The North American Registry of Midwives

Certified Professional Midwife (CPM)

Candidate Information Booklet (CIB)

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You are responsible for the requirements at the time you submit your application. Please check the NARM web page, www.narm.org, for the latest application forms and other updates before sending in your completed application.

Revised May 2012

North American Registry of Midwives (NARM) Mission Statement

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

Setting Standards for Midwifery

In response to numerous state initiatives that call for the legalization of midwifery practice and the increased utilization of midwives as maternity care providers, midwives across the United States have come together to define and establish standards for international certification. The North American Registry of Midwives (NARM), the Midwives Alliance of North America (MANA) and the Midwifery Education and Accreditation Council (MEAC) have joined together to create this international, direct-entry midwifery credential to preserve the woman-centered forms of practice that are common to midwives attending out-of-hospital births.

These guidelines for certification have been developed with reference to national certifying standards formulated by the Institute for Credentialing Excellence (ICE) formerly the National Organization for Competency Assurance (NOCA). NARM has received psychometric technical assistance from Mary Ellen Sullivan, testing consultant; the Florida Department of Business and Professional Regulation Psychometric Research Unit; the Minnesota Board of Medical Practice; Schroeder Measurement Technologies, Inc.; National Measurement and Evaluation, Inc.; and Personnel Research Center.

What is a Certified Professional Midwife (CPM)?

A Certified Professional Midwife (CPM) is a knowledgeable, skilled and professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and is qualified to provide the Midwives Model of Care. The CPM is the only national credential that requires knowledge about and experience in out-of-hospital settings.

The *Midwives Model of Care* is based on the fact that pregnancy and birth are normal life events. The *Midwives Model of Care* includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling and prenatal care, continuous hands-on assistance during labor and delivery and postpartum support;
- minimizing technological interventions; and
- identifying and referring women who require obstetrical attention.

The application of this model has been proven to reduce the incidence of birth injury, trauma and cesarean section.

Completion of this Certification cannot be seen as legal protection, which is determined by territorial governments.

It is not the intent of NARM to exclude any midwife from certification on the basis of age, educational route, culture, or ethnic group, creed, race, gender, or sexual orientation.

General Information

Through Certified Professional Midwife (CPM) Certification, the North American Registry of Midwives (NARM) seeks to advance the profession of midwifery, to promote the Midwives Model of Care, and to facilitate its integration as a vital component of the health care system.

This Candidate Information Booklet is designed to aid candidates in preparing for NARM's Certified Professional Midwife certification process. The Certified Professional Midwife (CPM) process has two steps: educational validation and certification.

Step 1 – Educational Validation

The Certified Professional Midwife (CPM) may be educated through a variety of routes, including programs accredited by the Midwifery Education Accreditation Council (MEAC), the American Midwifery Certification Board (AMCB), apprenticeship education, and self-study. If the midwife's education has been validated through graduation from a MEAC-accredited program; certification by the AMCB as a CNM/CM; or legal recognition in a state evaluated by NARM for educational equivalency, the midwife may submit that credential as evidence of educational evaluation and may apply to take the CPM examination. If the midwife is preceptor-trained or received education outside of the United States, with the exception of UK Registered Midwives, s/he must complete the NARM Portfolio Evaluation Process (PEP). Clinical experience for all routes of entry must have been obtained within the last 10 years.

The NARM Portfolio Evaluation Process (PEP) involves documentation of midwifery training under the supervision of a qualified preceptor. This category includes entry-level midwives, internationally educated midwives, and experienced midwives. Upon successful completion of Phases 1-3 of PEP, the applicant must successfully complete the NARM Skills Verification. Then the applicant will be issued a Letter of Completion that can be submitted to NARM's Application Department as validation of midwifery education.

Step 2 - Certification

When the applicant has completed one of the approved educational routes of entry, the applicant may apply to become a Certified Professional Midwife (CPM), and take the NARM Written Exam.

The Written Exam consists of 350 multiple-choice questions. This examination is administered in 2, 4-hour sessions. The NARM Written Exam is the final step in the CPM certification process. This examination is also administered as the final part of national legal recognition processes. The NARM Written Exam is only given in the United States.

> The NARM Written Exam is required for state licensure in all states that license direct entry midwives to attend births primarily in out-of-hospital settings.

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:

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

The education, skills and experience necessary for entry into the profession of direct-entry midwifery were 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 Booklet*. These documents describe the standard for the educational curriculum required of all Certified Professional Midwives.

NARM recognizes that the education of a Certified Professional Midwife (CPM) is composed of didactic and clinical experience. The clinical component of the educational process must be at least 2 years in duration under the supervision of one or more qualified preceptors. The average apprenticeship which includes didactic and clinical training typically lasts 3 to 5 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 3 years of experience or 50 births, including 10 continuity of care births beyond the primary birth experience requirements for CPM certification.

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

All applicants are required to complete a workshop, module, or course on Cultural Competency for certification and recertification. Approved Courses/Modules are:

- A course on cultural competency within a midwifery education program accredited by MEAC or a specific state approved midwifery education program
- A course on cultural competency within a state approved medical education program
- A cultural competency course offered as a workshop accredited for CEUs by MEAC
- The online module offered by Georgetown University: (link can be found at http://narm.org/accountability/ceu-information/)

Documentation submitted should be a certificate of completion of the course provided by the approved school; a CEU certificate approved by MEAC, or the final page of the competency module offered by Georgetown University

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

General Education Requirements

Educational Content Areas

The education of all entry-level CPM applicants must include the *content areas* identified in the following documents:

A. The Core Competencies developed by the Midwives Alliance of North America

B. The NARM Written Test Specifications

C. The NARM Skills Assessment Test Specifications

D. The NARM Written Exam Primary Reference List

E. The NARM Skills Assessment Reference List

The educational components required to become a Certified Professional Midwife (CPM) include didactic and clinical experience. NARM requires that the clinical component of the educational process must be at least 2 years in duration under the supervision of one or more qualified preceptors. The average apprenticeship which includes didactic and clinical training typically lasts 3 to 5 years.

Experience Requirements

I. As an observer, the applicant must attend a minimum of 10 births in any setting, in any capacity (observer, doula, family member, friend, beginning apprentice). These births may be verified by any witness who was present at the birth.

As an **Assistant Under Supervision**, the applicant must attend a minimum of 20 births, 25 prenatals (including 3 initial exams), 20 newborn exams, 10 postpartum visits as an assistant under the supervision of a qualified preceptor.

II. Functioning in the role of **Primary Midwife Under Supervision**, the applicant must attend a minimum of 25 births as a Primary Midwife Under Supervision.

- **Continuity of Care:**
  Of the 20 Primary births required under supervision in Phase 3, 5 require full Continuity of Care, and 10 more require at least 1 prenatal under supervision.
- **Full Continuity for 5 Primary Births:**
  5 Continuity of Care as a **Primary Midwife Under Supervision** will include 5 prenatals spanning at least 2 trimesters, the birth, newborn exam, and 2 postpartum exams.

- **Prenatals for 10 Additional Primary Under Supervision births:**
  Students must have attended at least 1 prenatal (in a primary or assisting role) with the mother prior to her labor and birth for 10 of the 20 primary births under supervision in Phase 3 (in addition to the 5 with full COC).

A minimum of 10 of the 25 births attended as Primary Under Supervision must be in homes or other out-of-hospital settings; and

At least 10 of the 20 primary births must have occurred within 3 years of application submission.

III. Functioning in the role of **Primary Midwife Under Supervision**, the applicant must document:

A. 75 prenatal exams, including 20 initial exams;

B. 20 newborn exams; and

C. 40 postpartum exams.

The applicant must competently perform all aspects of midwifery care (prenatal, intrapartal, and postpartal) under the direct supervision of the preceptor.

The educational components required to become a Certified Professional Midwife (CPM) include didactic and clinical experience. NARM requires that the clinical component of the educational process be at least 2 years in duration under the supervision of one or more preceptors. The average apprenticeship which includes didactic and clinical training typically lasts 3 to 5 years. All clinicals must have occurred within 10 years of the application submission.

Skills Requirements

During the course of their educational process, all CPM applicants are expected to acquire the full range of entry-level midwifery skills as defined in the NARM *Test Specifications* and in the NARM Application Form 201. Requirements for testing and documentation of these skills vary by educational category (see below).

Other Required Documentation

The applicant must provide:

I. A copy of both sides of current CPR and Neonatal Resuscitation Certification

II. Written verification of:

A. Practice guidelines

B. An informed consent document

C. An emergency care form

III. Documentation and verification of experience, knowledge and skills on the appropriate NARM forms

IV. Documentation of workshop, course, or module on cultural competency

All NARM applications are evaluated in detail and randomly audited. Applicants, regardless of category, could be required to submit charts, practice documents, and/or other related documentation as requested.

Requirements for Certification by Educational Category

The first step toward becoming a Certified Professional Midwife is the validation of midwifery education. Education may be validated through one of the following routes:

- Completion of NARM's Portfolio Evaluation Process (PEP).
- Graduation from a MEAC-Accredited Program.
- Certification by the AMCB as a CNM/CM.
- Legal recognition in states/countries previously evaluated for educational equivalency.

Completion of NARM's Portfolio Evaluation Process (PEP)

This category has been developed to facilitate applicants who are primarily apprentice-trained and/or have not graduated from a MEAC-accredited program, are not certified by the AMCB as a CNM /CM, are not legally recognized in their states, or have not received formal midwifery training outside the United States. NARM's Portfolio Evaluation Process (PEP) is a competency-based educational evaluation process that includes NARM's Skills Verification.

There are 3 PEP categories: Entry-Level, Internationally Educated and Experienced Midwives.

Candidates applying for certification through NARM's PEP Program will undergo a three-step process:

STEP 1:

I. Fulfill the General Education Requirements.

II. Document the fulfillment of these requirements on the appropriate NARM application forms.

III. Provide verification from the preceptor of proficiency on each area listed on the Skills, Knowledge and Abilities Essential for Competent Practice Verification Form 201.

IV. Provide an affidavit (Form 205a) from the preceptor that the applicant has:

   A. Practice guidelines;

   B. An informed consent document;

   C. An emergency care form.

V. Submit documentation of workshop, course, or module on cultural competency

VI. Provide 3 professional letters of reference.

VII. Satisfy requirements for Skills Verification.

STEP 2: Application for Certification.

STEP 3: Certification

I. Submit Phase 4 requirements

II. Submit any outstanding documentation or updated CPR/NNR

Entry-Level PEP

Entry-level PEP candidates must:

STEP 1: Complete NARM's Portfolio Evaluation Process (PEP)

I. Fulfill the General Education Requirements (described in the Candidate Information Booklet (CIB)).

II. Complete the General Application Form 100 and PEP Application forms.

III. Experience in specific settings:

- A minimum of 5 home births must be attended in any role in any phase.
- A minimum of 2 planned hospital births must be attended in any role in any phase. These cannot be intrapartum transports but may be antepartum referrals.
- These births may be included in documentation of Phases 1, 2, and 3.

IV. Provide verification from the preceptor(s) that the applicant has achieved proficiency on each area listed on Form 201a - *Skills, Knowledge, and Abilities Essential for Competent Practice Verification* Form.

V. Submit copies of both sides of current Adult CPR and Neonatal Resuscitation Certification.

VI. Provide an affidavit (notarized statement) from the preceptor(s) asserting that the applicant has developed and utilizes:

A. Practice guidelines;

B. An informed consent document;

C. An emergency care form.

VII. Provide 3 letters of reference (personal, professional and client). All 3 letters must be sent directly to NARM by the individual providing the reference, not by the applicant.

VIII. Submit documentation of workshop, course, or module on cultural competency

IX. Pass the NARM Skills Assessment given by a NARM Qualified Evaluator (QE) or complete the Second Verification of Skills Form 206 (available at www.narm.org/secondskills.htm).

Upon fulfillment of the above requirements, the applicant will be sent a Letter of Completion of NARM's Portfolio Evaluation Process (PEP).

Upon approval of the application materials, the NARM Written Exam will be scheduled. The NARM Written Exam is only given in the U.S.

Step 2: Written Exam

I. Submit PEP CPM Application Checklist Form 400 (which will be sent to you with your Letter of Completion of NARM's PEP Process).

II. Send Letter of Completion of NARM's PEP as verification of experience and skills.

III. Pass the NARM Written Exam.

Step 3: Certification

I. Submit Phase 4 requirements

II. Submit any outstanding documentation or updated CPR/NNR

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

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

Graduates of a MEAC-accredited program must:

I. Fulfill the General Education Requirements.

II. Complete the appropriate NARM application forms.

III. A copy of both sides of current CPR and Neonatal Resuscitation Certification

IV. Written verification of:

A. Practice guidelines

B. An informed consent document

C. An emergency care form

D. Documentation of workshop, course, or module on cultural competency

V. Send either:

A. A notarized copy of the original graduation certificate or diploma; or

B. A final transcript with the school insignia.

Upon approval of the application materials, the NARM Written Exam will be scheduled.

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

MEAC graduates are expected to apply for NARM Certification **within 3 years of graduation**. If application for certification is made after this time, NARM will require additional documentation. MEAC Students who are testing prior to graduation will be required to have currency of 10 births in the last 3 years.

Certification by the AMCB as a CNM/CM

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

I. Fulfill the General Education Requirements.

II. Complete the appropriate NARM application forms.

III. A copy of both sides of current CPR and Neonatal Resuscitation Certification;

VI. Written verification of:

- A. Practice guidelines;
- B. An informed consent document;
- C. An emergency care form.

V. Documentation of workshop, course, or module on cultural competency

VI. Send a notarized copy of current AMCB CNM/CM wallet card.

VII. On the NARM form provided in the application packet, submit documentation of functioning in the role of primary midwife or Primary Under Supervision for:

- A. A minimum of 10 births in homes or other out-of-hospital settings;
- B. A minimum of 5 births with continuity of care (at least 5 prenatal visits spanning 2 trimesters, the birth, newborn exam and 2 postpartum exams).

Upon approval of the application materials, the NARM Written Exam will be scheduled.

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

Legal Recognition in States/Countries Previously Evaluated for Educational Equivalency

The purpose of this category is to expedite the application process for individual midwives legally recognized in a state/country listed below. Candidates from states/countries marked with an asterisk (*) must submit additional documentation.

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

Candidates who are legally recognized in states/countries previously evaluated for educational equivalency must:

I. Fulfill the General Education Requirements.

II. Complete the appropriate NARM application forms.

III. A copy of both sides of current CPR and Neonatal Resuscitation Certification;

IV. Written verification of:

   A. Practice guidelines;

   B. An informed consent document;

   C. An emergency care form.

V. Documentation of workshop, course, or module on cultural competency

VI. Submit a notarized copy of current state/country credential (i.e. certification, licensure, or registration).

Upon approval of the application materials, the NARM Written Exam will be scheduled. The NARM Written Exam is only given in the U.S.

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

Internationally Educated Midwife

The International Educated midwife must provide verification of all supportive documentation (licenses, diplomas and certificates). Applicants who received midwifery/obstetrical training in another country must have transcripts verified by International Credentialing Associates (ICA), Inc., 10801 Starkey Road, Suite 104, Seminole FL 33777, phone: (727) 549-8555, fax: (727) 549-8554, www.customerservice@icaworld.com. . Their website is www.icaworld.com

No application will be processed without verification from ICA.

STEP 1: Educational Validation

Send all supportive documentation (licenses, diplomas and certificates) on the forms provided in the application to International Credentialing Associates (ICA), Inc.

Notify NARM Applications Department of submission of educational validation to ICA via email at applications@narm.org

STEP 2. Verification of Experience and Skills

Complete the appropriate NARM application forms once instructed to do so by the applications department.

On the NARM form provided in the application packet, submit documentation of functioning in the role of primary midwife or Primary Under Supervision for:

> A minimum of 10 births in homes or other out-of-hospital settings in the US/Canada or approved Out of Country clinical site with a qualified preceptor;
>
> A minimum of 5 births with continuity of care (at least 5 prenatal visits spanning 2 trimesters, the birth, newborn exam and 2 postpartum exams).

Satisfy skills verification requirements (if necessary).

I. Submit a copy of both sides of current CPR and Neonatal Resuscitation Certification;

II. Submit written verification of:

   A. Practice guidelines;

   B. An informed consent document;

   C. An emergency care form.

III. Submit documentation of workshop, course, or module on cultural competency

STEP 3. Submit the CPM Application Form (400) and the Letter of Completion of NARM's PEP Program.

Upon approval of the application materials, the NARM Written Exam will be scheduled. The NARM Written Exam is only given in the U.S.

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

Experienced Midwife

This category is for candidates with special or non-conventional training, experience, and needs. Each application will be evaluated to determine whether training and experience are equivalent to NARM's certification standards.

The experienced midwife must have been in primary practice for a minimum of 5 years after training and have a minimum of 75 births within the last 10 years (at least 10 births must be within the last 2 years).

Experience Requirements. All Experienced Midwife candidates must document:

I. 75 births within the last 10 years including:
   A. at least 10 births in the last 2 years
   B. 10 or more out-of-hospital births
   C. 5 births with continuity of care (at least 5 prenatal visits spanning 2 trimesters, the birth, newborn exam and 2 postpartum exams)

II. 300 prenatal visits (among 50 different women);

IV. 50 newborn exams;

V. 75 postpartum visits.

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

All Experienced Midwife candidates must document their experience and skills through NARM's Portfolio Evaluation Process (PEP). Additional documentation may be requested by the Applications Department.

STEP 1: Verification of Experience and Skills

All Experienced Midwife candidates must:

I. Complete the appropriate NARM application forms.

II. Document experience and skills requirements, and include any relevant certificates, diplomas, licenses and degrees

III. Complete Form 201a or 201b and 201c documenting the acquisition of skills required for NARM Certification.

IV. Submit a copy of both sides of current Adult CPR and Neonatal Resuscitation Certification;

V. Submit copies of:
   A. Practice guidelines;
   B. An informed consent document;
   C. An emergency care form.

VI. Submit documentation of workshop, course, or module on cultural competency

VII. Satisfy skills verification requirements.

A Letter of Completion of NARM's Portfolio Evaluation Process will be sent after all requirements are met.

STEP 2: Application for Certification

All Experienced Midwife candidates must:

I. Submit the CPM Application Form (400) and the Letter of Completion of NARM's PEP Program.

Upon approval of the application materials, the NARM Written Exam will be scheduled. The Certified Professional Midwife certification will be issued after all requirements are met.

NARM Policy Statement on Preceptor/Apprentice Relationships

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

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

1. A preceptor for a NARM PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Licensed Midwife. The preceptor must have an additional 3 years of experience or 50 births, including 10 continuity of care births beyond the experience requirements for CPM certification.
   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 must be at least 2 years in duration. The average apprenticeship which includes didactic and clinical training typically lasts 3 to 5 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 2 years, or the applicant should enclose a statement explaining additional clinical experiences that complete the requirement but are not charted on these forms. Additional births may also be reflected on Form 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 who signs for any clinicals on forms 111 or 112 must fill out, sign and have notarized the Verification of Birth Experience Form. All numbers signed for must be equal to or greater than the numbers signed for on Forms 111a-e and 112a-e. The apprentice should make multiple copies of all blank forms so each preceptor will have a copy to fill out and sign. These forms should be filled out and signed by the preceptor not the applicant.
4. The preceptor and apprentice should have a clear understanding of the responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.
5. The apprentice, if at all possible, should have the NARM application at the beginning of the apprenticeship and should have all relevant documentation signed at the time of the experience rather than waiting until the completion of the apprenticeship.

6. Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. **Determination of "adequate performance" of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary.** Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if the preceptor agrees that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible, however **the preceptor makes the final determination**.
7. The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that **the preceptor must be physically present** when the apprentice performs the midwife skills. The preceptor holds the final responsibility for the safety of the client or baby and should become involved, whenever warranted, in the spirit of positive education and role modeling.
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 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 1 or more early prenatal visits.
10. Prenatal Exams, Newborn Exams, and Postpartum Exams as an Assistant Under Supervision (forms 111c-e) must be completed before the same category of clinicals may be verified as Primary Under Supervision (forms 112 a-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 an Assistant Under Supervisions (Form 111 a-e) are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered being an Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice should perform some skills at every birth listed on Form 111a and must be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete **18** of the Assistant Under Supervisions births before functioning as Primary Under Supervision at births.
12. 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.
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 this birth qualifies as an Assistant Under Supervision for this student.
14. Attendance at a birth where either the apprentice or preceptor is also the client will not be accepted for verification of the required clinicals.

Guidelines for Verifying Documentation of Clinical Experience

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

1. The preceptor and applicant together should—
    a. review the 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 appear on each chart/form that is being referenced.
    c. confirm that the signatures/initials of the applicant are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up post partum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials on the charts/forms.
    d. check all birth dates and dates of all exams for accuracy.
    e. check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than 1 birth, including twins, with any given client, there must be a different code assigned for each subsequent birth.
2. If a preceptor has more than 1 student (applicant), each chart must have a code that all students will use. Students should not develop different codes for the same client.
3. Preceptors need to be sure their forms show that the student participated as Primary Under Supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.
4. Applicants must have access to or copies of any charts (with Code #) listed in the application in case of audit.

The Informed 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 NARM certification.

Audits

All NARM Applications are evaluated in detail and randomly audited. If the application is audited, copies of Practice Guidelines, Informed Consent, Emergency Care Form, and specific charts with the names whited out must be submitted to the NARM Applications Office. MEAC applicants may submit client charts or clinical verification forms from a MEAC accredited school, for purposes of audit. Charts that include client names, addresses, and/or phone numbers will be immediately shredded and replacements requested.

Applicants are responsible for having immediate access to client charts or clinical verification forms from a MEAC accredited school when they submit their application. Audited materials are due within 2 weeks of request. ***Delays in return of audit materials can hold up test scheduling.***

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

Time Frame for Certification Process

Applicants with incomplete applications will be sent a notice from the Applications Department if they have not responded to requests to complete the process (i.e., not fulfilling application requirements) within 6 months.

After 1 year, applicants with incomplete applications will be required to send the following:

- A letter of intent to complete the application process
- One copy of current CPR **and** Neonatal Resuscitation card

If the application remains incomplete after 1 year, a letter will be sent notifying the applicant that if the application is not complete within 6 months from the date of receipt of the letter, the process will be closed and the application shredded. It will be necessary for the candidate to re-apply, including paying all fees, should they desire to seek the CPM credential in the future.

PEP Applicants who have completed the application process (and who do not qualify for the Second Verification of Skills) will be sent an Intent Form for the Skills Assessment. The Skills Assessment should be completed within 6 months of receipt of the Intent Form. *The applicant must submit the remainder of the CPM application and fees within 6 months of completion of the Skills Assessment. Upon submission of the CPM application and fees, the applicant will receive an Intent Form for the NARM Written Exam*. ***The applicant must sit for the Written Exam within 1 year of receipt of the Intent Form.*** If any of these deadlines cannot be met, the applicant may request a 6-month extension from the NARM Test Department. Phase 4 must be submitted within 6 months of passing the NARM Written Exam. If the deadlines and extensions pass without a documented effort on the part of the applicant to complete the certification process, the application will be considered expired, closed, and the applicant must reapply.

An applicant must complete all required work within the timetable listed below, including written extensions. An applicant whose application has expired will forfeit all fees. Candidates should keep copies of all application materials submitted. If the candidate needs to have expired application materials returned and the application has not yet been shredded, a $100 fee will be required. Requests for extensions must be received in writing by the deadline listed. Every effort will be made by NARM to notify applicants of approaching expiration deadlines, but NARM cannot be responsible for notifying candidates who have moved or who do not receive mail at the address listed on the application. The responsibility for meeting

deadlines and/or requesting extensions is the candidate's. If unusual circumstances prevent an applicant from meeting these deadlines, NARM will consider further extensions on an individual basis if submitted in writing prior to the deadline.

NARM recommends continued supervised practice throughout the application and testing process.

Application Process Timetable

Process	6 months	1 year	18 months
Submission of incomplete application		Resubmit driver's license, CPR, and photos, request extension	Expired*
Skills Assessment	Request extension	Expired*	
CPM application	Request extension	Expired*	
Written Exam		Request extension	Expired*
Phase 4	Request extension	Expired*	Expired*

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

NARM Written Exam Application Deadlines

The NARM Written Exam is given at regional sites on the third Wednesdays of February and August. The NARM Written Exam is also offered on Thursday during the Pre-Conference workshops at the annual MANA Conference, which is usually in the fall. Deadlines will also be printed on your Intent Forms for the examinations. For specific information about the MANA Conference test date and location, contact the NARM Test Department or NARM General Information.

Deadline for:	**February Exam**	**August Exam**	**MANA Exam**
PEP Application *with fee*	September 10	March 10	4 months prior
Certification Application *with fee*	December 1	June 1	2 months prior

Retakes

Candidates who have failed either the Skills Assessment or the Written Exam are expected to complete the certification process within the time frames listed above. There is no limit to the number of times a candidate may take either exam. If multiple retakes are required, the candidate may not be able to complete certification within the expected time frame. If a candidate does not complete the certification process within 3 years of when the application was received at NARM applications, documentation of continued supervised clinical practice will be required. The candidate must submit documentation of 10 supervised births that have occurred within 3 years of submitting the next retake form. Form is available upon request.

The Demonstration of Knowledge and Skills

Identification of the knowledge and skills necessary for certification is based on the actual practice of midwifery, and not on a specific set of protocols or regulations. The knowledge tested on the Written Exam and the skills tested on the Skills Assessment are identified from the Job Analysis. The Job Analysis is a survey of the current practice of midwives across the country. From this list come the test specifications for each exam. Many midwifery schools base their curriculum on these test specifications so that their graduates will be prepared for the certification exams. The skills checklist portion of the Portfolio Evaluation Process is also based on this list, so midwives training through a preceptor will also learn and demonstrate the same skills. This process assures that all CPMs, regardless of path of education or experience, will demonstrate competency in the same skills. NARM does NOT specify how a CPM will utilize the knowledge and skills in actual practice. In other words, NARM does not issue standardized practice protocols. NARM does require that each CPM candidate have practice protocols in writing and utilize informed consent in communicating the protocols to the clients.

The legal regulation of midwives varies in each state. Midwives practice completely unregulated in many states, and in other states they practice according to very specific protocols set by the state. In some states they are permitted to use emergency medications, or suture tears, or give oxygen. In other states, they may be forbidden from any of these procedures. The CPM credential verifies that the midwife knows these skills whether or not s/he chooses (or is allowed) to perform them. States that require the CPM credential for licensure are assured that every CPM has been through a rigorous process to verify knowledge and skills. The CPM is the standard for the knowledge and skills, regardless of the individual circumstances in which the CPM practices.

CPM candidates sometimes comment on the written exam questions or on skills tested on the assessment that they are not "allowed" to make that choice based on their state regulations. NARM does not say that the midwife must base protocols on that knowledge or include that skill in practice, but must demonstrate the knowledge or skill for purposes of national certification. NARM questions are based on the test specifications and are referenced to the bibliography listed in the Candidate Information Booklet. Candidates should base their answers and demonstration of skills on the test specifications in the CIB, and not on specific individual or state protocols.

Passing the NARM Written Exam or the NARM Skills Assessment depends on receiving a minimum number of correct answers. Leaving a question blank or refusing to perform a specific assessment skill does not automatically result in failing the examination, but will affect the total score. Each question on the Written Exam is worth one point, but each skill on the Skills Assessment may count for several points. Refusing to perform a skill can cause the applicant to fail the assessment and delay progress toward certification. Failing candidates must pay an additional fee to retake either examination.

The NARM Written Exam

- Candidates must submit the General Application Form 100, the CPM Application Form or PEP Phases 1-2, and one of the following forms of documentation:
  - Notarized copy of diploma, or transcript with the school insignia, indicating graduation from a MEAC-accredited program
  - Notarized copy of current AMCB CNM/CM certificate and wallet card
  - Notarized copy of current state endorsement process, i.e. certification, licensure, registration, or documentation indicating legal recognition in states previously evaluated for educational equivalency
  - Letter of completion of Phases 1-3 of NARM's Portfolio Evaluation Process (PEP)
- Candidates will receive a Written Exam Intent Form, listing upcoming dates and locations for the Written Exam.
- Candidates must submit the Written Exam Intent Form to the NARM Test Department **at least 4 weeks** prior to the test date.
- Candidates will receive confirmation of receipt of their Intent Form.
- Candidates will receive a Written Exam Admission Letter, which will include the date, time, and location of their scheduled Written Exam, and directions to the test site. The candidate should receive this information 2 weeks prior to the examination. If the Admission Letter is not received by the appropriate time, please notify the Test Department at 1-888-353-7089.
- Candidates must bring their Admission Letter and a small head and shoulders photo (like a passport photo) to the test site. Another photo ID, such as a Driver's License, governmental or institutional identification, must be shown to verify both name and picture. The small passport photo should be stapled to the Admission Letter. The Admission letter will be signed by both the candidate and proctor and will be retained by the proctor and returned to the NARM Test Department.

Written Exam Administration Schedule

The NARM Written Exam is administered 3 times a year, as follows:

- 3rd Wednesday in February
- 3rd Wednesday in August
- At the annual MANA Convention in the fall

Inclement Weather Policy

In the event of inclement weather, NARM's policy is that if the test site is closed, the test will be postponed until the site is open again. The new date will be mutually agreed on by NARM and the test site, but will be as close to the original date as possible. It is possible, though not likely, that the site would be unable to accommodate the NARM exam within a reasonable period and the candidates might have to wait until the next testing cycle.

If the test site is open but the candidate's local weather prevents her from reaching the test site, the test cannot be rescheduled for the candidate. The candidate will be required to pay a $75 reschedule fee to register for the next cycle. If the candidate does not show up at the testing site and inclement weather cannot be documented, the reschedule fee is $400. It is highly recommended that, if the candidate is planning a long drive to the test site, it would be best to arrive near the test site the night before to avoid any weather or traffic delays that might interfere with arrival early the next morning.

The NARM Test Department will make every effort to stay in touch with the test site coordinator prior to the exam to anticipate any closings due to weather or shipping delays and will notify candidates whenever possible. If the candidate is unsure or are not available at the phone number listed with NARM, s/he may call the NARM Test Department for updates.

Inclement weather includes snow, ice, hurricanes, tornadoes, floods, earthquakes, etc. This policy also applies to any unplanned event that causes the test site to close, such as a loss of electricity or terrorism alert.

Candidates Who Are Taking the NARM Written Exam for State Recognition

Many states use the NARM Written Exam as part of their process for state recognition. In these states, midwives who are already CPMs may have a simplified route to legal recognition. Midwives who are not yet CPMs must meet the licensure criteria for the specific state, and will register for the NARM examination through their state agency. After passing the NARM examination and receiving state licensure, the midwife may apply for CPM certification through the "Midwives from States/Countries with Legal Recognition" category if their state/country is listed.

If the candidate is from a state with legal recognition planning to take the NARM Written Exam through the state agency, the following information applies:

1) The state agency will determine which candidates are eligible to take the NARM Written Exam. All documentation for eligibility is processed through the state agency. When the candidate has met the eligibility requirements, s/he will receive a packet of information from the state agency, which will include:
   a) The Candidate Information Booklet: the study outline (test specifications) and reference list.
   b) The candidate application form to register for the NARM Examination

2) The candidate must send the application form and appropriate fee as instructed by the agency. Some states collect the applications and the fees, and other states ask the candidate to send the application and fee directly to NARM. If the fee is sent directly to NARM, it must be in the form of a certified check, money order, or credit card (a 7% handling fee will apply to credit card transactions). **NARM does not accept personal or business checks.**
3) To verify registration for the examination through the agency, please contact the state agency. In the cases where the applications and fees have been sent directly to NARM, NARM will notify the state agency of those who have registered for the examination. In either case, verification is done through the state agency.
4) The state agency arranges for the location of the examination as well as for any special testing needs. To verify the location where the examination will be given, contact the state agency. The NARM examination is given on the SAME DAY at all locations, whether administered by the agency or by NARM. The test dates are the third Wednesdays of February and August of every year. The examination is given in 2 parts, with 4 hours allotted for each part. Part One begins at 8:00 am and Part Two at 1:00 pm.
5) An ADMISSION LETTER will be sent by the state agency prior to the examination. This letter will confirm the time, date, and location of the examination. The letter will instruct the candidate to bring the letter, with a passport-type (head and shoulders) photo attached, to the examination site. Candidates must present the letter, with photo attached, to be admitted to the examination and will also be asked to show another form of photo ID for verification, such as a driver's license.
6) The results of the NARM Written Exam will be sent directly to the state agency within 3-4 weeks of the test date. The agency will notify the candidates of the results. When permitted by the agency, NARM will send the results directly to the candidate.
7) The NARM Written Exam is also given a third time each year, at the location and date of the annual MANA conference. Agency candidates are welcome to test at the MANA conference, which is usually in the fall. Eligibility and registration will still be done through the state agency.

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

Sequence of Application and Testing Procedures

For Educational Validation:

1) Order or download the NARM Application
2) 2 photos will be needed. These should be head and shoulders photos, similar to a passport photo. One photo is submitted with the Application, and one will be submitted later when taking the NARM Written Exam for certification
3) Submit the appropriate application materials with the required fee to the NARM Applications Department. All candidates should fill out General Form 100 and the specific pages for their route of entry. Notification will be sent when the application materials have been received.
4) If the candidate is taking the Skills Assessment an Intent Form and a list of Qualified Evaluators will be sent. The Candidate and the QE will schedule the Skills Assessment. To prepare for the Skills Assessment, study the Skills Test Specifications in the CIB and the *Practical Skills Guide for Midwifery*.

For CPM Certification:

5) All candidates should submit the CPM application along with Verification of Education (PEP Certificate; MEAC diploma, transcript, or letter of intent of completion from the administrator of the program; AMCB certification; or state license) along with the Certification fee. The application, documentation, and fee should be sent to the NARM Applications Department.
6) When the CPM application is approved, the applicant will receive a NARM Written Exam Intent Form which lists the dates and sites for the Examination. Choose a test site and date and submit the Intent Form to the NARM Test Department. Approximately 2-3 weeks prior to the Written Exam, an Admission Letter and directions to the test site will be sent.
7) Canceling or changing the testing date after submitting the Intent Form but prior to 10 days before the test date will result in a $100 fee to reschedule the examination. Test cancellations or date changes within 10 days of the examination, or failure to show for the examination, will require a $400 rescheduling fee.
8) The Test Department will send results of the NARM Written Exam by mail 3-4 weeks after the testing date.
9) The CPM Certification will be issued after all requirements have been met.

Please send the application and intent forms to the appropriate NARM address. Failure to do so may result in a delay of the application or the examinations. For questions contact NARM Applications at applications@narm.org or NARM Testing at testing@narm.org.

All applications are subject to audit.

NARM is not responsible for any delay in NARM's processing of the application or for delay in receipt of the application, including but not limited to, mail delays, inclement weather, acts of God, acts of terrorism, any individual's or entity's mistake or omission.

Special Testing Needs

The NARM Certified Professional Midwife (CPM) Certification Program, in accordance with the Americans with Disabilities Act (ADA), provides testing accommodations for candidates with disabilities. These accommodations are made at no cost to the candidate. Requests for special testing accommodations must be made in writing to the NARM Test Department and must contain the following information:

1) A letter from the candidate describing the requested accommodation; **and**
    a) Documentation of a history of special accommodations for testing, such as letters from schools or testing agencies administering standardized tests indicating the accommodations granted; or
    b) A report from an appropriate licensed or certified healthcare professional who has made an assessment of the candidate's disability. The report must describe the tests and other assessment techniques used to evaluate the candidate, provide test results, indicate the test results that were out of normal range, and contain conclusions and recommendations for special accommodations based on those findings.

These documents must be submitted to the NARM Test Department with the Written Exam Intent Form. Although every effort will be made to arrange for the accommodation at the candidate's choice of test sites, this cannot be guaranteed. The candidate may be asked to choose an alternate test site or date based on the ability of the test department to arrange special accommodations.

NARM Written Exam Test Sites

The NARM Written Exam is given at regional test sites across the country on the third Wednesday of February and August; and on the site and date of the annual MANA conference. Listed below are the regional test sites that are usually available. A current list of test sites will be on the Written Exam Intent Form, which is sent to each candidate after approval of the Certification Application.

Regional Test Sites:

- California: Sacramento
- Colorado: Denver
- Florida: Orlando
- Idaho: Boise
- Iowa: Dubuque
- Maine: Portland
- Maryland: Baltimore
- Massachusetts: Wellesley
- Missouri: Kansas City
- New Mexico: Taos
- Ohio: Toledo
- Oregon: Portland
- Tennessee: Nashville
- Texas: Austin
- Texas: El Paso
- Utah: Salt Lake City
- Virginia: Charlottesville

The following states administer the NARM Written Exam for licensure and will sometimes allow CPM candidates from other jurisdictions to take the examination at their agency location. Please contact the NARM Test Department to take the examination at one of these locations:

- Alaska: Juneau
- Arizona: Phoenix
- Arkansas: Little Rock
- Louisiana: New Orleans
- Montana: Helena
- South Carolina: Columbia
- Washington: Olympia

Candidates may also take the NARM Written Exam as a pre-conference activity on the Thursday prior at the annual MANA Conference, which is usually held in the fall. For more information on the MANA conference test site and date, contact the NARM Test Department at testing@narm.org.

Examination Site Conduct/Nondisclosure (Test Security)

The Examination Administrator or QE is NARM's designated agent in maintaining a secure and valid examination administration.

Any individual found by NARM to have engaged in conduct, which compromises or attempts to compromise the integrity of the examination process will be subject to legal action as sanctioned by NARM. Any individual found cheating on any portion of the examinations will have their scores withheld or declared invalid, and their certification may be denied or revoked. Conduct that compromises or attempts to compromise the examination process includes:

- Removal of any examination materials from the examination room
- Reproducing or reconstructing any portion of the Written or Skills Assessment Examinations
- Aiding by any means in the reproduction or reconstruction of any portion of the Written or Skills Assessment Examinations
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of the Written or Skills Assessment Examinations
- Disclosure of any kind or manner of any CPM examinations
- Possession of any book, notes, written or printed materials or data of any kind other than those examination materials distributed by the Examination Administrator or QE during the examination administration
- Conduct that violates the examination process, such as falsifying or misrepresenting education credentials or prerequisite experience required to qualify for CPM Certification
- Impersonating a candidate or having an impersonator take the CPM examinations

Any violation of conduct as listed above will be documented in writing by the Examination Administrator or QE and will be presented to NARM for consideration and action.

Additionally, to protect the validity and defensibility of the examination process for all candidates, each candidate will be required to sign an Affidavit of Nondisclosure prior to taking any portion of the CPM examinations.

Answer Sheets

All answers must be recorded on the answer sheet that is provided to the candidate at the beginning of the Written Exam administration. Do not write in the examination booklets. Any answers recorded in the examination booklet will not be scored.

Candidate's Examination Scores

- All candidate scores will be reported as pass or fail based on the cut score derived using a reverse Angoff method.
- Passing candidates will not receive a breakdown of their scores; they will only receive notification that they passed.
- Failing candidates will receive a report, which highlights their performance on major areas of the examination.
- In cases where candidates apply through a licensing agency, the examination results will be sent directly to the agency.
- Scores will usually be reported within 3 to 4 weeks of the examination date.
- Examination scores will NOT be given to any candidate over the phone.
- No credit is given for items with more than one response selected.
- All questions should be answered. There is no extra penalty for wrong answers.
- The candidate's answer sheet is machine-scored. Therefore, candidates are advised to explicitly follow all instructions given by the Examination Proctor for marking their answer sheets.

Rescheduling a CPM Examination

Candidates electing to cancel their scheduled examination date must submit a written rescheduling request to the NARM Test Department. The NARM Test Department must receive the request **10 days in advance** of the candidate's scheduled examination date. The candidate must reschedule the examination within one year from submitting the CPM Certification application. The candidate will be charged a processing fee for rescheduling as outlined in the Fee Schedule. The remainder of the candidate's initial examination fees will be applied towards the rescheduled examination.

- Candidate rescheduling requests that are not received by the NARM Testing Department **10 days in advance** of a scheduled examination date will result in the forfeiture of the candidate's entire examination fee.
- If a candidate does not reschedule within the allowed timeframe or does not appear at a scheduled examination site, all examination fees will be forfeited; in which case ***the candidate will be required to pay the full examination fee prior to rescheduling another examination date***.
- It is the candidate's responsibility to contact the NARM Testing Department to request a rescheduled examination date.
- If a Qualified Evaluator is forced to cancel a candidate's scheduled Skills Assessment Examination date, the examination will be rescheduled as soon as possible and at no penalty to the candidate.
- It is the candidate's responsibility to obtain models *AND* back-up models for the Skills Assessment Examination. If a candidate's model does not appear at the scheduled test site, and the candidate does not have a back-up model, the candidate will forfeit the examination fees.
- If any portion of the CPM examination is canceled due to events such as postal strikes, bad weather, or conditions beyond our control, the examination date will be rescheduled as soon as it is reasonably possible. The candidate will not be penalized for such an event.

Retesting for Failing Candidates

If a CPM candidate fails either the Written or Skills Assessment Examinations, s/he will receive a Retake Intent Form from the Test Department. The candidate will be allowed to schedule a retest upon payment of a retake fee as outlined in the Fee Schedule. Failing candidates will not be retested using the same form of the examination they were given initially. However, they may be assigned the same Examination Administrator or QE.

Candidate's Right to Appeal Eligibility Requirements

- A Candidate who does not meet requirements for certification will be informed in writing. The candidate will have an opportunity to provide the missing information, or to write a letter of appeal.
- All appeals must be received in writing within (2) months of denial and will be processed according to policy.

Candidate's Right to Appeal

Comments on Examination Content

Candidates may provide written comments on the CPM Written Exam content. Comments may be submitted on the day of the test by completing an examination comment form and giving it to the examination administrator (proctor). Examination comment forms will be available from the examination administrator. Comments may also be submitted by mail to the NARM Test Department. Comments submitted by mail must be postmarked no later than 7 days after the test date to be considered as part of the appeals process. NARM will carefully consider all comments. If appropriate, changes will be made to the CPM Written Exam answer key.

Appeals

A candidate with a complaint about the certification process or examination may write a letter to the NARM Test Department. Letters appealing the content of the Written Exam must include or reference previously submitted examination comments as defined above. All appeals must be made prior to receipt of a pass/fail grade. NARM will carefully consider all comments. A written response will be provided only if the candidate has requested a response and has specifically proposed content, examination, or process changes.

Examination Hand Scoring

Candidates who fail the CPM Written Exam may submit a written request for hand scoring of their answer sheets within 30 days of the postmark date of their examination results. A hand-scoring fee, as outlined in the Fee Schedule, must accompany the written request for hand scoring. Candidates will be notified of the outcome of the hand scoring within 30 days of the receipt of the request. All failing answer sheets are re-scored automatically. Scoring machines are calibrated frequently. It is very unlikely that a hand-score would result in a change to the candidate's final score.

Examination Comment Form

NARM encourages all candidates to submit comments on the CPM examination process at the time of their examination. The Examination Administrator or QE will have examination comment forms available on the day of the examination. NARM will not provide a written response to the comments unless a letter of appeal is written in addition to the comment form (see Candidate's Right to Appeal).

Skills Verification

In the NARM Portfolio Evaluation Process (PEP), the candidate must have all required clinical experiences and skills documented by a preceptor who is credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Licensed Midwife. The preceptor must have an additional 3 years of experience or 50 births, including 10 continuity of care births beyond the experience requirements for CPM certification.

After documenting the required clinical experiences and skills with one of the above preceptors, the candidate then must have their skills verified through a second verification process.

Option 1—Taking the NARM Skills Assessment with a Qualified Evaluator remains an option for all PEP candidates. This option is required if any clinicals on Forms 112 (a-f) or any skills on Form 201a have been signed by a qualified preceptor who is not a CPM.

Option 2—If all required clinical experiences (Form 112 a-f) and skills (Form 201a) have been signed by a qualified preceptor who is a CPM, and no clinical or skill has been signed by a qualified preceptor who is not a CPM, the candidate may choose either option:

1) Second check-off of specific skills by a CPM who did not check off any skills on Form 201a Skills Verification. The second check-off must be done by a qualified preceptor who is also a CPM.. The second signature skills are found on Form 206 at www.narm.org/secondskills.htm, or
2) Completion of the NARM Skills Assessment with a Qualified Evaluator

If **Option 1** is chosen, the candidate must have submitted Phases 1, 2, and 3 with all forms complete and signed. Information about arranging the NARM Skills Assessment will be sent to the candidate upon approval of the application.

If **Option 2** is chosen, the candidate must have submitted Phases 1, 2, and 3 with all required signatures by CPMs in Phase 3. Additionally, the candidate should fill out Form 206 (Second Skills Verification) and have the forms signed by a CPM who meets the requirements as a Qualified Preceptor and who did not verify *any* skills on Form 201a. This form must be submitted with the Phase 3 application. Upon approval of the application, the candidate will receive information about scheduling the NARM Written Exam.

Option 1—Skills Assessment Administration

When the PEP application has been evaluated and approved, the candidate will be sent information about the Skills Assessment, including a Skills Assessment Intent Form and a list of Qualified Evaluators.

- The candidate chooses a Qualified Evaluator (QE) from the list. The QE may not have an educational or preceptor/mentor history with the candidate, nor have attended more than 5 births with the candidate.

- The candidate is responsible for providing models for the hands-on assessment, though the QE may assist in this arrangement if necessary.
- The candidate is responsible for providing the equipment needed for the Skills Assessment.
- The candidate will submit the Skills Assessment Intent Form to the NARM Test Department 4 weeks prior to the test date.
- The NARM Test Department will send a confirmation letter to the Qualified Evaluator.
- The NARM Test Department will send the candidate an Admission Letter, confirming the test time, date, and location. This Admission Letter must be brought to the test site. The QE will verify the candidate's identity with a photo ID such as a Driver's License, or other governmental, institutional, or employer-issued photo identification.
- The candidate will receive a list of equipment to bring to the test site. See Appendix A.
- The candidate should prepare for the Skills Assessment by studying the *Practical Skills Guide for Midwifery,* the test specifications for the skills examination in the Candidate Information Booklet, and by practicing competent use of all equipment on the equipment list.
- The candidate will be notified in writing of the results of the Skills Assessment within 4 weeks of the assessment. The candidate will then be issued a Letter of Completion of NARM's Portfolio Evaluation Process (PEP) Phases 1-3.

A Qualified Evaluator may not have an educational history or preceptor/mentor history with the applicant. The candidate and QE may not have attended more than 5 births together at any time (before, during, or after the training period). Non-accredited schools may not provide Qualified Evaluators who are employees of that institution.

NARM Policy on Financial Reimbursement for the Skills Assessment:

The fees paid to NARM for the PEP Application cover the costs of processing and evaluating the application and for the administration of the Skills Assessment by a NARM Qualified Evaluator (QE).

The QE is paid a fee by NARM for administering the Skills Assessment. The candidate does not pay any fee directly to the QE for administering the Skills Assessment. **However, the candidate may reimburse the QE for any travel expenses incurred if the QE has to travel out of town to the Skills Assessment site.** It is recommended that the candidate reimburse the QE up to the current allowable rate as determined by the IRS, which may be documented or estimated by the QE. The rate in 2012 is 55 cents per mile. To confirm the rate on future dates, google IRS mileage reimbursement rate.

A pregnant mother and a newborn baby are required as models for the demonstration of some of the skills. The candidate may seek volunteers as models through her own resources, or may ask the QE to provide models if the candidate is traveling to a site where she has no resources for models. The candidate may provide compensation to the models for their time, travel, or miscellaneous expenses such as babysitting. This is especially appropriate if the models are arranged by the QE and are not friends or clients of the candidate. It is recommended that the compensation to each model not exceed $25.

Option 2—Second Verification of Skills

A CPM whose certification is current and meets the requirements as a qualified preceptor, may verify competent performance of these skills. This CPM should be one who did not verify the skills on Form 201.

More than one CPM may sign the skills on the Second Verification of Skills Forms, but all parts of each complete skill must be verified by one preceptor. Incomplete forms not be accepted and the applicant will be required to sit the Skills Assessment.

The secondary verification must be done in a clinical setting.

Refunds

- Refunds are not given to candidates who submit incomplete applications, or who fail the examinations.
- A partial refund of the PEP Application fee may be considered under extenuating circumstances. The candidate must request a partial refund in writing to the NARM Board, explaining why the process cannot be completed, and must be accompanied by supporting documentation. The request must be submitted within 2 months of approval of the application and prior to the submission of the Skills Assessment Intent Form. No refunds will be given outside of these parameters.
- A partial refund of the Certification fee may be considered if the candidate has not been scheduled for the Written Exam. The candidate must request a partial refund in writing to the NARM Board, explaining why the process cannot be completed, and must be accompanied by supporting documentation. The request must be submitted prior to the submission of the Written Exam Intent Form and within 6 months of approval of the certification application. No refunds will be given outside of these parameters.
- Supporting Documentation includes written evidence of circumstances that have arisen following the submission of the Application, which prohibit or severely limit the candidate's ability to complete the remainder of the process.
- Refunds granted by the NARM Board will be prorated according to the processing of the application, with a minimum of $300 retained for processing fees.
- Candidates who receive a refund and later decide to reapply must pay all fees current at the time of reapplication.

Suspension or Revocation of Application

The NARM Certified Professional Midwife application process may be suspended or terminated for any of the following reasons:

- If an applicant is found guilty of dishonesty, refusal to inform, negligent or fraudulent action in which the midwife compromised the well being of a client or a client's baby;
- Compromising or attempting to compromise the integrity of the examination process;
- Cheating on any portion of the examinations;
- Falsification of Application information.

The NARM Board, in consultation with their testing company and legal consultant, will set criteria for possible reapplication.

Revocation of Certification

The NARM Certified Professional Midwife credential may be revoked for the following reasons:

- Falsification of Application information.
- Failure to participate in the Grievance Mechanism or to abide by the conditions set as a result of the Grievance Mechanism.
- Infractions of the Non-Disclosure policy, which threaten the security of the NARM Examinations.
- If the Grievance Mechanism determines that the CPM acted with dishonesty, did not use appropriate informed consent with the client, or that negligent or fraudulent actions compromised the well being of a client or client's baby, the CPM credential must be revoked.

Midwives with revoked certificates may reapply for certification after 2 years. Prior to recertification all outstanding complaints must be resolved, including completion of previous Grievance Mechanism requirements.

Recertification

- Certification renewal is due every 3 years.
- Recertification forms are sent with the initial certification and with each recertification, and are also available on the NARM web site at www.narm.org.
- 30 Continuing Education Contact Hours (3.0 CEUs) are required during the 3-year period.
- One Contact Hour is defined as 55 clock minutes of time. To be awarded .5 (half) Contact Hours the time period is 30 minutes to 55 minutes. Less than 30 contact minutes will ***not*** be awarded Continuing Education Contact Hours.
- All recertifications are subject to audit.

Mandatory Areas

A. Peer Review—5 Contact Hours
   Participates in Peer Review *and/or*
   Attends Peer Review Workshop
B. Current Adult CPR and either infant CPR or Neonatal Resuscitation
C. Affirmation of current use of practice guidelines, informed consent, and emergency care forms.
D. Demographic information

Two Options for Recertification

1. Mandatory Areas + 25 Contact Hours from a mixture of Categories
2. Mandatory Areas + retaking the NARM Written Exam

Continuing Education Categories

Category 1 (maximum-25 Contact Hours) MEAC, ACNM, BRN, ACOG, Lamaze International, and ICEA are examples of approved sources for Continuing Education Contact Hours.

Any class or course work that is granted accredited CEUs in a health profession relevant to women's health or midwifery.

Category 2 (maximum-10 Contact Hours)

Course work or classes in women's health and midwifery, or in related fields without accredited CEUs.

Category 3 (maximum-15 Contact Hours)

Documented research in the field of midwifery, women's health or related fields.

Category 4 (maximum-5 Contact Hours)

Document self study or life experience in the field of midwifery, women's health or related fields on the form provided. One contact hour equals one **contact hour**.

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

Serving as a NARM QE, item writer, or a NARM subject matter expert, or participant in NARM's Accountability Processes

Category 6 (maximum-10 Contact Hours)

Filing MANA Statistics Forms

One Contact Hour for every 10 MANA Statistics forms

NARM Policy on Recertification and Inactive Status

CPMs who wish to go on inactive status must:

- declare inactive status within 90 days of expiration date
- submit $35 each year to continue inactive status

Midwives who are listed as inactive:

- will receive CPM News and other NARM mailouts
- are bound to all policies regarding Peer Review and the Grievance Mechanism
- may NOT identify themselves as a CPM

Within the 6 year period of inactivity, the CPM may become recertified at any time by paying the $150 recertification fee, and submitting the Recertification Application and requirements for one recertification cycle (30 contact hours, including 5 hours of peer review) from any of the categories defined in the Recertification Application. After 6 years of inactive status, the certification status will automatically become expired.

The CPM's name will not be given to prospective clients. Inquiries about the status of a midwife will be answered that the CPM has been certified but is currently inactive.

Expired CPMs

A CPM will be considered expired:

- if she/he is more than 90 days past recertification deadline without declaring inactive status, or
- at the end of 6 years of inactive status.

Recertification after Expired Status

Should an expired CPM decide to reactivate certification she/he will be required to:

- attend 5 births
- order the Reactivation package ($50)
- submit evidence of 30 contact hours, including 5 hours of peer review as defined in the Reactivation packet
- meet reactivation requirements, including currency*, peer review, CPR and NRP, and CEUs
- submit Reactivation fee (includes exam)

*The births and the contact hours must have occurred within 5 years of reapplication.

To reactivate from an expired status, the midwife will be required to retake the NARM Written Exam. The NARM Written Exam will be scheduled after the application is received. The fee for reactivation, including the Written Exam, will be the current CPM application fee.

Fee Schedule

All fees ***must*** be submitted by certified check or money order; **personal or business checks will *not* be accepted.**

All fees are subject to change without notice.

Application Fee, printed form	$ 50
NARM Written Exam Fee	$ 900
Retake Fee (Written Exam)	$ 400
Retake Fee (Skills Assessment Examination)	$ 400
Rescheduling Fee (Written Exam)	$ 75
Rescheduling Fee (Skills Assessment Examination)	$ 75
Reprocessing Fee	$ 50
Handscore Fee	$ 50
Recertification Fee (before expiration)	$ 150
Recertification Fee (within 90 days after expiration)	$ 200
Inactive Fee (per year)	$ 35
Recertification after Expired Status	$ 400
Recertification after Expiration (State Licensed-current)	$ 150
Additional certificate and wallet card	$ 30
Additional certificate	$ 20
Additional wallet card	$ 20

Midwives who have previously passed the NARM Written Exam may subtract the fee paid for the examination from the certification fee.

Study Suggestions for Candidates Preparing for the Written Exam

It is NARM's expectation that all midwives who have accrued the required levels of experience and who have diligently prepared will be able to pass the NARM Written Exam. We acknowledge that many factors affect a person's ability to pass a written examination, and that even very experienced midwives may experience test anxiety. We therefore offer these suggestions for preparing for the NARM Written Exam.

1. Allow time to prepare for the examination. Even experienced midwives will benefit from a review of the reference books. Reading and studying will help prepare the candidate to more effectively evaluate examination questions and answers.
2. Get a good night's sleep before the examination. You will not have an opportunity to eat before noon, so should nourish yourself before beginning.
3. If you experience "test anxiety," work on relaxation exercises while you study. Plan a schedule for study so you don't feel that you are cramming right before the test. Give yourself time to relax the day before. Remember that if you do not pass the examination on the first try, you may take it again at another time.
4. The NARM reference list (contained in the Candidate Information Booklet) lists over twenty books for study. Read as many as you can. Strive for a good balance of the medical and midwifery sources.

If you are limited on time and/or resources, read the ones that supplement your general knowledge rather than reinforce it. The NARM examination strives for a good balance of midwifery knowledge.

5. Utilize the information in your Candidate Information Booklet, especially the test specifications, the reference list, the sample questions, and the Aids and Guides.
6. For those candidates whose first language is not English, it might be helpful to focus on activities that will enhance verbal skills and reading skills. Such activities might include attendance at midwifery association meetings, participation in study groups, and observation of local out-of-hospital midwives who provide prenatal care or teach childbirth classes.
7. As you are reading, try making 3x5 index cards with questions on each side and answers on the other. Use the cards to quiz yourself.

Test Specifications

The Test Specifications were developed from a recent Job Analysis which was based on the Midwives' Alliance of North America (MANA) Core Competencies. NARM strongly urges all candidates to thoroughly review both the Written and Skills Assessment test specifications and their associated reference lists to prepare for successful completion of the CPM Certification Examination process.

CPM Written Exam Matrix

Content Area	Total % of Exam/# of Items
I. Midwifery Counseling, Education and Communication	5% / 17
II. General Healthcare Skills	5% / 17
III. Maternal Health Assessment	10% / 35
IV. Prenatal	25% / 88
V. Labor, Birth and Immediate Postpartum	35% / 123
VI. Postpartum	15% / 54
VII. Well-Baby Care	5% / 16

I. Midwifery Counseling, Education and Communication: (5% of Exam - 17 Examination Items)

A. Provides interactive support and counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes
B. Provides education and counseling based on maternal and paternal health/ reproductive family history and on-going risk assessment
C. Facilitates the mother's decision of where to give birth by exploring and explaining:
   1. the advantages and the risks of different birth sites
   2. the requirements of the birth site
   3. how to prepare, equip and supply the birth site
D. Educates the mother and her family/ support unit to share responsibility for optimal pregnancy outcome
E. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
F. Applies the principles of informed consent
G. Communicates practice parameters and limits of practice
H. Applies the principles of client confidentiality
I. Provides individualized care
J. Advocates for the mother during pregnancy, birth and postpartum
K. Provides culturally appropriate education, counseling and/or referral to other health care professionals, services, agencies for:
   1. genetic counseling for at-risk mothers
   2. abuse issues: including, emotional, physical and sexual
   3. prenatal testing and lab work
   4. diet, nutrition and supplements
   5. effects of smoking, drugs and alcohol use
   6. social risk factors
   7. situations requiring an immediate call to the midwife
   8. sexually transmitted diseases/ infections and safer sex practices
   9. blood borne pathogens: HIV, Hepatitis B, Hepatitis C
   10. complications of pregnancy
   11. environmental risk factors
   12. newborn care including normal/ abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
   13. postpartum care concerning complications and self-care
   14. contraception
   15. female reproductive anatomy and physiology
   16. monthly breast self examination techniques
   17. implications for the nursing mother
   18. the practice of Kegel exercises
   19. risks to fetal health, including:
      a) TORCH viruses (toxoplasmosis, rubella, cytomegalovirus, herpes, other)
      b) environmental hazards
      c) teratogenic substances

II. General Healthcare Skills: (5% of Exam - 17 Examination Items)

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

Written Test Specifications, continued

E. Manages shock by:
   1. recognition of shock, or impending shock
   2. assessment of the cause of shock
   3. treatment of shock:
      a) provide fluids orally
      b) position mother flat, legs elevated 12 inches
      c) administer oxygen
      d) keep mother warm, avoid overheating
      e) administer/use non-allopathic remedies
      f) encourage deep, calm, centered breathing
      g) administer or refer for IV fluids
      h) activate emergency medical services
      i) prepare to transport

F. Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements including: (Prenatal Multi-Vitamin, Vitamin C, Vitamin E, Folic Acid, B-Complex, B-6, B-12, Iron, Calcium, Magnesium)

G. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
   1. Lidocaine/xylocaine for suturing
   2. medical oxygen
   3. methergine
   4. prescriptive ophthalmic ointment
   5. Pitocin® for postpartum hemorrhage
   6. RhoGam
   7. Vitamin K:
      a) oral
      b) IM
   8. antibiotics for Group B Strep
   9. IV fluids

H. Demonstrates knowledge of benefits/risks of ultrasounds:
   1. provides counseling regarding ultrasound
   2. makes appropriate referrals for ultrasound

I. Demonstrates knowledge of benefits/risks of biophysical profile
   1. provides counseling
   2. makes appropriate referrals

J. Demonstrates knowledge of how and when to use instruments and equipment including:
   1. Amni-hook® / Ammnicot®
   2. bag and mask resuscitator
   3. bulb syringe
   4. Delee® (tube/mouth suction device)
   5. hemostats
   6. lancets
   7. nitrazine paper
   8. scissors (all kinds)
   9. suturing equipment
   10. urinary catheter
   11. vacutainer/blood collection tube
   12. gestational wheel or calendar
   13. newborn and adult scale
   14. thermometer
   15. urinalysis strips
   16. cord clamp
   17. Doppler
   18. Fetoscope
   19. stethoscope
   20. vaginal speculum
   21. blood pressure cuff
   22. oxygen tank, flow meter, cannula, and face mask

K. Proper use of injection equipment:
   1. syringe
   2. single dose vial
   3. multi dose ampule
   4. sharps container

L. Draws blood for lab work

M. Obtains or refers for urine culture

N. Obtains or refers for blood screening tests

O. Evaluates laboratory and medical records:
   1. hematocrit/hemoglobin
   2. blood sugar (glucose)
   3. HIV
   4. Hepatitis B and C
   5. Rubella
   6. Syphilis (VDRL or RPR)
   7. Group B Strep

8. Gonorrhea Culture
9. complete Blood Count
10. blood type and Rh factors
11. Rh antibodies
12. chlamydia
13. PAP test

III. Maternal Health Assessment: (10% of Exam - 35 Examination Items)

A. Obtain and maintain records of health, reproductive and family medical history and possible implications to current pregnancy, including:
1. personal information/demographics
2. personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman's evaluation of her health and nutrition
3. potential exposure to environmental toxins
4. medical conditions
5. surgical history
6. reproductive history including:
   a) menstrual history
   b) gynecologic history
   c) sexual history
   d) childbearing history
   e) contraceptive practice
   f) history of sexually transmitted infections
   g) history of behavior posing risk for sexually transmitted infection exposure
   h) history of risk of exposure to blood borne pathogens
   i) Rh type and plan of care if negative
7. family medical history
8. psychosocial history
9. history of abuse
10. mental health
11. Mother's medical history:
   a) genetics
   b) alcohol use
   c) drug use
   d) tobacco use
   e) allergies
   f) Father's medical history
   g) genetics
   h) alcohol use
   i) drug use
   j) tobacco use

B. Perform a physical examination, including assessment of:
1. general appearance/skin condition
2. baseline weight and height
3. vital signs
4. HEENT (Head, Eyes, Ears, Nose and Throat) including:
   a) hair and scalp
   b) eyes: pupils, whites, conjunctiva
   c) thyroid by palpation
   d) mouth, teeth, mucus membrane, and tongue
5. lymph glands of neck, chest and under arms
6. breasts:
   a) evaluates mother's knowledge of self-breast examination techniques, instructs if needed
   b) performs breast examination
7. torso, extremities for bruising, abrasions, moles, unusual growths
8. baseline reflexes
9. heart and lungs
10. abdomen by palpation and observation for scars
11. kidney pain (CVAT)
12. deep tendon reflexes of the knee
13. pelvic landmarks
14. cervix (by speculum exam)
15. size of the uterus and ovaries (by bimanual exam)
16. condition of the vulva, vagina, cervix, perineum and anus
17. musculo-skeletal system, including spine straightness and symmetry, posture
18. vascular system (edema, varicosities, thrombophlebitis)

IV. Prenatal: (25% of Exam - 88 Examination Items)

A. Assess results of routine prenatal physical exams including ongoing assessment of:
1. maternal psycho-social, emotional health and well-being
2. signs and symptoms of infection
3. maternal health by tracking variations and change in:
   a) blood pressure
   b) weight
   c) color of mucus membranes
   d) general reflexes
   e) elimination/urination patterns
   f) sleep patterns
   g) energy levels
4. nutritional patterns
5. hemoglobin/hematocrit
6. glucose levels
7. breast condition/implications for breastfeeding
8. signs of abuse
9. urine for:
   a) appearance: color, density, odor, clarity
   b) protein
   c) glucose
   d) ketones
   e) PH
   f) Leukocytes
   g) Nitrites
   h) blood
10. fetal heart rate/tones auscultated with fetascope or Doppler
11. vaginal discharge or odor
12. estimated due date based upon:
   a) last menstrual period
   b) last normal menstrual period
   c) length of cycles
   d) changes in mucus condition or ovulation history
   e) date of positive pregnancy test
   f) date of implantation bleeding
   g) quickening
   h) fundal height
   i) calendar date of conception/ unprotected intercourse
13. assessment of fetal growth and well-being:
   a) auscultation of fetal heart
   b) correlation of weeks gestation to fundal height
   c) fetal activity and responsiveness to stimulation
   d) fetal palpation for:
      (1) fetal weight
      (2) fetal size
      (3) fetal lie
      (4) degree of fetal head flexion
14. clonus
15. vital signs
16. respiratory assessment
17. edema

B. Records results of the examination in the prenatal records

C. Provides prenatal education, counseling, and recommendations for:
1. nutritional, and non-allopathic dietary supplement support
2. normal body changes in pregnancy
3. weight gain in pregnancy
4. common complaints of pregnancy:
   a) sleep difficulties
   b) nausea/vomiting
   c) fatigue
   d) inflammation of the sciatic nerve
   e) breast tenderness
   f) skin itchiness
   g) vaginal yeast infections
   h) bacterial vaginosis
   i) symptoms of anemia
   j) indigestion/heartburn
   k) constipation
   l) hemorrhoids
   m) carpal tunnel syndrome
   n) round ligament pain
   o) headache
   p) leg cramps
   q) backache
   r) varicose veins

s) sexual changes
t) emotional changes
u) fluid retention/swelling/edema

3 Physical preparation:
a) preparation of the perineum
b) physical activities for labor preparation (e.g., movement and exercise)

D. Recognizes and responds to potential prenatal complications/variations by identifying/assessing:
1. antepartum bleeding
a) first trimester
b) second trimester
c) third trimester
2. identifying pregnancy-induced hypertension
3. assessing, educating and counseling for pregnancy-induced hypertension with:
a) nutritional/hydration assessment
b) administration of calcium/ magnesium supplement
c) stress assessment and management
d) non-allopathic remedies
e) monitoring for signs and symptoms of increased severity
f) increased frequency of maternal assessment
g) hydrotherapy
4. identifying and consulting, collaborating or referring for:
a) pre-eclampsia
b) gestational diabetes
c) urinary tract infection
d) fetus small for gestational age
e) intrauterine growth retardation
f) thrombophlebitis
g) oligohydramnios
h) polyhydramnios
5. breech presentations:
a) identifying breech presentation
b) turning breech presentation with:
(1) alternative positions (tilt board, exercises, etc.)
(2) referral for external version
(3) non-allopathic methods (moxibustion, homeopathic)
c) management strategies for unexpected breech delivery
6. multiple gestation:
a) identifying multiple gestation
b) management strategies for unexpected multiple births
7. occiput posterior position:
a) identification
b) prevention
c) techniques to encourage rotation
8. vaginal birth after cesarean (VBAC):
a) identifying VBACs by history and physical
b) indications/contraindications for out-of-hospital births
c) management strategies for VBAC
d) recognizes signs, symptoms of uterine rupture and knows emergency treatment
9. identifying and dealing with pre-term labor with:
a) referral
b) consults for preterm labor
c) treats for preterm labor:
(1) increase of fluids
(2) non-allopathic remedies
(3) discussion of the mother's fears - emotional support
(4) consumption of an alcoholic beverage
(5) evaluation of urinary tract infection
(6) evaluation of other maternal infection
(7) bed rest
(8) pelvic rest (including no sexual intercourse)
(9) no breast stimulation (including nursing)
10. assessing and evaluating a post-date pregnancy by monitoring/assessing:
a) fetal movement, growth, and heart tone variability
b) estimated due date calculation

c) previous birth patterns
d) amniotic fluid volume
e) maternal tracking of fetal movement
f) consultation or referral for:
(1) ultrasound
(2) non-stress test
(3) biophysical profile

11. treating a post-date pregnancy by stimulating the onset of labor
a) sexual/nipple stimulation
b) assessment of emotional blockage and/or fears
c) stripping membranes
d) cervical massage
e) castor oil induction
f) non-allopathic therapies
g) physical activity
h) repositioning a posterior baby
i) refer for chiropractic adjustment
j) refer for acupuncture

12. identifying and referring for:
a) tubal pregnancy
b) molar pregnancy
c) ectopic pregnancy
d) placental abruption
e) placenta previa

13. identifying premature rupture of membranes

14. managing premature rupture of membranes in a FULL-TERM pregnancy:
a) monitor fetal heart tones and movement
b) minimize internal vaginal examinations
c) reinforce appropriate hygiene techniques
d) monitor vital signs for signs of infection
e) encourage increased fluid intake
f) support nutritional/non-allopathic treatment
g) stimulate labor
h) consult for prolonged rupture of membranes
i) review Group B Strep status and inform of options

15. consult and refer for premature rupture of membranes in PRE-TERM pregnancy

16. establishes and follows emergency contingency plans for mother/baby

V. Labor, Birth and Immediate Postpartum (35% of Exam - 123 Examination items)

A. Facilitates maternal relaxation and provides comfort measure throughout labor by administering/encouraging:
1. massage
2. hydrotherapy (compresses, baths, showers)
3. warmth for physical and emotional comfort (e.g., compresses, moist warm towels, heating pads, hot water bottles, friction heat)
4. communication in a calming tone of voice, using kind and encouraging words
5. the use of music or sound
6. silence
7. continued mobility throughout labor
8. pain management:
a) differentiation between normal and abnormal pain
b) validation of the woman's experience/fears
c) counter-pressure on back
d) relaxation/breathing techniques
e) non-allopathic treatments
f) position changes

B. Evaluates/responds to during first stage:
1. assess maternal/infant status based upon :
a) vital signs
b) food and fluid intake/output
c) status of membranes
d) uterine contractions for frequency, duration and intensity with a basic intrapartum examination
e) fetal heart tones
f) fetal lie, presentation, position and descent with:

(1) visual observation
(2) abdominal palpation
(3) vaginal examination

g) effacement, dilation of cervix and station of the presenting part
h) maternal dehydration and/or vomiting by administering:
(1) fluids by mouth
(2) ice chips
(3) oral herbal/homeopathic remedies
(4) IV fluids (administer or refer for)

2. anterior/swollen lip by administering/supporting:
a) position change
b) light pressure or massage to cervical lip
c) warm bath
d) pushing the lip over the baby's head while the mother pushes
e) deep breathing and relaxation between contractions
f) non-allopathic treatments
3. posterior, asynclitic position by encouraging and/or supporting:
a) the mother's choice of position
b) physical activities (pelvic rocking, stair climbing, walking, etc.)
c) non-allopathic treatments
d) rest or relaxation
e) manual internal rotation ("dialing the phone")
4. pendulous belly inhibiting descent by:
a) assisting the positioning of the uterus over the pelvis
b) positioning semi-reclining on back
c) lithotomy position
5. labor progress by providing:
a) psychological support
b) position change
c) nutritional support
d) rest
e) physical activity
f) non-allopathic treatments
g) nipple stimulation

C. Demonstrates the ability to evaluate/support during second stage:
1. wait for the natural urge to push
2. encourage aggressive pushing in emergency situations
3. allow the mother to choose the birthing position
4. recommend position change as needed
5. perineal support
6. encourage the mother to touch the newborn during crowning
7. provide an appropriate atmosphere for the moment of emergence

D. Accurate and complete recordkeeping and documentation of labor and birth

E. Demonstrates the ability to recognize and respond to labor and birth complications such as:
1. abnormal fetal heart tones and patterns by:
a) administer oxygen to mother
b) change maternal position
c) facilitate quick delivery if birth is imminent
d) encourage deep breathing
e) evaluate for consultation and referral
f) evaluate for transport
2. cord prolapse by:
a) change maternal position to knee-chest
b) activate emergency medical services/medical backup plan
c) monitor FHT and cord for pulsation
d) keep the presenting cord warm, moist and protected
e) administer oxygen to mother
f) place cord back into vagina
g) facilitate immediate delivery, if birth is imminent
h) prepare to resuscitate the newborn
3. variations in presentation:
a) breech:
(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation

(2) hand maneuvers for assisting delivery
(3) techniques for release of nuchal arm with breech

b) nuchal hand/arm:
(1) apply counter pressure to hand/or arm and the perineum
(2) sweep arm out

c) nuchal cord:
(1) loop finger under the cord, and sliding it over head
(2) loop finger under the cord, and sliding it over the shoulder
(3) clamp cord in 2 places, cutting the cord between the 2 clamps
(4) press baby's head into perineum and somersault the baby out
(5) prepare to resuscitate the baby

d) face and brow:
(1) prepare for imminent birth
(2) determine position of chin
(3) prepare resuscitation equipment
(4) prepare treatment for newborn bruising/swelling
(5) administer arnica
(6) position the mother in a squat
(7) prepare for potential eye injury

e) multiple birth and delivery:
(1) identifies multiple gestation
(2) consults or transports according to plan
(3) prepares for attention to more than one

f) shoulder dystocia:
(1) apply gentle traction while encouraging pushing
(2) reposition the mother to:
(a) hands and knees (Gaskin maneuver)
(b) exaggerated lithotomy (McRobert's position)
(c) end of bed
(d) squat
(3) reposition shoulders to oblique diameter
(4) extract the posterior arm
(5) flex shoulders of newborn, then corkscrew
(6) apply supra-pubic pressure
(7) sweep arm across newborn's face
(8) fracture baby's clavicle

4. vaginal birth after cesarean (vbac)
5. management of meconium stained fluids:
a) assess degree of meconium
b) prepare to resuscitate the baby
c) instruct the mother to stop pushing after delivery of head
d) clear the airway with suction of mouth and nose
6. management of maternal exhaustion by:
a) adequate hydration
b) nutritional support
c) increase rest
d) non-allopathic treatments
e) evaluate the mother's psychological condition
f) monitor vital signs
g) monitor fetal well-being
h) evaluate urine for ketones
i) evaluate effect of support team or visitors
j) evaluate for consultation and/or referral

F. recognize/consult/transport for signs of:
1. uterine rupture
2. uterine inversion
3. amniotic fluid embolism
4. stillbirth

G. assesses the condition of, and provides care for the newborn:
1. keep baby warm
2. make initial newborn assessment
3. determine APGAR score at:
a) 1 minute
b) 5 minutes
c) 10 minutes (as appropriate)
4. keep baby and mother together
5. monitor respiratory and cardiac function by assessing:
a) symmetry of the chest

b) sound and rate of heart tones and respirations
c) nasal flaring
d) grunting
e) chest retractions
f) circumoral cyanosis
g) central cyanosis

6. stimulate newborn respiration:
   a) rub up the baby's spine
   b) encourage parental touch, and call newborn's name
   c) flick or rub the soles of the baby's feet
   d) keep baby warm
   e) rub skin with blanket
   f) apply percussion massage for wet lungs
7. responding to the need for newborn resuscitation:
   a) administer mouth-to-mouth breaths
   b) positive pressure ventilation for 15-30 seconds
   c) administer oxygen
   d) leave cord unclamped until placenta delivers
   e) consult and transport if needed
8. recognize and consult or transport for apparent birth defects
9. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or refers as needed
10. support family bonding
11. immediate cord care:
    a) clamping the cord after pulsing stops
    b) cutting the cord after clamping
    c) evaluating the cord stump
    d) collecting a cord blood sample, if needed
12. administer eye prophylaxis
13. assess gestational age
14. asses for central nervous system disorder

H. Assist in placental delivery and responds to blood loss:
1. remind mother of the onset of third stage of labor
2. determine signs of placental separation such as:
   a) separation gush
   b) contractions
   c) lengthening of cord
   d) urge to push
   e) rise in fundus
3. facilitate the delivery of the placenta by:
   a) breast feeding/nipple stimulation
   b) change the mother's position
   c) perform guarded cord traction
   d) emptying the bladder
   e) administer non-allopathic treatment
   f) encourage release verbally
   g) manual removal of placenta
   h) transport for removal of placenta
4. after delivery, assess the condition of the placenta
5. estimate blood loss
6. respond to a trickle bleed by:
   a) assess origin
   b) assess fundal height and uterine size
   c) fundal massage
   d) assess vital signs
   e) empty bladder
   f) breastfeeding or nipple stimulation
   g) express clots
   h) non-allopathic treatments
7. respond to a vaginal tear and bleeding with:
   a) assessment of blood color and volume
   b) direct pressure on tear
   c) suturing
   d) clamp with forceps
8. respond to postpartum hemorrhage with:
   a) fundal massage
   b) external bimanual compression
   c) internal bimanual compression
   d) manual removal of clots
   e) administer medication
   f) non-allopathic treatments
   g) maternal focus on stopping the bleeding/ tightening the uterus

h) administer oxygen
i) treat for shock
j) consult and/or transfer
k) activate medical emergency backup plan
l) prepare to increase postpartum care
m) administer or refer for IV fluids

I. Assess general condition of mother:
1. assess for bladder distension
a) encourage urination for bladder distension
b) perform catheterization for bladder distension
2. assess lochia
3. assess the condition of vagina, cervix and perineum for:
a) cystocele
b) rectocele
c) hematoma
d) tears, lacerations
e) hemorrhoids
f) bruising
g) prolapsed cervix
4. repair the perineum:
a) administer a local anesthetic
b) perform basic suturing of:
(1) 1st degree tears
(2) 2nd degree tears
(3) labial tears
c) provide alternate repair methods (non-suturing)
5. provide instruction for care and treatment of the perineum
6. facilitate breastfeeding by assisting and teaching about:
a) colostrum
b) positions for mother and baby
c) skin-to-skin contact
d) latching on
e) maternal hydration
f) maternal nutrition
g) maternal rest
h) feeding patterns
i) maternal comfort measures for engorgement
j) letdown reflex
k) milk expression
l) normal newborn urine and stool output

J. Perform a Newborn Exam by assessing:
1. the head for:
a) size/circumference
b) molding
c) hematoma
d) caput
e) sutures
f) fontanels
2. the eyes for:
a) jaundice
b) pupil condition
c) tracking
d) spacing
e) clarity
f) hemorrhage
g) discharge
3. the ears for:
a) positioning
b) response to sound
c) patency
d) cartilage
4. the mouth for:
a) appearance and feel of palate
b) lip and mouth color
c) tongue
d) lip cleft
e) signs of dehydration
5. the nose for:
a) patency
b) flaring nostrils
6. the neck for:
a) enlarged glands; thyroid and lymph
b) trachea placement
c) soft tissue swelling
d) unusual range of motion
7. the clavicle for:
a) integrity
b) symmetry
8. the chest for:
a) symmetry
b) nipples
c) breast enlargement including discharge

d) measurement (chest circumference)
e) count heart rate
f) monitor heartbeat for irregularities
g) auscultate the lungs, front and back for:
(1) breath sounds
(2) equal bilateral expansion

9. the abdomen for:
a) enlarged organs
b) masses
c) hernias
d) bowel sounds
e) rigidity

10. the groin for:
a) femoral pulses
b) swollen glands

11. the genitalia for:
a) appearance
b) position of urethral opening
c) testicles for:
(1) descent
(2) rugae
(3) herniation
d) labia for:
(1) patency
(2) maturity of clitoris and labia

12. the rectum for:
a) patency
b) meconium

13. abduct hips for dislocation

14. the legs for:
a) symmetry of creases in the back of the legs
b) equal length
c) foot/ankle abnormality

15. the feet for:
a) digits, number, webbing
b) creases
c) abnormalities

16. the arms for symmetry in:
a) structure
b) movement

17. the hands for:
a) number of digits, webbing
b) finger taper
c) palm crease
d) length of nails

18. the backside of baby for:
a) symmetry of hips, range of motion
b) condition of the spine:
(1) dimpling
(2) holes
(3) straightness

19. temperature

20. flexion of extremities and muscle tone

21. reflexes:
a) sucking
b) moro
c) babinski
d) plantar/palmar
e) stepping
f) grasping
g) rooting
h) blinking

22. skin condition for:
a) color
b) lesions
c) birthmarks
d) milia
e) vernix
f) lanugo
g) peeling
h) rashes
i) bruising
j) Mongolian spots

23. length of baby

24. weight of baby

VI. The Postpartum Period: (15% of Exam - 54 Items)

A. Completes the birth certificate

B. Performs postpartum reevaluation of mother and baby at:
1. day-1 to day-2
2. day-3 to day-4
3. 1 to 2 weeks
4. 3 to 4 weeks
5. 6 to 8 weeks

C. Assess and provides counseling and education as needed, for:
1. postpartum-subjective history
2. lochia vs abnormal bleeding
3. return of menses

4. vital signs, digestion, elimination patterns
5. breastfeeding, condition of breasts and nipples
6. muscle prolapse of vagina and rectum (cystocele, rectocele)
7. strength of pelvic floor
8. condition of the uterus (size and involution), ovaries and cervix
9. condition of the vulva, vagina, perineum and anus

D. Educates regarding adverse factors affecting breastfeeding:
1. environmental
2. biological
3. occupational
4. pharmacological

E. Provides contraceptive/family planning education and counseling

F. Facilitate psycho-social adjustment

G. Provides opportunity for client feedback:
1. verbal
2. written

H. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:
1. uterine infection
2. urinary tract infection
3. infection of vaginal tear or incision
4. postpartum depression
5. postpartum psychosis
6. late postpartum bleeding/hemorrhage
7. thrombophlebitis
8. separation of abdominal muscles
9. separation of symphasis pubis

I. Assesses for, and treats jaundice by:
1. encourage mother to breastfeed every 2 hours
2. expose the front and back of newborn to sunlight through window glass
3. assess newborn lethargy and hydration
4. consult or refer

J. Provide direction for care of circumcised penis

K. Provide direction for care of uncircumcised penis

L. Treat thrush on nipples:
1. dry nipples after nursing
2. non-allopathic remedies
3. allopathic treatments

M. Treat sore nipples with:
1. expose to air
2. suggest alternate nursing positions
3. evaluate baby's sucking method
4. apply topical agents
5. apply expressed milk

N. Treat mastitis by:
1. provide immune system support including:
   a) nutrition/hydration
   b) non-allopathic remedies
2. encourage multiple nursing positions
3. apply herbal/non-allopathic compresses
4. apply warmth, soaking in tub or by shower
5. encourage adequate rest/relaxation
6. assess for signs and symptoms of infections
7. teach mother to empty breasts at each feeding
8. provide/teach gentle massage of sore spots
9. consult/refer to:
   a) La Leche League
   b) lactation counselor
   c) other healthcare providers

VII. Well-Baby Care: (5% of Exam - 16 Items)

A. Provide well-baby care up to 6 weeks

B. Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.

C. Assess the current health and appearance of baby including:
1. temperature
2. heart rate, rhythm and regularity
3. respirations
4. appropriate weight gain
5. length
6. measurement of circumference of head
7. neuro-muscular response

Written Test Specifications, continued

8. level of alertness
9. wake/sleep cycles
10. feeding patterns
11. urination and stool for frequency, quantity and color
12. appearance of skin
13. jaundice
14. condition of cord

D. Instructs mother in care of:
   1. diaper rash
   2. cradle cap
   3. heat rash

E. Advises and facilitates treatment of thrush

F. Advises and facilitates treatment for colic

G. Recognizes signs/symptoms and differential diagnosis of:
   1. infections
   2. cardio-respiratory abnormalities
   3. glucose disorders
   4. hyperbilirubinemia
   5. birth defects
   6. failure to thrive
   7. newborn hemorrhagic disease (early and late onset)
   8. polycythemia

H. Provide information for referral for continued well-baby care

I. Support integration of baby into family

J. Perform or refer for newborn metabolic screening

K. Perform or refer for hearing screening

Example of a Knowledge Question

The knowledge question requires a Candidate to answer the question solely by memory and involves the recall of definitions, facts, rules, sequences, procedures, principles, and generalizations.

Constipation can be treated with

(A) calcium, warm moist heat and exercise.
(B) accupressure wrist band, frequent small meals and protein-rich snacks.
(C) vitamin E, support stockings and elevated legs.
(D) increased water, exercise and natural sources of iron.

ANSWER = (D)

Example of an Application Question

The application questions involve the use of abstracts in concrete situations. The abstractions may be in the form of general ideas, procedures, or methods. They may also be in the form of technical principles, ideas, and theories that must be remembered or applied.

What do white spots on the infant's tongue and gums that can be easily removed indicate?

(A) Strep throat
(B) Milk residue
(C) Thrush
(D) Milk intolerance

ANSWER = (B)

Example of an Analysis Question

The analysis questions require a Candidate to break down information into its constituent parts. This may involve finding assumptions, distinguishing facts from opinion, discovering causal relationships, and finding fallacies in stories or arguments.

A mother who gave birth 2 weeks ago calls to report that this morning she awakened with a fever of 103°F, chills, a headache, and body aches. What is the MOST likely cause of these symptoms?

(A) Laceration infection
(B) Uterine infection
(C) Breast infection
(D) Respiratory infection

ANSWER = (C)

Written Exam Reference List

Coad, Jane, *Anatomy & Physiology for Midwives*, Churchill Livingstone, 3rd edition, 2011

Davis, Elizabeth. *Heart and Hands: A Midwife's Guide to Pregnancy and Birth*, 5th edition, Ten Speed Press, 2012

Foster, Illysa & Lasser, Jon, *Professional Ethics in Midwifery Practice*, Jones and Bartlett, 2010

Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. 1, Care During Pregnancy*, Labrys Press, revised 2010.

Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol.II, Care During Labor and Birth*, Labrys Press, 2004.

Frye, Anne. *Healing Passage*, 6th edition. Labrys Press, 2010

Frye, Anne. *Understanding Diagnostic Tests in the Childbearing Year*, 7th edition, Labrys Press, 2007.

Gaskin, Ina May. *Spiritual Midwifery,* 4rd edition, The Book Publishing Company, 2002.

Goer, Henci, and Romano, Amy. *Optimal Care in Childbirth*, Classic Day Publishing, 2012

Gruenberg, Bonnie, *Birth Emergency Skills Training*, Birth Guru Publications, 2009

Hall, Jennifer, *Midwifery Mind and Spirit*, Elsevier, 2001

La Leche League, International. *The Breastfeeding Answer Book*. Mohrbacker and Stock, 2003.

Myles, Margaret. Frasier/Cooper *Textbook for Midwives*, Elsevier , 15th edition 2011

Oxhorn and Foote. *Human Labor and Birth*, 5th edition. McGraw Hill, 1986.

Page, Lesley Ann, *The New Midwifery*, 2nd edition, Churchill Livingstone, 2006

Pritchard and McDonald. *William's Obstetrics*, 23rd edition. Prentiss Hall, 2009

Renfrew, Fisher, Arms. *Bestfeeding: Getting Breastfeeding Right*. Celestial Arts, 3rd edition, 2004

Simpkin & Ancheta, *Labor Progress Handbook*, 3rd edition, Blackwell, 2011

Sinclair, Constance, *A Midwife's Handbook*, Saunders, 2004

Thureen, *Assessment & Care of the Well Newborn*, 2nd edition Saunders, 2004

Varney, Helen, *Midwifery*, Jones and Bartlett., 4th edition 2004

Weaver, Pam & Evans, Sharon, *Practical Skills Guide for Midwives*, Morningstar Publishing, 4th edition, 2007

Wickham, Sarah, *Midwifery, Best Practice*, Vol 3, Elsevier, 2009

American Academy of Pediatrics, *Neonatal Resuscitation Textbook*, 6th edition, 2011

For testing purposes, when checking off *Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201,* use the specific techniques as described in the *Practical Skills Guide for Midwifery* and the NARM *Candidate Information Booklet (CIB).*

Skills Assessment Test Specifications

I. General Healthcare Skills
  A. Demonstrates aseptic technique
    1. Handwashing
    2. Gloving and ungloving
    3. sterile technique
  B. Demonstrates the use of instruments and equipment including:
    1. Blood pressure cuff
    2. Doppler or fetoscope
    3. Gestation calculation wheel/calendar
    4. Newborn and adult scale
    5. Stethoscope
    6. Tape measure
    7. Thermometer
    8. Urinalysis Strips
  C. Injection Skills
    1. Proper use of equipment
      a) Syringe
      b) Single dose vial
      c) Multi dose vial
      d) Sharps container
    2. Demonstration of skill
      a) Checking appearance, name, and expiration date
      b) Observation of sterile technique
      c) Drawing up fluids in the syringe
      d) Injection of fluids
      e) Disposal of needles
  D. Oxygen
    1. Proper set up of oxygen equipment
    2. use of cannula and face mask
    3. regulation of flow meter

II. Maternal Health Assessment
  A. Performs a general physical examination, including assessment of:
    1. Baseline weight and height
    2. Vital signs: blood pressure, pulse, and temperature
    3. Baseline reflexes
    4. Abdomen, spine, and skin
    5. Heart and lungs (auscultate)
    6. Breast Examination
    7. Kidney pain; Costovertable Angle Tenderness (CVAT)
    8. Deep tendon reflexes of the knee
    9. Extremities for edema

III. Prenatal
  A. Performs prenatal physical exam including assessment of:
    1. determination of due date by wheel or calendar
    2. vital signs: blood pressure, pulse, temperature
    3. respiratory assessment
    4. weight
    5. urine for:
      a) appearance: color, density, odor, clarity
      b) protein
      c) glucose
      d) ketones
      e) PH
      f) Leukocytes
      g) Nitrites
      h) Blood
    6. costrovertebral angle tenderness (CVAT)
    7. deep tendon reflexes (DTR) of the knee
    8. clonus
    9. fundal height
    10. fetal heart rate/tones ausculated with fetoscope or doppler
    11. fetal position, presentation, lie
    12. assessment of edema

IV. Labor, Birth and Immediate Postpartum
  A. performing a newborn examination by assessing:
    1. the head for:
      a) size/circumference
      b) molding
      c) hematoma
      d) caput
      e) sutures
      f) fontanels
      g) Measurement
    2. the eyes for:
      a) jaundice
      b) pupil condition
      c) tracking

Skills Assessment Test Specifications, continued

d) spacing

3. the ears for:
   a) positioning
   b) response to sound
   c) patency
   d) cartilage
4. the mouth for:
   a) appearance and feel of palate
   b) lip and mouth color
   c) tongue
   d) lip
   e) cleft
   f) signs of dehydration
5. the nose for:
   a) patency
   b) flaring nostrils
6. the neck for:
   a) enlarged glands; thyroid and lymph
   b) trachea placement
   c) soft tissue swelling
   d) unusual range of motion
7. the clavicle for:
   a) integrity
   b) symmetry
8. the chest for:
   a) symmetry
   b) nipples
   c) breast enlargement including discharge
   d) measurement (chest circumference)
   e) count heart rate
   f) monitor heartbeat for irregularities
   g) auscultate the lungs, front and back for:
      (1) breath sounds
      (2) equal bilateral expansion
9. the abdomen for:
   a) enlarged organs
   b) masses
   c) hernias
   d) bowel sounds
10. the groin for
   a) femoral pulses
   b) swollen glands
11. the genitalia for:
   a) appearance
   b) testicles for:
      (1) descent
      (2) rugae
      (3) herniation
   c) labia for:
      (1) patency
      (2) maturity of clitoris and labia
12. the rectum for:
   a) patency
   b) meconium
13. Abduct hips for dislocation
14. the legs for:
   a) symmetry of creases in the back of the legs
   b) equal length
   c) foot/ankle abnormality
15. the feet for:
   a) digits, number, webbing
   b) creases
   c) abnormalities
16. the arms for symmetry in:
   a) structure
   b) movement
17. the hands for:
   a) number of digits, webbing
   b) finger taper
   c) palm crease
   d) length of nails
18. the backside of baby for:
   a) symmetry of hips, range of motion
   b) condition of the spine:
   c) dimpling
   d) holes
   e) straightness
19. temperature: axillary, rectal
20. reflexes:
   a) flexion of extremities and muscle tone
   b) sucking
   c) moro
   d) babinski
   e) plantar/palmar
   f) stepping
   g) grasp
   h) rooting

Skills Assessment Test Specifications, continued

21. skin condition for:
    a) color
    b) lesions
    c) birthmarks
    d) milia
    e) vernix
    f) lanugo
    g) peeling
    h) rashes
    i) bruising
22. length of baby
23. weight of baby

V. Well-Baby Care
   A. Assesses the general health and appearance of baby including:
      1. temperature
      2. heart rate, rhythm and regularity
      3. respirations
      4. weight
      5. length
      6. measurement of circumference of head

Skills Assessment Reference Text

Weaver and Evans, *Practical Skills Guide for Midwifery*, Morningstar Publishing, Third Edition - 2001.

Example of an Assessed Skill

Obtaining a Clean Catch of Urine

QE Instructions:

QE Note: "Yes" means the Applicant performed each stated step. "No" means the Applicant did not perform step as stated.

QE Note: Please read the following **Verbal Instructions** to the Applicant.

Verbal Instructions:

The objective is to demonstrate the ability to give instructions for obtaining a clean catch of urine.

Equipment needed: Sterile urine container, at least 3 antiseptic towelettes, a pen, a lab slip.

Please demonstrate everything you know, verbalize what you are demonstrating and be very thorough.

		Performed	
	Procedure:	**Yes**	**No**
1	Labeled the specimen container	❑	❑
	Explained to the woman that she must:		
2	Part the labia	❑	❑
3	Wipe one side of the labia from front to back with a towelette, and discard	❑	❑
4	Wipe the other side of the labia from front to back with a towelette, and discard	❑	❑
5	Wipe the center from front to back with a third towelette, and discard	❑	❑
6	Continue to hold the labia apart while beginning to void	❑	❑
7	After voiding approximately one ounce, catch a sample in the specimen container and finish voiding	❑	❑
8	Filled out the requisition to order the appropriate test and packaged the specimen	❑	❑
9	Prepared the specimen appropriately for the lab	❑	❑

Number of tasks performed for this skill. . . . . _____

Equipment Needed for Skills Assessment

The following items are equipment which you may be asked to use during the Skills Assessment. Not all items are used in every Skills Assessment, but you will not know which skills you must demonstrate until you are being tested. You must be prepared to demonstrate the proper use of any of the items listed below. If your Skills Assessment is being performed at your QE's site rather than your own, you may ask your QE to provide any of the items marked with an asterisk (*). The QE is not obligated to provide any equipment, but may do so for convenience.

- Your Application Admission letter and a photo ID, (driver's license, passport, picture credit card, etc.)
- 2 chairs and a desk or table*
- A tray or table*
- Paper towels or clean hand towel*
- Hot and cold running water*
- Soap or detergent*
- Watch or clock with second hand
- A sterile field
- Waste receptacle*
- Paper cup or other receptacle for urine*
- Warm blanket or towel*
- Adult scale*
- Either a hanging or baby scale
- Flashlight
- Soft measuring tape (centimeter and inch)
- Gestational wheel or calendar*
- 2 pairs of packaged sterile gloves or 4 single packaged sterile gloves, in your size
- 2 sterile packs with at least one instrument in each*
- Fetoscope or Doppler and gel
- Urine dipsticks in their original container which tests for: Protein, Glucose, Ketones, pH, Leukocytes, Nitrites, Blood
- Tongue depressor
- Reflex hammer* (optional)
- Blood pressure cuff
- Stethoscope
- Glass oral and rectal thermometers* or
- Digital thermometers and probe covers*
- Several alcohol prep pads
- All equipment for oxygen administration (demand valve mask optional)
- Multidose vial and Single dose glass ampule (saline, H2O or expired medications are acceptable for demonstration purposes)
- 3 ea. 3cc syringes with needle (any size)
- 6 ea. 2"x2" gauze pads
- 1 orange
- 1 Band-Aid
- Sharps container*

Note: Talk with your QE. She may be able to provide some of the starred (*) items. Do Not use any equipment other than your own, i.e., blood pressure cuff, etc., equipment with which you are not familiar.

During the Skills Assessment you are required to:

Give your full attention (no distractions, i.e., telephones, beepers, children, etc.)

Provide a clean, warm, well-lit environment (if at your facility or home)

Midwives Alliance of North America Core Competencies

Adopted by the Midwives Alliance Board October 3, 1994

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

Guiding Principles of Practice

The midwife provides care according to the following principles:

- Pregnancy and childbearing are natural physiologic life processes.
- Women have within themselves the innate biological wisdom to give birth.
- Physical, emotional, psychosocial and spiritual factors synergistically shape the health of individuals and affect the childbearing process.
- The childbearing experience and birth of a baby are personal, family and community events.
- The woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- The parameters of "normal" vary widely, and each pregnancy, birth and baby is unique.

I. General Knowledge and Skills

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

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

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

A. principles of informed consent and refusal and shared decision making;
B. critical evaluation of evidence-based research findings and application to best practices;
C. documentation of care throughout the childbearing cycle;
D. ethical considerations relevant to reproductive health;
E. cultural sensitivity and competency;
F. use of common medical terms;
G. implementation of individualized plans for woman-centered midwifery care that support the relationship between the mother, the baby and their larger support community;
H. judicious use of technology;
I. self-assessment and acknowledgement of personal and professional limitations.

II. Care During Pregnancy

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

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

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

III. Care During Labor, Birth and Immediately Thereafter

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

A. the processes of labor and birth;
B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;
C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
D. maternal emotional responses and their impact during labor, birth and immediately thereafter;
E. comfort and support measures during labor, birth and immediately thereafter;
F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;
G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;
H. fluid and nutritional requirements during labor, birth and immediately thereafter;
I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;
J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;
K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;
L. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including practices to enhance mother–baby attachment and family bonding;
M. current biotechnical interventions and technologies that may be commonly used in a medical setting;
N. care and repair of the perineum and surrounding tissues;
O. third-stage management, including assessment of the placenta, membranes and umbilical cord;
P. breastfeeding and lactation;
Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

IV. Postpartum Care

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

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

V. Newborn Care

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

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

VI. Well-Woman Care and Family Planning

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

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

VII. Professional, Legal and Other Aspects of Midwifery Care

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

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

Informed Consent

Position Statement on Shared Decision Making and Informed Consent

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

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

Glossary for Informed Disclosure and Informed Consent

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

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

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

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

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

Informed Disclosure for Midwifery Care

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

Components of an Informed Disclosure for Midwifery Care

NARM requires the Certified Professional Midwife to have a written statement of Informed Disclosure for Midwifery Care on file for each client. An informed disclosure form should be written in language understandable to the client and there must be a place on the form for the client to attest that she understands the content by signing her full name. The form should be entitled "Informed Disclosure for Midwifery Care," and must include, at a minimum, the following:

1. A description of the midwife's education, training, and experience in midwifery;
2. The midwife's philosophy of practice;
3. Antepartum, intrapartum and postpartum conditions requiring consultation, transfer of care and transport to a hospital (this would reflect the midwife's written practice guidelines) or availability of the midwife's written guidelines as a separate document, if desired and requested by the client;
4. A medical consultation, transfer and transport plan;
5. The services provided to the client by the midwife;
6. The midwife's current credentials and legal status;
7. NARM Accountability Process (including Community Peer Review, Complaint Review, Grievance Mechanism and how to file a complaint with NARM); and
8. HIPAA Privacy and Security Disclosures

HIPAA Privacy and Security Rules

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

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

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

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

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

Informed Consent for Waiver of Midwife's Plan of Care

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

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

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

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

Resources for Informed Disclosure and Informed Consent:

- MANA Core Competencies; http://mana.org/manacore.html
- NACPM Standards of Practice; http://nacpm.org/Resources/nacpm-standards.pdf
- *Professional Ethics in Midwifery Practice*, Illysa Foster and Jon Lasser
- Sample Informed Disclosure for Midwifery Care; http://narm.org/wp-content/uploads/2011/02/MVM-Midwifery-and-HIPAA-Disclosure.pdf

CPM Practice Guidelines

All Certified Professional Midwives are required to have written Practice Guidelines. In the CPM Application, the candidate and her preceptor sign affidavits that the candidate has created practice guidelines, an informed consent document, forms and handouts relating to midwifery practice, and an emergency care form. In the recertification application, the CPM again signs a statement verifying that she has written Practice Guidelines and will utilize Informed Consent in sharing these protocols with her clients. NARM does not require that these documents be turned in with every application (except for Special Circumstances and Internationally Educated Midwives. Audits require candidates to send copies of their Practice Guidelines and other documents to the NARM Application Office Board to verify compliance with NARM's standards.

NARM recognizes that each midwife is an individual with specific practice protocols that reflect her own style and philosophy, level of experience, and legal status, and that practice guidelines may vary with each midwife. NARM does not set protocols for all CPMs to follow, but requires that they develop their own practice guidelines in written form.

Practice guidelines are a specific description of protocols that reflect the care given by a midwife, starting with the initial visit, prenatal, labor/delivery & immediate postpartum, newborn exam and postpartum care. Practice Guidelines should include an explanation of routine care and protocols for transports. Protocol may contain absolutes, such as, "I will not accept as a client a mother who does not agree to give up smoking," or may list conditions under which a midwife will make this decision, such as: "I will accept a client who smokes only if she agrees to cut down on smoking, maintains an otherwise exceptional diet, and reads the literature on smoking which I will provide for her." (The example concerning smoking is given only as an example and is not meant to convey that smoking must be covered in a midwife's practice protocols.) Another example of a protocol could reflect action taken when a client completes 42 weeks gestation. The protocols could state that at 43.1 weeks, the client will be referred to a back-up physician for further care. Or they could read that at 43.1 weeks the client will be given information on the risks and benefits of continuing to wait for labor, and on options such as home induction or referral to a physician. It is Informed Consent that allows the mother and midwife to work together in developing a plan of care.

Practice guidelines are the specific protocols of practice followed by a midwife, and they should reflect the Midwives Model of Care. Standards, values, and ethics are more general than practice guidelines, and they reflect the philosophy of the midwife. Practice guidelines are based upon the standards, values and ethics held by the midwife. NARM recommends that the midwife base the practice guidelines on documents such as:

- The NARM Written Test Specifications in the Candidate Information Booklet (CIB)
- The MANA Standards and Qualifications for the Art and Practice of Midwifery;
- The MANA Statement of Values and Ethics;
- The MANA Core Competencies;
- The Midwife Model of Care;
- Standards for the Practice of Nurse-Midwifery;
- Core Competencies for Basic Midwifery Practice;
- Code of Ethics for Certified-Nurse Midwives;
- Rules and regulations governing the practice of licensed midwifery the midwife's state, if licensed may define the scope of practice and serve as a base for the development of individual Practice Guidelines.

MANA documents can be found at www.mana.org. Certified Nurse-Midwife documents can be found at www.acnm.org. The Midwives Model of Care can be found at www.cfmidwifery.org.

NARM Peer Review Process

NARM utilizes three types of peer review:

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

A CPM or CPM applicant who has been named in a written complaint to NARM is required to participate in NARM Complaint Review and/or Grievance Mechanism. Failure or refusal to participate in the accountability processes will result in revocation of the credential or denial of the CPM application.

Community Peer Review

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

Community Peer Review brings midwives in an area together on a regular basis to discuss their cases and learn from each other. It is an opportunity for cohesiveness within a community and can serve as a foundation when difficult situations arise. Sooner or later in every community there will be an issue that must be faced. Establishing Community Peer Review is worthwhile preparation for future problem solving. Having an established Community Peer Review provides a stable environment for professional resources and support.

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

Consumers can know that their practitioner participates in peer review, and that, if a concern is raised, there is a platform for discussion and follow-up. Other health care practitioners can also know and recognize the professionalism involved in maintaining Community Peer Review.

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

The suggested format for Community Peer Review is as follows. Decision- making by consensus is strongly encouraged and supported by NARM.

I. Community Peer Review is to be held quarterly. In cases of unusual hardship in meeting, it is suggested that meetings happen at least every 6 months, and that, in between meetings, the midwives involved make phone contact to discuss any difficult cases.
II. Students and assistants are included in Community Peer Review.
III. A midwife who also facilitates the meeting hosts Community Peer Review. This job rotates among those participating.

IV. Upon arrival, each midwife writes down for the facilitator the number of cases they have to bring to review and how much time they estimate they will need to present them.

V. At the opening of the meeting, the midwife facilitating is to review the basic guidelines for Community Peer Review as listed below.
   A. The information presented at Community Peer Review is confidential.
   B. The intention of peer review is not punitive or critical but supportive, educational, and community based. Positive feedback is encouraged, concerns should be raised respectfully and with the assumption that feedback is welcome.
   C. While a midwife presents a case, everyone remains quiet. Questions are asked after the midwife has finished.
   D. Recommendations for follow-up are made individually and/or by consensus, and the group offers support.

VI. Each midwife states the following to the best of her ability:
   A. Total number of clients currently in the midwife's care;
   B. The number of upcoming due dates;
   C. How many women in the practice are postpartum;
   D. The number of births done since the last Community Peer Review;
   E. The number of cases the midwife has to present. The midwife must present all cases involving consultation, transfer of care, transport to the hospital, instances where the midwife is outside of practice guidelines (including in these the process of Informed Choice that was used), and cases where the midwife requests more input from the community of midwives. It is helpful to the community if the midwife also discusses interesting cases or situations.
   F. The midwife then presents each case. After each case, questions may be asked and suggestions given.

VII. When presenting a case, the following information should be available:
   A. Gravidity and parity of client along with any significant medical or OB history or psychosocial concerns;
   B. Relevant lab work and test results;
   C. Significant information regarding pregnancy, birth and postpartum;
   D. Consultations with other providers (midwives, MDs, DCs, NDs, DOs, etc.); and include the present care plan and how that may change with the ongoing situation.

VIII. After everyone has presented their cases and discussion has ended, the Community Peer Review group is encouraged to discuss professional educational objectives for the current recertification period.

IX. If a conflict arises between a client and a midwife, a local Community Peer Review may discuss the details with the midwife. NARM urges the use of NARM Complaint Review process, which includes participation of the client whose course of care initiated the complaint. This is to be done on the most local level possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the CPM's credential, a written complaint may be filed with the NARM Board. Independent of NARM, mediation may be utilized to reach an acceptable outcome. If a complaint has already been addressed in a peer review using the NARM Complaint Review process, or similar format, and resolution was not achieved, a written complaint to the NARM Board initiates the Grievance Mechanism. If NARM receives a complaint against a CPM or CPM applicant that has not yet been addressed in the Complaint Review format, NARM will initiate a Complaint Review at the most local level possible. See the following sections, Complaint Review, and Grievance Mechanism, for details of those NARM Accountability procedures.

X. Some Community Peer Review groups have decided to include an agreement regarding consensus and binding recommendations. The Community Peer Review group may decide that the recommendation

made for follow-up in instances of extreme concern need to be binding. If so, the recommendations must be reached by consensus and each participating midwife must agree to such binding decisions in the future. No recommendations are made that the other midwives would not themselves carry out.

Complaint Review and Grievance Mechanism Policy

The North American Registry of Midwives (NARM) recognizes that each Certified Professional Midwife will practice according to her/his own conscience, practice guidelines and skills levels. Certified Professional Midwives shall not be prevented from providing individualized care.

When a midwife acts beyond her guidelines for practice, the midwife must be prepared to give evidence of informed choice. The midwife must also be able to document the process that led the midwife to be able to show that the client was fully informed of the potential negative consequences, as well as the benefits of proceeding outside of practice guidelines.

NARM recognizes its responsibility to protect the integrity and the value of the certification process. This is accomplished through the availability of the Complaint Review, and Grievance Mechanism, processes.

Each Certified Professional Midwife or CPM applicant will have the opportunity to speak to any written complaints against them before any action is taken against their certificate (or application).

All NARM Certified Professional Midwives and CPM applicants are encouraged to attend local, routine Community Peer Review. If a conflict arises between a client and a midwife, a local Community Peer Review may discuss the details with the midwife. NARM urges the use of NARM Complaint Review process, which includes participation of the client whose course of care initiated the complaint. This is to be done on the most local level possible. If this cannot be achieved to the client's satisfaction and the client wishes to take action against the CPM's credential, a written complaint may be filed with the NARM Board. Independent of NARM, mediation may be utilized to reach an acceptable outcome. If a complaint has already been addressed in a peer review using the NARM Complaint Review process, or similar format, and resolution was not achieved, a written complaint to the NARM Board initiates the Grievance Mechanism. If NARM receives a complaint against a CPM that has not yet been addressed in the Complaint Review format, NARM will initiate a Complaint Review at the most local level possible.

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

Peer review groups are as local as possible. If an issue becomes contentious within a local group, the peer review group may consist of midwives from a larger vicinity.

Recommendations resulting from NARM Complaint Review are not binding. However, the midwife named in the complaint may reach resolution with the complainant by addressing the concerns expressed in Complaint Review. . In extreme circumstances, the NARM Accountability Committee may make additional recommendations or requirements to the midwife. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism.

A second complaint against a CPM or applicant initiates the NARM Grievance Mechanism. A complainant who does not agree that resolution was reached with the outcome of Complaint Review and wishes to and initiate the Grievance Mechanism must file a second complaint within 3 months. A second complaint may result from another complainant regarding a different course of care. The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the revocation of a CPM's credential, conditional suspension or denial of an application.

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

Limitations of Complaints for NARM Complaint Review and Grievance Mechanism

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

The certification status of the CPM or CPM applicant at the time of occurrence is irrelevant. A CPM with inactive or expired status is bound by all policies regarding NARM Community Peer Review, Complaint Review, and Grievance Mechanism. Failure to respond to a complaint will result in revocation of the credential.

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

A complaint will be addressed in Complaint Review or Grievance Mechanism only if the client whose course of care has prompted the complaint is willing to sign a records release. With a records release, her chart will be confidentially reviewed and discussed by the midwives participating in Complaint Review or Grievance Mechanism. Without permission to review a client's chart the complaint is closed.

NARM accountability processes work to address concerns regarding competent midwifery practice. The NARM Board reserves the right to evaluate, in its sole discretion, the appropriate application of NARM's Complaint Review and Grievance Mechanism. Complaints received by the NARM Board that do not involve issues relating to competent midwifery practice will not be addressed through the Complaint Review or Grievance Mechanism that NARM has established.

NARM will not begin the processes of Complaint Review or Grievance Mechanism with a CPM or applicant who is also facing regulatory investigation, or civil or criminal litigation. NARM will continue with these processes only after such proceedings are concluded. With a complaint against a CPM, it is the responsibility of the complainant to notify NARM within 90 days of the conclusion of proceeding. With a complaint against a CPM applicant, it is the applicant's responsibility to notify NARM within 90 days after such proceedings are concluded.

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

A complaint may be made against a midwife whose CPM certification has been revoked. NARM cannot require a midwife who is not a CPM to participate in Peer Review or Grievance Review, but participation would be a requirement of re-application should the midwife attempt to re-activate her certification. Notice of complaints received regarding a midwife whose CPM credential has been revoked will be placed in this person's file in the Applications Department; the original complaint will be kept in the Accountability office. Should this person reapply for a CPM credential in the future, all fees must be paid prior to NARM continuing the process appropriate to the complaint. NARM Applications Dept. will notify NARM Director of Accountability. The complainant will be notified and given the opportunity to pursue the original complaint. If the complainant cannot be located at that time with the information on file, the applicant may proceed with the application. The complaint may be reactivated by the complainant within one year of the CPM's new certification period.

When NARM receives a second complaint against a CPM or applicant, the NARM Grievance Mechanism is initiated. A complainant who does not agree that resolution was reached with the outcome of Complaint Review and wishes to and initiate the Grievance Mechanism must file a second complaint within 3 months. A second complaint may result from another complainant regarding a different course of care. The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the

revocation of a CPM's credential; for a CPM applicant, failure to meet the stated requirements results in conditional suspension or denial of her/his application.

The Complaint Review Session

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

In preparation for Complaint Review, NARM Director of Accountability provides complainant with Records Release to sign and return within 2 weeks. If the complainant does not return the Records Release or does not maintain contact with NARM, the complaint is closed. Upon receipt of the signed Records Release, Director of Accountability contacts the CPM facing the complaint, to request the CPM's Practice Guidelines document and a complete copy of the complainant's chart. The CPM has one week to provide these documents to NARM.

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

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

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

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

If the Complaint Review is completed, but resolution is not reached through outcome recommendations, and the complainant wishes to take action against the CPM's credential, a second letter of complaint must be submitted to NARM within 3 months. When NARM receives a second complaint against a CPM, the Grievance Mechanism is initiated. See the following section, Grievance Mechanism, for details of the Grievance Mechanism process.

Complaints against a CPM applicant which are reviewed by a committee of NARM Board members may result in binding recommendations or additional application requirements. A complaint resulting

in binding recommendations or additional application requirements may be appealed by the applicant but will not continue to the Grievance Mechanism, as there has already been an opportunity for binding recommendations to be issued. A second complaint against an applicant may not involve the same incident. However, a second complaint (resulting from a different incident) against an applicant is addressed by a committee of NARM Board members through NARM's Grievance Mechanism.

The format for NARM Complaint Review is as follows:

- NARM Director of Accountability provides to the Complaint Review Chairperson with copies of this document, the NARM Complaint Review Conclusion and Summary forms, the written complaint letter, and the midwife's chart and practice guidelines (which were supplied upon request by the midwife named in the complaint).
- The members of the Complaint Review Committee read these documents, contacting NARM Director of Accountability with questions. Each member makes a list of questions and points of concern that they intend to address to the midwife during the Complaint Review session. A group discussion of these questions and areas of concern is held prior to the opening of the Complaint Review session. (During the Complaint Review session, the testimony and presentation of events may answer these questions and concerns, or they may be asked directly.)
- The midwife and complainant are notified to schedule the Complaint Review session. If necessary, additional written or oral testimony is arranged for the scheduled session by the midwife and complainant.
- The Complaint Review session is begun with the midwife, complainant, and review members present.
- All parties agree to uphold confidentiality.
- The agenda for the session is read.
- The complaint is read aloud, or the complainant may tell her story.
- The complainant gives testimony, and any additional testimony on the complainant's behalf is given or read.
- Reviewers may ask questions of the complainant and supporting testifiers.
- The complainant and supporting testifiers are excused.
- The midwife presents the case. Supporting testimony is given or read.
- Reviewers may ask questions of the midwife and supporting testifiers.
- The midwife is excused from proceedings.
- Reviewers discuss the case. Recommendations and findings are written and sent to NARM Director of Accountability. Based on their findings, the Complaint Review Committee may also file a complaint with the NARM Board, which initiates the Grievance Mechanism.
- NARM Director of Accountability presents the outcome of the Complaint Review to the NARM Board.
- In extreme circumstances, the NARM Board may make additional recommendations or requirements to the midwife. NARM Director of Accountability issues a formal outcome letter from NARM to the CPM facing the complaint, and the complainant. A copy is sent to the Complaint Review Chairperson. NARM Continuing Education certificates are issued to the members of the Complaint Review Committee.

The Grievance Mechanism Session

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

A complainant who is unsatisfied with the outcome of the Complaint Review and wishes to take action against a CPM's credential may initiate the Grievance Mechanism by submitting a second letter of complaint to NARM. The second letter of complaint must be filed within 3 months of the date on the Complaint Review outcome notification letter.

The outcome of the NARM Grievance Mechanism is binding and failing to meet the stated requirements results in the revocation of a CPM's credential; an applicant may receive conditional suspension or denial of an application. The Grievance Mechanism may result in probation, suspension, or revocation of the CPM credential.

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

In preparation for Grievance Mechanism session, NARM Director of Accountability provides complainant with Records Release to sign and return within 2 weeks (unless NARM has already secured the required documents during the Complaint Review process). If the complainant does not return the Records Release or does not maintain contact with NARM, the complaint is closed. Upon receipt of the signed Records Release, Director of Accountability contacts the CPM facing the complaint to request the CPM's Practice Guidelines document and a complete copy of the complainant's chart. The CPM has one week to provide these documents to NARM.

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

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

Complainant must respond within 2 weeks of being notified by NARM Director of Accountability with attempts to establish a date for the Grievance Mechanism session. If the complainant does not continue participation in the process, the complaint is dropped and will not reflect on the CPM or CPM applicant in question.

NARM Director of Accountability serves as chairperson of the session.

The format for NARM Grievance Mechanism session is as follows:

I. All participants are required to sign Confidentiality and No Conflict of Interest statements. At the opening of the teleconference, these statements are verbally reaffirmed.
II. The agenda is drawn from this session format and the material to be presented. Chairperson reads agenda and asks for questions regarding the process of the session.
III. Written testimony will be read and verbal testimony given by the complainant. The midwife is urged to be present during this time, but may not address the complainant during the session, or comment during the complainant's presentation. Grievance Committee asks questions of complainant for clarification.
IV. Complainant is excused form the proceedings.
V. The midwife in question will present her/his chart and respond to the testimony provided by the complainant. Then the CPM (or applicant) is excused.
VI. The Grievance Committee discusses the testimonies heard and continues to review the documentation. Suggestions are made for formal recommendations, requirements, and/or actions against the CPM's credential.
VII. The Grievance Committee derives appropriate action after the discussion and recommendations are considered. NARM's intention in the Grievance Mechanism is to provide educational guidelines and support where appropriate. Punitive action is only taken when further action is deemed necessary. Actions are decided by consensus. Actions are limited to the following possibilities:
    A. Midwife is found to have acted appropriately and no action is taken against the CPM. If the review process has not resolved the dispute, concerned parties are urged to seek professional mediation.

B. Midwife is required to study areas outlined by the Grievance Committee. Upon completion of the assigned study, the midwife will submit a statement of completion to the Director of Accountability.
C. Midwife is placed on probation and given didactic and/or skills development work to address the areas of concern. The midwife must find a mentor, approved by the Grievance Committee, to follow the assigned studies and lend support in improving the areas of weakness. The mentor will report to the Director of Accountability regarding the progress and fulfillment of the probation requirements. While on probation, the midwife may be required to attend births with a more experienced midwife assisting.
D. Midwife's certification is suspended, and the CPM is prohibited from practicing as a primary midwife for a period of time during which the CPM is mentored by another midwife and focuses on specified areas of study. The mentor midwife will report progress to the Director of Accountability. Upon completion of required study and/or experience, the CPM is free to practice independently as primary midwife. If a midwife on suspension is found to be in deliberate violation of suspension guidelines, this CPM risks certificate revocation.
E. In the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest in which the CPM or applicant compromised the well being of a client or client's baby, or non- compliance with the Grievance Mechanism, this CPM's certificate must be revoked, or the CPM application must be denied. Midwives with revoked certificates may reapply for certification after 2 years. This application must include the full fee. Prior to recertification all outstanding complaints must be resolved, including the completion of previous Grievance Mechanism requirements. A midwife with a denied application may reapply after meeting all requirements resulting from the review process.
F. If the case involves the abuse of a controlled substance, the certified midwife (or applicant) in question will be required to participate in a rehabilitation program in addition to the above possible outcomes. Proof of participation and release will be necessary for full certification reinstatement, or for an applicant to continue in the CPM application process.

VIII. The midwife in question is notified of findings and appropriate action taken. Public notice of revocation is made, and remains posted online at www.narm.org unless recertification is completed.
IX. The complainant is notified of action taken regarding the midwife. If no action is taken, a compassionate approach is taken to honor the complainant's perspective.

Accountability Appeals Process

Appeal of the outcome of Complaint Review and Grievance Mechanism are handled directly by the NARM Accountability Committee, all details are final.

NARM Policy for Printing Notice of CPM Revocation

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

The notification will be printed as follows:

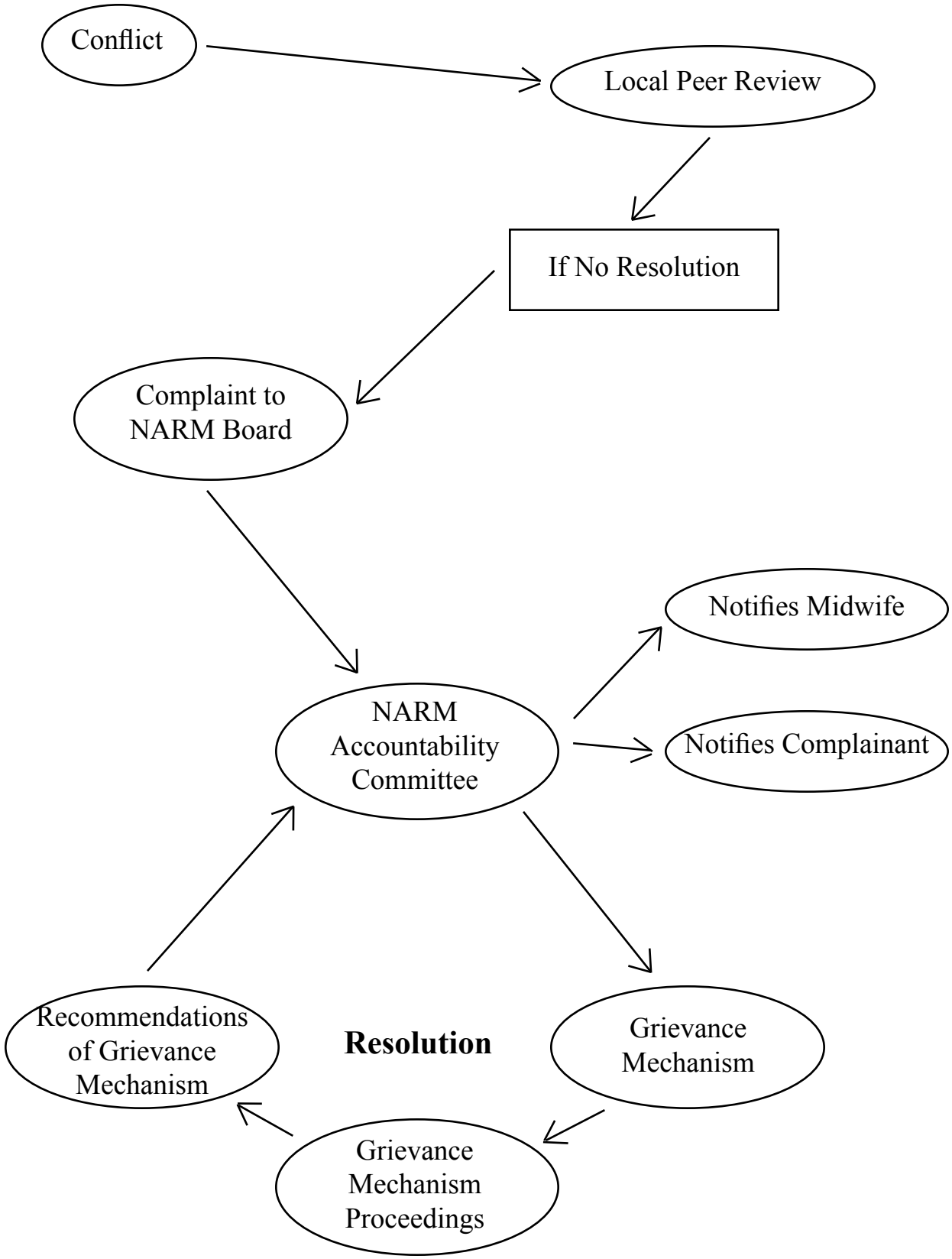
The North American Registry of Midwives Board has revoked the CPM credential from (midwife's name). (midwife's name) may no longer refer to herself as a NARM CPM, Certified Professional Midwife, or CPM, and is advised to honestly and responsibly inform current and prospective clients that her CPM credential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

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

After 2 years, the midwife may re-apply for NARM certification by sending a letter of intent to NARM Applications. A request for the current CPM Application and a money order for $50.00 (application packet fee) must accompany the letter of intent. Complete instructions will be sent to the applicant including the following:

1. To complete current General Application Form 100 and
2. NARM Certified Professional Midwife (CPM) Application.
3. The application fee ($700 money order or Cashier's Check)
4. Documentation of continuing education IS REQUIRED AND must be current, dating from the previous CPM credential to the present.
5. All previous requirements originating from Peer Review findings must be completed prior to reinstatement.
6. Any complaints that have been received during the period of revocation must be heard by Peer Review and documented to the NARM Accountability Committee.
7. The Board may decide to implement an initial period of probation during which additional education or documentation requirements must be met. Failure to meet these requirements could result in suspension or revocation.
8. NARM may suspend or revoke the reinstated CPM credential through the NARM Grievance Mechanism.
9. A second revocation is permanent.

Grievance Mechanism Flow of Activity



Glossary

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

Accountability: Accountability is 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

AMCB: American Midwifery Certification Board (formerly the ACC)

Assistant Under Supervision: The apprentice is being taught to perform the skills of a midwife. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice must complete 18 of the Assistant Under Supervisions births before functioning as Primary Under Supervision at births.

Birth Center: A facility, institution, or place—not normally used as a residence—which is not an ambulatory surgical center or a hospital or in a hospital, in which births are planned to occur in a home-like setting.

Certification: NARM Certification herein defined unless otherwise specified

Certified Nurse Midwife (CNM): A midwife, who educated in both nursing and midwifery and having met the certification requirements, is certified by the AMCB as a CNM.

Certified Midwife (CM): A midwife who, having met the certification requirements, is certified by the AMCB.

Certified Professional Midwife (CPM): A midwife who, having met the certification requirements, is certified by NARM as a CPM.

Confidentiality: Keeping private the information given

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: Care provided throughout prenatal, intrapartum and postpartum periods

Co-Primary: Each midwife bears equal responsibility for the actions, inactions and collective decisions of her co-primary and herself.

Core Competencies: Midwives Alliance of North America Core Competencies

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

Emergency Care Form: The Emergency Care Form is a form individualized for each client. It should include the clients name, address, phone number, hospital to which a client would be transported, telephone number of the hospital, any OBGYNs, Pediatricians, or Family Practice doctors, etc who may be involved in the care of the client or (the backup physician for the midwife) with their contact information, and any person that the client might want to be contacted in case of an emergency. Examples may be found at www.narm.org/careform.htm.

Glossary, continued

Exam: North American Registry of Midwives Written Exam

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

Grievance Process: The process used by the NARM Accountability Committee to handle formal complaints about a midwife

Immediate Postpartum Exam: the examination done on the mother following the birth and up to 12 hours after the birth

Informed Consent: Process of information passing from midwife to client regarding risks and responsibilities of choices made together

Initial Prenatal Exam: intake interview, history (medical, gynecological, family) and physical examination

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 Qualified Preceptor

Midwife: One who attends a woman in childbirth

NARM: North American Registry of Midwives

Newborn Exam: A complete and thorough examination of the infant within 12 hours after birth

Out-of-hospital Birth: A planned birth in a home, freestanding birth center, or other location independent of a hospital

Peer Review: Process utilized by midwives to confidentially discuss client cases in a professional forum. It includes support, feedback, follow-up, and learning objectives.

Postpartum Exam: A physical, nutritional and socio-psychological review of the mother and baby after 24 hours following the birth, and does not include the immediate postpartum exam

Practice Guidelines: Practice guidelines are a specific description protocols that reflect the care given by a midwife, starting with the initial visit, prenatal, labor/delivery, and immediate postpartum, newborn exam and postpartum care. Practice Guidelines should include an explanation of routine care and protocols for transports.

Preceptor: See Qualified Preceptor.

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

Primary Midwife: One who has full responsibility for provision of all aspects of midwifery care (prenatal, intrapartum, postpartum and newborn) without the need for supervisory personnel

Primary under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during any care provided.

Protocols: See Practice Guidelines

Qualified Evaluator: A NARM Qualified Evaluator (QE) is an experienced Certified Professional Midwife (CPM) who has been trained and currently qualifies to administer the NARM Skills Assessment.

Qualified Preceptor: A preceptor for a NARM PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), or Licensed Midwife who has an additional 3 years of experience or 50 births, including 10 continuity of care births beyond the primary birth experience requirements for CPM certification. The qualified preceptor is responsible for the birth and is physically present in the same room while supervising the applicant.

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

Standards of Practice: See Practice Guidelines

State Licensed: A midwife who has been licensed/certified/registered by the appropriate state governing body

Supervisor: See Qualified Preceptor

Witness: Anyone other than the applicant present at a birth

Personal Notes

Keep a record here of progress notes through the application process, such as when application information is received, test dates and locations, when and where to send fees, and any other information pertinent to documentation of education, experience, licensure, or certification.

Directory
www.narm.org

NARM Inquiries

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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

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