

# **North American Registry of Midwives**

## **2001 Annual Report**

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# Contents

# 2001

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NARM 2001 Annual Report

Board and Committee Chairs 4

Reports 5-18

Appendix 19-28

Job Descriptions 19-23

APHA Resolution 24-28

# Board Members

# 2001

## **NARM Board of Directors**

**Ruth Walsh, MA, CPM**  
*Chairperson*

**Carol Nelson, LM, CPM**  
*Treasurer*

**Debbie Pulley, CPM**  
*Secretary and  
Director of Public Education & Advocacy*

**Shannon Anton, LM, CPM**  
*Director of Accountability*

**Ida Darragh, LM, CPM**  
*Director of Testing*

**Robbie Davis-Floyd, Ph.D.**  
*Consumer Member*

**Sharon K. Evans, CDM, CPM**  
*Director of Applications*

**Joanne Gottschall, ASN, RN, CPM**  
*Reviews*

**Madrona Bourdeau, LDEM, CPM**  
*Policy & Procedure*



# Reports 2001

## **NARM Executive Summary**

*Ruth Walsh, CPM, Chairperson*

2001 was very good year for NARM and the birthing community. After years of negotiation and education, the American Public Health Association passed a resolution calling for better access to out of hospital pregnancy care through the use of nationally certified and state licensed direct entry midwives. Treasurer, Carol Nelson, and former Certification Coordinator, Sharon Wells, strategized and implemented the effort that culminated in this endorsement by APHA of out of hospital births with direct entry midwives.

In addition to this accomplishment, Test Administrator, Ida Darragh, reports that the first Certified Professional Midwife job analysis survey was sent to six hundred CPMs. Three hundred and sixty completed surveys were returned. The analysis of the data will appear in 2002. Congratulations to all those who worked hard on completion of these two major projects.

Treasurer, Carol Nelson, reports a sound fiscal year for NARM. Test sales to state midwifery licensing agencies and CPM certification fees provided the primary source of income. NARM is currently in the position to set aside funds for future certification projects.

Testing Administrator, Ida Darragh, reports that fifty two skills exams and one hundred and fifty written exams were administered in 2001. Of the written exams, eighty two were CPM candidates and sixty eight were state licensing candidates. Of the CPM candidates, forty two were PEP educated and thirty six were MEAC school graduates.

Sharon Evans of the Applications Department reports that one hundred midwives were granted CPM status in 2001. One hundred and forty eight CPMs recertified as well. One out of five midwives were audited in the newly implemented auditing process.

# Reports 2001

Debbie Pulley, secretary, reports that there are CPMs living in forty six states.

Another index of our growing professionalism is the activity of the Accountability Committee. Shannon Anton, Accountability Coordinator, reports that two complaints against midwives were processed in 2001.

All in all, 2001 was a very good year for NARM, and there is every indication that the progress will continue into the future.



# Reports 2001

## NARM Income and Expenses, 2001

*Carol Nelson, CPM, Treasurer*

### Income

|                                |                     |
|--------------------------------|---------------------|
| Applications . . . . .         | 116,157.00          |
| Test Sales . . . . .           | <u>41,653.00</u>    |
| <b>Total Income: . . . . .</b> | <b>\$157,810.00</b> |

### Expenses

|                                  |                  |
|----------------------------------|------------------|
| Bank Charges . . . . .           | 338.00           |
| Conference Fees . . . . .        | 9,280.00         |
| Consultants/contract labor . . . | 25,068.00        |
| Copies . . . . .                 | 479.00           |
| Dues and memberships . . . . .   | 1,090.00         |
| Future Project Fund . . . . .    | 20,000.00        |
| Insurance . . . . .              | 2,911.00         |
| Legal Fees . . . . .             | 2,510.00         |
| Loans . . . . .                  | 12,200.00        |
| Office Expenses . . . . .        | 5,935.00         |
| Postage . . . . .                | 6,320.00         |
| Printing . . . . .               | 5,933.00         |
| Returns . . . . .                | 1,150.00         |
| Supplies . . . . .               | 2,918.00         |
| Telephone . . . . .              | 9,046.00         |
| <i>Testing Expenses</i>          |                  |
| Testing Company . . . . .        | 28,650.00        |
| Proctors . . . . .               | 1,050.00         |
| QEs . . . . .                    | <u>2,350.00</u>  |
| <b>Total testing expense . .</b> | <b>32,050.00</b> |

|                                   |                     |
|-----------------------------------|---------------------|
| Travel/Hotel/Food . . . . .       | 13,831.00           |
| End of the year Balance . . . . . | 6751.00             |
| <b>Total Expenses . . . . .</b>   | <b>\$157,810.00</b> |

The year of 2001 was a good year for NARM from a fiscal standpoint. It is one of the first years we have ended with money in the bank and all expenses paid. The certification process has taken a lot of financial resources.

NARM's main sources of income are from Test Sales and Applications. Applications includes, requests for applications, certifications, and recertifications. Occasionally we receive grants for specific projects such as last year's Job Analysis.

# Reports 2001

As the treasurer for NARM, I believe a balanced budget is the only fiscally responsible way to run our organization. We need to not only be balanced, but we must think ahead to projects of the future and be saving money for those projects. Another Job Analysis in five years is one such project. Remaining state-of-the-art in testing this is essential.

We are looking forward to NARM's continued growth and a balanced budget in 2002. With the growth of our certification process and more Certified Professional Midwives each year, we feel honored to be doing our part to move midwifery forward and to promote the Midwives Model of Care.





# Reports 2001

## Accountability

*Shannon Anton, LM, CPM,  
Accountability Chairperson*

NARM Accountability Committee follows Peer Review and Grievance Mechanism policies and addresses complaints against CPMs. Legal advice is sought when appropriate. NARM Board receives regular updates regarding the activities of the Accountability Committee. Since the beginning of the CPM credential in 1995, this committee has received seven formal (written) complaints.

Responding to constructive suggestions made by peer review groups, this committee has created additional forms for NARM's Peer Review and Grievance Mechanism. These forms are intended to aid peer review groups in reviewing complaints and seem to be working well within the processes.

Following is a complete history of complaints received by NARM Accountability Committee and the outcomes of the respective Peer Review or Grievance Mechanism.

### 2001—Arizona complaint

Handled by an established State of Arizona Peer Review process; *Outcome*: No fault was found with midwife. Complainant was not satisfied and filed a second complaint which initiated NARM's Grievance Mechanism. Grievance Mechanism organized by New Mexico Peer Review chairperson. Review done by teleconference. *Outcome of Grievance Mechanism*: No fault was found with midwife. Several recommendations for improving practice were made to midwife, and midwife met these recommendations immediately.

### 2001—Pennsylvania complaint

Handled by an established Pennsylvania Peer Review Group using NARM's Peer Review guidelines. *Outcome*: 12 recommendations for improving her practice made to midwife.

# Reports

# 2001

## **2000—Indiana complaint**

Handled by Indiana Peer Review group using NARM’s Peer Review process. *Outcome:* 5 recommendations for improving her practice made to midwife.

## **2000—Michigan complaint**

Third complaint against a CPM, received shortly after her CPM was revoked for noncompliance with Grievance Mechanism. *This complaint must be reviewed before midwife may reapply for CPM.*

## **1999—Michigan complaint**

Second complaint against a CPM. NARM Board used Grievance Mechanism during a teleconference to review complaint. *Outcome:* 6 requirements were made for improving midwife’s practice. Midwife did not comply with stated requirements, resulting in revocation of her CPM credential.

## **1999—Michigan complaint**

Handled by an established Michigan Peer Review process. *Outcome:* Suggestions and comments were made regarding midwife’s care.

## **1997—Missouri complaint**

Handled by established Missouri Peer Review process. *Outcome:* No fault was found with midwife’s care.

In October a new continuing education policy was approved by the NARM Board. Beginning in 2001, participants in NARM’s Accountability Processes in response to complaints will be granted five Continuing Education Contact Hours under Category 5 of NARM’s Continuing Education policy for CPM recertification.



# Reports 2001

## Test Department

*Ida Darragh, LM, CPM,  
Director of Testing*

The NARM Test Department has been busy this year scheduling candidates for the Skills Assessments and for the NARM Written Examinations. 52 candidates have taken the Skills Assessment this year and 150 have taken the NARM Written Examination. Of the 150 exam candidates, 82 took the exam as part of the CPM certification process and 68 took the exam as part of their state licensure process. Of the 82 NARM candidates, 46 documented their education through the Portfolio Evaluation Process and 36 were graduates of MEAC-accredited midwifery programs. We are currently using Form G of the NARM Written Examination, which has been in use since August of 2000.

One of our big projects this year was the 2001 Job Analysis. This project was begun in November of 2000 with the meeting of the Job Analysis team prior to the MANA conference in Clearwater, Florida. This group of Subject Matter Experts (SMEs)

worked under the supervision of Herb Bawden of Personnel Research Center to create the 2001 survey. Using items from the current job analysis, items culled from previous analyses, and recommendations from practicing midwives, the team created a comprehensive list of tasks to survey. In June, a trial printing of 30 surveys was sent to a cross section of midwives to review for clarity and typographical errors. Corrections were made, and a final printing was done in August. The 30-page survey was sent to all 660 midwives in the CPM database as of August 2001. There were approximately 25 surveys that were returned due to lack of a forwarding address. Reminder postcards were sent following the return deadline, and another 25 were returned for lack of a current address. Several CPMs called to say they had not received the original survey, so replacements were sent until the supply was exhausted. It is estimated that 600 surveys actually reached the CPMs. Three hundred sixty surveys were returned and are currently undergoing a formal analysis. The 2001 Job Analysis will be the first to survey only current CPMs. The

# Reports 2001

earlier task analyses were done before the NARM certification process was fully developed.

In many health fields, a Job Analysis done every five years reflects changes in the core tasks of a job due to technological advances in the field. Many in midwifery expect that our tasks will not change much because they are not so dependant on technological advances. It will be curious to see if our tasks change as a result of a more clearly defined group of respondents. The results of the 2001 Job Analysis should be available in early 2002 and will be announced in the following *CPM News*.

Plans within the NARM Test Department for 2002 include the completion of the Job Analysis and subsequent changes to the test specifications, the development of Form H of the NARM Written Examination (for use in 2003), and workshops to train Qualified Evaluators and Item Writers at the MANA Conference in Boston in October.



# Reports 2001

## Applications

*Sharon K. Evans, CDM, CPM,  
Director of Applications*

### Applicants

**154** applications were sent out in 2001. The Applications Department brought in a total of \$110,967.00 in 2001. There were **90** applicants in the Applicant Table by December 31, 2001, all in various phases of the certification process. The Applications Department processed **90** *new* applications in 2001. Those in the Applicant Table by December 31, 2001 were as follows:

|   |           |
|---|-----------|
| In the initial application process: . . . . .                                       | <b>13</b> |
| In various phases of testing: . . . . .   | <b>60</b> |
| Certificates issued (waiting on specific items, i.e., audit items, etc.): . . . . . | <b>7</b>  |
| Ready for certificates (waiting on items from Manitoba): . . . . .                  | <b>8</b>  |
| Ready for certificates: . . . . .   | <b>2</b>  |

## Delinquent Applications

Early in 2001, the Applications Department sent out a Delinquent Applications letter to all applicants. At this time four applicants have either not responded or have not completed their application requirements within the allotted timeframe. The Delinquent Applications letter states in part:

*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.***

# Reports 2001

## Delinquent Timeline

| 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   |

An applicant must complete all required work within the timetable listed above, 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 assessed. 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.***

This policy was established by the NARM Board in year 2000 and officially implemented in the year 2001.

# Reports

# 2001

## Incomplete Applications

The Checklist for Entry-Level Midwife Form 110 specifically states the following:

- ✓ Important: Send all application materials in one package; incomplete applications will be returned.

The Applications Department will be returning any application that is not complete. In the past rather than send the application back, we have accepted the fees and worked with the applicant, sometimes creating a very long process for the Applications Department.

Due to the large volume of applications being processed, incomplete applications will be returned with the missing items highlighted. All items, including the cashier's check or money order will be returned. Once the application is complete, the fee will be accepted and an application ID number will be issued. At that point the person applying will be considered an applicant.

## Application Audits

The Application Audit process has been successfully launched, with one (1) out of every five (5) applicants being audited. The applicants who have so far received audit letters have been in full compliance with the audit requirements. All audit requirements are based upon the Affirmation of Honest Intent of Representation, which is in the General Information Form 100 and Document Verification Form 205B or 310, attesting to the development and utilization of:

- Practice guidelines
- An informed consent document
- Forms and handouts relating to midwifery practice
- An emergency care plan

# Reports 2001

## Preceptors

Preceptor requirements are listed in the Candidate Information Bulletin. All preceptors must affirm that they are either:

- 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 who has practiced as a primary attendant without supervision for a minimum of **three (3) years and fifty (50) out-of-hospital births.**

Preceptors must affirm that they were physically present in the same room in a supervisory capacity during each experience the applicant acted as a *primary midwife under supervision*. All preceptors sign and notarize Verification of Birth Experience Form 114 and Preceptor Verification of Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Form 202.

A new Preceptor Table has been added to the NARM database. Each preceptor is given an ID number which is cross-referenced to the applicant

in the Applicant Table. Preceptors in this table will be sent a form letter which will request the following information:

- Total years in practice
- Approximate number of births done as primary midwife
- Demographic data
- Clinical site of practice (home, hospital, free-standing birth center or combination thereof)

The purpose of obtaining this information is to further validate the PEP process and the apprenticeship model of education for midwives as a viable route of entry into the profession.

## CPMs and Recertification

There are **722 CPMs** in the CPM Table. **100** new CPM certificates were issued in 2001.

Each year the recertification requests have naturally increased, adding to the workload of the Applications Department. **148** recertification requests were received in 2001. As predicted in the July issue of the CPM Newsletter, the increasing



# Reports

# 2001

recertification demands finally required the creation of the Certification Department. The Applications Department now sends the names of new and re-certifying CPMs to Tina Williams for issuance. The process is still overseen by the Applications Department, with Tina also maintaining the address changes, etc., in the CPM Table.

Recertification reminders and CPM Audit letters are generated through the Applications Department. The CPM audits have continued smoothly, with approximately 2% of the CPMs being audited on a monthly basis, with wonderful cooperation and grace from the CPMs. We appreciate the cooperation received as the audit requests continue.

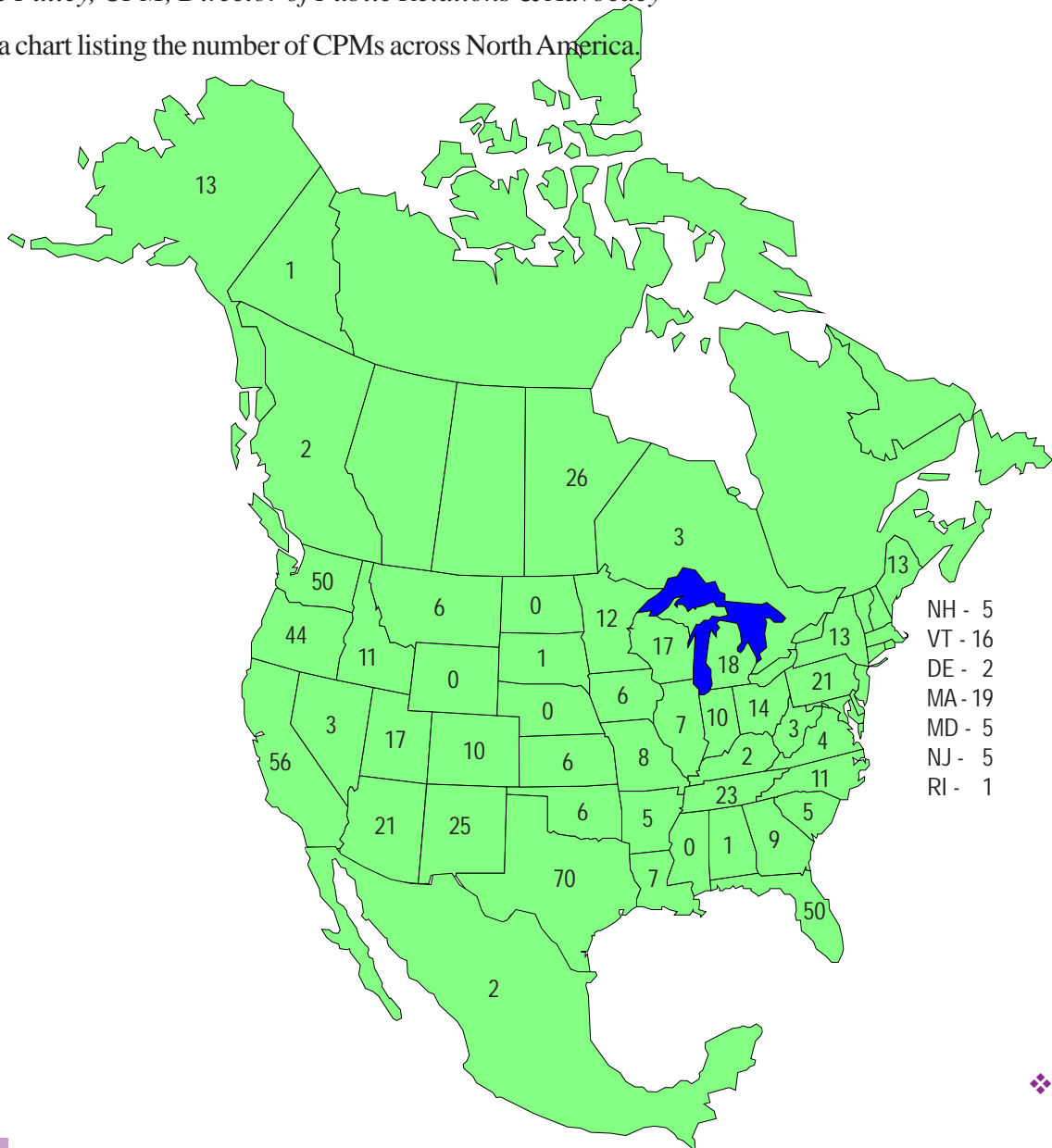


# Reports 2001

## Public Education & Advocacy

*Debbie Pulley, CPM, Director of Public Relations & Advocacy*

Following is a chart listing the number of CPMs across North America.



# Appendix 2001

## Job Descriptions

### Chairperson

*Ruth Walsh, MA, CPM*

- Facilitates weekly board meeting call.
- Facilitates twice yearly board meetings.
- Maintains contracts with State licensing agencies.

### Treasurer

*Carol Nelson, LM, CPM*

The by-laws of the North American Registry of Midwives (NARM) state that, “The Treasure shall have charge of all funds of the Corporation. The Treasurer shall see that a true and accurate accounting of all financial transactions of the Corporation is made and that reports of such transactions are presented to the Board of Directors at each of the regular meetings or at special meetings as called.”

The Treasurer

- is responsible and keeps an accurate accounting of all funds
- does all of the bookkeeping and accounting of the funds,

- including deposits and paying of all bills as they become due
- creates reports and presents them at all regular board meetings, including income and expenses for the year to date, quarterly, end of year and comparisons of similar time frames, creates proposed budgets for up the coming year
- answers all correspondence, calls, e-mails and questions involving NARM’s finances

When extra funds become available, what to do with the extra money is discussed, by the Treasurer, with the financial committee and then recommendations are made to the whole Board of Directors. The Board of Directors makes decisions about these funds.

### Secretary

*Debbie Pulley, CPM*

The secretary is responsible for the following:

- Arranging lodging/meeting space for Board meetings
- Setting the agenda and taking and distributing minutes of all Board meetings and conference calls
- Managing the Board Listserv

# Appendix 2001

## Job Descriptions

### Public Education and Advocacy

*Debbie Pulley, CPM*

NARM's Department of Public Education and Advocacy is considered the front door for the organization. The department fields approximately 200 calls and e-mails per month including inquiries regarding how to become a midwife or CPM, midwives who need assistance filling out the application, parents looking for a midwife in their area, insurance companies verifying certification of a midwife and reporters looking for information. This department is also in charge of and attending conferences representing NARM and is responsible for making sure all NARM's literature is up-to-date and available upon request. "How to Become a CPM" and CPM Brochures are sent out regularly. The new web page was designed this year and is regularly updated.

### Accountability

*Shannon Anton, LM, CPM*

The tasks of the NARM Director of Accountability are as follows:

- Answer calls regarding accountability issues and questions.
- Answer e-mails sent from <www.narm.org> regarding accountability issues and questions.
- Send out information and refer to NARM web site for Accountability documents.
- Receive complaints regarding NARM CPMs.
- Respond to complaints following NARM's process for Peer Review for Handling a Complaint and Grievance Mechanism.
- Regularly update NARM Board regarding the activities of Accountability Committee.
- Seek legal advice when appropriate.
- Write annual report.

# Appendix 2001

## Job Descriptions

### Test Department

*Ida Darragh, LM, CPM*

A detailed description of the Test Department tasks are kept on file in the Test Department. The general duties of the Test Department include:

- Correspond with state licensing agencies regarding the administration of the Written Examination.
- Send Agency Packs as requested by agencies (CIB, HTB, registration instructions and intent form).
- Review Applications database to find new applicants, sending letters and Intent Forms to candidates who are eligible for the Skills Assessment or Written Examination.
- Set up test sites for the Written Examination.
- Send/receive test site contracts for all test sites.
- Send list of test sites, rosters, etc., to National Measurement and Evaluation (NME) prior to the exam dates.
- Receive agency test fees (when appropriate) and forward to treasurer. Keep all of this in the data base.
- Send confirmation letter to all Written Examination candidates.
- Send Admission letters and test site directions to all candidates.
- Receive test results from NME. Enter results in database.
- Send pass/fail letters to candidates and to Agencies.
- Send retake Intent Forms to failing candidates.
- Send reminder letters and new intent forms twice a year to failing candidates. Send pass/fail results to applicants.
- Receive skills intent forms, send QE and candidate confirmation letters, send candidate Admission Letter and equipment list to candidates, send QE pack to QE, score Skills Assessments, input into database, send pass/fail letters. Notify applicants of results.
- Keep current list of QEs.
- Review and update QE Handbook.
- Write test department report and other articles for CPM News.
- Coordinate communication between board and NME.
- Participate in weekly NARM Board calls, follow up on specific tasks as defined by board.
- Keep current list of Test Department tasks, Policies and Procedures.
- Answer or return phone calls to the Test Department.

# Appendix 2001

## Job Descriptions

- Prepare test department report for NARM board meetings, written reports for Fall and/or Spring board meetings, and final, year-end report.

### Ongoing Special Projects for next year and beyond:

#### New Written Examinations

Coordinate development of new forms of the Written Examination. Maintain Item Writers Handbook. Solicit item writers, distribute item writers materials, receive non-disclosure forms, send all new items through sets of review teams including final review by board, coordinate with NME on item database and printing of exams, keep statistics on performance of exam items.

## Applications Department

*Sharon Evans, CDM, CPM*

### Position Overview

Perform administrative screening, applicant correspondence and approval of all NARM applications. Oversee finance and other duties performed by as-

sistant Anna Sippey. Issue certification. Issue re-certification. Maintain NARM database. On-going secretarial duties.

### Essential Job Functions

- Review all applications.
- Correspond with individual applicants.
- Create all administrative forms used in this department.
- Create and maintain applicant database tables and forms (the complete database).
- Oversee incoming monies (done by Anna) and reports sent to the Secretary.
- Oversee outgoing Application packets. (Anna does mailings.)
- Maintain communications with Manitoba Health re: new application requests.
- Oversee continued supply of printed Application packets.
- Oversee continued supply of printed Application packets to Manitoba Health.
- Maintain CPM table of NARM database.
- Maintain CPM statistics tables of NARM database.
- Issue certificates and wallet cards for new CPMs.

# Appendix 2001

## Job Descriptions

- Issue certificates and wallet cards for CPM renewals.
- Oversee printing and distribution of CPM Newsletter.
- On-going development of detailed Policies and Procedures.
- On-going communication and collaboration with the NARM Board on all decisions.
- NARM Board member.
- Special Circumstances, Internationally Educated, Legal, Manitoba Applications.
- Additional administrative forms streamlined for this department.
- Future revisions of application packet.
- Year End Report for NARM Board

Computer programs used: Microsoft Office Professional, Access (database), Publisher, and Adobe PageMaker, version 6.5.

### Reviews

*Joanne Gottschall, ASN, RN, CPM*

- Provides ongoing assessments of the status of projects.
- Is responsible for the quarterly production of the *CPM news*.
- Keeps ongoing task list from board calls and meetings and sends the list weekly to board members.
- Keeps ongoing list of ideas for the *CPM News* and follows up with those who have agreed to write the articles.

### Policy & Procedure

*Madrona Bourdeau, LDEM, CPM*

- Maintain current Policy and Procedure Manual
- Make sure all policies are updated and current.
- Provide copies to Board Members either by mail or distributed at Board meetings.
- Archive old policies when no longer needed or replaced/changed.
- Keep a history of when these changes are made
- Insure Board members have current manuals and updates.



# Appendix 2001

## APHA Resolution

“Increasing Access To Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-Entry Midwives”

Formally adopted by the Governing Council of the American Public Health Association (APHA) Wednesday, October 24, 2001

THE AMERICAN PUBLIC HEALTH ASSOCIATION,

Reaffirming its position on credentials for health occupations, that there should be alternative routes involving educational systems of selection and preparation, and legal systems of licensing by which people can prepare and qualify for health occupations (1)

Reaffirming its recognition that many women seek birthing alternatives(2) and,

Recognizing that pregnancy and birth are normal life events for a majority of women, (3,4,5) and,

Reaffirming its endorsement of the philosophy of family-centered maternity care, the importance of continuity of care, and the use of a variety of licensed care-givers, (6)

Recognizing that Direct-entry Midwives encompass a diverse group of midwives that have entered the profession directly through midwifery education and training, and not through a pre-requisite program such as nursing.(7)

Recognizing that there are alternative educational systems of selection and preparation for national certification of Direct entry Midwives that include either the Certified Professional Midwife (CPM) credential and the Certified Midwife (CM) credential; and that both require didactic programs, written examinations and clinical experience. (8,9) In the case of the Certified Professional Midwives the didactic component consists of education in a program accredited by an agency that is recognized by the US Department of Education or the PEP Program, the North American Registry of Midwives competency-based, educational portfolio evaluation, and the clinical component is equivalent to one year of experience which includes more than a thousand contact hours under the supervision of one or more preceptors, some of which must be in out-of-hospital settings, but none of which need to be in hospital settings;(8) and in the case of the Certified Midwife (CM) credential requires education in institutions of higher learning accredited by an agency that is recognized by the US Department of Education to meet the same standards that Certified Nurse Midwives must meet, completing core science requirements similar to those required for a nurse, and fulfilling core midwifery requirements that are a part of all accredited nurse-midwifery education programs, and clinical experience that must include hospital experience, but is not required to include out-of-hospital experience.(9)

Recognizing that individual states interested in incorporating direct-entry midwives into their health



# Appendix 2001

## APHA Resolution

care systems are moving towards regulatory models based on national certification.(5)

Recognizing evidence that many women seek alternatives to hospital care for normal pregnancy and birth, and,

Recognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes (10,11,12,13,14) and,

Noting that an epidemiological study of Certified Professional Midwives (CPMs) is ongoing in order to further substantiate practice outcomes, safety, client satisfaction, and practitioner competency is in progress; (15)

Recognizing that out-of-hospital settings have the potential for reducing the costs of maternity care; (7,12,16)

Recognizing evidence that access to quality maternity caregivers remains an important issue, particularly for underserved urban and rural communities;(17) which may be addressed through out-of-hospital maternity services in some communities; and

Reaffirming that the APHA currently recognizes the value of and promotes educational opportunities for

nurse-midwifery,(18) and that many professionals recognize the contributions of direct-entry midwifery; and,

Reaffirming that APHA has been an innovator in public health care by supporting research on alternative and complementary medicine (1,19) and increased access to midwifery services in the United States, (20)

Recognizing that there should be alternative routes involving educational systems of selection and preparation, and legal systems of licensing by which people can prepare and qualify for health occupations, including those direct-entry midwives who are nationally-certified and who have successfully completed “a recognized midwifery education process”; (21,22,23,25) and

Recognizing evidence that direct-entry midwives have multiple educational routes (22,24) available to them in order to meet the entry-level requirements of knowledge, skills and experience; (22,24,25)

Recognizing evidence that individual states interested in incorporating direct-entry midwives into the health care system are moving towards regulatory models based on national certifications; (22)

# Appendix 2001

## APHA Resolution

### Therefore, APHA

- Supports efforts to increase access to out-of-hospital maternity care services and increase the range of quality maternity care choices available to consumers, through recognition that legally-regulated and nationally certified direct-entry midwives can serve clients desiring safe, planned, out-of-hospital maternity care services, and further:
- Encourages the development and implementation of guidelines for the licensing, certification and practice for direct-entry midwifery practitioners for use by state and local health agencies, health planners, maternity care providers, and professional organizations;
- Urges that there be increased opportunities, for supervised, clinical learning experiences, in a variety of settings, including both high-risk and low-risk, incorporated into direct-entry midwifery education programs;
- Encourages an increase in cost effective maternal care services for rural and underserved urban populations by advocating for increases in funding of scholarships and loan repayment programs targeted at members of these communities;
- Urges public and private insurance plans to eliminate barriers to the reimbursement and equitable payment of direct-entry midwifery services in both public and private payment systems;

- Encourages the National Center for Health Statistics, the U.S. Department of Health and Human Services and State Vital Records Offices to add the CPM as a separate certifier category on birth certificates to enable routine collection of systematic data;
- Urges HRSA, CDC and state health departments to improve the collection and quality of vital statistics and other data to enhance the monitoring of birth outcomes (e.g., infant and perinatal mortality rates, maternal mortality rates, etc.) resulting from services provided by all practitioners including specific types of midwife practitioners;
- Urges Congress and appropriate Department of Health and Human Services agencies to increase funding and other support for ongoing research and evaluation of maternal health and birth outcomes, practice outcomes, quality of care outcomes, and safety related to the services provided by direct-entry midwives;

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# Appendix 2001

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# Appendix 2001

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