

*The North American
Registry of Midwives
Certified
Professional
Midwife
(CPM)*

*Candidate Information
Booklet (CIB)*

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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.

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North American Registry of Midwives (NARM) Mission Statement

NARM's mission is to offer and maintain an evaluative process for multiple routes of midwifery education; to develop and administer a standardized examination system leading to the credential "Certified Professional Midwife" (CPM); to identify best practices that reflect the excellence and diversity of the independent midwifery community as the basis for setting the standards for the CPM credential; to publish, distribute and/or make available materials that describe the certification and examination process and requirements for application; to maintain a registry of those individuals who have received certification and/or passed the examination; to manage the process of re-certification; and to work in multiple arenas to promote and improve the role of CPMs in the delivery of maternity care to women and their newborns.

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 national 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 national, 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 Institute for Credentialing Excellence (ICE) formerly 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 Dr. Gerald Rosen.

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 national 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.

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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 Booklet 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) is educated through a combination of routes, including programs accredited by the Midwifery Education Accreditation Council (MEAC), the American Midwifery Certification Board (AMCB), and apprenticeship education. All routes include clinical and didactic education. 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 NARM Written Examination. If the midwife is preceptor-trained or received education outside of the United States, with the exception of UK Registered Midwives, s/he must complete the NARM Portfolio Evaluation Process (PEP). Clinical experience for all routes of entry must have been obtained within the last ten years.

The NARM Portfolio Evaluation Process (PEP) involves documentation of midwifery training under the supervision of a Registered Preceptor. This category includes entry-level midwives, internationally educated midwives, and experienced midwives. Upon successful completion of Phases 1-3 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. Phase 4 of PEP must be completed before certification is issued.

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 300 multiple-choice questions. This examination is computer-based and administered in two, three.5-hour sessions. All routes of application require passing the NARM Written Examination. The NARM Written Examination is only given in the United States.

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.

NARM 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:

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

The education, skills and experience necessary for entry into the profession of direct-entry midwifery were originally identified by the *Midwives Alliance of North America (MANA) Core Competencies* and the *Certification Task Force*; subsequently authenticated by NARM's current *Job Analysis*; and are outlined in NARM's *Candidate Information Booklet*. 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 at least two years in duration. The average apprenticeship which includes didactic and clinical training typically lasts three to five years.

The clinical experience includes prenatal, intrapartal, postpartal, and newborn care by a student midwife under supervision.

A preceptor for a NARM PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.

The preceptor holds final responsibility for confirming that the applicant provided the required care and demonstrated the appropriate knowledge base for providing the 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.

All applicants are required to complete a workshop, module, or course on cultural competency for certification. Approved courses/modules are:

- A course on cultural competency within a midwifery education program accredited by MEAC or a specific state approved midwifery education program
- A course on cultural competency within a state approved medical education program
- A cultural competency course accredited for CEUs by MEAC or other approved agency

Documentation submitted should be a certificate of completion of the course provided by the approved school/program or a CEU certificate approved by MEAC.

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:

- The Core Competencies developed by the Midwives Alliance of North America
- The NARM Written Test Specifications
- The NARM Written Examination Primary Reference List

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 must be at least two years in duration and include a minimum of 55 births in three distinct categories. Apprenticeship includes didactic and clinical training and typically lasts three to five years.

Experience and 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 by NARM. Requirements for testing and documentation of these skills vary by educational category.

General Requirements

All applicants regardless of route of entry must provide:

- I. All General Education Requirements.
- II. All appropriate NARM application forms.
- III. A copy of both sides of *current* Adult CPR *and* neonatal resuscitation certification or course completion. NARM only accepts certification from courses which include a hands-on skills component. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the Red Cross. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada. Certifications must be current at the time the CPM is issued. NARM strongly encourages CPR be a Health Care Provider course.
- IV. Written verification of:
 - A. Practice Guidelines;
 - B. Emergency Care Form;
 - C. Informed Disclosure (given at initiation of care); and
 - D. Informed Consent documents (used for shared decision making during care).
- V. Documentation and verification of experience, knowledge and skills on the appropriate NARM forms
- VI. Documentation of workshop, course, or module on cultural competency

All NARM applications are evaluated in detail and randomly 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:

- Completion of NARM's Portfolio Evaluation Process (PEP).
- 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)

This route 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, are not legally recognized in their states, or have not received formal midwifery training outside the United States. NARM's Portfolio Evaluation Process (PEP) is a competency-based educational evaluation process that includes NARM's Skills Verification.

There are three PEP categories: Entry-Level, Experienced Midwives, and Internationally Educated.

Entry-Level PEP

Entry-level PEP candidates must:

STEP 1: Verification of Experience and Skills

- I. Submit "General Requirements."
- II. Confirm that preceptor is a current NARM Registered Preceptor.
- III. Complete the first three of four phases:
 - **Phase 1 - Births as an Observer**
The applicant must attend a minimum of ten births in any setting, in any capacity (observer, doula, family member, friend, beginning apprentice). These births may be verified by any witness who was present at the birth.
 - **Phase 2 - Assistant Under Supervision**
The applicant must attend a minimum of 20 births, 25 prenatals (including three initial exams), 20 newborn exams, ten postpartum visits as an assistant under the supervision of a Registered Preceptor.

- **Phase 3 - Primary Under Supervision** the applicant must document:
 - 75 prenatal exams, including 20 initial exams;
 - 20 newborn exams; and
 - 40 postpartum exams.
 - A minimum of 20 primary births.
 - Of the 20 primary births, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision.
 - The five COC births will include five prenatals spanning at least two trimesters, the birth, newborn exam, and two postpartum exams.
 - Students must have attended at least one prenatal (in a primary or assisting role) with the mother prior to her labor and birth for 10 of the 20 Phase 3 births (in addition to the five with full continuity of care).
 - A minimum of 10 of the 20 Phase 3 births:
 - Must be in homes or other out-of-hospital settings and
 - Must have occurred within three years of Phase 3 application submission.
- Experience in specific settings documented in Phases 1, 2, and/or 3:
 - A minimum of five home births must be attended in any role.
 - A minimum of two planned hospital births must be attended in any role. These cannot be intrapartum transports but may be antepartum referrals.
- Provide three letters of reference (personal, professional and client). All three letters must be sent directly to NARM by the individual providing the reference, not by the applicant.
- Complete the Second Verification of Skills Form 206.

Step 2: Written Examination

- I. Pass the NARM Written Examination.

Step 3: Final Requirements for Certification

- I. Submit **Phase 4 - Additional Births as Primary Under Supervision**

The applicant must attend five additional births. These births may occur prior to passing the NARM Written Examination or up to six month after.

- II. Submit any outstanding documentation or updated CPR/neonatal resuscitation

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

Experienced Midwife

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.

This application route will be discontinued December 31, 2019.

The experienced midwife must have been in primary practice for a minimum of five years after training and have a minimum of 75 out-of-hospital births within the last ten years (at least ten births must be within the last two years). These births must have occurred in the U.S. or Canada.

Experience Requirements. All Experienced Midwife candidates must document:

- I. 75 out-of-hospital births as Primary midwife within the last ten years including:
 - A. at least ten births in the last two years
 - B. 5 births with continuity of care (at least five prenatal visits spanning two trimesters, the birth, newborn exam and two postpartum exams)
- II. 300 prenatal visits (at least 50 different women);
- IV. 50 newborn exams;
- V. 75 postpartum visits.

Charts or written documentation of all 75 births must be available. *The applications department will request random charts.*

All Experienced Midwife 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

- I. Submit "General Requirements."
- II. Document experience and skills requirements, and include any relevant certificates, diplomas, licenses and degrees
- III. Complete Form 201a or 201b and 201c documenting the acquisition of skills required for NARM Certification.
- IV. Complete the Second Verification of Skills Form 206

STEP 2: Written Examination

- I. Submit the CPM Application Form 400 and Non-Disclosure Agreement provided by the Applications Department after approval of Step 2 documentation.
- II. Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.
- III. Pass the NARM Written Examination.

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

Internationally Educated Midwife

The Internationally Educated midwife 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., 10801 Starkey Road, Suite 104 #108, Seminole FL 33777; phone: 727-549-8555; fax: 727-549-8554; email: customerservice@icaworld.com; website: www.icaworld.com.

No application will be processed without verification from ICA.

STEP 1: Educational Validation

- I. Submit “General Requirements.”
- II. Send all supportive documentation (licenses, diplomas and certificates) on the forms provided in the application to International Credentialing Associates (ICA), Inc.
- III. Notify NARM Applications Department of submission of educational validation to ICA via email at applications@narm.org

STEP 2: Verification of Experience and Skills

- I. Complete the appropriate NARM application forms once instructed to do so by the applications department.
- II. 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 minimum of ten births in homes or other out-of-hospital settings in the U.S./Canada with a Registered Preceptor;
 - A minimum of five births with continuity of care (at least five prenatal visits spanning two trimesters, the birth, newborn exam and two postpartum exams).
- III. Satisfy skills verification requirements.

STEP 3: Written Examination

- I. Submit the CPM Application Form 400 and Non-Disclosure Agreement provided by the Applications Department after approval of Step 2 documentation.
- II. Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.
- III. Pass the NARM Written Examination.

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

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

Graduates of a MEAC-accredited program must:

- I. Submit “General Requirements.”
- II. Submit documentation of functioning in the role of Primary midwife or Primary Under Supervision for a minimum of ten births in home or other out-of-hospital settings in the last three years. (Effective January 1, 2016, all births documented on Form 204 must have occurred in the U.S./Canada.)
- III. Send a notarized copy of one of the following below. Official documents sent to NARM directly from the school do not need to be notarized.
 - A. A final transcript with the school insignia, or
 - B. Original graduation certificate or diploma, or
 - C. A letter from the administrator of the program on school letterhead noting that all graduation requirements have been met pending passing the NARM Written Examination.
- IV. Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.
- V. Pass the NARM Written Examination.
- VI. Verification of graduation from a MEAC accredited program.

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 the application process extends beyond this time, NARM requires additional birth experience documentation.

Certification by the AMCB as a CNM/CM

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

- I. Submit “General Requirements.”
- II. Send a copy of current AMCB CNM/CM wallet card or certificate.
- III. 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 five births with continuity of care (at least five prenatal visits spanning two trimesters, the birth, newborn exam and two postpartum exams).
- IV. Upon approval of the application materials, the NARM Written Examination will be scheduled. The NARM Written Examination is only given in the U.S.
- V. Pass the NARM Written Examination.

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.

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

These candidates must:

- I. Submit “General Requirements.”
- II. Submit Out-of-Hospital Birth Documentation Form 204
- III. Submit a current state/UK credential (i.e. certificate, license, or registration).
- IV. Upon approval of the application materials, the NARM Written Examination will be scheduled.
The NARM Written Examination is only given in the U.S.
- V. Pass the NARM Written Examination (unless previously passed as part of the licensure process).

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.

Effective January 1, 2017, all NARM preceptors **must be registered before supervising** any clinicals documented on a student's NARM Application. Skills/clinicals signed off after that date by a preceptor who is not registered with NARM will be invalid.

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

1. **All preceptors for NARM PEP applicants must be currently registered with NARM as a Registered Preceptor.** Preceptor registration requires filling out and submitting the NARM Preceptor Registration Form 700. Forms may be found at www.narm.org and searching preceptor registration. In order to qualify as a NARM Registered Preceptor, the midwife must document their credential as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.
It is the student's responsibility to verify the preceptor's registration status by asking his/her preceptor or contacting NARM.
2. The clinical components of apprenticeship should include didactic and clinical experience, and the clinical component must be at least two years in duration. The average apprenticeship which includes didactic and clinical training typically lasts three to five years. In the PEP Application, the dates from the earliest clinical documented in Phase 1 or 2 until the last clinical documented in Phase 3 must span at least two years, 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 102 Birth Experience Background.
3. It is acceptable, even preferable, for the apprentice to study under more than one Registered 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 who signs for any clinicals on Forms 111 or 112 must fill out, sign and have notarized the Verification of Birth Experience Form. **All numbers signed for must be equal to or greater than the numbers signed for on Forms 111a-d and 112a-e.** The apprentice should make multiple copies of all blank forms so each preceptor will have a copy to fill out and sign. These forms should be filled out and signed by the preceptor, not the applicant.
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 the preceptor agrees 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, however **the preceptor makes the final determination.**
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 midwife skills. The preceptor holds the 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. Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place.
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 Certified Professional Midwife (CPM) credential.**
9. NARM’s definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, gynecological, family) and a physical exam. 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 exams on one or more early prenatal visits.
10. Prenatal Exams, Newborn Exams, and Postpartum Exams as Assistant Under Supervision (forms 111b-d) must be completed before the same category of clinicals may be verified as Primary Under Supervision (Forms 112 b-e). However, Prenatals, Newborn Exams, and Postpartum Exams as a Primary Under Supervision may begin before the Primary Under Supervision births occur.
11. Births as Assistant Under Supervision (Form 111) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice should perform some skills at every birth listed on Form 111a and must be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete 18 of the Assistant Under Supervision births before functioning as Primary Under Supervision at births.
12. Births as a 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.
13. Catching the baby is a skill that should be taught and performed during the Assistant Under Supervision phase. The Primary Under Supervision births require that the student be responsible but under supervision for all skills needed for labor support and monitoring of mother and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of mother and baby. If the mother or father is “catching” the baby, the Primary Under Supervision is responsible for all elements of the delivery. If the preceptor catches the baby, then that birth qualifies as Assistant Under Supervision for the student.
14. Attendance at a birth where either the apprentice or preceptor is also the client will not be accepted for verification of the required clinicals.

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 Booklet. These guidelines are suggestions for successful completion of the application documentation.

1. The preceptor and applicant together should—
 - a. review practice documents required by NARM—Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care).
 - b. review all client charts (or clinical verification forms from a MEAC accredited program) 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, including twins, 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 must have access to or copies of any charts (with Code #) listed in the application in case of audit.

The Informed Disclosure/Consent documents used by the apprentice/student should not indicate that s/he is a CPM, even if s/he is in the application process. The CPM designation may not be used until the certificate has been awarded. 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.

NARM's Transfer Policy for Registered Preceptors and Students

NARM defines a Transport as “transfer of care during labor to another primary care giver prior to the birth of the baby. In the case of transfer the student must remain with the client through the birth (if possible) and continue to be present through the immediate postpartum period. The supervising preceptor must be present until transfer of care has occurred.”

Learning Opportunities

Transfer of care is an important skill. NARM Registered Preceptors should help students learn how to transfer clients in accordance with the Homebirth Consensus Summit Guidelines, including:

- Notifying the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- Providing routine or urgent care en route in coordination with any emergency services personnel and addressing the psychosocial needs of the woman during the change of birth setting.
- Upon arrival, providing a verbal report, including details on current health status and need for care, providing a legible copy of relevant prenatal and labor medical records.
- Providing good communication by ensuring that the woman understands the hospital provider's plan of care and the hospital provider understands the woman's need for information regarding care options.
- If the woman chooses, remaining to provide continuity and support.

NARM strongly encourages preceptors to remain present through the immediate postpartum period, however it is understood that the student no longer requires preceptor supervision once transfer of care is complete. Hospital transfers are a valuable learning experience for student midwives. Remaining as support for a client who has transferred to the hospital provides continuity of care for the client, an opportunity for the student to assume an independent primary support role in the hospital setting, and can foster understanding and collegial relationships between the midwifery and medical community.

The NARM Registered Preceptors should, as part of their emergency care plan, disclose to clients their practice's policy regarding student participation during hospital transfers. If the preceptors in the practice generally do not remain when transfer of care is complete, choosing instead to leave the student to continue to provide support for the client, this should be disclosed to the client in the emergency care plan. The client should ideally be supported throughout labor, birth, and immediate postpartum, regardless of whether the baby is born by vaginal or cesarean birth. Often, the midwife is unable to attend the client in the operating room, but the midwife's presence in the recovery or postpartum unit can be beneficial as the client establishes breastfeeding after a challenging birth. Midwives and students are encouraged to remain to provide support, as needed.

Documentation of Transports in the NARM CPM Application

- NARM Registered Preceptors should clearly state in their student contract what their expectations are for student involvement during hospital transport situations. If the preceptor expects the student to remain with the client at the hospital after the preceptor leaves, this expectation should be documented in writing and signed by both the student and the preceptor.
- Two non-transport hospital births need to be submitted in Phases 1, 2, and/or 3. These can be antepartum referrals.
- No more than four of the Phase 2 births documented may be a transport.
- No more than two of the Phase 3 births documented may be a transport.
- No more than one of the births documented in Phase 4 may be a transport.
- Transports are not accepted for Continuity of Care births. For the purposes of the NARM application, primary under supervision care must be provided for a minimum of five prenatal visits spanning at least two trimesters, the birth, including the placenta, the newborn exam, and at least two postpartum visits.

Quarterly Student/Preceptor Evaluation Form, Suggested Format

This form is to facilitate communication between the student and preceptor and is not submitted to NARM.

Student's name _____ Preceptor's name _____

Time period covered by this evaluation _____

Clinical experience	# Attended	# Initialed on NARM forms
Observed births		
Prenatals as assistant		
Initial exams as assistant		
Newborn exams as assistant		
Postpartum exams as assistant		
Births as assistant		
Prenatal exams as primary		
Initial exams as primary		
Newborn exams as primary		
Postpartum exams as primary		
Births as primary		
Continuity of Care births		
Primary births with at least one prenatal		

All clinicals attended may not necessarily be initialed on NARM forms. It is at the discretion of the preceptor whether the student is acting in the capacity needed to count the clinical as an assistant or primary. More than the minimum number of clinicals in each category may be needed in order to progress to the next phase. For example, more births as an assistant may be needed before the preceptor determines the student is ready to be primary. Some births where the student is expected to be primary may not count in that category if the preceptor believes the role has not been adequately fulfilled.

In order to progress through the NARM phases of training, the student and preceptor must have a good, mutually agreed on, assessment of the progress. The best way to attain mutual agreement is to meet at least quarterly and discuss the progress being made toward mutual goals.

Questions for discussion:

Is the student provided with an opportunity to progress in levels of skills and responsibilities? If not, what is the impediment?

Is the student progressing through the Assist clinicals in increasing levels of responsibility, so that upon meeting the minimum numbers she/he is prepared to move toward primaries?

Do the student and preceptor meet outside of clinical time to discuss progress and evaluate performance and knowledge? Has this been adequate for meeting the expectations of both?

Is the student demonstrating adequate self-study skills and application of new knowledge in the clinical setting? How can this be improved?

Is the student meeting the preceptor's expectations? If not, what specifically is not being met?

Audits

All NARM Applications are evaluated in detail and randomly audited. If the application is audited, copies of Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and one example of informed consent documents used for shared decision making during care and specific charts with the names whited out must be submitted to the NARM Applications Office. MEAC applicants may submit client charts or clinical verification forms from a MEAC accredited program, for purposes of audit. Charts that include client names, addresses, and/or phone numbers will be immediately shredded and replacements requested.

Applicants are responsible for having immediate access to client charts or clinical verification forms from a MEAC accredited program 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.***

For information about preceptor responsibilities, please see the NARM Policy Statement on Preceptor/Apprentice Relationships in this booklet, in the application, or on the web page. These guidelines are suggestions for successful completion of the requirements.

Time Frame for Certification Process

NARM reserves the right to return any incomplete applications. All fees are non-refundable. A resubmission fee will be charged at the time of resubmission.

Candidates with applications requiring corrected materials or additional items must submit required items within two weeks of notification. If required materials are not returned within two weeks, the application may be returned as incomplete. If a candidate is unable to submit the required materials within two weeks, s/he may submit a written request for an extension. Extensions are reviewed on a case-by-case basis and approved or denied at the discretion of the Applications Department. If granted, extensions may only be granted for up to a maximum of two months. If the extension deadline is not met, the application will be returned as incomplete.

*Upon submission of the CPM application and fees, the applicant will receive notification of eligibility for the NARM Written Examination. **The applicant must sit for the Written Examination within six months 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. Phase 4 must be submitted within six months of passing the NARM Written Examination. 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, closed, and the applicant must reapply.

An applicant must complete all required work within the timetable listed 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 and the application has not yet been destroyed by NARM Applications, 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.

Application Process Timetable

Process	6 months	1 year	18 months
Written Examination (all applicants)	Request extension	Expired ¹	Expired ¹
Phase 4: due within six months of passing the NARM Written Exam	Request extension	Request extension	Expired ¹

¹Application will be archived. Applicant must re-apply and re-submit all fees.

PEP Applications (Phases 1-3) should be submitted four months prior to anticipated testing date for the NARM Written Examination to allow for processing. Applications through other routes should be submitted at least two months prior to anticipated testing date.

Retakes

Candidates who have failed the Written Examination 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 the Written Examination, but the candidate will be charged both a retake fee and testing company fee. 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 when the application was received by the NARM Applications Department, documentation of continued supervised clinical practice will be required. The candidate must submit documentation of ten supervised births that have occurred within three years of submitting the next retake form. Form is 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 Examination and the skills tested verified by Registered Preceptors are identified from the Job Analysis. The Job Analysis is a survey of the current practice of midwives across the country. From this list comes the test specifications for each examination. Many midwifery schools base their curriculum on these test specifications so that their graduates will be prepared for the certification examinations. 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 examination questions 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 Booklet. Candidates should base their answers on the NARM Written Examination as well as the skills required in the CPM application on the test specifications in the CIB, and not on specific individual or state protocols.

Passing the NARM Written Examination depends on receiving a minimum number of correct answers. Leaving a question blank will affect the total score. Each question on the Written Examination is worth one point. 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 or PEP Phases 1-3, and one of the following forms of documentation:
 - A letter sent from the MEAC accredited program confirming graduation or verifying all requirements with the exception of passing the NARM Written Examination have been met for graduation, a notarized copy of diploma, or a notarized copy of the final transcript with the school insignia, indicating graduation from a MEAC-accredited program
 - Copy of current AMCB CNM/CM certificate or wallet card
 - 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 Phases 1-3 of NARM’s Portfolio Evaluation Process (PEP)
- Upon eligibility for testing, candidates will receive instructions for registering for the NARM Examination.
- Candidates will be contacted by ProvExam to schedule their testing date at one of the approved testing centers.
- Candidates will receive a Written Examination Admission Letter from the testing company, which will include the date, time, and location of their scheduled Written Examination, and directions to the test site.
- The test results letter will be sent as an email from ProvExam within three business days of completing the exam.

Inclement Weather Policy

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.

Should a test site be closed for any reason, rescheduling will be between the candidate and the testing company.

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 Booklet: 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 in U.S. funds** made out to NARM. Fees are non-refundable. **Personal checks will not be accepted.** Credit cards are also accepted. A fee of approximately 8% will be applied to all credit card transactions.
- 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 examination is given in two parts, with 3.5 hours allotted for each part.
- 5) The agency will notify NARM of the candidates who have established eligibility through the state. NARM will send an Intent Form to each candidate describing the process and the fees. When NARM has received the testing fee, the candidate’s name will be entered into the registration database. NARM’s testing company, ProvExam, will contact the candidate about registering for the exam on the date and site of their choosing. ProvExam will send an admission letter to each candidate with the date, time, and location of the exam. The candidate will receive their test results by email from ProvExam within three business days. NARM will notify the state agency of the test results for each candidate who has registered through their process.

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

Sequence of Application and Testing Procedures

For Educational Validation:

- 1) Download or order the NARM Application.
- 2) One photo will be needed. This should be a head and shoulders photo, similar to a passport photo. The photo is submitted with the Application.
- 3) Submit the appropriate application materials with the required fee to the NARM Applications Department. 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.

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 information for registering for the exam.
- 7) NARM will send official notification of test results and any remaining requirements for certification within three weeks of testing. Candidates are responsible for sending NARM any address changes.
- 8) 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 contact NARM Applications at applications@narm.org or NARM Testing at testing@narm.org.

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 **at the time of application** 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 with the application to the NARM Test Department **at the time of application** 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.

The NARM Examination is given by computer at approved computer testing labs. If a candidate cannot take an exam by computer for cultural or religious reasons, NARM will make every effort to provide a paper exam at a site convenient to the candidate, but all testing centers may not be able to accommodate this request. The request for paper testing should be made in writing at the time the application is submitted along with a description of the reason computer testing is not allowed.

Examination Site Conduct/Nondisclosure (Test Security)

The Examination Administrator 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 NARM Written Examinations
- Aiding by any means in the reproduction or reconstruction of any portion of the NARM Written Examination
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of the NARM Written Examinations
- Disclosure of any kind or manner of the NARM Written Examination

- Possession of any book, notes, written or printed materials or data of any kind other than those examination materials distributed by the Examination Administrator 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 NARM Written Examination

Any violation of conduct as listed above will be documented in writing by the Examination Administrator 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 NARM Written Examination.

Candidate's Written Examination Scores

- All candidate scores will be reported as pass or fail based on the cut score derived using a reverse Angoff method.
- All candidates will receive notification of their preliminary scores by email from ProvExam within three business days.
- Passing candidates will not receive a breakdown of their scores.
- Candidates who fail the exam will receive a more detailed report which highlights their performance on major areas of the examination.
- Official scores will usually be reported by NARM within two to three weeks of the examination date.
- In cases where candidates apply through a licensing agency, the official examination results will also be sent directly to the agency.
- In cases where candidates apply through a MEAC accredited program, the official examination results will also be sent directly to the program.
- 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.

Rescheduling a NARM Written Examination

Candidates who have scheduled their NARM Written Examination date with ProvExam may cancel with no penalty if ProvExam is notified at least four full business days prior to the testing date. Candidates who cancel with less than four business days' notice or do not show up at their test site on the appointed day, will be assessed a reschedule fee by both NARM and ProvExam in order to re-register. A \$100 penalty fee must be paid to NARM and must be enclosed with a "reschedule" form available from the NARM Test Department. Upon receipt of reschedule form and fee, the candidate will be reentered into the ProvExam database, and will also be required to pay again the \$115 testing fee to ProvExam.

Retesting for Failing Candidates

If a CPM candidate fails the NARM Written Examination, 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. Candidates must wait three months before retaking the NARM Written Examination, and must take the examination again within six months after the three month waiting period.

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 two months of denial and will be processed according to policy.

Candidate's Right to Appeal

Comments on Examination Content

Candidates will be allowed to make comments about questions on the computer during the exam administration. The comments do not affect the score, but may provide guidance on revising or replacing questions for the next form of the examination. There is a comment button next to each question. Please note that there is limited time to take the examination, and adding comments will not extend that time limit. Comments may also be submitted by mail to the NARM Test Department. Comments submitted by mail must be postmarked no later than seven days after the test date to be considered as part of the appeals process. NARM will carefully consider all comments.

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 Comment Form

NARM encourages all candidates to submit comments on the NARM Examination process at the time of their examination. Comments may be made on the computer during the exam administration. 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).

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.

NARM's Policy on Use of the CPM Credential

Midwives may not refer to themselves, or knowingly permit anyone else to refer to them, as a CPM, Certified Professional Midwife, or NARM certified or accredited unless they have formally received the CPM credential and their status is active. Midwives who are in the process of applying for the credential, or who have allowed the credential to expire, or taken inactive status, or had their credential revoked, may not refer to themselves as a CPM or a Certified Professional Midwife, or as certified by NARM. Midwives whose CPM certification has expired may not refer to themselves as a Retired CPM unless they have been granted the status of CPM-Retired by NARM.

Midwives in the process of applying for certification may not refer to themselves in any context as a CPM candidate or applicant because there is no such status granted by NARM. Regardless of enrollment in an educational program, a student may not use the title Student CPM. Being a candidate, applicant, or student does not verify meeting the certification requirements until the certificate is granted. If NARM becomes aware that a midwife who is not a CPM has printed or published material referring to herself in the above capacity or has misled the public through any means, a warning letter will be sent with instructions to remove the misinformation from any materials. If the correction is not made, notice will be sent to NARM's legal counsel for further action.

Acceptable language for students or apprentices can be "...is in training to become a CPM", and for those with expired certification: "...previously certified as a CPM", as a description of previous or intended certification, but not as a title.

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 Complaint Review, 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.
- 30 Continuing Education Contact Hours (3.0 CEUs) are required during the three-year period.
- One Contact Hour is defined as 55 clock minutes of time. To be awarded .5 (half) Contact Hours the time period is 30 minutes to 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 CPR and neonatal resuscitation. NARM only accepts certification from courses which include a hands-on skills component. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the Red Cross. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.

C. Documentation of workshop, course, or module on cultural competency (if not already submitted)

D. Affirmation of current use of Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care).

E. 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) CEUs must have been granted by an accrediting organization such as MEAC, ICEA, Lamaze International, ACOG, ACNM, AWHON, State Health Depts., Nursing or Perinatal Associations, etc.

Any class or course work that is granted accredited CEUs in a health profession related to midwifery, women's health, or the evaluation and care of the newborn.

Category 2 (maximum-10 Contact Hours)

Course work or classes in midwifery, women's health, or the evaluation and care of the newborn without accredited CEUs.

Category 3 (maximum-15 Contact Hours)

Part 1: Research and Writing related to the field of midwifery, women's health, or the evaluation and care of the newborn.

Part 2: Teaching related to the field of midwifery, women's health, or the evaluation and care of the newborn.

Category 4 (maximum-5 Contact Hours)

Self-study or life experience related to the field of midwifery, women's health, or the evaluation and care of the newborn. One contact hour equals one **contact hour**.

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

Serving in a Volunteer Capacity

Category 6 (maximum-10 Contact Hours)

Filing statistics forms with the MANA Division of Research. One Contact Hour for every ten MANA Statistics forms

Category 7 (maximum-10 Contact Hours)

Service in an Out-Of-Country (OOC) maternity center or clinic

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 currency¹, peer review, CPR and NRP, CEUs, and cultural competency
- submit Reactivation fee (includes examination)

¹The 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.

CPM-Retired

Retirement status may be granted to any CPM who applies, provided that they meet at least one of the following conditions:

- Must be age 60 or older OR;
- Retiring due to medical reasons such as an illness or disability.

Application for retirement status is a one-time only requirement. To apply for retirement status the CPM should submit a completed NARM Retirement Status Form 630 along with associated fees.

Retired CPMs:

May use the CPM-Retired title; Will receive a certificate which recognizes the CPM as Retired;

Will be listed in the NARM database/records as Retired versus Expired; Will receive any future mailings from NARM such as e-blasts and newsletters.

Retired CPMs may not:

Use the title of CPM without retired status designation; Practice midwifery using the CPM credential/certification; Act as a NARM Registered Preceptor.

Fee Schedule

Fees are payable by money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. A handling fee of approximately 8% will be added to all credit card transactions. Fees listed below in parentheses are for payment with a credit card. All fees are non-refundable.

There will be a \$115 fee due to the testing company upon registration for computer based testing. This fee is paid directly to the testing company and is additional to the NARM fees.

Application Fees:

Application Type	Application Fees	Examination Fee
PEP-Entry Level	Phase 1 - \$200 (\$216) Phase 2 - \$400 (\$432) Phase 3 - \$400 (\$432) Phase 4 - \$100 (\$108)	\$900 (\$972) ¹
PEP-Experienced Midwife	\$1100 (\$1188)	\$900 (\$972) ¹
PEP-Internationally Educated Midwife	\$1100 (\$1188)	\$900 (\$972) ¹
MEAC Graduate	\$1000 (\$1080)	Included in application fee
State License in Approved States	\$50 (\$54)	\$900 (\$972) if applicable ²
UK Licensed Midwife	\$950 (\$1026)	Included in application fee
CNM/CM	\$1000 (\$1080)	Included in application fee

¹PEP applicants who qualify for the Written Examination will be notified by the NARM Applications Department. The examination fee should be submitted after receiving instructions from the NARM Applications Department.

²Candidates who are applying as Stated Licensed Midwives in states evaluated for educational equivalency must submit a \$50 application fee at the time of application submission. The \$900 examination fee applies only to midwives who have not previously taken the NARM Written Examination for licensure.

Additional NARM Fees:

Application Fee, printed form	\$ 50
Resubmission fee for applications returned by NARM.	\$ 100
Retake Fee (Written Examination)	\$ 400
Rescheduling Fee (NARM Written Examination).	\$ 100
Recertification Fee (before expiration)	\$ 150
Recertification Fee (within 90 days after expiration)	\$ 200
Extension Fee (delayed response for requested information)	\$ 50
Inactive Fee (per year)	\$ 35
Inactive Status Late Fee.	\$ 15
Recertification after Expired Status	\$ 400
Recertification after Expiration (State Licensed-current)	\$ 250
Retirement Fee.	\$ 65
Additional certificate and wallet card	\$ 30
Additional certificate	\$ 20
Additional wallet card	\$ 20

Midwives who have previously passed the NARM Written Examination may subtract the fee paid for the examination from the 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 Booklet) 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 Booklet, especially the test specifications, the reference list and the sample questions.
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.

NARM Written Examination 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 the NARM Written Examination test specifications and their associated reference lists to prepare for successful completion of the CPM Certification Examination process. NARM considers the test specifications to be the essential curriculum for entry-level midwives.

CPM NARM Written Examination Matrix

Domain	Percentage of exam questions	# Questions
1. Midwifery Counseling, Education and Communication	4-6%	12 - 18
2. General Healthcare Skills	4-6%	12 - 18
3. Maternal Health Assessment	8-12%	24 - 36
4. Prenatal	23-27%	69 - 81
5. Labor, Birth and Immediate Postpartum	33-37%	99 - 111
6. Postpartum	13-17%	39 - 51
7. Well baby care	4-6%	12 - 18

Written Test Specifications

I. Midwifery Counseling, Education and Communication: (5% of Exam - 12-18 Examination Items)

- A. Provides interactive support and counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes
- B. Provides education and counseling based on maternal and paternal health/ reproductive family history and on-going risk assessment
- C. 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
- D. Educates the mother and her family/ support unit to share responsibility for optimal pregnancy outcome
- E. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
- F. Applies the principles of informed consent
- G. Communicates practice parameters and limits of practice
- 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. social risk factors
 - 7. situations requiring an immediate call to the midwife

- 8. sexually transmitted diseases/ infections and safer sex practices
- 9. blood borne pathogens: HIV, Hepatitis B, Hepatitis C
- 10. complications of pregnancy
- 11. environmental risk factors
- 12. newborn care including normal/ abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
- 13. postpartum care concerning complications and self-care
- 14. contraception
- 15. female reproductive anatomy and physiology
- 16. monthly breast self examination techniques
- 17. implications for the nursing mother
- 18. the practice of Kegel exercises
- 19. 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 - 12-18 Examination Items)

- A. Demonstrates the application of Universal Precautions as they relate to midwifery:
 - 1. handwashing
 - 2. gloving and ungloving
 - 3. sterile technique
- B. Demonstrates optimal documentation and charting skills
- C. Offers alternative healthcare practices (non-allopathic treatments) and modalities, and educates on the benefits and contraindications:
 - 1. herbs
 - 2. hydrotherapy (baths, compresses, showers, etc.)
- D. Refers to alternative healthcare practitioners for non-allopathic treatments
- E. Manages shock by:
 - 1. recognition of shock, or impending shock

Written Test Specifications, continued

2. assessment of the cause of shock
3. treatment of shock:
 - a) cautious use of fluids
 - 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) administer or refer for IV fluids
 - h) activate emergency medical services
 - i) prepare to transport
- F. 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)
- G. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
 1. Lidocaine/xylocaine for suturing
 2. medical oxygen
 3. methergine
 4. prescriptive ophthalmic ointment
 5. Pitocin® for postpartum hemorrhage
 6. RhoGam
 7. Vitamin K:
 - a) oral
 - b) IM
 8. antibiotics for Group B Strep
 9. IV fluids
- H. Demonstrates knowledge of benefits/risks of ultrasounds:
 1. provides counseling regarding ultrasound
 2. makes appropriate referrals for ultrasound
- I. Demonstrates knowledge of benefits/risks of biophysical profile
 1. provides counseling
 2. makes appropriate referrals
- J. Demonstrates knowledge of how and when to use instruments and equipment including:
 1. Amni-hook® / Amnicot®
 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. gestational wheel or calendar
 13. newborn and adult scale
 14. thermometer
 15. urinalysis strips
 16. cord clamp
 17. Doppler
 18. Fetoscope
 19. stethoscope
 20. vaginal speculum
 21. blood pressure cuff
 22. oxygen tank, flow meter, cannula, and face mask
- K. Proper use of injection equipment:
 1. syringe
 2. single dose vial
 3. multi dose ampule
 4. sharps container
- L. Draws blood for lab work
- M. Obtains or refers for urine culture
- N. Obtains or refers for blood screening tests
- O. 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

Written Test Specifications, continued

11. Rh antibodies
12. chlamydia
13. PAP test

III. Maternal Health Assessment: (10% of Exam - 24-36 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 conditions
 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
 - 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
 11. Mother's medical history:
 - a) genetics
 - b) alcohol use
 - c) drug use
 - d) tobacco use
 - e) allergies
 - f) Father's medical history
 - g) genetics
 - h) alcohol use

- i) drug use
 - j) tobacco use
- 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, instructs if needed
 - 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. deep tendon reflexes of the knee
 13. pelvic landmarks
 14. cervix (by speculum exam)
 15. size of the uterus and ovaries (by bimanual exam)
 16. condition of the vulva, vagina, cervix, perineum and anus
 17. musculo-skeletal system, including spine straightness and symmetry, posture
 18. vascular system (edema, varicosities, thrombophlebitis)

IV. Prenatal: (25% of Exam - 69-81 Examination Items)

- A. Assess results of routine prenatal physical exams including ongoing assessment of:
1. maternal psycho-social, emotional health and well-being

Written Test Specifications, continued

2. signs and symptoms of infection
3. maternal health by tracking variations and change in:
 - a) blood pressure
 - b) weight
 - c) color of mucus membranes
 - d) general reflexes
 - e) elimination/urination patterns
 - f) sleep patterns
 - g) energy levels
4. nutritional patterns
5. hemoglobin/hematocrit
6. glucose levels
7. breast condition/implications for breastfeeding
8. signs of abuse
9. urine for:
 - a) appearance: color, density, odor, clarity
 - b) protein
 - c) glucose
 - d) ketones
 - e) PH
 - f) Leukocytes
 - g) Nitrites
 - h) blood
10. fetal heart rate/tones auscultated with fetoscope or Doppler
11. vaginal discharge or odor
12. 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
13. assessment of fetal growth and well-being:
 - a) auscultation of fetal heart
 - b) correlation of weeks gestation to fundal height
 - c) fetal activity and responsiveness to stimulation
 - d) fetal palpation for:
 - (1) fetal weight
 - (2) fetal size
 - (3) fetal lie
 - (4) degree of fetal head flexion
14. clonus
15. vital signs
16. respiratory assessment
17. edema
- 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) bacterial vaginosis
 - i) symptoms of anemia
 - j) indigestion/heartburn
 - k) constipation
 - l) hemorrhoids
 - m) carpal tunnel syndrome
 - n) round ligament pain
 - o) headache
 - p) leg cramps
 - q) backache
 - r) varicose veins
 - s) sexual changes
 - t) emotional changes
 - u) fluid retention/swelling/edema
- 3 Physical preparation:
 - a) preparation of the perineum
 - b) physical activities for labor preparation (e.g., movement and exercise)

Written Test Specifications, continued

- D. Recognizes and responds to potential prenatal complications/variability 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 (moxibustion, homeopathic)
 - c) management strategies for unexpected breech delivery
 6. multiple gestation:
 - a) identifying multiple gestation
 - b) management strategies for unexpected multiple births
 7. occiput posterior position:
 - a) identification
 - b) prevention
 - c) techniques to encourage rotation
 8. 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
 9. identifying and dealing with pre-term labor with:
 - a) referral
 - b) consults for preterm labor
 - c) treats for preterm labor:
 - (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)
 10. 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

Written Test Specifications, continued

11. 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
 - h) repositioning a posterior baby
 - i) refer for chiropractic adjustment
 - j) refer for acupuncture
 12. identifying and referring for:
 - a) tubal pregnancy
 - b) molar pregnancy
 - c) ectopic pregnancy
 - d) placental abruption
 - e) placenta previa
 13. identifying premature rupture of membranes
 14. 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
 - i) review Group B Strep status and inform of options
 15. consult and refer for premature rupture of membranes in PRE-TERM pregnancy
 16. establishes and follows emergency contingency plans for mother/baby
- V. Labor, Birth and Immediate Postpartum (35% of Exam - 99-111 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 or sound
 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
 - 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) status of membranes
 - d) uterine contractions for frequency, duration and intensity with a basic intrapartum examination
 - e) fetal heart tones
 - f) fetal lie, presentation, position and descent with:
 - (1) visual observation
 - (2) abdominal palpation
 - (3) vaginal examination
 - g) effacement, dilation of cervix and station of the presenting part

Written Test Specifications, continued

- h) maternal dehydration and/or vomiting by administering:
 - (1) fluids by mouth
 - (2) ice chips
 - (3) oral herbal/homeopathic remedies
 - (4) IV fluids (administer or refer for)
- 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) assisting the positioning of the uterus over the pelvis
 - b) positioning semi-reclining on back
 - c) lithotomy position
- 5. labor progress by providing:
 - a) psychological support
 - b) position change
 - c) nutritional support
 - d) rest
 - e) physical activity
 - f) non-allopathic treatments
 - 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 support
 - 6. encourage the mother to touch the newborn during crowning
 - 7. provide an appropriate atmosphere for the moment of emergence
- D. Accurate and complete recordkeeping and documentation of labor and birth
- E. Demonstrates the ability to recognize and respond to labor and birth complications such as:
 - 1. abnormal fetal heart tones and patterns by:
 - a) administer oxygen to mother
 - b) change maternal position
 - c) facilitate quick delivery if birth is imminent
 - d) encourage deep breathing
 - e) evaluate for consultation and referral
 - f) evaluate for transport
 - 2. cord prolapse by:
 - a) change maternal position to knee-chest
 - b) activate emergency medical services/medical backup plan
 - c) monitor FHT and cord for pulsation
 - d) keep the presenting cord warm, moist and protected
 - e) administer oxygen to mother
 - f) place cord back into vagina
 - g) facilitate immediate delivery, if birth is imminent
 - h) prepare to resuscitate the newborn
 - 3. variations in presentation:
 - a) breech:
 - (1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation
 - (2) hand maneuvers for assisting delivery
 - (3) techniques for release of nuchal arm with breech

Written Test Specifications, continued

- 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 two places, cutting the cord between the two 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) determine position of chin
 - (3) prepare resuscitation equipment
 - (4) prepare treatment for newborn bruising/swelling
 - (5) administer arnica
 - (6) position the mother in a squat
 - (7) prepare for potential eye injury
- e) multiple birth and delivery:
 - (1) identifies multiple gestation
 - (2) consults or transports according to plan
 - (3) prepares for attention to more than one
- f) shoulder dystocia:
 - (1) apply gentle traction while encouraging pushing
 - (2) reposition the mother to:
 - (a) hands and knees (Gaskin maneuver)
 - (b) exaggerated lithotomy (McRobert's position)
 - (c) end of bed
 - (d) squat
 - (3) reposition shoulders to oblique diameter
 - (4) extract the posterior arm
 - (5) flex shoulders of newborn, then corkscrew
 - (6) apply supra-pubic pressure
 - (7) sweep arm across newborn's face
 - (8) fracture baby's clavicle
- 4. vaginal birth after cesarean (vbac)
- 5. management of meconium stained fluids
- 6. management of maternal exhaustion by:
 - a) adequate hydration
 - b) nutritional support
 - c) increase rest
 - d) non-allopathic treatments
 - e) evaluate the mother's psychological condition
 - f) monitor vital signs
 - g) monitor fetal well-being
 - h) evaluate urine for ketones
 - i) evaluate effect of support team or visitors
 - j) evaluate for consultation and/or referral
- F. recognize/consult/transport for signs of:
 - 1. uterine rupture
 - 2. uterine inversion
 - 3. amniotic fluid embolism
 - 4. stillbirth
- G. 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
 - b) sound and rate of heart tones and respirations
 - c) nasal flaring
 - d) grunting
 - e) chest retractions
 - f) circumoral cyanosis
 - g) central cyanosis
 - 6. stimulate newborn respiration:
 - a) rub up the baby's spine

Written Test Specifications, continued

- 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
 - f) apply percussion massage for wet lungs
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
 - e) consult and transport if needed
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. immediate cord care:
- a) clamping the cord after pulsing stops
 - b) cutting the cord after clamping
 - c) evaluating the cord stump
 - d) collecting a cord blood sample, if needed
12. administer eye prophylaxis
13. assess gestational age
14. assess for central nervous system disorder
- H. 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) separation gush
 - b) contractions
 - c) lengthening of cord
 - d) urge to push
 - e) rise in fundus
 - 3. facilitate the delivery of the placenta by:
 - a) breast feeding/nipple stimulation
 - b) change the mother's position
 - c) perform guarded cord traction
 - d) emptying the bladder
 - e) administer non-allopathic treatment
 - f) encourage release verbally
 - g) manual removal of placenta
 - h) transport for removal of placenta
4. after delivery, assess the condition of the placenta
5. estimate blood loss
6. respond to a trickle bleed by:
- a) assess origin
 - b) assess fundal height and uterine size
 - c) fundal massage
 - d) assess vital signs
 - e) empty bladder
 - f) breastfeeding or nipple stimulation
 - g) express clots
 - h) non-allopathic treatments
7. respond to a vaginal tear and bleeding with:
- a) assessment of blood color and volume
 - b) direct pressure on tear
 - c) suturing
 - d) clamp with forceps
8. 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
 - m) administer or refer for IV fluids
- I. Assess general condition of mother:
- 1. assess for bladder distension
 - a) encourage urination for bladder distension

Written Test Specifications, continued

- b) perform catheterization for bladder distension
- 2. assess lochia
- 3. assess the condition of vagina, cervix and perineum for:
 - a) cystocele
 - b) rectocele
 - c) hematoma
 - d) tears, lacerations
 - e) hemorrhoids
 - f) bruising
 - g) prolapsed cervix
- 4. repair the perineum:
 - a) administer a local anesthetic
 - b) perform basic suturing of:
 - (1) 1st degree tears
 - (2) 2nd degree tears
 - (3) labial tears
 - c) provide alternate repair methods (non-suturing)
- 5. provide instruction for care and treatment of the perineum
- 6. 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
 - i) maternal comfort measures for engorgement
 - j) letdown reflex
 - k) milk expression
 - l) normal newborn urine and stool output
- J. Perform a Newborn Exam by assessing:
 - 1. the head for:
 - a) size/circumference
 - b) molding
 - c) hematoma
 - d) caput
 - e) sutures
 - f) fontanel
 - 2. the eyes for:
 - a) jaundice
 - b) pupil condition
 - c) tracking
 - d) spacing
 - e) clarity
 - f) hemorrhage
 - g) discharge
 - 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 cleft
 - e) 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

Written Test Specifications, continued

- d) bowel sounds
- e) rigidity
- 10. the groin for:
 - a) femoral pulses
 - b) swollen glands
- 11. the genitalia for:
 - a) appearance
 - b) position of urethral opening
 - c) testicles for:
 - (1) descent
 - (2) rugae
 - (3) herniation
 - d) 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:
 - (1) dimpling
 - (2) holes
 - (3) straightness
- 19. temperature
- 20. flexion of extremities and muscle tone
- 21. reflexes:
 - a) sucking

- b) moro
- c) babinski
- d) plantar/palmar
- e) stepping
- f) grasping
- g) rooting
- h) blinking
- 22. skin condition for:
 - a) color
 - b) lesions
 - c) birthmarks
 - d) milia
 - e) vernix
 - f) lanugo
 - g) peeling
 - h) rashes
 - i) bruising
 - j) Mongolian spots
- 23. length of baby
- 24. weight of baby

VI. The Postpartum Period: (15% of Exam - 39-51 Items)

- A. Completes the birth certificate
- B. Performs postpartum reevaluation of mother and baby at:
 - 1. day-one to day-two
 - 2. day-three to day-four
 - 3. one to two weeks
 - 4. three to four weeks
 - 5. six to eight weeks
- C. 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

Written Test Specifications, continued

- D. Educates regarding adverse factors affecting breastfeeding:
 - 1. environmental
 - 2. biological
 - 3. occupational
 - 4. pharmacological
- E. Provides contraceptive/family planning education and counseling
- F. Facilitate psycho-social adjustment
- G. Provides opportunity for client feedback:
 - 1. verbal
 - 2. written
- H. 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
 - 8. separation of abdominal muscles
 - 9. separation of symphysis pubis
- I. Assesses for, and treats jaundice by:
 - 1. encourage mother to breastfeed every two hours
 - 2. expose the front and back of newborn to sunlight through window glass
 - 3. assess newborn lethargy and hydration
 - 4. consult or refer
- J. Provide direction for care of circumcised penis
- K. Provide direction for care of uncircumcised penis
- L. Treat thrush on nipples:
 - 1. dry nipples after nursing
 - 2. non-allopathic remedies
 - 3. allopathic treatments
- M. Treat sore nipples with:
 - 1. expose to air
 - 2. suggest alternate nursing positions
 - 3. evaluate baby's sucking method
 - 4. apply topical agents
 - 5. apply expressed milk
- N. Treat mastitis by:
 - 1. provide immune system support including:
 - a) nutrition/hydration
 - b) non-allopathic remedies
 - 2. encourage multiple nursing positions
 - 3. apply herbal/non-allopathic compresses
 - 4. apply warmth, soaking in tub or by shower
 - 5. encourage adequate rest/relaxation
 - 6. assess for signs and symptoms of infections
 - 7. teach mother to empty breasts at each feeding
 - 8. provide/teach gentle massage of sore spots
 - 9. consult/refer to:
 - a) La Leche League
 - b) lactation counselor
 - c) other healthcare providers

VII. Well-Baby Care: (5% of Exam - 12-18 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

Written Test Specifications, continued

- D. Instructs mother in care of:
 - 1. diaper rash
 - 2. cradle cap
 - 3. heat rash
- 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. cardio-respiratory abnormalities
 - 3. glucose disorders
 - 4. hyperbilirubinemia
 - 5. birth defects
 - 6. failure to thrive
 - 7. newborn hemorrhagic disease (early and late onset)
 - 8. polycythemia
- 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
- K. Perform or refer for hearing 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 two 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 Reference List

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- Foster, Illysa & Lasser, Jon, *Professional Ethics in Midwifery Practice*, Jones and Bartlett, 2010
- Frye, Anne, *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. I, Care During Pregnancy*, Labrys Press, revised 2010
- Frye, Anne, *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. II, Care During Labor and Birth*, Labrys Press, 2nd edition, 2013
- Frye, Anne, *Healing Passage*, 6th edition. Labrys Press, 2010
- Frye, Anne, *Understanding Diagnostic Tests in the Childbearing Year*, 7th edition, Labrys Press, 2007
- Gaskin, Ina May, *Spiritual Midwifery*, 4rd edition, The Book Publishing Company, 2002
- Gruenberg, Bonnie, *Birth Emergency Skills Training*, Birth Guru Publications, 2009
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- Oxhorn and Foote, *Human Labor and Birth*, 6th edition. McGraw Hill, 2013
- William's Obstetrics*, 24th edition, McGraw Hill, 2014
- Renfrew, Fisher, Arms, *Bestfeeding: Getting Breastfeeding Right*, Celestial Arts, 3rd edition, 2004
- Sinclair, Constance, *A Midwife's Handbook*, Saunders, 2004
- Thureen, *Assessment & Care of the Well Newborn*, 2nd edition Saunders, 2005
- Varney, Helen, *Midwifery*, Jones and Bartlett, 5th edition 2014
- Weaver, Pam & Evans, Sharon, *Practical Skills Guide for Midwives*, Morningstar Publishing, 5th edition, 2012
- American Academy of Pediatrics, *Neonatal Resuscitation Textbook*, 6th edition, 2011

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 Booklet (CIB)*.

Midwives Alliance of North America Core Competencies

Adopted by the Midwives Alliance Board October 3, 1994

Revisions by committee, adopted by the Midwives Alliance Board August 4, 2011

Guiding Principles of Practice

The midwife provides care according to the following principles:

- Pregnancy and childbearing are natural physiologic life processes.
- Women have within themselves the innate biological wisdom to give birth.
- Physical, emotional, psychosocial and spiritual factors synergistically shape the health of individuals and affect the childbearing process.
- The childbearing experience and birth of a baby are personal, family and community events.
- The 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.
- The parameters of “normal” vary widely, and each pregnancy, birth and baby is unique.

I. General Knowledge and Skills

The midwife’s knowledge and skills include but are not limited to:

- A. communication, counseling and education before pregnancy and during the childbearing year;
- B. human anatomy and physiology, especially as relevant to childbearing;
- C. human sexuality;
- D. various therapeutic health care modalities for treating body, mind and spirit;
- E. community health care, wellness and social service resources;
- F. nutritional needs of the mother and baby during the childbearing year;
- G. diversity awareness and competency as it relates to childbearing.

The midwife maintains professional standards of practice including but not limited to:

- A. principles of informed consent and refusal and shared decision making;
- B. critical evaluation of evidence-based research findings and application to best practices;
- C. documentation of care throughout the childbearing cycle;

- D. ethical considerations relevant to reproductive health;
- E. cultural sensitivity and competency;
- F. use of common medical terms;
- G. implementation of individualized plans for woman-centered midwifery care that support the relationship between the mother, the baby and their larger support community;
- H. judicious use of technology;
- I. self-assessment and acknowledgement of personal and professional limitations.

II. Care During Pregnancy

The midwife provides care, support and information to women throughout pregnancy and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. identification, evaluation and support of mother and baby well-being throughout the process of pregnancy;
- B. education and counseling during the childbearing cycle;
- C. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;
- D. nutritional requirements of pregnant women and methods of nutritional assessment and counseling;
- E. emotional, psychosocial and sexual variations that may occur during pregnancy;
- F. environmental and occupational hazards for pregnant women;
- G. methods of diagnosing pregnancy;
- H. the growth and development of the unborn baby;
- I. genetic factors that may indicate the need for counseling, testing or referral;
- J. indications for and risks and benefits of biotechnical 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 baby and the uterus;
- M. the causes, assessment and treatment of the common discomforts of pregnancy;

MANA Core Competencies, continued

- N. identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;
- O. management and care of the Rh-negative woman;
- P. counseling to the woman and her family to plan for a safe, appropriate place for birth.

III. Care During Labor, Birth and Immediately Thereafter

The midwife provides care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. the processes of labor and birth;
- B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;
- C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
- D. maternal 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 interrelationship as relevant to assessing the baby's 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. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;
- J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;
- K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;
- L. appropriate support for the newborn's natural

physiologic transition during the first minutes and hours following birth, including practices to enhance mother–baby attachment and family bonding;

- M. current biotechnical interventions and technologies that may be commonly used in a medical setting;
- N. care and repair of the perineum and surrounding tissues;
- O. third-stage management, including assessment of the placenta, membranes and umbilical cord;
- P. breastfeeding and lactation;
- Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

IV. Postpartum Care

The midwife provides care, support and information to women throughout the postpartum period and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. anatomy and physiology of the mother;
- B. lactation support and appropriate breast care including treatments for problems with nursing;
- C. support of maternal well-being and mother–baby attachment;
- D. treatment for maternal discomforts;
- E. emotional, psychosocial, mental and sexual variations;
- F. maternal nutritional needs during the postpartum period and lactation;
- G. current treatments for problems such as postpartum depression and mental illness;
- H. grief counseling and support when necessary;
- I. family-planning methods, as the individual woman desires.

V. Newborn Care

The midwife provides care to the newborn during

MANA Core Competencies, continued

the postpartum period, as well as support and information to parents regarding newborn care and informed decision making, and determines the need for consultation, referral or transfer of care as appropriate. The midwife's assessment, care and shared information include but are not limited to:

- A. anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life;
- B. newborn wellness, including relevant historical data and gestational age;
- C. nutritional needs of the newborn;
- D. benefits of breastfeeding and lactation support;
- E. laws and regulations regarding prophylactic biotechnical treatments and screening tests commonly used during the neonatal period;
- F. neonatal problems and abnormalities, including referral as appropriate;
- G. newborn growth, development, behavior, nutrition, feeding and care;
- H. immunizations, circumcision and safety needs of the newborn.

VI. Well-Woman Care and Family Planning

The midwife provides care, support and information to women regarding their reproductive health and determines the need for consultation or referral by using a foundation of knowledge and skills that include but are not limited to:

- A. reproductive health care across the lifespan;
- B. evaluation of the woman's well-being, including relevant health history;
- C. anatomy and physiology of the female reproductive system and breasts;
- D. family planning and methods of contraception;
- E. decision making regarding timing of pregnancies and resources for counseling and referral;
- F. preconception and interconceptual care;
- G. well-woman gynecology as authorized by jurisdictional regulations.

VII. Professional, Legal and Other Aspects of Midwifery Care

The midwife assumes responsibility for practicing in accordance with the principles and competencies outlined in this document. The midwife uses a foundation of theoretical knowledge, clinical assessment, critical-thinking skills and shared decision making that are based on:

- A. MANA's Essential Documents concerning the art and practice of midwifery,
- B. the purpose and goals of MANA and local (state or provincial) midwifery associations,
- C. principles and practice of data collection as relevant to midwifery practice,
- D. ongoing education,
- E. critical review of evidence-based research findings in midwifery practice and application as appropriate,
- F. jurisdictional laws and regulations governing the practice of midwifery,
- G. basic knowledge of community maternal and child health care delivery systems,
- H. skills in entrepreneurship and midwifery business management.

Informed Consent and Informed Disclosure

Position Statement on Shared Decision Making and Informed Consent

The North American Registry of Midwives recognizes Shared Decision Making and Informed Consent as the cornerstones of woman centered midwifery care. Midwives want their clients to make well-informed choices about their care. For effective informed consent, midwives provide a combination of decision making tools, including verbal communication and well written documents, that are based on evidence-based research and the midwife's clinical expertise.

The Informed Consent Process occurs throughout care during which the plan of care for each client is continuously explored and explained. The Midwife's Plan of Care is based on her training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements. Informed consent documents include signed agreements when appropriate.

Glossary for Informed Disclosure and Informed Consent

Philosophy of Birth: A written or verbal explanation that a midwife provides as part of Informed Disclosure for Midwifery Care in which the midwife explains her beliefs and opinions about the process of childbirth and the role of the midwife as care provider.

CPM Informed Consent Process: includes ongoing verbal and written education about risks, benefits and alternatives to the Midwife's Plan of Care. Alternatives include interventions and treatments (provided by the midwife as well as those available through other resources in the community) and the options of delaying or declining testing or treatment. The midwife utilizes individualized counseling based on her practice guidelines and skill level, the woman's medical history, and written documentation of a care plan that includes signatures of the client and midwife when appropriate. The Informed Consent Process necessitates revisiting areas of consent over time and as changes occur.

Midwife's Plan of Care: A midwife provides her clients with a care plan that is informed by her training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements. The Plan of Care includes both written and verbal communication and is revisited throughout the course of care as changes occur.

Education and Counseling: Information and discussion components of the CPM Informed Consent Process, provided in language understandable to the client. Verbal and written communication should free of technical jargon that the client does not comprehend. Written information should be at the client's reading level.

Shared Decision Making: The collaborative processes that engages the midwife and client in decision-making with information about treatment options, and facilitates the incorporation of client preferences and values into the plan of care.

Informed Disclosure for Midwifery Care

NARM requires that CPMs provide an informed disclosure to all of their clients at the onset of care that includes a comprehensive description of the midwife’s training, philosophy of birth, practice guidelines, transfer of care plan, legal status, availability of a complaint process, and relevant HIPAA disclosures.

Components of an Informed Disclosure for Midwifery Care

NARM requires the Certified Professional Midwife to have a written statement of Informed Disclosure for Midwifery Care on file for each client. An informed disclosure 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 form should be entitled “Informed Disclosure for Midwifery Care,” and must include, at a minimum, the following:

1. A description of the midwife’s education, training, and experience in midwifery;
2. The midwife’s philosophy of practice;
3. 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;
4. A medical consultation, transfer and transport plan;
5. The services provided to the client by the midwife;
6. The midwife’s current credentials and legal status;
7. NARM Accountability Process (including Community Peer Review, Complaint Review, Grievance Mechanism and how to file a complaint with NARM); and
8. HIPAA Privacy and Security Disclosures

HIPAA Privacy and Security Rules

HIPAA Privacy and Security Rules are intended to enforce standards of ethics and confidentiality. NARM recommends that all CPMs address HIPAA compliance in their professional practice and determine their status as a “covered entity” under HIPAA. More information on whether you are “covered entity” required to comply with HIPAA can be found on the HHS.gov Website.

NARM requires that ALL CPMs, even those not designated as “covered entities”, address the following standards for disclosure of personal health information (PHI) in their professional documents of informed disclosure/informed consent.

CPMs must have permission from their clients to allow students to access medical records for the purpose of education or verification of documentation for their NARM application.

CPMs must disclose to their clients that they participate in regular peer review, which can sometimes necessitate confidential disclosure of health information for the purpose of reviewing the midwife’s professional conduct.

More information can be found on our HIPAA for CPMs web page at <http://narm.org/professional-development/hipaa>.

Informed Consent for Waiver of Midwife's Plan of Care

If a midwife supports a client's choices that are outside of her Plan of Care, she must be prepared to give evidence of informed consent. The midwife must also be able to document the process that led to the decision and show that the client was fully informed of the potential risks and benefits of proceeding with the new care plan. It is the responsibility of the midwife to provide evidence-based information, clinical expertise, and when appropriate, consultation or referral to other providers to aid the client in the decision making process.

Information provided should be free from the personal bias of the practitioner and should be presented without coercion or intimidation. When all reasonable options have been discussed, and the client understands the possible outcomes of each option, it is the client's right to choose her course of care. Depending on legal limitations, it is the CPM's right to continue care with the client, or to discontinue care and provide the client with resources toward choosing other caregivers. Midwives cannot and should not knowingly put a client at harm. Continuing care with a non-compliant client must be a decision that the midwife believes is in the best interest of her client. Documentation of informed consent in the client's chart is the responsibility of the midwife. CPMs must obtain a client's signature when the client's care plan deviates from the Midwife's Plan of Care.

Components of an Informed Consent/Informed Refusal if a client's care plan deviates from the Midwife's Plan of Care

1. Explanation of treatments and procedures;
2. Explanation of both the risks and expected benefits;
3. Discussion of possible alternative procedures, including delaying or declining of testing or treatment, and their risks and benefits;
4. Documentation of any initial refusal by the client of any action, procedure, test or screening recommended by the midwife based on her clinical opinion or required by practice guidelines, standard of care, or law, and follow up plan;
5. Client and midwife signatures and date of signing for informed refusal of standard of care.

Resources for Informed Disclosure and Informed Consent:

- NARM Shared Decision Making Workshop: <http://narm.org/shareddecisionmaking/>
- MANA Core Competencies; <http://mana.org/about-us/core-competencies>
- NACPM Standards of Practice; <http://nacpm.org/Resources/nacpm-standards.pdf>
- *Professional Ethics in Midwifery Practice*, Illysa Foster and Jon Lasser
- Sample Informed Disclosure for Midwifery Care; <http://narm.org/wp-content/uploads/2011/02/MVM-Midwifery-and-HIPAA-Disclosure.pdf>

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 has created Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care), forms and handouts relating to midwifery practice, and an emergency care form. In the recertification application, the CPM again signs a statement verifying that she has written Practice Guidelines and will utilize Informed Consent in sharing these protocols with her clients. NARM does not require that these documents be turned in with every application (except for Special Circumstances and Internationally Educated Midwives. Audits require candidates to send copies of their Practice Guidelines and other documents to the NARM Application Office 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, starting with the initial visit, prenatal, labor/delivery and immediate postpartum, newborn exam and postpartum care. Practice Guidelines should include an explanation of routine care and protocols for transports. 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 the midwife base the practice guidelines on documents such as:

- The NARM Written Test Specifications in the Candidate Information Booklet (CIB)
- The MANA Standards and Qualifications for the Art and Practice of Midwifery;
- The MANA Statement of Values and Ethics;
- The MANA Core Competencies;
- ICM Global Standards, Competencies and Tools;
- 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 the midwife's state, if licensed may define the scope of practice and serve as a base for the development of individual Practice Guidelines.

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.

NARM Peer Review Process

NARM utilizes three types of peer review:

- Community Peer Review is routine, confidential, professional, non-punitive, and educational.
- Complaint Review addresses a complaint against a Certified Professional Midwife (CPM) and may result in non-binding educational recommendations. In extreme circumstances, the NARM Accountability Committee may make additional recommendations or requirements to the midwife. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism. A complaint to NARM about a CPM applicant may result in additional education/experience requirements, or suspension or denial of a NARM application.
- Grievance Mechanism addresses the second and subsequent complaints against a CPM (or CPM applicant), and may result in binding recommendations and/or probation, suspension, or revocation of a CPM credential, or suspension or denial of a NARM application.

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 or refusal to participate in the accountability processes will result in revocation of the credential or denial of the CPM application.

Community Peer Review

All NARM Certified Professional Midwives (CPMs) and CPM applicants are encouraged to attend local, routine Community Peer Review.

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. Establishing Community Peer Review is worthwhile preparation for future problem solving. Having an established Community Peer Review provides a stable environment for professional resources and support.

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

Consumers 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 CPM, the first place the complaint will be addressed officially will be in local Peer Review, utilizing the NARM Complaint Review process or similar format that must include participation of the client. A formal complaint against an apprentice/CPM applicant may be addressed by a review committee of NARM Board members, using NARM Complaint Review. See the following section, Complaint Review, for details of the Complaint Review process.

The suggested format for Community 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 that was used), and cases where the midwife requests 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. Gravity 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 process, which includes participation of the client whose course of care initiated the complaint. 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 credential, a written complaint may be filed with the NARM Board. Independent of NARM, mediation may be utilized to reach an acceptable outcome. If a complaint has already been addressed in a peer review using the NARM Complaint Review process, or similar format, and resolution was not achieved, a written complaint to the NARM Board initiates the Grievance Mechanism. If NARM receives a complaint against a CPM or CPM applicant that has not yet been addressed in the Complaint Review format, NARM will initiate a Complaint Review at the most local level possible. See the following sections, Complaint Review, and Grievance Mechanism, for details of those NARM Accountability procedures.
- 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 Disciplinary Process

NARM will address complaints regarding the behavior of a certificant or applicant in which the professional behavior indicates dishonesty, inadequate informed consent, or negligent or fraudulent action of self-interest in which the midwife compromised the well-being of a client or a client's baby. Complaints must be made by someone with direct evidence of the behavior in question. This type of complaint is an "External" complaint and will follow the NARM Complaint Review process.

NARM will also address complaints regarding violation of confidentiality, falsification of information on the NARM certification or recertification applications, or the misrepresentation of certification status (advertising as a CPM when the certification is Inactive, has not been issued, or has been revoked). This complaint is an "Internal" complaint and will be heard through Board Review, which may include participation by the NARM Board, the Accountability Committee, and the NARM Applications Department.

The information below details the Complaint Review Process, Grievance Review Process, and the Appeals policies.

Complaint Review and Grievance Mechanism Policy

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 her 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 the Complaint Review, and Grievance Mechanism, processes.

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 and CPM applicants are encouraged to attend local, routine Community Peer Review. 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 process, which includes participation of the client whose course of care initiated the complaint. 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 credential, a written complaint may be filed with the NARM Board. Independent of NARM, mediation may be utilized to reach an acceptable outcome. If a complaint has already been addressed in a peer review using the NARM Complaint Review process, or similar format, and resolution was not achieved, a written complaint to the NARM Board initiates the Grievance Mechanism. If NARM receives a complaint against a CPM that has not yet been addressed in the Complaint Review format, NARM will initiate a Complaint Review at the most local level possible.

When NARM receives a written complaint about a CPM applicant, the Complaint Review or Grievance Mechanism is heard by a review committee of NARM Board members.

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.

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. In extreme circumstances, the NARM Accountability Committee may make additional recommendations or requirements to the midwife. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism.

A second complaint against a CPM or applicant initiates the NARM Grievance Mechanism. A complainant who does not agree that resolution was reached with the outcome of Complaint Review and wishes to and initiate the Grievance Mechanism must file a second complaint within three months. A second complaint may result from another complainant regarding a different course of care. 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.

Forms for use in the NARM Complaint Review and Grievance Mechanism sessions are posted online at www.narm.org.

Limitations of Complaints for NARM Complaint Review and Grievance Mechanism

Complaints must be received within 18 months of the conclusion of care.

The certification status of the CPM or CPM applicant at the time of occurrence is irrelevant. 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.

A complaint against a CPM or CPM applicant may only be made by a client, or a party with direct knowledge of the cause for concern.

A complaint will be addressed in Complaint Review or Grievance Mechanism 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 or Grievance Mechanism. Without permission to review a client's chart the complaint is closed.

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.

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. If a CPM faces regulatory investigation or civil or criminal litigation, the timeline for receiving complaints is extended. NARM must receive a formal complaint against a CPM within six months of the conclusion of regulatory or court process. A complaint to NARM against a CPM must be specific to concerns regarding competent care.

If a state regulatory process addresses a complaint against a CPM and the consumer brings the complaint to NARM, the appropriate NARM Accountability process may be Complaint Review or Grievance Mechanism. NARM's decision regarding which process to implement depends on the consumer's previous access to participation in the complaint process. If the consumer feels she had adequate opportunity to

express her concerns during the regulatory process, she may agree to proceed to the Grievance Mechanism rather than address her complaint through NARM Complaint Review. The intention of this policy is to avoid redundant peer review forums in order to access the NARM Grievance Mechanism.

A complaint against a CPM applicant will usually include her preceptor.

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. Notice of complaints received regarding a midwife whose CPM credential has been revoked will be placed in this person's file in the Applications Department; the original complaint will be kept in the Accountability office. 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. NARM Applications Dept. will notify NARM Director of 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.

When NARM receives a second complaint against a CPM or applicant, the NARM Grievance Mechanism is initiated. A complainant who does not agree that resolution was reached with the outcome of Complaint Review and wishes to and initiate the Grievance Mechanism must file a second complaint within three months. A second complaint may result from another complainant regarding a different course of care. 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; for a CPM applicant, failure to meet the stated requirements results in conditional suspension or denial of her/his application.

The Complaint Review Session

When a written complaint against a CPM (or CPM applicant) is received by NARM, it is referred to NARM Director of Accountability and Accountability Committee. The first step in reviewing the complaint is Complaint Review.

In preparation for Complaint Review, NARM Director of Accountability provides complainant with Records Release to sign and return within two weeks. If the complainant does not return the Records Release within two weeks or does not maintain contact with NARM, the complaint is closed. Upon receipt of the signed Records Release, Director of Accountability contacts the CPM facing the complaint, to request the CPM's Practice Guidelines document and a complete copy of the complainant's chart. The CPM has one week to provide these documents to NARM.

For a complaint against a CPM, NARM Director of Accountability contacts CPMs in the area local to the complainant for two reasons: First, to find out if, independent of NARM, this complaint has already been addressed by Complaint Review (or a similar process which must have included participation of the complainant) among local midwives, but was unable to satisfy the complainant. If so, the complaint is counted as the second complaint against the CPM and is moved to the NARM Grievance Mechanism. The second reason for NARM Director of Accountability to contact CPMs is to make arrangements with a CPM to chair the Complaint Review. The CPM who agrees to chair the Complaint Review must not have any conflict of interest with the CPM named in the complaint. Necessary documents are provided by NARM Director of Accountability to the Complaint Review Chairperson. The Complaint Review Chairperson organizes local CPMs (and possibly other midwives) for a NARM Complaint Review. The Complaint Review Chairperson contacts the complainant and the CPM named in the complaint. A date for

the Complaint Review is set, participants agree to confidentiality, and copies of the necessary documents are distributed.

When the local midwifery community is divided and contentious, or when a complaint is very controversial, NARM Director of Accountability may contact CPMs from a wider geographical area to identify a CPM willing to serve as Complaint Review Chairperson. The Complaint Review Committee may also draw participating members from a larger geographical area. In some instances, the committee may be chaired by NARM Accountability Director and consist of NARM Board members and local CPMs (and possibly other non-CPM midwives).

For a complaint against a CPM applicant, NARM Director of Accountability organizes a Complaint Review with a committee of NARM Board members. Because the NARM application process is confidential, participation in the Complaint Review Committee is limited to NARM Board members.

When a Complaint Review is organized over a large geographic area, the session may occur by teleconference.

If the Complaint Review is completed, but resolution is not reached through outcome recommendations, and the complainant wishes to take action against the CPM's credential, a second letter of complaint must be submitted to NARM within three months. When NARM receives a second complaint against a CPM, the Grievance Mechanism is initiated. See the following section, Grievance Mechanism, for details of the Grievance Mechanism process.

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 (resulting from a different incident) against an applicant is addressed by a committee of NARM Board members through NARM's Grievance Mechanism.

The format for NARM Complaint Review is as follows:

- NARM Director of Accountability provides the Complaint Review Chairperson with copies of this document, 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).
- The members of the Complaint Review Committee read these documents, contacting NARM Director of Accountability 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.)
- 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.
- The Complaint Review session is begun with the midwife, complainant and review members present. During the Complaint Review session, the complainant and the CPM may each include first-hand accounts of supporting testifiers, either in person or by written testimony. In addition, for the purpose of emotional support during the complaint or grievance review session, the complainant and the CPM may each include the company of a spouse, significant other, parent, close family member, close friend or clergy.

- All parties agree to uphold confidentiality.
- The agenda for the session is read.
- The complaint is read aloud, or the complainant may tell her story.
- The complainant gives testimony, and any additional testimony on the complainant's behalf is given or read.
- Reviewers may ask questions of the complainant and supporting testifiers.
- The complainant and supporting testifiers are excused.
- The midwife presents the case. Supporting testimony is given or read.
- Reviewers may ask questions of the midwife and supporting testifiers.
- The midwife is excused from proceedings.
- Reviewers discuss the case. Recommendations and findings are written and sent to NARM Director of Accountability. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism.
- NARM Director of Accountability presents the outcome of the Complaint Review to the NARM Board.
- In extreme circumstances, the NARM Board may make additional recommendations or requirements to the midwife. NARM Director of Accountability issues a formal outcome letter from NARM to the CPM facing the complaint, and the complainant. A copy is sent to the Complaint Review Chairperson. NARM Continuing Education certificates are issued to the members of the Complaint Review Committee.

The Grievance Mechanism Session

A second complaint may result from another complainant regarding a different course of care, as part of an outcome from Complaint Review, or from a complainant who does not agree that resolution was reached with the outcome of Complaint Review.

A complainant who is unsatisfied with the outcome of the Complaint Review and wishes to take action against a CPM's credential may initiate the Grievance Mechanism by submitting a second letter of complaint to NARM. The second letter of complaint must be filed within three months of the date on the Complaint Review outcome notification letter.

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; an applicant may receive conditional suspension or denial of an application. The Grievance Mechanism may result in probation, suspension, or revocation of the CPM credential.

The NARM Grievance Mechanism is heard by a committee of NARM Board members (Grievance Committee), via teleconference.

In preparation for Grievance Mechanism session, NARM Director of Accountability provides complainant with Records Release to sign and return within two weeks (unless NARM has already secured the required documents during the Complaint Review process). If the complainant does not return the Records Release or does not maintain contact with NARM, the complaint is closed. Upon receipt of the signed Records Release, Director of Accountability contacts the CPM facing the complaint to request the CPM's Practice Guidelines document and a complete copy of the complainant's chart. The CPM has one week to provide these documents to NARM.

The opposing sides are each invited to supply written or verbal testimony for consideration during the Grievance Mechanism.

NARM Director of Accountability provides copies of necessary documents to the Grievance Committee members.

Complainant must respond within two weeks of being notified by NARM Director of Accountability with attempts to establish a date for the Grievance Mechanism session. If the complainant does not continue participation in the process, the complaint is dropped and will not reflect on the CPM or CPM applicant in question.

NARM Director of Accountability serves as chairperson of the session.

The format for NARM Grievance Mechanism session is as follows:

- I. All participants are required to sign Confidentiality and No Conflict of Interest statements. At the opening of the teleconference, these statements are verbally reaffirmed.
- II. The agenda is drawn from this session format and the material to be presented. Chairperson reads agenda and asks for questions regarding the process of the session.
- III. Written testimony will be read and verbal testimony given by the complainant. The midwife is urged to be present during this time, but may not address the complainant during the session, or comment during the complainant's presentation. During the Grievance Mechanism session the complainant and the CPM may each include first-hand accounts of supporting testifiers, either in person or by written testimony. In addition, for the purpose of emotional support during the complaint or grievance review session, the complainant and the CPM may each include the company of a spouse, significant other, parent, close family member, close friend, or clergy. Grievance Committee asks questions of complainant for clarification.
- IV. Complainant is excused from the proceedings.
- V. The midwife in question will present her/his chart and respond to the testimony provided by the complainant. Then the CPM (or applicant) is excused.
- VI. The Grievance Committee discusses the testimonies heard and continues to review the documentation. Suggestions are made for formal recommendations, requirements, and/or actions against the CPM's credential.
- VII. The Grievance Committee derives appropriate action after the discussion 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 further action is deemed necessary. Actions are decided by consensus. 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 Grievance Committee. Upon completion of the assigned study, the midwife will submit a statement of completion to the Director of Accountability.
 - 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 the Grievance Committee, to follow the assigned studies and lend support in improving the areas of weakness. The mentor will report to the Director of Accountability 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 Director of Accountability. Upon completion of required study and/or experience, the CPM is free to practice independently as primary midwife. 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 CPM 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. Public notice of revocation is made, and remains posted online at www.narm.org unless recertification is completed.
- 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.

Accountability Appeals Process

An appeal of the Complaint Review will be for the complaint to move to the Grievance Mechanism for resolution by the NARM Accountability Committee. An appeal of a decision of the Grievance Mechanism may be made by either the complainant or the midwife. An appeal will only be considered if either party has significant new information that was not available during the Grievance review or has substantial allegations of a conflict of interest by a person who participated in the Grievance review that adversely affected the decision. The appeal, with documentation, should be submitted in writing within 30 days of notification of the decision. If the Accountability committee determines that the appeal is warranted, the Grievance will be heard again by members of the Accountability committee which will include at least two members who did not participate in the first hearing.

NARM Policy for Printing Notice of CPM Revocation

NARM will print public notification of a midwife's CPM revocation on the NARM website.

The notification will be printed as follows:

The North American Registry of Midwives Board has revoked the CPM credential from (midwife's name). (midwife's name) may no longer refer to herself as a NARM CPM, Certified Professional Midwife, or CPM, and is advised to honestly and responsibly inform current and prospective clients that her CPM credential has been revoked.

According to the Candidate Information Booklet, "In the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest in which the certified midwife compromised the well-being of a client or client's baby, or with noncompliance to the NARM Grievance Mechanism, this CPM's certificate must be revoked."

After two years, the midwife may re-apply for NARM certification by sending a letter of intent to the NARM Accountability Committee. Once approved, the applicant will be required to:

1. Satisfy all previous requirements originating from Peer Review findings prior to reinstatement.
2. Satisfy any complaints that may have been received during the period of revocation. New complaints must be heard by Peer Review and documented to the NARM Accountability Committee before a new application can be submitted.

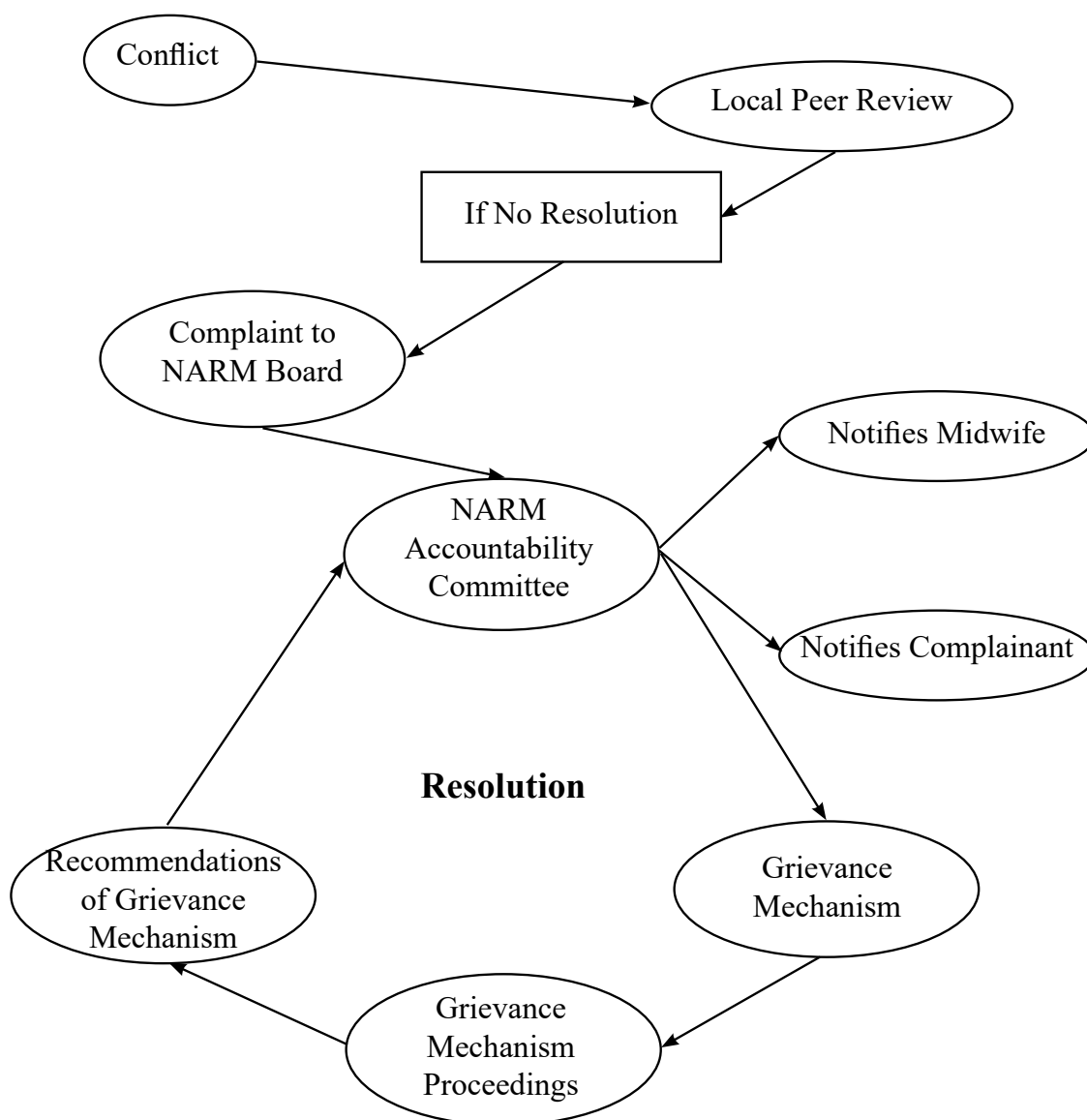
3. Submit a new NARM Certified Professional Midwife (CPM) application including all fees. Clinicals submitted on the new application must have occurred after the date of revocation.
4. Pass the NARM Written Examination.

The board may decide to implement an initial period of probation during which additional education or documentation requirements must be met. Failure to meet these requirements could result in suspension or revocation.

NARM may suspend or revoke the reinstated CPM credential through the NARM Grievance Mechanism.

A second revocation is permanent.

Grievance Mechanism Flow of Activity



Glossary

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

The terms defined herein are specific to the CPM process.

Accountability: The check and balance system built into the certification process. Accountability includes continuing education, informed consent, peer review, complaint review, and the grievance mechanism.

ACNM: American College of Nurse Midwives; the professional association that represents Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) in the United States.

AMCB: American Midwifery Certification Board.

Assistant Under Supervision: An apprentice midwife who is being taught to perform the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility.

Audit: A methodical examination and review of application materials, including any additional requested materials, such as practice documents and charts. Audits may be conducted randomly or for multiple discrepancies on any application type, including recertification applications.

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.

CPR: Cardiopulmonary Resuscitation. Approved CPR courses include the American Heart Association and the Red Cross.

CNM: Certified Nurse Midwife. An advanced practice registered nurse who has specialized education and training in both the disciplines of nursing and midwifery and is certified by the AMCB.

CM: Certified Midwife; A direct entry midwife who is certified by the AMCB.

Certified Professional Midwife (CPM): A professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and adheres to the Midwives Model of Care.

CEU: Continuing Education Unit; continuing education credits which are usually represented as credit hours but sometimes as units. For NARM recertification one contact hour equals one CEU.

Charts: A record of information about a client. Complete charts include the prenatal care record, labor and delivery records, newborn exam record, and postpartum record.

Client Code: Each client must have a unique code. If there is more than one birth, including twins, with any given client, there must be a different code assigned for each subsequent birth. 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.

Clinical: Any direct observation or evaluation of a client, e.g. – a birth, prenatal, postpartum, or newborn exam.

Clinical Experience: Any experience involving direct observation or evaluation of a client and signed for by a witness or Registered Preceptor.

Glossary, continued

Complaint Review: A group review by CPMs, conducted locally, regarding a formal complaint filed against a CPM within 18 months of the conclusion of care (or within the time allowed by NARM policy).

Complaint Review includes participation of the client whose course of care initiated the complaint, and may result in non-binding educational recommendations for the midwife or initiation of the NARM Grievance Mechanism.

Confidentiality: The protection of individually identifiable information, specifically client information.

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 (COC): Care provided throughout prenatal, intrapartum and postpartum periods. For the purposes of the NARM application, primary under supervision care must be provided for a minimum of five prenatals spanning at least two trimesters, the birth, including the placenta, the newborn exam, and at least two postpartums. Transports are not accepted for Continuity of Care births.

Co-Primary: A midwife who shares care of a client with another midwife, with each midwife bearing equal responsibility for the actions, inactions and collective decisions.

Core Competencies: The Midwives Alliance of North America Core Competencies; a document of guidelines which establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice, providing the basis for the CPM credential.

Currency: Documentation of additional births and/or clinicals, which may be required for applications that have been in process for an extended period of time. Minimum required clinical experiences must span no longer than ten years, with at least ten out of hospital births within the last three years.

Education and Counseling: Information and discussion of components of the CPM Informed Consent Process and Shared Decision Making, provided in verbal and written language understandable to the client.

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

Emergency Care Form: A form individualized for each client, which should include the client's name, address, phone number, hospital chosen for transport (with telephone number), name and contact information of anyone who may be involved in the care of the client (such as client doctors or the backup physician for the midwife), and any person that the client lists as an emergency contact.

Expired CPM: One who has previously been issued the CPM credential but, within 90 days after her/his expiration date, has not provided documentation of maintaining the requirements of recertification.

Expired Application: An application which has been submitted to the NARM Applications Department and has been in process or incomplete for longer than the allowed time frame.

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

Grievance Mechanism: The process used by the NARM Accountability Committee to handle formal complaints about a midwife, which is put into effect once a second complaint against a CPM or applicant is filed. The outcome 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.

ICA: International Credentialing Associates; an independent, non-governmental professional organization which provides educational credential evaluation reports to other organizations for individuals who have completed all, or part, of their education outside the United States.

Glossary, continued

Inactive CPM: Voluntary suspension of CPM credential on an annual basis not to exceed six years; during which time the use of the CPM credential and preceptor/evaluator status is prohibited.

Informed Consent Form: A midwife's documentation of the process leading to the decision made by a client that is outside the Midwife's Plan of Care, which must include evidence that the client was fully informed of the potential risks and benefits of proceeding with the new care plan.

Informed Consent Process: Ongoing verbal and written education about risks, benefits and alternatives to the Midwife's Plan of Care. The midwife utilizes individualized counseling based on her practice guidelines and skill level, the client's medical history, and written documentation of a care plan that includes signatures of the client and midwife when appropriate. The Informed Consent Process necessitates revisiting areas of consent and non-consent over time and as changes occur.

Informed Disclosure: A form written in language understandable to the client which includes a place for the client to attest that she understands the content by signing her full name. The form must include a description of the midwife's training and experience (including credentials), philosophy of practice, list of services provided, transfer/consultation protocols, transport plan, the NARM Accountability Process, and HIPAA Privacy and Security Disclosures.

Initial Prenatal Exam: Intake interview, history (medical, gynecological, family) and physical examination. Information may be gathered over one or more early prenatal visits and should include both an oral/written history and a general overview of normal physical condition.

Licensed Midwife: A midwife who is legally recognized and regulated by her state.

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 NARM Registered Preceptor.

Midwife: One who attends a woman in childbirth as the primary care provider.

Midwife's Plan of Care: A care plan provided by the midwife to her client that is informed by her training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements. The Plan of Care includes both written and verbal communication and is revisited throughout the course of care as changes occur and at the time an exam or procedure is provided. A client may refuse a procedure at any time.

NARM: North American Registry of Midwives.

NARM Registered Preceptor: A midwife who meets requirements for supervising CPM candidates and has current, approved registration through NARM. The Registered Preceptor must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or s/he must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, s/he must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.

Glossary, continued

- Neonatal resuscitation** courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.
- Newborn Exam:** A complete and thorough examination of the infant conducted within 12 hours of the birth.
- Observer:** One who is physically present and observes a labor and birth.
- OOC:** Out of Country; specifically, midwifery training conducted outside the U.S. or Canada.
- Out-of-hospital Birth:** A planned birth in a home, freestanding birth center, or other location not connected to a hospital.
- Peer Review:** Process utilized by midwives to confidentially discuss client cases in a professional forum, which includes support, feedback, follow-up, and learning objectives.
- PEP-EL:** Portfolio Evaluation Process – Entry Level; the application route through which midwifery apprenticeship with one or more Registered Preceptors is thoroughly documented for review for the purpose of qualifying for the CPM credential.
- PEP-EM:** Portfolio Evaluation Process – Experienced Midwife; the application route through which a midwife’s experience (a minimum of five years of experience beyond training) is thoroughly documented for review for the purpose of qualifying for the CPM credential.
- PEP-IEM:** Portfolio Evaluation Process – Internationally Educated Midwife; the application route through which the experiences and training of a midwife licensed or registered outside the U.S. is thoroughly documented for review for the purpose of qualifying for the CPM. Documentation includes an initial report requested by the applicant and compiled by ICA.
- Phase 1:** The first of four phases of the PEP-EL application, requiring documentation of births attended as an Observer. Phase 1 serves as an orientation to a preceptor’s practice.
- Phase 2:** The second of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as an Assistant Under Supervision. Phase 2 provides the applicant with appropriate instruction and training in preparation for providing primary midwifery care under the direct supervision of a Registered Preceptor during Phase 3.
- Phase 3:** The third of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as a Primary Under Supervision, verification of skills, CPR/NRP certifications, verification of utilization of practice documents, and references.
- Phase 4:** The fourth of four phases of the PEP-EL application, requiring documentation of additional births as a Primary Under Supervision. Phase 4 must be submitted within six months of passing the NARM Written Examination.
- Philosophy of Birth:** A written or verbal explanation that a midwife provides as part of Informed Disclosure for Midwifery Care in which the midwife explains her/his beliefs and opinions about the process of childbirth and the role of the midwife as care provider.
- Plan of Care:** See Midwife’s Plan of Care.
- Postpartum Exam:** A physical, nutritional and socio-psychological review of the mother and baby after 24 hours and up to six weeks following the birth, and does not include the immediate postpartum exam.
- Practice Guidelines:** A specific description of protocols that reflect the care given by a midwife, including the initial visit, prenatal, labor/delivery, immediate postpartum, newborn exam and postpartum care. Practice Guidelines should include an explanation of both routine care and protocols for transports.

Glossary, continued

Preceptor: See NARM Registered Preceptor.

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

Primary: A midwife who has full responsibility for provision of all aspects of midwifery care (prenatal, intrapartum, newborn and postpartum) 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 all care provided.

Protocols: See Practice Guidelines.

Recertification: The process through which a CPM renews credentialing every three years by documenting CEUs, peer review, cultural competency (if not previously documented), and current CPR/NRP certifications.

Recertification After Expiration: The process through which an expired CPM may reapply for the CPM credential by documenting birth experience, CEUs, peer review, cultural competency, and current CPR/NRP certifications. The expired CPM will be required to retake the Written Examination unless s/he holds another current credential (such as a state license) recognized by NARM.

Registered Midwife: See Licensed Midwife.

Registered Preceptor: See NARM Registered Preceptor.

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

Shared Decision Making: The collaborative process that engages the midwife and client in decision making with information about treatment options, and facilitates the incorporation of client preferences and values into the plan of care.

Standards of Practice: See Practice Guidelines.

State Licensed: See Licensed Midwife.

Supervisor: See NARM Registered Preceptor.

Transport: Transfer of care during labor to another primary care giver prior to the birth of the baby. In the case of transfer the student must remain with the client through the birth (if possible) and continue to be present through the immediate postpartum period. The supervising preceptor must be present until transfer of care has occurred.

Witness: Anyone other than the applicant present at a birth.

Written Examination: North American Registry of Midwives Written Examination.

Directory

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