



S U P P O R T E R

Inside This Issue

NARM Receives Accreditation 1
 Good News for Veterans 2
 Letter from NACPM 3
 New NARM Applications Addresses 3

Committee Reports:

Applications Department Report . . . 4
 Test Department Report 4
 International Midwifery:
 Mexico Conference Report 6

Notices & Announcements:

QE Renumeration to Increase 8
 New Jersey Licenses First CPM 8
 MANA 2002: NARM Workshops . . . 8
 Classified Ads 9
 In Memory of Lani Rose Jeansdottir . 9
 NARM Resources/News Online 9
 Can You Read Spanish? 9
 Conferences 9
 QE Recertification 8

NARM Policy:

Primary Births 10
 Preceptor Guidelines 11
 NARM Board Remains Receptive . . 11

Information Requests:

Name Release Form 12

NARM Receives NOCA/NCCA Accreditation

NARM is pleased to announce that we have received accreditation as a certifying agency from the National Commission for Certifying Agencies (NCCA). The NCCA is the accrediting body of the National Organization for Competency Assurance (NOCA).

To receive the accreditation, NARM submitted an extensive application demonstrating compliance with the strict standards set by NCCA for verifying professional competency. This evaluation included every aspect of the NARM certification program, including: administrative procedures, job analysis, test development, test security, standard setting, eligibility criteria, board responsibilities, ongoing review of all policies and procedures, and verification of reliability and validity of the credential.

NARM has always believed that midwives should be the ones to define their job and to set the standards for demonstration of competency. From the beginning, NARM has sought a variety of midwives (midwives) in establishing criteria for certification. NARM was and for midwifery to maintain the midwifery practice, ensuring the validation of the adult education.



It is a milestone in the validation of the CPM credential to receive this designation from NCCA, a highly respected organization whose purpose is to promote excellence in competency assurance. As midwives and midwifery advocates, we are aware of the uphill struggle to receive recognition for the honorable profession to which we dedicate our lives. It is with great pleasure that we share this honor with all the midwives who have contributed to the development of the Certified Professional Midwife credential.

CPM News

CPM News is a newsletter of the North American Registry of Midwives (NARM) published twice a year in January and July. We welcome submissions of questions, answers, news tips, tidbits, birth art, photographs, letters to the editor, etc.

Deadlines for submissions are December 1 and June 1. Send all newsletter material to: Joanne Gottschall, 200 North Jasper Avenue, Margate, NJ 08406 or cpmnews@narm.org

The views and opinions expressed by individual writers do not necessarily represent the views and opinions of NARM.

Contact Information

Webpage: www.narm.org

NARM General Information

(or to order How to Become a CPM)
888-842-4784

Applications & Recertification:

NARM Applications
PO Box 140508
Anchorage, AK 99514
907-689-7792

NARM Board

Debbie Pulley
5257 Rosestone Drive
Lilburn, GA 30047
888-842-4784
info@narm.org

Qualified Evaluator information:

Ida Darragh
PO Box 7703
Little Rock, AR 72217-7703
888-353-7089
testing@narm.org

CPM News Editor:

Abby J. Kinne
58 South Center Street
West Jefferson, OH 43162
614-879-9835
editor@narm.org

About NOCA

The mission of the National Organization for Competency Assurance (NOCA) is to promote excellence in competency assurance for practitioners in all occupations and professions. Their accrediting body, the National Commission for Certifying Agencies (NCCA) was created in 1987 by NOCA as a commission whose mission is to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs or organizations that assess professional competence. NCCA uses a peer review process to: establish accreditation standards, evaluate compliance with these standards, recognize organizations or programs which demonstrate compliance, and serve as a resource on quality certification. NCCA accredited organizations certify individuals in a wide range of professions and occupations. Of NOCA's 300 members, only 47 have reached the status of accreditation by NCCA.

Many of the credentialing programs certified by NCCA are in health related fields, such as the American Academy of Nurse Practitioners, American Association of Critical Care Nurses, ACNM Certification Council, American Registry of Diagnostic Medical Sonographers, and the Oncology Nursing Certification Corporation. Some are in affiliated fields such as the National Certification Commission for Acupuncture and Oriental Medicine, National Council for Therapeutic Recreation Certification, and the National Certification Board for Therapeutic Massage and Body Work. Some of the credentials are unrelated to health care, such as the Certified Financial Planners Board of Standards and the National Commission for the Certification of Crane Operators.

Regardless of the type of profession, the NCCA certification indicates that the credentialing program meets or exceeds the standards set for the devel-

opment and administration of a valid and reliable credential.

Good News for Veterans and Their Eligible Dependents:

Veterans and their eligible dependents may now be reimbursed for the cost of taking the Written Examination of the North American Registry of Midwives. The Veterans Administration has approved the NARM Exam in a category called "Licensing and Certification Tests." The approval is retroactive to March 1, 2001. The reimbursement covers only the cost of taking the test (\$700) and not for any other fees such as the application fee or the PEP fee.

The candidate must pay NARM during the applications process, as usual. After taking the test and receiving the test results, the candidate may request reimbursement from the VA. Submit the reimbursement form, a copy of the test results, and a note requesting reimbursement. The reimbursement form (and more information) is available on the VA web site or from NARM's Test Department. The VA web site is www.gibill.va.gov.

Candidates eligible to have the test fee reimbursed include those covered by:

- The Montgomery G.I. Bill, also called chapter 30;
- The Veterans Educational Assistant Program (VEAP), also called Chapter 32;
- Dependents Educational Assistance, also called DEA or Chapter 35, which offer benefits to dependents of vets who are disabled or deceased due to service-related injuries. Children are eligible up to age 26, and spouses are eligible within ten years of the death of the veteran.

Veterans are eligible for reimbursement for up to ten years after ending military service. National Guard members may also be eligible, but only while actively enrolled in the Guard.

Test fees are covered whether or not the test is passed, and will also cover retake fees.

Since the reimbursement is for the test fee and not the applications process, the VA uses the site where official testing records are kept as the official NARM address. To expedite reimbursement, the VA requests that on the VA reimbursement form, the organization responsible for issuing the certification/license be documented as:

The NARM Test Department
P.O. Box 7703
Little Rock, AR 72217-7703

For more information, contact the NARM Test Dept at 1-888-353-7089.

Letter from NACPM

Dear CPMs,

We hope you are having a happy summer! You recently received a mailing inviting you to join the new National Association of Certified Professional Midwives, to participate in the election of the permanent Executive Council and to send us your comments and ideas. We have had a very positive response to that mailing! This letter is to give you a further update on the work of your professional organization.

Membership

We now have 176 members and we continue to receive membership forms in the mail. We are excited by this positive response to the call for membership in NACPM! We encourage those of you who still have the form on your desk, to fill it out and send it in! Because many people are away during the summer, and because we continue to receive memberships, The Interim Ex-

ecutive Council has decided to delay the election of the permanent Executive Council until September, to give as many new members as possible the opportunity to vote in the election. Ballots will be sent out at the end of August, to be returned by the end of September, and any CPM who is a member of the NACPM by the time the ballots are sent out will be eligible to vote in the election. If you are planning to take advantage of the joint membership opportunity described in the mailing to join both MANA and NACPM, please consider joining now even if your MANA membership is not yet due. The MANA section of your dues will be applied to your MANA membership at the time when it comes due. The more CPMs who are members of NACPM, the more effective this organization can be. And remember, the First Annual NACPM Membership Meeting will take place from 1:00 p.m. to 5:00 p.m. on October 24, the Thursday afternoon just before the MANA 2002 conference in Boston. We look forward to meeting you there!

Some new members have been sending donations in addition to the dues, and some charter members are also sending donations. Your generosity is very helpful during this development phase, and we encourage everyone to consider donating to the NACPM in whatever amount you are able to. A complete financial report for the NACPM will be available at the First Annual NACPM Membership Meeting in October.

Independent Organization vs. a Section of MANA Issue

The Interim Executive Council has been receiving your comments and has begun to compile the report that will be sent out to each CPM with the ballot, to vote on this issue. Remember that all CPMs will be able to participate in this vote. After careful consideration, the Interim Executive Council has decided to postpone the vote on the section issue until after the MANA 2002 conference in October. At that confer-

ence, MANA will present the by-law changes that would allow for sections of MANA. The report, (which will include comment categories and quotes from your comments, as well as an account of the bylaw vote at the MANA Conference 2002), and the ballot will go out to all CPMs during November, with votes due in by the end of December. Please weigh in on this issue by sending us your comments to be included in the report.

How to Reach Us

You can reach us at the following address and phone number: NACPM, P.O. Box 30955, Bethesda, MD 20824, 1-888-439-4837. The final phases of the web site (NACPM.org) are under construction, and it will be available for you within a couple of weeks. We look forward to hearing from you and to seeing you in Boston in October!

Sincerely,
Mary Lawlor, President
Teri Nash, Vice President
Dolly Browder, Secretary
Pamela Crawl, Treasurer

New NARM Applications Department Address

Effective January 1, 2002 the NARM Applications Department address changed. All applications, request for applications, and recertifications should now be sent to the address listed below. Mail sent to the old Chugiak address will be forwarded to the new PO Box through September 2002. After that, any mail sent to the old address will be returned to sender.

**NARM Applications
PO Box 140508
Anchorage, AK 99514**

Committee Reports

North American Registry of Midwives Applications Department Report

Sharon K. Evans, Director of Applications

Application News

As of June 2002, 103 new applications were sent out, compared with a total of 154 applications sent in 2001. There were 90 applicants in the Applicant Table by December 31, 2001, all in various phases of the certification process, and 90 new applications were processed during 2001. Today we have 80 applicants in the NARM Applicant Table and we have processed 49 new applications so far this year. Based on comparisons with prior years, the Applications Department is continuing to grow at an accelerated rate.

The application was recently consolidated into one booklet (revised March 2002) so that all application materials for all categories are under one cover. Some of the forms have changed. Form 112 on the PEP Entry-Level segment has six parts (112A-F). This form was broken down so that preceptors can initial each experience with the final form 112F affirming all the individual experiences were performed and documented by the applicant.

NARM requires random audits of both initial and recertification applications. Applicants who are audited must send in some of the additional material that is required to be kept by the applicant but not submitted with all applications, such as client files, practice guidelines, and informed consent documents. The random audits verify that applicants and CPMs do maintain the documents as they have stated in their application. To date, nine (9) initial applications and six (6) CPM recertifications have been audited this year.

CPMs and Recertification

We now have 762 CPMs. 40 new certificates have been issued so far in 2002. 100 new CPM certificates were

issued in 2001. 64 CPMs have received their recertification. There are a number of expired CPMs:

55 expired in 2001

19 expired in 2000

17 expired in 1999

1 expired in 1998

CPMs, please don't forget to recertify! You are part of a growing movement with each one of you making a difference in midwifery and access to midwives across the nation. Together we can make a difference in midwifery availability for our grandchildren and for their children. Be sure to check your mailing label for your expiration date!

The NARM Recertification fee is \$150 and must accompany the Recertification application, which should be submitted to the NARM Applications Department by the date of expiration. Late applications that are submitted within 90 days of expiration must pay an additional \$50 late fee. After ninety days, the certification will be considered inactive. A CPM may stay in the inactive status for two certification cycles, or six years, from the original expiration date. During this period, the certificate may be reactivated by submitting the recertification application, the recertification fee of \$150, and a \$100 reactivation fee. After six years of inactivity, the CPM will be considered uncertified. For more details on the activation of an expired certificate, or reactivating from an uncertified status, see the Reactivation Policy on the web at www.narm.org.

The Applications Department continues to grow. Anna Sippey now handles the bulk of the database and will soon have additional help with the growing department. Tina Williams is doing a

great job maintaining the CPM Table and handling certifications and recertifications. We are continuing to improve upon and streamline the department so we can more easily meet applicant needs.

Test Department Report July 2002

Ida Darragh, Director of Testing

The North American Registry of Midwives (NARM) has completed the Job Analysis from the survey that was done in 2001. This report begins with a comparison of the response rate and demographics of the 1995 and 2001 surveys, then describes in more detail the respondents of the 2001 survey, and finishes with a summary of the results.

The previous Job Analysis, done in 1995, was sent to over 3,000 midwives who were identified from many sources, including state mailing lists, subscription lists, and various membership lists. Some were returned as undeliverable, but 817 surveys were returned by the midwives (a response rate of 28.5%) and their responses became the basis for the NARM Test Specifications. The 2001 Job Analysis was sent only to Certified Professional Midwives (CPMs), which at the time of mailing numbered 674. Some were returned undeliverable and some were returned after the deadline, but the analysis was done on 365 responses that were received on time. This is a 58% response rate, which is considered very good for a mailing of this size. We are very grateful to all the CPMs who participated in this survey.

In 1995, 69% of those who returned the survey were direct-Entry Midwives (DEMs), 31% of the respondents were Certified Nurse-Midwives (CNMs), 73% attended births at home, 22% attended births in the hospital, and 13% attended births in birth centers (there is some overlap due to practice in more than one locale). In the 2001 survey, less than one percent were CNMs, 91% attended births at home, 1% in the hospital, and 6% in birth centers. This seems to be more a reflection of the CNM/DEM ratio than a change in the practice site of midwives. Interestingly, the results of the analysis (the tasks identified as essential to midwifery care) did not change a great deal, even considering the demographic differences in the initial survey (many backgrounds) and the recent survey (all CPMs).

The 2001 Job analysis was done to verify that the tasks currently required for certification were still a valid measurement of the actual job being performed by midwives (a requirement for our accreditation as a certification agency), and also because this would be the first survey done just of CPMs rather than the broader midwifery community.

The demographics reported here reflect only those who responded to the survey, not the entire group of CPMs. Those who did respond are the ones who will determine the knowledge, skills, and abilities required for certification as a CPM.

Slightly over half (55.4%) of the respondents lived in the seventeen states that license DEMs. The largest number of respondents came from California (8.5%). Six states had only one respondent. The average (mean) number of years of experience of those completing the survey was 13.92, with the largest group having 20 years experience.

Total years in practice ranged from 1 to 55. Nearly one half (46.6%) of the

respondents were between the ages of 41 and 50, with over 80% being between the ages of 31 and 60. No respondents were under 21. Only two respondents were male (.5%). Ninety four percent of the respondents were Caucasian, with the remainder being Black, Hispanic, or American Indian.

Seventy four percent were apprentice trained. Twelve percent attended a Midwifery Education Accreditation Council (MEAC)-accredited school and ten percent attended a non-MEAC midwifery school. Slightly over two percent attended nursing school, and less than one percent each attended CNM school or Medical school.

The results of the analysis have confirmed that the essential job of midwifery has not changed significantly in the past six years. This is not surprising, since the process of natural birth has not changed significantly in eons. It does also confirm that CPMs rely less on technology and fads than on an understanding of the body and mind.

Most of the additions to the test specifications that will come as a result of the 2001 Job Analysis do not represent changes to the practice of midwifery, but are reflective of midwifery knowledge that was not considered in the first Job Analysis. These include a basic knowledge for education and counseling on blood borne pathogens such as HIV, Hepatitis B&C; viruses such as toxoplasmosis, rubella, cytomegalovirus, and herpes.

Lab work has been given its own category.

Other additions include Vaginal Birth After Cesarean (VBAC), and management strategies for unexpected breech or twin births. Recognizing, consulting, or transporting for uterine rupture, uterine inversion, amniotic fluid embolism, stillbirth, birth defects, or Meconium Aspiration Syndrome have been added. New additions to the postpartum

evaluation include educating about environmental, biological, occupational, and pharmacological factors affecting breastfeeding; and knowing the signs and symptoms of postpartum infections, depression and psychosis, late hemorrhage, and thrombophlebitis. Additions to the signs and symptoms for the newborn include: infections, polycythemia, cardio-respiratory abnormalities, glucose disorders, hyperbilirubinemia, birth defects, failure to thrive, and early and late onset newborn hemorrhagic disease.

A complete list of the new test specifications will be available by October. You may receive a copy by writing to the NARM Test Department (testing@narm.org) or you may look in the Candidate Information Bulletin on the web at www.narm.org

**Become a
NARM QE
or an
Item Writer
for the NARM
Written Exam.**

**Come take the
training workshops
at the MANA
Conference in
Boston on
October 24, 2002.
For more details,
call the
NARM Test Dept
1-888-353-7089**

Committee Reports

International Midwifery: Mexico Conference Report

by Ruth Walsh

Ruth Walsh (Chairperson, NARM board), Robbie Davis-Floyd (public member, NARM board) and Pam Weaver (former NARM board member) recently attended The International Conference about Professional Midwifery and Self Regulation in

on reproductive rights and environmental issues.

The Wednesday kickoff for the conference was an elegant comida (lunch) for the participants who came from Argentina, Chile, Bolivia, Nicaragua,

white umbrellas. The chairs were draped with white covers with big yellow bows. The effect was cheerful and welcoming. A large banner with the conference logo hung behind the stage where several grants were presented to Nadine Goodman, executive director of CASA. We ate to the rhythms of a Mariachi band.

The first educational presentation was the History of Midwifery. Robbie Davis-Floyd began with a general overview of the profession, followed by a Mexican historian speaking of Mexican midwifery history, and two traditional midwives, one a young modern Inuit, the other an ancient Mexican partera who had strange tales to tell.

Catalina Quesada Fox, the sister of Mexican President Vicente Fox, moderated this session. She is a nurse and educator with advanced degrees and international schooling. She is currently the Secretary-General of the National College of Nursing. Her participation is an indication of the level of credibility of the conference.

The last educational event of Wednesday was a series of round table discussions on various topics, including: Traditional Midwives, Breast Feeding, HIV and STD, Violence, Role of the Midwife in Post-Miscarriage Care, and UN Resolution 1325.

A gala celebration and dinner was held in the evening at an elegant home of a patron. In the entrance of the grounds, inside a stone wall, was a reflection pool about twenty feet long, on the other side of which a troop of Aztec dancers in fabulous feathered costumes performed to booming drums. Beyond the dancers, a large crowd of conference participants dressed in everything from T-shirts, to evening gowns, to various native costumes enjoyed drinks and snacks. Dinner was served in a large tent following the cocktail hour. The chairs wore slipcovers again but the bows were red and orange and a several rows of chairs beside a stage as



U.S. Representatives: Mary Kroeger, Pam Weaver, Diane Holzer

Jo Anne Myers-Ciecko, Deb Kaley, Ruth Walsh, Mary Ann Shah

Mexico. This conference was primarily aimed at policy makers in South American countries and especially, Mexico. The focus was on models of practice and models of education. The goal was to present enough information about competency based education and the process of standardizing and upgrading apprentice education to such a point of credibility as to make non university based training a truly viable choice for developing countries.

The conference was held at the CASA professional midwifery school in San Miguel de Allende. CASA stands for the Center for Adolescents of San Miguel de Allende. CASA is a community based service organization that mobilizes young adults to take responsibility in their community. They focus

Guatemala, Belize, Mexico, the Netherlands, USA and Canada. Our coalition did a good job of representing our efforts and bringing a level of consciousness to both government officials and midwives as to the possibility of developing appropriate processes with the competency based model. Our presenting team included Deb Kaley, Robbie-Davis Floyd, Yvonne Feinleib, Susan Hodges, Ken Johnson and Betty-Anne Daviss, Ina May Gaskin, Marsden Wagner, Elizabeth Gilmore, and Heidi Reinhardt. Our support team included Pam Weaver, Pam Maurath, Diane Holzer, Sandy Morningstar, and Jo Anne Myers-Ciecko.

The luncheon was held out in the Mexican sun. The tables were covered with yellow tablecloths and shaded by

well as the stage itself, were draped in red. The effect was very warm and intimately pleasant. The food was elegant Mexican followed by an English/Spanish adaptation of the Vagina Monologues featuring among others, those old favorites, Ina May Gaskin, Robbie Davis-Floyd, Sandy Morningstar, and Betty-Anne Daviss. They had a wonderful time acting and the audience enjoyed it as well.

Pam Maurath arrived late on Wednesday so we began Thursday with assembling the MANA/MEAC/NARM booth. We had various materials from each group translated into Spanish, and it was almost all taken by participants even though we were in a somewhat out of the way location.

After we raised the booth, the first presentation for Thursday was on Evidence-based Reproductive Health by the WHO representative, Professor Guillermo Carroli. The next presentation was a panel entitled, The Realization of Sexual and Reproductive Health Rights through Midwifery. Ken and Betty Anne presented on the CPM 2000 outcomes research. This was very well done and well received. Marsden Wagner and Petra ten Hoop-Bender (the Secretary-General of the International Confederation of Midwives) each spoke about the advantages of the midwives model of care over the medical model. This entire morning was really potent. Even Petra mentioned apprenticeship as a component of midwifery education. All the speakers were interesting and grounded in the scientific knowledge that non-intervention was the best approach to childbirth.

There was simultaneous translation through headsets throughout the conference. The translator seemed to be competent but I'm sure it was a formidable task to translate some of the technical information.

The afternoon session presented models of practice. Alivio (Chicago),

Ticime (Mexico), Deb Kaley (Maternidad de Luz), Heidi Reinhart (New Mexico), Cimigen (Mexico), CASA (Mexico) all presented and were well received.

Friday morning began with Elizabeth Gilmore dazzling the crowd with her sterling passion for mothers and babies. She talked about competency based education and her distance program. This was followed by presentations of several other educational models. The first was Bridget Lynch and Christine Sternberg from Canada who stated that they had the best educational model in the world for midwives. This model is, of course, a university education



model, which is of questionable value to rural areas of most countries including the US. Bridget was followed by Ina May Gaskin presenting a brief overview of the development of MANA, NARM and MEAC.

The next presentation was from the obstetrical nurses of Mexico. This was an interesting presentation describing a clinic in which OB nurses provided primary pre-natal maternity care to women. CASA did an impressive Power Point presentation as did many of the speakers. The auditorium was naturally illuminated through large round windows 40 ft. high in the ceiling. Each time the auditorium had to be dimmed, some of the young workers would go

up outside and pull black curtains across the windows then pull them back open for light after the presentation was over. The hospital based midwife from Chile presented a lovely picture of her country, with many travel photos. Although midwives do many of the births, there is an extremely high c-section rate. The midwives in Chile are university trained.

On Friday afternoon there was a panel on Politicking and Policy Implications. Ruth Grier, a former Canadian Health Minister, described the legalization of the profession of midwifery in Canada. Yvonne Feinleib of Texas spoke about some of the regulatory pitfalls of licensing of Direct Entry Midwives. Yvonne was followed by the representative of the Federal Council for Certification of Labor Competency (CONOCER) who presented information on the usual certification process in Mexico. Because of the consciousness created by the conference, he announced that CASA would be included on a recently formed board to certify midwives in Mexico. Susan Hodges from Citizens for Midwives followed with an excellent presentation.

After lunch we returned to assigned breakout groups to prepare summary statements. After the breakout sessions, everyone shared in the closing ceremony.

Although there had been some debate over the value of participation in this conference, everyone with whom we spoke was very glad that she came. No one could miss that replicating a university model for direct entry midwives was not only highly unlikely but fully impossible in many countries. This all set the stage for the sanity and experiential reality of the presentations by our coalition. With CONOCER set to work with CASA who will be inclusive of all Mexican midwives, we leave confident that forward vision has been birthed. The implications for global midwifery remain to be seen over the coming years.

Notices & Announcements

QE Renumeration to Increase Effective July 1, 2002

The NARM Board has voted to increase the amount paid to NARM Qualified Evaluators to \$75 from the current fee of \$50. This increase will begin with Skills Assessments administered after July 1, 2002. Voucher forms are included with each Skills Assessment packet, and are to be sent by the QE to the NARM treasurer as indicated on the form.

QE fees come from the NARM operating budget and are not paid by the candidate to the QE. Candidates are allowed to reimburse the QE for travel expenses if the QE travels to the candidate for the assessment.

New Jersey has its first legally licensed CPM!!

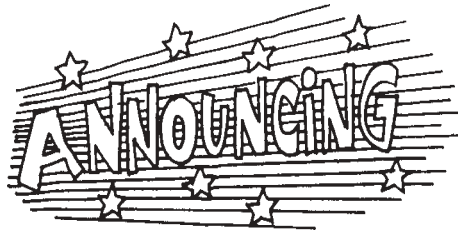
Submitted by Linda McHale, CPM

Linda Perry (Kerekes) of Caldwell, New Jersey received notice from the Board of Medical Examiners that she is now licensed to practice midwifery in N.J. Linda earned her Baccalaureate in Midwifery from the National College of Midwifery in Taos NM, which is a MEAC accredited school and has an at distance program. The state law says that you must have 1800 hours of midwifery school and have passed a national exam. The NARM exam qualifies as this exam. Linda took and passed the NARM test to become a CPM. So having met all the requirements, Linda is now New Jersey's first Licensed Direct Entry Midwife!!!

Linda's efforts in this endeavor are much appreciated and applauded. It was a long road but her perseverance was great. "Thank you to Linda on behalf of your midwife sisters and all the birthing women in New Jersey." May there be many more in her footsteps!!

MANA 2002: NARM Workshops

NARM will offer two pre-conference workshops at the MANA conference in October of 2002. All pre-conference workshops will be held on Thursday, October 24th.



NARM Item Writing Workshop:

The NARM Item Writing workshop will train CPMs to write questions for the NARM Written Examination and to serve on item review teams. Item Writers must have completed the CPM certification process and have been in practice for an additional year. Participants will receive an Item Writer's Manual prior to the workshop. During the workshop, participants will learn the characteristics of a good multiple-choice question, how to reference a question, how to write good answers, and how to review and refine questions written by others. This is YOUR chance to contribute to the NARM certification program. We need midwives of all ages, backgrounds, styles of practice, and levels of experience. Please come and be a part of this exciting process.

NARM Qualified Evaluator Workshop:

The NARM Qualified Evaluator workshop will train CPMs to administer the NARM Skills Assessment to candidates coming to certification through the Portfolio Evaluation Process. QE candidates must have the following experience in addition to the minimum required for the CPM certification: two additional years of midwifery practice,

30 additional out-of-hospital births, 300 additional prenatal exams, and 30 additional postpartum exams. These additional experiences may have occurred before or after certification, but must be in addition to the numbers required for entry-level certification. Participants will receive the QE Handbook and the Practical Skills Guide for Midwifery. There are many states where QEs are desperately needed. If you qualify, please consider becoming a QE. If you are a new CPM who had to travel a distance to take the Skills Assessment, encourage the experienced midwives in your area to become Qualified Evaluators.

Registration and fees are required for the pre-conference workshops. The workshops are listed in the MANA conference brochure, but you must register for these workshops through the NARM Test Department. For more information, call the NARM Test Department at 1-888-353-7089. For more information about the MANA conference, check the web page at www.mana.org or e-mail MANAboston2002@aol.com.

Classified Ads

Do you have some midwifery equipment or books you would like to sell, or are you seeking or offering an apprenticeship?

NARM is now offering classified ad space in the CPM News for CPM's selling used equipment, seeking apprentices, etc. The cost is free, but space is limited so please keep your ads to 20-30 words. Please send your requests to Joanne Gottschall, 200 Jasper Ave., Margate, NJ 08406, or e-mail her at cpmnews@narm.org for more information and deadlines.

NARM reserves the right to edit and/or select classified ads due to space restrictions.

In Memory of Lani Rose Jeansdottir

Written by Karen Erlich
Edited by Madrona Bourdeau

Lani Rose Jeansdottir - midwife, mother, singer, actor, photographer, writer, wiccan high priestess, activist, organizer, teacher - died on August 30, 2001, peacefully, in her home in Thousand Oaks, California. She had faced a 7 year long challenge from breast cancer. She was 55 years old.

Lani gave birth to her first son Eben Rosenberger, in 1969. In 1985 she and her husband, Ned, adopted a second son, Caleb Rosenberger.

Among her many accomplishments: Lani was one of the very first members of California Association of Midwives (CAM) and of Midwives Alliance of North America (MANA). She has published numerous articles and photographs, taught at conferences, and for more than 10 years organized and taught midwifery workshops.

She was among the first CAM Certified Midwives, NARM Registered Midwives, NARM Certified Professional Midwives, and California Licensed Midwives. Lani was among the group who helped get California licensure passed through the Legislature.

A tenacious lady, she was surrounded by a circle of love as she passed.

Can You Read Spanish?

NARM is looking for CPMs who read Spanish to help evaluate some of the NARM materials that have been translated into Spanish. The NARM translations are done by a professional translator, but the translator is not a midwife. We need midwives to review translated materials for clarity and to confirm that the translation is true to the meaning of the original based on midwifery content rather than literal translation. We will have the drafts at the MANA conference in Boston, and would like several Spanish-speaking midwives to arrange to spend about three hours before or during the conference reviewing the materials and making notes or suggestions for improvement in the translation. NARM will pay \$25 for participation in this project. Participants must be CPMs. This Spanish translation project will take place at the MANA conference, but NARM is also interested in establishing a list of bilingual CPMs and QEs for future reference.

For more information, or to place your name on the bilingual list, call the NARM Test Department at 1-888-353-7089.

Conferences:

MANA:

The Massachusetts Midwives Alliance
Massachusetts Friends of Midwives &
Midwives Alliance of North America
Present –

Growing the Midwifery Community:
Harvesting the Fruits of Our Labors

Wakefield, Massachusetts

(about 20 minutes north of Boston)

October 25-27, 2002

For more information, see the MANA Webpage at www.mana.org, or contact Atmakaur Khalsa at 508-429-8911 or akmidwife@aol.com.

Midwifery Today:

Midwifery Today

International Conference

Revitalizing Midwifery

Including an

International Midwifery Education

Pre-conference Intensive

The Hague, The Netherlands

November 2002

Check out our Website for programs of these conferences at <http://www.midwiferytoday.com/conferences> and subscribe to E-news for free!

QE Recertification

NARM Qualified Evaluators: Don't Forget! You need to recertify as a QE five years after your initial training, or by the end of 2003. You may recertify by video, or by taking the NARM QE Workshop at the MANA conference. The QE recertification fee is \$25 whether you take the video exam or attend the workshop. If you would like to receive the QE video this summer, please call the NARM Test Department. If you would like to attend the QE Workshop on October 24 at the MANA conference in Boston, please call the NARM Test Department. The call is toll-free: 1-888-353-7089.

Get the latest NARM Resources and News Online.

NARM posts the CPM news

and many other documents on the web site.

Check it out at www.narm.org

NARM Policy

Primary Births

Ida Darragh

For purposes of documenting apprenticeship training, NARM defines “births as primary under supervision” as having full responsibility for provision of all aspects of midwifery care (prenatal, intrapartal, and postpartal) without the need for supervisory personnel. NARM requires that all of these clinical experiences be performed under the direct, on site, supervision of the preceptor. Twenty births must be attended as an active participant and twenty more as primary.

In a logical progression of learning experiences there will be increasing levels of responsibility assumed by the apprentice during the active participation births, leading to full responsibility assumed by the apprentice for primary births. Some preceptors have very structured (even written) jobs and responsibilities to be performed by an “assistant” or as a “primary” while other apprentice/preceptor relationships are more flexible and the jobs are

less defined. But in all supervised experiences, the preceptor/supervisor has ultimate responsibility.

Some apprentices and preceptors have asked for more clarification as to when births may be counted as primary. Questions have been raised about four-handed catches, daddy-catches, preceptor catches, and transports. These situations question the role of the “catch” in the definition of primary midwife. NARM recognizes that there is a lot more to being a primary midwife than catching babies, but also that catching babies is an essential skill of a primary midwife. It is expected that, when acting in the role of primary midwife, the apprentice will also be catching the baby. The apprentice might also catch a baby well before she is really functioning as the primary midwife.

Therefore, NARM offers these suggestions to preceptors and apprentices in determining which experiences to count toward certification:

1. The role of the midwife involves both the performance of skills and the use of judgment and evaluation. It is fairly easy to determine which person performs a skill. When there is more than one person in a room, judgment and evaluation may be a joint responsibility. It is expected that an apprentice will learn judgment and evaluation by interacting with the preceptor. Even when acting as primary midwife, the apprentice may utilize the resources of other people in the room. It is expected that the apprentice will perform most of the skills on any single client, and all of the appropriate skills on most clients, when functioning as a primary midwife. If the preceptor, or any other attendee, performs any part of that role it should still be the primary apprentice who attends to most of the job, including performance of most skills and

leading the team through the evaluation process.

2. Functioning in the role of primary midwife means performing, or being capable of performing, all the skills necessary to insure adequate midwifery care of the client, including the catch. This means that the apprentice will usually perform all of the required skills, but that if someone else performs some of the skills, the preceptor may still determine that the apprentice was capable of performing that skill and may count the experience toward the NARM requirements. The decision on counting the birth as a primary birth rests with the preceptor and her evaluation of the apprentice’s role and responsibility.
3. NARM’s requirement that the primary apprentice must be responsible for “all aspects of midwifery care (prenatal, intrapartal, and postpartal)” does not mean that she must attend to the prenatal, intrapartal, and postpartal care of every client. The midwife may attend prenatals or postpartums on women whose births she does not attend. However, at least three of the twenty primary births must have continuity of care whereby the midwife provides primary care during at least four prenatal exams, the birth, the newborn exam, and one postpartum exam.
4. In all aspects of clinical care, the final decision on whether the apprentice is performing at the level of “active participant” or “primary midwife” rests with the preceptor. It is the apprentice’s responsibility to determine how her experiences are being evaluated by the preceptor and to document these experiences in the NARM Application booklet.

Come to the
MANA Conference
October 24-27, 2002
Boston, Mass.

For more details see
the MANA web page
at
www.mana.org

Preceptor Guidelines

Sharon Evans

A preceptor for a NARM PEP applicant is required to affirm they are a primary midwife, that the applicant acted as a primary under supervision, and they were physically present in the same room in a supervisory capacity during that care in which the applicant acted as primary under supervision.

On Verification of Birth Experience Form (114), preceptors also affirm the following number of procedures with the applicant:

- Number of births
- Number of initial prenatal exams
- Number of prenatal exams
- Number of newborn exams.

Preceptors must affirm they are:

- A nationally certified midwife (CPM, CNM, or CM); or
- Legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care, or

- A midwife practicing as a primary attendant without supervision for a minimum of three (3) years and fifty (50) out-of-hospital births.

In addition preceptors are asked to affirm the length of time (fill in date) they have been a primary midwife and the number of births they have attended as a primary midwife.

NARM may request additional information from preceptors such as applicant client charts, or be audited for Practice Guidelines, Informed Consent Documentation, forms and handouts relating to midwifery practice and an emergency care plan. Refusal to provide additional information may detain application process or may be grounds for denial of application approval.

NARM is dedicated to the preservation of apprenticeship and the Midwives Model of Care. With that goal in mind, a Preceptor Database has been developed for the purpose of research to prove the validity of competency-based education. NARM appreciates the cooperation so far received.

NARM Board Remains Receptive

The NARM CPM credential was created during the NARM Task Force meetings.

These meetings were conducted over a three year period and participation remained open to all midwives. Policies and guidelines for the future of the CPM credential were made by strict consensus process and continue to guide the actions of the NARM Board today.

Continuing the spirit of open accountability, observers may attend NARM Board meetings. The NARM Board usually meets in person twice a year. The Board will meet for several days prior to the MANA Conference in Boston, October 2002. If you would like to attend, contact NARM for details.

Individuals wishing to submit proposals or suggestions to the NARM Board are encouraged to contact NARM in writing. Proposals may be made at any time.

Attendance at a NARM Board meeting is not required.

If you would like to serve on the NARM Board or a committee, please contact us directly. The NARM Board welcomes your participation!

North American
Registry of Midwives
5257 Rosestone Dr.
Lilburn, GA 30047
phone toll free 1-888-842-4784
E-mail: info@narm.org

The Practical Skills Guide for Midwifery

(PSGM) 3rd Edition

is now available in both English and Spanish.

For more information contact

Morningstar Publishing at 888-609-PSGM

Information Requests

Can NARM Give Your Name to Those Who Request Information?

NARM often receives requests from people who want to find a CPM in their area. Because of the volatile legal situations in some states, NARM has a policy of not releasing names of CPMs unless permission has been received from the midwife. If you wish to give permission for the release of your name, you must notify NARM's public education office. You may do this by sending the statement below to info@narm.org, or by mailing it to Debbie Pulley, NARM Public Education, 5257 Rosestone Drive, Lilburn, GA 30047.

Release Form

I, (print/type name) _____ give permission for NARM to release my name as a CPM. This becomes effective on (date) _____. I understand that to revoke this permission, I must send notice in writing to the same address.

Current address: _____

Current city, state, zip: _____

Current phone: _____ Current e-mail (if available): _____

Current status: ___ legally recognized (licensed, registered) by state, or ___ no legal recognition by state

CPM News

**P.O. Box 140508
Anchorage, AK 99514**

**ADDRESS SERVICE
REQUESTED**

**PRESORTED STANDARD
U.S. POSTAGE
PAID
Anchorage, AK 99519
PERMIT NO. 289**