

MANA STATISTICS PROJECT ENROLLMENT FORM



Dear Midwife,

The purpose of this letter is to tell you about an ongoing project conducted by the Midwives Alliance of North America, called the MANA Statistics Project or MANA Stats. After reading this letter, you will have the opportunity to enroll in the project and to give consent to participate as a data contributor for this project. You may also decline to participate. If you choose not to participate, you will not lose any benefits or rights you had prior to receiving this letter.

Purpose. The Midwives Alliance conducts the MANA Stats Project in an effort to document the processes and outcomes associated with midwifery models of care, and to provide midwives with information they can use to maintain and improve the quality of their practices. These data are also used for research—potential researchers are required to apply to the MANA Board for access to the data.

1. **Activities.** If you choose to participate, you will discuss the project with each of your clients. Each of your clients who gives permission for you to enter data about her care will be registered by you in an online system at the beginning of care. You will then fill out an online data form describing the client's particular course of care from pregnancy and birth through the early postpartum period. The form also includes basic client demographics. If you choose to participate in this project as a midwife contributor, you will also be asked to provide demographic information about yourself as well as information about your educational path and any credentials.
2. **Time.** Your estimated time commitment to participate in the project is 20-25 minutes per client who consents to participate. This time commitment includes pre-registering or logging clients, receiving verbal consent from the client, and entering information on consented clients' particular courses of care into the online system.
3. **Risks.** If you are a midwife practicing in a state where your credential is legally recognized and regulated, participation in this project poses no foreseeable risks to you. In fact, participating in MANA Stats may be required by your state. If you are a midwife practicing in a state without a legal route to licensure or certification, then there are potential risks to you. The security and confidentiality of information collected from you online cannot be guaranteed. Data will be kept secure to the extent permitted by the technology being used. Information collected online can be intercepted, corrupted, lost, or destroyed, arrive late or incomplete, or contain viruses. There is a chance that we could accidentally disclose information that identifies you.
4. **Benefits.** The only direct benefit to you for participating is that the MANA Stats system provides reports about your practice's statistics. This will allow you to track your cesarean rate over time, for instance. You can then use this information to engage in quality assurance and quality improvement, and/or you can provide information like this to your clients. Additionally, we expect that findings from research conducted using the MANA Stats database will help to improve maternal and infant health care practices, and to guide the development of midwifery care policies in the United States and abroad.
5. **Alternatives.** Although some states and professional organizations require participation in MANA Stats or a data registry like MANA Stats, according to federal law, you cannot be forced to participate in research. Research participation must be voluntary. Thus, you have three options. First, if you live in a state that does not require participation, you may choose not to participate in MANA Stats at all. Second, you may choose to contribute data to MANA stats for the purposes of your own, or your practice's, quality assurance and quality improvement ONLY (this IS an option for those of you who live in mandatory participation states). Third, you can consent to allow the data you enter to be used

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for the purposes of research as well as quality assurance and quality improvement. All data that are used for research are de-identified, meaning that information is collected in such a way that it cannot be connected to you or to your clients. Additionally, when publishing research studies, individual midwives and clients are not discussed—rather, aggregate data are reported (5,746 women had a spontaneous vaginal birth, or 87% of home births were attended by CPMs, for example).

6. **Confidentiality.** The confidentiality of your professional information and your clients' health-related information will be carefully protected. To protect your identity, the system will generate a unique code for you as a midwife contributor rather than using your name. You will sign in to the system using a password chosen by you. Data on your clients will likewise be listed using client codes, rather than names.
7. **Contact Information.** If you have any questions about this project, please contact the MANA Division of Research, the entity that oversees this project. (See below for contact information.)
8. **Voluntariness.** If you choose to participate in the MANA Stats project, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to participate. You can stop at any time and still keep the benefits and rights you had before volunteering. Your decision will not affect your professional standing or relationships with colleagues or the Midwives Alliance of North America. You may choose to stop participation as a contributor midwife at any time by contacting the Division of Research. All data submitted by you on behalf of consenting clients prior to withdrawal from the project will remain in the system.

One exception is if you live in a state that requires participation for regulatory purposes. If you live/practice in one of those states, then you must enter data into MANA Stats, *but you can choose not to allow the data to be used for research.* If you do not wish to participate in the research portion of this project, you will not lose any benefits or rights, nor will your professional standing be affected.
9. **Funding.** This study receives ongoing internal funding from the Midwives Alliance Board of Directors, and varying sources of external funding, including the Foundation for the Advancement of Midwifery, Transforming Birth Fund, other foundations, and federal agencies.
10. **Conflict of Interest.** Members of the Division of Research (DOR) may also be researchers who access the data for research purposes. MANA DOR members and researchers accessing the data may also be midwives themselves or otherwise involved as midwifery or birth professionals.

You are encouraged to ask any questions you may have about this project before making your decision about whether or not to participate. You may contact the MANA Division of Research with your questions at any time. When you have had the opportunity to have your questions answered, you will be able to decide whether or not you want to participate in this project. In order to enroll in the project (at either level—including research or not) you must fill out, sign, date, and mail in the Enrollment Form that follows this letter.

Thank you,

The MANA Division of Research: The MANA Statistics Project

Mail to: **P. O. Box 701**
Placerville, CA 95667

statistics@mana.org

MANA general telephone 844-626-2674

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Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Preferred Phone Number(s) _____ E-mail (please print clearly!) _____

Sex: Female Male

Ethnicity:

American Indian or Alaska Native – Tribal Affiliation(s): _____

Asian Indian Black or African American Chinese Filipino Guamanian or Chamorro

Japanese Korean Native Hawaiian Samoan Vietnamese White

Other Asian _____ Other Pacific Islander _____ Other _____

Hispanic Origin:

No, not Spanish/Hispanic/Latina Yes, Puerto Rican Yes, Cuban

Yes, Mexican, Mexican American, Chicana Yes, other Spanish/Hispanic/Latina _____

Please identify your professional credentials. Check all that apply:

CPM LM, in which state _____ CNM CM RM LDM DEM

Student Midwife Other _____

If you are a CPM, what was your route to the CPM credential?

MEAC program/school PEP (Portfolio Evaluation Process) Other route

Do you belong to any state midwifery organizations?

Yes No Please list _____

Please identify your other professional memberships. Check all that apply:

MANA ACNM NACPM Other _____

Where do you attend births? Please check all that apply:

Home Hospital Freestanding birth center In-hospital birth center Other _____

What route(s) of training did you take to become a midwife? Please check all that apply:

Apprenticeship MEAC-accredited program University or college program Self study

Distance-learning program High-volume birth center internship Other _____

In what year did you begin practicing as a primary midwife? _____

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If you are in a group practice (i.e., you share clients with other midwives):

Is your group already enrolled in the Project? Yes No

- If so, just give your practice name below
- If not, please fill out the section below (only one midwife in the practice needs to fill out this section)

Practice Name _____

Contact Person _____

Address _____

City _____ State/Province _____ Zip Code _____

Phone(s) _____

E-mail address (clearly please!) _____

Does your practice include apprentices or students? _____

List the other midwives, and tell us if they are enrolled in the project:

- | | | |
|-------|---|---|
| _____ | <input type="checkbox"/> Enrolled already | <input type="checkbox"/> Enrolling with you |
| _____ | <input type="checkbox"/> Enrolled already | <input type="checkbox"/> Enrolling with you |
| _____ | <input type="checkbox"/> Enrolled already | <input type="checkbox"/> Enrolling with you |
| _____ | <input type="checkbox"/> Enrolled already | <input type="checkbox"/> Enrolling with you |

Consent to Participate:

1. I consent to contribute data to MANA stats for the purposes of my own or my practice's quality assurance and quality improvement Yes No

Date: _____

2. I consent to allow my data to be used for research Yes No

Date: _____

Signature: _____

Printed Name: _____

Thank you for your contribution to the MANA Stats Project and for making this commitment to the future of midwifery in North America!