



*NARM Preceptor/Student  
Handbook*

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## NARM Registered Preceptor Overview

### What is a NARM Registered Preceptor?

A NARM Registered Preceptor is a credentialed, experienced midwife who agrees to train student midwives intending to apply for the Certified Professional Midwife (CPM) credential and has current, approved registration through NARM.

### Who can be a NARM Registered Preceptor?

To serve as a preceptor for a CPM applicant, one must:

- Hold a current North American midwifery credential:
  - Certified Professional Midwife (CPM),
  - Certified Nurse Midwife (CNM)/Certified Midwife (CM), or
  - Licensed practitioner legally recognized by the state to provide maternity care.
- Meet at least one of the following criteria:
  - Have at least 3 years of experience beyond entry-level CPM requirements, or
  - Have served as a primary midwife for at least 50 births, including 10 continuity of care births, beyond the entry-level CPM\* requirements.
- Have provided continuity of care for at least 10 clients beyond entry-level CPM requirements.
- Have attended a minimum of 10 out-of-hospital births in the last three years.
- Have attended a workshop, course, or module on cultural awareness within the last three years.
- Develop a written work agreement that clearly defines expectations for the student, as well as for the Preceptor.

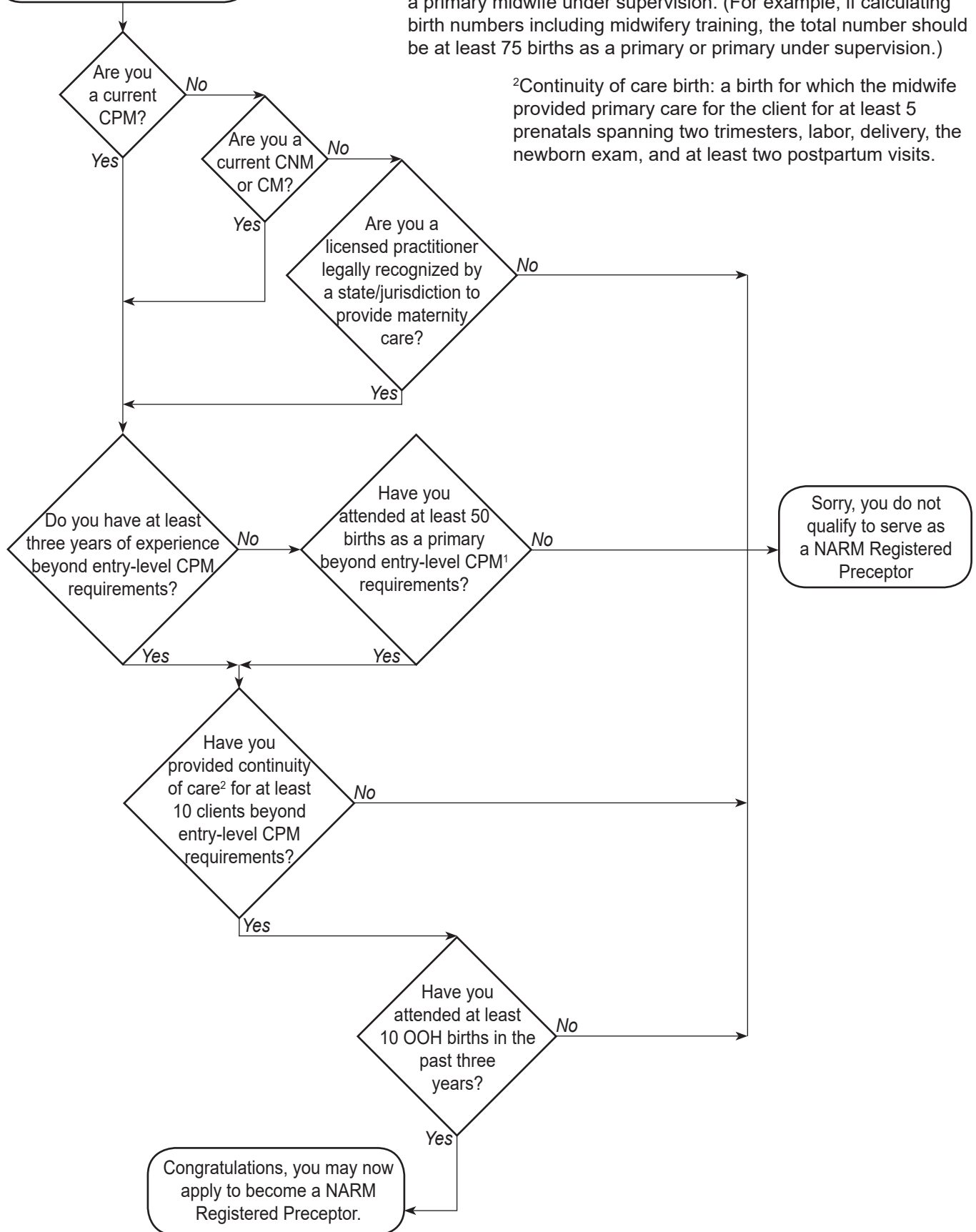
\*Entry-level CPM requirements include completion of 25 births as a primary midwife under supervision. (For example, if calculating birth numbers including midwifery training, the total number should be at least 75 births as a primary or primary under supervision.)

## Preceptor Flow Sheet

You've decided to serve as a preceptor for a CPM Applicant

<sup>1</sup>Entry-level CPM requirements include completion of 25 births as a primary midwife under supervision. (For example, if calculating birth numbers including midwifery training, the total number should be at least 75 births as a primary or primary under supervision.)

<sup>2</sup>Continuity of care birth: a birth for which the midwife provided primary care for the client for at least 5 prenatal visits spanning two trimesters, labor, delivery, the newborn exam, and at least two postpartum visits.



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## **Becoming a NARM Registered Preceptor**

Anyone who meets the requirements and completes registration with NARM may serve as a NARM Registered Preceptor. Here are a few points to take into consideration when deciding whether or not to serve as a preceptor.

### **Do you have the time and patience to serve as a preceptor?**

Many students are new to the field of birth work and well-woman care. The most successful preceptor/student relationships result from a preceptor's ability to be patient and thorough.

Clinical skills must be taught, not just demonstrated, in increasing levels of responsibility. In addition to didactic training, hands-on practice is necessary for the student to be able to advance their midwifery skills. It is vital that both preceptor and student are willing to fully commit to the time required for extensive training.

### **Are you a willing and confident teacher?**

Not all credentialed midwives feel they have a well-rounded background of experience, even if they do meet the requirements of a NARM Registered Preceptor. Hopeful preceptors should consider what they have to offer the next generation of midwives before entering into the NARM Registered Preceptor role. In order to build confidence, a potential preceptor may benefit from advanced workshops and other training before taking on a student.

### **Will you be willing to share care of your clients with your student?**

As a student advances into the Primary Under Supervision phase of training, they must be able to act as the primary care provider, though the preceptor is responsible for care of the client. A NARM Registered Preceptor must be willing to allow the student to completely perform procedures as a primary caregiver, only stepping in as necessary for the safety of the client or for training purposes.

### **Are you willing to share your records for the purposes of the NARM application process?**

NARM reserves the right to request charts for any experiences documented on an application. If a NARM Registered Preceptor signs off on a clinical experience, they must be willing to allow the student access to the charts for that client. CPM applicants are required to submit copies of a minimum of two client charts as a part of the application. It is the NARM Registered Preceptor's responsibility to confirm that copies of any charts submitted to NARM meet HIPAA requirements.

### **Will you be accessible to your student after the CPM application is submitted to NARM?**

Upon review of the CPM application, a student may be required to submit corrections, additional documentation, or additional verification. NARM Registered Preceptors are often called upon to assist in verification or providing additional documentation, even if the student is no longer training under that preceptor.

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## Guidelines for NARM Registered Preceptors

All preceptors practice the Midwives Model of Care and are valued for their contributions to the field of midwifery and the continuing practice of the Midwives Model of Care. The preceptor/apprenticeship process relies on the preceptor to oversee and objectively evaluate the student's training. As such, a NARM Registered Preceptor may sign only for those experiences for which they were present and in the room in a supervisory role. Any NARM Registered Preceptor who signs off on experiences they did not witness risks losing all Registered Preceptor privileges. The Registered Preceptor must only sign for those experiences for which they believe the student has performed competently. The training provided by a preceptor may vary widely based on the student's needs. Some preceptor/student relationships develop into long-term working relationships; others may be very brief. Whatever the individual experience may be, NARM has outlined the basic expectations of preceptors.

**Preceptors who wish to sign off on Skills and Births for NARM CPM Applicants must register with NARM.** The registration form is in this handbook and on our website at [www.narm.org](http://www.narm.org). The form should not be filled out or submitted by anyone other than the preceptor. If a preceptor has more than one student, they are not required to submit multiple registration forms. However, registration must be renewed every three years. The NARM Registered Preceptor is responsible for ensuring that NARM has a copy of at least one current midwifery credential (CPM, CNM, CM, LM) on file at all times. NARM Registered Preceptor status may be suspended or revoked if a preceptor does not provide proof of a current credential.

**Define expectations.** Effective June 1, 2021 with initial preceptor registration or preceptor renewal, NARM requires that all Registered Preceptors develop a written work agreement that clearly defines expectations for the student, as well as for the Preceptor. NARM has found the most common difficulty in the student/preceptor relationship is typically poor communication about the responsibilities each person has over the course of the apprenticeship.

There are many variations in preceptor/student relationships, however NARM has compiled a suggested list of topics that should be documented in the student's work agreement to avoid misunderstandings. All preceptor/student work agreements are required to address the following five essential elements. This template is provided but the specific terms of each agreement should be customized to reflect the circumstances of the practice.

- Job description for the student and the preceptor
- Plan for regular reviews and completion of the student's NARM paperwork
- Financial compensation plan for the student and preceptor
- Criteria required by the preceptor to sign off on NARM paperwork
- Information regarding NARM's Preceptor/Student Accountability Committee process that will be utilized for complaint resolution if the student and preceptor have a conflict they cannot resolve themselves

**Maintain respect and open communication.** In upholding the professional demeanor of midwifery, the preceptor should strive to maintain a sense of cooperation and respect for the student. The preceptor should expect cooperation and respect from the student as well. NARM recommends maintaining open communication at all times, with regular discussion of the expectations that each party has of the other. Any misunderstanding regarding expectations for satisfactory performance should be discussed and resolved as soon as possible. The recommended Quarterly Evaluation Form, available at [www.narm.org](http://www.narm.org), may serve as a useful tool for discussing expectations and goals.

**NARM Registered Preceptors should have a clear understanding of the CPM educational and training requirements.** For more information, refer to "CPM Educational Requirements" in this handbook, as well as the Candidate Information Booklet (CIB) and General Application Instructions, available at [www.narm.org](http://www.narm.org).

**Hold responsibility for the client.** The preceptor holds the final responsibility for the safety of the client or baby. The preceptor must be physically present when the student is performing clinicals and skills. Preceptors should become involved as needed for the safety of the client or in the spirit of positive education and role modeling.

**Practice fair judgment.** As part of the training process, the preceptor will be asked to sign for clinical skills and experiences on the student's CPM application. A preceptor must only sign for those experiences for which they were present and they believe the student has performed competently. **Once a preceptor signs for anything on a NARM application form, it may not be retracted.** 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. NARM relies on preceptors to use fair and unbiased judgment when evaluating a student's abilities, regardless of personal relationships.

**Assign client codes.** Preceptors must assign codes to all clients who may be documented on a student's application. Each birth must have a unique code assigned to it. For clients with more than one birth, a different code must be assigned for each subsequent birth. Twins must have separate client codes when documenting newborn exams. Preceptors will be asked to share copies of client charts with their students for the purposes of the NARM application. It is the preceptor's responsibility to confirm that client codes and copies of any charts submitted to NARM meet HIPAA requirements.

**Carefully review all documentation.** Preceptors' records should indicate the presence of students at each clinical and the role of the student (assistant, primary under supervision) at each clinical. Both preceptor and student should sign/initial the chart at the time of the clinical experience. Arrival and departure times should be noted for each person at the birth. When signing for clinical skills and experiences on the application, the preceptor should carefully review all documentation with the student. NARM recommends that all skills and experiences be signed off upon completion of the clinical or skill. However, in some cases the documentation may need to be signed at a later date. In those instances, it is recommended that both student and preceptor carefully review the documentation, referring to client charts and other records to verify accuracy of client codes, clinical numbers, and all dates. Preceptors who sign for any clinical experiences or skills on an application are also required to complete the accompanying preceptor verification forms. NARM strongly urges all preceptors to keep a copy of any application form they sign for their records. If any experiences submitted on an application come into question, preceptors may be asked to verify those experiences. Preceptors may be contacted directly by NARM for consultation during the application process.

**Understand the NARM Preceptor/Student Accountability Process.** As a NARM Registered Preceptor, you agree to participate in the NARM Preceptor/Student Accountability process for complaint resolution if the student and preceptor have a conflict they cannot resolve themselves. Refusal to participate in the NARM Preceptor/Student Accountability process will result in termination of your ability to serve as a NARM Registered Preceptor.

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## CPM Educational Requirements

Based on Job Analysis of current CPMs, NARM has set forth the basic educational and training requirements for becoming a CPM. While these are requirements that must be met in order to receive the CPM credential, NARM understands that individual preceptor requirements vary. For this reason, it is important that the preceptor communicate all expectations to the student. Training should be completed in increasing degrees of responsibility.

Preceptors are expected to have a clear understanding of the educational requirements of the entry-level CPM applicant. Consult the current Candidate Information Booklet (CIB) and NARM Application forms for details on these requirements. These are available on the NARM website at [www.narm.org](http://www.narm.org).

### Roles of CPM training

The three roles completed in the entry-level educational training process are Observer, Assistant Under Supervision, and Primary Under Supervision.

- In the **Observer** role, the student must witness the birth. As an Observer, the student is not required to participate in hands-on training or application of skills.
- As an **Assistant Under Supervision**, the student should be taught to perform the skills of a midwife. Clinical skills should be performed as an assistant in increasing degrees of responsibility. In order to document a birth as an Assistant Under Supervision, the student must perform some skills and must be present throughout labor, birth, and the immediate postpartum period. Catching the baby is a skill that should be taught and performed in the Assistant Under Supervision Phase. In most cases, this will mean the student does more than 20 Assistant Under Supervision births to be ready for Primary Under Supervision births.
- As **Primary Under Supervision**, the student should be managing the birth or other clinical while still under supervision of the preceptor. The preceptor should only become involved as necessary for safety or educational purposes. In order to document a birth as Primary Under Supervision, the student must manage the labor, birth, and immediate postpartum period. If the mother or father is catching the baby, the student must be responsible for all elements of the delivery. The student may not count a birth as Primary Under Supervision if the preceptor catches the baby.



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## **NARM Preceptor Registration Instructions**

Anyone who wishes to serve as a preceptor for a CPM applicant must register with NARM.

### **Instructions for preceptor registration with NARM:**

1. Read the NARM Registered Preceptor Handbook. Those who meet the requirements and guidelines may move on to step two.
2. Complete the Preceptor Registration Form 700. Those who hold a credential other than the CPM (such as a CNM/CM or LM) must include a copy of the current credential with the registration form.
3. Complete NARM Preceptor Registration Supplemental Form 705 if you have less than three years of experience beyond the entry-level CPM requirements.
4. Submit documentation of a workshop, course, or module on cultural awareness attended within the last three years.
5. Submit the Preceptor Registration Form 700 and any required additional documentation to NARM Applications Department.

Forms and additional documentation may be submitted to NARM through one of the following:

- fax: 888-842-4784
- email form in pdf format: [applications@narm.org](mailto:applications@narm.org)
- USPS mail: NARM Applications, P.O. Box 420 Summertown, TN 38483 (Forms mailed to other NARM offices will be returned.)

When submitting any documentation to NARM, the registrant must keep a copy for their records.

Preceptor registration dates will now align with the preceptor's active credential date. CPMs should submit the preceptor registration renewal form along with their regular CPM renewal. Non-CPMs should submit a copy of their updated license/credential along with the Preceptor Registration renewal application to the NARM Applications Department to remain a Registered Preceptor.

A verification letter will be sent by email or standard mail once the registration packet has been received, processed, and approved. The verification letter will include the preceptor's required renewal date, which will align with the preceptor's license/credential expiration date.

### **Receive a NARM Preceptor Registration Certificate**

If your application is accepted, you may receive a NARM Preceptor Registration Certificate by:

- Sending \$25 to NARM Applications for a certificate suitable for framing, or
- You may log into your NARM Certemy portal and print/download your certificate from there.

Having this physical certificate is not a requirement in order to serve as a NARM Registered Preceptor.

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## **NARM Preceptor/Student Accountability**

NARM does not directly supervise the preceptor/student relationship. The NARM Preceptor/Student Accountability process is intended to address issues related to integrity, conduct, and the upholding of written and signed preceptor/student work agreements. NARM strongly suggests the student and preceptor adhere to these agreements, including regular review of the student's progress, and address any issues in a timely fashion. If the student or preceptor identify deficiencies but continue to work under conditions contradicting the signed work agreement, NARM reserves the right not to address a related complaint through the accountability process.

### **Preceptor/Student Complaint Review Process**

Complaints regarding the preceptor/student relationship will be considered through the NARM Preceptor/Accountability Committee. This committee includes three NARM Registered Preceptors and one Student Advocate.

Complaints will undergo an initial evaluation to determine whether the complaint is within the purview of the NARM Preceptor/Student Accountability Process, such as complaints regarding allegations of abuse, refusal to uphold contractual agreements.

Some complaints are for allegations that warrant automatic referral to the NARM Board for the Grievance Mechanism, such as allegations of preceptors signing off on clinical experiences they did not witness or student falsification of their NARM paperwork. If the NARM Preceptor/Student Accountability Committee receives more than one complaint against a preceptor or student, the second complaint is automatically referred to the Grievance Mechanism.

### **Complaint Review**

Once it is determined that the complaint will be heard through the NARM Preceptor/Student Accountability Process, the parties involved in the complaint will be contacted to schedule a date for Complaint Review and to request any documentation the committee feels will be necessary for the review process.

The Complaint Review process can result in:

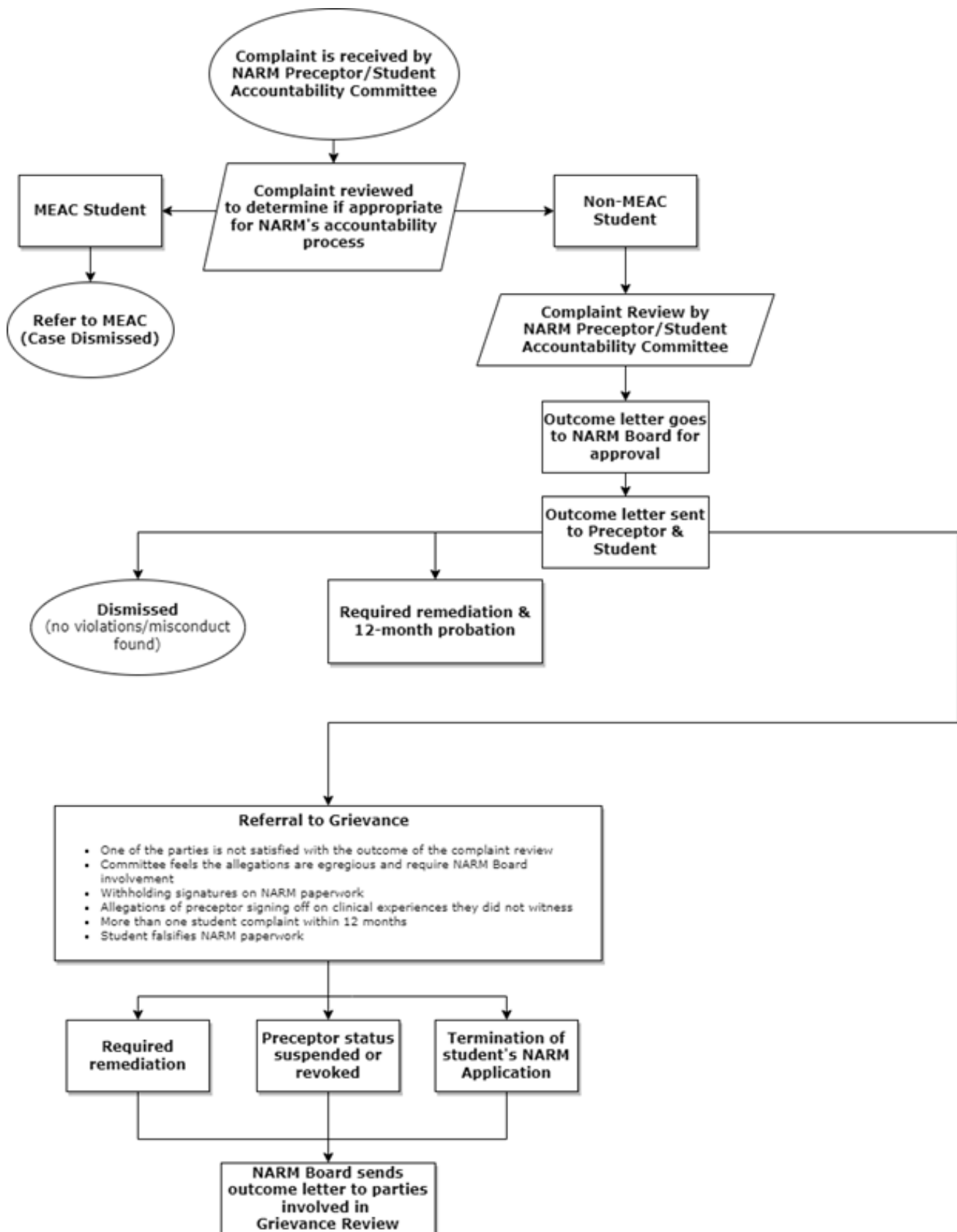
- Dismissal of complaint (no violations found)
- Warning/Probation
- Referral to Grievance
- Mechanism after committee review if appropriate

### **Grievance Mechanism**

The Grievance Mechanism can result in:

- Required remediation
- Loss of preceptor status
- Termination of a student's NARM application

## NARM Preceptor/Student Accountability Committee Complaint Review Process



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## NARM Registered Preceptor Policies

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 on the Preceptor Registration page. 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 they 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 births beyond entry-level CPM requirements. Additionally, they 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. Current preceptor registration with NARM is required for clinicals to be valid. **It is the student's responsibility to verify the preceptor's registration status by asking their 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. Additional births may also be reflected on Form 102 Birth Experience Background.
3. It is acceptable, even preferable, for the student 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 and sign 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 student 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 student 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. **NARM requires all Registered Preceptors develop a written work agreement that clearly defines expectations for the student, as well as for the Preceptor.**
5. The student, 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 student 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 student 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 student 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 student 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 student 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 student should perform some skills at every birth listed on Form 111a and must be present throughout labor, birth, and the immediate postpartum period. The student 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 student demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor who is physically present and supervising the student'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. The preceptor holds final responsibility for all prenatal care, the birth, and postpartum care done by the student. This applies to all phases including Phase 4 that only requires births.
15. Attendance at a birth where either the student or preceptor is also the client will not be accepted for verification of the required clinicals.

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## Glossary

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:** A student 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:** Labor, delivery, and immediate postpartum period.

**CIB:** Candidate Information Booklet; A booklet published by NARM which outlines educational and application requirements for becoming a Certified Professional Midwife (CPM).

**CPR:** Cardiopulmonary Resuscitation.

**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 1 contact hour equals 1 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:** A person who elects to use midwifery services provided by a professional midwife, which may include care provided by student midwives.

**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 preceptor.

**Complaint Review:** A group review by CPMs 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. Complaint Review is also utilized by the NARM Preceptor/Student Accountability process.



**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 prenatal visits spanning at least two trimesters, the birth (including the placenta), the newborn exam, and at least two postpartum visits for five clients. Transfers are not accepted for full Continuity of Care births. An additional ten primary under supervision births must include at least one primary under supervision prenatal.

**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. Only one midwife can count the birth toward the experience requirements for becoming a NARM Registered Preceptor.

**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 their 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.

**Freestanding Birth Center:** A facility, institution, or place not normally used as a residence and not associated with or managed by a hospital, in which births are planned to occur in a home-like setting. Freestanding birth center births are considered out-of-hospital births.

**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. The Grievance Mechanism may also be used during the NARM Preceptor/Student Accountability Process if one of the parties is not satisfied with the outcome of the complaint review, the Committee feels the allegations are serious and need to go to the NARM Board, the preceptor withheld signatures on NARM paperwork, there are allegations of the preceptor signing off on clinical experiences they did not witness, or the student falsifies signatures on NARM paperwork.

**HIPAA Requirements:** The requirements as laid out in the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), which are intended to protect all “individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral,” also known as protected health information. Protected health information may not be used or disclosed unless the individual who is the subject of the information authorizes in writing.

**Hospital Birth Center:** A birth facility, institution, or place associated with or managed by a hospital, which is equivalent to a hospital setting for a birth.

**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.

**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, such as the client’s signature, 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. Also refer to Shared Decision Making.

**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 their 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 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.



**Midwives Model of Care:** A midwifery model of care based on the fact that pregnancy and birth are normal life events. The Midwives Model of Care includes: a) monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle; b) providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and delivery and postpartum support; c) minimizing technological interventions; and d) 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.

**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 they 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 births beyond entry-level CPM requirements. Additionally, they 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.

**Newborn Exam:** A complete and thorough examination of the infant conducted within 12 hours of the birth.

**NNR:** Neonatal Resuscitation.

**Observer:** One who is physically present and observes a labor and birth.

**OOO:** Out of Country; specifically, midwifery training conducted outside the U.S. or Canada.

**Out-of-hospital (OOH) Birth:** A planned birth in a home, freestanding birth center, or other location not connected to a hospital.

**PEP-EL:** Portfolio Evaluation Process – Entry Level; the application route through which midwifery apprenticeship with one or more 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 a beginning student's introduction to the 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 student with appropriate instruction and training in preparation for providing primary midwifery care under the direct supervision of a 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 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.

**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 their 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.

**Planned Home Birth:** A birth that, according to the antepartum plans set forth by the client, takes place in a home or similar setting.

**Planned Hospital Birth:** A birth that, according to the antepartum plans set forth by the client, takes place in a hospital or hospital birth center. A planned hospital birth may be a transfer of care from an out-of-hospital practice.

**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 and/or transfers of care.

**Preceptor:** See NARM Registered Preceptor.

**Preceptor/Student Work Agreement:** Document that addresses at least the five essential elements NARM requires: Job description for the student and the preceptor; plan for regular reviews and completion of the student's NARM paperwork; financial compensation plan for the student and preceptor; criteria required by the preceptor to sign off on NARM paperwork; information regarding NARM's Preceptor/Student Accountability Committee process that will be utilized for complaint resolution if the student and preceptor have a conflict they cannot resolve themselves.

**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:** A student midwife who provides all aspects of care as if they were in practice, although the supervising midwife has primary responsibility and is present in the room during all care provided. For Primary Under Supervision Births this includes labor management, the birth including the placenta, and immediate postpartum care.

**Protocols:** See Practice Guidelines.

**Recertification:** The process through which a CPM renews credentialing every three years by documenting CEUs, peer review, cultural awareness (if not previously documented), and current CPR 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 awareness, and current CPR certifications. The expired CPM will be required to retake the written exam unless they hold another current credential (such as a state license) recognized by NARM.

**Registered Midwife:** See Licensed Midwife.

**Second Verification of Skills:** The secondary evaluation of a PEP applicant's skills verified either in a clinical setting or demonstrated on live volunteer models.

**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. Also refer to Informed Consent Process.

**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 including labor management, the birth including the placenta, and immediate postpartum care. 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 Exam:** North American Registry of Midwives Written Exam.