North American
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Providing certification standards for Certified Professional Midwives

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Midwives Model of Care SUPPORTER

Inside This Issue

Brazen Woman Award

Congratulations go out to our own NARM Board Vice-Chairperson and Accountability Director Shannon Anton who was honored with the Brazen Woman Award at the annual California Association of Midwifery Conference on June 11.

Shannon Anton, CPM, is an apprentice-trained midwife, certified by the California Association of Midwives and the North American Registry of Midwives, previously licensed in California. She served the CAM Board as regional representative, certification administrator, treasurer for the legislative committee, and representative to the NARM Certification Task Force. She currently serves on the NARM Board as Director of Accountability.

She is a founding member of the Bay Area Homebirth Collective and is co-founder of National Midwifery Institute, Inc. (NMI). She is the author and instructor of Study Group Course Work. She currently serves as Program Administrator from her home in Vermont.

Shannon shares the award this year with Elizabeth Davis, who, along with Shannon co-founded the National Midwifery Institute, a MEAC accredited Midwifery school.

NMI is a national distance program which qualifies graduates for the NARM exam and CPM. Note: California requires the NARM exam for state licensure.

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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Working for Legality: Suzanne Smith, CPM, Utah Home Birth Midwife

Robbie Davis-Floyd conducted the following interview, via email, with Suzanne Smith.

Q. Why did you decide to become a midwife?

I have a good midwife friend who says, "You don't choose midwifery. It chooses you." I think that's absolutely true. Sometimes I describe it as a "birth virus" that infects you and never lets you go. I just seem inextricably drawn to it—almost compelled. Is there any midwife who doesn't feel that way?

I grew up very medical model. I had no idea midwives even existed. I majored in Human Biology in college and planned to go to medical school. Along the way, however, I became disillusioned with the business of medicine, specifically with the economic forces in the various models of reimbursement. I was learning about the fee-for-service model, which promotes overcare, and the HMO model, which promotes undercare. There was no model that promoted health and appropriate care. I decided I didn't want to play. So I stuck with Human Biology, but re-focused on computer applications in health care, and after graduation became a technical writer and programmer for a software company.

A co-worker became pregnant and introduced me to the concept of certified nurse-midwives. My first question was: "What's a CNM, and why would you want one when you could have a doctor?" She listed her reasons (female, more supportive of natural birth, flexible, etc.). That's when I first thought I might like to be a midwife. It sounded like such a great job! But I was working full time, was the sole support for my family, and there was no way I could go to school and work, or quit work to go to school.

Then another friend got pregnant and told me she was going to have the baby at home with a direct-entry midwife. "Are you out of your mind?" I asked. But I respected her a lot, and I opened my mind, and started researching this crazy thing called homebirth. One of the first books I read was Suzanne Arms' Immaculate Deception. By the end, I was fully infected. I found what is now the Midwives' College of Utah and discovered I could go to school and work too, so I began classes. Four years later I had my Bachelor's Degree in Midwifery, my NARM registration, and I opened my practice. That was ten years ago. I have since gone on to get a CPM, a license in California, and a Master's degree in Midwifery.

Q. What kind of training did you have? How was it, and what did it mean to you to be doing it?

Going to the Midwives' College of Utah was a real challenge at first. I was medical, it was holistic. But it was great for me. It made me open my mind to new things, and challenge old assumptions. I really learned a lot.

When I started, I figured it would be yet another adventure I'd tire of. I fully expected to drop out. I remember looking around after I graduated like, "Now what am I supposed to do?" And then I plunged in.

I have never really left MCU. I was brought on as faculty, and have served several in roles at the school, including Registrar, Business Director, and now Academic Dean. I continue to teach classes and apprentice students. Participating in the education of new midwives is a very rewarding part of midwifery for me.

Q. How long have you practiced and how many births have you attended?

I have practiced for 10 years now, and attended about 450 births.

Q. How do you feel about doing your work in a state where everything but catching the baby is illegal?

I hate, hate, hate the illegality. I remember the day I first discovered just how illegal I was. My heart sank. I panicked. I was sick, and scared. I went to work on solving the problem through legislation, and managed to offend half the midwives in the state. Meanwhile, I'd already been investigated once by the Division of Occupational and Professional Licensure. By that point, my practice was my fulltime profession, I was still the sole support for my family, and I couldn't afford to quit or go to jail. Besides that, I'm a very "straight arrow" type of person. I want to be totally honest, up front, open. It is extremely hard on my soul to know I'm a criminal. I'm not a convicted criminal, thank God, but I'm a criminal. My husband and I are raising two young boys. How can I expect them to obey the law if I don't? I went through all the thought processes—become a CNM? Go to medical school? Do something else entirely? What about becoming a PA? I was two days away from starting prerequisites for nursing school when I cancelled. I just couldn't do it. Being a direct-entry midwife is what I love. I don't want to be a nurse, and I don't want to be a doctor. All I want is to be legal. So here I am, still practicing and trying like heck to fix the original problem—our illegality.

Q. What is your opinion about the value of licensure and regulation vs. being non-regulated?

Hmmm…I value legality, professionalism, and excellent care. We did extensive research in preparing our legislation. We discovered that the only way to be legal was to define the practice of midwifery and expressly exclude it from the practice of medicine. It was not necessary to regulate midwives, be that via licensure or any other mechanism except for one thing: federal law requires that midwives who employ prescription medications on their own authority be regulated by the state.

I recognize that there are many excellent midwives who do not feel it necessary to use medications (including oxygen) in their practice, and I honor them. I'm just not one of them. I've seen hemorrhages where oxytocin was lifesaving. I've seen an IV be extremely helpful. I have clients who want a homebirth and want antibiotic GBS prophylaxis. I don't feel like I can provide excellent care, myself, without having those things available to me.

So our solution was to create a bill that defines and legalizes direct-entry midwifery for all midwives, and for those midwives who want to use medications, it creates the necessary regulation to satisfy federal law. I don't think licensure, per se, is of a lot of value. I've seen enough bad doctors, plumbers, contractors, etc. to know that it is no guarantee of quality. In many ways, it ties your hands. But it does provide the public with some indication that you've met minimal educational standards. For me, the only reason to have regulation is to make it legal to use medications. If I didn't need that, I would prefer legality without regulation. I'm really happy that under our bill, midwives in our state will be able to choose that. When it passes, of course!

Q. What do you value most about being a midwife? about being a CPM?

I treasure the close relationships with my clients, the privilege of participating in such an important experience in their lives. I really just enjoy the work so much. My partner Holly Richardson is a gift and a joy. Without midwifery, we'd never even have met.

I value the CPM as a way to test myself, to show that I am competent. We could not possibly pass our legislation without all the work NARM has done on the CPM, along with MANA and MEAC, and CfM. I am so grateful for the midwives and others who work on a national level to put these things in place so we "little midwives" can use them like tools to build our lives and our profession.

Q. Are you married? How many kids? How do you balance midwifery with family life?

I am married to a great guy, Ken, and together we have two boys, Taylor, 7 and Sawyer, 5. About a year ago my husband became a stay-at-home-dad, and that has made me a happy midwife indeed. I am a pretty active midwife, working about 60 hours a week and delivering about 75 babies this year. So that all takes its toll. But I do schedule at least once a year a time to go away with them, and I try to leave work at work (not always successfully). I am truly blessed to have an understanding and supportive family.

Q. What advice do you have for aspiring midwives?

Know what you're getting into. Get as clear a picture as you can of the work you will do, the legalities you'll face, the stress it will be on yourself and your family. Get the very best education you can, and commit yourself to learning for the rest of your life. Take this responsibility seriously. Find balance in your life. And of course, get your CPM!

Exclusive Breastfeeding Halves the Rate of HIV Transmission Compared to Partial Breastfeeding

Presentations from two studies at the International Conference on AIDS in Bangkok today arrived at rather exactly this same conclusion. Worded in the opposite direction, partial breastfeeding (defined as breast milk plus either solid foods or other milks) leads to double the HIV transmission rate as exclusive breastfeeding (using the WHO definition—no foods or fluids, even water). Predominant breastfeeding seems to lead to intermediate rates of transmission, suggesting that there is a dose response to the severity of the disruption of exclusive breastfeeding.

One of the studies was the Ditrame study from the Ivory Coast based on a small sample and the other was the Zhitambo study from Zimbabwe on a sample of about 2000.

Ted Greiner, Coordinator
WABA HIV and
Infant Feeding Task Force

ACOG Recognizes Vermont and New Hampshire Ob-Gyns for VBAC Project

Philadelphia, PA — The American College of Obstetricians and Gynecologists (ACOG) today awarded the annual Wyeth Pharmaceuticals Section Award to its Vermont and New Hampshire Sections in recognition of their leadership of the VBAC Project. Concerned with the decline in the number of hospitals offering vaginal births after cesarean (VBAC), ob-gyns from both states worked together to develop a project to improve the safety and delivery of VBACs in their region.

The Vermont/New Hampshire VBAC Project led to the development of guidelines for the management of VBAC. The guidelines are used to reinstitute VBACs in hospitals that no longer offer them. While VBAC availability has declined in Vermont and New Hampshire, many patients who have had previous cesarean sections prefer to attempt to deliver their babies vaginally but have difficulty finding hospitals who perform VBACs, says Peter H. Cherouny, MD, chair of the Vermont Section. "There's still clearly a demand for VBACs."

The project's risk profile of VBAC patients showed that VBACs could be offered in a safe environment, Dr. Cherouny says. After identifying the clinical characteristics of patients with low, medium, and high risk for uterine rupture, a regional institutional classification was developed that included specific recommendations for the care of VBAC patients at the different risk levels. Dr. Cherouny points out that the group at low risk showed fetal and maternal risks similar to what all hospitals deal with every day with obstetric patients.

Three documents were developed and disseminated from the project: a patient VBAC education form, a patient consent form for VBAC, and regional guidelines for hospital management of VBAC. The support for the project data and new documents is leading to the re-institution of VBAC in some hospitals, while others are considering the option, according to Dr. Cherouny.

More than 200 health care professionals and 35 of the 37 hospitals in Vermont and New Hampshire were involved in the project. Input came from ob-gyns, nurse managers, certified nurse midwives, anesthesia personnel, administrators, and insurers throughout the region.

Based on the successful collaborative project, the hospitals have decided to create the Northern New England Perinatal Quality Improvement Network, a consortium that will develop other projects geared toward improving perinatal care in the region. The network's first project will be to collect patient outcome data on VBAC.

"This award gives national recognition to the work of many people, showing that you can start at a grassroots level and have a significant impact on patient care," Dr. Cherouny says.

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The American College of Obstetricians and Gynecologists is the national medical organization representing over 46,000 members who provide health care for women.

The Deep Need for a Pregnancy Recovery Program for All Postpartum Women

Dr. Dean Raffelock

Throughout the past 27 years in private practice, hundreds of women have told me they felt that their current health problems started shortly after the birth of their child. The child may have been her first or fifth, and might now be a teenager or even a grown man or woman, but the mother remembers the postpartum onset of her symptoms as if it were yesterday.

The symptoms that start within the first to ninth postpartum months vary widely among mothers. A few of the most common are depression, chronic fatigue, insomnia, anxiety, lack of confidence, loss of sex drive and passion, muscle and joint pains, unhealthy skin and hair, digestive disturbances, bladder problems, heart disease, asthma, and a host of troubling emotions and moods swings. A woman can be puzzled, frustrated, even embarrassed when she reveals symptoms that have plagued her for years. She may have shared these self-observations with doctors only to find that they were not worthy of an acknowledgement or comforting comment. Any attempt on her part to connect the birth of one of her children with those symptoms may have been met with skepticism or passed over. Yet, she can't shake the feeling that something about that particular birth began her health decline.

Her observations do have validity and merit. What most mainstream medical practitioners don't fully take into consideration is that a baby's body is formed and made entirely of nutrients donated by the mother's body. Her child's brain, eyes, muscles, bones, organs, glands, nerves, skin, tissues and fluids are completely comprised of the nutrients taken from its mother's bloodstream via the placenta.

If there is a lack of vital nutrients, the mother's body is the first one that is deprived because her developing baby is Mother Nature's priority. All mothers need to consciously replenish their lost nutritional and energetic reserves during the postpartum period. If this isn't done, they might end up spending the rest of their lives wondering why they "just haven't felt the same since the baby was born."

The energy demands of caring for a newborn can further drain and deplete the mother's nutrient reserves, especially if she is breastfeeding and sleep-deprived. If a woman has lost a great deal of blood while birthing her baby, the need for replenishing the nutritional components of blood is even more critical. Women who undergo Cesarean section also need to restore nutrient reserves; not only have they become mothers, they have had to have major surgery in the process. Women who lose a good deal of blood during the birth process and who don't replenish key nutrients might experience light-headedness and throbbing headaches, along with extreme fatigue, sleeplessness, anxiety, and depression.

Then, the new mother is faced with the stress of integrating the intense needs of a new baby into her lifestyle while tending to her mate and perhaps other children. All of these responsibilities that women - and those who are cared for by them - have taken for granted for millennia demand high-quality nutrients.

Every physiologic process in the human body depends upon the nutrients we get from the foods we consume. The most important time to consciously replenish postpartum nutrient reserves begins immediately after giving birth and extends to 24 months postpartum. The failure to do this often sets the stage for chronic health problems that may last for decades.

There was a time that women throughout the globe would be given their placenta in some edible form to consume directly postpartum, much like dogs and cats do instinctively. The placenta contains highly concentrated amounts of the nutrients and hormones that the mother has lost through giving birth. The fact that eating one's placenta is now culturally distasteful further supports the need to make a concerted effort to consume the appropriate nutrients and nourishing foods necessary for rebuilding and replenishing the new mother's donated nutrient reserves.

The brain makes neurotransmitters, which are chemicals that alter mood and energy levels. Serotonin, acetylcholine, and GABA are all neurotransmitters. The adrenal glands make another set of neurotransmitters called epinephrine, norepinephrine, and dopamine. Neurotransmitters carry nerve signals and specific chemical messages throughout the whole nervous system. They help us remember where we put our keys and help us to avoid flying off the handle during times of stress. These neurotransmitters have profound effects on emotions, energy levels, heart and lung function, kidney and bowel function, and nerve, liver and muscle function. Neurotransmitters are all made from specific amino acids and vitamin and mineral nutritional precursors; without them, the production of these biochemicals falls short. Once these nutrients are available in the body, neurotransmitter production often kicks right back to where it ought to be.

Presently, about 30 million Americans take anti-depressant drugs; and the vast majority of these are postpartum women! Many doctors give out Prozac, Zoloft, Paxil, Celexa, and a host of other anti-depressant drugs before considering whether the mother's depression, fatigue, or lethargy might be caused by postpartum nutrient depletion. Postpartum nutritional depletion can cause a physiological depression that is far too often misdiagnosed as a mental/emotional depression. This is a medical shortsightedness that needs to change. A

good pregnancy recovery nutritional program should be the first thing a doctor thinks of with postpartum women presenting these symptoms; especially with women who have no history of depression, anxiety, or fatigue prior to giving birth.

Omega-3 oils, magnesium, B-vitamins, and specific amino acids that help the brain make its own neurotransmitters often work remarkably well to bring women with postpartum depression back into balance.

Even if one does truly need the assistance of antidepressant drugs, these drugs contain no nutrients, so the need to replenish nutrient reserves still exists and should be addressed to prevent other health problems. The need for pregnancy recovery is greater now than ever before because the pace of life keeps getting faster, more complex and stressful. Postpartum mothers require a nutritious diet, adequate sleep, moderate exercise and a high quality postnatal nutrient program. Prenatal vitamins do not adequately supply all of the nutrients that new mothers require after bringing new life into this world. A high quality postnatal nutrient program should be an integral part of the pregnancy recovery program required for all postpartum women to replenish their nutrient reserves. This can assist new mothers to not only regain their health and prevent later health problems, but also to allow her the best chance of having other healthy pregnancies and healthy children.

New Address for MANA Statistics

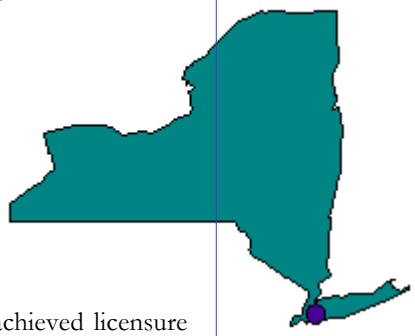
MANA Statistics
P.O. Box 6310
Charlottesville, VA 22906

statistics@mana.org

New York Not Ready for the CPM

NARM approached the Board of Midwifery in New York State last December with a presentation designed to encourage New York to accept the NARM exam as a qualifying exam for licensure as a DEM. At the end of March, we received a letter from Larry Mokhiber, the executive director of the board, indicating that they were unable to reach a favorable decision in the matter.

The current status of midwifery licensure requires that midwives be graduates of an approved midwifery school and must pass the ACC/ACNM exam. Most licensed midwives in New York are CNMs, but two CPMs have achieved licensure by graduating from the National College of Midwifery in Taos, New Mexico, and passing the ACNM written examination. One of these midwives sits on the Board of Midwifery, but the other members of the board were CNMs and physicians. It was NARM's hope, and the hope of many midwives in New York, that the board would approve the NARM exam for licensure, thus opening the route to licensure to many more CPMs.



The NARM presentation was made by NARM Board members Ida Darragh, Shannon Anton, and Joanne Gottschall, and NARM Testing Consultant, Dr, Gerald Rosen. Several members of the Board of Midwifery asked intelligent questions and showed interest in approving the NARM exam, but several others were obviously not taken with the idea of licensing non-CNMs. Some were of the opinion that the CNM exam relies more heavily on pharmacology and medicine than does the NARM exam. New York still requires additional course work and testing in pharmacology for all midwife applicants, a condition that would serve to standardize the measured knowledge for both CNMs and CPMs beyond the examinations of their respective certification agencies.

The Board of Midwifery currently issues only one midwifery license to CNMs and non-CNMs alike, with the same scope of practice for hospital and out-of-hospital birth.

NARM has made the recommendation to the New York Board of Midwifery that they consider issuing two midwifery licenses: one for CNMs and one for CPMs. This is the solution chosen by most other states that license direct-entry midwives. The NARM exam and the CPM are based on the job analysis of midwives who practice primarily in out-of-hospital settings, and the scope of practice is not intended to cover all aspects of a hospital practice. NARM will continue to dialogue with the licensing agency in New York in support of recognizing the CPM and/or the NARM exam as a part of their licensing process.

NARM Updates

Did you know you can find NARM updates on the webpage? Anytime there are any changes or announcements, the information is immediately posted to the web. Be sure to check it regularly.

Upcoming Conferences

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

Midwifery Conferences:

Midwives Alliance of North America (MANA)
Portland, OR
October 15-17, 2004

International Confederation of Midwives (ICM)
Brisbane, Australia
July 24-28, 2005

NARM Also Attends:

ICEA
Baltimore, MD
August 5-7, 2004

Council on Licensure, Enforcement and Regulation (CLEAR)
Kansas City, MO
September 29-Oct 2, 2004

American Public Health Association (APHA)
Washington, DC
November 7-11, 2004

National Organization for Competency Assurance (NOCA)
Miami, FL
November 17- 20, 2004

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 situations 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.

Looking for Opportunities to Obtain CEU's?

Don't miss a great opportunity to earn CEU's and have a great time doing it! Plan on attending MANA 2004 in Portland, OR October 15-17.

Last year at MANA 2003 in Austin, TX, there was opportunity to earn 10 contact hours during the regular conference and 7-8 more hours if you attended a pre-conference workshop.

This year you can get SEVEN FREE CEU's for participating in the NARM Item Writing Workshop. See page 14.

CPM News Online

NARM now offers you the option of receiving the newsletter 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.

Related Organizations

Bastyr University Midwifery Education Program accredited by MEAC

The NARM Board of Directors wishes to congratulate the Bastyr University Midwifery Education Program! On April 1, 2004, the MEAC Board of Directors made the decision to accredit the Midwifery Education Program at Bastyr from April 2004 to April 2009

Bridge Club Motion Well Received

The ACNM/MANA Bridge Club was originally formed to provide an outlet for lay midwives who had gone on to become certified nurse midwives. Through the years the group has evolved into a group of both CNMs and DEMs trying to get all midwives working together. This year several Bridge Club members suggested making a motion at the ACNM business meeting regarding direct entry midwifery legislation, specifically, requesting a policy whereby midwives do not sabotage legislative efforts of other midwives. The motion also asked to maintain functional relationships among all midwives through dialogue, communication, and collaboration.

The motion was well received with many CNMs speaking for it. Unfortunately there was not a quorum at the business meeting so the supportive vote was not official. The ACNM Board addressed the issue at their Board meeting a few days later. The results were that the Board of Directors, recognizing that each legislative action will need to be assessed on its own merits, requested more background information from ACNM staff prior to acting on this motion. In addition, the Board of Directors continues to support liaisons with other midwifery, advanced practice nursing and MCH organizations.

Following is the wording of the Motion:

* *The strength of midwifery lies in its diversity of services, practices, providers and clientele, and our future is dependent on midwives mutually supporting one another.*

* *Legislative efforts to promote midwifery care as a choice for all women prosper from unified support.*

We propose that the ACNM, as individuals, state and local chapters, and national body, shall preserve the right of midwives to provide diversity in health care for mothers and babies by:

* *Supporting ACNM 2004-2006 strategic priorities, which include strengthening coalitions around areas of common concern;*
* *Maintaining functional relationships by engaging in dialogue, communication, and collaboration among all midwives to achieve universal goals;*

* *Recognizing the need to support each other by standing with or aside, not against, so as to never demean the public image of midwifery, and maintain a positive public image when legislative efforts by midwifery groups are in progress.*

NACPM News

Hello to all CPMs! The promised Standards of Practice document is ready for your review and input! You will soon be receiving – or may already have received - a mailing from NACPM that is being sent to all CPMs, that contains the Standards document, information about NACPM membership, the new website which be up and running by the end of July at www.nacpm.net, and the opportunity to run for election to the NACPM Board of Directors.

The NACPM Standards Committee and the Board are excited about this document to date, and we look forward to receiving your comments and suggestions for incorporation into the final document. The process for the development of Standards of Practice was put together in consultation two years ago with the Boards of Directors of MANA and NARM, and was described in the MANA and CPM newsletters, and at the last two Annual Meetings of NACPM at the MANA conferences in 2002 and 2003. In accordance with that process, the 10 members of the Standards Committee have developed this draft over the past two years. They were advised in this work by the 20 members of the Standards Advisory Committee, a group of midwives, consumers and professionals with a broad range of expertise. At this time, all CPMs are being invited to review the Standards and to send your comments to the committee by August 15, 2004. The address and fax number are included in the mailing you are receiving, as well as a pre-addressed envelope for your convenience.

All of your comments will be considered for inclusion in the final draft, which will be drawn up by the committee during August and September. The Standards Committee will then issue a report of the comments received and how they were incorporated into the final draft. This report will be made available on the NACPM website in October. At that time, members of NACPM will have the opportunity to vote on whether to adopt this document as the Standards of Practice for members of NACPM.

Please note, that while all CPMs are being invited to participate in the development of the Standards of Practice, this document will only be binding

only on CPMs who choose to be members of NACPM. It is not necessary to be a member of NACPM to become a CPM or to maintain CPM status. NACPM is a professional organization for CPMs, and membership is entirely voluntary.

However, we encourage all CPMs to join NACPM! Years ago, direct-entry midwives recognized the power inherent in describing for themselves and the public the nature of the practice of independent midwifery and the basic knowledge and skills that make responsible woman-centered practice. The development of the CPM process was an acknowledgement that a growing group of independent midwives who were associated with a national credential, unified by a common body of knowledge and skills, could have a powerful influence on the acceptance and expansion of midwifery. Indeed, there are currently almost 950 CPMs and the CPM credential is having the desired effect of promoting the acceptance of midwifery. It is currently used in credentialing midwives in 19 states.

As the CPM credential is expanding the right to practice, NACPM, as a professional membership organization developed by and for CPMs, will work to maximize the power of this credential by supporting CPMs in their work and by striving to insure that midwifery as practiced by CPMs will take its rightful place in the delivery of maternity care in the United States. The first work of this professional organization is to describe the common beliefs held by NACPM members about midwifery and the commitment of its members to responsible and competent practice in the Standards of Practice document.

The power of NACPM to support the work of CPMs will grow as its membership grows. The power of NACPM to ensure that CPMs are included in the delivery of maternity care in any of the national health care reforms that are being developed, its power to increase communication among midwives, its power to advocate for midwives in issues such as insurance reimbursement, its power to influence national health policy and legislation, and its power to work with other national organizations and groups to ensure that women and families are afforded the opportunity for natural childbirth, will develop and grow as the number of CPMs continues to grow, and as the membership of NACPM grows.

Please take time to review the mailing from NACPM, to comment on the Standards, to consider running for the NACPM Board of Directors, and to become a member of NACPM to support this exciting work!

Maternity Center Association News

The Maternity Center Association of New York City has just unveiled their new booklet

"What Every Pregnant Woman Needs to Know About Cesarean Section." Finally, women have a way to be truly "informed" before "consenting" or getting talked into a cesarean section!

Initiated after the ACOG Ethics Committee Opinion publicized last fall (which said it is okay for OBs to perform cesarean sections for no medical reason – see Grassroots Network Message 311033), the booklet has been endorsed by many organizations, including Citizens for Midwifery.

Like other MCA projects, the booklet looks thoroughly at the evidence, while at the same time being easily readable and accessible. The text provides a synthesis of virtually ALL the research about cesareans, providing women with information on the risks and benefits of cesarean sections, short term and long term, for mother and for baby. Fully informed, women can then make up their own minds (and question their doctors). In addition, the booklet includes information about what women can do to lower their chances of ending up with a cesarean section.

The booklet is available free online as a PDF file, along with a complete bibliography, description of how MCA went about this project, and evidence tables showing the results of studies on which the booklet is based.

Find the booklet and additional information at:

http://www.maternitywise.org/mw/topics/cesarean/booklet.html

This is well worth printing out!

Who are the NARM Board of Directors?

Ida Darragh, CPM, LM
Board Chairperson
Testing Department

Carol Nelson, CPM, LM
Treasurer

Shannon Anton, CPM
Vice-Chairperson
Accountability

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NARM Applications Department Report 2004 Mid-Year Report

Carol Nelson, LM, CPM-TN, Director of Applications, Summertown, TN

As you all are aware our big change last year in the North American Registry of Midwives (NARM) Applications Department was moving the department from Alaska, where it had been housed for almost ten years, to Summertown, TN. We are still adjusting to our change, and we thank everyone for their patience.

As of June 30, 2004 NARM Applications Department has received a total of 62 applications.

There were 125 applications sent out to people requesting application packets.

There are 52 candidates waiting to take the written exam, and 9 candidates waiting to take their skills exam.

There are 45 application files waiting for some piece of information, ie, reference letters, current CPR cards, transcript or diploma etc to complete their CPM application.

There are 110 files where we have received information (reference letters, transcript or diploma etc), but so far have not received the CPM application.

CPM's

36 New CPM certificates were issued so far in 2004.

TABLE OF COMPARISON Total number of CPM's	
2004 June	944
2003	893
2002	804
2001	724
2000	624

Recertification

The Applications Department now has a new Recertification Table to keep track of incoming and outgoing recertifications. We will be sending out Recertification reminders a few months before your recertification is due. Tina Williams has been doing the Recertifications but is becoming overwhelmed with MANA and NARM work. The plans now are to move the recertifications department to the Tennessee Office before the end of the year. Debbie Pulley, Public Education and Advocacy Department, can look in the recertification Table, should a CPM want to know their status.

We have had 85 CPM's recertify so far this year

TABLE OF COMPARISON CPM Recertifications	
2004 June	85
2003	126
2002	143
2001	148
2000	72

Inactive Status

As of June 30, 2004 we had 15 people take advantage of the new inactive status this year. Inactive CPMs will continue to receive the CPM News and may recertify within a six year period. Inactive status must be established within 90 days of the CPM expiration, and is maintained annually for up to six years. Inactive status in renewed each year by filing an intent to be inactive and a fee of $35.00. During this period, inactive CPMs will receive the CPM News and all NARM mailings, but may not use the CPM designation or refer to themselves publicly as a CPM or as certified by NARM. During the six year period, an inactive midwife may renew the certification by submitting the recertification form and fees ($150.00, 25 continuing education hours, five hours of peer review, plus the recertification form documentation.).

Expired CPMs

CPMs whose certification has been expired for more than 90 days, or who have not declared inactive status, will be given expired status and will be required to follow the new policy on reactivation in order to be recertified. All of NARM's policies regarding recertification, certification status, or reactivation are available on the web at www.narm.org

Audits

The Applications Department generates random audits from all applicants and CPM's recertifying. One (1) out of every five (5) applicants will be audited. Items required are Practice Guidelines, an Informed Consent document, forms and handouts relating to midwifery practice and an Emergency Care Plan.

Delinquent Applications

If, at the end of one year the application is either incomplete or an examination is not scheduled, a letter will be sent to the applicant giving notice of expiration of the extension. An applicant may request an additional one year extension on the application process by submitting the following:

- A letter of request with an explanation of the need for an additional time.
- Resubmit 2 copies of a current driver's license.
- Resubmit 2 copies of a current CPR card.
- Resubmit 2 copies of current photos.

Failure to respond or submit additional requirements will result in the applicant's file being closed and the application being archived. The applicant will have to resubmit new application with appropriate fees.

Just a reminder the new address is:
NARM Applications
P.O. Box 420
Summertown, TN 38483

Please include your Social Security number and CPM number in any correspondence.

National Conference of State Legislators

Carol Nelson, LM, CPM-TN

July 18-23, Debbie Pulley and I went to the National Conference of State Legislatures (NCSL) which was held in Salt Lake City, Utah. This is one of the most important conferences we attend as exhibitors of the Midwives Model of Care. NCSL is the bipartisan organization that serves legislators and staff from states, commonwealths and territories. NCSL provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most important and pressing state issues. We would like to think midwifery is one of those issues. Usually about 8,000 -10,000 legislators, legislative staff, and their families attend this conference. Our main focus this year was to connect with legislators from states where midwifery legislation or legal action against midwives is in process. We spoke with legislators from Utah, Alabama, South Dakota, Virginia, Indiana, Illinois, Ohio, and many other states. Sometimes legislators came up to the booth saying they "love midwives, they do such good work" and expressed interest in sponsoring legislation in their state. We gave them an information packet, took their names and passed them on to midwives in those states. Some of the legislators commented and bragged about their state already having a law, such as Washington, Vermont, Alaska, California, New Mexico. If it was a good law we commended them. If it's a law that needs improvement we got their attention and commented on that.

The welcome reception was held at the Utah State Capital building, which is very old, beautiful, and offers a wonderful view of the Salt Lake Valley. After the reception we had the privilege of attending a private concert, given especially for NCSL, by the world-famous Mormon Tabernacle Choir at Temple Square. It's hard to express in words how wonderful the concert was. Our hotel was right across from historic, incredibly beautiful Temple Square, with the beautiful, majestic Rocky Mountains in the background. The closing event was held in the Olympic Oval where U.S. athletes won ten Olympic medals and eight world records were set. Some of the Olympic athletes were there. They made themselves available for pictures, and gave demonstrations in slap shot hockey, curling, figure skating, and speed skating.

It was an intense conference, interfacing with thousands of people. We appreciate the help we received from Jodie Fisher, Heather Johnson, and Suzanne Smith. Our heart-felt thanks goes out to them for assisting at the booth. We hope the extra time we spent with the Utah legislators will help the midwives with their proposed legislation next year. All in all it was a very successful conference this year. We made many good connections.

I am continuing to dialog with the NCSL staff to get on the program to present a workshop on the Certified Professional Midwife (CPM). In 2006 the NCSL conference will be in Tennessee. This will be the conference we focus on to get the workshop scheduled.

We had the opportunity to promote the Midwives Model of Care to legislators from all over the United States. The next NCSL conference will be held in Seattle WA, August 16-20, 2005. If you are a CPM, and interested in helping us with the booth at this conference, please contact us at NARM's information number 1-888-842-4784.

NARM Policy

What's on the Website:

Site Sections

- Contact NARM
- About NARM
- How to Become a CPM
- Candidate Information Bulletin
- CPM Recertification
- Policy and Procedures
- Peer Review
- CPM State Information
- OSU Testimony
- 1995 Job Analysis
- Application Deadlines
- CPM Stat Forms
- CPM Newsletters Online

www.narm.org

Change in Policy on 1995 NARM Written Examination:

Candidates who passed the NARM written exam in 1995 may apply for NARM certification through the Special Circumstances category until Dec. 31, 2005 without having to take a more recent exam. After that date, all applicants must sit the current NARM written exam (unless they are applying as a state-licensed midwife).

Effective on 4/4/04.

NARM Policy on Inactive Status

It is North American Registry of Midwives (NARM) hope that all CPM's will maintain their certification and become recertified when their certification period ends. However, NARM also realizes that situations will come up for some CPM's, that they will want to go inactive for a short period, and not expire.

Last year NARM created Inactive Status with CPM's in mind who want to maintain their credential but are not going to be actively practicing midwifery. Inactive CPM's will continue to receive the CPM News and may recertify within a six year period. Inactive status must be established within 90 days of the CPM expiration, and is maintained annually for up to six years. Inactive status is renewed each year by filing an intent to be inactive form and a paying the inactive fee of $35.00. There is a six year period maximum to having an inactive status. During this period, inactive CPM's will receive the CPM News and all NARM mailings, but may not use the CPM designation or refer to themselves publicly as a CPM or as certified by NARM. During that six year period, an inactive midwife may renew the certification by submitting the Recertification form and fees (currently $150.00, 25 continuing education hours, five hours of peer review, plus the recertification form documentation).

If a CPM does not recertify or notify NARM of Inactive Status within 90 days of expiration, the certification will be considered expired. Expired CPM's will not receive the newsletter or any NARM mailings, and may not use the designation CPM or Certified Professional Midwife. Expired CPM's who wish to recertify, regardless of the length of the expired period, must purchase a Reactivation Packet ($50.00) complete all the requirements for recertification, attend at least five births, and retake the NARM Written Examination. ($700.00 or the current examination fee).

As of January 1, 2005 all CPM's whose certification has been expired for more than 90 days, or who have not declared "Inactive Status", will be given expired status and will be required to follow the new policy on reactivation in order to be recertified.

All of NARM's policies and forms regarding recertification, certification status, or reactivation are available on the web at www.narm.org.

North American Registry of Midwives
P.O. Box 420
Summertown, TN
applications@narm.org

INACTIVE STATUS FORM

Please fill out in English by typing or printing in black ink

First Name: _____ Last Name: _____ Middle Initial: _____

Any other names listed on supporting documents: _____

Phone Number: _____ E-mail address: _____

SS#: _____ - _____ - _____ (US Applicants) CPM#: _____

Address: _____

_____

_____

EXPIRATION DATE: _____ **(mm/dd/yr)**

Fees due: $35.00/year

This form must be submitted each year you want to remain inactive.There is a six year maximum that you can claim inactive status.

Brief Statement of reasons for inactive status: (ie. : Not currently practicing, taking care of family…)

_____

_____

_____

_____

_____

_____

_____

Send completed form to:

NARM Applications
P.O. Box 420
Summertown, TN 38483

Notices & Announcements

NARM Preconference Workshops

NARM will offer two pre-conference workshops at the MANA conference in Portland, Oregon. All pre-conference workshops will be held on Thursday, October 14, 2004.

The NARM Item Writing workshop will train CPMs to write questions for the NARM Written Examination and to serve on item review teams. Item Writers must have completed the CPM certification process and have been in practice for an additional year. Participants will receive an Item Writer's Manual prior to the workshop. During the workshop, participants will learn the characteristics of a good multiple-choice question, how to reference a question, how to write good answers, and how to review and refine questions written by others. This is YOUR chance to contribute to the NARM certification program. We need midwives of all ages, backgrounds, styles of practice, and levels of experience. Please come and be a part of this exciting process. There is no charge for this workshop, and seven CEUs will be granted to participants.

The NARM Qualified Evaluator workshop will train CPMs to administer the NARM Skills Assessment to candidates coming to certification though the Portfolio Evaluation Process. QE candidates must have the following experience in addition to the minimum required for the CPM certification: two additional years of midwifery practice, 30 additional out-of-hospital births, 300 additional prenatal exams, and 30 additional postpartum exams. These additional experiences may have occurred before or after certification, but must be in addition to the numbers required for entry-level certification. There are many states where QEs are desperately needed. If you qualify, please consider becoming a QE. If you are a new CPM who had to travel a distance to take the Skills Assessment, encourage the experienced midwives in your area to become Qualified Evaluators. The fee for the workshop is $135, which includes a copy of the Practical Skills Guide for Midwives (a $60 value). Seven CEUs will be granted to participants.

Registration and/or fees are required for the pre-conference workshops. The workshops are listed in the MANA conference brochure, but you must register for these workshops through the NARM Test Department. For more information about the NARM workshops, call the NARM Test Department at 1-888-353-7089. For more information about the MANA conference, check their web page at www.mana.org. Online registration using PayPal is now available on the MANA webpage.

Veteran's Administration Approval Reminder

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.

CPM Revocation

The North American Registry of Midwives (NARM) recognizes that each Certified Professional Midwife will practice according to her/his own conscience, practice guidelines and skills levels. Certified Professional Midwives shall not be prevented from providing individualized care.
NARM's Policy and Procedures provide that a CPM's credential must be revoked "in cases of dishonesty, refusal to inform, negligent or fraudulent action of self interest in which the certified midwife compromised the well being of a client or a client's baby or non-compliance with NARM's Grievance Mechanism."

NARM has reviewed several complaints brought against Bridgett Ciupka and has determined that she engaged in conduct that was within the scope of this provision. NARM has therefore revoked Bridgett Ciupka's CPM credential in accordance with its Policy and Procedures.

Preceptor Survey

Our thanks go out to those of you who filled and sent in your "preceptor survey". For those of you who did not, please consider taking the time to do this. These surveys are very important information for the CPM process. Please read on.

In the last year's issue of the CPM News, notice was given that preceptors in the NARM Preceptor Table were sent a survey letter requesting information such as address confirmation, numbers of births attended, etc. In an effort to update the vital information in this table, NARM is requesting that all CPMs who are or who anticipate

becoming a preceptor in the next year please fill out the enclosed survey questionnaire. If you know of a non-CPM midwife who is a preceptor, please encourage tat midwife to participate by volunteering, the information. The letter and survey is as follows:

Dear Midwife Preceptor:

Your name is in our database because you are listed as a preceptor for at least one NARM CPM applicant. We are contacting you to obtain necessary additional information for our database of midwifery preceptors.

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

The purpose of this letter is twofold:

1) To inform you of the requirements for preceptors of NARM PEP applicants.
2) To obtain general information to update the database.

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

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

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

Preceptors must affirm they are:

- A nationally certified midwife (CPM, CNM, or CM); or
- Legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care, or
- A midwife practicing as a primary attendant without supervision for a minimum of three (3) years and fifty (50) out-of-hospital.

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

NARM may request additional information from preceptors, such as client charts.

Preceptors may also be audited for Practice Guidelines, Informed Consent Documentation, forms and handouts relating to midwifery practice and emergency care plan. Refusal to provide additional information may detain the application process or may be grounds for denial of application approval.

NARM greatly appreciates your cooperation in this matter.

By being a midwifery preceptor, you are part of a growing movement with each one of you making a difference in midwifery and access to midwives across the nation, regardless of the route of entry you have chosen into the profession. Together we can make a difference in midwifery availability for out grandchildren and for their children.

NARM Preceptor Survey

Name: _____ Date _____

Address: _____ Phone: (W) _____

City: _____ State: ____ Zip: _____ (H) _____

I am/am not a credentialed midwife (circle one).
(If applicable) my title is:_____ (Please spell out if different from the list of titles below) _____
Are you interested in becoming a CPM at this time? _____ If not please share your reasons for this decision. _____

_____

I am:
- ❑ A nationally certified midwife (CPM, CNM, or CM); or
- ❑ Legally recognized in a jurisdiction, province, or state as a practitioner who specializes in maternity care, or
- ❑ A midwife practicing as a primary attendant without supervision for a minimum of three (3) years and fifty (50) out-of-hospital births.

I have been a primary midwife since (fill in date):_____
I have been preceptor for (fill in number)_____ of NARM CPM applicants.
I have attended (fill in number)_____births as a primary midwife.

NARM greatly appreciates your time in this matter. Please either send the information to the Applications Department via email *applications@narm.org* or mail it to NARM Applications Department.

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

P.O. Box 420
Summertown, TN 38483

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