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Farewell, Ruth!

In December of 2002, Ruth Walsh retired from fifteen years at the helm of the North American Registry of Midwives. In her role as Chairman of NARM, Ruth made a speech to the NARM Board at their meeting prior to the MANA Conference in Boston in October.

The Board was very touched by her words and by the advice she gave the remaining Board members. These have been her heartfelt themes throughout many years of leadership with

NARM. NARM wishes to share Ruth’s words with all CPMs as a way to honor the legacy she leaves with us.

Ruth Walsh’s Farewell Speech – October 2002 – Wakefield, MA

This is a time of great rejoicing for midwives. MANA has been actually meeting for 20 years. The MANA Board has carried on through generations of leadership, through crises of personalities, finances, and philosophy. MANA never was and is not now dependent on any particular person for its continued existence. But this was not evident at the birth of MANA. It is only after 20 years and many growing pains that we can remark on this astonishing reality.

I remember the first large gathering in Milwaukee. Mostly strangers, they came in response to advertisements in the Birth Gazette. Ninety women gathered in great excitement and paranoia. Doors were locked during sessions! I’m not sure what the doors were supposed to bar. Did we think ACOG or the FBI would secretly infiltrate? I don’t know but I think those locked doors created sacred space where midwives were nurtured into voicing hidden concerns. Women with no role models finally spoke out loud, “I am a midwife.”

In the year following Milwaukee, the MANA meeting was held in Toronto. It started with a march on Parliament, which eventually resulted in Canada’s midwifery law. The MANA goal for that weekend was the development of standards. This was a phenomenal undertaking incorporating the hopes of hundreds of midwives of every bent. Days of argument, warnings, shared visioning, exhaustion, and despair. I still cry when I recall deeply the point at which one midwife found the right words to break through to a document that all present could stand and applaud.

Farewell Ruth!

CPM News

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

Deadlines for submissions are December 1 and June 1. Send all newsletter material to: Joanne Gottschall, 200 N. Jasper Avenue, Margate, NJ 08402 or cpmnews@narm.org

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

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Almost from the first meeting midwives started to discuss certification. We were shut out of health care by medical doctors, as were all healers who were not MDs. It is policy on the part of the AMA that every ancillary health care worker would be supervised by MDs. It is an insidious intertwining of the Joint Commissions, liability insurance companies, and the AMA. Make no mistake; it is a calculated, focused policy that only falls to persistent unyielding pressure. Midwives saw this, discussed this endlessly, and pondered another way to legitimize themselves. How can we take responsibility for our actions, model our education and validate our skills without losing the essence of midwifery, without harming each other, without shutting people out? How indeed. Many said it could not be done, that as soon as you start standardizing, legalizing, credentialing, midwives would find themselves on a slippery slope to a hierarchical, exclusive, punitive system just like every other profession.

Midwives pondered and argued for years. You all know the history. First the Registry and then the miraculous Certification Task Force meetings where midwives birthed a new professionalism that honored all paths to knowledge. The Portfolio Evaluation Process is a jewel, a treasure of infinite worth showing that midwives are different—profoundly, essentially different.

This jewel, the Portfolio Evaluation Process, can be lost or thrown away if not recognized for what it is. Every time we create another defining or clarifying policy we chisel off another facet of this jewel and maybe exclude another midwife from the fold. We always had CNM schools, and now we have MEAC schools. What is unique and special and different is PEP. Every time we define it or describe it a little more into an educational program instead of keeping it an open-ended EVALUATION PROCESS, we slip a little further down that slippery slope and at some point there will be no turn-

ing back. We will slide to the bottom of the hill along with the AMA—hierarchical and exclusive.

Going on to other things, I want to speak of a 0% infant mortality rate. This myth must be exploded to bring sanity into the birthing community. Babies die. Do not back down or back off. Do not whine in dismay because the spotlight is on a baby death. Acknowledge death as normal. There is no such thing as 0% infant mortality rate. Babies die in the hospital, babies die at home. Where should babies birth or die? Wherever a mother feels safest. Do not hang your head in fear and shame when a baby dies. Some babies die—rarely because an attendant did or did not perform some special task. They die because they die; because fire burns and rain is wet. This secret, that some babies die for no apparent reason, poisons the birth culture. It causes families to sue OBs for what is beyond their control, causes maternal grief over what they did or didn't do during pregnancy—smoked, painted, drank some wine. It causes legislators to resist home birth, and it causes totally unrealistic expectations of everyone involved in birth.

Remember and cherish informed choice. Years ago informed choice was argued by many as having sufficient capacity in itself to serve mothers and midwives. Now we have the DOE and MEAC and NARM etc. etc. Where is informed choice? Down at the bottom of the pile somewhere. Think of informed choice when midwives come before your tribunal. Think of honesty. The midwife's honesty to herself in assessing her own fitness, her honesty and disclosure to mothers, her honesty to her professional community. The mother also comes before you. Be sure her responsibility is acknowledged. Voice with gentle compassion a mother's part in creating a grievance.

Never think that midwives make birth safe. Birth is safe in itself. It is not made safe by choice of place or attendant. Midwives power is not in what they do but in their power to

guide a woman in health and create a safe place for birth to happen. A healthy woman, a safe place.

So now I end a most cherished part of my life and leave the jewel in your hands. This is a time of peril as well as of rejoicing, a time when we waver at the edge of the Slippery Slope and the rewards of success can tempt us to surrender our uniqueness. Some of you are drawn to control and fail to see the pitfalls of defining PEP into an educational program. Some of you are new and untried. You were chosen because you showed promise. Some of you are accommodating and retiring. Know that sometimes it is honorable to block a motion. All of you, courageously and unselfishly, serve midwives and mothers. To each of you is given this sacred trust, to guard the jewel—a gift and a burden. Do not take it lightly. Keep it safe, keep it wide open.

In Memory of Jan Hofer

Written by Jeanne Bazille, her friend and midwifery partner of over 18 years

Jan Hofer, wife, mother to 12 beautiful children, homeschool pioneer, midwife, mentor, gardener, painter and so a very special friend to many, moved on to her next journey, April 13, 2002. She was surrounded by her family that morning when it was time to leave, a cardinal sang outside her window. She had fought the fight, but knew her time here was done. She was but a young 63.

Jan's path to midwifery was one of spirit led. After giving birth many times the "medical" way, her heart desired a more spiritual experience, one she believed birth should be. As much as she tried, this was not happening in the hospital setting.

Her prayers were finally answered. Pregnant with her 12th child (1977), she received a call from a long ago high school classmate, someone she had not had contact with in over 20 years. Mary (who had been formally a

nun), told her, "I was praying today and God told me to call you and tell you there is a gathering to be held at the Quaker meeting house of people interested in homebirth, midwives will be there." So began Jan's journey. She attended that day, as I myself did. We had talked through the years that perhaps our eyes met, connecting, without at the time knowing the amazing journey together we would have, catching babies. Jan's 12th child was born at home.

Jan became very involved in the homebirth movement here in Minnesota. She was a part of all the birth organizations that evolved through the years, sharing her wisdom.

In 1994 she took part and passed, the first written CPM test offered here by NARM.

From the beginning she was a part of the LONG process to license "Traditional Midwives" in this state, (finally achieved in 1999), very much a part of seeing this licensure was voluntary. She was then elected to sit on the Traditional Midwifery Advisory Council that was soon after created. In March of 2000 she took and passed the skills portion of the CPM test which allowed her to be among the first group of midwives to be licensed. Voluntary licensure was very important to Jan, but she knew, to be a part of the advisory council, she needed to license. She did, so that the voice of the diversity of the midwives here would be heard.

The homebirth community here will miss her, as was so shown by the attendance and words of the many who came to share their memories and be a part of the memorial service given by the community she so touched. As for me, I am truly blessed to have shared our time together, to have had her in my life..."I will forever miss you my friend, but as sure as the morning will always bring the cardinal's song, I know you are with me."

CPM on Birth Certificates

By Carol Nelson, CPM

Dear CPMs, I have some very exciting news about our state, Tennessee. We (all of the midwives in the state) got a memo a few weeks back from the vital records people saying they are redoing the birth certificates. I decided to call them and ask about the CPM being put on as a check box! After many phone calls and lots of not taking "NO" for an answer....They said yes, they would do it!! I am so excited!!!!

Most states will be revising their birth certificate forms either this year or the next two years. The states make every effort to coordinate the collection of information so that vital statistics can be compared from one state to another. States usually closely follow the United States Standard Certificate of Live Birth and the accompanying worksheets as concerns the required data items. You may view the standard birth certificate and the worksheets at the National Center for A Health Statistics (NCHS) website:http://www.cdc.gov/nchs/vital_certs_rev.htm

We did contact NCHS and try to get the CPM put on the national certificate but they turned us down because of the difference of legal status in the different states. For those of you who are legal and can practice openly, your State Registrar of Vital Records is the person you would contact to see if it would be possible for your state to add CPM as a check box on your state's new birth certificate. Let's give it a try and see how many states we can get to add CPM as a check box. Let us know if you get it to happen in your state. Thanks for your help.

QE's: Recertify Now!

(see page 14)

Committee Reports

NARM Accountability Committee 2002 Year End Report

Shannon Anton, Accountability

NARM Accountability Committee follows Peer Review and Grievance Mechanism policies and addresses complaints against CPMs. Legal advice is sought when appropriate. The NARM Board receives regular updates regarding the activities of the Accountability Committee.

Since the beginning of the CPM credential in 1995, this committee has received fifteen formal (written) complaints. These complaints involved six CPMs, with two CPMs each facing three separate complaints.

- 2 complaints – Currently in process with local Peer Review, utilizing NARM Peer Review Guidelines.
- 2 complaints – Must be cleared before midwives may apply for recertification (One credential is expired, one was revoked and re-application may be made after two years.)
- 9 complaints – Heard in local Peer Review; three used NARM Peer Review Guidelines and six used previously established guidelines specific to state regulations or midwifery organization requirements. The majority have since adopted NARM Peer Review Guidelines.
- 1 complaint – Heard by NARM Board using Grievance Mechanism rather than Peer Review because it was the second complaint against the same CPM in a few month's time.
- 4 complaints – Initiated implementation of NARM's Grievance Mechanism following Peer Review. Three of these complaints were heard in local Peer Review prior to complainants contacting NARM. When NARM was contacted, the Grievance Mechanism was initiated.

The outcome of the two complaints heard in Peer Review found no fault

with the CPM; in one of these instances the consumer was dissatisfied with that outcome and filed a second complaint to initiate the Grievance Mechanism. The outcome of the Grievance Mechanism proceedings reached the same conclusion.

One CPM credential was revoked due to noncompliance with Grievance Mechanism requirements. One CPM was placed on probation while fulfilling requirements resulting from Grievance Mechanism proceedings.

Responding to constructive suggestions made by peer review groups, this committee has created additional forms for NARM's Peer Review and Grievance Mechanism. These forms are intended to aid peer review groups in reviewing complaints and seem to be working well within the processes. The majority of peer review groups handling complaints have subsequently adopted NARM Peer Review Guidelines. The State of Arizona has its own process contained in regulations regarding the practice of midwifery.

Following is a complete history of complaints received by NARM Accountability Committee and the outcomes of the respective Peer Review or Grievance Mechanism.

Complete History of Complaints received by NARM Accountability Committee

2002 – Seven Complaints

2002 California complaint:

Midwife has not participated in NARM's Accountability requirements. Her CPM credential was expired at the time of the complaint, and she has not attempted to recertify. She must answer this complaint in Peer Review before she may apply for recertification.

2002 Massachusetts complaint:

Currently in process with local Peer Review.

2002 Michigan complaint:

Handled by an established Michigan Peer Review Group using NARM's Peer Review Guidelines.

Outcome: Four recommendations for improving her practice made to midwife.

2002 Ohio complaint:

Currently in process with local Peer Review.

2002 Oklahoma 3 complaints:

Three complaints against one midwife were handled by an established Oklahoma Midwives Association Peer Review process.

Outcome: The OMA process resulted in recommendations to NARM for revocation of the CPM's credential.

Complainants contacted NARM following the local Peer Review proceedings. Grievance Mechanism used by NARM Board committee.

Outcome of Grievance Mechanism: NARM Board committee heard all three complaints via teleconference. CPM was placed on probation for her 2002-2005 certification cycle and must complete 11 requirements for improving her practice and knowledge base. She must pass the NARM Written Exam to recertify at the end of her probation.

2001 – Two Complaints

2001 Arizona complaint:

Handled by an established State of Arizona Peer Review process.

Outcome: No fault was found with midwife. Complainant was not satisfied and filed a second complaint which initiated NARM's Grievance Mechanism.

Grievance Mechanism organized by New Mexico Peer Review chairperson. Review done by teleconference.

Outcome of Grievance Mechanism: No fault was found with midwife. Several recommendations for improving practice were made to midwife, and

midwife met these recommendations immediately.

2001 Pennsylvania complaint:

Handled by an established Pennsylvania Peer Review Group using NARM's Peer Review guidelines.

Outcome: 12 recommendations for improving her practice made to midwife.

2000 – Two Complaints

2000 Indiana complaint:

Handled by Indiana Peer Review group using NARM's Peer Review process.

Outcome: Five recommendations for improving her practice made to midwife.

2000 Michigan complaint:

Third complaint against this CPM, received shortly after her CPM was revoked for noncompliance with Grievance Mechanism. This complaint must be reviewed before midwife may reapply for CPM.

1999 Two Complaints

1999 Michigan complaint:

Second complaint against this CPM. NARM Board used Grievance Mechanism during a teleconference to review complaint.

Outcome: Six requirements were made for improving midwife's practice. Midwife did not comply with stated requirements, resulting in revocation of her CPM credential.

1999 Michigan complaint:

Handled by an established Michigan Peer Review process.

Outcome: Suggestions and comments were made regarding midwife's care.

1997 – One Complaint

1997 Missouri complaint:

Handled by established Missouri Peer Review process.

Outcome: No fault was found with midwife's care.

Treasury Report 2002

Carol A. Nelson LM CPM, NARM Treasurer, Summertown, TN

The year of 2002 was a good year for NARM from a fiscal standpoint.

We ended the year with money in the bank and all expenses paid. The certification process has taken a lot of financial resources. NARM was incorporated in 1994 and to date we have spent over one million dollars on the Certified Professional Midwife process.

NARM's main sources of income are from Test Sales and Applications. Applications include requests for applications, certifications, and recertifications. Test Sales are from the states that use the NARM exam in their licensure/certification process. Occasionally we will get a grant for a specific project such as last year's Job Analysis. A Job Analysis every five years or so is necessary to remain state of the art in testing.

As the treasurer for NARM I believe a balanced budget is the only fiscally responsible way to run our organization. We need to not only be balanced but we must think ahead to projects of the future and be saving money for those projects. Another Job Analysis in five years is one such project. To remain state of the art in testing this is a must. Other projects include continued work on our test. Item Writing workshops, work with the Qualified Evaluators and the Skills Assessment are a few examples.

We are looking forward to NARM's continued growth and a balanced budget in 2003. With the growth of our certification process and more Certified Professional Midwives each year, we feel honored to be doing our part to move midwifery forward and to promote the midwives model of care.

Policies and Procedures Report

Madrona Bourdeau, Policies and Procedures

During the year, the job of Policy Management is to be sure all new policies, or changes in existing policies, are recorded in the Polices and Procedures Manual.

At the Boston Conference, everyone on the NARM Board received a notebook with all of the Polices and Procedures enclosed. When a new member joins the NARM Board, s/he will receive an updated book of the policies and procedures. Periodically, all current board members receive updated material for their P&P books.

Currently the goal is to try and update all that we have on file as well as what is on the web site so that all our board members have this accessible to them.

Look what is available at the narm.org website:

Site Sections	
•	How to Become a CPM
•	Candidate Information Bulletin
•	CPM Recertification
•	Policy and Procedures
•	Peer Review
•	CPM State Information
•	1995 Job Analysis
•	Application Deadlines
•	CPM Stat Forms

Committee Reports

NARM Test Department Annual Report

Ida Darragh, Test Department

Major tasks of the Test Department in 2002 included:

1. Analysis of the 2001 Job Analysis survey and publication of subsequent changes to the Test Specifications.
2. Application for accreditation by the National Commission of Credentialing Agencies (NCCA), a division of the National Organization for Competency Assurance (NOCA); accreditation received.
3. Recognition by the Veteran's Administration as an "approved Licensure or Certification Test", meaning that CPM candidates who qualify may have their test fee paid by the Veteran's Administration.
4. Administration of the NARM Skills Assessment to 28 candidates and the NARM Written Examination to 135 candidates.
5. Presentation of Item Writing Workshop and Qualified Evaluator Workshop at the MANA conference, October 24, 2002.
6. Attendance at the NOCA and CLEAR conferences; participation on the Program Committee for NOCA and the Credentialing and Exam Committee for CLEAR.

Report on the Job Analysis survey

The North American Registry of Midwives (NARM) completed the Job Analysis from the survey that was done in 2001. A complete report can be found in the CPM News, July 2002.

The 2001 Job Analysis was sent to Certified Professional Midwives (CPMs), which at the time of mailing numbered 674. Some were returned undeliverable and some were returned after the deadline, but the analysis was done on 365 responses that were received on time. This is a 58% response rate, which is considered very good for a mailing of this size. We are very grateful to all the CPMs who participated in this survey.

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

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

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

Other additions include Vaginal Birth After Cesarean (VBAC), and management strategies for unexpected breech or twin births. Recognizing, consulting, or transporting for uterine rupture, uterine inversion, amniotic fluid embolism, stillbirth, birth defects, or Meconium Aspiration Syndrome have been added. New additions to the postpartum evaluation include educating about environmental, biological, occupational, and pharmacological factors affecting breastfeeding; and

knowing the signs and symptoms of postpartum infections, depression and psychosis, late hemorrhage, and thrombophlebitis. Additions to the signs and symptoms for the newborn include: infections, polycythemia, cardio-respiratory abnormalities, glucose disorders, hyperbilirubinemia, birth defects, failure to thrive, and early and late onset newborn hemorrhagic disease.

The revised Test Specifications are published in the Candidate Information Bulletin, which is available from the NARM Test Department testing@narm.org or on the web at www.narm.org

NOCA Accreditation

NARM received accreditation as a certifying agency from the National Commission for Certifying Agencies (NCCA) in March of 2002. The NCCA is the accrediting body of the National Organization for Competency Assurance (NOCA).

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

NARM has always believed that midwives should be the ones to define their job and to set the standards for demonstration of competency. From the beginning, NARM has sought input from a wide variety of midwives (indeed, from all midwives) in establishing the criteria for certification. NARM was created by and for midwives to maintain the heart of midwifery while establishing a fair way to measure the demonstration of skills and knowledge defined as essential to competent practice. A key component of this process has been the preservation of multiple routes of entry into the profession and

the validation of the apprenticeship model of adult education.

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

Veteran's Administration Approval

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

NARM Testing

The NARM Skills Assessment was administered to 28 PEP candidates in 2002. The assessment was taken by candidates in 15 states, Canada, and Mexico. Of the 94 CPMs who have become Qualified Evaluators, 74 are active QEs representing 34 states and Canada. Qualified Evaluators are specially trained CPMs who administer the NARM Skills Assessment. Remuneration to NARM QEs was increased from \$50 to \$75 per candidate. NARM also began to require recertification of Qualified Evaluators. QEs must maintain certification as CPMs and must recertify as QEs every five years. Current QEs have a two year period in which to recertify as QEs by video or workshop.

The NARM Written Examination was given to 135 candidates in 2002. Ten took form E and 125 took form G. Seventy-six candidates took the exam to complete the CPM certification process. Fifty-nine candidates took the exam for state licensure. Eleven states currently administer the NARM Written Exam as a state licensure exam. These states are Alaska, Arkansas, Arizona, California, Colorado, Louisiana, Montana, New Mexico, South Carolina, Texas, and Washington. An additional seven states require the CPM or the Exam portion of the CPM for licensure: Florida, Minnesota, New Hampshire, New Jersey, Oregon, Tennessee, and Vermont. NARM currently offers the Written Examination at the eleven state agencies and at nine University Testing Centers in Florida, Iowa, Massachusetts, Maryland, Ohio, Oregon, Tennessee, Utah, and Vermont.

NARM Workshops: Item Writing and Qualified Evaluators

The NARM Test Department presented two workshops at the MANA conference in October of 2002. The Item Writing workshop trained CPMs to write questions for the NARM Exam item bank. Nine CPMs attended the Item Writing Workshop. The Qualified Evaluator workshop trained experienced CPMs to administer the NARM Skills Assessment. Three new QEs were trained at this workshop and one QE took the workshop for recertification as a QE. NARM QEs must recertify every five years by either re-taking the workshop or taking a video test. Five QEs recertified by video.

NARM Participation in NOCA and CLEAR

The NARM Test Department and Board of Directors participates in the national conferences of both the National Organization for Competency Assurance and the Council for Licensure, Enforcement, and Regulation. In 2002, Director of Testing, Ida Darragh, and Board member, Madrona

Bourdeau, attended the NOCA conference in Tucson in November and the CLEAR conference in Las Vegas in September. In addition, Ida served on the NOCA program committee, and on CLEAR's Exam Resources and Advisory Committee and Credentialing and Examination Issues Committee.

Goals for 2003

Test Department goals for 2003 include:

- Training and working with more Item Writers to create a larger databank of test questions, and the creation of form H of the Written Exam.
- Continue working with NOCA and CLEAR, and maintaining our certification with NOCA.
- Revision of the Qualified Evaluator's training manual and the Item Writer's training manual. Presentation of Item writer workshops and Qualified Evaluator workshops.
- Participation on the weekly NARM Board phone calls and annual meetings.
- Scheduling of NARM Skills Assessments as needed, and of the NARM Written Examination on the third Wednesdays of February and August at regional sites and again at the annual MANA Conference.

Special Projects Report

Joanne Gottschall, Special Projects

The special projects division of NARM has been busy keeping a list going to keep the Board informed of active, back burner and recently completed tasks. Another function was assistance at the MANA/NARM table at conferences. Compiling the articles for the CPM news also falls under this department. A future goal is to do the actual layout of this fine newsletter.

Committee Reports

Applications Department 2002 Year End Report

Sharon Evans, Applications Department

The Applications Department has gone through major changes in the last year. It became necessary to divide it into two separate departments; the Certification and the Applications Departments.

Anna Sippey, midwifery consumer and advocate, after a three-year "apprenticeship," now maintains the NARM Applications Department. Dianne Osborne, former birth center Office Manager, serves as the second reviewer of applications and computer data input person. Tina Williams, midwifery consumer, advocate and hard worker for both NARM and MANA, took over the task of maintaining certification and recertification. Sharon Evans, NARM Board of Directors member continues to oversee the two departments, creating new forms, database tables, letters to applicants and CPMs as well as submitting reports to the NARM Board of Directors.

Anna answers the phone messages, picks up the mail, receives and replies to all application requests, processes applications, maintains the NARM database, processes recertification applications (sending them to Tina Williams) and accounts for all moneys. She processes everything into their respective hand-written journals and databases, sends moneys to the NARM Treasurer, reviews every application, approves and passes on to the second reviewer all applications meeting NARM requirements. Once applicants are approved for either testing or certification, she notifies the respective department. At frequent intervals, database tables and pertinent information are forwarded to specific NARM Board members. She also oversees the distribution of the CPM Newsletter. Needless to say, Anna is an integral part of the whole NARM certification process.

As the second reviewer, Dianne looks over each application Anna has processed. Once the application is reviewed, Dianne inputs data into the computer, comparing her table along with the application. Next, she inputs the Preceptor Table. She collects and files all applications and subsequent documentation into the appropriate file cabinets. At the time of certification, Dianne collects pertinent demographic data, handwrites the information into our CPM Stats forms, and then inputs the information into the computer. Finally, she compresses and files the applications into their final resting place, the CPM filing system. Anna notifies Tina when applicants qualify for their CPM certificate. Tina updates the CPM Table and issues certifications and recertifications. She also issues CPM renewal reminders on a quarterly basis.

Applicants

This year the Applications Department received a total of **97** applications. Comparisons have been made for the following years:

Year	Application Packets Sent Out	Applications Received During the Year	Applicants in Process at Year End
2002	179	97	94
2001	154	90	90
2000	220	59	111

CPMs

80 new CPM certificates were issued in 2002 for a total of **804** CPMs. **121** CPMs were expired as of December 30, 2002.

Year	Total CPMs	Certificates Issued	Recertifications Issued	Expired CPMs
2002	804	80	143	51
2001	724	100	148	52
2000	624	100	72	18

Preceptors

NARM now lists **127** preceptors in the NARM Preceptor Table. In November of 2002 preceptors were sent a survey letter requesting information such as address confirmation, numbers of births attended, etc. The database lacked addresses for many preceptors, thus, only a limited number of preceptors were reached. Regardless, the response has been favorable. The information received will further verify, besides updating pertinent demographic information, the soundness of the midwifery model of apprenticeship education.

NARM is exploring the possibility of bringing this newsletter to you via the internet to save financial and environmental resources. If you would like to try this out, go to www.narm.org/cpmnews.html and open the pdf file. You can print it or save it. If you would like to receive an email notifying you that a new issue of the CPM News is now available online in lieu of a paper copy, send your email address to cpmnews@narm.org

The CPM 2000 Statistics Project: An Update

NARM has received several inquiries from CPMs about when the results of the CPM 2000 Statistics Project will be made public. With many new CPMs since the year 2000, we also wanted to provide some background and perspective on the project.

Several years ago, MANA realized that it was very important to document the safety of out-of-hospital birth, especially births attended by DEMs. As a result, MANA commissioned PhD epidemiologist Ken Johnson and midwife/researcher Betty-Anne Daviss to develop and implement a research project for statistics gathered from MANA members. The plan was to make this an on-going project. MANA statistics were collected voluntarily and in retrospect between 1993 and 1999. While valid for many purposes, especially for providing information about midwifery practice, prospective studies have more credibility in the perinatal community. The researchers needed a blueprint that would ensure that all births, regardless of outcome, would be counted.

A solution was to require a pre-birth log of upcoming clients and then match that list with the birth reports that were submitted. Another way to make the collection of statistics more reliable was to require that ALL midwives submit their logs and birth reports. MANA had no mechanism for requiring such a process from its members. NARM was approached about participating in this project because participation could be mandated as a condition for re-certification. CPMs who were retired or had no births in 2000 could merely state so and be excused from mandatory reporting. NARM sees its role as setting standards for certification and re-certification, and minimizes its involvement in an individual's practice; but the advantage of mandatory participation was seen as essential to the future of midwifery, especially the CPM. So, NARM

agreed to require participation in the statistics project for one year, with voluntary submission of statistics after the one-year period.

This has been the most ambitious project to date to document midwifery care in North America. Over 500 midwives were CPMs at the start of the year 2000, and over 400 were practicing and agreed to participate. More than 7,000 courses of care were logged. Large important research projects always take a great deal of time and effort to complete and the CPM project is no exception. To put the timeline in perspective, the National Birth Center Study, published in the *New England Journal of Medicine*, collected data between 1985 and 1987 and published in December 1989, (2 years later); the ACNM retrospective study of 11,000 births collected data in 1992 and published in November 1995, (almost 3 years later); and finally the ACNM prospective study of homebirth, the one most similar in terms of the design and detail to the CPM 2000 project, but on a much smaller scale (26 homebirth practices, 1,400 courses of care) collected data between 1995 and mid-1996, published in September 1998 (more than 2 years later). The CPM project was in the field until mid 2001 (a year and a half ago).

Funding pressures have slowed completion of the project. As often happens with such extensive and comprehensive projects, the initial funding, provided through Public Interest Projects, was expended before completion of the project. Efforts are currently underway to secure additional funding to support completion of the project and move forward with timely publication of the results in a peer-reviewed journal. MANA has established an independent foundation to collect donations and seek grants for midwifery projects. Some of the funds raised by the Foundation will go to help finish the CPM 2000 Statistics project.

The researchers have made use of the CPM 2000 data to support three other efforts already:

- a) Passage of Policy # 20013 at the American Public Health Association (APHA) to support direct entry homebirth midwifery across the United States. The resolution had been stalled for 5 years at the APHA. It was the presentation of the CPM 2000 preliminary results at the annual general meeting in Atlanta in November 2001, and discussions between the CPM 2000 researchers and the APHA perinatal epidemiologists that made the difference in getting the resolution finally passed at that meeting. Midwifery organizations across the country can now take that resolution to local and state legislators to backup demands for more support of direct entry midwives and homebirth.
- b) Publication of one letter from Betty-Anne Daviss and another letter from Ken Johnson and Ina May Gaskin in the prestigious *British Medical Journal* commenting on shortcomings of the VBAC study published in the *New England Journal of Medicine* last year.
- c) Publication of a letter by both CPM 2000 researchers in the January issue of *Obstetrics and Gynecology*, which challenges the Washington State study, published by Pang et al. last fall in the journal. Data from the CPM 2000 project on home birth transfer rates was used as a critical piece of the challenge to the Washington State study.

NARM will keep CPMs updated on any new developments regarding funding and publication of the data. Thanks to Ken Johnson and Betty Anne Daviss for their perseverance and hard work and to all of the CPMs who participated in the CPM 2000 Project.

Related Organizations

Foundation for the Advancement of Midwifery Open Letter to all Midwives and Midwifery Advocates from the Board of Directors of The Foundation for the Advancement of Midwifery

Dear Friends –

As many of you already know, our community has a new ally in the effort to make midwifery care understood, accepted and available: The Foundation for the Advancement of Midwifery. The Foundation is the only national nonprofit, tax-exempt organization devoted to raising funds and granting money to persons and organizations working to further midwifery. We support and fund programs relating to maternity care research, public education, increasing access to midwifery care, and strengthening other organizations with similar goals

We received our 501(c)(3) recognition from the IRS just over one year ago and have already experienced a tremendous outpouring of support from those who share our goals. At the MANA conference last October alone, *midwifery advocates contributed over \$9,000 in cash donations and pledges!* In addition to that wonderful financial support, you shared with us your moral support, your enthusiasm for our work and your hope that we can make a difference. It was beautiful, and we thank you all.

But this is just the beginning! *Our first priority is to fund the completion of the CPM Statistics Project 2000*, which we believe will provide critical support for the expansion of midwifery in all our discussions with policy makers, consumers, and other health care practitioners. Beyond that, we will also fund other programs that fall within our four programmatic areas: research, access, education, and capacity-building. (This last category, incidentally, means strengthening other organizations.) For example, we envision underwriting a significant public relations campaign—in conjunction with other organizations—to counter the negative misinformation about birth that is so pervasive in this country. We are confident that, with the generosity of individuals and other organizations committed to change in our healthcare system, we can raise the large sums of money necessary to finance activities of that kind.

How can you help us? The most immediate and obvious way is by making contributions to the Foundation. We have found that pledges (such as \$20 a month for one year or \$200 a year for five years) allow us to count on continued financial support over time. Please consider such a donation at this time.

We can use people-power, too. Perhaps you would like to serve on one of our committees, such as strategic planning, finance, or grantmaking. Please e-mail us at foundation@mana.org if you are interested.

We can also use your input into our ongoing needs assessment process, which helps us set our goals based on your needs and issues. You can fill out our questionnaires on line at our website, www.mana.org/foundation.

Finally, please feel free to contact us if you would like more information or have ideas you'd like to share. You can reach us through the e-mail address above or by calling our toll-free number 877-594-9996.

In closing, we want to thank you all again for the extraordinary support you've shown. We look forward to working with you and keeping you posted regarding our successes.

Board of Directors
The Foundation for the Advancement of Midwifery

MANA Creates CPM Section

In recognition that Certified Professional Midwives have specific institutional needs and are often required to relate to other institutions and organizations in unique ways, and in response to the will expressed by MANA midwives gathered in Albuquerque in 2001 and reiterated by many at MANA 2002, that CPMs remain within the organization, MANA has officially established a CPM section. The section will make it possible for CPMs to speak with a united voice within MANA on subjects that affect them. While the CPM credential creates a unique identity within MANA, having a CPM section assures on-going dialogue and mutual accountability between CPMs and other midwives in MANA.

MANA has had an International Section for years. It was formed because there were midwives who met the international definition of midwives and thus could be part of the International Confederation of Midwives. This section allowed these midwives to interface with the ICM and the ICM to relate to a group within MANA. However, only recently were bylaws clarified and functions of sections delineated that would make it possible for more sections to exist. These guidelines are now in place for the CPM Section.

All CPMs are invited to join the MANA CPM SECTION and e-mail group. If you wish to join, e-mail your name to: manacpm-subscribe@yahoogroups.com. To become a member of the section and the egroup you need to be a current member of MANA and hold a current CPM certification.

Dialogue has been ongoing during the past several national conferences about ways to accommodate the interests of CPMs and their unique needs. Lengthy discussions and thoughtful deliberations resulted in a consensus that MANA should remain a diverse group that would address the specific needs of CPMs through the creation of a

section within MANA. MANA CPMs, with the feedback of MANA members, birthed the CPM section. They felt that the ability to maintain an individual identity within the context of the larger group could create new and invigorating possibilities for everyone.

Some midwives felt strongly that CPMs needed to have their own organization and so created the National Association of Certified Professional Midwives (NACPM), incorporated as an autonomous organization. MANA and the NACPM have been exploring possibilities for relating and different ways of approaching the section question. Later this year, NACPM intends to poll CPMs to see if they wish to be part of the MANA CPM Section or to remain autonomous. Presently, CPMs can join MANA and become active in the CPM section, join NACPM or both MANA and NACPM (with a joint dues structure), or decide to join neither.

Membership in professional organizations is NOT a requirement for obtaining or maintaining the CPM certification. A membership organization creates a platform for dialog and presence that promotes the needs of its members. It is a place where your voice can be heard. CPMs are growing in number. Congratulations! Your accomplishments are felt by the whole of MANA, thank you!!!!

Return MANA Survey Postcard Today!

You will find a postage-paid postcard survey enclosed in this issue. Please share your reasons for being/not being a member of MANA. We want to hear YOUR voice. Please take time to complete this short survey postcard and mail today! (Unfortunately, the US Postal Service was unable to provide postage-paid postcards for CPMs out of the country. Please attach appropriate postage)

NACPM Report

The National Association of Certified Professional Midwives (NACPM) held its first Annual Membership Meeting at the MANA 2002 Conference in Wakefield, Massachusetts in September. The newly elected Board of Directors will hold its first in-person meeting in Vermont on March 15 and 16, 2003. Attendees at the membership meeting took part in a brainstorming session for ideas for a working agenda for NACPM, and at the March meeting the Board will review these ideas to formulate a vision and an agenda for the coming year.

The www.nacpm.org website will be up and running by the end of February, and you can review a more complete report of the membership meeting by visiting the site, including the membership and financial reports.

The NACPM Standards Committee met for a full-day meeting after the MANA Conference. Ina May Gaskin chaired the meeting and good progress was made towards an initial draft of national standards for CPMs. More work is being done on this draft and the plan is to send it out to all CPMs by the end of March for review and comments. There will be a two-month comment period and then the committee will work to incorporate the comments into a final draft to be sent out to all CPMs. The NACPM membership will then have the opportunity by vote to adopt the final version as national standards for NACPM.

For the past one and one-half years there has been on-going discussion among CPMs, and between NACPM and MANA and NARM, about the relationship between MANA and NACPM. Before and during the MANA Conference, work was done to describe different models that will help to make the issues clear. Presently, liaisons between the two Boards are discussing the possible components of an affiliation agreement between NACPM and MANA, that would be an intrinsic

part of the model of a separate NACPM. Mechanisms for mutual support are being discussed, such as the joint membership dues structure that was proposed last spring by NACPM and adopted by the MANA Board, as well as a regular and reliable process for communication, support, and coordination of efforts. Members of the two Boards have had on-going discussions about concerns of dilution of membership for each organization and about concerns of diluting the voice of midwifery. There have also been discussions about the exciting possibilities that two voices for direct-entry midwifery could contribute. One example of this type of possibility is that with both MANA and NACPM, we could have two voices at the table as major changes to health care policy are being discussed at the national level. Another example is the opportunity to have two seats at the ICM. Other discussions have addressed the possibility that while a separate NACPM would work to take full advantage of the CPM credential to radically advance the availability of midwives, having this work done by a separate organization would protect the role of MANA as an umbrella for all midwives, a role which has been repeatedly endorsed by the members of MANA.

As reported in the MANA News, the MANA Board has established a CPM Section of MANA. The CPM section is a response by the MANA Board to the needs of CPMs within MANA. It continues to be possible that the combination of a section of MANA and an independent professional organization would best serve the needs of CPMs. Discussions have pointed out that the CPM section will serve to keep the needs of CPMs before the MANA Board. The professional organization, NACPM, can serve the needs of CPMs in ways that MANA, as an umbrella organization representing all midwives, is not able to do. The polling of CPMs on this issue will take place as soon as the discussions with MANA are complete, and will be sent out when

Related Organizations

the initial draft of standards is sent to all CPMs.

How to contact and have input to the NACPM Board:

- The Website will be up and running by February 10. On the website you may review the Bylaws, Minutes of Board Meetings, Minutes from the First Annual Meeting, members of the Standards and Standards Advisory Committees, and other information as it becomes available.
- You may contact us by e-mail by writing to info@nacpm.org.
- You may write to us at NACPM, P.O. Box 30955, Bethesda, MD 20824.
- You may call us at our toll-free number: 1-800-215-8522
- Membership questions may be addressed to Kim Mosny at membership@nacpm.org

The NACPM Board looks forward to hearing from each of you and to working with CPMs to bring the Midwives Model of Care to all birthing women.

Mary Lawlor
President NACPM
Putney, VT

Good News from MEAC

Joanne Myers-Ciecko

The National Advisory Committee on Institutional Quality and Integrity just voted unanimously to recommend that the Secretary of Education continue recognition of MEAC for a period of 5 years!!!

We've been told earning 5 year recognition is a tremendous achievement for a small, relatively new accrediting agency. You should all be very proud of this accomplishment.

New Fact Sheets on CfM Website

We now have a section on the CfM website resources page with pdf files of fact sheets that you can print out ready to give to the press, legislators, or other interested people. As of January 2003 the following fact sheets have been posted, including two originally prepared by NARM about advantages of the CPM credential:

- Advantages of Using the CPM for State Licensure and Certification
- How Can the CPM Save Government Agencies Money?

- Ideals vs. Reality in US Births
- Overview of Maternity Care in the US
- Pang Study Response: CfM Responds to Study of Home Birth Safety in Washington State
- Safety of Home Birth: Quotes and References

You can find these at: www.cfmidwifery.org/resources/. We will continue to add new fact sheets. Please send us suggestions for any fact sheets you would like to see available.

Alternative Link ABC codes for CAM practitioners, midwives & nurses approved for testing under the Health Insurance Portability and Accountability Act (HIPAA) rules.

Connie Koshewa, CPM, MPH Alternative Link

Secretary Tommy Thompson approved the first exception to the Health Insurance Portability and Accountability Act (HIPAA) rules. The exception, signed by the Secretary of HHS on January 16th, 2003, allows ABC codes for alternative medicine, nursing and other integrative healthcare (mental health, midwifery, nutrition counseling, indigenous medicine, occupational therapy, etc.) to be tested as a potential national standard for HIPAA transactions.

The ABC codes were created by Alternative Link (a privately funded company) and The Foundation in Integrative Healthcare (a not-for-profit organization) in collaboration with integrative healthcare organizations and subject matter experts. Over 4,200 ABC codes facilitate managing care, claims and outcomes for integrative healthcare and fill critical coding gaps that have existed for over three million integrative healthcare practitioners, including midwives.

The Midwives Alliance of North America, Citizens for Midwifery, American Nurses Association and many other national associations of alternative and integrative medicine supported ABC codes throughout the years leading up to this approval. Our special heartfelt thanks to the MANA Board and members for their forward thinking support.

Alternative Link and The Foundation for Integrative Healthcare (FIHC) are working with MANA and other national practitioner associations to further refine ABC codes. We look forward to working with the MANA Board and insurance committee to make sure the reimbursement needs of midwives are adequately addressed.

Please visit our website, www.alternativelink.com, or feel free to email Connie at connie.koshewa@alternativelink.com or call her at the Albuquerque office of Alternative Link at 505-875-0001.

Free Issue Postcards for your clients!

Susan Hodges, CfM President

Women need midwives and midwives need women. We are hoping that if more women and families know about Citizens for Midwifery, many more will join us. Citizens for Midwifery is a membership organization, and we need to grow, both to be effective and be taken seriously, and to fund our work. This is especially important now, when Citizens for Midwifery, like most non-profits, is really feeling the pinch from the slow economy. Even with volunteer efforts, there are expenses; “there is no such thing as a free lunch!”

Midwifery clients are people who understand first hand about the many benefits of the Midwives Model of Care. Many midwives support Citizens for Midwifery, but find they don't get around to talking with their clients about Citizens for Midwifery or having them join. Whether or not that is what happens in your practice, we want to make it easy for you to introduce your clients to Citizens for Midwifery.

Now you (and doulas and childbirth educators, too) can simply give your clients this attractive “free offer” postcard. It's easy — your client can fill out the card and mail it in for a **free sample issue** of the *Citizens for Midwifery News!* We hope you will also talk to your clients about Citizens for Midwifery and why membership is important, but even if you only give them the postcard that this will encourage more people to learn about (and join!) Citizens for Midwifery. We encourage you to include a CfM brochure and a free-issue postcard in every new client packet.

We also encourage all midwives to include a one-year membership in Citizens for Midwifery as part of every client fee (your clients can still get their free sample issue). Order supplies of postcards and brochures about Citizens for Midwifery today — these are free,

though donations to cover costs are always appreciated (a suggested donation for 25 of each is only \$6). See the Citizens for Midwifery website www.cfmidwifery.org for a printable order form.

If you are not yet a member yourself, we hope you will join! You can join conveniently online with PayPal on the CfM website, or print out a membership form to mail in.

The Grassroots Network is now a news-only e-list!

Years ago, when we first set up the Grassroots Network, having an official e-group was expensive and difficult to do. So MANA and CfM set up a phone-tree-like system with state contacts each of whom passed messages along to others in their state. This has worked pretty well, but is now out of date and very cumbersome.

With Yahoo! e-groups readily available, we have recently brought the Grassroots Network into the 21st century by changing it to a regular e-list. With the new system, EVERYONE can sign themselves up, directly, without having to go through another person. Each message goes directly to you, without depending on anyone else to forward them.

We've put a Yahoo! box at the bottom of the CfM home page www.cfmidwifery.org, and also in our News & Resources section www.cfmidwifery.org/gm.asp to make it convenient for you to sign up. Simply enter your e-mail address in the box, and you're ready to go! It's that easy!

This e-news list is a simple way to hear about late-breaking news when it happens, to find out about new information and resources related to midwifery and midwifery advocacy as they become available, and to receive an occasional action alert when a situation needs e-mail or written-letter support. The list is designed to be a national one-way communication list, so your e-

mail box will not be flooded with mail (two to four messages per month, on average, though this could increase). Rather, the gatekeeper of the list (at this time Susan Hodges, President of Citizens for Midwifery) will keep the focus on midwifery advocacy, including legal and political issues and news, useful resources, research that supports natural birth and the Midwives Model of Care, and closely related information.

If you discover news or information you think should be posted, please send it to info@cfmidwifery.org with “For the Grassroots Network” in the subject line.

Let your friends and clients know about the new Grassroots Network e-list!

NARM Board participates in related organizations

Following are upcoming conferences that members of the NARM Board will be attending:

Coalition for Improving Maternity Services (CIMS)

Arlington, VA – February 20th - February 23rd

North American Registry of Midwives (NARM) Board Meeting

Scottsdale, AZ – April 3rd-April 8th

American College of Nurse-Midwives (ACNM)

Palm Springs, CA – May 30th- June 6th

National Conference of State Legislatures (NCSL)

San Francisco, CA – July 21st- July 26th

Council on Licensure, Enforcement and Regulation (CLEAR)

Toronto – September 11th-September 14th

Midwives Alliance of North America (MANA)

Austin, TX – October 25th- November 3rd

American Public Health Association (APHA)

San Francisco, CA – Nov 14th - Nov 20th

National Organization for Competency Assurance (NOCA)

Orlando, FL – November 21st-November 23rd

Notices & Announcements

NARM Item Writing Workshops

One of the most important aspects of the CPM certification process is that it is designed by midwives. The criteria for certification was set by the Certification Task Force, composed of many midwives from across the country who met multiple times to discuss the specifics of certification; the content of the Skills Assessment and the Written Examination are determined by the Job Analysis survey which was sent in 1995 to 3000 identified practicing midwives and in 2001 to 678 CPMs; and the questions for the Written Examination are written and reviewed by CPMs who are trained as Item Writers. Item writer training is a course in the design of a multiple choice exam: the elements of a good question, the criteria for correct and incorrect answers, the different types of questions, and the consistency of structure and language. Ideas for exam questions can come from many sources, but these ideas must be crafted into questions and answers (items) by those with an understanding of the design elements.

NARM has prepared a workshop for CPMs who want to write questions for the NARM Written Examination. This workshop was presented at the MANA Conference in Boston last October. Many CPMs expressed an interest in Item Writing, but were unable to attend the conference workshop. NARM would like to train more item writers this year, especially teams of writers from various parts of the country and from varying practice environments. NARM is offering to repeat the Item Writing workshop for groups of six or more CPMs. Participants need to commit to a two-day time frame. There needs to be a host, or someone who will coordinate all local arrangements, including a place for the workshop and lodging for the trainer and any overnight participants (a home will be fine). There is no cost for the Item Writing

Workshop, but participants will be responsible for their own travel arrangements. Please contact NARM if you are willing to be a host of an Item Writing Workshop, or if you want to be notified of any planned workshops in your region. Call the Test Department at 1-888-353-7089, or e-mail testing@narm.org.

Qualified Evaluator Workshops

If a region will host an Item Writing Workshop with at least 5-6 participants, NARM will also offer QE training with no minimum number of participants. QEs must be CPMs with at least three years experience and 50 births beyond the number required for certification. There is a cost of \$100 for the QE Workshop, but this fee includes a copy of the Practical Skills Guide for Midwives (a \$60 value). QEs are also paid by NARM for administering the Skills Assessment (\$75 per candidate). The QE workshop is a full day workshop and can be held the day after the Item Writing workshop. The QE workshop fee will be waived for anyone who hosts the Item Writing workshop. Please contact NARM as indicated above if you are interested in a QE workshop.

CEUs have been granted by MEAC for both the Item Writing Workshop and the QE Workshop. Participation as an Item Writer or QE also qualifies the CPM for credit in category five of the recertification packet.

NARM Needs Your Ideas for Test Questions

While NARM test questions must be written by those trained in Item Writing, ideas for the questions can come from any midwife. The purpose of the exam is to differentiate between those midwives who are competent to practice independent midwifery and those who are not quite ready for independent practice. We are looking for situa-

tions that are common to midwifery practice as identified by those who are currently in practice. NARM welcomes submissions of ideas for test questions from all CPMs. Please send us a problem or scenario in 3-5 sentences. These situations can come from prenatal care, birth, or postpartum. Include, if you will, your idea for the correct answer and any ideas for incorrect answers. Incorrect answers should be plausible to an inexperienced apprentice, but lacking some understanding of the situation. NARM seeks LOTS of ideas. The Item Writers will likely revise the scenario and answers, but IDEAS are what we need to start with. Test Specifications for the Written Exam can be found in the Candidate Information Bulletin, or on the web at www.narm.org. Send any ideas by e-mail to testing@narm.org, or to the NARM Test Dept, P.O. Box 7703, Little Rock, AR 72217-7703.

Recertification of Qualified Evaluators

In 2002, NARM began to require that Qualified Evaluators verify continued competency as a QE by recertifying as a QE, either by retaking the QE Workshop or by taking a video test. The purpose of verifying continued competency is to assure the standardization of the NARM Skills Assessment. In other words, standardization assures that if one candidate's performance were scored by a group of QEs, all scores would be very similar.

All QEs must recertify as a QE every five years. Those QEs who were trained earlier than 1999 must recertify by the end of 2003. Those who trained in 1999 need to recertify by the end of 2004. QEs may recertify in two ways: 1) by retaking the QE workshop at the MANA Conference or in conjunction with regional Item Writing Conferences (see note elsewhere in this newsletter), or, 2) by taking a video test. If you choose the video test, NARM will send

you a QE manual (if you don't have a recent one) a video test booklet, and a video. You will watch the video and answer the questions in the test booklet. If you choose to recertify by video, please notify us the month before you want the video by e-mailing the NARM Test Department at testing@narm.org or phone 1-888-353-7089. You may keep the video for up to two weeks. There aren't enough videos for everyone to do this in November and December. Please consider recertifying this Spring if you are due in 2003.

Wanted – YOUR input for the CPM News and NARM.org website

We are looking for case studies, sample practice guidelines and book reviews. Please send them to cpmnews@narm.org or info@narm.org. Thanks in advance for your contribution!

NARM elects new Officers

Congratulations go out to new NARM Officers who were elected by the NARM Board at the MANA 2002 meeting.

Ida Darragh was elected as new Chairperson and Shannon Anton was elected Vice-Chairperson.

Carol Nelson was re-elected as NARM Treasurer and Debbie Pulley was re-elected as NARM Secretary.

Send your ideas for test questions to
testing@narm.org

(See page 14)

Safer Handling of Medications – A Cautionary Tale

Shannon Anton, CPM, National Midwifery Institute

Although midwives handle and use a small selection of medications, this does not put us at less risk of making mistakes. One midwife shares the following cautionary tale:

“My apprentice and I had been working together for quite some time; she was working “as primary midwife under supervision.” We were attending a family immediately postpartum, after a wonderful home birth. Mom and babe were in the bed, the extended family gathering in the living room. We were finishing the newborn exam, discussing with the parents the choices around eye medications and vitamin K.

The parents decided to give vitamin K, and we prepared to administer it orally. I removed the ampules from my medication bag and placed them on the dresser.

Helping the mother reposition herself on the bed, I got side tracked from my task. My apprentice saw that the medication was out, and drew it into the syringe. I returned to our vitamin K task and, finding the medication already drawn up, proceeded to give it to the baby while his mother held him. He received it willingly enough. I turned back to the dresser and began to clear the clutter, picking up trash and wrappers....wait a minute! The ampules I held in my hand did not match! They were the same brown glass, their labels each the right shades of green and white, but their dark gray block lettering spelled two very different words. My heart and my stomach dropped. I felt faint. What had we just done?

To make a long story shorter, we Deleed the medication out of the baby's belly. I consulted with the local neonatologist at the hospital, and subsequently we transported and the baby

spent the night under observation. I had given the baby a cardiac medication. The baby had been nursing well, and the breastmilk likely buffered the baby's access to the mistaken meds. The doctors assured me that the baby was fine, and while they took the incident seriously, they also said, “Welcome to the drug-administering human race. These things happen. It's good that you caught it.”

I felt terrible. And I felt lucky. Very lucky.

Guidelines

There are some simple things we can do to prevent medication errors. The most important is to form reliable work habits: be methodical when handling medications. Always think about what you're doing, make up a little song about it. When you are tired and overwhelmed, you need to be able to fall back on habit. This is a good one to develop:

- Consciously read and observe the label of every single thing you put in your medication box.
- **READ** the label of every medication you remove from your bag for use; just because it's **WHERE** it should be does not mean it's **WHAT** it should be!
- When you draw the chosen medication into a syringe, **READ** the label. **AGAIN!**
- As you pick up your empty packages and glass ampules, **READ** the labels **AGAIN!**

In short, read the label of the drug container every time you come in contact with it.

As well, one medication may come in several different dosages. What you might assume is 10 units Pitocin in 1 cc, could be different if it's made under another company's label, like Syntocin from Mexico.

Information Requests

Can NARM Give Your Name to Those Who Request Information?

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

Release Form

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

Current address:_____

Current city, state, zip:_____

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

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

CPM News

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