

# CONSORTIUM OF TEXAS CERTIFIED NURSE-MIDWIVES 2006 Practice Statistics

Analyzed & prepared by  
Rebecca Burpo, CNM. 2007-2008

## A. Method of Data Collection

- The ACNM Directory and the CTCNM Roster were used to compile a list of Texas CNMs.
- A paper copy of the survey was mailed to all known practices & to individual CNMs known to be connected with a practice. An electronic copy of the survey was sent the following week to every known CNM e-mail address.
- 103 surveys were mailed via the post office with 3 returned undeliverable = 100 surveys received by CNMs/practices.
- 204 electronic surveys were sent with 30 returned as undeliverable = 170 surveys received by CNMs.
- Practices known to have responded in previous years were sent a “REMINDER” postcard after one month (12 sent).
- After 6 weeks, phone calls were placed to known practices who had not responded.

## B. Responses

- 52 responses were received, Of these 52:
- 36 were responses from CNM practices attending births (3 of these practices sent no birth numbers = 33 responses with birth statistics.)
- 9 responses were from CNM practices providing office/clinic care but not birth
- 2 responses from CNMs in academia—non clinical; 2 at TWU College of Nursing & 2 at Baylor College of Nursing.

### TOTAL PRACTICE RESPONSES IN A CNM ROLE: 47

*5 additional responses were from CNMs not working as a Texas CNM: 1 L&D RN; 1 legal nurse-consultant; 1 out-of-state; 2 retired. These midwives were not included in the practice data.*

## DEMOGRAPHIC STATISTICS

### C. Indigent/Underserved Care Provided by CNMs in Texas (2006)

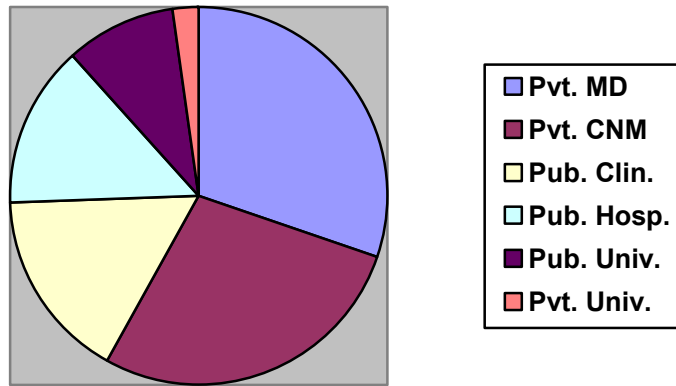
- 34 practices (72%) served Texas Medicaid/Medicare recipients (34/47)
- 31 practices (70%) provided charity care to Texas women (31/47)
- 4 practices (9%) described themselves as providing care to inner-city or rural women (4/47)

*Responses to the number of FTEs in a practice yielded no consistent data for analysis.*

Charts on the following page provide data on how CNMs are paid and where CNMs attend births.

### D. HOW CNM PRACTICES ARE PAID (2006)

- 13 (28%) Private MD-owned Practices
  - 12 (26%) Private CNM-owned Practices
  - 7 (15%) Public-Funded Clinic Practices
  - 6 (13%) Public Hospital Employee Practices
  - 4 (8%) Public University Employee Practices
  - 1 (2%) Private University Employee
  - 4 (8%) No Response
- (Total of 47 practices reporting)

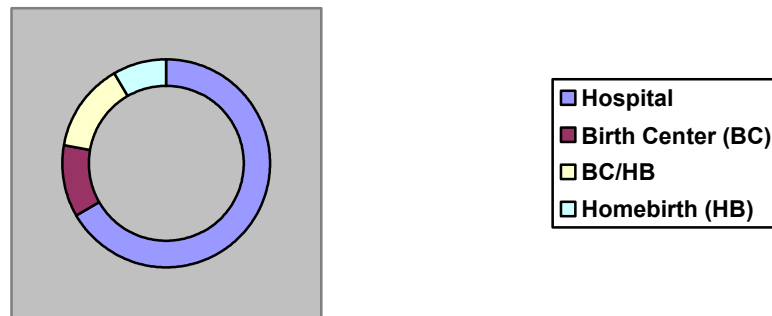


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### E. WHERE CNMs ATTEND BIRTHS (2006)

- 24 (67%) Hospital based Practices
  - 4 (11%) Birth Center Only Practices
  - 5 (14%) Birth Center/Homebirth Practices
  - 3 (8%) Homebirth Only Practices
- (Total of 36 practices reported providing birth care, 100%)



## F. TEXAS CNM PRODUCTIVITY (2006)\*\*

Births by CNMs	15,679
Care in Labor	17,613 women*
Prenatal Care	12,857 women
Gynecological Visits	19,363

*\*This number was determined by combining the number of births by CNMs plus the number of transfers to MDs for those practices that did not answer this question on the survey. This number includes admissions to labor and delivery that did not result in birth.*

**\*\*Note that these totals represent only the CNM practices that responded to the survey, the actual number of Texas women who received care from CNMs is much greater than the total reported.**

## G. TEXAS CNM QUALITY INDICATORS (2006)

Event	Numbers	Percentage
Transfers to MD Care*	1,894	10.78%
Reported C/Sections**	1,002	5.7%
Reported Forceps/Vacuums**	215	1.22%
Low Birth Weight/Preterm Births	352	2.25%
Neonates Admitted to NICU in first 24 hours of life	158	1.01%
Non-VBAC Infant Mortality	4	0.026%
VBAC Attempts	231	-
Successful VBAC	152	65.8%
VBAC Uterine Rupture	1	0.43%
VBAC Neonatal Mortality	1	0.43%
Maternal Mortality	0	0

*\* The Percentage of transfers to physicians was calculated by dividing the number of transfers (1,894) by the total number of labors initially managed by CNMs (the sum of transfers to MDs plus the number of births attended by CNMs (17,573)).*

**\*\* Many practices did not provide data to these questions. This cesarean percentage was calculated only on those who reported both Cesareans and their total births in the survey.**

## H. FEEDBACK ON CNM ISSUES:

### **Discrimination in Hospital Privileging/ Insurance Reimbursement**

39 responses: 14 YES: have been discriminated against when applying for privileges or insurance reimbursement; 24 NO; 1 Not Sure. Comments:

“Yes—Birth center was denied credentialing because ‘There’s no mechanism to do it’.”

“Yes—Denied listing on a panel because they had one CNM & did not need anymore.”

“Yes—I often have difficulty collecting from insurance companies.”

“Yes—In the past (took 10 years to get hospital privileges).”

“No—have not applied for hospital privileges. It’s hopeless”

“No—not overtly”

### **I. Prescriptive Authority**

42 responses: 30 have delegated prescriptive authority; 10 act as a physician’s agent; 2 must have a direct physician order.

Note: Texas CNMs (Advanced Practice Nurses) may write prescriptions when they have met the many requirements for delegated prescriptive authority based on practice site, chart audits, number of physician to CNM ratio, and a willing physician is available, etc. See [www.cnaptexas.org/prescriptive-priv/index.asp](http://www.cnaptexas.org/prescriptive-priv/index.asp) When delegated prescriptive authority is not possible, CNMs must find other ways to provide their patients with prescriptive medication.