NARM Position on Out of Country Clinical Sites

The Midwives Model of Care (MMOC) is the foundation upon which the CPM credential is based. As evidenced by the NARM Job Analysis and both the Written and Skills test descriptions, all documented training for entry-level midwives is expected to be within this model. Globally, midwives work in many settings both to provide this level of care to women and babies, and also to train others in the benefits of this evidenced-based approach to maternity care. Sometimes training opportunities for students are not within the MMOC, but still provide beneficial opportunities for both students and the women they serve. NARM recognizes that births in these settings contribute to the midwife’s overall experience, and NARM encourages these experiences as a supplement, but not substitute, for meeting the required clinical experiences as a PEP candidate.

Midwifery students seeking certification from the North American Registry of Midwives may seek training in clinical sites outside of the US and Canada (OOC sites). Students must be supervised by a qualified preceptor who is physically present in the room with the student when clinical skills are performed. Births attended by the student may count toward NARM certification requirements as Active Participant births if the student is able to perform various midwifery skills under the supervision of the preceptor, and if the preceptor is able to give instruction and feedback to the student before, during, and after the clinical experience. Births may count as primary births only if specific conditions have been met and if the clinical site has received approval from NARM. Approval by NARM as an out-of-country clinical site does not constitute an endorsement of a particular site based on setting or conditions such as accommodations, sanitation or cultural customs, but rather as verification that the clinical training students receive is in accordance with the NARM guidelines for primary under supervision and the Midwives Model of Care.
North American Registry of Midwives Position Statement: 
Educational Requirements to Become a 
Certified Professional Midwife (CPM)

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

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

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

NARM recognizes that the education of a Certified Professional Midwife (CPM) is composed of didactic and clinical experience. The clinical component of the educational process must be at least one year in duration and equivalent to 1350 clinical contact hours under the supervision of one or more preceptors. The average apprenticeship which includes didactic and clinical training typically lasts three to five years.

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

A preceptor for a NARM Entry-Level PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Licensed Midwife. The preceptor must have an additional three (3) years of experience or 50 births, including ten (10) continuity of care births beyond the primary birth experience requirements for CPM certification. (effective June 1, 2010)*

* A preceptor who does not meet the above requirements may request an exemption by filling out the preceptor application form at www.narm.org

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

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

NARM Policy Statement on Preceptor/Apprentice Relationships

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

A preceptor for a NARM Entry-Level PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Licensed Midwife. The preceptor must have an additional three (3) years of experience or 50 births, including ten (10) continuity of care births beyond the experience requirements for CPM certification. (effective June 1, 2010)

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

1) The preceptor privileges of some midwives have been revoked. It is the student’s responsibility to verify their preceptor’s status by asking their preceptor or contacting NARM.
2) The clinical components of apprenticeship should include didactic and clinical experience, and the clinical component should be at least one year in duration, which is equivalent to approximately 1350 clinical contact hours under supervision. The average apprenticeship which includes didactic and clinical training typically lasts three to five years. In the PEP Application, the dates from the first prenatal to the final primary birth should span at least one year, or the applicant should enclose a statement explaining additional clinical experiences that complete the requirement but are not charted on these forms. Additional births may also be reflected on Form 100 under Birth Experience Background.

3) It is acceptable, even preferable, for the apprentice to study under more than one preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. Each preceptor must fill out, sign, and have notarized the Preceptor Verification Form 114. All numbers signed for on Form 114 must be equal to or greater than the numbers signed for on Form 112a. The apprentice should make multiple copies of all blank forms so that each preceptor will have a copy to sign.

4) The preceptor and apprentice should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.

5) The apprentice, if at all possible, should have the NARM application at the beginning of the apprenticeship, and should have all relevant documentation signed at the time of the experience rather than waiting until the completion of the apprenticeship.

6) Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

7) The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor must be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

8) Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their 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 examination. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these examinations on one or more early prenatal visits.

10) Births as an Active Participant (Form 111) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered being an Active Participant. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice should perform some skills at every birth listed on this Form and should be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete most of the active participant births before functioning as Primary Midwife under supervision at births.

11) Births as Primary Midwife under supervision (Form 112) means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice’s performance of skills and decision making.
Guidelines for Verifying Documentation of Clinical Experience

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

1. The preceptor and applicant together should—
   a. review the three (3) separate practice documents required by NARM—Practice Guidelines, Informed Consent, and Emergency Care Form.
   b. review all client charts (or clinical verification forms from a MEAC accredited school) referenced on the NARM Application and confirm that the preceptor and applicant names/signatures appear on each part of the chart/form that is being referenced.
   c. confirm that the signatures/initials of the applicant and preceptor are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up post partum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials for both the applicant and the preceptor on the charts/forms.
   d. check all birth dates and dates of all exams for accuracy.
   e. check all codes to make sure there are no duplicate code numbers. Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth.

2. If a preceptor has more than one student (applicant), each chart must have a uniform code that all students will use. Students should not develop different codes for the same client.

3. Preceptors need to be sure their forms show that the student participated as primary under supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.

4. Applicants should have access to or copies of any charts listed in the application, Form 112a-f and Form 200 with Code in case of audit.

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

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

Guidance Statement for Documentation of Skills

The heart of midwifery is respect for the natural physiological process of birth. Verification of midwifery skills is required during the apprentice’s education. The preceptor signature verifies not only that the applicant has competently performed the skill, but has also demonstrated a competent understanding of all didactic components related to the skill, including definitions, normal and abnormal signs and symptoms, differential diagnosis for risk assessment, follow-up, and referral or transport when appropriate.

NARM recognizes that the Midwives Model of Care precludes performance of unnecessary interventions on mothers and/or babies for the purpose of training. All skills performed as a regular part of midwifery care should be demonstrated in a clinical setting with actual clients. Skills that may not occur during the course of an average apprenticeship (such as breech birth, manual removal of a placenta, identifying a tubal pregnancy, or other emergency skills) may be verified based on discussion, interaction, demonstration, and simulation to fulfill the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice requirement.
Preceptor Verification of Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Form 202

Applicant's Name: ______________________________ Social Security #: ____________________________

Make a copy of this Form 202 for each preceptor who has initialed skills in the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201. They must fill out this form and have it notarized.

Preceptor Name: _______________________________________________________________________
Address: _____________________________________________________________________________
Phone: __________________ Fax: __________________ E-mail: __________________

I, ____________________________________________, affirm and have witnessed that the applicant, ____________________________________________, has acquired and is proficient in the performance of the skill(s) that I initialed on the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201.

I affirm that I meet the following (choose one) acceptable definition of a preceptor:

- ☐ I am credentialed as a ☐ Certified Professional Midwife (CPM), ☐ Certified Nurse-Midwife (CNM)
or ☐ Licensed Midwife who has an additional three years of experience or 50 births, including ten continuity of care births, beyond the primary birth experience requirements for CPM certification; or
- ☐ I have received approval to serve as a preceptor from the NARM Board and am including a copy of the letter.

I affirm that I have read and understand the NARM Policy Statement on Preceptor/Apprentice Documentation Instructions on page 7 of this application packet.

Preceptor’s Signature: ______________________________
Preceptor’s Initials: __________________________ Date: ________________________________

Subscribed and sworn to before me this ________ day, of the month of _____________
in the year ___________.

Notary Seal

______________________________
(Notary Signature)
My Commission Expires: __________________________
Out of Country (OOC) Clinical Sites Form 230

Applicant’s Name: ____________________________  Social Security #: ____________________________

If you have attended any primary clinicals in out of country locations and would like to use them in your application process on Forms 112a, 121, 200, or 204, please check the NARM website at www.narm.org/OOC.htm or call NARM applications at 888-842-4784 to see if your out of country clinical site is approved. If your site is approved, you may use clinicals at that location on Forms 112a, 121, 200, and 204. You will also need to fill out this form listing each of those out of country clinicals. “Site Code” will be the site number listed on the web page here: http://narm.org/OOCsites.htm. Photocopy this form if you have more primary clinicals than fit here.

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Directory

NARM Inquiries
5257 Rosestone Drive
Lilburn, GA 30047
info@narm.org
www.narm.org
888-842-4784 or 770-381-9051 (E)

NARM Applications
PO Box 420
Summertown, TN 38483
applications@narm.org
888-426-1280 or 931-964-4234 (C)

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

Practical Skills Guide for Midwives
www.morningstarpub.com
907-689-7749 (AK)

Midwifery Education Accreditation Council
For information about MEAC Accredited midwifery programs
P.O. Box 984
La Conner, WA 98257
info@meacschools.org
www.meacschools.org
360-466-2080 (P)

revised October 2011

Time Zones

AK  P  M  C  E