14. During 1996, approximately how many patients did you see for obstetric/gynecological care?

15. During 1996, approximately how many patients did you refer to a certified nurse-midwife for obstetric care?

16. During 1996, for approximately how many patients did a certified nurse-midwife seek consultation from you for obstetric care?

*(if you answered 0 or none for both 15 and 16, please skip to question 24)

17. How was contact first established with this certified nurse-midwife?
   a. I approached the certified nurse-midwife
   b. Hospital/Clinic where I practice initiated the contact
   c. The certified nurse-midwife approached me
   d. Other

18. What type of agreement do you have for consultant/referral with this physician(s)?
   a. Written contract
   b. Oral agreement
   c. Other

19. How do you maintain contact with this physician(s)? (please circle all that apply)
   a. Regularly scheduled meetings
   b. Regularly scheduled telephone calls
   c. On an "as needed" basis by telephone or in person
   d. Other

20. What are your reasons for consulting or referring patients to this certified nurse-midwife?
   (please circle all that apply)
   a. The hospital where I practice requires this contact
   b. It increases referrals of patients to my practice
   c. Other
21. How long have you consulted or referred patients to this nurse-midwife? _____ Year(s) _____ Month(s)

22. Are there any conditions that must be met by this certified nurse-midwife in order to maintain the ability to consult or send referrals to you?
   a. Yes  
      Which of these conditions apply? (please circle all that apply)
      b. Must meet the my requirements for care?
      c. Must practice by protocol (i.e., clinical practice agreements)?
      d. Patient must be seen by me during pregnancy?
      e. Good communication must exist between the certified nurse-midwife and myself
      f. I am not required to perform or assist in home deliveries
      g. I assume care of patients with complications
      h. Other
      i. No

23. What would you like to change about your relationship with this physician(s)? (please circle all that apply)
   a. No change needed
   b. More physician consultation and referral
   c. Insurance coverage for consultation
   d. The certified nurse-midwife should not request consultation or referral for home deliveries
   e. I certified nurse-midwife needs formal referral and consultation arrangements
   f. Other ________________

24. Have you ever had an obstetric malpractice suit brought against you in a case involving collaboration with a certified nurse-midwife?
   a. Yes
   b. No

25. Does your professional liability insurance cover your consultations and referrals with this certified nurse-midwife?
   Referrals:  d. Yes  e. No  f. Not sure

26. Would you be willing to consult or refer to a certified nurse-midwife for obstetric care?
   a. No  
      What are the reasons that you are not willing to consult with or receive referrals from a certified nurse-midwife? (please rank all that apply, using 1 to indicate most important, 2 to indicate next, etc.)
      b. I am not comfortable with the skill of certified nurse-midwives.
      c. I am concerned that working with certified nurse-midwives would have an adverse effect on professional relationships with other physicians.
      d. I am concerned that working with certified nurse-midwives increases the risk of being named in a malpractice suit.
      e. My insurance premiums will be increased if I establish a relationship with a certified nurse-midwife.
      f. My insurance company requires that I supervise all births attended by the certified nurse-midwife.
      g. My practice partners do not want such contact; otherwise I would be willing.
      h. Other ____________________________
      i. Yes
27. Are you willing to attend a delivery in a licensed birthing center?
   a. Yes
   b. No

28. Are you willing to attend a delivery in a home?
   a. Yes
   b. No

For questions 29 through 32, please circle the number which most closely identifies your opinion.

29. Do you believe certified nurse-midwives provide an acceptable alternative to physician care for women with low risk pregnancies?
    
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30. Do you believe certified nurse-midwives have the skills necessary to differentiate between low and high risk pregnancies?
    
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31. Do you believe certified nurse-midwives can increase access to obstetric care for women who have no physician in their area?
    
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33. Would you be willing to employ a certified nurse-midwife in your practice?
   a. Yes
   b. No
   c. Not sure

34. Do you have any additional comments?
   __________________________
   __________________________
   __________________________
   __________________________

Demographic Characteristics

35. What is your age? _______

36. What is your sex?
   a. Female
   b. Male

37. What is your medical specialty?
   a. Obstetrician
   b. Gynecologist
   c. Ob/Gyn
   d. Family Practitioner
   e. Other __________________________

Thank you for your participation.
Please place your completed questionnaire in the enclosed envelop and mail it at your earliest convenience.