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SUNRISE REPORT

Licensing of Certified Professional Midwives

AUDIT OVERVIEW

Licensing Certified Professional Midwives As Proposed Would Not Significantly Enhance the Health and Welfare of the Public Compared to Its Costs

WEST VIRGINIA LEGISLATIVE AUDITOR
PERFORMANCE EVALUATION & RESEARCH DIVISION

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WEST VIRGINIA LEGISLATIVE AUDITOR

PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314
State Capitol Complex
Charleston, West Virginia 25305
(304) 347-4890

Aaron Allred	John Sylvia	Brian Armentrout	Tina L. C. Baker	Michael Castle
Legislative Auditor	Director	Research Manager	Research Analyst	Referencer

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EXECUTIVE SUMMARY

A Sunrise Application has been submitted for the licensure of Certified Professional Midwives (CPMs). The applicant group proposes the establishment of a licensure board within the Bureau of Public Health to provide voluntary licensure based on education and skill requirements established by the North American Registry of Midwives. The Applicant did not provide information on the potential for physical harm to the public as a result of the unregulated practice of non-nurse midwifery. A search of court cases in West Virginia over the past five years showed none brought against lay midwives. Instead, the Applicant indicates that the lack of state licensure makes insurance coverage for lay midwifery services difficult to obtain, thereby discouraging non-nurse midwives from staying in the state and diminishing the midwifery services available to underserved areas of the state.

There are currently only five lay midwives in the state of West Virginia.

The Legislative Auditor finds that the cost of regulating CPMs would outweigh the benefits. Although evidence shows that insurance companies will not offer coverage of midwifery services unless there is state licensure of CPMs, there is no way of knowing whether regulation would increase the number of midwives in the state, thereby increasing the access to midwifery in underserved areas. There are currently only five midwives in the state of West Virginia. Because licensure would be voluntary, these midwives and any future midwives may or may not elect to become licensed. The costs for the proposed five-member board would have to be, at least initially, covered by the licensure fees paid by five midwives. An average of 14f births in West Virginia were attended by non-nurse midwives between 2002 and 2006. Evidence from states that license midwives suggests that licensure did not increase the number of lay midwife-attended births in those states.

An average of 14 births in West Virginia were attended by non-nurse midwives between 2002 and 2006.

A separate, stand-alone board would not be financially self-sufficient due to low numbers of individuals practicing this profession in the state. It is also found that establishing regulation within an existing board is an alternative, however, neither the Applicant nor, in this case, the Board of Registered Nurses are supportive of this option. According to the Applicant, "CPMs distinguish themselves from the medical and nursing professions in their methodology and so no link exists with which to combine the group within regulatory boards such as those for medicine, registered nurses, or nurse-midwives." Furthermore, the Board of Registered Nurses, the most natural fit for licensing this profession, is opposed to regulating lay midwives because the Board believes it is in

the public's best interest for midwifery care to be provided by a licensed certified nurse midwife, not a lay midwife. The Board also stated that high licensure fees would be required to license lay midwifery because the numbers of individuals practicing the profession within the state is low.

Recommendation:

The Legislative Auditor does not recommend state licensure of Certified Professional Midwives.

Finding 1

Licensing Certified Professional Midwives As Proposed Would Not Significantly Enhance the Health and Welfare of the Public Compared to Its Costs.

Introduction

In accordance with West Virginia Code §30-1A-3, an application has been submitted by a group of individuals (Applicant) for the voluntary licensure of Certified Professional Midwives (CPMs). CPMs are non-nurse midwives, also known as "lay" or "direct-entry" midwives. They assist low-risk women throughout the prenatal, labor, and postpartum birth cycle. There are currently about five lay midwives practicing in West Virginia. The State currently licenses only nurse midwives; however, lay midwives are able to gain voluntary certification through the North American Registry of Midwives (NARM).

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West Virginia Code §30-1A-3 requires the Legislative Auditor to evaluate Sunrise applications based on the following criteria:

- Whether the unregulated practice of the occupation or profession clearly harms or endangers the health, safety or welfare of the public, and whether the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- Whether the practice of the profession or occupation requires specialized skill or training which is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational competence;
- Whether the public can be adequately protected by other means in a more cost-effective manner; and
- Whether the professional or occupational group or organization should be regulated as proposed in the application.

Finding Summary

The licensure of CPMs in the state would not appreciably enhance public safety. A legal review of court cases in the state did not show any incidents of lawsuits against CPMs, and a study published in the British Medical Journal showed that births attended by CPMs had similar intrapartum and neonatal mortality rates as low risk births at hospitals. Consequently, there is no evidence that suggests births attended by CPMs carry a higher risk that warrants additional regulations. The main motive by the Applicant in seeking licensure in the state is to be recognized for third party insurance coverage and reimbursement. The Applicant contends that eligibility for third party insurance coverage would enhance accessibility and affordability of CPM services, which would lower health risks in underserved areas of the state. Similar arguments have been made in the past, and the Legislative Auditor has evaluated this on a case-by-case basis. In this particular case, evidence from states that have imposeed regulations on CPMs shows no measurable increase in the percentage of births attended by CPMs. The administrative costs of creating licensure in this case outweighs the potential benefits. Additionally, although licensure may make CPMs eligible for medical malpractice insurance, it is uncertain that CPMs will take advantage of it.

Evidence from states that have imposed regulations on CPMs shows no measurable increase in the percentage of births attended by CPMs. The administrative costs of creating licensure in this case outweighs the potential benefits.

There are currently an insufficient number of lay midwives in the state who could become CPMs to financially support a regulatory board and only about 0.06 percent of births in West Virginia are attended by midwives annually, which represents approximately 14 births annually. Currently, 22 states regulate CPMs in some manner. The majority of states that license CPMs do so through an umbrella board where other professions are licensed as well. The Applicant suggested that CPMs be licensed through the Bureau of Public Health. However, after contacting the Bureau, its acting-commissioner stated that this plan would be unfeasible. The Performance Evaluation and Research Division (PERD) contacted the Board of Examiners for Registered Professional Nurses since it licenses nurse midwives to inquire if it had an interest in licensing CPMs. The Board does not support the idea. **The Legislative Auditor does not recommend licensure of CPMs because it would likely have little, if any, impact on increasing healthcare resources in the state, and it is not presently financially feasible to support a new regulatory board.**

Providing State Licensure of CPMs Will Have Marginal Effect on Public Safety

The proposed licensure would be voluntary and based on education and skill requirements established by the North American Registry of Midwives. **Therefore, the Applicant is not proposing anything more than what presently exists.** The application does not indicate a risk of physical harm to the public due to a lack of state regulation for CPMs. A legal search performed by the Legislative Services Office of state court cases for the last five years found no instances of lawsuits being brought against lay midwives. In addition, a study published by the British Medical Journal (BMJ) of all NARM-certified CPM-attended home births in North America in 2000 found that:

> *Women who intended at the start of labor to have a home birth with a certified professional midwife had a low rate of intrapartum and neonatal mortality, similar to that in most studies of low risk hospital births in North America. A high degree of safety and maternal satisfaction were reported, and over 87% of mothers and neonates did not require transfer to a hospital.*

While the practice of attending to women in labor does by nature carry a certain degree of risk of harm to the mother and child, current voluntary certification requirements through NARM provides training and knowledge sufficient to decrease the risk of harm resulting from negligence. Furthermore, providing voluntary state licensure based on these same requirements would provide no further increase in safety.

While the practice of attending to women in labor does by nature carry a certain degree of risk of harm to the mother and child, current voluntary certification requirements through NARM provides training and knowledge sufficient to decrease the risk of harm resulting from negligence. Furthermore, providing voluntary state licensure based on these same requirements would provide no further increase in safety.

Also, licensure of CPMs may or may not increase the availability of malpractice insurance for lay midwives in West Virginia. Currently, WVC §33-20E enables eligible licensed or certified health care providers to obtain liability insurance through the West Virginia Medical Professional Liability Insurance Joint Underwriting Association. Licensure may make West Virginia CPMs eligible for medical malpractice insurance; however, it is not certain that CPMs will take advantage of it. According to the Midwifery Education Accreditation Council (MEAC),

> *Most direct-entry midwives are not covered by malpractice insurance, unless it is required for practice in their state or for participation in healthcare plans. Some midwives cannot afford or choose not to purchase malpractice insurance…instead, most midwives rely on the personal relationships they have with their clients, conscientious practice, and the informed consent and shared responsibility with women and families that they encourage in their practices.*

The Applicant makes the argument that a lack of licensure causes financial hardship to midwifery clients because most insurance companies will not cover services performed by professionals who are not regulated by the State.

Licensure Has Not Increased CPM-Attended Births in Other States

The basis for this Sunrise application is not for lowering the risk of physical harm to the public, but that state licensure would lead to an increase in the number of CPMs in the state, thereby increasing the availability of midwifery services to underserved areas. Also, the Applicant makes the argument that a lack of licensure causes financial hardship to midwifery clients because most insurance companies will not cover services performed by professionals who are not regulated by the State.

The argument that there is financial harm leading to limited accessibility resulting from the current lack of state regulation is indicated in the Applicant's responses to questions 12 and 15 of the Sunrise Application:

> Question 12: Within the usual practice of this occupation, document the physical, emotional, or financial harm to clients from failure to provide appropriate service, or erroneous or incompetent services.
>
> "*The scarcity of midwifery service limits options for WV consumers. Families are forced to travel excessive distances from their communities for maternity care. Many have to pay out of pocket for midwifery due to lack of third party insurance coverage.*"

There is no evidence to support the argument that this would lead to an increase in the number of midwives in the state and therefore an increase in access to midwifery in underserved areas.

Question 15: Does the current lack of regulation of this group make its practitioners ineligible for third party insurance payments or federal grants?

"*While some insurance companies will pay for services of a midwife, most will not unless the midwife is licensed in her state. Federal payment for maternity programs or services is not available to unlicensed midwives.*"

While information received from PEIA supports the argument that licensure may ensure third party insurance coverage for midwifery services, there is no evidence to support the argument that this would lead to an increase in the number of midwives in the state and therefore an increase in access to midwifery in underserved areas. Data concerning the number of CPMs in states before and after regulation were not readily available; however, most states release vital statistics reports including birth attendant data. The following table illustrates the percentage of births attended by CPMs in states where regulation of the practice exists since 1997, the earliest year that birth data were available for all states. While the Applicant argues that licensure would lead to increased numbers of midwives and midwife-attended births, these figures do not support that supposition.

Table 1
Birth Statistics in States Regulating CPMs Since 1997[1]

State	Date Licensure was Enacted	Percent of Births Attended by Midwives									
		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Minnesota	1999	8.4	8.5	8.7	8.2	8.3	8.8	8.9	8.4	8.3	
New Hampshire	1999	.602	.513	.690	.720	.553	.582	.508	.776	.756	.761
New Jersey	2003	0.52	0.95	0.051	0.070	0.092	0.080	0.053	0.028		
Tennessee	2002	.377	.396	.397	.436	.411	.655	.494	.694	.836	.606
Vermont	2001	1.50	1.32	1.05	1.37	1.21	1.58	1.69	1.50		

Source: Agency calculations based on state data.
Notes:
[1] 1997 is the earliest year that data were available for all states. In order to illustrate comparative statistics before and after regulation was established, only those states that began regulating CPMs after 1997 are included here.

As these figures demonstrate, most states experienced no change or a slight decline rather than an increase in the percentage of CPM-attended births after licensure.

Currently a CPM Licensure Board Would Not Be Financially Self-Sufficient

The five-member board proposed by the Applicant would currently be supported by three to five CPMs. Since there is no way of determining beforehand if licensure would in fact lead to an increased number of CPMs in the state or that midwives would even choose to obtain voluntary state licensure, every indication suggests that a licensing board would not be financially self-sufficient.

The five-member board proposed by the Applicant would currently be supported by three to five CPMs.

The Applicant proposes establishing an advisory board within the Bureau for Public Health. When the Legislative Auditor contacted the Bureau, it indicated that this would not be feasible. The Bureau recommended licensure under the Board of Examiners for Registered Professional Nurses instead. PERD contacted the Board of Examiners for Registered Professional Nurses, since it licenses nurse midwives, to inquire if there is any interest by the Board to license CPMs. The Board's Executive Director provided the following statement:

> *Historically and currently, the Board has been completely opposed to licensing the "lay midwife", now the CPM, believing it is in the public's best interest for midwifery care to be provided by a licensed certified nurse midwife.*

The Executive Director also indicates that if CPMs were to be licensed under the Board, the small number of CPMs would necessitate the establishment of very high licensure fees.

Midwifery Has Been Responsible for 15 to 20 Births per Year in West Virginia

As stated previously, there are approximately five CPMs in West Virginia. Table Two summarizes state midwife-attended birth statistics for years 2002 through 2006 (the most recent year data were available).

Table 2
Lay Midwife-Attended Births in West Virginia, 2002-2006

Year	Total Births	Births Attended by Lay Midwives	Percent of Births Attended by Midwives
2002	20,725	15	0.07
2003	20,986	8	0.04
2004	20,911	20	0.09
2005	20,834	13	0.06
2006	20,931	13	0.06

Source: WV DHHR Vital Statistics Annual Reports, 2002-2006.

As Table 2 shows, lay midwife-attended births represent a small number and percentage of the births that occur in West Virginia. Recently, lay midwives in West Virginia have been responsible for less than 20 births out of the more than 20,000 births in the state annually.

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Current Regulation of CPMs in Other States

Twenty-eight states and Washington D.C., have no regulation of midwifery. Of these states, eleven have some sort of legal prohibition of the practice of direct entry midwifery. Table 3 provides the board structures in the 22 states that do regulate CPMs and the average licensure fees for the different types of regulatory agencies.

Table 3 Board Structures and Licensure Fees for CPM Regulation			
Type of Board Structure	**Number of States Using Board Structure**	**Average Cost for Initial Licensure[1]**	**Average Cost for Annual Renewal**
Advisory Board Within an Umbrella Board	13	$271.31	$211.62
Umbrella Board	3	$151.00	$109.33
Stand Alone Board	6	$846.33	$582.00
Source: PERD calculations based on state board data. [1]Includes license fees and application fees, where applicable. Does not include exam fees assessed separately.			

As the chart above illustrates, the most economical type of board is an umbrella board. Because there are so few midwives in West Virginia, establishing licensure under an umbrella board would be more beneficial to licensees in terms of cost-savings. However, establishing licensure under an existing board, such as the Board of Examiners for Registered Professional Nurses, would be difficult to justify because of the added administrative expenses and relatively low improvement in public health and welfare. The Applicant also specifies that "the practice of midwifery is a distinctly separate profession from the practice of medicine or nursing."

Establishing licensure under an existing board, such as the Board of Examiners for Registered Professional Nurses, would be difficult to justify because of the added administrative expenses and relatively low improvement in public health and welfare.

There are four types of CPM regulation found in states that have regulation – certification, registration, permit, voluntary licensure, and mandatory licensure. As the chart below illustrates, the majority of the states that regulate CPMs do so through mandatory licensure.

Table 4 Types of State Regulation of CPMs				
Type of Regulation	Certification	Registration	Voluntary Licensure	Mandatory Licensure
Number of States Using Regulation	3	1	2	16
Source: North American Registry of Midwives				

Of the states that do not regulate CPMs, Hawaii and Maine have denied regulation through the Sunrise process. Hawaii issued a report in 1999 indicating that regulation was warranted, but that there were other issues that needed to be resolved before regulation could be enacted, such as disagreement regarding standards and qualifications for CPMs. Maine's report, issued in February 2008, indicated that voluntary education and certification through the North American Registry of Midwives was adequate for providing protection to women using midwifery services.

In February 2008, the state of Maine did not recommend regulations of CPMA through its Sunrise process because the NARM certifications was adequate to protect women using midwifery services.

Certification Is Offered Through the North American Registry of Midwives

Although no West Virginia state agency has testing or oversight responsibilities over lay midwives, there is testing and voluntary certification available through the North American Registry of Midwives (NARM). NARM offers certification based on certain educational, skill, and training requirements and the NARM written examination. Eligibility requirements include meeting one of the following criteria:

- Graduation from a Midwifery Education Accreditation Council accredit program
    - Must meet General Education Requirements, complete NARM application forms, and provide either a notarized copy of the graduation certificate/ diploma.
    - Must pass the NARM Written Exam

- Certification as a CNM or CM by the American Midwifery Certification Board
    - Must meet General Education Requirements, complete NARM application forms, provide a notarized copy of current CNM/CM wallet card, and provide documentation of having been the primary midwife for at least ten in-home or out-of-hospital births or a minimum of three births with care, including pre-natal visits, birth, and newborn and postpartum exams.
    - Must pass the NARM Written Exam

Although no West Virginia state agency has testing or oversight responsibilities over lay midwives, there is testing and voluntary certification available through the North American Registry of Midwives (NARM).

- Completion of the NARM competency-based Portfolio Evaluation Process (PEP)
    - Must verify experience and skills
        - Must meet General Education Requirements; complete NARM application forms; provide verification from the preceptor of proficiency in skills areas and an affidavit confirming the applicant has practice guidelines, an informed consent document, and an emergency plan; provide three letters of recommendation; and satisfy Skills Verification requirements.
        - Upon completion of the above, must submit the CMP application and a Letter of Completion of NARM's PEP

Certification must be renewed triennially. In order to qualify for renewal, CPMs must have completed a minimum number of continuing education credits. NARM also provides for complaint proceedings, by which complaints against CPMs are reviewed and, if necessary, certification may be revoked. The Applicant's proposal would require CPMs choosing to obtain West Virginia state licensure to meet these same requirements (see Appendix A).

The Legislative Auditor concludes that there would be little, if any, added benefit if CPMs were regulated by the State. Furthermore, with so few midwives in the state, the Legislative Auditor concludes that a regulatory board would not be financially sustainable.

Conclusion

The Applicant proposes voluntary licensure of CPMs in order to increase insurance coverage of midwifery services, thereby increasing the number of midwives in the state and access to midwifery services to underserved areas. Since the Applicant's proposal does not offer any additional regulations than presently exists, and evidence from other states shows that licensure has not led to an increase in the number of CPM-attended births, the Legislative Auditor concludes that there would be little, if any, added benefit if CPMs were regulated by the State. Furthermore, with so few midwives in the state, the Legislative Auditor concludes that a regulatory board would not be financially sustainable. Therefore, the Legislative Auditor recommends that a regulatory board

not be established to license Certified Professional Midwives.

Recommendation

The Legislative Auditor does not recommend state licensure of Certified Professional Midwives.

Appendix A: The Norht American Registry of Midwives

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You are responsible for the requirements at the time you submit your application. Please check the NARM web page, www.narm.org, for the latest application forms and other updates before sending in your completed application.

North American Registry of Midwives (NARM) Mission Statement

The North American Registry of Midwives (NARM) is an international certification agency whose mission is to establish and administer certification for the credential "Certified Professional Midwife" (CPM). CPM certification validates entry-level knowledge, skills and abilities vital to responsible midwifery practice. This international certification process encompasses multiple educational routes of entry, including apprenticeship, self-study, private midwifery schools, college- and university-based midwifery programs and nurse-midwifery. Created in 1987 by the Midwives Alliance of North America (MANA), NARM is committed to identifying standards and practices that reflect the excellence and diversity of the independent midwifery community, in order to set the standard for midwifery.

NARM affirms that skilled and responsible midwives should be readily available to all families in North America. NARM affirms the autonomy of independent midwives, the critical importance of their role as guardians of normal birth and the value of their compassionate, skilled and woman-centered care. NARM affirms a woman's right to choose her birth attendants and place of birth and to involve those she identifies as her family in the bonding of the birth experience. NARM affirms the safety and viability of planned, midwife-attended birth at home, in hospitals and in freestanding birth centers.

Certification shall not be construed as defining midwifery in its entirety. NARM acknowledges that midwifery encompasses attributes that defy measurement. NARM intends CPM certification to sanction and build a foundation to support midwives' work, while recognizing that their individuality of practice best reflects the needs of the communities they serve. Through CPM certification, NARM seeks to advance the profession of midwifery, to facilitate its integration as a vital component of the health care system, to ensure its wide availability to pregnant women and their families and to preserve their freedom of choice.

Setting Standards for Midwifery

In response to numerous state initiatives that call for the legalization of midwifery practice and the increased utilization of midwives as maternity care providers, midwives across the United States have come together to define and establish standards for international certification. The North American Registry of Midwives (NARM), the Midwives Alliance of North America (MANA) and the Midwifery Education and Accreditation Council (MEAC) have joined together to create this international, direct-entry midwifery credential to preserve the woman-centered forms of practice that are common to midwives attending out-of-hospital births.

These guidelines for certification have been developed with reference to national certifying standards formulated by the National Organization for Competency Assurance (NOCA). NARM has received psychometric technical assistance from Mary Ellen Sullivan, testing consultant; the Florida Department of Business and Professional Regulation Psychometric Research Unit; the Minnesota Board of Medical Practice; Schroeder Measurement Technologies, Inc.**;** National Measurement and Evaluation, Inc.; and Personnel Research Center.

What is a Certified Professional Midwife (CPM)?

A Certified Professional Midwife (CPM) is a knowledgeable, skilled and professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and is qualified to provide the Midwives Model of Care. The CPM is the only international credential that requires knowledge about and experience in out-of-hospital settings.

The *Midwives Model of Care* is based on the fact that pregnancy and birth are normal life events. The *Midwives Model of Care* includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and delivery and postpartum support;
- minimizing technological interventions; and
- identifying and referring women who require obstetrical attention.

The application of this model has been proven to reduce the incidence of birth injury, trauma and cesarean section.

Completion of this Certification cannot be seen as legal protection, which is determined by territorial governments.

It is not the intent of NARM to exclude any midwife from certification on the basis of age, educational route, culture, or ethnic group, creed, race, gender, or sexual orientation.

General Information

Through Certified Professional Midwife (CPM) Certification, the North American Registry of Midwives (NARM) seeks to advance the profession of midwifery, to promote the Midwives Model of Care, and to facilitate its integration as a vital component of the health care system.

This Candidate Information Bulletin is designed to aid candidates in preparing for NARM's Certified Professional Midwife certification process. The Certified Professional Midwife (CPM) process has two steps: educational validation and certification.

Step 1 – Educational Validation

The Certified Professional Midwife (CPM) may be educated through a variety of routes, including programs accredited by the Midwifery Education Accreditation Council (MEAC), the American Midwifery Certification Board (AMCB), apprenticeship education, and self-study. If the midwife's education has been validated through graduation from a MEAC-accredited program; certification by the AMCB as a CNM/CM; or legal recognition in a state evaluated by NARM for educational equivalency, the midwife may submit that credential as evidence of educational evaluation and may apply to take the CPM examination. If the midwife is preceptor-trained or received education outside of the United States, with the exceptoin fo UK Registered Midwives, s/he must complete the NARM Portfolio Evaluation Process (PEP).

The NARM Portfolio Evaluation Process (PEP) involves documentation of midwifery training under the supervision of a preceptor. Upon successful completion of the documentation portion of PEP, the applicant must successfully complete the NARM Skills Verification. Then the applicant will be issued a Letter of Completion that can be submitted to NARM's Application Department as validation of midwifery education.

Step 2 - Certification

When the applicant has completed one of the approved educational routes of entry, the applicant may apply to become a Certified Professional Midwife (CPM), and take the NARM Written Examination.

The Written Examination consists of 350 multiple-choice questions. This examination is administered in two, four-hour sessions. The NARM Written Examination is the final step in the CPM certification process. This examination is also administered as the final part of national and international legal recognition processes.

> The NARM Written examination is required for state licensure in all states that license direct entry midwives to attend births primarily in out-of-hospital settings.

North American Registry of Midwives Position Statement: Educational Requirements to Become a Certified Professional Midwife (CPM)

The Certified Professional Midwife (CPM) is a knowledgeable, skilled professional midwife who has been educated through a variety of routes. Candidates eligible to apply for the Certified Professional Midwife (CPM) credential include:

- Graduates of programs accredited by the Midwifery Education Accreditation Council (MEAC);
- Midwives certified by the American Midwifery Certification Board (AMCB) as CNMs or CMs; and
- Candidates who have completed NARM's competency-based Portfolio Evaluation Process (PEP).

The education, skills and experience necessary for entry into the profession of direct-entry midwifery were mandated by the *Midwives Alliance of North America (MANA) Core Competencies* and the *Certification Task Force*; authenticated by NARM's current *Job Analysis*; and are outlined in NARM's *Candidate Information Bulletin*. These documents describe the standard for the educational curriculum required of all Certified Professional Midwives.

NARM recognizes that the education of a Certified Professional Midwife (CPM) is composed of didactic and clinical experience. The clinical component of the educational process must be least one year in duration and equivalent to 1350 clinical contact hours under the supervision of one or more preceptors.

The clinical experience includes prenatal, intrapartal, postpartal, and newborn care by a student midwife under supervision. A supervising midwife (preceptor) must be either:

- A nationally certified midwife (CPM, CNM, or CM); or
- Legally recognized in a jurisdiction, state, or province as a practitioner who specializes in maternity care; or
- A midwife who has practiced as a primary attendant without supervision for a minimum of three years and 50 out-of-hospital births.

The preceptor holds final responsibility for confirming that the applicant provided the required care. The preceptor must be physically present in the same room in a supervisory capacity during that care and must confirm the provision of that care by signing the appropriate NARM forms.

The Certified Professional Midwife practices *The Midwives Model of Care* primarily in out-of-hospital settings. The CPM is the only national credential that requires knowledge and experience in out-of-hospital settings.

General Education Requirements

Educational Content Areas

The education of all entry-level CPM applicants must include the *content areas* identified in the following documents:

A. The Core Competencies developed by the Midwives Alliance of North America

B. The NARM Written Test Specifications

C. The NARM Skills Assessment Test Specifications

D. The NARM Written Examination Primary Reference List

E. The NARM Skills Assessment Reference List

Experience Requirements

I. As an ***active participant***, the applicant must attend a minimum of 20 births.

II. Functioning in ***the role of primary midwife under supervision***, the applicant must attend a minimum of an additional 20 births:

   A. A minimum of ten of the 20 births attended as primary under supervision must be in homes or other out-of-hospital settings; and

   B. A minimum of three of the 20 births attended as primary under supervision must be with women for whom the applicant has provided primary care during at least four prenatal visits, birth, newborn exam and one postpartum exam.

   C. At least ten of the 20 primary births must have occurred within three years of application submission.

III. Functioning in ***the role of primary midwife under supervision***, the applicant must document:

   A. 75 prenatal exams, including 20 initial exams;

   B. 20 newborn exams; and

   C. 40 postpartum exams.

The educational components required to become a Certified Professional Midwife (CPM) include didactic and clinical experience. NARM requires that the **clinical component** of the educational process **be at least one year** in duration and equivalent to 1350 clinical contact hours under the supervision of one or more preceptors.

The applicant must competently perform all aspects of midwifery care (prenatal, intrapartal and postpartal) under the direct supervision of the preceptor.

Skills Requirements

During the course of their educational process, all CPM applicants are expected to acquire the full range of entry-level midwifery skills as defined in the NARM *Test Specifications* and in the NARM Application Form 201. Requirements for testing and documentation of these skills vary by educational category (see below).

Other Required Documentation

The applicant must provide:

I. A copy of both sides of current CPR (Adult and either Infant or Neonatal Resuscitation) Certification;

II. Written verification of:

A. Practice guidelines;

B. An informed consent document;

C. An emergency care plan.

III. Documentation and verification of experience, knowledge and skills on the appropriate NARM forms.

All NARM applications are evaluated in detail. Over 20% are audited. Applicants, regardless of category, could be required to submit charts, practice documents, and/or other related documentation as requested.

Requirements for Certification by Educational Category

The first step toward becoming a Certified Professional Midwife is the validation of midwifery education. Education may be validated through one of the following routes:

- Graduation from a MEAC-Accredited Program.
- Certification by the AMCB as a CNM/CM.
- Legal recognition in states/countries previously evaluated for educational equivalency.
- Completion of NARM's Portfolio Evaluation Process (PEP).

Graduation from a Midwifery Education Accreditation Council (MEAC)-Accredited Program

Graduates of a MEAC-accredited program must:

I. Fulfill the General Education Requirements.

II. Complete the appropriate NARM application forms.

III. Send either:

A. A notarized copy of the original graduation certificate or diploma; or

B. A final transcript with the school insignia.

Upon approval of the application materials, the NARM Written Examination will be scheduled.

The Certified Professional Midwife certification will be issued after all requirements are met.

MEAC graduates are expected to apply for NARM Certification **within three years of graduation**. If application for certification is made after this time, NARM will require additional documentation.

Certification by the AMCB as a CNM/CM

Candidates certified by the American Midwifery Certification Board (AMCB) must:

I. Fulfill the General Education Requirements (described on pp. 4-5).

II. Complete the appropriate NARM application forms.

III. Send a notarized copy of current AMCB CNM/CM wallet card.

IV. On the NARM form provided in the application packet, submit documentation of functioning in the role of primary midwife or primary under supervision for:

A. A minimum of ten births in homes or other out-of-hospital settings;

B. A minimum of three births with continuity of care (at least four prenatal visits, birth, newborn exam and one postpartum exam).

Upon approval of the application materials, the NARM Written Examination will be scheduled.

The Certified Professional Midwife certification will be issued after all requirements are met.

Legal Recognition in States/Countries Previously Evaluated for Educational Equivalency

The purpose of this category is to expedite the application process for individual midwives legally recognized in a state/country listed below. Candidates from states/countries marked with an asterisk (*) must submit additional documentation.

Alaska*	Colorado	New Hampshire*	Oregon	Washington
Arizona*	Florida	New Mexico	South Carolina*	United Kingdom*
California	Louisiana*	Montana	Texas	

Candidates who are legally recognized in states/countries previously evaluated for educational equivalency must:

I. Fulfill the General Education Requirements.

II. Complete the appropriate NARM application forms.

III. Submit a notarized copy of current state/country credential (i.e. certification, licensure, or registration).

Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.

The Certified Professional Midwife certification will be issued after all requirements are met.

Completion of NARM's Portfolio Evaluation Process (PEP)

This category has been developed to facilitate applicants who are primarily apprentice-trained and/or have not graduated from a MEAC-accredited program, are not certified by the AMCB as a CNM /CM, or are not legally recognized in their states. NARM's Portfolio Evaluation Process (PEP) is a competency-based educational evaluation process that includes NARM's Skills Verification.

There are two PEP categories: Entry-Level and Special Circumstances. The Special Circumstances category includes the Experienced Midwife, the Internationally Educated Midwife, and Physician.

Candidates applying for certification through NARM's PEP Program will undergo a two-step process:

STEP 1: Verification of experience and skills through NARM's PEP. Upon successfully completing NARM's PEP, the applicant will be sent a Letter of Completion that will be submitted as educational equivalency in the CPM process.

STEP 2: Application for Certification.

Entry-Level PEP

STEP 1: Verification of Experience and Skills

Entry-level PEP candidates must:

I. Fulfill the General Education Requirements.

II. Document the fulfillment of these requirements on the appropriate NARM application forms.

III. Provide verification from the preceptor of proficiency on each area listed on the *Skills, Knowledge and Abilities Essential for Competent Practice Verification Form 201*.

IV. Provide an affidavit (Form 205a) from the preceptor that the applicant has:

A. Practice guidelines;

B. An informed consent document;

C. An emergency care plan.

V. Provide three professional letters of reference.

VI. Satisfy requirements for Skills Verification.

Upon fulfillment of the above requirements, the applicant will be sent a Letter of Completion of NARM's PEP.

STEP 2: Application for Certification Examination

Entry-level PEP candidates must:

I. Submit the CPM Application Form (400) and the Letter of Completion of NARM's PEP Program.

Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.

The Certified Professional Midwife certification will be issued after all requirements are met.

Special Circumstances PEP

This category is for candidates with special or non-conventional training, experience, and needs. Each application will be evaluated to determine whether training and experience are equivalent to NARM's certification standards. Examples of categories of Special Circumstances include:

- The Experienced Midwife
- The Internationally Educated Midwife
- The Physician

For consideration as a Special Circumstances candidate:

- The **experienced midwife** must have been in primary practice for a minimum of five years and have a minimum of 75 births within the last ten years (at least ten births must be within the last two years).
- The **midwife or physician who has been educated in another country** must provide verification of all supportive documentation (licenses, diplomas and certificates). Applicants who received midwifery/ obstetrical training in another country must have transcripts verified by International Credentialing Associates (ICA), Inc., 7245 Bryan Dairy Rd., Suite 810, Bryan Dairy Business Park II, Largo, FL 33777. *No application will be processed without verification from ICA.*
- **Physicians** (U.S. or Internationally Educated) must apply through the Portfolio Evaluation Process (PEP). Applicants may choose either the Entry-Level or Special Circumstances route. In addition to hospital experience, the applicant must document primary attendance at ten out-of-hospital births under the direct supervision of a CPM or licensed midwife. Three of these births must include a full course of continuity of care. (at least four prenatal visits, birth, newborn exam, and one postpartum exam).

Experience Requirements. All Special Circumstances candidates must document:

I. 75 births within the last ten years including:

   A. at least ten births in the last two years

   B. Ten or more out-of-hospital births

   C. Three births with continuity of care (at least four prenatal visits, birth, newborn exam and one postpartum exam)

II. 300 prenatal visits (among 50 different women);

IV. 50 newborn exams;

V. 75 postpartum visits.

Charts or written documentation of all 75 births must be available. ***The Special Circumstances evaluation committee will request random charts.***

Internationally Educated Midwives (IEM) applications may be processed with less than the seventy-five (75) primaries as required for Experienced Midwives but must meet Entry-Level requirements. Ten out-of-hospital births will be required. These ten births must be under the direct supervision of a CPM or licensed midwife.

All Special Circumstances candidates must document their experience and skills through NARM's Portfolio Evaluation Process (PEP). Additional documentation may be requested by the Applications Department.

STEP 1: Verification of Experience and Skills

All Special Circumstances candidates must:

I. Complete the appropriate NARM application forms.

II. Document experience and skills requirements, and include any relevant certificates, diplomas, licenses and degrees

III. Complete Form 201 documenting the acquisition of skills required for NARM Certification using the instructions for Special Circumstances applicants.

V. Submit a copy of both sides of current CPR (Adult and either Infant or Neonatal Resuscitation) Certification.

VI. Submit copies of:

A. Practice guidelines;

B. An informed consent document;

C. An emergency care plan.

VII. Satisfy skills verification requirements.

A Letter of Completion of NARM's Portfolio Evaluation Process will be sent after all requirements are met.

STEP 2: Application for Certification

All Special Circumstances candidates must:

I. Submit the CPM Application Form (400) and the Letter of Completion of NARM's PEP Program.

Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.

The Certified Professional Midwife certification will be issued after all requirements are met.

NARM Policy Statement on Preceptor/Apprentice *Relationships*

In validating the apprenticeship as a valuable form of education and training for midwifery, NARM appreciates the many variations in the preceptor/apprentice relationship. In upholding the professional demeanor of midwifery, it is important that each party in the relationship strive to maintain a sense of cooperation and respect for one another. While some preceptor/apprentice relationships develop into a professional partnership, others are brief and specifically limited to a defined role for each participant.

To help NARM candidates achieve exceptional training and a satisfactory relationship from their apprenticeship, NARM makes the following recommendations:

1) A preceptor for a NARM applicant must be a nationally certified midwife (CPM, CNM, or CM); or legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care; or a midwife practicing as a primary attendant without supervision for a least 50 out-of-hospital births and a minimum of three years. **The preceptor privileges of some midwives have been revoked. It is the student's responsibility to verify their preceptor's status by asking their preceptor or contacting NARM.**

2) The clinical components of apprenticeship should include didactic and clinical experience, and the clinical component should be at least one year in duration, which is equivalent to approximately 1350 clinical contact hours under supervision. In the PEP Application, the dates from the first prenatal to the final primary birth should span at least one year, or the applicant should enclose a statement explaining additional clinical experiences that complete the requirement but are not charted on these forms. Additional births may also be reflected on Form 100 under Birth Experience Background.
3) It is acceptable, even preferable, for the apprentice to study under more than one preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. Each preceptor must also sign the Preceptor Verification Form 114. The apprentice should make multiple copies of all blank forms so that each preceptor will have a copy to sign.
4) The preceptor and apprentice should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.
5) The apprentice, if at all possible, should have the NARM application at the beginning of the apprenticeship, and should have all relevant documentation signed at the time of the experience rather than waiting until the completion of the apprenticeship.
6) Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. Determination of "adequate performance" of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.
7) The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that **the preceptor must be physically present** when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.
8) Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.
9) NARM's definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, gynecological, family) and a complete physical examination. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these examinations on one or more early prenatal visits.
10) Births as an Active Participant (Form 111) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered being an Active Participant. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice should perform some skills at every birth listed on this Form and should be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete most of the active participant births before functioning as Primary Midwife under supervision at births.
11) Births as Primary Midwife under supervision (Form 112) means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision making.

Guidelines for Verifying Documentation of Clinical Experience

In response to multiple requests for clarification about the role of the Preceptor in the NARM application/certification process, NARM has developed the following step-by-step guidelines based on the instructions set forth in the Candidate Information Bulletin. These guidelines are suggestions for successful completion of the application documentation.

1. The preceptor and applicant together should—
   a. review the three (3) separate practice documents required by NARM—Practice Guidelines, Informed Consent, and Emergency Care Plan.
   b. review all client charts (or clinical verification forms from a MEAC accredited school) referenced on the NARM Application and confirm that the **preceptor and applicant** names appear on each chart/form that is being referenced.
   c. confirm that the signatures/initials of the applicant are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up post partum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials on the charts/forms.
   d. check all birth dates and dates of all exams for accuracy.
   e. check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.
2. If a preceptor has more than one student (applicant), each chart must have a code that all students will use. Students should not develop different codes for the same client.
3. Preceptors need to be sure their forms show that the student participated as primary under supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.
4. Applicants should have access to or copies of any charts listed in the application, Form 112a-f and Form 200 with Code # in case of audit.

The Informed Consent document used by the apprentice/student should not indicate that she is a CPM, even if she is in the application process. The CPM designation may not be used until it is earned.

Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

Audits

All NARM Applications are evaluated in detail. Over 20% are audited. If the application is audited, copies of Practice Guidelines, Informed Consent, Emergency Care Plan, and specific charts with the names whited out must be submitted to NARM. MEAC applicants may submit client charts or clinical verification forms from a MEAC accredited school, for purposes of audit.

Applicants are responsible for having immediate access to client charts or clinical verification forms from a MEAC accredited school when they submit their application. Audited materials are due within two weeks of request. Delays in return of audit materials can hold up test scheduling.

Time Frame for Certification Process

Applicants with incomplete applications will be sent a notice from the Applications Department if they have not responded to requests to complete the process (i.e., not fulfilling application requirements) within six (6) months.

After one year, applicants with incomplete applications will be required to send the following:

- A letter of intent to complete the application process
- One copy of current drivers license
- One copy of current CPR card
- One current photo, signed on the back

If the application remains incomplete after one year, a letter will be sent notifying the applicant that if the application is not complete within six (6) months from the date of receipt of the letter, the application will be placed in the archives. An application will be returned at the request and expense of the applicant. It will be necessary for the person to re-apply, including paying all fees, should they desire to seek the CPM credential in the future.

Applicants who have completed the application process (and who do not qualify for the Secondary Skills Verification) will be sent an Intent Form for the Skills Assessment. The Skills Assessment should be completed within six months of receipt of the Intent Form. The applicant must submit the remainder of the CPM application and fees within six months of completion of the Skills Assessment. Upon submission of the CPM application and fees, the applicant will receive an Intent Form for the NARM Written Examination. The applicant must sit for the Written Examination within one year of receipt of the Intent Form. If any of these deadlines cannot be met, the applicant may request a six-month extension from the NARM Test Department. If the deadlines and extensions pass without a documented effort on the part of the applicant to complete the certification process, the application will be considered expired and the applicant must reapply.

An applicant must complete all required work within the timetable below, including written extensions. An applicant whose application has expired will forfeit all fees. Candidates should keep copies of all application materials submitted. If the candidate needs to have expired application materials returned, a $100 fee will be required. Requests for extensions must be received in writing by the deadline listed. Every effort will be made by NARM to notify applicants of approaching expiration deadlines, but NARM cannot be responsible for notifying candidates who have moved or who do not receive mail at the address listed on the application. The responsibility for meeting deadlines and/or requesting extensions is the candidate's. If unusual circumstances prevent an applicant from meeting these deadlines, NARM will consider further extensions on an individual basis if submitted in writing prior to the deadline.

NARM recommends continued supervised practice throughout the application and testing process.

Process	Six months	One year	18 months
Submission of incomplete application		Resubmit driver's license, CPR, and photos, request extension	Expired*
Skills Assessment	Request extension	Expired*	
CPM application	Request extension	Expired*	
Written Exam		Request extension	Expired*

*Application will be archived. Applicant must re-apply and re-submit all fees.

Retakes

Candidates who have failed either the Skills Assessment or the Written Exam are expected to complete the certification process within the time frames listed above. There is no limit to the number of times a candidate may take either exam. If multiple retakes are required, the candidate may not be able to complete certification within the expected time frame. If a candidate does not complete the certification process within three years of application, documentation of continued supervised clinical practice is required. The candidate must submit documentation of ten supervised births that have occurred within three years of submitting the next retake form. Form available upon request.

The Demonstration of Knowledge and Skills

Identification of the knowledge and skills necessary for certification is based on the actual practice of midwifery, and not on a specific set of protocols or regulations. The knowledge tested on the Written Exam and the skills tested on the Skills Assessment are identified from the Job Analysis. The Job Analysis is a survey of the current practice of midwives across the country. From this list come the test specifications for each exam. Many midwifery schools base their curriculum on these test specifications so that their graduates will be prepared for the certification exams. The skills checklist portion of the Portfolio Evaluation Process is also based on this list, so midwives training through a preceptor will also learn and demonstrate the same skills. This process assures that all CPMs, regardless of path of education or experience, will demonstrate competency in the same skills. NARM does NOT specify how a CPM will utilize the knowledge and skills in actual practice. In other words, NARM does not issue standardized practice protocols. NARM does require that each CPM candidate have practice protocols in writing and utilize informed consent in communicating the protocols to the clients.

The legal regulation of midwives varies in each state. Midwives practice completely unregulated in many states, and in other states they practice according to very specific protocols set by the state. In some states they are permitted to use emergency medications, or suture tears, or give oxygen. In other states, they may be forbidden from any of these procedures. The CPM credential verifies that the midwife knows these skills whether or not s/he chooses (or is allowed) to perform them. States that require the CPM credential for licensure are assured that every CPM has been through a rigorous process to verify knowledge and skills. The CPM is the standard for the knowledge and skills, regardless of the individual circumstances in which the CPM practices.

CPM candidates sometimes comment on the written exam questions or on skills tested on the assessment that they are not "allowed" to make that choice based on their state regulations. NARM does not say that the midwife must base protocols on that knowledge or include that skill in practice, but must demonstrate the knowledge or skill for purposes of national certification. NARM questions are based on the test specifications and are referenced to the bibliography listed in the Candidate Information Bulletin. Candidates should base their answers and demonstration of skills on the test specifications in the CIB, and not on specific individual or state protocols.

Passing the NARM Written Examination or the NARM Skills Assessment depends on receiving a minimum number of correct answers. Leaving a question blank or refusing to perform a specific assessment skill does not automatically result in failing the examination, but will affect the total score. Each question on the Written Examination is worth one point, but each skill on the Skills Assessment may count for several points. Refusing to perform a skill can cause the applicant to fail the assessment and delay progress toward certification. Failing candidates must pay an additional fee to retake either examination.

The NARM Written Examination

- Candidates must submit the General Application Form 100, the CPM Application Form, and one of the following forms of documentation:
  - Notarized copy of diploma, or transcript with the school insignia, indicating graduation from a MEAC-accredited program
  - Notarized copy of current AMCB CNM/CM certificate and wallet card
  - Notarized copy of current state endorsement process, i.e. certification, licensure, registration, or documentation indicating legal recognition in states previously evaluated for educational equivalency
  - Letter of completion of NARM's Portfolio Evaluation Process (PEP)
- Candidates will receive a Written Examination Intent Form, listing upcoming dates and locations for the Written Examination.
- Candidates must submit the Written Examination Intent Form to the NARM Test Department **at least four weeks** prior to the test date.
- Candidates will receive confirmation of receipt of their Intent Form.
- Candidates will receive a Written Examination Admission Letter, which will include the date, time, and location of their scheduled Written Examination, and directions to the test site. The candidate should receive this information two weeks prior to the examination. If the Admission Letter is not received by the appropriate time, please notify the Test Department at 1-888-353-7089.
- Candidates must bring their Admission Letter and a small head and shoulders photo (like a passport photo) to the test site. Another photo ID, such as a Driver's License, governmental or institutional identification, must be shown to verify both name and picture. The small passport photo should be stapled to the Admission Letter. The Admission letter will be signed by both the candidate and proctor and will be retained by the proctor and returned to the NARM Test Department.

Written Examination Administration Schedule

The NARM Written Examination is administered three times a year, as follows:

- 3rd Wednesday in February
- 3rd Wednesday in August
- At the annual MANA Convention in the fall

Inclement Weather Policy

In the event of inclement weather, NARM's policy is that if the test site is closed, the test will be postponed until the site is open again. The new date will be mutually agreed on by NARM and the test site, but will be as close to the original date as possible. It is possible, though not likely, that the site would be unable to accommodate the NARM exam within a reasonable period and the candidates might have to wait until the next testing cycle.

If the test site is open but the candidate's local weather prevents her from reaching the test site, the test cannot be rescheduled for the candidate. The candidate will be required to pay a $75 reschedule fee to register for the next cycle. If the candidate does not show up at the testing site and inclement weather cannot be documented, the reschedule fee is $400. It is highly recommended that, if the candidate is planning a long drive to the test site, it would be best to arrive near the test site the night before to avoid any weather or traffic delays that might interfere with arrival early the next morning.

The NARM Test Department will make every effort to stay in touch with the test site coordinator prior to the exam to anticipate any closings due to weather or shipping delays and will notify candidates whenever possible. If the candidate is unsure or are not available at the phone number listed with NARM, s/he may call the NARM Test Department for updates.

Inclement weather includes snow, ice, hurricanes, tornadoes, floods, earthquakes, etc. This policy also applies to any unplanned event that causes the test site to close, such as a loss of electricity or terrorism alert.

Candidates Who Are Taking the NARM Written Examination for State Recognition

Many states use the NARM Written Examination as part of their process for state recognition. In these states, midwives who are already CPMs may have a simplified route to legal recognition. Midwives who are not yet CPMs must meet the licensure criteria for the specific state, and will register for the NARM examination through their state agency. After passing the NARM examination and receiving state licensure, the midwife may apply for CPM certification through the "Midwives from States/Countries with Legal Recognition" category if their state/country is listed.

If the candidate is from a state with legal recognition planning to take the NARM Written Examination through the state agency, the following information applies:

1) The state agency will determine which candidates are eligible to take the NARM Written Examination. All documentation for eligibility is processed through the state agency. When the candidate has met the eligibility requirements, s/he will receive a packet of information from the state agency, which will include:
   a) The Candidate Information Bulletin: the study outline (test specifications) and reference list.
   b) The candidate application form to register for the NARM Examination
2) The candidate must send the application form and appropriate fee as instructed by the agency. Some states collect the applications and the fees, and other states ask the candidate to send the application and fee directly to NARM. If the fee is sent directly to NARM, it ***must*** be in the form of a certified check or money order. **NARM does not accept personal or business checks.**
3) To verify registration for the examination through the agency, please contact the state agency. In the cases where the applications and fees have been sent directly to NARM, NARM will notify the state agency of those who have registered for the examination. In either case, verification is done through the state agency.
4) The state agency arranges for the location of the examination as well as for any special testing needs. To verify the location where the examination will be given, contact the state agency. The NARM examination is given on the SAME DAY at all locations, whether administered by the agency or by NARM. The test dates are the third Wednesdays of February and August of every year. The examination is given in two parts, with four hours allotted for each part. Part One begins at 8:00 am and Part Two at 1:00 pm.

5) An ADMISSION LETTER will be sent by the state agency prior to the examination. This letter will confirm the time, date, and location of the examination. The letter will instruct the candidate to bring the letter, with a passport-type (head and shoulders) photo attached, to the examination site. Candidates must present the letter, with photo attached, to be admitted to the examination and will also be asked to show another form of photo ID for verification, such as a driver's license.
6) The results of the NARM Written Examination will be sent directly to the state agency within three-four weeks of the test date. The agency will notify the candidates of the results. When permitted by the agency, NARM will send the results directly to the candidate.
7) The NARM Written Examination is also given a third time each year, at the location and date of the annual MANA conference. Agency candidates are welcome to test at the MANA conference, which is usually in the fall. Eligibility and registration will still be done through the state agency.

Candidates Who Are Taking the NARM Written Examination to Become a CPM

Sequence of Application and Testing Procedures

For Educational Validation:

1) Order or download the NARM Application
2) Two photos will be needed. These should be head and shoulders photos, similar to a passport photo. One photo is submitted with the Application, and one will be submitted later when taking the NARM Written Examination for certification
3) Submit the appropriate application materials with the required fee to the NARM Applications Department. The application is color coded according to routes of entry, such as Entry Level, MEAC Graduates, State Licensed, and Special Circumstances. All candidates should fill out General Form 100 and the specific pages for their route of entry. Notification will be sent when the application materials have been received.
4) If the candidate is taking the Skills Assessment an Intent Form and a list of Qualified Evaluators will be sent. The Candidate and the QE will schedule the Skills Assessment. To prepare for the Skills Assessment, study the Skills Test Specifications in the CIB, and the *Practical Skills Guide for Midwifery*.

For CPM Certification:

5) All candidates should submit the CPM application along with Verification of Education (PEP Certificate; MEAC diploma, transcript, or letter of intent of completion from the administrator of the program; AMCB certification; or state license) along with the Certification fee. The application, documentation, and fee should be sent to the NARM Applications Department.
6) When the CPM application is approved, the applicant will receive a NARM Written Examination Intent Form which lists the dates and sites for the Examination. Choose a test site and date and submit the Intent Form to the NARM Test Department. Approximately two-three weeks prior to the Written Examination, an Admission Letter and directions to the test site will be sent.
7) Canceling or changing the testing date after submitting the Intent Form but prior to ten days before the test date, will result in a $100 fee to reschedule the examination. Test cancellations or date changes within ten days of the examination, or failure to show for the examination, will require a $400 rescheduling fee.

8) The Test Department will send results of the NARM Written Examination by mail three-four weeks after the testing date.
9) The CPM Certification will be issued after all requirements have been met.

Please send the application and intent forms to the appropriate NARM address. Failure to do so may result in a delay of the application or the examinations. For questions call NARM General Information at 888-842-4784 or NARM Applications at 931-964-4234.

All applications are subject to audit.

NARM is not responsible for any delay in NARM's processing of the application or for delay in receipt of the application, including but not limited to, mail delays, inclement weather, acts of God, acts of terrorism, any individual's or entity's mistake or omission.

Special Testing Needs

The NARM Certified Professional Midwife (CPM) Certification Program, in accordance with the Americans with Disabilities Act (ADA), provides testing accommodations for candidates with disabilities. These accommodations are made at no cost to the candidate. Requests for special testing accommodations must be made in writing to the NARM Test Department and must contain the following information:

1) A letter from the candidate describing the requested accommodation; **and**
   a) Documentation of a history of special accommodations for testing, such as letters from schools or testing agencies administering standardized tests indicating the accommodations granted; or
   b) A report from an appropriate licensed or certified healthcare professional who has made an assessment of the candidate's disability. The report must describe the tests and other assessment techniques used to evaluate the candidate, provide test results, indicate the test results that were out of normal range, and contain conclusions and recommendations for special accommodations based on those findings.

These documents must be submitted to the NARM Test Department with the Written Examination Intent Form. Although every effort will be made to arrange for the accommodation at the candidate's choice of test sites, this cannot be guaranteed. The candidate may be asked to choose an alternate test site or date based on the ability of the test department to arrange special accommodations.

NARM Written Examination Test Sites

The NARM Written Examination is given at regional test sites across the country on the third Wednesday of February and August; and on the site and date of the annual MANA conference. Listed below are the regional test sites that are usually available. A current list of test sites will be on the Written Examination Intent Form, which is sent to each candidate after approval of the Certification Application.

Regional Test Sites:

- Colorado: Denver
- Florida: Orlando
- Idaho: Boise
- Iowa: Dubuque
- Maryland: Baltimore
- Massachusetts: Pittsfield
- Oregon: Eugene
- Tennessee: Nashville
- Texas: El Paso
- Utah: Salt Lake (Murray)
- Vermont: St. Johnsbury
- Virginia: Charlottesville

The following states administer the NARM Written Examination for licensure and will sometimes allow CPM candidates from other jurisdictions to take the examination at their agency location. Please contact the NARM Test Department to take the examination at one of these locations:

- Alaska: Juneau
- Arizona: Phoenix
- Arkansas: Little Rock
- California: Sacramento
- Louisiana: New Orleans
- Montana: Helena
- South Carolina: Columbia
- Texas: Austin
- Washington: Olympia

Candidates may also take the NARM Written Examination as a pre-conference activity on the Thursday prior at the annual MANA Conference, which is usually held in the fall. For more information on the MANA conference test site and date, call the NARM Test Department at 1-888-353-7089.

Examination Site Conduct/Nondisclosure (Test Security)

The Examination Administrator or QE is NARM's designated agent in maintaining a secure and valid examination administration.

Any individual found by NARM to have engaged in conduct, which compromises or attempts to compromise the integrity of the examination process will be subject to legal action as sanctioned by NARM. Any individual found cheating on any portion of the examinations will have their scores withheld or declared invalid, and their certification may be denied or revoked. Conduct that compromises or attempts to compromise the examination process includes:

- Removal of any examination materials from the examination room
- Reproducing or reconstructing any portion of the Written or Skills Assessment Examinations
- Aiding by any means in the reproduction or reconstruction of any portion of the Written or Skills Assessment Examinations
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of the Written or Skills Assessment Examinations
- Disclosure of any kind or manner of any CPM examinations
- Possession of any book, notes, written or printed materials or data of any kind other than those examination materials distributed by the Examination Administrator or QE during the examination administration
- Conduct that violates the examination process, such as falsifying or misrepresenting education credentials or prerequisite experience required to qualify for CPM Certification
- Impersonating a candidate or having an impersonator take the CPM examinations

Any violation of conduct as listed above will be documented in writing by the Examination Administrator or QE and will be presented to NARM for consideration and action.

Additionally, to protect the validity and defensibility of the examination process for all candidates, each candidate will be required to sign an Affidavit of Nondisclosure prior to taking any portion of the CPM examinations.

Answer Sheets

All answers must be recorded on the answer sheet that is provided to the candidate at the beginning of the Written Examination administration. Do not write in the examination booklets. Any answers recorded in the examination booklet will not be scored.

Candidate's Examination Scores

- All candidate scores will be reported as pass or fail based on the cut score derived using a reverse Angoff method.
- Passing candidates will not receive a breakdown of their scores; they will only receive notification that they passed.
- Failing candidates will receive a report, which highlights their performance on major areas of the examination.
- In cases where candidates apply through a licensing agency, the examination results will be sent directly to the agency.
- Scores will usually be reported within three to four weeks of the examination date.
- Examination scores will NOT be given to any candidate over the phone.
- No credit is given for items with more than one response selected.
- All questions should be answered. There is no extra penalty for wrong answers.
- The candidate's answer sheet is machine-scored. Therefore, candidates are advised to explicitly follow all instructions given by the Examination Proctor for marking their answer sheets.

Rescheduling a CPM Examination

Candidates electing to cancel their scheduled examination date must submit a written rescheduling request to the NARM Test Department. The NARM Test Department must receive the request **ten days in advance** of the candidate's scheduled examination date. The candidate must reschedule the examination within one year from submitting the CPM Certification application. The candidate will be charged a processing fee for rescheduling as outlined in the Fee Schedule. The remainder of the candidate's initial examination fees will be applied towards the rescheduled examination.

- Candidate rescheduling requests that are not received by the NARM Testing Department **ten days in advance** of a scheduled examination date will result in the forfeiture of the candidate's entire examination fee.
- If a candidate does not reschedule within the allowed timeframe or does not appear at a scheduled examination site, all examination fees will be forfeited; in which case ***the candidate will be required to pay the full examination fee prior to rescheduling another examination date***.
- It is the candidate's responsibility to contact the NARM Testing Department to request a rescheduled examination date.
- If a Qualified Evaluator is forced to cancel a candidate's scheduled Skills Assessment Examination date, the examination will be rescheduled as soon as possible and at no penalty to the candidate.
- It is the candidate's responsibility to obtain models *AND* back-up models for the Skills Assessment Examination. If a candidate's model does not appear at the scheduled test site, and the candidate does not have a back-up model, the candidate will forfeit the examination fees.
- If any portion of the CPM examination is canceled due to events such as postal strikes, bad weather, or conditions beyond our control, the examination date will be rescheduled as soon as it is reasonably possible. The candidate will not be penalized for such an event.

Retesting for Failing Candidates

If a CPM candidate fails either the Written or Skills Assessment Examinations, s/he will receive a Retake Intent Form from the Test Department. The candidate will be allowed to schedule a retest upon payment of a retake fee as outlined in the Fee Schedule. Failing candidates will not be retested using the same form of the examination they were given initially. However, they may be assigned the same Examination Administrator or QE.

Candidate's Right to Appeal Eligibility Requirements

- A Candidate who does not meet requirements for certification will be informed in writing. The candidate will have an opportunity to provide the missing information, or to write a letter of appeal.
- All appeals must be received in writing within (2) months of denial and will be processed according to policy.

Candidate's Right to Appeal

Comments on Examination Content

Candidates may provide written comments on the CPM Written Examination content. Comments may be submitted on the day of the test by completing an examination comment form and giving it to the examination administrator (proctor). Examination comment forms will be available from the examination administrator. Comments may also be submitted by mail to the NARM Test Department. Comments submitted by mail must be postmarked no later than seven (7) days after the test date to be considered as part of the appeals process. NARM will carefully consider all comments. If appropriate, changes will be made to the CPM Written Examination answer key.

Appeals

A candidate with a complaint about the certification process or examination may write a letter to the NARM Test Department. Letters appealing the content of the Written Examination must include or reference previously submitted examination comments as defined above. All appeals must be made prior to receipt of a pass/fail grade. NARM will carefully consider all comments. A written response will be provided only if the candidate has requested a response and has specifically proposed content, examination, or process changes.

Examination Hand Scoring

Candidates who fail the CPM Written Examination may submit a written request for hand scoring of their answer sheets within 30 days of the postmark date of their examination results. A hand-scoring fee, as outlined in the Fee Schedule, must accompany the written request for hand scoring. Candidates will be notified of the outcome of the hand scoring within 30 days of the receipt of the request. All failing answer sheets are re-scored automatically. Scoring machines are calibrated frequently. It is very unlikely that a hand-score would result in a change to the candidate's final score.

Examination Comment Form

NARM encourages all candidates to submit comments on the CPM examination process at the time of their examination. The Examination Administrator or QE will have examination comment forms available on the day of the examination. NARM will not provide a written response to the comments unless a letter of appeal is written in addition to the comment form (see Candidate's Right to Appeal).

Skills Verification

In the NARM Portfolio Evaluation Process (PEP), the candidate must have all required clinical experiences and skills documented by a preceptor who meets one of these definitions:

1) Nationally certified midwife: CPM, CNM, or CM,
2) Legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care, or
3) An experienced midwife who has practiced as a primary attendant without supervision for at least 50 out-of-hospital births and a minimum of three years.

After documenting the required clinical experiences and skills with one of the above preceptors, the candidate then must obtain a second verification of skills.

Option 1—Taking the NARM Skills Assessment with a Qualified Evaluator remains an option for all PEP candidates. This option is required if any clinicals on Forms 112 (a-f) or any skills on Form 201 have been signed by a non-CPM preceptor.

Option 2—If all required clinical experiences (Form 112 a-f) and skills (Form 201) have been signed by a CPM and no clinical or skill has been signed by a non-CPM, the candidate may choose either option:

1) Completion of the NARM Skills Assessment with a Qualified Evaluator, or
2) Second check-off of specific skills by a CPM who did ***not*** check off any skills on Form 201 Skills Verification. The second check-off must be done by a midwife who has been a CPM for at least two years and has attended at least 30 additional out-of-hospital births.

If option **1** is chosen, the candidate will submit the Application Packet with all forms complete and signed. Information about arranging the NARM Skills Assessment will be sent to the candidate upon approval of the application.

If option **2** is chosen, the candidate should complete all forms required in the application, with all required signatures by CPMs. Additionally, the candidate should fill out Second Verification of Skills Form 206 (available on the NARM web page) and have the forms signed by a CPM who meets the requirements and who did not verify *any* skills on Form 201.

Option 1—Skills Assessment Administration

When the PEP application has been evaluated and approved, the candidate will be sent information about the Skills Assessment, including a Skills Assessment Intent Form and a list of Qualified Evaluators.

- The candidate chooses a Qualified Evaluator (QE) from the list. The QE may not have an educational or preceptor/mentor history with the candidate, nor have attended more than five births with the candidate.
- The candidate is responsible for providing models for the hands-on assessment, though the QE may assist in this arrangement if necessary.
- The candidate is responsible for providing the equipment needed for the Skills Assessment.

- The candidate will submit the Skills Assessment Intent Form to the NARM Test Department four weeks prior to the test date.
- The NARM Test Department will send a confirmation letter to the Qualified Evaluator.
- The NARM Test Department will send the candidate an Admission Letter, confirming the test time, date, and location. This Admission Letter must be brought to the test site. The QE will verify the candidate's identity with a photo ID such as a Driver's License, or other governmental, institutional, or employer-issued photo identification.
- The candidate will receive a list of equipment to bring to the test site. See Appendix A.
- The candidate should prepare for the Skills Assessment by studying the *Practical Skills Guide for Midwifery,* the test specifications for the skills examination in the Candidate Information Bulletin, and by practicing competent use of all equipment on the equipment list.
- The candidate will be notified in writing of the results of the Skills Assessment within four weeks of the assessment. The candidate will then be issued a Letter of Completion of NARM's Portfolio Evaluation Process (PEP).

A Qualified Evaluator may not have an educational history or preceptor/mentor history with the applicant. The candidate and QE may not have attended more than five births together at any time (before, during, or after the training period). Non-accredited schools may not provide Qualified Evaluators who are employees of that institution.

NARM Policy on Financial Reimbursement for the Skills Assessment:

The fees paid to NARM for the PEP Application cover the costs of processing and evaluating the application and for the administration of the Skills Assessment by a NARM Qualified Evaluator (QE).

The QE is paid a fee by NARM for administering the Skills Assessment. The candidate does not pay any fee directly to the QE for administering the Skills Assessment. However, the candidate may reimburse the QE for any travel expenses incurred if the QE has to travel out of town to the Skills Assessment site. It is recommended that the candidate reimburse the QE up to .36 cents per mile for car travel, which may be documented or estimated by the QE. Reimbursement for airline travel, meals, and lodging may also be offered, if appropriate. The candidate may avoid this extra cost by traveling to the QE for the Assessment.

A pregnant mother and a newborn baby are required as models for the demonstration of some of the skills. The candidate may seek volunteers as models through her own resources, or may ask the QE to provide models if the candidate is traveling to a site where she has no resources for models. The candidate may provide compensation to the models for their time, travel, or miscellaneous expenses such as babysitting. This is especially appropriate if the models are arranged by the QE and are not friends or clients of the candidate. It is recommended that the compensation to each model not exceed $25.

Option 2—Second Verification of Skills

A CPM whose certification is current, who has been a CPM for at least two years, and who has attended at least 30 out-of-hospital births in addition to those required for the entry-level CPM certification, may verify competent performance of these skills. This CPM should be one who did not verify the skills on Form 201.

More than one CPM may sign the skills on the Second Verification of Skills Forms, but all parts of each complete skill must be verified by one preceptor.

The secondary verification may be done as a demonstration with volunteer models or in a clinical setting.

Refunds

- Refunds are not given to candidates who submit incomplete applications, or who fail the examinations.
- A partial refund of the PEP Application fee may be considered under extenuating circumstances. The candidate must request a partial refund in writing to the NARM Board, explaining why the process cannot be completed, and must be accompanied by supporting documentation. The request must be submitted within two months of approval of the application and prior to the submission of the Skills Assessment Intent Form. No refunds will be given outside of these parameters.
- A partial refund of the Certification fee may be considered if the candidate has not been scheduled for the Written Examination. The candidate must request a partial refund in writing to the NARM Board, explaining why the process cannot be completed, and must be accompanied by supporting documentation. The request must be submitted prior to the submission of the Written Examination Intent Form and within six months of approval of the certification application. No refunds will be given outside of these parameters.
- Supporting Documentation includes written evidence of circumstances that have arisen following the submission of the Application, which prohibit or severely limit the candidate's ability to complete the remainder of the process.
- Refunds granted by the NARM Board will be prorated according to the processing of the application, with a minimum of $300 retained for processing fees.
- Candidates who receive a refund and later decide to reapply must pay all fees current at the time of reapplication.

Suspension or Revocation of Application

The NARM Certified Professional Midwife application process may be suspended or terminated for any of the following reasons:

- If an applicant is found guilty of dishonesty, refusal to inform, negligent or fraudulent action in which the midwife compromised the well being of a client or a client's baby;
- Compromising or attempting to compromise the integrity of the examination process;
- Cheating on any portion of the examinations;
- Falsification of Application information.

The NARM Board, in consultation with their testing company and legal consultant, will set criteria for possible reapplication.

Revocation of Certification

The NARM Certified Professional Midwife credential may be revoked for the following reasons:

- Falsification of Application information.
- Failure to participate in the Grievance Mechanism or to abide by the conditions set as a result of the Grievance Mechanism.
- Infractions of the Non-Disclosure policy, which threaten the security of the NARM Examinations.
- If the Grievance Mechanism determines that the CPM acted with dishonesty, did not use appropriate informed consent with the client, or that negligent or fraudulent actions compromised the well being of a client or client's baby, the CPM credential must be revoked.

Midwives with revoked certificates may reapply for certification after two years. Prior to recertification all outstanding complaints must be resolved, including completion of previous Grievance Mechanism requirements.

Recertification

- Certification renewal is due every three years.
- Recertification forms are sent with the initial certification and with each recertification, and are also available on the NARM web site at www.narm.org.
- Thirty (30) Continuing Education Contact Hours (3.0 CEUs) are required during the three-year period.
- One Contact Hour is defined as fifty-five (55) clock minutes of time. To be awarded .5 (half) Contact Hours the time period is thirty (30) minutes to fifty-five (55) minutes. Less than 30 contact minutes will ***not*** be awarded Continuing Education Contact Hours.
- All recertifications are subject to audit.

Mandatory Areas

A. Peer Review—5 Contact Hours
   Participates in Peer Review *and/or*
   Attends Peer Review Workshop
B. Current Adult CPR and either infant CPR or Neonatal Resuscitation
C. Affirmation of current use of practice guidelines, informed consent, and emergency care plans.
D. Demographic information

Two Options for Recertification

1. Mandatory Areas + 25 Contact Hours from a mixture of Categories
2. Mandatory Areas + retaking the NARM Written Examination

Continuing Education Categories

Category 1 (maximum-25 Contact Hours) MEAC, ACNM, BRN, ACOG, Lamaze International, and ICEA are examples of approved sources for Continuing Education Contact Hours.

Any class or course work that is granted accredited CEUs in a health profession relevant to women's health or midwifery.

Category 2 (maximum-10 Contact Hours)

Course work or classes in women's health and midwifery, or in related fields without accredited CEUs.

Category 3 (maximum-15 Contact Hours)

Documented research in the field of midwifery, women's health or related fields.

Category 4 (maximum-5 Contact Hours)

Document self study or life experience in the field of midwifery, women's health or related fields on the form provided. One contact hour equals one **contact hour**.

Category 5 (maximum-15, limit 5 Contact Hours per section)

Serving as a NARM QE, item writer, or a NARM subject matter expert, or participant in NARM's Accountability Processes

Category 6 (maximum-10 Contact Hours)

Filing MANA Statistics Forms

One Contact Hour for every ten MANA Statistics forms

NARM Policy on Recertification and Inactive Status

CPMs who wish to go on inactive status must:

- declare inactive status within 90 days of expiration date
- submit $35 each year to continue inactive status

Midwives who are listed as inactive:

- will receive CPM News and other NARM mailouts
- are bound to all policies regarding Peer Review and the Grievance Mechanism
- may NOT identify themselves as a CPM

Within the six year period of inactivity, the CPM may become recertified at any time by paying the $150 recertification fee, and submitting the Recertification Application and requirements for one recertification cycle (30 contact hours, including five hours of peer review) from any of the categories defined in the Recertification Application. After six years of inactive status, the certification status will automatically become expired.

The CPM's name will not be given to prospective clients. Inquiries about the status of a midwife will be answered that the CPM has been certified but is currently inactive.

Expired CPMs

A CPM will be considered expired:

- if she/he is more than 90 days past recertification deadline without declaring inactive status, or
- at the end of six years of inactive status.

Recertification after Expired Status

Should an expired CPM decide to reactivate certification she/he will be required to:

- attend five births
- order the Reactivation package ($50)
- submit evidence of 30 contact hours, including five hours of peer review as defined in the Reactivation packet
- meet reactivation requirements, including currency*, peer review, CPR, and CEUs
- submit Reactivation fee (includes exam)

*The births and the contact hours must have occurred within five years of reapplication.

To reactivate from an expired status, the midwife will be required to retake the NARM Written Examination. The NARM Written Examination will be scheduled after the application is received. The fee for reactivation, including the Written Examination, will be the current CPM application fee.

Fee Schedule

All fees ***must*** be submitted by certified check or money order; **personal or business checks will *not* be accepted.**

All fees are subject to change without notice.

Application Fee, printed form	$ 50
Application Fee, online downloadable form	$ 25
Portfolio Evaluation Fee	$ 700
Certification Fee	$ 700
Retake Fee (Written Examination)	$ 400
Retake Fee (Skills Assessment Examination)	$ 400
Rescheduling Fee (Written Examination)	$ 75
Rescheduling Fee (Skills Assessment Examination)	$ 75
Reprocessing Fee	$ 50
Handscore Fee	$ 50
Recertification Fee (before expiration)	$ 150
Recertification Fee (within 90 days after expiration)	$ 200
Inactive Fee (per year)	$ 35
Recertification from Expired Status	$ 400
Replacement Application	$ 25
Additional certificate and wallet card	$ 20
Additional certificate	$ 12
Additional wallet card	$ 12

Midwives who have previously passed the NARM Written Examination may subtract the fee paid for the examination from the certification fee. NARM Written Exams taken prior to 1995 will no longer be accepted for CPM Certification. Midwives choosing to recertify after expiration of their CPM must pay the current certification fee.

Study Suggestions for Candidates Preparing for the Written Examination

It is NARM's expectation that all midwives who have accrued the required levels of experience and who have diligently prepared will be able to pass the NARM Written Examination. We acknowledge that many factors affect a person's ability to pass a written examination, and that even very experienced midwives may experience test anxiety. We therefore offer these suggestions for preparing for the NARM Written Examination.

1. Allow time to prepare for the examination. Even experienced midwives will benefit from a review of the reference books. Reading and studying will help prepare the candidate to more effectively evaluate examination questions and answers.
2. Get a good night's sleep before the examination. You will not have an opportunity to eat before noon, so should nourish yourself before beginning.

3. If you experience "test anxiety," work on relaxation exercises while you study. Plan a schedule for study so you don't feel that you are cramming right before the test. Give yourself time to relax the day before. Remember that if you do not pass the examination on the first try, you may take it again at another time.
4. The NARM reference list (contained in the Candidate Information Bulletin) lists over twenty books for study. Read as many as you can. Strive for a good balance of the medical and midwifery sources. If you are limited on time and/or resources, read the ones that supplement your general knowledge rather than reinforce it. The NARM examination strives for a good balance of midwifery knowledge.
5. Utilize the information in your Candidate Information Bulletin, especially the test specifications, the reference list, the sample questions, and the Aids and Guides.
6. For those candidates whose first language is not English, it might be helpful to focus on activities that will enhance verbal skills and reading skills. Such activities might include attendance at midwifery association meetings, participation in study groups, and observation of local out-of-hospital midwives who provide prenatal care or teach childbirth classes.
7. As you are reading, try making 3x5 index cards with questions on each side and answers on the other. Use the cards to quiz yourself.

Test Specifications

The Test Specifications were developed from a recent Job Analysis which was based on the Midwives' Alliance of North America (MANA) Core Competencies. NARM strongly urges all candidates to thoroughly review both the Written and Skills Assessment test specifications and their associated reference lists to prepare for successful completion of the CPM Certification Examination process.

CPM Written Examination Matrix

Content Area	Total % of Exam/# of Items
I. Midwifery Counseling, Education and Communication	5% / 17
II. General Healthcare Skills	5% / 17
III. Maternal Health Assessment	10% / 35
IV. Prenatal	25% / 88
V. Labor, Birth and Immediate Postpartum	35% / 123
VI. Postpartum	15% / 54
VII. Well-Baby Care	5% / 16

Written Test Specifications

I. Midwifery Counseling, Education and Communication: (5% of Exam - 17 Examination Items)
   A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers
   B. Provides education, support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes
   C. Provides education and counseling based on maternal health/reproductive family history and on-going risk assessment
   D. Facilitates the mother's decision of where to give birth by exploring and explaining:
      1. the advantages and the risks of different birth sites
      2. the requirements of the birth site
      3. how to prepare, equip and supply the birth site
   E. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome
   F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
   G. Applies the principles of informed consent
   H. Applies the principles of client confidentiality
   I. Provides individualized care
   J. Advocates for the mother during pregnancy, birth and postpartum
   K. Provides culturally appropriate education, counseling and/or referral to other health care professionals, services, agencies for:
      1. genetic counseling for at-risk mothers
      2. abuse issues: including, emotional, physical and sexual
      3. prenatal testing and lab work
      4. diet, nutrition and supplements
      5. effects of smoking, drugs and alcohol use
      6. situations requiring an immediate call to the midwife
      7. sexually transmitted diseases and safe sex practices
      8. blood borne pathogens: HIV, Hepatitis B, Hepatitis C
      9. complications of pregnancy
      10. environmental risk factors
      11. newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
      12. postpartum care concerning complications and self-care
      13. contraception
      14. female reproductive anatomy and physiology
      15. monthly breast self examination techniques
      16. implications for the nursing mother
      17. the practice of Kegel exercises
      18. risks to fetal health, including
         a) TORCH viruses (toxoplasmosis, rubella, cytomegalovirus, herpes, other)
         b) environmental hazards
         c) teratogenic substances

II. General Healthcare Skills: (5% of Exam - 17 Examination Items)
   A. Demonstrates the application of Universal Precautions as they relate to midwifery
   B. Uses alternative healthcare practices (non-allopathic treatments) and modalities
      1. herbs
      2. hydrotherapy (baths, compresses, showers, etc.)
      3. visualization
   C. Refers to alternative healthcare practitioners for non-allopathic treatments
   D. Manages shock by:
      1. Recognition of shock, or impending shock
      2. Assessment of the cause of shock
      3. Treatment of shock
         a) Provide fluids orally

Written Test Specifications, continued

b) Position mother flat, legs elevated 12 inches
c) Administer oxygen
d) Keep mother warm, avoid overheating
e) Administer/use non-allopathic remedies
f) Encourage deep, calm, centered breathing
g) Activate emergency medical services
h) Prepare to transport

E. Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements including: (Prenatal Multi-Vitamin, Vitamin C, Vitamin E, Folic Acid, B-Complex, B-6, B-12, Iron, Calcium, Magnesium)

F. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
1. lidocaine
2. medical oxygen
3. methergine
4. prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin)
5. Pitocin®
6. RhoGam
7. Vitamin K
a) Oral
b) IM

G. Demonstrates knowledge of benefits/risks of ultrasounds
1. provides counseling
2. makes appropriate referrals

H. Demonstrates knowledge of benefits/risks of biophysical profile
1. provides counseling,
2. makes appropriate referrals.

I. Demonstrates knowledge of how and when to use instruments and equipment including:
1. Amni-hook® / Ammnicot®
2. bag and mask resuscitator
3. bulb syringe
4. Delee® (tube/mouth suction device)
5. hemostats
6. lancets
7. nitrazine paper
8. scissors (all kinds)
9. suturing equipment
10. urinary catheter
11. vacutainer/blood collection tube
12. multidose vial; single dose ampule

J. Evaluates laboratory and medical records
1. hematocrit/hemoglobin
2. blood sugar (glucose)
3. HIV
4. Hepatitis B and C
5. Rubella
6. Syphilis (VDRL or RPR)
7. Group B Strep
8. Gonorrhea Culture
9. Complete Blood Count
10. Blood type and Rh factors
11. Rh antibodies
12. Chlamydia
13. PAP smear

III. Maternal Health Assessment: (10% of Exam - 35 Examination Items)

A. Obtain and maintain records of health, reproductive and family medical history and possible implications to current pregnancy, including
1. personal information/demographics
2. personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman's evaluation of her health and nutrition
3. potential exposure to environmental toxins
4. medical condition
5. surgical history
6. reproductive history including:
a) menstrual history
b) gynecologic history
c) sexual history
d) childbearing history
e) contraceptive practice
f) history of sexually transmitted infections

Written Test Specifications, continued

g) history of behavior posing risk for sexually transmitted infection exposure
h) history of risk of exposure to blood borne pathogens
i) Rh type and plan of care if negative

7. family medical history
8. psychosocial history
9. history of abuse
10. mental health

B. Perform a physical examination, including assessment of:

1. general appearance/skin condition
2. baseline weight and height
3. vital signs
4. HEENT (Head, Eyes, Ears, Nose and Throat) including:
   a) hair and scalp
   b) eyes: pupils, whites, conjunctiva
   c) thyroid by palpation
   d) mouth, teeth, mucus membrane, and tongue
5. lymph glands of neck, chest and under arms
6. breasts
   a) evaluates mother's knowledge of self-breast examination techniques
   b) performs breast examination
7. torso, extremities for bruising, abrasions, moles, unusual growths
8. baseline reflexes
9. heart and lungs
10. abdomen by palpation and observation for scars
11. kidney pain (CVAT)
12. pelvic landmarks (internal)
13. pelvic measurements (internal)
14. cervix (by speculum exam)
    a) Papanicolaou (Pap) test results
    b) gynecological culture results
15. size of the uterus and ovaries (by bimanual exam)
16. condition of the vulva, vagina, cervix, perineum and anus
17. musculo-skeletal system
    a) joint pain
    b) muscular strength
    c) spine straightness and symmetry, posture
18. vascular system (edema, varicosities, thrombophlebitis)

IV. Prenatal: (25% of Exam - 88 Examination Items)

A. Assess results of routine prenatal physical exams including ongoing assessment of:

1. maternal psycho-social, emotional health and well-being
2. signs and symptoms of infection
3. maternal health by tracking variations and change in:
   a) blood pressure
   b) color of mucus membranes
   c) general reflexes
   d) elimination/urination patterns
   e) sleep patterns
   f) energy levels
4. nutritional patterns
5. hemoglobin/hematocrit
6. glucose levels
7. breast condition/implications for breastfeeding
8. vaginal discharge/odor
9. signs of abuse
10. urine for protein, glucose, ketones
11. fetal heart rate/tones auscultated with fetoscope or dopplar
12. vaginal discharge or odor
13. estimated due date based upon:
    a) last menstrual period
    b) last normal menstrual period
    c) length of cycles
    d) changes in mucus condition or ovulation history
    e) date of positive pregnancy test
    f) date of implantation bleeding
    g) quickening
    h) fundal height
    i) calendar date of conception/ unprotected intercourse
14. assessment of fetal growth and well-being
    a) auscultation of fetal heart

Written Test Specifications, continued

b) correlation of weeks gestation to fundal height
c) fetal activity and responsiveness to stimulation
d) fetal palpation

B. Records results of the examination in the prenatal records

C. Provides prenatal education, counseling, and recommendations for:
1. nutritional, and non-allopathic dietary supplement support
2. normal body changes in pregnancy
3. weight gain in pregnancy
4. common complaints of pregnancy:
a) sleep difficulties
b) nausea/vomiting
c) fatigue
d) inflammation of the sciatic nerve
e) breast tenderness
f) skin itchiness
g) vaginal yeast infections
h) symptoms of anemia
i) indigestion/heartburn
j) constipation
k) varicose veins
l) sexual changes
m) emotional changes
n) fluid retention
5. Physical preparation
a) preparation of the perineum
b) physical activities for labor preparation (e.g., movement and exercise)

D. Recognizes and responds to potential prenatal complications/variations by identifying/assessing:
1. antepartum bleeding
a) first trimester
b) second trimester
c) third trimester
2. identifying pregnancy-induced hypertension
3. assessing, educating and counseling for pregnancy-induced hypertension with:
a) nutritional/hydration assessment
b) administration of calcium/magnesium supplement
c) stress assessment and management
d) non-allopathic remedies
e) monitoring for signs and symptoms of increased severity
f) increased frequency of maternal assessment
g) hydrotherapy
4. identifying and consulting, collaborating or referring for:
a) pre-eclampsia
b) gestational diabetes
c) urinary tract infection
d) fetus small for gestational age
e) intrauterine growth retardation
f) thrombophlebitis
g) oligohydramnios
h) polyhydramnios
5. breech presentations
a) identifying breech presentation
b) turning breech presentation with:
(1) alternative positions (tilt board, exercises, etc.)
(2) referral for external version
(3) non-allopathic methods
c) management strategies for unexpected breech delivery
6. multiple gestation
a) Identifying multiple gestation
b) management strategies for unexpected multiple births
7. vaginal birth after cesarean (VBAC)
a) identifying VBACs by history and physical
b) indications/contraindications for out-of-hospital births
c) management strategies for VBAC
d) recognizes signs, symptoms of uterine rupture and knows emergency treatment
8. identifying and dealing with pre-term labor with:
a) referral

Written Test Specifications, continued

b) consultation and/or treatment including:
(1) increase of fluids
(2) non-allopathic remedies
(3) discussion of the mother's fears - emotional support
(4) consumption of an alcoholic beverage
(5) evaluation of urinary tract infection
(6) evaluation of other maternal infection
(7) bed rest
(8) pelvic rest (including no sexual intercourse)
(9) no breast stimulation (including nursing)

9. assessing and evaluating a post-date pregnancy by monitoring/assessing:
a) fetal movement, growth, and heart tone variability
b) estimated due date calculation
c) previous birth patterns
d) amniotic fluid volume
e) maternal tracking of fetal movement
f) consultation or referral for:
(1) ultrasound
(2) non-stress test
(3) biophysical profile

10. treating a post-date pregnancy by stimulating the onset of labor
a) sexual/nipple stimulation
b) assessment of emotional blockage and/or fears
c) stripping membranes
d) cervical massage
e) castor oil induction
f) non-allopathic therapies
g) physical activity

11. identifying and referring for:
a) tubal pregnancy
b) molar pregnancy
c) ectopic pregnancy
d) placental abruption
e) placenta previa

12. identifying premature rupture of membranes

13. managing premature rupture of membranes in a full-term pregnancy:
a) monitor fetal heart tones and movement
b) minimize internal vaginal examinations
c) reinforce appropriate hygiene techniques
d) monitor vital signs for signs of infection
e) encourage increased fluid intake
f) support nutritional/non-allopathic treatment
g) stimulate labor
h) consult for prolonged rupture of membranes

14. consult and refer for pre-term rupture of membranes

15. establishes and follows emergency contingency plans for mother/baby

V. Labor, Birth and Immediate Postpartum (35% of Exam - 123 Examination items)

A. Facilitates maternal relaxation and provides comfort measure throughout labor by administering/encouraging:
1. massage
2. hydrotherapy (compresses, baths, showers)
3. warmth for physical and emotional comfort (e.g., compresses, moist warm towels, heating pads, hot water bottles, friction heat)
4. communication in a calming tone of voice, using kind and encouraging words
5. the use of music
6. silence
7. continued mobility throughout labor
8. pain management :
a) differentiation between normal and abnormal pain
b) validation of the woman's experience/fears
c) counter-pressure on back
d) relaxation/breathing techniques
e) non-allopathic treatments

Written Test Specifications, continued

f) position changes

B. Evaluates/responds to during first stage:
   1. assess maternal/infant status based upon:
      a) vital signs
      b) food and fluid intake/output
      c) dipstick urinalysis
      d) status of membranes
      e) uterine contractions for frequency, duration and intensity with a basic intrapartum examination
      f) fetal heart tones
      g) fetal lie, presentation, position and descent with:
         (1) visual observation
         (2) abdominal palpation
         (3) vaginal examination
      h) effacement, dilation of cervix and station of the presenting part
      i) maternal dehydration and/or vomiting by administering:
         (1) fluids by mouth
         (2) ice chips
         (3) oral herbal/homeopathic remedies
   2. anterior/swollen lip by administering/ supporting
      a) position change
      b) light pressure or massage to cervical lip
      c) warm bath
      d) pushing the lip over the baby's head while the mother pushes
      e) deep breathing and relaxation between contractions
      f) non-allopathic treatments
   3. posterior, asynclitic position by encouraging and/or supporting:
      a) the mother's choice of position
      b) physical activities (pelvic rocking, stair climbing, walking, etc.)
      c) non-allopathic treatments
      d) rest or relaxation
      e) manual internal rotation ("dialing the phone")
   4. pendulous belly inhibiting descent by:
      a) positioning semi-reclining on back
      b) assisting the positioning of the uterus over the pelvis
      c) lithotomy position
   5. labor progress by providing:
      a) psychological support
      b) nutritional support
      c) non-allopathic treatments
      d) physical activity
      e) position change
      f) rest
      g) nipple stimulation

C. Demonstrates the ability to evaluate/support during second stage
   1. wait for the natural urge to push
   2. encourage aggressive pushing in emergency situations
   3. allow the mother to choose the birthing position
   4. recommend position change as needed
   5. perineal massage
   6. encourage the mother to touch the newborn during crowning
   7. assist in normal spontaneous vaginal birth with perineal support
   8. provide an appropriate atmosphere for the moment of emergence
   9. document labor and birth

D. Demonstrates the ability to recognize and respond to labor and birth complications such as:
   1. abnormal fetal heart tones and patterns by:
      a) increase oxygen
         (1) administer oxygen
         (2) encourage deep breathing
      b) change maternal position
      c) facilitate quick delivery if birth is imminent
      d) evaluate for consultation and referral
      e) evaluate for transport
   2. cord prolapse by
      a) change maternal position to knee-chest
      b) activate emergency medical services/ medical backup plan

Written Test Specifications, continued

c) apply counter-pressure to the presenting part
d) place cord back into vagina
e) keep the presenting cord warm, moist and protected
f) monitor FHT and cord for pulsation
g) increase the mother's oxygen supply
h) facilitate immediate delivery, if birth is imminent
i) prepare to resuscitate the newborn

3. variations in presentation
   a) breech
   b) nuchal hand/arm
      (1) apply counter pressure to hand/or arm and the perineum
      (2) sweep arm out
   c) nuchal cord
      (1) loop finger under the cord, and sliding it over head
      (2) loop finger under the cord, and sliding it over the shoulder
      (3) clamp cord in 2 places, cutting the cord between the 2 clamps
      (4) press baby's head into perineum and somersault the baby out
      (5) prepare to resuscitate the baby
   d) face and brow
      (1) prepare for imminent birth
      (2) prepare resuscitation equipment
      (3) prepare treatment for newborn bruising/swelling
      (4) administer arnica
      (5) position the mother in a squat
      (6) prepare for potential eye injury
   e) multiple birth and delivery
   f) shoulder dystocia
      (1) reposition shoulders to oblique diameter
      (2) reposition the mother to:
         (a) hands and knees (Gaskin maneuver)
         (b) exaggerated lithotomy (McRobert's position)
         (c) end of bed
      (3) flex shoulders of newborn, then corkscrew
      (4) extract the posterior arm
      (5) apply supra-pubic pressure
      (6) apply gentle traction while encouraging pushing
      (7) sweep arm across newborn's face
   4. vaginal birth after cesarean (VBAC)
   5. management of meconium stained fluids
      a) prepare to resuscitate the baby
      b) instruct the mother to stop pushing after delivery of head
      c) clear the airway with suction of mouth and nose
      d) prepare to resuscitate the baby
   6. management of maternal exhaustion by:
      a) nutritional support
      b) adequate hydration
      c) non-allopathic treatments
      d) evaluate the mother's psychological condition
      e) increase rest
      f) monitor vital signs
      g) monitor fetal well-being
      h) evaluate urine for ketones
      i) evaluate for consultation and/or referral

E. recognize/consult/transport for signs of
   1. uterine rupture
   2. uterine rupture
   3. amniotic fluid embolism
   4. stillbirth

F. assesses the condition of, and provides care for the newborn:
   1. keep baby warm
   2. make initial newborn assessment
   3. determine APGAR score at:
      a) 1 minute
      b) 5 minutes
      c) 10 minutes (as appropriate)
   4. keep baby and mother together
   5. monitor respiratory and cardiac function by assessing:
      a) symmetry of the chest

Written Test Specifications, continued

b) sound and rate of heart tones and respirations
c) nasal flaring
d) grunting
e) retractions
f) circumoral cyanosis
g) central cyanosis

6. stimulate newborn respiration:
a) rub up the baby's spine
b) encourage parental touch, and call newborn's name
c) flick or rub the soles of the baby's feet
d) keep baby warm
e) rub skin with blanket

7. responding to the need for newborn resuscitation:
a) administer mouth-to-mouth breaths
b) positive pressure ventilation for 15-30 seconds
c) administer oxygen
d) leave cord unclamped until placenta delivers

8. Recognize and consult or transport for apparent birth defects
9. Recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or refers as needed
10. Support family bonding
11. Clamping the cord after pulsing stops
12. Cutting the cord after clamping
13. Caring for the cord:
a) evaluating the cord stump
b) collecting a cord blood sample

14. administer eye prophylaxis
15. assess gestational age

G. assist in placental delivery and responds to blood loss:
1. remind mother of the onset of third stage of labor
2. determine signs of placental separation such as:
a) lengthening of cord
b) separation gush
c) rise in fundus
d) contractions
e) urge to push

3. facilitate the delivery of the placenta by:
a) breast feeding/nipple stimulation
b) change the mother's position
c) administer non-allopathic treatments
d) perform guarded cord traction

4. after delivery, assess the condition of the placenta
5. estimate blood loss
6. respond to a trickle bleed by:
a) assess origin
b) respond to uterine bleeding by:
(1) breastfeeding/nipple stimulation
(2) fundal massage
(3) assess fundal height and uterine size
(4) non-allopathic treatments
(5) express clots
(6) empty bladder
(7) assess vital signs

c) respond to vaginal tear and bleeding with:
(1) direct pressure on tear
(2) suturing
(3) assessment of blood color and volume

7. respond to postpartum hemorrhage with:
a) fundal massage
b) external bimanual compression
c) internal bimanual compression
d) manual removal of clots
e) administer medication
f) non-allopathic treatments
g) maternal focus on stopping the bleeding/ tightening the uterus
h) administer oxygen
i) treat for shock
j) consult and/or transfer
k) activate medical emergency backup plan
l) prepare to increase postpartum care

H. Assess general condition of mother:
1. assess for bladder distension
2. encourage urination for bladder distension

Written Test Specifications, continued

3. perform catheterization for bladder distension
4. assess lochia
5. assess the condition of vagina, cervix and perineum for:
   a) cystocele
   b) rectocele
   c) hematoma
   d) tears
   e) lacerations
   f) hemorrhoids
   g) bruising
6. repair the perineum:
   a) refer for repair
   b) administer a local anesthetic
   c) perform basic suturing of:
      (1) 1st degree tears
      (2) 2nd degree tears
      (3) labial tears
   d) provide alternate repair methods (non-suturing)
7. provide instruction for care and treatment of the perineum
8. facilitate breastfeeding by assisting and teaching about:
   a) colostrum
   b) positions for mother and baby
   c) skin-to-skin contact
   d) latching on
   e) maternal hydration
   f) maternal nutrition
   g) maternal rest
   h) feeding patterns
      (1) maternal comfort measures for engorgement
      (2) letdown reflex
      (3) milk expression

VI. The Postpartum Period: (15% of Exam - 54 Items)
   A. Completes the birth certificate
   B. Provides contraceptive/family planning education and counseling
   C. Performs postpartum reevaluation of mother and baby at:
      1. day-one to day-two
      2. day-three to day-four
      3. 1 to 2 weeks
      4. 6 to 8 weeks
   D. assess, and provides counseling and education as needed, for:
      1. postpartum-subjective history
      2. lochia vs. abnormal bleeding
      3. return of menses
      4. vital signs, digestion, elimination patterns
      5. breastfeeding, condition of breasts and nipples
      6. muscle prolapse of vagina and rectum (cystocele, rectocele)
      7. strength of pelvic floor
      8. condition of the uterus (size and involution), ovaries and cervix
      9. condition of the vulva, vagina, perineum and anus
   E. educates regarding adverse factors affecting breastfeeding
      1. environmental
      2. biological
      3. occupational
      4. pharmacological
   F. Facilitate psycho-social adjustment
   G. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:
      1. uterine infection
      2. urinary tract infection
      3. infection of vaginal tear or incision
      4. postpartum depression
      5. postpartum psychosis
      6. late postpartum bleeding/hemorrhage
      7. thrombophlebitis
   H. Assesses for, and treats jaundice by:
      1. encourage mother to breastfeed every 2 hours
      2. expose the front and back of newborn to sunlight through window glass
      3. assess newborn lethargy and hydration
      4. consult or refer
   I. Provide direction for care of circumcised penis

Written Test Specifications, continued

J. Provide direction for care of uncircumcised penis
K. Treat thrush on nipples
1. dry nipples after nursing
2. non-allopathic remedies
3. refer for allopathic treatments
L. Treat sore nipples with:
1. apply topical agents
2. expose to air
3. suggest alternate nursing positions
4. evaluate baby's sucking method
5. apply expressed milk
M. treat mastitis by:
1. provide immune system support including:
a) nutrition/hydration
b) non-allopathic remedies
c) encourage multiple nursing positions
d) apply herbal/non-allopathic compresses
e) apply warmth, soaking in tub or by shower
f) encourage adequate rest/relaxation
g) assess for signs and symptoms of infections
h) teach mother to empty breasts at each feeding
i) provide/teach gentle massage of sore spots
j) consult/refer to:
(1) La Leche League
(2) lactation counselor
(3) other healthcare providers

VII. Well-Baby Care: (5% of Exam - 16 Items
A. Provide well-baby care up to six weeks
B. Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
C. Assess the current health and appearance of baby including:
1. temperature
2. heart rate, rhythm and regularity
3. respirations
4. appropriate weight gain
5. length
6. measurement of circumference of head
7. neuro-muscular response
8. level of alertness
9. wake/sleep cycles
10. feeding patterns
11. urination and stool for frequency, quantity and color
12. appearance of skin
13. jaundice
14. condition of cord
D. instructs mother in care of:
1. diaper rash
2. cradle cap
E. Advises and facilitates treatment of thrush
F. Advises and facilitates treatment for colic
G. Recognizes signs/symptoms and differential diagnosis of:
1. infections
2. polycythemia
3. cardio-respiratory abnormalities
4. glucose disorders
5. hyperbilirubinemia
6. birth defects
7. failure to thrive
8. newborn hemorrhagic disease (early and late onset)
H. Provide information for referral for continued well-baby care
I. Support integration of baby into family
J. Perform or refer for newborn metabolic screening

Written Test Specifications, continued

Example of a Knowledge Question

The knowledge question requires a Candidate to answer the question solely by memory and involves the recall of definitions, facts, rules, sequences, procedures, principles, and generalizations.

Constipation can be treated with
(A) calcium, warm moist heat and exercise.
(B) accupressure wrist band, frequent small meals and protein-rich snacks.
(C) vitamin E, support stockings and elevated legs.
(D) increased water, exercise and natural sources of iron.

ANSWER = (D)

Example of an Application Question

The application questions involve the use of abstracts in concrete situations. The abstractions may be in the form of general ideas, procedures, or methods. They may also be in the form of technical principles, ideas, and theories that must be remembered or applied.

What do white spots on the infant's tongue and gums that can be easily removed indicate?
(A) Strep throat
(B) Milk residue
(C) Thrush
(D) Milk intolerance

ANSWER = (B)

Example of an Analysis Question

The analysis questions require a Candidate to break down information into its constituent parts. This may involve finding assumptions, distinguishing facts from opinion, discovering causal relationships, and finding fallacies in stories or arguments.

A mother who gave birth 2 weeks ago calls to report that this morning she awakened with a fever of 103°F, chills, a headache, and body aches. What is the MOST likely cause of these symptoms?
(A) Laceration infection
(B) Uterine infection
(C) Breast infection
(D) Respiratory infection

ANSWER = (C)

Written Examination Primary Reference List

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Coad, Jane, *Anatomy & Physiology for Midwives*, Mosby, 2001
Frye, Anne, *Healing Passage*, 5th edition. Labrys Press, 1995
Goer, Henci, *The Thinking Woman's Guide to Birth*, Penguin Putnam, 1999
Hall, Jennifer, *Midwifery Mind and Spirit*, Elsevier, 2001
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La Leche League, International. *The Breastfeeding Answer Book*. Mohrbacker and Stock, 1997.
Oxhorn and Foote, *Human Labor and Birth*, 5th edition. McGraw Hill, 1986.
Pritchard and McDonald, *William's Obstetrics*, 21th edition. Prentiss Hall, 2001
Renfrew, Fisher, Arms, *Bestfeeding: Getting Breastfeeding Right*. 2nd edition, Celestial Arts, 2000
Wickham, Sarah, *Midwifery, Best Practice*, Elsevier, 2003

Tabor's Cyclopedic Medical Dictionary is an excellent resource for terminology.

For testing purposes, when checking off *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201,* use the specific techniques as described in the *Practical Skills Guide for Midwifery* and the NARM *Candidate Information Bulletin (CIB).*

Skills Assessment Test Specifications

I. General Healthcare Skills
- A. Demonstrates aseptic technique
  1. Handwashing
  2. Gloving and ungloving
  3. sterile technique
- B. Demonstrates the use of instruments and equipment including:
  1. Blood pressure cuff
  2. Doppler or fetoscope
  3. Gestation calculation wheel/calendar
  4. Newborn and adult scale
  5. Stethoscope
  6. Tape measure
  7. Thermometer
  8. Urinalysis Strips
- C. Injection Skills
  1. Proper use of equipment
     a) Syringe
     b) Single dose vial
     c) Multi dose vial
     d) Sharps container
  2. Demonstration of skill
     a) Checking appearance, name, and expiration date
     b) Observation of sterile technique
     c) Drawing up fluids in the syringe
     d) Injection of fluids
     e) Disposal of needles
- D. Oxygen
  1. Proper set up of oxygen equipment
  2. use of cannula and face mask
  3. regulation of flow meter

II. Maternal Health Assessment
- A. Performs a general physical examination, including assessment of:
  1. Baseline weight and height
  2. Vital signs: blood pressure, pulse, and temperature
  3. Baseline reflexes
  4. Abdomen, spine, and skin
  5. Heart and lungs (auscultate)
  6. Breast Examination
  7. Kidney pain; Costovertable Angle Tenderness (CVAT)
  8. Deep tendon reflexes of the knee
  9. Extremities for edema

III. Prenatal
- A. Performs prenatal physical exam including assessment of:
  1. determination of due date by wheel or calendar
  2. vital signs: blood pressure, pulse, temperature
  3. respiratory assessment
  4. weight
  5. urine for:
     a) appearance: color, density, odor, clarity
     b) protein
     c) glucose
     d) ketones
     e) PH
     f) Leukocytes
     g) Nitrites
     h) Blood
  6. costrovertebral angle tenderness (CVAT)
  7. deep tendon reflexes (DTR) of the knee
  8. clonus
  9. fundal height
  10. fetal heart rate/tones ausculated with fetoscope or doppler
  11. fetal position, presentation, lie
  12. assessment of edema

IV. Labor, Birth and Immediate Postpartum
- A. performing a newborn examination by assessing:
  1. the head for:
     a) size/circumference
     b) molding
     c) hematoma
     d) caput
     e) sutures
     f) fontanels
     g) Measurement
  2. the eyes for:
     a) jaundice
     b) pupil condition
     c) tracking

Skills Assessment Test Specifications, continued

d) spacing
3. the ears for:
   a) positioning
   b) response to sound
   c) patency
   d) cartilage
4. the mouth for:
   a) appearance and feel of palate
   b) lip and mouth color
   c) tongue
   d) lip
   e) cleft
   f) signs of dehydration
5. the nose for:
   a) patency
   b) flaring nostrils
6. the neck for:
   a) enlarged glands; thyroid and lymph
   b) trachea placement
   c) soft tissue swelling
   d) unusual range of motion
7. the clavicle for:
   a) integrity
   b) symmetry
8. the chest for:
   a) symmetry
   b) nipples
   c) breast enlargement including discharge
   d) measurement (chest circumference)
   e) count heart rate
   f) monitor heartbeat for irregularities
   g) auscultate the lungs, front and back for:
      (1) breath sounds
      (2) equal bilateral expansion
9. the abdomen for:
   a) enlarged organs
   b) masses
   c) hernias
   d) bowel sounds
10. the groin for
   a) femoral pulses
   b) swollen glands
11. the genitalia for:
   a) appearance
   b) testicles for:
      (1) descent
      (2) rugae
      (3) herniation
   c) labia for:
      (1) patency
      (2) maturity of clitoris and labia
12. the rectum for:
   a) patency
   b) meconium
13. Abduct hips for dislocation
14. the legs for:
   a) symmetry of creases in the back of the legs
   b) equal length
   c) foot/ankle abnormality
15. the feet for:
   a) digits, number, webbing
   b) creases
   c) abnormalities
16. the arms for symmetry in:
   a) structure
   b) movement
17. the hands for:
   a) number of digits, webbing
   b) finger taper
   c) palm crease
   d) length of nails
18. the backside of baby for:
   a) symmetry of hips, range of motion
   b) condition of the spine:
   c) dimpling
   d) holes
   e) straightness
19. temperature: axillary, rectal
20. reflexes:
   a) flexion of extremities and muscle tone
   b) sucking
   c) moro
   d) babinski
   e) plantar/palmar
   f) stepping
   g) grasp
   h) rooting

Skills Assessment Test Specifications, continued

21. skin condition for:
    a) color
    b) lesions
    c) birthmarks
    d) milia
    e) vernix
    f) lanugo
    g) peeling
    h) rashes
    i) bruising
22. length of baby
23. weight of baby

V. Well-Baby Care
   A. Assesses the general health and appearance of baby including:
      1. temperature
      2. heart rate, rhythm and regularity
      3. respirations
      4. weight
      5. length
      6. measurement of circumference of head

Skills Assessment Reference Text

Weaver and Evans, *Practical Skills Guide for Midwifery*, Morningstar Publishing, Third Edition - 2001.

Example of an Assessed Skill

Obtaining a Clean Catch of Urine

QE Instructions:

QE Note: "Yes" means the Applicant performed each stated step. "No" means the Applicant did not perform step as stated.

QE Note: Please read the following **Verbal Instructions** to the Applicant.

Verbal Instructions:

The objective is to demonstrate the ability to give instructions for obtaining a clean catch of urine.

Equipment needed: Sterile urine container, at least 3 antiseptic towelettes, a pen, a lab slip.

Please demonstrate everything you know, verbalize what you are demonstrating and be very thorough.

		Performed	
	Procedure:	**Yes**	**No**
1	Labeled the specimen container	❑	❑
	Explained to the woman that she must:		
2	Part the labia	❑	❑
3	Wipe one side of the labia from front to back with a towelette, and discard	❑	❑
4	Wipe the other side of the labia from front to back with a towelette, and discard	❑	❑
5	Wipe the center from front to back with a third towelette, and discard	❑	❑
6	Continue to hold the labia apart while beginning to void	❑	❑
7	After voiding approximately one ounce, catch a sample in the specimen container and finish voiding	❑	❑
8	Filled out the requisition to order the appropriate test and packaged the specimen	❑	❑
9	Prepared the specimen appropriately for the lab	❑	❑

Number of tasks performed for this skill . . . . . _____

MANA Core Competencies

Guiding Principles of Practice

I. The midwife provides care according to the following principles:
   A. Midwives work in partnership with women and their chosen support community throughout the caregiving relationship.
   B. Midwives respect the dignity, rights and the ability of the women they serve to act responsibly throughout the caregiving relationship.
   C. Midwives work as autonomous practitioners, collaborating with other health and social service providers when necessary.
   D. Midwives understand that physical, emotional, psychosocial and spiritual factors synergistically comprise the health of individuals and affect the childbearing process.
   E. Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well-being of mothers and their developing babies as the foundation of caregiving.
   F. Midwives understand that the childbearing experience is primary a personal, social and community event.
   G. Midwives recognize that a woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
   H. Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well being.
   I. Midwives strive to ensure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous processes of pregnancy, labor and birth, utilizing medical intervention only as necessary.
   J. Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment and spiritual awareness as components of a competent decision making process.
   K. Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits.
   L. Midwives understand that the parameters of "normal" vary widely and recognize that each pregnancy and birth is unique.

General Knowledge and Skills

II. The midwife provides care incorporating certain concepts, skills and knowledge from a variety of health and social sciences, including but not limited to:
   A. Communication, counseling and teaching skills.
   B. Human anatomy and physiology relevant to childbearing
   C. Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitation of such standards
   D. Health and social resources in her community.
   E. Significance of and methods for documentation of care through the childbearing cycle.
   F. Informed decision making.
   G. The principles and appropriate application of clean and aseptic technique and universal precautions.
   H. Human sexuality, including indication of common problems and indications for counseling.
   I. Ethical considerations relevant to reproductive health.
   J. The grieving process.
   K. Knowledge of cultural variations.
   L. Knowledge of common medical terms.
   M. The ability to develop, implement and evaluate an individualized plan for midwifery care.
   N. Woman-centered care, including the

MANA Core Competencies, continued

relationship between the mother, infant and their larger support community.

O. Knowledge of various health care modalities as they apply to the childbearing cycle.

Care During Pregnancy

III. The midwife provides health care, support and information to women throughout pregnancy. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. Identification, evaluation and support of maternal and fetal well-being throughout the process of pregnancy.
B. Education and counseling for the childbearing cycle.
C. Pre-existing conditions in a woman's health history, which are likely to influence her well being when she becomes pregnant.
D. Nutritional requirements of pregnant women and methods of nutritional assessment and counseling.
E. Changes in emotional, psychosocial and sexual variations that may occur during pregnancy.
F. Environmental and occupational hazards for pregnant women.
G. Methods of diagnosing pregnancy.
H. Basic understanding of genetic factors, which may indicate the need for counseling, testing or referral.
I. Basic understanding of the growth and development of the unborn baby.
J. Indications for, risks and benefits of bio-technical screening methods and diagnostic tests used during pregnancy.
K. Anatomy, physiology and evaluation of the soft and bony structures of the pelvis.
L. Palpation skills for evaluation of the fetus and uterus.
M. The causes, assessment and treatment of the common discomforts of pregnancy.
N. Identification of, implications of and appropriate treatment for various infections, disease conditions and other problems which may affect pregnancy.
O. Special needs of the Rh- women.

Care During Labor, Birth and Immediately Thereafter

IV. The midwife provides health care, support and information to women throughout labor, birth and the hours immediately thereafter. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. The normal processes of labor and birth.
B. Parameters and methods for evaluating maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data.
C. Assessment of the birthing environment, assuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand.
D. Emotional responses and their impact during labor, birth and immediately thereafter.
E. Comfort and support measures during labor, birth and immediately thereafter.
F. Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor.
G. Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.
H. Fluid and nutritional requirements during labor, birth and immediately thereafter.
I. Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter.
J. Causes of, evaluation of and appropriate treatment for variations which occur during the course of labor, birth and immediately thereafter.
K. Emergency measures and transport procedures for critical problems arising during labor, birth or immediately thereafter.
L. Understanding of and appropriate support for the newborn's transition during the first

MANA Core Competencies, continued

minutes and hours following birth.

M. Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.

N. Evaluation and care of the perineum and surrounding tissues.

Postpartum Care

V. The midwife provides health care, support and information to women throughout the postpartum period. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes but is not limited to the following:

A. Anatomy and physiology of the mother during the postpartum period.

B. Lactation support and appropriate breast care including evaluation of, identification of and treatments for problems with nursing.

C. Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.

D. Causes of, evaluation of and treatment for maternal discomforts during the postpartum period.

E. Emotional, psychosocial and sexual variations during the postpartum period.

F. Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.

G. Causes of, evaluation of and treatments for problems arising during the postpartum period.

H. Support, information and referral for family planning methods as the individual woman desires.

Newborn Care

VI. The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. She determines the need for consultation of referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. Anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life.

B. Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.

C. Nutritional needs of the newborn.

D. Community standards and state laws regarding indications for, administration of and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period.

E. Causes of, assessment of, appropriate treatment and emergency measures for newborn problems and abnormalities.

Professional, Legal and Other Aspects

VII. The entry-level midwife assumes responsibility for practicing in accord with the principles outlined in this document. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. MANA's documents concerning the art and practice of Midwifery.

B. The purpose and goal of MANA and local (state or provincial) midwifery associations.

C. The principles of data collection as relevant to midwifery practice.

D. Laws governing the practice of midwifery in her local jurisdiction.

E. Various sites, styles and modes of practice within the larger midwifery community.

F. A basic understanding of maternal/child health care delivery systems in her local jurisdiction.

G. Awareness of the need for midwives to share their knowledge and experience.

MANA Core Competencies, continued

Well-Woman Care and Family Planning

VIII. Depending upon education and training, the entry-level midwife may provide family planning and well-woman care. The practicing midwife may also choose to meet the following core competencies with additional training. In either case, the midwife provides care, support and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

A. Understanding of the normal life cycle of women.
B. Evaluation of the woman's well -being including relevant historical data.
C. Causes of, evaluation of and treatments for problems associated with the female reproductive system and breasts.
D. Information on, provision of or referral for various methods of contraception.
E. Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

Guidelines for Informed Consent, by Suzanne Suarez, RN, BSN, JD

Midwives want their clients to make a well-informed choice between midwifery and medical maternity care. This effort toward educating clients is part of the far broader concept of informed consent.

Informed consent is a legal concept developed in our courts and applied to situations in which a provider, usually a physician, before performing a medical intervention, obtains the patient's consent after informing her of the possible side effects and/or drawbacks. Often a hospital nurse obtains the consent at the last possible moment before the intervention. Too often the patient does not understand but signs the form anyway. This practice has been linked with many lawsuits against physicians by patients who felt that their rights have not been protected.

For midwifery practice, informed consent is best thought of as an ongoing process whereby the client and the midwife become acquainted and establish a relationship of trust. Midwives and their clients usually have the comfort of time and many prenatal visits during which the midwifery model and the medical model of birth are explored, compared, and explained. Studies show that informed consent forms alone do not offer much protection when there has been little time spent communicating.

Part of the informed consent process is disclosure of the midwife's training, qualification, and philosophy of birth. The rights of the client as well as the client's responsibilities must be laid out clearly.

> NARM recommends that the rights and responsibilities of the client and the disclosure statement of the midwife be written, signed by the client and the midwife, and then enclosed in the client's permanent record.

Remember that an informed consent form signed by a midwife and client is often not sufficient to prove that a client was adequately informed, should a lawsuit later ensue.

The midwife should protect herself with good documentation at each visit, remembering to make notes in the chart that indicate things taught and agreements made with the client as well as any actions taken for the client along with any treatments or referrals. Each entry should begin with the date and time. Any refusal or non-performance of recommendations made by the midwife should be precisely written in the chart. In such a situation, NARM recommends quoting the client directly using quotation marks and having the client sign the entry. The midwife should initial each entry in the record, use a single line to fill blank spaces, and be sure to sign a full signature at the end of the last entry on each page. The midwife can feel comfortable in the informed consent process because it benefits the client as well as the midwife, and protects both by verifying the contents of the communication.

A well-written informed consent form may not satisfy the client's desire for information. To determine how much information to give a client, the midwife should take her cues from the client herself.

> Research on informed consent practices indicates that, if a provider answers all the client's questions to her satisfaction, the client is far less likely to feel that she was inadequately informed and far less likely to pursue legal remedies. For midwifery, this simply means that it is best to answer all of the client's questions.

Informed Consent Form

The NARM Certified Professional Midwife shall have on file a formal statement of informed consent for each client. An informed consent form should be written in language understandable to the client and there must be a place on the form for the client to attest that she understands the content by signing her full name. The informed consent form may be entitled "Informed Consent," "Informed Choice," "Informed Disclosure" or any similar title but should include, at a minimum, the following:

1. a description of the midwife's education and training in midwifery, continuing education, and Peer Review process;
2. the midwife's experience level in the field of midwifery;
3. the midwife's philosophy of practice;
4. antepartum, intrapartum and postpartum conditions requiring consultation, transfer of care and transport to a hospital (this would reflect the midwife's written practice guidelines) or availability of the midwife's written guidelines as a separate document, if desired and requested by the client;
5. a medical back-up or transfer plan;
6. the services provided to the client by the midwife;
7. the midwife's current legal status. *Completion of NARM Certification cannot be seen as legal protection because legality is determined by state or provincial law;*
8. explanation of treatments and procedures;
9. explanation of both the risks and expected benefits;
10. discussion of possible alternative procedures and treatments and their risks and benefits;
11. documentation of any initial refusal by the client of any procedure required by law and follow up teaching plan;
12. availability of a grievance process; and
13. client and midwife signatures and date of signing.

NARM Peer Review Process

Community Peer Review Process

Community Peer Review brings midwives in an area together on a regular basis to discuss their cases and learn from each other. It is an opportunity for cohesiveness within a community and can serve as a foundation when difficult situations arise. Sooner or later in every community there will be an issue that must be faced. Having ongoing Community Peer Review provides a stable environment for solving problems and lending support to one another.

Beyond community support lie the professional ethical concerns. Peer Review adds validity to the certification process and is required in many medical settings.

Citizens can know that their practitioner participates in Peer Review, and that, if a concern is raised, there is a platform for discussion and follow-up. Other health care practitioners can also know and recognize the professionalism involved in maintaining Community Peer Review.

If a formal complaint is filed against a Certified Professional Midwife (CPM, the first place the complaint will be addressed officially will be in local Peer Review. A formal complaint against an apprentice/CPM applicant may be addressed by a review committee of NARM Board members.

Establishing Community Peer Review is worthwhile preparation for future problem solving.

The suggested format for Community Peer Review is as follows. Decision making by consensus is strongly encouraged and supported by NARM.

Peer Review is as follows. Decision making by consensus is strongly encouraged and supported by NARM.

I. Community Peer Review is to be held quarterly. In cases of unusual hardship in meeting, it is suggested that meetings happen at least every six months, and that, in between meetings, the midwives involved make phone contact to discuss any difficult cases.
II. Students and assistants are included in Community Peer Review.
III. A midwife who also facilitates the meeting hosts Community Peer Review. This job rotates among those participating.
IV. Upon arrival, each midwife writes down for the facilitator the number of cases they have to bring to review and how much time they estimate they will need to present them.
V. At the opening of the meeting, the midwife facilitating is to review the basic guidelines for Community Peer Review as listed below.
    a. The information presented at Community Peer Review is confidential.
    b. The intention of peer review is not punitive or critical but supportive, educational, and community based. Positive feedback is encouraged, concerns should be raised respectfully and with the assumption that feedback is welcome.
    c. While a midwife presents a case, everyone remains quiet. Questions are asked after the midwife has finished.
    d. Recommendations for follow-up are made individually and/or by consensus, and the group offers support.

VI. Each midwife states the following to the best of her ability:
    a. Total number of clients currently in the midwife's care;
    b. The number of upcoming due dates;
    c. How many women in the practice are postpartum;
    d. The number of births done since the last Community Peer Review;

e. The number of cases the midwife has to present. The midwife must present all cases involving consultation, transfer of care, transport to the hospital, instances where the midwife is outside of practice guidelines (including in these the process of Informed Choice used), and cases where the midwife wishes more input from the community of midwives. It is helpful to the community if the midwife also discusses interesting cases or situations.
f. The midwife then presents each case. After each case, questions may be asked and suggestions given.

VII. When presenting a case, the following information should be available:
a. Gravidity and parity of client along with any significant medical or OB history or psychosocial concerns;
b. Relevant lab work and test results;
c. Significant information regarding pregnancy, birth and postpartum;
d. Consultations with other providers (midwives, MDs, DCs, NDs, DOs, etc.); and include the present care plan and how that may change with the ongoing situation.

VIII. After everyone has presented their cases and discussion has ended, the Community Peer Review group is encouraged to discuss professional educational objectives for the current recertification period.

IX. If a conflict arises between a client and a midwife, a local Community Peer Review may discuss the details with the midwife. NARM urges the use of NARM Complaint Review. Mediation may be utilized to reach an acceptable outcome. This is to be done on the most local level possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the CPM's certificate, a written complaint may be filed with the NARM Board. A written complaint to the NARM Board initiates the Grievance Mechanism, which begins with peer review at the most local level possible. Peer review in response to such a written complaint utilizes the NARM Complaint Review process. If prior to the written complaint to NARM, this complaint was addressed by a local peer review process and resolution was not reached, the written complaint to NARM initiates the Grievance Mechanism.

X. Some Community Peer Review groups have decided to include an agreement regarding consensus and binding recommendations. The Community Peer Review group may decide that the recommendation made for follow-up in instances of extreme concern need to be binding. If so, the recommendations must be reached by consensus and each participating midwife must agree to such binding decisions in the future. No recommendations are made that the other midwives would not themselves carry out.

NARM Accountability Processes for Addressing a Complaint Against a CPM

The North American Registry of Midwives (NARM) recognizes that each Certified Professional Midwife will practice according to her/his own conscience, practice guidelines and skills levels. Certified Professional Midwives shall not be prevented from providing individualized care.

When a midwife acts beyond Guidelines for Practice, the midwife must be prepared to give evidence of informed choice. The midwife must also be able to document the process that led the midwife to be able to show that the client was fully informed of the potential negative consequences, as well as the benefits of proceeding outside of practice guidelines.

NARM recognizes its responsibility to protect the integrity and the value of the certification process. This is accomplished through the availability of a grievance mechanism. Each Certified Professional Midwife or CPM applicant will have the opportunity to speak to any written complaints against them before any action is taken against their certificate (or application).

All NARM Certified Professional Midwives (CPMs) and CPM applicants are encouraged to attend peer review on the local level.

If a conflict arises between a client and a midwife, a community peer review may discuss the details with the midwife. Mediation may be utilized to reach an acceptable outcome. This is to be done on the most local level

possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the midwife's certificate, a written complaint must be filed. A CPM or CPM applicant who has been named in a written complaint to NARM is required to participate in NARM Complaint Review and/or Grievance Mechanism. Failure to participate in the accountability processes will result in revocation of the credential.

A CPM with inactive or expired status is bound by all policies regarding NARM Community Peer Review, Complaint Review, and Grievance Mechanism. Failure to respond to a complaint will result in revocation of the credential.

NARM accountability processes work to address concerns regarding competent midwifery practice. The NARM Board reserves the right to evaluate, in its sole discretion, the appropriate application of NARM's Complaint Review and Grievance Mechanism. Complaints received by the NARM Board that do not involve issues relating to competent midwifery practice will not be addressed through the Complaint Review or Grievance Mechanism that NARM has established.

A complaint against a CPM or CPM applicant may only be made by a client or a party with first hand knowledge of the cause for concern. A complaint will be addressed in Complaint Review only if the client whose course of care has prompted the complaint is willing to sign a records release. With a records release, her chart will be confidentially reviewed and discussed by the midwives participating in Complaint Review. Without permission to review a client's chart the complaint is closed.

When a complaint is made to local peer review against a CPM, NARM urges the use of the NARM Complaint Review. When a written complaint against a CPM or CPM applicant is received by NARM, the first step is Complaint Review. The outcome and recommendations which result from the NARM Complaint Review are sent to the NARM Accountability Director and a formal letter stating the outcome is issued to the midwife, complainant, and peer review chairperson. The NARM Accountability Committee may make additional recommendations to the midwife. A formal complaint against a CPM applicant may impact the progress of the application. NARM maintains record of the Complaint Review.

Peer review groups are as local as possible. If an issue becomes contentious within a local group, the peer review group may consist of midwives from a larger vicinity. A complaint against a CPM applicant may be heard by a review committee consisting of NARM Board members.

Recommendations resulting from NARM Complaint Review are not binding. However, the midwife named in the complaint may reach resolution with the complainant by addressing the concerns expressed in Complaint Review.

A second complaint against a CPM or applicant initiates the NARM Grievance Mechanism. A second complaint may result from another complainant regarding a different course of care, or from a complainant who does not agree that resolution was reached with the outcome of Complaint Review. The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the revocation of a CPM's credential, conditional suspension or denial of an application.

NARM will not begin the processes of Complaint Review or Grievance Mechanism with a CPM or applicant who is also facing regulatory investigation, or civil or criminal litigation. NARM will proceed with these processes only after such proceedings are concluded. With a complaint against a CPM, it is the responsibility of the complainant to notify NARM within 90 days of the conclusion of proceeding. With a complaint against a CPM applicant, it is the applicant's responsibility to notify NARM within 90 days after such proceedings are concluded.

A complaint may be made against a midwife whose CPM certification has been revoked. NARM cannot require a midwife who is not a CPM to participate in Peer Review or Grievance Review, but participation would be a requirement of re-application should the midwife attempt to re-activate her certification.

Complaints must be received within 18 months of the conclusion of care. The status of the CPM or CPM applicant at the time of occurrence is irrelevant. A complaint against a CPM applicant will usually include her preceptor. Notice of complaints received regarding a midwife whose CPM credential has been revoked will be placed in this person's file in Applications; the original complaint will be kept in Accountability. Should this person reapply for a CPM credential in the future, all fees must be paid prior to NARM continuing the process appropriate to the complaint. Applications will notify Accountability. The complainant will be notified and given the opportunity to pursue the original complaint. If the complainant cannot be located at that time with the information on file, the applicant may proceed with the application. The complaint may be reactivated by the complainant within one year of the CPM's new certification period.

NARM Complaint Review

When a written complaint against a CPM (or CPM applicant) is received by NARM, it is referred to NARM's Accountability Committee. The first step in reviewing the complaint is Complaint Review. If resolution is not reached through Complaint Review and the complainant wishes to take action against the CPM's credential, this must be initiated by a formal letter of complaint with NARM. Formal complaints are referred to NARM's Accountability Committee for due process within the Grievance Mechanism.

Complaints against a CPM applicant which are reviewed by a committee of NARM Board members may result in binding recommendations or additional application requirements. A complaint resulting in binding recommendations or additional application requirements may be appealed by the applicant but will not continue to the Grievance Mechanism, as there has already been an opportunity for binding recommendations to be issued. A second complaint against an applicant may not involve the same incident. However, a second complaint is addressed by a committee of NARM Board members through NARM's Grievance Mechanism.

The suggested format for Peer Review to address a complaint is as follows:

1. The Accountability Committee provides to the Complaint Review group copies of this process, the NARM Complaint Review Conclusion and Summary forms, the written complaint letter, and the midwife's chart and practice guidelines (which were supplied upon request by the midwife named in the complaint).
2. The members of the Complaint Review group read these documents, contacting NARM's Accountability Committee Chairperson with questions. Each member makes a list of questions and points of concern that they intend to address to the midwife during the Complaint Review session. A group discussion of these questions and areas of concern is held prior to the opening of the Complaint Review session. (During the Complaint Review session, the testimony and presentation of events may answer these questions and concerns, or they may be asked directly.)
3. The midwife and complainant are notified to schedule the Complaint Review session. If necessary, additional written or oral testimony is arranged for the scheduled session by the midwife and complainant.
4. The Complaint Review session is begun with the midwife, complainant, and review members present.
5. All parties agree to uphold confidentiality.
6. The agenda for the session is read.
7. The complaint is read aloud.
8. The complainant gives testimony, and any additional testimony on the complainant's behalf is given or read.
9. Reviewers may ask questions of the complainant and supporting testifiers.
10. The complainant and supporting testifiers are excused.
11. The midwife presents the case. Supporting testimony is given or read.
12. Reviewers may ask questions of the midwife and supporting testifiers.
13. The midwife is excused from proceedings.
14. Reviewers discuss the case. Recommendations and findings are made.
15. The outcome of the proceedings is given in writing to the midwife and complainant.

The Complaint Review group provides NARM with their findings and recommendations. In extreme circumstances, NARM may make additional recommendations or requirements to the midwife. Complaint Review Conclusion Forms are available in the Professional Accountability section on the NARM web page.

The Grievance Mechanism

1. Complaints must be filed within eighteen months of occurrence or conclusion of care.
2. All complaints shall be kept confidential.
3. A written complaint to the NARM Board initiates the Grievance Mechanism, which begins with peer review at the most local level possible. Peer review in response to such a written complaint utilizes the NARM Complaint Review process. If prior to the written complaint to NARM, this complaint was addressed by a local peer review process and resolution was not reached, the written complaint to NARM initiates the Grievance Mechanism. The NARM Board then refers the complaint to the Accountability Committee.
4. The Accountability Committee shall identify a local review committee made up of the midwife's peers (at least two (2) CPMs, one of whom will chair, and may include one consumer) at the appropriate local level. The NARM Grievance Mechanism may be a face to face meeting or conducted by teleconference, to be determined at the discretion of the NARM Accountability Committee. A complaint is against a CPM applicant may be reviewed by a committee of NARM Board members.
5. Upon receipt of a complaint, the Accountability Committee Chair will respond to the complainant with a letter stating that the complaint has been received and will ideally be heard in review committee within 90 days.
6. The CPM or applicant is notified of this pending action, and, within one week of notification, the CPM (or applicant and preceptor) must submit to the Accountability Committee a complete copy of the client chart and the CPM's own practice guidelines. The chart is then passed on to the local review committee chairperson.
7. The opposing sides are each invited to supply written or verbal testimony for the review. Written testimony must be sent from witnesses directly to the local committee chair. Copies of all written material are supplied to the local level chairperson for dissemination to 1) the CPM (or applicant and preceptor), and 2) review committee members, at least two weeks before the review. The local review committee chair is also responsible for coordinating the details of the review committee meeting time and location and will notify the involved parties at least 30 days in advance.
8. Complainant must respond within two weeks of being notified by the NARM Grievance Mechanism Chairperson with attempts to establish a date for the Grievance Mechanism session. If the complainant does not continue participation in the process, the complaint will be dropped and will not reflect on the CPM or applicant in question.

The Proceedings

I. All participants are required to sign a statement of confidentiality. If the session is via teleconference, this will be established prior to the call and reaffirmed verbally at the opening of the session.
II. The complaint shall be read aloud along with the agenda. The agenda will be drawn from a list of proceedings and the material to be presented.
III. Written testimony will be read and verbal testimony given by the complainant. The midwife may be present during this time.
IV. Complainant is excused form the proceedings.
V. The midwife in question will present the case. Then the CPM (or applicant) is excused.
VI. The review committee discusses the case, writes a synopsis, and makes recommendations to the Accountability Committee.

VII. The Accountability Committee derives appropriate action after the synopsis and recommendations are considered. NARM's intention in the Grievance Mechanism is to provide educational guidelines and support where appropriate. Punitive action is only taken when educational avenues have failed and further action is deemed necessary. Actions are limited to the following possibilities:
   a. Midwife is found to have acted appropriately and no action is taken against the CPM. If the review process has not resolved the dispute, concerned parties are urged to seek professional mediation.
   b. Midwife is required to study areas outlined by the Accountability Committee. The committee will involve the midwife in identifying areas needing further study. Upon completion of the assigned study, the midwife will submit a statement of completion to the Accountability Committee.
   c. Midwife is placed on probation and given didactic and/or skills development work to address the areas of concern. The midwife must find a mentor, approved by NARM, to follow the assigned studies and lend support in improving the areas of weakness. The mentor will report to the Accountability Committee regarding the progress and fulfillment of the probation requirements. While on probation, the midwife may be required to attend births with a more experienced midwife assisting.
   d. Midwife's certification is suspended, and the CPM is prohibited from practicing as a primary midwife for a period of time during which the CPM is mentored by another midwife and focuses on specified areas of study. The mentor midwife will report progress to the Accountability Committee. Upon completion of required study and/or experience, the CPM is reinstated. If a midwife on suspension is found to be in deliberate violation of suspension guidelines, this CPM risks certificate revocation.
   e. In the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest in which the certified midwife or applicant compromised the well being of a client or client's baby, or non- compliance with the Grievance Mechanism, this CPM's certificate must be revoked, or the CPM application must be denied. Midwives with revoked certificates may reapply for certification after two years. This application must include the full fee. Prior to recertification all outstanding complaints must be resolved, including the completion of previous Grievance Mechanism requirements. A midwife with a denied application may reapply after meeting all requirements resulting from the review process.
   f. If the case involves the abuse of a controlled substance, the certified midwife (or applicant) in question will be required to participate in a rehabilitation program in addition to the above possible outcomes. Proof of participation and release will be necessary for full certification reinstatement, or for an applicant to continue in the CPM application process.

VIII. The midwife in question is notified of findings and appropriate action taken.

IX. The complainant is notified of action taken regarding the midwife. If no action is taken, a compassionate approach is taken to honor the complainant's perspective.

Appeals Process

Appeals are handled directly by the Accountability Committee, all decisions are final.

Revocation of Certification

The NARM Certified Professional Midwife credential may be revoked for the following reasons:

- Falsification of Application information.
- Failure to participate in the Grievance Mechanism or to abide by the conditions set as a result of the Grievance Mechanism.
- Infractions of the Non-Disclosure policy, which threaten the security of the NARM Examinations.
- If the Grievance Mechanism determines that the CPM acted with dishonesty, did not use appropriate informed consent with the client, or that negligent or fraudulent actions compromised the well being of a client or client's baby, the CPM credential must be revoked. Midwives with revoked certificates may reapply for certification after two years. Prior to recertification all outstanding complaints must be resolved, including completion of previous Grievance Mechanism requirements. Grievance Mechanism Forms are available in the Professional Accountability section on the NARM web page.

Confidentiality

Confidentiality is an integral part of Peer Review and the Grievance Mechanism.

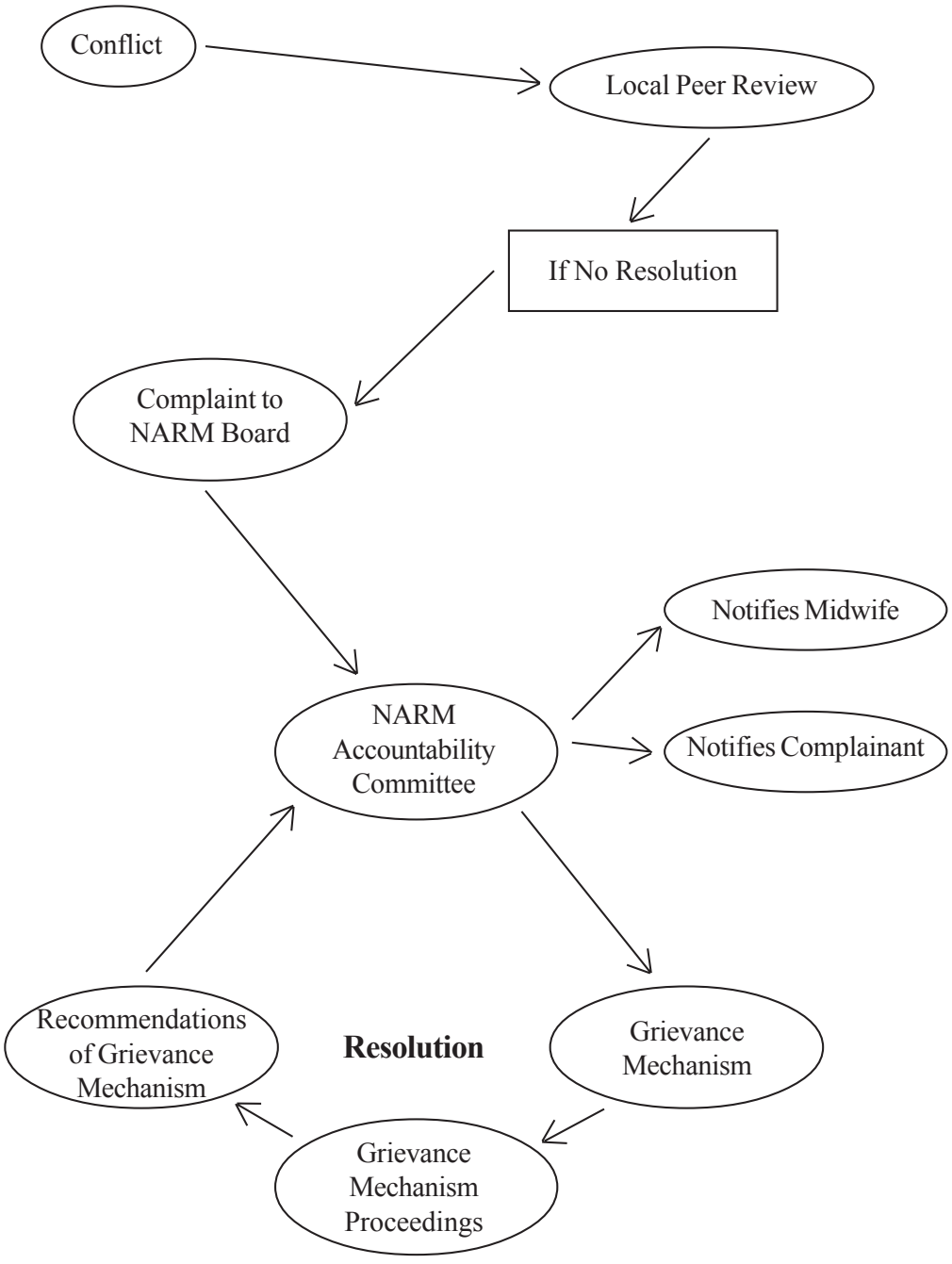
In the case of NARM's Peer Review for Handling a Complaint and the Grievance

Mechanism, participants sign confidentiality agreements at the onset of these proceedings.

If a CPM breaks the confidentiality of the NARM Accountability process, a formal review will consist of the following:

1. Written statements from at least 2 individuals who have first hand knowledge of the break of confidentiality. Statements must include the details which were revealed, the setting and date of the conversation.
2. NARM Director of Accountability will contact the peer review chairperson (or if the accusation is about that person, another participant in the session) and discuss the details that were revealed in the break of confidentiality. If the details are confirmed as part of the confidential proceedings, this will confirm the accusation.
3. NARM Director of Accountability will contact the person accused and inform her/him that this has been documented and that if another documentation is made in the future, the CPM in question will be put on probation for period of one year during which time she/he must meet requirements assigned by the Accountability Committee.

Grievance Mechanism Flow of Activity



CPM Practice Guidelines

All Certified Professional Midwives are required to have written Practice Guidelines. In the CPM Application, the candidate and her preceptor sign affidavits that the candidate maintains: practice guidelines, an informed consent document, forms and handouts relating to midwifery practice, and an emergency care plan. In the recertification application, the CPM again signs a statement verifying that she has written Practice Guidelines and utilizes Informed Consent in sharing these protocols with her clients. NARM does not require that these protocols be turned in with every application, but audits of applications and recertifications are conducted. Audits require candidates to send copies of their Practice Guidelines and other documents to the NARM Board to verify compliance with NARM's standards.

NARM recognizes that each midwife is an individual with specific practice protocols that reflect her own style and philosophy, level of experience, and legal status, and that practice guidelines may vary with each midwife. NARM does not set protocols for all CPMs to follow, but requires that they develop their own practice guidelines in written form.

Practice guidelines are a specific description of protocols that reflect the care given by a midwife. Protocol may contain absolutes, such as, "I will not accept as a client a mother who does not agree to give up smoking," or may list conditions under which a midwife will make this decision, such as: "I will accept a client who smokes only if she agrees to cut down on smoking, maintains an otherwise exceptional diet, and reads the literature on smoking which I will provide for her." (The example concerning smoking is given only as an example and is not meant to convey that smoking must be covered in a midwife's practice protocols.) Another example of a protocol could reflect action taken when a client completes 42 weeks gestation. The protocols could state that at 43.1 weeks, the client will be referred to a back-up physician for further care. Or they could read that at 43.1 weeks the client will be given information on the risks and benefits of continuing to wait for labor, and on options such as home induction or referral to a physician. It is Informed Consent that allows the mother and midwife to work together in developing a plan of care.

Practice guidelines are the specific protocols of practice followed by a midwife, and they should reflect the Midwives Model of Care. Standards, values, and ethics are more general than practice guidelines, and they reflect the philosophy of the midwife. Practice guidelines are based upon the standards, values and ethics held by the midwife. NARM recommends that the midwife base the practice guidelines on documents such as:

The MANA Standards and Qualifications for the Art and Practice of Midwifery;
The MANA Statement of Values and Ethics;
The MANA Core Competencies;
The Midwife Model of Care;
Standards for the Practice of Nurse-Midwifery;
Core Competencies for Basic Midwifery Practice;
Code of Ethics for Certified-Nurse Midwives;
Rules and regulations governing the practice of licensed midwifery in the midwife's state, if licensed.
MANA documents can be found at www.mana.org.
Certified Nurse-Midwife documents can be found at www.acnm.org.
The Midwives Model of Care can be found at www.cfmidwifery.org.

Appendix A

Equipment Needed for Skills Assessment

The following items are equipment which you may be asked to use during the Skills Assessment. Not all items are used in every Skills Assessment, but you will not know which skills you must demonstrate until you are being tested. You must be prepared to demonstrate the proper use of any of the items listed below. If your Skills Assessment is being performed at your QE's site rather than your own, you may ask your QE to provide any of the items marked with an asterisk (*). The QE is not obligated to provide any equipment, but may do so for convenience.

Your Application Admission letter and a **photo ID**, (driver's license, passport, picture credit card, etc.)

2 chairs and a desk or table*

A tray or table*

Paper towels or clean hand towel*

Hot and cold running water*

Soap or detergent*

Watch or clock with second hand

A sterile field

Waste receptacle*

Paper cup or other receptacle for urine*

Warm blanket or towel*

Adult scale*

Either a hanging or baby scale

Flashlight

Soft measuring tape (centimeter and inch)

Gestational wheel or calendar*

2 pairs of packaged sterile gloves or 4 single packaged sterile gloves, in your size

2 sterile packs with at least one instrument in each*

Fetoscope or Doppler and gel

Urine dipsticks in their original container which tests for: Protein, Glucose, Ketones, pH, Leukocytes, Nitrites, Blood

Tongue depressor

Reflex hammer* (optional)

Blood pressure cuff

Stethoscope

Glass oral and rectal thermometers* or

Digital thermometers and probe covers*

Several alcohol prep pads

All equipment for oxygen administration (demand valve mask optional)

Multidose vial ***and*** Single dose glass ampule (saline, H^2O or expired medications are acceptable for demonstration purposes)

3 ea. 3cc syringes with needle (any size)

6 ea. 2"x2" gauze pads

1 orange

1 Band-Aid

Sharps container*

Note: Talk with your QE. She may be able to provide some of the starred (*) items. **Do Not** use any equipment other than your own, i.e., blood pressure cuff, etc., equipment with which you are not familiar.

During the Skills Assessment you are required to:

Give your full attention (no distractions, i.e., telephones, beepers, children, etc.)

Provide a clean, warm, well-lit environment (if at your facility or home)

Glossary

As used in this process, the following terms shall have the meaning given to them except where the context clearly states otherwise.

Academic exam: North American Registry of Midwives Written Examination

Accountability: In the context of Certification, accountability gives validity to the certification process. Accountability includes issues of continuing education, a grievance mechanism, peer review and informed consent.

ACNM: American College of Nurse Midwives

Active participant: Actively involved in the birth through coaching, charting, assisting, comforting, etc.

AMCB: American Midwifery Certification Board (formerly the ACC)

Arbitration: The hearing and settling of the dispute between parties by a third party who is agreed upon by both (all) disputing parties

Assistant: Applicant or midwife attending both the mother and primary midwife without being in the primary role or having equal responsibility

Binding arbitration: A type of arbitration prior to which all disputing parties agree to follow the outcome

Birth Center: A facility, institution, or place—not normally used as a residence—which is not an ambulatory surgical center or a hospital or in a hospital, in which births are planned to occur in a home-like setting.

CAAC: Certification and Accreditation Advisory Council

Certification: NARM Certification herein defined unless otherwise specified

Certified Nurse Midwife (CNM): A midwife, who educated in both nursing and midwifery and having met the certification requirements, is certified by the AMCB as a CNM.

Certified Midwife (CM): A midwife who, having met the certification requirements, is certified by the AMCB.

Certified Professional Midwife (CPM): A midwife who, having met the certification requirements, is certified by NARM as a CPM.

Confidentiality: Keeping private the information given

Continuing education: Keeping up with new developments in the field of midwifery, upgrading skills, acquiring new information, and reviewing skills and knowledge

Continuity of care: Care provided throughout prenatal, intrapartum and postpartum periods

Co-Primary: Each midwife bears equal responsibility for the actions, inactions and collective decisions of her co-primary and herself.

Core Competencies: Midwives Alliance of North America Core Competencies

Eligibility: Process by which one may seek and obtain certification based upon personal, program, organization, state or foreign qualifications

Fetal/Neonatal Death: A death from 20 weeks intra-uterine gestational age to 28 days old

Grand Midwife: A midwife who has been in practice before 1965

Glossary, continued

Grievance process: The process used by the NARM Accountability Committee to handle formal complaints about a midwife

Informed Consent: Process of information passing from midwife to client regarding risks and responsibilities of choices made together

Initial Exam: The first physical examination, including medical, family, obstetrical history, and prenatal examination with a pregnant woman

MANA: Midwives Alliance of North America

MEAC: Midwifery Education Accreditation Council

Mediation: Process utilizing a third agreed upon party to bring about agreement or reconciliation among disputing parties

Mentor: See Preceptor

Midwife: One who attends a woman in childbirth

NARM: North American Registry of Midwives

Newborn Exam: A complete and thorough exam of the infant within 24 hours of birth

Out-of-hospital Birth: A planned birth in a home, freestanding birth center, or other location independent of a hospital

Peer Review: Process utilized by midwives to confidentially discuss client cases in a professional forum. It includes support, feedback, follow-up, and learning objectives.

Postpartum Exam: A complete and thorough exam of the mother and baby following the birth

Practice Guidelines: Predetermined by the midwife, these are the guidelines by which situations that arise in client care are dealt with. Guidelines may come from a licensure, certification or legal source. Each midwife decides on her own personal guidelines.

Preceptor: A primary midwife who is responsible for the birth and is physically present in the same room while supervising the applicant

Prenatal Exam: A complete and thorough routine examination, counseling, and education of the pregnant woman prior to birth

Primary Midwife/Care Provider: One who has full responsibility for provision of all aspects of midwifery care (prenatal, intrapartum, postpartum and newborn) without the need for supervisory personnel

Primary under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided.

Protocols: See Practice Guidelines

Qualified Evaluator: A NARM Qualified Evaluator (QE) is an experienced Certified Professional Midwife (CPM) who has been trained and currently qualifies to administer the NARM Skills Assessment.

Glossary, continued

Security Guidelines: Standards that insure quality proctorship and confidentiality at test sites.

Special Circumstances Applicant: An individual with special or non-conventional training, experience and needs.

Special Circumstances Committee: The Special Circumstances Committee evaluates alternative ways of documenting that the applicant has indeed met the requirements for certification.

Standards and Qualifications: MANA Standards and Qualifications for the Art and Practice of Midwifery

Standards of Practice: See Practice Guidelines

State Licensed/ Certified/ Registered: A midwife who has been licensed/certified/registered by the appropriate state governing body

Supervisor: See Preceptor

Witness: Anyone other than the applicant present at a birth

Personal Notes

Keep a record here of progress notes through the application process, such as when application information is received, test dates and locations, when and where to send fees, and any other information pertinent to documentation of education, experience, licensure, or certification.

Directory

NARM Inquiries
5257 Rosestone Dr.
Lilburn, GA 30047
info@narm.org
www.narm.org
888-842-4784 (E)

NARM Applications
PO Box 420
Summertown, TN 38483
applications@narm.org

Midwives Alliance of North America (MANA) Information
611 Pennsylvania Ave, SE #1700
Washington, DC 20003-4303
888-923-MANA (888-923-6262) (C)
info@mana.org
www.mana.org

Practical Skills Guide for Midwifery (PSGM)
Morningstar Publishing Co.
PO Box 671427
Chugiak, AK 99567
www.morningstarpub.com
888-609-7746 (AK)

Midwifery Education and Accreditation Council (MEAC)
For information about MEAC Accredited midwifery programs

info@meacschools.org
www.meacschools.org
928-214-0997 (M)

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WEST VIRGINIA LEGISLATIVE AUDITOR
PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314, State Capitol Complex, Charleston, West Virginia 25305

telephone: 1-304-347-4890 | www.legis.state.wv.us /Joint/PERD/perd.cfm | fax: 1- 304-347-4939