

The American Public Health Association (APHA) Approves Position Paper on Midwifery

For the past five years, Carol Nelson, LM, CPM, Sharon Wells, MS, LM, CPM, and others have submitted a resolution for consideration by the American Public Health Association (APHA) that would support access to out-of-hospital maternity care services through recognition of direct-entry midwives. This year, in addition to the direct-entry midwifery proposal described above, Jan Weingrad-Smith, CNM, MS, MPH, submitted a Position Paper to APHA that was based on the Pew Health Commission report, "The Future of Midwifery." This Position Paper was titled "Supporting Access to Midwifery Services in the United States." It was intended to increase awareness and gain support for all types of midwifery services. The report that follows gives a brief overview of the process and the outcomes that were achieved at the APHA annual meeting in Boston, MA (November 11-15, 2000).

Congratulations to Jan Weingrad-Smith and Lisa Paine, CNM, DrPH, FACNM, who were 2 of 8 APHA Governing Councilors representing the MCH Section, for their hard work. Jo Anne Myers-Ciecko, MPH, of MEAC, Sharon Wells and Carol Nelson from NARM worked with Ms. Weingrad and Dr. Paine to get changes included in the version that went to the public hearing of the Joint Policy Committee (JPC). Everyone worked

on language that would include the broadest range of nationally credentialed midwives—nurse-midwives and direct-entry midwives. For clear understanding of the magnitude of the Position Paper and its potential, a final draft of a portion of the Paper follows:

Title: "Supporting Access to Midwifery Services in the United States"

Goal: The American Public Health Association (APHA) takes a position in support of the expansion of midwifery as a key strategy to improving access to care for childbearing families for the purpose of increasing their health care options, and thereby to the subsequent improvement of birth outcomes.

Actions Desired and Methods:

The APHA should:

1. Communicate in writing with the major professional organizations whose members provide health care to women encouraging them to recognize nationally certified midwives as independent and collaborative practitioners.
2. Recommend through correspondence to and meetings with members of the health care systems, that enrollees be assured access to midwives and the midwifery model of care.
3. Urging all state legislatures to legalize the practice of midwifery, promulgate regulations, including specification of minimal educational standards and assurance of access to liability insurance,

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CPM News

CPM News is a newsletter of the North American Registry of Midwives (NARM) published twice a year in January and July. We welcome submissions of questions, answers, news tips, tidbits, birth art, photographs, letters to the editor, etc. Deadlines for submissions are December 1 and June 1. Send all newsletter material to: Debbie Pulley, 5257 Rosestone Drive, Lilburn, GA 30047 or CPMinfo@aol.com

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

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in order to assure the safety of the public's health as it relates to midwifery practice.

4. Recommend that states consider in their regulations regarding midwives that the basis for entry-to-practice standards should include: successful completion of a recognized midwifery education process, and successful completion of the appropriate national midwifery certifying examination.
5. Recommend that federal and state agencies broaden systematic data collection in birth certificates, death certificates, out-patient datasets, the National Ambulatory Medical Care Survey, and other data collection activities that include visits or contacts made by midwives for the care of women and newborns, to include midwifery and midwives.
6. Recommend that the Bureau of Health Professions strengthen federal grants and traineeships to minority midwifery students.
7. Encourage entities including the Institute of Medicine, National Institutes of Health Centers for Disease and Prevention, and the Health Resources Services Administration, to develop a research agenda addressing midwifery practice, outcomes, and cost-effectiveness.

The two major midwifery organizations will be able to use this Position Paper with its proposed actions to help move legislation forward in states. This Position Paper is particularly significant for direct-entry midwives because it is the first mention and recognition of CPMs and CMs as professional midwifery care providers in

any APHA Position Paper. This is a huge first step and a good example of a collaborative effort between individuals from the two major midwifery branches in the U.S.

The resolution called Increase support for Access to Out-of-Hospital Maternity Care Services Through Recognition of Direct-Entry Midwifery presented by Sharon Wells and Carol Nelson for the fifth year in a row did not win approval from the Governing Council. It was tabled for consideration until next November. However, significant progress was made in moving it forward and networking. Ken Johnson, PhD, Betty Ann Davis, MA, Jo Anne Myers-Ciecko, Sharon Wells and Pam Maurath met with members of the Epidemiology section (one of the major objectors from 1999), who were impressed with the CPM Statistics 2000 study. The Public Health Nursing Section was not supportive last year, but was very supportive this year and felt that we had answered their questions sufficiently. Collective efforts were made to satisfy the JPC by making the resolution more generic, not an endorsement of a specific credential. Deanne Williams, CNM, and Marian McCartney, CNM, offered last minute suggestions that made the resolution more generic with the inclusion of the eighteen (18) CMs as direct-entry care providers.

The epidemiologists made good and useful suggestions for improving the resolution and made a strong showing of support for this resolution during the open discussion at the Governing Coun-

cil. The Maternal Child Health Section was also very supportive during Governing Council discussions. Unfortunately, there were overwhelming objections from the Joint Policy Committee (JPC) that had more to do with a shift of APHA's internal agenda than the substance of the resolution. The end result was that 76% voted to table the resolution until next year. This was an action taken by our supporters to keep the resolution from being "killed." We will be working out the details of how to move the resolution to a successful vote next year. We are hopeful that the Maternal Child Health section will sponsor this resolution next year.

The other significant event was the session that Dr. Johnson and Ms. Davis were one of four (4) excellent and informative presentations. Carol Nelson, co-chair of the sponsoring committee of the Maternal Child Health (MCH) section, was the presiding moderator of this session. Dr. Johnson and Ms. Davis provided an overview of the methodology and techniques used to gather the data for the CPM Statistic Project, plus a preliminary sampling of the data results. The room was packed, with people standing in the hall.

Jo Anne Myers-Ciecko offered another noteworthy presentation, which was during the MCH Poster Session, where she depicted the annual report data from all of the MEAC accredited programs. Her poster session was well attended and well received. It drew the attention of several former direct-entry midwives who are now working in public health, and they were eager to learn more about

recent development in the mid-wifery movement.

Our networking and foundation building during the past year were very productive this year in gathering support to move this resolution forward. We intend to start immediately with the negotiations for moving forward a resolution for consideration at the 2001 APHA annual meeting in Atlanta, GA.



Demographic Study

Presented to the APHA
Chicago, IL 1999

Prologue to the Demographic Study

The data set used for this CPM Demographic Study was collected between the date of certification of the first CPM in November 1994 and August 1999, and consists of data collected from the general application portion of The Certified Professional Midwife (CPM) application packet. On this portion of the CPM Application, the General Application asks applicants questions about their background, education, birth numbers and birth outcomes. There is no review of the data, nor is the information checked for accuracy. Each candidate signs a notarized statement that all of the information is accurate and factual. A complaint that an applicant was untruthful would be grounds for revocation of the CPM credential.

A candidate's number of births and outcomes are compiled using information about their attendance at births, which may span a 20-30 year period of time. The time frame is not consistent from

applicant to applicant. This eliminates any extrapolation of rates over time, such as transport rates or infant mortality rates. However, statistical data is being collected on CPMs and their outcomes in current practice from NARM's Statistic Project 2000. When this Project is complete, we will be able extrapolate and compare the Statistic Project 2000 outcomes and the results of the Demographic Study.

As more states adopt the Certified Professional Midwife (CPM) as the standard for legal recognition of midwives who practice The Midwifery Model of Care in out-of-hospital settings, the number of CPMs is increasing across the USA. As of December 31, 2000 we now have 624 CPMs. The Demographic Study will be updated regularly when the Technical Report is updated.

What is a Certified Professional Midwife?

Responding to state initiatives that call for the legalization of midwifery practice and the increasing number of women who are demanding out-of-hospital birth services, the North American Registry of Midwives (NARM) coordinated an effort to develop a psychometrically state-of-the-art credential designed to validate the knowledge, skills and experience of entry-level midwives. This credential is called the Certified Professional Midwife (CPM). A CPM has met the standards for certification set by the North American Registry of Midwives (NARM) and is qualified to provide the Midwifery Model of Care in predominantly out-of-hospital settings.

Like other certification agencies, NARM confers the CPM after applicants have completed both steps of a two-step process. For NARM delineating the parts of the two-step process was an evolution. However, for other credentials the two-step process is standard.

The **first step** toward becoming a CPM is the validation of each applicant's midwifery education through one of the following routes:

1. Graduation from a MEAC-Accredited Program;
2. Certification by the ACC as a CNM/CM;
3. Legal recognition in states previously evaluated for educational equivalency; or,
4. Completion of NARM's competency-based evaluation program, which is called the Portfolio Evaluation Process or the PEP Program.

The **second step** in the CPM process is the Certification Written Examination.

An internationally recognized midwifery credential, the Certified Professional Midwife (CPM) preserves the competency-based educational model that is the hallmark of midwives worldwide.

While many professions can point to a correlation between the years of post secondary education and improved performance, this does not hold true for every profession. In a competency-based model of education, the student gets the knowledge, skills and experience appropriate for the task or job.

Adequate clinical experience is necessary and appropriate for midwifery education. An effective competency-based educational model ensures that the **requirements are standardized for all** of the educational routes leading to the credential.

The Certified Professional Midwife (CPM) process provides evidence that the applicant has successfully completed a standardized educational process with a prescribed course of study and passed the national CPM examination, which tests the knowledge and skills deemed necessary for entry level practice by the 1995 *Job Analysis of Direct-Entry Midwives*.

Who Are the Midwives Choosing to Become CPMs?

There are 15 states that use the NARM Written Examination for legal recognition of midwives who practice in predominately out-of-hospital settings. Ten of these states use the CPM or CPM plus as a standard for licensure or for reciprocity. One reason that NARM's growth has been steady is because states that choose to regulate midwives in out-of-hospital settings find they save money and administrative headaches by accepting the CPM credential rather than developing a separate examination and educational evaluation process.

This *Executive Summary* will provide an overview of the demographic data collected from the General Information portion of the Certified Professional Midwife (CPM) Application.

The General Application portion

of the CPM application allowed NARM to collect extensive demographic information on each of the applicants applying for CPM certification. In addition, each applicant signed an *Affirmation of Honest Intent of Representation*.

Because of the diversity among midwives, it is difficult to describe a "typical CPM." This review of the respondents will yield a composite profile of the applicants who have chosen to become Certified Professional Midwives (CPMs). This session will present the first detailed demographic analysis of Certified Professional Midwives (CPMs).

Gender Distribution

This demographic study covers 488 CPMs. There are 2 males and 486 females.

Geographic Distribution

In the USA there are 475 Certified Professional Midwives (CPMs) distributed among 45 states. There are 3 Canadian Provinces (Manitoba, British Columbia, Ontario) with a total of 10 CPMs. In addition, Mexico, the U.S. Virgin Island and Puerto Rico have CPMs residing within these jurisdictions. This gives NARM a total of 488 CPMs. One (1) CPM from NY is deceased for a total of 487.

The greatest concentrations of CPMs are in states with legal recognition or states that are currently working on legal recognition. Texas has the greatest concentration with 48 CPMs, followed by California with 38, Washington with 36, Oregon with 30, Florida with 27, New Mexico with 14, and Arizona with 13.

Practice Distribution

CPMs practice predominantly in out-of-hospital settings. 357 CPMs practice exclusively in a homebirth setting. 60 CPMs practice exclusively in freestanding birth centers. 11 CPMs practice in both homebirth settings and free-standing birth centers. However, there are 5 CPMs who practice exclusively in hospitals, and 4 CPMs who practice in hospitals and free standing birth centers, while an additional 4 CPMs practice in both hospital and home birth settings. 46 applicants did not answer the question.

Ethnic Distribution

Of the 487 Certified Professional Midwives (CPMs), 454 are white. Six (6) CPMs answered that they are black or Afro-American; six (6) responded that they were of Hispanic origin; one (1) answered Filipino-American, one (1) answered Southeast Asian; and, 17 (seventeen) CPMs did not answer the question.

Age Distribution

CPMs range in age from 20 to 67 with the median age being 41. The largest age grouping (246 respondents) is between 40-50 years old. The next largest group is in the 30-40 year old bracket.

Languages Spoken

483 CPMs listed English as a first language. Four (4) CPMs listed of the 192 CPMs that reported speaking a second language, many of these applicants spoke multiple second languages. The most frequently spoken second language is Spanish (132). French is spoken by 52 CPMs, and German is spoken as a second language by 15 CPMs.

Non-Midwifery Education

377 Certified Professional Midwives (CPMs) completed one or more years of post secondary education. This is 77% of the total CPM population. 265 hold post-secondary degrees. 119 hold bachelor degrees. 110 CPMs have less than one year of post secondary education, BUT of these many are Emergency Medical Technicians (EMTs), Massage Therapists, childbirth educators, doulas, or have some other training in a medically related field.

Midwifery

Educational Route of Entry

There are four educational routes that an applicant can choose from in order to become a CPM. The criteria and standards for all of the educational routes are the same, and have been consistent since the beginning of the CPM. In 1999, NARM formally named its competency-based educational evaluation the PEP Program, which stands for Portfolio Evaluation Process. The largest group that is currently applying to become CPMs are entering through the PEP Program (298). This includes the 204 CPMs that entered through the category of Experienced Midwife, which ended in 1997. New applicants that would have met the Experienced Midwife criteria must now apply through the Special Circumstances category.

The next largest category for obtaining a CPM is through State Pre-Approval. This category had 183 applicants. The Pre Approved states have had their state processes evaluated and deemed equivalent to the CPM standards. A committee set by NARM using

the NARM standards did the evaluation process for each state. If a state was having its examination evaluated for equivalency to the NARM Written Examination, the state's test was evaluated by an outside testing agency following psychometric standards. Currently, all of the Pre Approved states use the NARM Written Examination for legal recognition.

Birth Statistics

The total number of births reported by CPMs during the application process was 204,314. This includes all of the births done during the midwifery education phase and as a primary midwife. Of these 204,314 births, 194, 860 or 95.37% were normal, 8,755 or 4.28% required transport, 687 or .34% resulted in neonatal deaths, and 12 or .0058% resulted in maternal death. The neonatal death rate for the U.S. for 1997 was 7.2 per 1,000. The neonatal death rate for CPMs for all births submitted on applications was 3.36 per 1,000.

Composite Profile of a CPM

Most CPMs are white women between the ages of 30-50 with a post-secondary degree in a field that is not midwifery. The CPM speaks English and many speak a second language. Her educational route of entry was through the PEP Program or through Pre-Approval. The CPM practices predominately in a home or birth center setting. She has attended approximately 418 births since she began her training. She has had no maternal deaths and one fetal death.

Conclusion

As we approach the millennium, the CPM has the potential to re-

store midwives to their rightful place as respected providers of community-centered, maternal health care services. This quickly growing, innovative certification is the only midwifery credential in North America that requires out-of-hospital clinical experience under the supervision of a precep-

tor. The utilization of the Certified Professional Midwife (CPM) and the NARM Written Examination for legal recognition are increasing rapidly for states that desire a credential for midwives who practice in predominately in out-of-hospital settings. Certified Professional Midwives are stepping for-

ward from within their communities to serve as much-needed maternity care providers and to form a vital, respected part of the Public Health Care Team.

End Notes

Available upon request.

Midwifery Education Advisory Committee (MEAC) Will Receive Federal Recognition

On December 13, 2000, the U.S. Department of Education's National Advisory Committee on Institutional Quality and Integrity unanimously approved the MEAC application for federal recognition as an accrediting agency. This advisory committee, a White House appointed group of eminent national educators, will send this final recommendation and decision on to the Secretary of Education, who will formalize the approval in several months.

MEAC was described as "intelligent, competent and caring" by the Dept. of Education staff attorney Ron Lipton during the Advisory Committee hearing. Marsden Wagner, MD, Robbie Davis-Floyd, PhD, and Dorothy Hanson, RN, MS (of Arizona Dept. of Health Services) gave strong expert testimony, validating direct-entry midwifery education and asking the Advisory Committee to "bring the world's oldest profession into the 21st century." The Advisory Committee unanimously agreed.

MEAC is the only national accrediting agency that has established

educational standards for a variety of direct-entry midwifery schools and programs, including certificate and degree-granting programs, small free-standing schools and programs within larger institutions. MEAC standards reflect nationally recognized core competencies and guiding principles of midwifery care set by the Midwives Alliance of North America, as well as guidelines from expert midwifery educators and the U.S. Dept. of Education.

MEAC accredited midwifery programs provide students with the requirements necessary to qualify for the North American Registry of Midwives (NARM) national examination leading to the credential of "Certified Professional Midwife." Seventeen states license midwives using the NARM national certification examination.

Direct-entry midwifery is based upon the European model of professional midwifery practice that does not require becoming a nurse as a prerequisite, although nursing skills are taught as part

of a comprehensive midwifery curriculum. Programs of study require both clinical and theoretical learning experiences, providing the graduate with expertise in out-of-hospital birth and the midwifery model of care. According to the Public Citizen's Health Research Group, "research on care provided by midwives has demonstrated that midwives achieve the same neonatal outcomes as physicians while intervening in the natural birth process significantly less often."

MEAC establishes educational standards, examines and evaluates programs and institutions in terms of these standards, and accredits those that qualify. MEAC has accredited or pre-accredited nine midwifery programs or institutions in seven states. To become accredited, these schools must:

- make a self-evaluation study of their own operations
- open their doors to a thorough inspection by a committee of outside peer evaluators
- submit their curriculum for review by competent midwifery

educators

- demonstrate that graduates have benefited from the learning experiences provided
- repeat the process every three to five years

Accreditation provides an assur-

ance of institutional and educational quality for employers, educators, government officials and the public, because the school adheres to established criteria, policies and standards. MEAC's approval by the U.S. Secretary of Education will allow MEAC ac-

credited schools to apply to participate in federal student loan and grant programs. MEAC was founded in 1991 as a non-profit organization, and provides technical assistance to developing midwifery programs undergoing accreditation or pre-accreditation.

CPM 2000 Update

December 1, 2000

Dear CPM,

We are pleased to provide you this update on the CPM 2000 Statistics Project. Thank you for the contribution you are making - all of your hard work is making this project a success.

Alice in Dataland – Under the Big Top

In mid November, we presented under the big top on the beach at the MANA conference in Clearwater Beach, Florida and the next day at the American Public Health Association meeting in Boston. Although the presentations were kind of different, we are pleased to announce that they were both well received. Alice (guess who got the lead ... yeah, again) with the help of the Kathi Mulder as the White Rabbit found her way through Dataland, after encounters with Diane Holzer, a perfect hookah smoking caterpillar, the anthropological musings of Robbie Davis-Floyd (our very own Cheshire cat), Jenness Oakhurst our data entry whiz as the door mouse, Abby "show me the money" Kinne as the March Hare and the Mad Hatter (our very own man of many hats). Alice even stood up to Karen "off with

their heads" Erlich, the Queen of Charts. Special thanks to Anessa Maize for her cameo appearance

as the apprentice, to Debbie Pulley for tech support and to the King of Hearts.



Left to Right: Abby "show me the money" Kinne as the March Hare; Robbie Davis-Floyd as the Cheshire Cat; Jenness Oakhurst as the Doormouse and Karen "off with their heads" Erlich as the Queen of Charts

Boston - American Public Health Association

Boston was a different type of circus - 13,000 public health enthusiasts all gathered in downtown Boston. We presented to a full house of 70 people interested in maternity care - they asked great questions and seemed impressed with the CPM 2000 project - a great reception all round. We were able to convince the APHA epidemiology committee to support for the first time the CPM resolution before APHA to support direct entry midwifery.

Janet Jull, Kelly Klick and Jenness Oakhurst and our good man Scott) hired part-time for responding to E-mails, logging in newly arrived consent and dataforms, doing data entry, phoning clients to do satisfaction surveys and confirm birth outcomes, encouraging and cajoling the laggards and generally keeping track of 420 midwives and 5,900 prospectively registered clients from across North America.

American Journal of Public Health.

Thanks again,
Betty-Anne and Ken

Note: If you have not received your stats notebook, please contact Ken Johnson or Betty Anne Daviss at 613-730-0282 or <cpm2000@istar.ca>

CPM 2000

The CPM project is going very well. We have sent out over 420 CPM 2000 binders to midwives who have chosen to join the study. (An additional 60 are currently not practicing.) As most of you know, the binder includes everything you'd ever want to know about the study details, submission dates and all the copies the midwife needs for the year 2000 of the log forms, consent forms and dataforms. We have over 5,900 clients registered prospectively in the study, we have received 4,400 consent/contact forms from those clients, and we have received 3,800 dataforms. We presented basic demographic and intervention statistics at MANA and APHA based on the first 700 dataforms we have entered into the computer. We are in regular contact with over 300 of you CPMs through E-mail and this is making our job a lot easier.

We have had six great women at various times (Carrie Whalen, Kim Yates, Shannon Salisbury, and

CPM 2001

The issue of continuing to collect data next year came up as CPMs started to take on clients for the year 2001. We called about 100 CPMs and found almost all were eager to continue! We have now negotiated continued funding and will continue the study prospectively for those who wish to continue on a voluntary basis using the exact same protocol - i.e. sending data in every three months (same dates) : a log form with newly registered clients (one line per client), signed client study consent/client contact forms and completed short or long CPM 2000 dataforms for each completed course of care.

CPM 2000 Report

We will analyze the year 2000 data this Winter and Spring once all the data is received and prepare a journal article for a peer-reviewed journal submission later in 2001 probably to the New England Journal of Medicine or the

Clinical Director Needed

ANTIGUA GUATEMALA: Clinical Director Needed. Model Midwifery-run women's health and birth center providing full scope care to a variety of women from a wide range of socioeconomic & ethnic backgrounds. Seeking an experienced midwife. Must have solid clinical skills, know how to effectively collaborate, speak Spanish, do public speaking/teaching, community networking & supervise apprentice midwives.

Very rewarding work and incredible opportunity for the right person. 45 min. from Guatemala City. Generous salary, rewarding work, beautiful colonial location, central park, cobblestone streets, colorful markets, cosmopolitan community, culturally rich, great lifestyle. E-mail CV to: Womanway@aol.com.

Statistics Project 2001

In the year 2001, CPMs have the option to participate in an additional year of the Statistics Project. The committee feels that an additional year of stats would help solidify the findings. Participation includes registering your births every three months and submitting your data following each year 2001 birth. Please remember to send in your statistics! And don't forget that you must preregister your births so that sound outcome data can be assured.

You may copy this form for completion and faxing (613) 730-0282 or mailing to CPM 2000, 36 Glen Avenue, Ottawa, Ont., Canada K1 S 2Z7 (make additional copies if necessary). For those CPMs who have Excel and are familiar with using this program, a downloadable Excel file is available at <www.mana.org/narm/clientlog.xls>. You can keep this file on your computer and e-mail directly to the project's data collection center <cpm2000@istar.ca> If you have any questions, please contact the CPM Statistics Project 2000 Coordinator, Pam Maurath, (212) 866-7658.

CPM Statistics Project 2001 - CLIENT LOG

Version 1.2 Dec 99

Midwife: _____ CPM Certificate Number: _____ Phone #: (____) ____ - _____

Midwife/Birth Practice Code (your choice) to use on dataforms (for example your initials) _____

	Booking Date mm/dd	Code for Birth	Woman's Initials	Woman's Age at booking	Estimated Delivery Date mm/dd	Client left care before birth (= LC)	Client Consent		Data Form Form	
							Signed	Sent (month)	Completed	Sent (month)
e.g.	sep 15	001	TMK	25	Jan 16		Y	Jan	Y	March
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Log/consent/data form Submission Date (check one): Nov 30 _; Mar 31 _; Jun 30 _; Sep 30_; Dec 31 _; Feb 28, 2002 _.

This log includes all midwifery clients I have booked to date for expected delivery in the Year 2000.

Log Page (e.g. 1 of 1) ____ of ____ Signed _____ Date _____

NARM Policy on Recertification and Inactive Status

A recertification application that is submitted within a 90-day period after the expiration date must be accompanied by a \$50 late fee. The recertification period will be dated based on the original date of expiration.

CPMs who do not recertify within 90 days past the expiration date will be considered *inactive*. Inactive status may be maintained for two certification cycles, or six years. During this time, the CPM may not receive the CPM News or any other NARM mailing. The CPM's name will not be given to prospective clients. Inquiries

about the status will be told that the CPM has been certified but is currently not recertified.

Within the six-year period of inactivity, the CPM may become recertified at any time by paying a \$100 reactivation fee and the \$150 recertification fee, and submitting the Recertification Application and requirements for one recertification cycle (30 CEUs, including five hours of peer review) from any of the categories defined in the Recertification Application.

After six years of inactivity, the inactive status automatically expires

and the midwife is considered uncertified. To reactivate from an uncertified status, the midwife will be required to attend five births, submit evidence of 30 CEUs, including 5 hours of peer review as defined in the Recertification Application, and retake the NARM Written Examination. The births and the CEUs must have occurred within five years of reapplication. The NARM Written Examination will be scheduled after the application is received. The fee for reapplication, including the Written Examination, will be the current CPM application fee.

NARM Policy for Printing Notice of CPM Revocation

NARM will print public notification of a midwife's CPM revocation in the following places:

1. CPM News
2. MANA News
3. CfM newsletter
4. Notification may also be included in the corresponding websites.

According to the Candidate Information Bulletin, a CPM creden-

tial may be revoked in the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest, or failure to comply with Accountability Committee recommendations.

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.

After two years she may apply for her CPM credential to be reinstated.

CASA Conference

Dear CPM's:

Last summer, NARM was invited to attend the graduation of the first class of professional midwives at CASA in Mexico. NARM attended with enthusiasm. A very exciting project started to evolve while we were there, the idea of an educational conference revolving around certification and midwifery for the countries south of the USA.

Soon after we returned to the states, NARM received a formal invitation to be part of the planning committee for this conference which will convene in September of 2001. The board wrestled with the implications of such participation, and after a preliminary presentation from repre-

sentatives of CASA who attended the MANA conference 2000, the NARM board decided to accept the invitation. The conference will focus on educating midwives and policy makers about how a credible professional midwifery certification system such as the CPM can be developed and how such a system can help meet rural health care needs. The program is in its planning stages.

The goal is to present certification of midwives from multiple models of midwifery education as credible, doable and worth doing to meet the needs of neighboring countries. Some of the topics that will be addressed will be global midwifery issues, competency based

education, psychometric processes such as job analysis, item bank development and cut scores. There will be panels with representatives of birthing centers, individual practices, and clinic sites. Various types of educational models will also be presented. The conference will include time to brainstorm for future actions for the participants.

NARM is honored to be participating in this conference and hopes it will help preserve a better future for birthing women everywhere. This conference will be supported in part by a fifty thousand dollar donation. It is deeply, personally gratifying to me that after all our work on midwifery certification, organizations are showcasing our process as a possible model for other countries.

Ruth Walsh

Test Department Report 2000

The NARM Examinations

This has been a busy year for the NARM Test Department. The NARM Written exam, as usual, was given at regional sites in February and August, and at the annual MANA conference in Clearwater, Florida, in November. Form E was given in February, and Form G in August and November. One person took Form D in Spanish.

Out of a total of 150 candidates who took the NARM Written Exam in 2000, 58 were NARM certification candidates, and 92 were state

agency candidates taking the exam for licensure or documentation. The NARM Skills Assessment has been given 76 times in 2000.

NARM has also been field testing the Spanish Application and Examination materials in Mexico this year. The Written Examination, in Spanish, was given to 31 Mexican midwives on August 28. Several of these midwives are also reviewing the Spanish translation of our Application materials. The Skills Assessments are not yet available in Spanish.

The NARM Job Analysis

The NARM Job Analysis is an important part of the CPM credential because this is how NARM defines the role of the midwife and the specific knowledge and skills that are essential to the competent practice of midwifery, especially in out-of-hospital settings. In order to verify that the knowledge and skills which are essential to entry-level midwifery are the same knowledge and skills that are tested by the CPM credential, NARM will again send a survey to the CPMs to identify these tasks. Your new Job Analysis sur-

vey will be arriving soon!

The primary purpose of the North American Registry of Midwives is to maintain the credential, Certified Professional Midwife, according to the current standards for reliability and validity in testing mechanisms. To do this, NARM follows the recommendations from the National Organization for Competency Assurance (NOCA) and is guided by advice from our testing company, National Measurement and Evaluation.

Among the standards for accreditation set by NOCA are these related to testing:

Candidate Testing Mechanisms of Certification Programs:

- a) shall utilize a reliable testing mechanism to evaluate individual competence that is objective, fair to all candidates, job-related, and based on the knowledge and skills needed to function in the discipline,
- b) shall implement a formal policy of periodic review of the testing mechanisms to ensure ongoing relevance of the mechanisms to knowledge and skills needed in the discipline,
- c) shall conduct ongoing studies to substantiate the reliability and validity of the testing mechanisms.

According to NOCA, "For an examination to be practice related, it is necessary to gather information concerning the actual behavior of competent practitioners. Such information gathering studies are generally referred to as job analysis, practice studies, or role

delineation studies."

"How often the job analysis should be performed depends on the pace at which new developments and technologies affect a field. However, a general rule of thumb is that credentialing agencies should revise the job analysis every three to five years."

It has been NARM's philosophy that the basic skills of a midwife are not excessively dependant on new developments and technology, and thus the job analysis needs be revisited less often than in some other professions. However, to maintain the credential with national and international respect for validity and reliability, the job analysis should be performed approximately every five years. If a history of job analyses reveals little change, then the repeats of the analyses could justifiably be performed less frequently. At this point, NARM has performed a skills/task analysis in 1993 and worked with a testing agency to perform a more formal Job Analysis in 1995. That job analysis was mailed to a list of all midwives who

could be identified from any source available at the time. NARM began preparing to repeat the job analysis in 2000, and hopes to complete the process in 2001.

This update of the job analysis is especially relevant because it will survey only CPMs, and thus will reflect the profession as it is practiced by those who have received the credential. It will be the first job analysis of Certified Professional Midwives.

The first step of creating a new survey tool was begun in the days prior to the MANA conference in November of 2000. A group of Subject Matter Experts (SMEs) met for two days in Clearwater, Florida with a representative from NME, to determine the tasks to be re-surveyed. The next step will be to create the survey instrument, test it on a small sample of CPMs, make revisions if necessary, and then print and mail it to all of the current CPMs. Our testing company, NME, will supervise the design of the survey and will analyze the results. They will produce



CPM Participants in the NARM 2000 Job Analysis: (Front row, left to right) Debbie Pulley, Tomasina Betts; (Second row, left to right) Barbara Lahey, Sandra Morningstar, Shannon Anton; (Back Row, left to right) Ida Darragh, Herb Bawden, Ruth Walsh, Alice Sammon, Sharon Evans, Jeanne Madrid, Carol Nelson, Kelley Daniel, Nina McIndoe.

a report which will become part of NARM's technical report. Depending on the results of the survey, the test specifications for the

NARM Skills Assessment and NARM Written Examination will be revised to reflect the information gathered in the job analysis survey.

Watch your mailboxes soon for the new Job Analysis Survey, and plan to contribute your voice to the knowledge and skills that define the CPM credential.

"Twas the Night of a Birth

Anonymous (but we'd love to know who wrote it.)

*Twas the night of a birth, when all through the house,
Not a person was stirring, not even my spouse.
The wet clothes were hung by the wood stove with care,
In hopes that our electricity bill soon we could bear.*

*The children were nestled all snug in their beds,
While visions of Nintendo games danced in their heads.
And I in my t-shirt, the cat in my lap
Was thinking about settling in for a nap.*

*When all of a sudden the telephone rang out,
And just for a moment I nursed a small pout.
Quickly I lifted the phone to my ear,
Although I was sure of what I would hear.*

*"The contractions are coming three minutes apart,
I think you should hurry" I heard with a start.
I sprang from my bed and threw on my clothing,
My husband just mumbled, "Be careful, it's snowing."*

*More rapid than a two year old can get into trouble,
I loaded the car and left on the double.
The streets were quite slippery, and fog had descended,
But I made it there safely as God had intended.*

*The dad was the one who answered the door,
The mom was undressed and down on all fours.
"I feel like pushing," she said in despair,
As I knelt down beside her and brushed back her hair.*

*I got out my doppler and put on a glove,
I glanced at the father, his eyes shone with love.
The baby's heart danced as if to a song,
Her water had broken, the cervix was gone.*

*"You can push out your baby," I said to her sweetly,
As the wave of a contraction overtook her completely.
And soon we could see a small patch of hair,
As I oiled and massaged, so Mom wouldn't tear.*

*With sweat and groaning, the baby moved down,
And finally the head started to crown.
When what to our wondering eyes should appear,
But five tiny fingers aside of the ear!*

*I extracted the arm as the head slid out,
That the shoulders would come, I had no doubt.
And with one last push, the baby was born,
I saw with delight that Mom hadn't torn.*

*The baby was breathing and pink to her toes;
She looked at her Mama and scrunched up her nose.
We cut the cord and offered a breast,
Delivered the placenta and cleaned up the mess.*

*After awhile we gave the baby a bath,
the look on her face just made us all laugh.
I got Mother showered and snuggled in bed,
The baby beside her, so tiny and red.*

*I try to get home just as soon as I'm able,
So I finished my charting and made sure they were stable.
As I loaded my car, my heart turned towards home.
I longed for my bed, I was tired to the bone.*

*I got there at last and opened the door,
Then nearly tripped over the dog on the floor.
My family was up getting set for their day,
The house was a mess, but would just have to wait.*

*The children were screeching, the husband was muttering,
As he cursed at the black piece of toast he was buttering.
And I thought to myself as I collapsed in a heap,
I love what I do, I just wish for more sleep!*

*"Hi Mom!" they shouted, with a kiss and a hug,
As my husband brought tea in a steaming mug.
"How did it go?" he asked with concern,
"I missed you, you know," - my heart gave a turn.*

*As I thought of the night that he's spent alone,
I vowed to cut back and spend more time at home.
The kids got their coats and yelled "Daddy, it's time!"
As I assured him that everything had gone just fine.*

*He sprang to his feet, to the kids gave a whistle,
Out the door they all ran just as quick as a pistol.
But I heard him exclaim, as he walked out of sight,
"This marriage thing is harder when it involves a midwife."*

NEW!

The Midwifery Model of Care Brochure Now in Spanish!

Citizens for Midwifery proudly announces the Spanish translation of the Midwifery Model of Care brochure! Now birth professionals and activists have a new tool for reaching Spanish-speaking women and families.

The brochure is almost identical to the English version – the same design, colors and photos that many have described as “beautiful!” and “gorgeous!” — and it also has the blank box on the back for information about your practice or your organization.

The cost is the same as for the English version: \$.30 each plus shipping. An order form can be downloaded from the CfM web site <www.cfmidwifery.org>, but please be sure to indicate clearly whether you want the brochures in English or Spanish, or how many of each. For a sample copy, please send an SASE with your request (address below).

This project is a good example of “mothers and midwives working together.” Last spring Laura Maxson, Director of Birth Network of Santa Cruz County <www.birthnet.org> contacted CfM and offered to have the text translated as part of their Latina outreach project, funded by a General Fund grant through The

Women’s Foundation in San Francisco. Once the translation was completed, we moved quickly to make sure the translation properly caught the nuances of meaning and to “tweak” the design to fit the longer Spanish text. Thank you Laura, the Birth Network of Santa Cruz and The Women’s Foundation for helping CfM to produce the Spanish translation of this brochure!

New Client Packet Being Developed

The CfM Board would like to make it easier for midwives and others to introduce their clients to CfM and to sign them up as CfM members. Our idea is to offer a “New Client Packet” that would include at a minimum information about CfM and the politics of midwifery.

Women and families who have had the privilege of experiencing the Midwifery Model of Care first hand – your clients – are the foundation of grassroots advocacy for midwifery. The “grassroots” is a large number of people implementing a coordinated strategy to achieve change; the power of organized people can confront the power of organized money! CfM

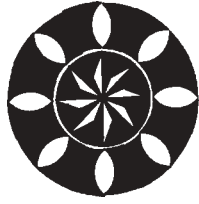
helps that happen for midwifery!

Increasing numbers of midwives are starting to include one year of CfM membership in their fee, so every client receives 4 issues of the CfM News packed with information, birth stories and news from across the country. The more midwives sign up each of their clients (or as many as possible) as CfM members, the more the grassroots will grow and strengthen.

We would like the New Client Packet to be useful to you, to make your life easier. What should the Packet be like and what would you like it to include? We envision a packet that would appeal to your clients and make it easy for you to introduce CfM and sign up your clients as members. Some ideas we’ve had are: home birth announcement cards for your state senator and representative, coupons for sample issues of breastfeeding and parenting-oriented magazines, and possibly information about catalogs offering cotton baby clothes, cloth diapers, etc.

Please send us any ideas you have about this project, by e-mail at <cfmidwifery@yahoo.com> or by regular mail at: CfM, PO Box 82227, Athens, GA 30608-2227.

Bits and Pieces



Please note the **new address** for sending applications and recertifications is:

NARM Applications
PO Box 672169
Chugiak, AK 99567

CPM NEWS DISTRIBUTION:

If you know a CPM who is not receiving the CPM News, please have them contact us to verify we have the correct address.

RECERTIFICATION FORMS:

Recertification forms can be found on the NARM Webpage.

PROOF OF CPM STATUS:

If your state requires proof of your CPM status for licensure, please contact NARM for an authorization form. This form is also available on the NARM Webpage www.MANA.org/NARM

NEW RECERTIFICATION ADDRESS:

The NARM Application Department moved from Oregon to Alaska last year. Any correspondence that has the Oregon address (including recertifications) should now be sent to Alaska.



Information Requests

Can NARM give your name to those who request information?

NARM often receives requests from people who want to find a CPM in their area. Because of the volatile legal situations in some states, NARM has a policy of not releasing names of CPMs unless permission has been received from the midwife. If you wish to give permission for the release of your name, you must notify NARM's public education office. You may do this by sending the statement below to <CPMinfo@aol.com> , or by mailing it to Debbie Pulley, NARM Public Education, 5257 Rosestone Drive, Lilburn, GA 30247.

Release Form

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

Current address:_____

Current city, state, zip:_____

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

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

Conferences and CEUs

March 22-26 Eugene, OR
Midwifery Today Conference. Full program on our Website at <http://www.midwiferytoday.com>

Sept 20-23 .. Albuquerque, NM
MANA 2001: A Midwifery Odessey. If you would like more information, write email to <ABQ2001@aol.com>

Workshop Webpage:

Ollie Hamilton, CPM has put together a wonderful web page that lists many workshops. The address is <http://www.birthwithlove.com/resources/workshops/>

Numbers Matter!

MANA is the only national organization that is open to all midwives.. The ACNM's membership has surpassed 8000 while MANA's membership has held steady at around 1000 for nine years.

In order to continue to provide an effective counterbalance to the medicalization of midwifery, and to promote the Midwifery Model of Care and the CPM, MANA must grow. Only half of all CPMs currently belong to MANA.

JOIN MANA, SO THAT WE CAN STAND TOGETHER AND BE CONTENTED!!!

Benefits of membership include:
• The MANA News - a primary

source of information about political issues affecting CPMs

- Ensuring that MANA represents the-interests of CPMs
- Being part of the Sisterhood of, Midwives
- Fostering midwifery as a social, movement
- Helping to preserve out-of-hospital birth
- Being counted in the national tally of direct-entry midwives

Ask not what MANA can do for you ask what you can do for midwifery by joining MANA!!

To join, contact:

Kelley Daniel
5426 Madison Street
Hilliard, OH 43026
(614) 777-0246
Birth Lady@aol.com



P.O. Box 672169
Chugiak, AK 99567

ADDRESS CORRECTION
REQUESTED

