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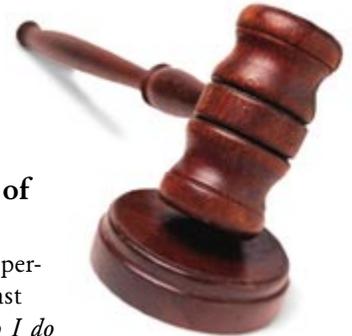
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**From Calling To Courtroom:
A Survival Guide for
Midwives**



A free internet book available late Spring of 2004!

Over the past few years, US midwives have been persecuted/prosecuted in increasing numbers. The vast majority of us find ourselves wondering, “*What do I do next?? Do I find a lawyer? How? Should I talk to the investigator/sheriff/police? How do I raise defense funds? How do I write a press release? How do I mobilize client support? WHAT DO I DO NEXT??*”

A group of us on the internet have pondered those questions, and have determined to answer them. From Calling to Courtroom is an amazing project, produced by some of the most knowledgeable, experienced people in the US. Included are chapters on:

- “Why You Aren’t Safe!”
- Preparing Ahead of Time
- Prosecuted Midwives Speak Out: “What I wish I had known”
- Organizing and Mobilizing Client Support
- Understanding the Legal System
- After the Dust Settles
- an *extensive* Resources section and much MUCH more!

Perhaps one of most astounding parts about this project is that the book will be absolutely free! It will be posted online, and you can access it and print it out at no cost.

Please join us in midwifing this book into birth! For more information or to volunteer your help, contact Valerie Vickerman Runes at (847) 368-0899 or filerook@aol.com

The following is an excerpt from the new book coming out entitled From Calling to Courtroom.

The Myth of the “Alegal” Midwife

by Ida Darragh

There is a myth about the legality of the practice of midwifery that continues to confound most midwives. That myth is that the practice of midwifery is legal, illegal, or alegal, depending on the state laws. To better understand the legal issues affecting midwives in every state, we need to have a clear understanding about what these terms mean or don’t mean. The word “legal” is defined by Webster’s as “authorized by law.” “Illegal” means “forbidden by law”. There is no definition of “alegal,” though it has been used for many years to describe the practice of midwifery in states that do not have a law authorizing or forbidding the practice.

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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In nineteen states, direct entry midwives can receive a license to practice midwifery, in two other states they can be licensed if they have attended a nurse-midwife program, and in seven states direct-entry midwifery is prohibited by law. That leaves twenty-two states where the legal status is vague and where midwives have considered their profession to be unregulated but also alegal.

If there is no state law either authorizing or forbidding the practice of midwifery, then why should we not consider it "alegal" or at least defined in a similar context as not needing authorization. Why does any activity which is not expressly forbidden even need a defined legal status? The answer lies in the Medical Practices Act. Every state has a Medical Practices Act which says that it is illegal to participate in activities that the medical profession considers its own. Words vary slightly from state to state, but all contain references to treating, diagnosing, or prescribing for any disease, injury, pain, or condition. These activities are prohibited by anyone not authorized by the state through licensure or not exempted from the Medical Practices Act. Exemptions are often listed for persons acting as a good Samaritan or in an emergency, or for parents treating their own children, or for religious reasons. Some allow exemptions if no fee or other consideration of value are exchanged. Many midwives feel that the Medical Practices Act does not apply to midwifery because the midwife is not treating a disease; she is nurturing or supporting a natural process. Some go so far as to not charge a fee but only accept donations, or to charge for childbirth classes or labor support rather than midwifery services. While any of these defenses may seem to be reasonable to the midwife, they are rarely successful in the courtroom.

There is no clearly defined legal status for midwives except licensure or specific exemption from the Medical Practices Act. In the few cases where an exemption has been successful, it

has either been revoked at a later date or it significantly restricts the midwife to "catching" the baby, almost if by accident, without the extended exemption for providing prenatal care, which is considered by most midwives to be essential to midwifery. For all practical purposes, for midwifery to be legal it must be licensed by the state. In fact, all states do have some avenue for licensure as a midwife, but many of these routes apply only to the Certified Nurse Midwife who is licensed by the Board of Nursing and must practice according to the licensure requirements for nurse-midwives. Direct-Entry Midwives (DEMs) are licensed in only 21 states, and in two of those states (New York and Rhode Island as of January, 2004) the only direct-entry route is the Certified Midwife, a credential issued to non-nurse midwives who have completed their education in a nurse-midwifery program. DEMs who have received their training and education outside of the medical/institutional educational systems are licensed only in nineteen states. In all of the other states, the legal exemption to the practice of medicine applies only to Certified Nurse Midwives. Unlicensed midwives can be charged with the practice of medicine OR the practice of nurse-midwifery.

Another myth regarding the practice of midwifery is that even without licensure, there are precedents in state law that protect the midwife. These precedents may help in the midwife's defense if she is charged, but they don't prevent charges from being filed. For example, there is a chart on the Citizens for Midwifery web site (www.cfmidwifery.com) that lists seven states as "legal by statute, but licensure unavailable." That usually means that there has been something in an older law that referenced midwifery, or a previous system for licensure that is extinct, but there is no current process for licensing midwives. In one of those states (Alabama), a midwife who had been practicing for twenty years suddenly found herself arrested. After

being threatened with an expensive trial and potential charges of manslaughter in the death of a baby after transporting with a prolapsed cord, she pled guilty to practicing nurse-midwifery without a license and received a suspended sentence and fines. There was no “legal by statute” protection for her. Another “legal by statute” state where midwives had considered their profession “alegal” for years is Georgia. The Medical Board has recently begun an investigation, stating they have a list of midwives. To date, only one midwife has been contacted though no charges have been filed. Another category on the CfM chart is “not legally defined but not prohibited.” There are another seven states where midwives have considered their practice as alegal only to find the wolf at the door unexpectedly. These states are Connecticut, where four midwives were arrested in 2002 and charged with practicing medicine or nurse-midwifery without a license (and this happened even after the state was unsuccessful in prosecuting another midwife on these charges a few years earlier); Illinois, where two midwives have faced charges ranging from manslaughter to practicing without a license and several other midwives were issued Cease and Desist orders; Nebraska, where one midwife was arrested for practicing nurse-midwifery without a license in July and two midwives were issued C&D orders in August of 2003; Ohio, where one midwife is under investigation currently; and South Dakota, where one midwife has been tried twice on charges of practicing medicine or nurse-midwifery. She was acquitted one time and sentenced to jail the second time. A third category of legal status is “legal by judicial interpretation or statutory inference.” Eleven states are listed in that category. Of those states, Idaho has had a midwife arrested and charged with practicing medicine (charges were later dropped but legal fees were high), Pennsylvania has had periodic investigations and arrests in years past and there is one active arrest and one recent

Cease and Desist order, and Utah had an arrest in 2000. Many of these arrests lead to charges that are later dropped or are settled with a plea bargain before trial. But the expense and the emotional stress are very high for the midwife and her family, and for the other midwives in the state.

Five years from now many of these cases will have been settled, and many more may have been filed. Some will have gained legal status through licensure. The point worth noting is that in all of the previously mentioned states, the midwives thought that the practice of midwifery was “alegal” in their states and many had practiced openly for years before being harassed. Some investigations were the result of a transport or a bad outcome, but many were just for attending births. Each year, midwives in the alegal or illegal states face prosecution just for attending births, and almost sure manslaughter charges if a baby dies while in their care. Most of the currently active investigations and prosecutions are occurring in the alegal states; only a few are in illegal states, possibly because the midwives are less likely to practice in an open, publicly identifiable manner. Interestingly, there are no current prosecutions of unlicensed midwives in the states that license midwives. Their focus seems to be on regulating the licensed midwives rather than ferreting out the unlicensed ones. Certainly, in those states an unlicensed midwife could be charged with practicing midwifery without a license, but anecdotally there seems to be less tendency to do so. I know of one unlicensed midwife who has practiced in a licensed state for over twenty years. Recently, she transported a client to a local hospital where the OB casually asked her what she thought of the proposed midwifery regulation changes that had been written about in the state newspaper. She replied that she hadn’t thought anything about them because she was not licensed. “Oh,” he replied. He’d always assumed she was licensed, but at that point it didn’t really matter that she wasn’t.

Many midwives prefer the freedom to practice according to their own protocols rather than by government regulation. However, the annoyance of regulation is nothing compared to the stress of arrest and prosecution. Some midwives have fought diligently and persistently for licensure laws, and some have fought just as diligently and persistently against them. Regardless of our own personal feelings about regulation, licensure is the only way midwifery will survive into the next generation. Outlaw midwives are a dying breed. Women coming into the profession do not want to face jail time for serving the women in their communities. At the very least, they deserve to know the risks they face. Midwives in licensed states work to create acceptable regulations. Midwives in illegal states accept the necessity of practicing underground until they eventually retire, leave the state, get arrested, or change the laws. Midwives in the other states are living with the most uncertainty because of the fallacy of “alegal” status. They spend years in training, invest in setting up a practice, sometimes work for years establishing a reputation, and then one day when least expected comes “the knock on the door.” Life changes at that moment. Her clients have to find someone else; all her time and money go toward her defense; her family tries to understand but nothing seems fair; and she questions her own sanity. “But wait,” she cries, “I’m legal by judicial interpretation or statutory inference!” This is not a career path we can offer our daughters. This was not an issue faced by the midwives in the bus in the parking lot of Northwestern University in 1971, but even the Farm midwives are licensed now. Alegal is a concept of the past, and we are going to have to move forward. Licensure is not something that should be forced on recalcitrant midwives by a paternalistic government. It is something that should be created by midwives; it is the next step in self-actualization.

Midwives have created a certification process which upholds the integrity of

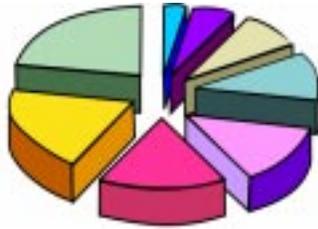
Notices & Announcements

the autonomous midwife for out-of-hospital birthing. This credential, the Certified Professional Midwife (CPM) is issued by the North American Registry of Midwives (NARM). NARM is a prime example of how midwives can create a credential that reflects the Midwifery Model of Care. All of the states that license direct-entry midwives to attend births out of the hospital do use the NARM exam or the CPM certification as the basis for licensure. If we as midwives can take an active role in creating licensure programs in the same way that we created the credentialing program, there is great hope for the future of midwifery. If we turn away from regulation and leave our arrested sisters to fight the battle alone, then we will be picked off one by one until there is no one left. Our strength is not in our few numbers, but in our combined will, the intensity of our beliefs, and our unflinching determination. There is no alegal status; our legal status will be what we make it.

Madrona Bourdeau retires from NARM Board



The NARM Board would like to thank Madrona Bourdeau for the time and contributions she gave us during her term on the Board. Madrona has been involved with the birthing community for over twenty years. We wish her well in her future endeavors.



Results of First National U.S. Survey of Women's Childbearing Experiences

The Listening to Mothers survey explored women's attitudes, feelings, and knowledge about many aspects of their maternity experiences. It also documented for the first time at the national level the frequency of many aspects of childbearing that have been recorded only at the clinical level, if at all, in the past. Entirely new data include various practices (e.g., eating, drinking and walking in labor; use of drug-free methods of labor pain relief; birth position), information about maternity preparation and personnel (e.g., attendance at childbirth education classes, specialty of physician caregivers, and providers of supportive care in labor), and outcomes (postpartum health concerns, including depression). And the survey documented many data items that are collected in the federal vital and health statistics system, including some that have been shown in validation studies to be under enumerated on birth certificates and in hospital discharge data. Results of the Listening to Mothers survey thus offer a new and more complete level of understanding about many aspects of childbearing in the United States.

The Listening to Mothers survey was conducted for the Maternity Center Association by Harris Interactive. A multi-disciplinary National Advisory Council provided guidance.

To view the survey go to www.maternitywise.org and click on Listening to Mothers.

FDA warns against "keepsake" ultrasounds

The Food and Drug Administration has issued a warning about getting fetal ultrasound videos for non-medical reasons, in view of the growth of commercial enterprises offering fetal videos as keepsakes. The FDA acknowledges that the long-term effects of repeated ultrasound exposures on the fetus are not fully known, and therefore ultrasound should not be used except for diagnostic medical purposes (when the risks presumably are outweighed by the benefits).

The warning does not address the common practice of obstetricians having women get multiple ultrasound scans during pregnancy, the assumption apparently being that if the OB ordered the ultrasound, it must be for bona fide medical reasons. However, it is also true that doctor office ultrasounds are more likely to be lower intensity than the latest 3D and 4D ultrasounds that are being marketed.

To read more about the new warning, go to: http://www.fda.gov/fdac/features/2004/104_images.html

For a list of articles on ultrasound safety (many with links to full text) go to: <http://www.ob-ultrasound.net/joewoo3x.html>

A useful article: "Ultrasound Scans - Cause for Concern" by Sarah Buckley, MD. First published in Nexus magazine, vol 9, no 6, Oct-Nov 2002, now on BirthLove at: <http://www.birthlove.com/free/ultrasound.html>

Susan Hodges
Grassroots Network Message 402006



Resources for Midwives

NARM does not endorse or recommend the following advertisers, they are provided for your information only. NARM is not responsible for, nor do they guarantee the information or services provided.

Midwifery and Homeopathy Training

ACNM and MECA credits
 April 16-18, 2004
 Marriott, Downtown Portland, OR
 National Center for Homeopathy
 Visit www.homeopathic.org or call toll free (888) 624-0613

Fetal and Women's Imaging: OB/GYN Ultrasound Update

September 12-14, 2004
 The Westin Seattle
 Seattle, WA

Additional information is available from our website, e-mail, or phone info below.

Thank you,
 JoAnn Cooke
 20 East Poplar, Suite 202
 Walla Walla, WA 99362
 Tel. (509) 529-9202
 (888) 207-9105
 Fax (509) 529-9650
 E-mail: office@worldclasscme.com
www.worldclasscme.com

Laboratory Services

My laboratory (Midwest Cancer Screening) has provided pap smear

services for midwives around the country for many years now. Occasionally our midwife clients have asked us to look into pricing for OB panels. Charges reported to us range from \$75 to \$95 for the panel.

We are offering an OB panel for \$46. We were able to negotiate an excellent price by combining our client's patient bases (close to 200,000 patients all told). Because only the serum portion of blood is stable enough for shipping via express mail, a CBC is not included in the panel. It does include: ABO/Rh + Ab screen, RPR, Hep B SAg, and Rubella.

Beta Strep (Swab) \$12
 Herpes (Swab) \$24
 CMP (Serum) \$18
 HIV (Serum) \$14
 GC/CT (Gen-Probe) \$13.50

Our pap prices are:

Conventional \$12
 Thin Prep \$18
 HPV Test (High risk) \$42
 (From swab or thin prep vial)

My hope is that small practice midwives who are charged unreasonable prices by local labs will be able to provide better care for their patients with this testing. My lab is committed to providing reasonable health care for EVERYONE.

If you could help me by offering guidance into how to disseminate this news for your organization, I would be most appreciative.

Thank you!

Chris Bradley
 Operations Manager
 Midwest Cancer Screening
 1-888-299-1937
cbmcs@msn.com



NARM Workshops

If a region will host an Item Writing Workshop (test writing) with at least 6 CPM participants, NARM will also offer QE training with no minimum number of participants. Item Writing participants must be CPMs. 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. There is no participant fee for the Item Writing Workshop. Other workshops can be offered in conjunction with the Item Writing workshop. CEUs are offered for all workshops.

Please contact NARM at 1-888-353-7089 if you are interested in hosting a workshop event.

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
•	NARM Job Analysis
•	Application Deadlines
•	CPM Stat Forms
•	CPM News Online
www.narm.org	

NARM Policy

Accountability Policies Expanded 4/03

A CPM who has been named in a complaint is required to participate in NARM's Peer Review for Handling a Complaint. Failure to participate in the accountability processes will result in revocation of the credential.

Added to existing policy:

NARM must receive complaints within 18 months of occurrence. However, NARM will not begin the process of Peer Review/Grievance Mechanism with a CPM who is also facing civil or criminal litigation. NARM will proceed with these processes after the court case is closed.

Added to existing policy:

A CPM with inactive or expired status is bound by all policies regarding NARM Peer Review/Grievance Mechanism. Failure to respond to a complaint will result in revocation of the credential.

Added to existing policy:

Complaints must be received within 18 months of occurrence. The status of the CPM at the time of occurrence is irrelevant. Notice of complaints received regarding a midwife whose CPM

credential has been revoked will be placed in this person's file in Applications; the original complaint will be kept in Accountability. Should this person apply for a CPM credential in the future, all fees must be paid prior to NARM continuing the process appropriate to the complaint. Applications will notify Accountability. The complainant will be notified and given the opportunity to pursue the original complaint. If the complainant cannot be located at that time with the information on file, the applicant may proceed with the application. The complaint may be reactivated by the complainant within one year of the CPM's new certification period.

Complainant must respond within two weeks of being notified by NARM Peer Review Chairperson with attempts to establish a date for the Peer Review Process session. If the complainant does not continue participation in the process, the complaint will be dropped and will not reflect on the CPM in question.

9/03 addition: If a complainant later wishes to continue complaint, a new complaint must be filed and it will be viewed as the first complaint regarding that case. Complaints must be received within 18 months of occurrence.

Importance of Confidentiality

Confidentiality is an integral part of Peer Review and the Grievance Mechanism. In the case of NARM's Peer Review for Handling a Complaint and the Grievance Mechanism, participants sign confidentiality agreements at the onset of these proceedings.

If a CPM breaks the confidentiality of the NARM Accountability process, a formal review will consist of the following:

1. Written statements from at least two individuals who have first hand knowledge of the break of confidentiality. Statements must include the details which were revealed, the setting and date of the conversation.
2. NARM Director of Accountability will contact the peer review chairperson (or if the accusation is about that person, another participant in the session) and discuss the details that were revealed in the break of confidentiality. If the details are confirmed as part of the confidential proceedings, this will confirm the accusation.
3. NARM Director of Accountability will contact the person accused and inform her/him that this has been documented and that if another documentation is made in the future, the CPM in question will be put on probation for the period of one year during which time she/he must meet requirements assigned by the Accountability Committee



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.

Books Donated to the NARM Test Development Library

It is an on-going function of the NARM Test Department to develop questions for the NARM Written Examination. Questions are written by CPMs who take a workshop in writing test questions. The questions are reviewed by several teams of CPMs, and the answers are referenced to at least two of the books on the NARM reference list. It is the job of the Test Department to confirm that all new questions are referenced to current editions of the reference texts, and to re-reference older questions which are still in use.

In June of 2003, NARM wrote to several publishing companies and asked for review copies of newer editions of our favorite texts and also review copies of some newer books. To our surprise and pleasure, several companies sent not only the texts we had requested, but many other midwifery-related books. We looked through these books with an eye for which were most useful in referencing the questions that are being used on the current forms of the exam, and then updated our recommended reading list for exam preparation. Not all of the donated books were chosen for our updated reference list, but all are useful sources of midwifery knowledge. We are grateful to the publishers below for the books that were donated to the NARM test development library. The 2004 NARM reference list can be found on this page, as well as in the Candidate Information Bulletin and on the NARM web page.

Thanks to these publishers for their contributions:

Jones and Bartlett Publishers
Varney's Midwifery, fourth edition
Impact of Birthing Practices on Breastfeeding, Kroeger and Smith

Case Studies in Breastfeeding: Problem Solving Skills and Strategies, Cadwell and Turner

Celestial Arts Publishing Company

Breastfeeding, Renfrew, Fisher, and Arms
Heart and Hands, Davis
Natural Pregnancy Book, Romm

Elsevier Publishing Company

Anatomy and Physiology for Midwives, Coad and Dunstall
Ethics and Midwifery, Frith
Midwifery, Mind and Spirit: Emerging Issues of Care, Hall
Essential Midwifery, Henderson and Jones
Skills in Midwifery Practice, Johnson and Taylor
Ethics in Midwifery, Jones
The New Midwifery: Science and Sensitivity in Practice, Page
Maye's Midwifery: A Textbook for Midwives, Sweet
Midwifery: Community Based Care, Walsh
Midwifery: Best Practice, Wickham
Professional Studies for Midwifery Practice, Fraser
Health Promotion in Midwifery, Dunkley
Principles and Practice of Research in Midwifery, Cluett & Bluff
Linking Research and practice in Midwifery, Proctor & Renfrew

Following is the new reference list for the NARM exam:

Primary Reference List:

Davis, Elizabeth. Heart and Hands: A Midwife's Guide to Pregnancy and Birth, 3rd edition, Celestial Arts, 1997.
Frye, Anne. Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. 1, Care During Pregnancy, Labrys Press, revised 1995.

Frye, Anne. Understanding Labwork in the Childbearing Year, 6th edition, Labrys Press, 1997.
Gaskin, Ina May. Spiritual Midwifery, 4th edition, The Book Publishing Company, 2002.
Myles, Margaret. Textbook for Midwives, 14th edition 2003, Elsevier
Page, Lesley Ann, The New Midwifery, Churchill Livingstone, 2000
Simpkin & Ancheta, Labor Progress Handbook, Blackwell, 2000
Sinclair, Constance, A Midwife's Handbook, Saunders, 2004
Thureen, Assessment & Care of the Well Newborn, Saunders, 1998
Varney, Helen, Midwifery, 4th edition 2003, Jones and Bartlett.
Walsh, Linda, Midwifery: Community Based Childbirth, Saunders, 2001

Secondary Reference List:

Coad, Jane, Anatomy & Physiology for Midwives, Mosby, 2001
Frye, Anne. Healing Passage, 5th edition. Labrys Press, 1995
Goer, Henci, The Thinking Woman's Guide to Birth, Penguin Putnam, 1999
Hall, Jennifer, Midwifery Mind and Spirit, Elsevier, 2001
Johnson & Taylor, Skills for Midwifery Practice, Churchill & Livingstone, 2001
La Leche League, International. The Breastfeeding Answer Book. Mohrbacker and Stock, 1997.
Oxhorn and Foote. Human Labor and Birth, 5th edition. McGraw Hill, 1986.
Pritchard and McDonald. William's Obstetrics, 21th edition. Prentiss Hall, 2001
Renfrew, Fisher, Arms. Bestfeeding: Getting Breastfeeding Right. 2nd edition, 2000 Celestial Arts
Wickham, Sarah, Midwifery, Best Practice, Elsevier, 2003



Related Organizations

The Foundation for Advancement of Midwifery (FAM) has successful Annual Appeal

Ashley Kraft, President

The Foundation for the Advancement of Midwifery (FAM) received a wonderfully warm response to our 2003 Annual Appeal. We received many generous donations, and are still receiving funds. Thank you to all of you who have donated and recommended others for us to contact as we broaden our base of support! The energy your contributions represent supports efforts to get the information "out there" to the public and to policy makers that midwifery is the solution, not the problem!

Last year, our funding efforts focused on one project, the CPM 2000 Statistics Project. This year, we are seeking to fund the development of a collaborative effort of several organizations to get the word out about midwifery care. Many organizations are seeking to bring more positive attention to midwifery care and its benefits, and FAM intends to support this. We have received several grant proposals, and are in the process of considering these applications. Notifications should be sent out in March.

Several people have volunteered time and skills, as well as money, to FAM. One of this year's top goals for FAM is to further develop our committees, especially our Grant Writing Committee. If you, or someone you know, is interested in helping us in this area, please contact us.

As always, we'd love to receive more contributions. You or your supporters can make tax-deductible contributions by mailing a check, by charging to Visa or Master Card, by pledging an amount to be paid over a certain num-

ber of months or by transferring stock to us.:

Foundation for the Advancement of Midwifery, Inc.
1779 Wells Branch Pkwy, #110B-284
Austin, Texas 78728

877-594-9996 (toll free)
info@formidwifery.org
www.formidwifery.org



Citizens for Midwifery announces new Brochure

Susan Hodges, President

New CfM Brochure

Citizens for Midwifery has redesigned and simplified the brochure about CfM, and the new printing is now available. The new colors (sage green and a soft blue-violet) look beautiful with the Midwives Model of Care brochure as well as with other CfM literature. As before, these brochures are available at no charge, although a donation to cover costs is always appreciated.

Membership Rates Increase

After considering all the facts, the Citizens for Midwifery Board has decided to increase the basic membership rates for the first time since the organization was founded in 1996. It was clear that with increases in postage and in paper/printing costs, the \$15 of each membership for the newsletter does not cover the costs of the newsletter.

As of January 1, 2004, the student rate (also the special "joint membership" rate) will increase from \$15 to

\$20, and the basic "suggested" membership rate will increase from \$25 to \$30.

CfM's goal is to be self-supporting with memberships, which must include many other expenses in addition to the newsletter. Donations are an important part of our income. Ten dollars of each "Suggested" membership (both old rates and new rates) is considered a donation. Anything above the student/joint rate (which just covers the cost of the newsletter) is counted as a donation. A significant number of members join or renew as "Supporters" or "Best Friends" (\$50 or \$100, respectively). The donations that come in with memberships made up nearly one third of our annual revenues for 2003. Without these donations, Citizens for Midwifery would not have adequate funds for operating expenses (phone, administrative costs, etc.) or for outreach efforts (website costs, travel to conferences and meetings, etc.). Sales of brochures and videos add a very small amount of revenue, and this year a generous individual contributed \$5000 to Citizens for Midwifery. Thank you to our many generous members!

Do you already have a supply of Citizens for Midwifery brochures or other materials with the old rates? You are welcome to simply change the amounts for the student and suggested rates, or replace them with the new brochures.

Midwives: Sign up your clients!

Citizens for Midwifery would like to encourage you to have your clients join Citizens for Midwifery, so we are offering you a price break. If your practice has your clients join (you are signing them up and you are paying for their first year of membership), you can do so at the "special" rate of \$20 instead of the suggested rate of \$30. Please let us know, and just check off the student rate on the membership forms. We really appreciate your work and your efforts to inform your clients and introduce them to Citizens for Midwifery!

MEAC works for midwives in 2003

Mary Ann Baul, President

MEAC works for midwives in 2003:

- Eleven schools are now accredited or pre-accredited.
- One school is in the accreditation process.
- We have received one new pre-application.
- We are beginning 8 re-accreditations, 4 of which will be completed in the next year and the remainder in the next year and a half.
- In 2002, there were 405 students in MEAC accredited schools and 60 graduates of MEAC accredited programs.
- We have produced a new handbook, trimming the Standards down from 13 to 10 and streamlined the accreditation process. We are also developing new ARC and Site Visitor tools as well as moving towards a paperless accreditation process.
- We have achieved and maintained full five-year continuing recognition with the United States Department of Education – a rare accomplishment for such a young accrediting agency. This recognition allows eligible MEAC accredited schools to apply for federal financial aid programs, opening midwifery education to aspiring midwives who may not have had the financial means necessary to pursue their dreams.

· We have responded to over 600 requests for information from aspiring midwives as well as requests for continuing education information, requests from other agencies, and midwifery advocates.

· We have established stronger, ongoing ties with our sister organizations. We participate in monthly joint board conference calls and have been fortunate to meet with the joint boards twice this year during our board meetings.

Continuing Education Committee

MEAC is currently looking for members for our continuing education committee. This volunteer job entails reviewing CEU applications for classes and conferences. This can be a great way for educators to get ideas and see what is currently on the continuing education circuit: keep up to date on references and studies, see what the “hot” topics are, get class ideas, and become familiar with the speakers in midwifery. The time commitment for a CEU committee member varies depending on how many applications are received in a particular month, but the average time is estimated at three hours a month. Please circulate this information to people you think would be interested in becoming a CEU committee member for MEAC. We require the following qualifications: someone who is a credentialed midwife and/or a midwifery educator. We provide guidelines and assistance to the volunteer. Thank you for helping us get the word out to people and for helping us provide continuing education approval for practicing midwives and childbirth professionals!

At-A-Distance CEUs

MEAC would like to improve midwives’ options for continuing educa-

tion by encouraging credentialed midwives to submit distance education programs for continuing education approval for CEU’s. If you have designed a continuing education program that could be offered at a distance, such as correspondence, audiotape, videotape, CD-ROM, or on-line computer course, you are invited to submit this program for CEU approval by MEAC. The program, if approved, could then be offered to midwives who need to fulfill their ongoing continuing education requirements for re-certification or license renewal.

MEAC plans to create a list of approved continuing education programs and post it to their website.

Contact MEAC at www.meacschools.org or info@meacschools.org for applications.

MEAC is also looking for a midwifery educator to review continuing education programs for approval. If you would like to volunteer to help us, we would love to hear from you. It is a wonderful way to find out what’s going on at midwifery conferences and gives educators great ideas for topics!

Teaching and Mentorship

CPMs who are interested in teaching or taking on an apprentice may want to contact one of the accredited schools (especially those that provide distance education) to see about what requirements they must meet and to link up with aspiring midwifery students.

Here is a list of accredited schools: Midwifery Education Accreditation Council Accredited and Pre-Accredited Midwifery Institutions and Programs:

PROGRAMS:

Miami Dade College¹

Midwifery Sciences Department
950 NW 20th Street
Miami, FL 33127-4693
(305)237-4234

www.mdc.edu/northacademic_programs.asp
jclegg@mdcc.edu

Justine Clegg, Midwifery Program
Director

Accreditation Period: 4/00 - 4/04

Related Organizations

INSTITUTIONS:

Arkansas Midwives School and Services

4528 E Huntsville Road
Fayetteville, AR 72701
(479) 571-2229

www.midwifearmss.org
info@midwifearmss.org

Teresa Elder, Executive Director
Accreditation Period: 10/27/03 - 10/27/06

Birthingway College of Midwifery

12113 SE Foster Road
Portland, OR 97266
(503) 760-3131

www.birthingway.org
birthing@teleport.com

Holly Scholles, President
Accreditation Period: 10/22/02 - 10/22/06

Birthwise Midwifery School

66 S. High St.
Bridgton, ME 04009
(207) 647-5968

www.birthwisemidwifery.org
birthwise@ime.net

Heidi Fillmore-Patrick, Director
Accreditation Period: 4/02 - 4/06

Florida School of Traditional Midwifery¹

PO Box 5505
Gainesville, FL 32627-5505
(352)338-0766

www.midwiferyschool.org
info@midwiferyschool.org

Jana Borino, Director
Accreditation Period: 4/00 - 4/04

Manna School of Midwifery & Health Sciences¹

PO Drawer 2248
Bonita Springs, FL 34133
(239) 992-1211

Fax: (239) 992-8149
Marilyn Quinn, Director
Pre-accreditation period: 11/00-11/03

Maternidad La Luz¹

1308 Magoffin St.
El Paso, TX 79901
(915) 532-5895

Fax: (915) 532-7127
www.maternidadlaluz.com
Deborah Kaley, Director
Accreditation Period: 3/99 - 3/04

Midwives College of Utah^{1, 2}

(Formerly Utah College of Midwifery)
560 S. State St., Ste. B2
Orem, UT 84058

(888) 489-1238 or (801) 764-9068
Fax: (801) 434-8704

www.midwifery.edu
office@midwifery.edu

Jodie Fisher, President
Accreditation Period: 3/01 - 3/04

National College of Midwifery^{1, 2}

#209 State Road 240
Taos, NM 87571

(505) 758-1216
www.midwiferycollege.org

elizabet@taosnet.com
Elizabeth Gilmore, Director
Accreditation Period: 3/01 - 3/04

National Midwifery Institute^{1, 2}

P. O. Box 128
Bristol, VT 05443-0128
(802) 453-3332

www.nationalmidwiferyinstitute.com
santon@nationalmidwiferyinstitute.com

Shannon Anton, Administrator and Co-Director

Elizabeth Davis, Co-Director
Accreditation Period: 10/02 - 10/05

Seattle Midwifery School^{1, 2}

2524 16th Ave. South #300
Seattle, WA 98144-5104
1-800-747-9433 or (206) 322-8834

Fax: (206)328-2840
www.seattlemidwifery.org

info@seattlemidwifery.org
Lynn Hughes, Midwifery Program Director

Accreditation Period: 10/99 - 10/04

Footnotes:

¹ Institutions/programs renewing accreditation or pre-accreditation status in 2004. According to MEAC policies and procedures, a program or institution maintains its accreditation status until a

final decision is made regarding the Re-accreditation of the program.

² Have distance education programs.

- Pre-accredited programs/institutions did not have graduates from their basic midwifery education track prior to applying for accreditation.
- Program Accreditation is for those programs whose parent institution is accredited by a USDOE recognized accrediting agency.

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 @ 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.

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

Committee Reports

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 email to testing@narm.org, or to the NARM Test Dept, P.O. Box 7703, Little Rock, AR 72217-7703.

Upcoming Conferences

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

Midwifery Conferences:

Midwifery Today
Philadelphia, PA
March 18-20, 2004

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

NARM Also Attends:

National Conference of State Legislators
Salt Lake City, UT
July 19-23, 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 Accountability Committee Year End 2003 Report

submitted by Shannon Anton, CPM Director of Accountability

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

In 2003 NARM received one complaint, which was addressed in local peer review. Three recommendations were made to the midwife for improving her practice. Two complaints originating in 2002 were resolved in 2003. One was addressed by local peer review and the other complaint was withdrawn. NARM revoked one CPM credential due to noncompliance with Grievance Mechanism requirements.

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

Two complaints: Must be cleared before midwives may apply for recertification may be made after two years.)

Ten complaints: Heard in local Peer Review. One proceeded to the Grievance Mechanism.

Five complaints: Initiated implementation of NARM's Grievance Mechanism following Peer Review.

The outcome of 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.

NARM has revoked two CPM credentials, one in 2000 and one in 2003. Both revocations were due to noncompliance with Grievance Mechanism requirements.

Who is the NARM Board of Directors?

Ida Darragh, CPM, LM
Board Chairperson
Testing Department

Carol Nelson, CPM, LM
Treasurer

Debbie Pulley, CPM
Public Education & Advocacy
Secretary
1-888-84BIRTH

Sharon K. Evans, CPM, LM
Policy Management

Shannon Anton, CPM
Vice-Chairperson
Accountability

Joanne Gottschall, CPM
Special Projects

Robbie Davis-Floyd, Ph.D.
Anthropologist/Writer/Editor
Public Member

Committee Reports

Test Department Report for 2003

Ida Darragh, Director of Testing

Major Tasks of the Test Department in 2003 included:

1. Maintaining yearly renewal of NARM's accreditation by the National Commission of Credentialing Agencies (NCCA), the accrediting arm of the National Organization for Competency Assurance (NOCA).
2. Presenting Item Writing Workshops in June in Florida and Tennessee. Twenty seven people were trained to write test questions for the NARM item bank, writing test questions either during the workshops or afterwards. These 27 CPMs represented 12 states: Alabama, Arkansas, California, Florida, Georgia, Kansas, Maryland, New Hampshire, New Jersey, Tennessee, Texas, and Vermont.
3. Developing Form H of the NARM exam, using both new and old questions from the item bank. Form H was cut-scored in October at the MANA conference, and will be administered in February of 2004.
4. Presenting the CPM in states considering licensure. Representatives from the NARM Board, along with our testing consultant, Dr. Jerry Rosen from Personnel Measurement Center, spoke to the New York Board of Midwifery about the NARM Exam and the CPM credential, in a presentation developed to promote the acceptance of the exam and credential in states that do not currently license direct-entry midwives using the CPM credential.

5. Recertifying NARM's Qualified Evaluators, who administer the NARM Skills Assessment to the PEP candidates. One hundred and five QEs have been trained by NARM to administer the Skills Assessment since 1996. NARM requires recertification of the QEs every five years, a policy that was implemented in 2003. Twenty-four QEs recertified by documenting inter-rater reliability on the Skills Assessment, bringing our current total of active QEs to fifty-one.
6. Administering the NARM Skills Assessment to fifteen PEP candidates, and the NARM Written Examination to 125 candidates.
7. Attending the annual NOCA and CLEAR conferences, and participating on the NOCA Program Committee and the CLEAR Program Committee and Credentialing and Exam Resources Committee.
8. Revising the NARM Written Exam reference list; NARM reviewed many new books on midwifery and chose ten new midwifery texts to add to the recommended reading list for the NARM Written Exam.

NARM Testing

The NARM Skills Assessment was administered to 15 PEP candidates in 2003. The assessment was taken by candidates in 12 states and Mexico. NARM began to require recertification of Qualified Evaluators with a two-year grace period which ended in December of 2003. QEs must maintain certification as CPMs and must recertify as QEs every five years. Of the 105 CPMs who have trained as QEs since 1996, 54 have been removed from the active

list due to inactivity, retirement, or personal choice. Ten CPMs were trained as QEs in 2003, bringing the active total to 51 QEs in 28 states and Canada.

The NARM Written Examination was given to 125 candidates in 2003. Seven took form E and 118 took form G. Sixty candidates were taking the exam to complete the CPM certification process. Sixty-five candidates were taking 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 eight states require the CPM or the Exam portion of the CPM for licensure: Delaware, 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.

Test Development

Three item writing workshops were given in preparation for development of Form H of the exam: Boston, Mass (Oct 2002), Lakeland, FL (June 2003), and Nashville, TN (June 2003). Twenty-seven people took the workshops, writing 95 items either during the workshops or afterwards. These 27 CPMs represented 12 states: Alabama, Arkansas, California, Florida, Georgia, Kansas, Maryland, New Hampshire, New Jersey, Tennessee, Texas, and Vermont.

Items from the workshops were written by teams and reviewed by the larger group. Items written outside of the workshop were added to the NARM Exam database.

All items were reviewed again on conference calls by teams of five CPMs in September 2003, and again by the NARM Board in October. Telephone review teams discussed groups of 17-27

questions. The reviewers discarded six items, and revised many. The NARM Board discarded one other item and revised several more. Two pairs were considered similar enough that they will not be used on the same version of the exam, leaving 85 new items to be used on Form H.

Eighty-five questions were removed from Form G and replaced with new items to make form H. Some questions that were kept on the exam were revised slightly. For example, if a distracter was not chosen by anyone then it might be replaced after re-referencing.

The questions for Form H were cut scored using the modified-Angoff method on October 30, 2003 at the MANA conference in Austin, Texas. Both old and new questions were cut-scored.

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 attended the NOCA conference in Orlando, FL, in November and the CLEAR conference in Toronto, Canada, in September and business meeting in New Orleans, LA, in January. 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 2004

Test Department goals for 2004 include:

- **Training and working with more Item Writers to create a larger databank of test questions.**
- **Continue working with NOCA and CLEAR, and maintaining our certification with NOCA.**

- **Revision of the Qualified Evaluators 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.**

Treasurers Report

Carol Nelson, CPM

Income and Expenses 2003

The year 2003 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 1992 and to date we have spent over 1 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 Licensures/Certification process. Occasionally we will get a grant for a specific project such as the 2001 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. Our challenge is to maintain our resolve and momentum to further improve our financial position without knowing how many applicants or test sales we will have for the year. We need to not only maintain

a balanced budget, but we must think ahead to projects of the future and be saving money for those projects. Another Job Analysis in three 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 such as Item Writing workshops; work with the Qualified Evaluators and the Skills Assessment and continued promotion of the Certified Professional Midwife (CPM) credential, for a few examples.

We are looking forward to NARM's continued growth and a balanced budget in 2004.

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 Year End Report - 2003

*Sharon K. Evans, CPM, CDM
Policies Management*

It became apparent that NARM needed a way to categorize, cross-reference and easily locate various documents. In 2003 a computer database was developed to organize NARM's volumes of documentation. As of February 6, 2004, 106 entries have been made into the new database. The goal for 2004 is to input as much data as possible as well as fine-tune the database and explore ways to merge documents with it.



Committee Reports

NARM Applications Department Report 2003 Year End

Carol Nelson
Summertown, TN

NARM Applications Department
P.O. Box 420
Summertown, TN 38483
888-842-4784
applications@narm.org

The big change in the North American Registry of Midwives (NARM) Applications Department in 2003 was moving the department from Alaska to Summertown, TN. The Applications Department had been housed in Alaska for most of the Certified Professional Midwife (CPM) history, which began with the first application in 1994. Carol Nelson, Board member, is now overseeing the Applications Department. The move took place in September and all correspondence should go to the new address (see above) Please include your Social Security number and CPM number in any correspondence.

Our thanks go out to Sharon Evans, NARM Board member, Anna Sippey, Dianne Osborne and Natalie Olson for the work they have done through the years to keep the applications office state of the art and running smoothly. We thank them also for making the move a very smooth one.

In the year 2003 the NARM Applications Department received a total of 72 applications.

- There were 204 applications sent out to people requesting application packets.
- There are 23 candidates waiting to take the February written exam, and two candidates waiting to take their skills exam.
- There are 30 application files waiting for some piece of information, i.e., reference letters, current CPR cards, transcript or diploma etc. to complete their CPM application.
- There are 102 files where we have received information (reference letters,

transcript or diploma etc), but so far have not received the CPM application.

CPM's

88 New CPM certificates were issued in 2003.

Table of Comparison:

Total number of CPM's	
2003	893
2002	804
2001	724
2000	624

Recertification

The Applications Department now has a new Recert Table to keep track of incoming and outgoing recertifications. It became necessary to create the additional database table for the Certification and Applications Departments to check recertification information sent and received between the two departments. Additionally, Debbie Pulley, Public Education and Advocacy Department, can look in the recertification Table, should a CPM want to know their status, or if the recertification information has been sent to the Certification Department for processing.

Table of Comparison

Number of Recertifications	
2003	126
2002	143
2001	148
2000	72

Inactive Status

As of January 1, 2004 we had seven people take advantage of the new inactive status.

Inactive CPMs will continue to receive the CPM News and may recertify within a six-year period. Inactive sta-

tus 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 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

Finances

The Applications Department receives fees for application packets, CPM applications, and recertifications. In 2003 a total of \$87,534.00 was processed through the applications department.

Audits

The Applications Department generates random audits from applicants and CPM's recertifying. Items required are Practice Guidelines, an Informed Consent document, forms and handouts relating to midwifery practice and an Emergency Care Plan.

Preceptors

In the 2003 Summer 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 confirma-

tion, 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 that 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 our 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

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