

The North American Registry of Midwives
Certified Professional Midwife
(CPM)[®]

Candidate Information Booklet (CIB)

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North American Registry of Midwives (NARM) Mission Statement

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

Setting Standards for Midwifery

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

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

What is a Certified Professional Midwife (CPM)?

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

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

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

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

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

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

General Information

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

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

Step 1 – Educational Validation

The Certified Professional Midwife (CPM) is educated through a combination of routes, including programs accredited or pre-accredited by the Midwifery Education Accreditation Council (MEAC), the American Midwifery Certification Board (AMCB), and apprenticeship education. All routes include clinical and didactic education. If the midwife's education has been validated through graduation from a MEAC-Accredited/Pre-Accredited program; certification by the AMCB as a CNM/CM; or legal recognition in a state/country evaluated by NARM for educational equivalency, the midwife may submit that credential as evidence of educational evaluation and may apply to take the NARM Examination. All clinicals must be done in the U.S. or Canada. MEAC and UK Registered Midwives must attend at least ten primary births in the U.S. Clinical experience for all routes of entry must have been obtained within the last ten years.

The NARM Portfolio Evaluation Process (PEP) involves documentation of midwifery training under the supervision of a Registered Preceptor. Upon successful completion of Phases 1-3 of PEP, the applicant must successfully complete the NARM Skills Verification. Then the applicant will be issued a Letter of Completion that can be submitted to NARM's Application Department as validation of midwifery education. Phase 4 of PEP must be completed before certification is issued.

Step 2 - Certification

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

The NARM Examination is computer-based and consists of 300 multiple-choice questions administered in two, 3 hour sessions. All application routes require passing the NARM Examination.

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

NARM Position Statement: Educational Requirements to Become a CPM

The Certified Professional Midwife (CPM) is a knowledgeable, skilled professional midwife who has been educated through a variety of routes. Candidates eligible to apply for the Certified Professional Midwife (CPM) credential include:

- Candidates who have completed NARM's competency-based Portfolio Evaluation Process (PEP);
- Graduates of programs accredited or pre-accredited by the Midwifery Education Accreditation Council (MEAC);
- Midwives certified by the American Midwifery Certification Board (AMCB) as CNMs or CMs; and
- Midwives who hold Legal recognition in states/countries previously evaluated for educational equivalency.

The education, skills and experience necessary for entry into the profession of direct-entry midwifery were originally identified by the *Midwives Alliance of North America (MANA) Core Competencies* and the *Certification Task Force*; subsequently authenticated by NARM's current *Job Analysis*; and are outlined in NARM's *Candidate Information Booklet*. These documents describe the standard for the educational curriculum required of all Certified Professional Midwives.

NARM recognizes that the education of a Certified Professional Midwife (CPM) is composed of didactic and clinical experience. The clinical component of the educational process must be at least two years in duration. The average apprenticeship which includes didactic and clinical training typically lasts three to five years.

The clinical experience includes birth observation; as well as prenatal, intrapartal, postpartal, and newborn care by a student midwife under supervision.

A preceptor for a NARM PEP applicant must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM), or must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.

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

All applicants are required to complete a workshop, module, or course on cultural awareness for certification. Approved courses/modules are:

- A course on cultural awareness within a midwifery education program accredited or pre-accredited by MEAC or a specific state approved midwifery education program
- A course on cultural awareness within a state approved medical education program
- A cultural awareness course accredited for CEUs by MEAC or other approved agency

Any acceptable course should address some or all of the following: bias, racism, outcome disparities, communication differences across cultures, economic factors, power differentials in relationships, microaggressions, ethnicity, etc. Documentation submitted should be a certificate of completion of the course provided by the approved school/program or a CEU certificate approved by MEAC or other approved agency.

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

General Requirements

Educational Content Areas

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

- The Core Competencies developed by the Midwives Alliance of North America
- The NARM Written Test Specifications
- The NARM Examination Primary Reference List

Experience and Skills Requirements

During the course of their educational process, all CPM applicants are expected to acquire the full range of entry-level midwifery skills as defined by NARM. Requirements for testing and documentation of these skills vary by educational category.

The educational components required to become a Certified Professional Midwife (CPM) include didactic and clinical experience. NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Apprenticeship includes didactic and clinical training and typically lasts three to five years.

General Requirements

All applicants regardless of route of entry must provide:

- I. All general education requirements.
 - A. NARM requires applicants meet the minimum education level of a high school diploma (or equivalent), or greater.
 - B. All required NARM clinical experience must occur after completion of the minimum education level.
- II. All appropriate NARM application forms as noted on the specific route checklist.
- III. A copy of both sides of **current** Adult CPR **and** NRP course completion. NARM only accepts certification from courses which include a hands-on skills component. Online-only courses are not accepted. Approved CPR courses include the American Heart Association, the Red Cross, the American Safety and Health Institute (ASHI) Basic Life Support, and the Heart and Stroke Foundation of Canada. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada. NRP Advanced is required. Certifications must be current at the time the CPM is issued or renewed.
- IV. Written verification of the following on Form 205a:
 - A. Practice Guidelines;
 - B. Emergency Care Form;
 - C. Informed Disclosure (given at initiation of care); and
 - D. Informed Consent documents (used for shared decision making during care).

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

VI. Documentation of workshop, course, or module on cultural awareness

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

Requirements for Certification by Educational Category

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

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

Completion of NARM's Portfolio Evaluation Process (PEP)

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

Entry-Level PEP

Entry-level PEP candidates must:

STEP 1: Verification of Experience and Skills

- I. Must meet “General Requirements” (above) including submission of all necessary application forms.
- II. Confirm that preceptor is a current NARM Registered Preceptor.
- III. Sign a Preceptor/Student Agreement. Details for the agreement requirements are in the NARM Preceptor/Student Handbook.
- IIV. Complete the first three of four phases:

- **Phase 1 - Births as an Observer**

The applicant must attend a minimum of ten births in any setting, in any capacity (observer, doula, family member, friend, beginning student).

- These births may be verified by any witness who was present at the birth.
- A minimum of two planned hospital births must be included in Phase 1. These births cannot be intrapartum transports but may be antepartum referrals.

- **Phase 2 - Assistant Under Supervision**

The applicant must attend a minimum of 20 births, 25 prenatals (including three initial exams), 20 newborn exams, and ten postpartum visits as an assistant under the supervision of a Registered Preceptor.

- **Phase 3 - Primary Under Supervision** the applicant must document:

- 75 prenatal exams, including 20 initial exams;
- 20 newborn exams; and
- 40 postpartum exams.
- A minimum of 20 primary births.
 - Of the 20 primary births, five require full Continuity of Care (COC), and ten more require at least one prenatal under supervision.
 - The five COC births will include five prenatals spanning at least two trimesters, the birth, newborn exam, and two postpartum exams.
 - Students must have attended at least one prenatal in a primary role with the mother prior to her labor and birth for 10 of the 20 Phase 3 births (in addition to the five with full continuity of care).
- A minimum of 10 of the 20 Phase 3 births:
 - Must be in homes or other out-of-hospital settings and
 - Must have occurred within three years of Phase 3 application submission.
- Experience in specific settings:
 - A minimum of five home births must be attended in any role.

- Provide two letters of reference (professional and client). The letters must be sent directly to NARM by the individual providing the reference, not by the applicant.
- Complete the Second Verification of Skills Form 206.

Step 2: NARM Examination

- I. Pass the NARM Examination.

Step 3: Final Requirements for Certification

- I. Submit **Phase 4 - Additional Births as Primary Under Supervision**

The applicant must attend five additional births. These births may occur prior to passing the NARM Examination or up to six months after.

- II. Submit any outstanding documentation or updated CPR/neonatal resuscitation.

The Certified Professional Midwife certification will be issued after all requirements are met. Applicants may not use the CPM designation until certification has been awarded by NARM.

Graduation from a MEAC-Accredited/Pre-Accredited Program

Graduates of a MEAC-Accredited/Pre-Accredited program must:

- I. Must meet “General Requirements” (above) including submission of all necessary application forms.
- II. Submit documentation of attendance at two planned hospital births and five home births.
- III. Submit documentation of functioning in the role of Primary midwife or Primary Under Supervision for a minimum of ten births in home or other out-of-hospital settings in the last three years. These births must have occurred in the U.S./Canada.
- IV. Send a notarized copy of one of the following below. Official documents sent to NARM directly from the school do not need to be notarized.
 - A. A final transcript with the school insignia, or
 - B. Original graduation certificate or diploma, or
 - C. A letter from the administrator of the program on school letterhead noting that all graduation requirements have been met pending passing the NARM Examination.
- V. Upon approval of the application materials, the NARM Examination will be scheduled.
- VI. Pass the NARM Examination.
- VII. Verification of graduation from a MEAC-Accredited/Pre-Accredited program.

The Certified Professional Midwife certification will be issued after all requirements are met. Applicants may not use the CPM designation until certification has been awarded by NARM.

MEAC graduates are expected to apply for NARM Certification **within three years of graduation**. If the application process extends beyond this time, NARM requires additional birth experience documentation.

Be advised, if you do not complete your MEAC-accredited program and change your application route to PEP, NARM requires PEP clinicals to be signed off by a NARM Registered Preceptor. Not all MEAC preceptors are NARM Registered Preceptors. There is no fee to register as a NARM Registered Preceptor, so we encourage all MEAC preceptors to register with NARM.

Certification by the AMCB as a CNM/CM

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

- I. Must meet “General Requirements” (above) including submission of all necessary application forms.
- II. Send a copy of current AMCB CNM/CM wallet card or certificate.
- III. On the NARM form provided in the application packet, submit documentation of functioning in the role of primary midwife or Primary Under Supervision for:
 - A. A minimum of ten births in homes or other out-of-hospital settings;
 - B. A minimum of five births with continuity of care (at least five prenatal visits spanning two trimesters, the birth, newborn exam and two postpartum exams).
- IV. Upon approval of the application materials, the NARM Examination will be scheduled.
- V. Pass the NARM Examination.

The Certified Professional Midwife certification will be issued after all requirements are met. Applicants may not use the CPM designation until certification has been awarded by NARM.

State Licensure/Registration or UK Registration

Candidates holding a current state midwifery license or UK registration must:

- I. Must meet “General Requirements” (above) including submission of all necessary application forms.
- II. Submit Out-of-Hospital Birth Documentation Form 204.
- III. Submit a current state/UK credential (i.e. certificate, license, or registration).
- IV. Upon approval of the application materials, the NARM Examination will be scheduled.
The NARM Examination is only given in the U.S.
- V. Pass the NARM Examination (unless previously passed as part of the licensure process).

The Certified Professional Midwife certification will be issued after all requirements are met. Applicants may not use the CPM designation until certification has been awarded by NARM.

NARM Policy Statement on Preceptor/Student Relationships

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

Effective January 1, 2017, all NARM preceptors **must be registered before supervising** any clinicals documented on a student's NARM Application. Skills/clinicals signed off after that date by a preceptor who is not registered with NARM will be invalid.

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

1. **All preceptors for NARM PEP applicants must be currently registered with NARM as a Registered Preceptor.** Forms may be found on the NARM website or managed through Certemy. In order to qualify as a NARM Registered Preceptor, the midwife must document their credential as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.
It is the student's responsibility to verify the preceptor's registration status by asking their preceptor or contacting NARM.
2. The clinical components of apprenticeship should include didactic and clinical experience, and the clinical component must be at least two years in duration. The average apprenticeship which includes didactic and clinical training typically lasts three to five years. In the PEP Application, the dates from the earliest clinical documented in Phase 1 or 2 until the last clinical documented in Phase 3 must span at least two years, or the applicant should enclose a statement explaining additional clinical experiences that complete the requirement but are not charted on these forms. Additional births may also be reflected on Form 102 Birth Experience Background.
3. It is acceptable, even preferable, for the student to study under more than one Registered Preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. Each preceptor who signs for any clinicals on Forms 111 or 112 must fill out and sign the Verification of Birth Experience Form. **All numbers signed for must be equal to or greater than the numbers signed for on Forms 111a-d and 112a-e.** The student should make multiple copies of all blank forms so each preceptor will have a copy to fill out and sign. These forms should be filled out and signed by the preceptor, not the applicant.
4. Effective January 1, 2022, all NARM Registered Preceptors working with NARM PEP applicants must have a work agreement signed by the student and the preceptor. This work agreement must clearly define the job description for the student and preceptor, plan for regular reviews of the student's progress and completion of the student's NARM paperwork, financial compensation plan (if any) for the student and the preceptor, criteria required for the preceptor to sign off on NARM paperwork, and information regarding the NARM's Preceptor/Student Accountability process and how that will be used for complaint resolution if the student and preceptor have a conflict they cannot resolve themselves.

5. The student, if at all possible, should have the NARM application at the beginning of the apprenticeship and should have all relevant documentation signed regularly throughout each phase rather than waiting until the completion of the apprenticeship.
6. Preceptors are expected to sign the application documentation for the student at the time the skill is performed competently. **Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary.** Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if the preceptor agrees that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible, however **the preceptor makes the final determination.**
7. The preceptor is expected to provide adequate opportunities for the student to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that **the preceptor must be physically present** when the student performs the midwife skills. The preceptor holds the final responsibility for the safety of the client or baby and should become involved, whenever warranted, in the spirit of positive education and role modeling. Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place.
8. **Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM Certified Professional Midwife (CPM) credential.**
9. NARM’s definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, gynecological, family) and a physical exam. These exams do not have to occur all on the first visit to the midwife, but the student should perform at least 20 of these exams on one or more early prenatal visits. The Initial Prenatal Exam should be performed by the student midwife at their first encounters with the client over no more than two visits for the purpose of screening suitability for out of hospital birth. It includes an intake interview, history (medical, gynecological, family), and physical assessment. The client must be offered all the assessments listed in Skills Verification Form 201a, Maternal Health Assessment, “Performs a physical examination.” NARM respects the right of the client to decline the physical exam as a whole or in part. When the client exercises this right of refusal, this should be noted in their chart, and the Initial Prenatal Exam may still count on Form 112b even without a full physical examination.
10. Prenatal Exams, Newborn Exams, and Postpartum Exams as Assistant Under Supervision (forms 111b-d) must be completed before the same category of clinicals may be verified as Primary Under Supervision (Forms 112 b-e). However, Prenatals, Newborn Exams, and Postpartum Exams as a Primary Under Supervision may begin before the Primary Under Supervision births occur.
11. Births as Assistant Under Supervision (Form 111) are births where the student is being taught to perform the skills of a midwife. Just observing a birth is not considered Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The student should perform some skills at every birth listed on Form 111a and must be present throughout labor, birth, and the immediate postpartum period. The student must complete 18 of the Assistant Under Supervision births before functioning as Primary Under Supervision at births.
12. Births as a Primary Midwife Under Supervision (Form 112) means that the student demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor who is physically present and supervising the student’s performance of skills and decision making.

13. Catching the baby is a skill that should be taught and performed during the Assistant Under Supervision phase. The Primary Under Supervision births require that the student be responsible but under supervision for all skills needed for labor support and monitoring of mother and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of mother and baby. If the mother or father is “catching” the baby, the Primary Under Supervision is responsible for all elements of the delivery. If the preceptor catches the baby, then that birth qualifies as Assistant Under Supervision for the student.
14. The preceptor holds final responsibility for all prenatal care, the birth, and postpartum care done by the student. This applies to all phases including Phase 4 that only requires births.
15. Attendance at a birth where either the student or preceptor is also the client will not be accepted for verification of the required clinicals.

Guidelines for Verifying Documentation of Clinical Experience

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

1. The preceptor and applicant together should—
 - a. review practice documents required by NARM—Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care).
 - b. review all client charts (or clinical verification forms from a MEAC-Accredited/Pre-Accredited program) referenced on the NARM Application and confirm that the **preceptor and applicant** names appear on each chart/form that is being referenced.
 - c. confirm that the signatures/initials of the applicant are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate postpartum exam, newborn exam, and complete follow-up postpartum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials on the charts/forms.
 - d. check all birth dates and dates of all exams for accuracy.
 - e. check all codes to make sure there are no duplicate code numbers. Each client must have a unique code. If there is more than one birth, including twins, with any given client, there must be a different code assigned for each subsequent birth.
2. If a preceptor has more than one student (applicant), each chart must have a code that all students will use. Students should not develop different codes for the same client.
3. Preceptors need to be sure their forms show that the student participated as Primary Under Supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.

4. Applicants must have access to or copies of any charts (with Code #) listed in the application in case of audit.

The Informed Disclosure/Consent documents used by the student should not indicate they are a CPM, even if they are in the application process. The CPM designation *may not be used* until the certificate has been awarded. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their NARM certification.

NARM's Transfer Policy for Registered Preceptors and Students

NARM defines a Transport as “transfer of care during labor to another primary caregiver prior to the birth of the baby. In the case of transfer the student must remain with the client through the birth (if possible) and continue to be present through the immediate postpartum period. The supervising preceptor must be present until transfer of care has occurred.”

Learning Opportunities

Transfer of care is an important skill. NARM Registered Preceptors should help students learn how to transfer clients in accordance with the Homebirth Consensus Summit Guidelines, including:

- Notifying the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- Providing routine or urgent care en route in coordination with any emergency services personnel and addressing the psychosocial needs of the woman during the change of birth setting.
- Upon arrival, providing a verbal report, including details on current health status and need for care, providing a legible copy of relevant prenatal and labor medical records.
- Providing good communication by ensuring that the woman understands the hospital provider's plan of care and the hospital provider understands the woman's need for information regarding care options.
- If the woman chooses, remaining to provide continuity and support.

NARM strongly encourages preceptors to remain present through the immediate postpartum period, however it is understood that the student no longer requires preceptor supervision once transfer of care is complete. Hospital transfers are a valuable learning experience for student midwives. Remaining as support for a client who has transferred to the hospital provides continuity of care for the client, an opportunity for the student to assume an independent primary support role in the hospital setting, and can foster understanding and collegial relationships between the midwifery and medical community. This should be noted in the preceptor/student contract.

The NARM Registered Preceptors should, as part of their emergency care plan, disclose to clients their practice's policy regarding student participation during hospital transfers. If the preceptors in the practice generally do not remain when transfer of care is complete, choosing instead to leave the student to continue to provide support for the client, this should be disclosed to the client in the emergency care plan. The client should ideally be supported throughout labor, birth, and immediate postpartum, regardless of whether the baby is born by vaginal or cesarean birth. Often, the midwife is unable to attend the client in the operating room, but the midwife's presence in the recovery or postpartum unit can be beneficial as the client establishes breastfeeding after a challenging birth. Midwives and students are encouraged to remain to provide support, as needed.

Documentation of Transports (see Transport Definition in the Glossary)

- No more than four of the Phase 2 births documented may be a transport.
- No more than two of the Phase 3 births documented may be a transport.
- No more than one of the births documented in Phase 4 may be a transport.
- The student's presence must be documented on the client's chart in the transport notes.
- The student's role after transport must be included in the outcome box on the application.
- Transports are not accepted for Continuity of Care births.

Quarterly Student/Preceptor Evaluation Form, Suggested Format

This form is to facilitate communication between the student and preceptor and is not submitted to NARM.

Student's name _____ Preceptor's name _____

Time period covered by this evaluation _____

Clinical experience	# Attended	# Initialed on NARM forms
Observed births		
Prenatals as assistant		
Initial exams as assistant		
Newborn exams as assistant		
Postpartum exams as assistant		
Births as assistant		
Prenatal exams as primary		
Initial exams as primary		
Newborn exams as primary		
Postpartum exams as primary		
Births as primary		
Continuity of Care births		
Primary births with at least one prenatal		

All clinicals attended may not necessarily be initialed on NARM forms. It is at the discretion of the preceptor whether the student is acting in the capacity needed to count the clinical as an assistant or primary. More than the minimum number of clinicals in each category may be needed in order to progress to the next phase. For example, more births as an assistant may be needed before the preceptor determines the student is ready to be primary. Some births where the student is expected to be primary may not count in that category if the preceptor believes the role has not been adequately fulfilled.

In order to progress through the NARM phases of training, the student and preceptor must have a good, mutually agreed on, assessment of the progress. The best way to attain mutual agreement is to meet at least quarterly and discuss the progress being made toward mutual goals.

Questions for discussion:

Is the student provided with an opportunity to progress in levels of skills and responsibilities? If not, what is the impediment?

Is the student progressing through the Assist clinicals in increasing levels of responsibility, so that upon meeting the minimum numbers they are prepared to move toward primaries?

Do the student and preceptor meet outside of clinical time to discuss progress and evaluate performance and knowledge? Has this been adequate for meeting the expectations of both?

Is the student demonstrating adequate self-study skills and application of new knowledge in the clinical setting? How can this be improved?

Is the student meeting the preceptor's expectations? If not, what specifically is not being met?

Audits

All NARM Applications are evaluated in detail and randomly audited. If the application is audited, copies of Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and one example of informed consent documents used for shared decision making during care and specific charts with the names whited out must be submitted to the NARM Applications Office. MEAC applicants may submit client charts or clinical verification forms from a MEAC-Accredited/Pre-Accredited program, for purposes of audit. Charts that include client names, addresses, and/or phone numbers will be immediately shredded and replacements requested.

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

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

Time Frame for Application Process

All applications should be submitted online via NARM's application portal. Please visit <https://narm.certemy.com> to set up an account or contact support@narm.org if you need assistance. Once submitted, all applications will be reviewed within 2-4 weeks.

Applicants with applications requiring corrected materials or additional items must submit required items within two weeks of notification. If the applicant does not submit corrected materials or additional items within the time frame, the application will be suspended for inactivity. One extension may be requested within the two week time frame for up to two months by contacting support@narm.org.

All applications received by NARM must be complete. NARM will suspend all incomplete applications and notify applicants. Reactivation of suspended applications is \$55 and must be done within 18 months of the suspension or the application will expire and all forms and fees will need to be resubmitted.

Once applicants are approved for eligibility for the NARM Examination, they will receive the Intent Form workflow. The applicant must schedule the examination within one year of this workflow assignment. If this deadline cannot be met, the applicant may request up to one 6 month extension.

Applicants are responsible for updating their contact information in the Certemy portal in order to receive notifications for corrections, deadlines and updated policies.

Suspended and Expired Applications

- Phase 4 must be submitted within 6 months of passing the NARM Examination. Applicants may request one 6 month extension.
- All applications are subject to suspension or expiration due to missed deadlines for corrections.
- Suspended applications may be reactivated by contacting support@narm.org
- Expired applications are void and all forms and fees need to be resubmitted.
- All applications will expire after 18 months after a missed deadline for corrections.
- These timelines apply to all pathways and the Midwifery Bridge Certificate.
- Time limits below are calculated from the date of notification of application review from NARM.

Process	2 weeks	2 months	1 year	18 months
Corrections Requested	Suspended: request for an extension must be received by this date	Suspended if extension granted and corrections not received		Expired
NARM Exam scheduled			Expired extension request must be submitted by this date)	Expired after extension

The Demonstration of Knowledge and Skills

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

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

CPM candidates sometimes comment on the examination questions that they are not “allowed” to make that choice based on their state regulations. NARM does not say that the midwife must base protocols on that knowledge or include that skill in practice, but must demonstrate the knowledge or skill for purposes of national certification. NARM questions are based on the test specifications and are referenced to the

bibliography listed in the Candidate Information Booklet. Candidates should base their answers on the NARM Examination as well as the skills required in the CPM application on the test specifications in the CIB, and not on specific individual or state protocols.

Passing the NARM Examination depends on receiving a minimum number of correct answers. Leaving a question blank will affect the total score. Each question on the NARM Examination is worth one point. Failing candidates must pay an additional fee to retake either examination.

The NARM Examination

- Candidates must submit all relevant forms and fees in Certemy
- Upon eligibility for testing, candidates will receive instructions for registering for the NARM Examination.
- Candidates will be contacted by NARM’s testing company to schedule their testing date at one of the approved testing centers.
- Candidates will receive a NARM Examination Admission Letter from the testing company, which will include the date, time, and location of their scheduled NARM Examination, and directions to the test site.
- The test results letter will be sent as an email from NARM’s testing company within three business days of completing the exam.

Inclement Weather Policy

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

Should a test site be closed for any reason, rescheduling will be between the candidate and the testing company.

Candidates Who Are Taking the NARM Examination for State Recognition

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

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

- 1) The state agency will determine which candidates are eligible to take the NARM Examination. All documentation for eligibility is processed through the state agency. When the candidate has met the eligibility requirements, they will receive a packet of information from the state agency, which will include:
 - a) The Candidate Information Booklet: the study outline (test specifications) and reference list.
 - b) The candidate application form to register for the NARM Examination
- 2) The candidate must send the application form and appropriate fee as instructed by the agency. Some states collect the applications and the fees, and other states ask the candidate to send the application and fee directly to NARM. If the fee is sent directly to NARM, it must be in the form of a money order, certified check, or credit card; personal checks are not accepted. All fees must be paid in U.S. funds. All fees are non-refundable.
- 3) To verify registration for the examination through the agency, please contact the state agency. In the cases where the applications and fees have been sent directly to NARM, NARM will notify the state agency of those who have registered for the examination. In either case, verification is done through the state agency.
- 4) The examination is given in two parts, with 3 hours allotted for each part.
- 5) The agency will notify NARM of the candidates who have established eligibility through the state. NARM will send an Intent Form to each candidate describing the process and the fees. When NARM has received the testing fee, the candidate’s name will be entered into the registration database. NARM’s testing company, will contact the candidate about registering for the exam on the date and site of their choosing. NARM’s testing company will send an admission letter to each candidate with the date, time, and location of the exam. The candidate will usually receive their test results by email from NARM’s testing company within seven business days. NARM will notify the state agency of the test results for each candidate who has registered through their process.

Candidates Who Are Taking the NARM Examination to Become a CPM

Sequence of Application and Testing Procedures

For Educational Validation:

- 1) Create an Account in Certemy by visiting NARM's Certemy Login Page: <https://narm.certemy.com/>
- 2) Submit all required documents, forms, and steps via the designated pathway for eligibility. **It is the applicant's responsibility to maintain accurate contact information in this account as it is the primary way NARM will contact you.**
- 3) When the CPM application is approved, the applicant will receive information for registering for the NARM Examination.
- 4) NARM will send official notification of test results and any remaining requirements for certification within three weeks of testing.
- 5) The CPM certification will be issued after all requirements have been met.

Please upload all applications to Certemy. NARM discourages mailing of paper applications and is not responsible for any delay in processing or in receipt of applications mailed to NARM. If you must mail your application, please retain a copy of your application and contact NARM at support@narm.org to make sure your application has been received.

Testing Accommodations

In accordance with the Americans with Disabilities Act (ADA), NARM provides testing accommodations for candidates with disabilities. These accommodations are made at no cost to the applicant. Requests for accommodations must be made in Certemy at the time of submission of the NARM examination letter intent form.

The request form must be submitted along with the following documentation:

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

Although every effort will be made to arrange for the accommodation at the applicant's choice of test sites, this cannot be guaranteed. The applicant may be asked to choose an alternate test site or date based on the ability of the test department to arrange accommodations.

Examination Site Conduct/Nondisclosure (Test Security)

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

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

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

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

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

Computer Based Testing Considerations

1. Computer Based Testing is provided as a convenience to candidates to afford them the opportunity to test on almost any day of the year and at many locations across the country. However, Computer Based Testing also means that computer-related problems can occur. The most common are delays in beginning the examination due to technical problems.
 - a. The NARM Examination appointment schedule includes time for check-in and set up at the test site. Candidates may not begin the examination until all check-in and technical processes involved in the test administration have been completed. This process can on occasion take as long as 30-60 minutes.

- b. The timed portion of the test administration, the timed period during which candidates actually see and respond to examination questions, is not affected by the amount of time needed for check-in and set-up. Test results, including start time and completion time, are submitted electronically to NARM's testing company. In the unlikely event of a delay long enough to prevent completion of the examination in a single day, a complaint may be submitted to NARM's testing company for an adjustment in the examination retake requirements.
 - c. A delay in the start of an examination that could have been or was completed the same day is not a basis for an appeal of test results or an adjustment in the examination retake process.
 - d. If there is any situation during testing that causes concern, it is the candidate's responsibility to bring it to the attention of the proctor at the time and ask that NARM's testing company be contacted immediately.
2. Cancellation or invalidation of the exam score. A test score can be canceled if:
 - a. there has been a violation of NARM policies,
 - b. information submitted by the candidate is inaccurate or has been falsified,
 - c. there is evidence suggesting that the test score may not represent a fair or valid assessment of a candidate's knowledge. (This could happen for any of several reasons including suspected cheating, violation of test center rules, software or equipment malfunction during the test administration, etc.) If NARM determines that a computer malfunction produced an invalid score, the candidate may be asked to retake the exam at no charge.
 3. If a candidate is using live remote proctoring for taking the exam, the computer must sync adequately with the testing company technology. The time allowed for testing includes time that is needed for registration, identity verification, and the syncing of the technology. It is also possible for the internet connection to require a reboot or re-sync during the testing period. The proctor or testing company personnel will walk the candidate through the process. Difficulties with technology may delay the time actually spent answering questions, but the time allowed is generous and should not prevent the candidate from completing the exam. Delays caused by technology do not invalidate the final score. A failing score will require a retest.

Candidate's NARM Examination Scores

- All candidate scores will be reported as pass or fail based on the cut score derived using a modified Angoff method.
- All candidates will receive notification of their preliminary scores by email from NARM's testing company within about seven business days.
- Passing candidates will not receive a breakdown of their scores.
- Candidates who fail the exam will receive a more detailed report which highlights their performance on major areas of the examination.
- Official scores will usually be reported by NARM within two to three weeks of the examination date.
- In cases where candidates apply through a licensing agency, the official examination results will also be sent directly to the agency.
- In cases where candidates apply through a MEAC-Accredited/Pre-Accredited program, the official examination results will also be sent directly to the program.
- Examination scores will NOT be given to any candidate over the phone.
- No credit is given for items with more than one response selected.
- All questions should be answered. There is no extra penalty for wrong answers.

Rescheduling a NARM Examination

Candidates who have scheduled their NARM Examination date may cancel with no penalty if the NARM testing company is notified at least 30 days prior to the testing date. Candidates who cancel or reschedule with 5-29 day's notice must pay a \$55 reschedule fee. Candidates who reschedule or cancel within five days or who do not show up at their testing site must pay a \$210 reschedule fee.

Retesting for Failing Candidates

If a CPM candidate fails the NARM Examination, they will receive a Retake Intent Form from the Test Department. The candidate will be allowed to schedule a retest upon payment of a retake fee as outlined in the Fee Schedule. Failing candidates will not be retested using the same form of the examination they were given initially. However, they may be assigned the same examination Administrator. Candidates must wait two months before retaking the NARM Examination and must take the examination again within six months after the two month waiting period.

Candidate's Right to Appeal Eligibility Requirements

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

Candidate's Right to Appeal

Comments on Examination Content

Candidates will be allowed to make comments about questions on the computer during the exam administration. The comments do not affect the score, but may provide guidance on revising or replacing questions for the next form of the examination. There is a comment button next to each question. Please note that there is limited time to take the examination, and adding comments will not extend that time limit. Comments may also be submitted by mail to the NARM Test Department. Comments submitted by mail must be postmarked no later than seven days after the test date to be considered as part of the appeals process. NARM will carefully consider all comments.

Appeals

A candidate with a complaint about the certification process or examination may write a letter to the NARM Test Department. Letters appealing the content of the NARM Examination must include or reference previously submitted examination comments as defined above. All appeals must be submitted in writing and postmarked within seven days of the exam date. A written response will be provided only if the candidate has requested a response and has specifically proposed content, examination, or process changes.

Examination Comment Form

NARM encourages all candidates to submit comments on the NARM Examination process at the time of their examination. Comments may be made on the computer during the exam administration. NARM will not provide a written response to the comments unless a letter of appeal is written in addition to the comment form (see Candidate's Right to Appeal).

Suspension or Revocation of Application

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

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

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

NARM's Policy on Use of the CPM Credential

Midwives may not refer to themselves, or knowingly permit anyone else to refer to them, as a CPM, Certified Professional Midwife, or NARM certified or accredited unless they have formally received the CPM credential and their status is active. Midwives who are in the process of applying for the credential, or who have allowed the credential to expire, or taken inactive status, or had their credential revoked, may not refer to themselves as a CPM or a Certified Professional Midwife, or as certified by NARM. Midwives whose CPM certification has expired may not refer to themselves as a Retired CPM unless they have been granted the status of CPM-Retired by NARM.

Midwives in the process of applying for certification may not refer to themselves in any context as a CPM candidate or applicant because there is no such status granted by NARM. Regardless of enrollment in an educational program, a student may not use the title Student CPM. Being a candidate, applicant, or student does not verify meeting the certification requirements until the certificate is granted. If NARM becomes aware that a midwife who is not a CPM has printed or published material referring to themselves in the above capacity or has misled the public through any means, a warning letter will be sent with instructions to remove the misinformation from any materials. If the correction is not made, notice will be sent to NARM's legal counsel for further action.

Acceptable language for students can be "...is in training to become a CPM", and for those with expired certification: "...previously certified as a CPM", as a description of previous or intended certification, but not as a title.

Sanctions against a CPM's credential

Sanctions due to Impairment

NARM recognizes that certain instances of impairment can seriously compromise the well-being of a client or client's baby. While impairment may be caused by physical conditions, mental health conditions, and/or any condition relating to alcohol or substance use, the cause of the impairment is irrelevant. NARM's concern is whether impairment affects or limits a CPM's ability to practice competently and exhibit professional conduct.

To ensure the competency and professional conduct of those who hold the CPM credential and safeguard their clients, on a case-by-case basis the NARM Accountability Review Committee may revoke or suspend a CPM's credential. If one or more credible accusations of impairment are made to NARM indicating the practice of a CPM or CPM candidate is adversely affected in a manner that poses potential severe and immediate danger to birthing families, a suspension may be imposed upon the midwife's credential pending a Priority Review by the Accountability Review Committee (ARC) in conjunction with the Executive Director. Whether a CPM will be able to return their credential to good standing will depend on their participation with the ARC's review of the impairment allegations and the CPM's willingness and ability to provide evidence that adequately addresses the allegations.

Revocation

The NARM Certified Professional Midwife credential may be revoked for:

- Falsification of Application or recertification information.
- Failure to participate in the Accountability Review Process or to abide by the corrective actions or sanctions imposed by the Accountability Review Committee resulting from the Accountability Review Process.
- Infractions of the Non-Disclosure policy, which threaten the security of the NARM Examinations.
- Conduct that is determined to impose a significant and immediate threat to the safety and well-being of midwifery clients and their fetus/baby.

If an Accountability Review Committee determines the CPM acted with dishonesty, egregiously violated the core principles of informed consent, or that negligent or fraudulent actions compromised the well-being of a client or client's baby, the CPM credential may be revoked.

Persons with a revoked CPM credential are not eligible to reapply at a future date. All revocations are final.

Recertification

Continuing competence is career-long enhancement of knowledge, skill, and abilities required to practice safely and ethically. CPM recertification is a quality assurance mechanism to support midwives in facilitating their continuing competence.

- Certification renewal is due every three years. Expiration dates can be found in your Certemy account
- Recertification is available through the CPM's Certemy portal.
- 30 Continuing Education Contact Hours (3.0 CEUs) are required during the three-year period.
- One Contact Hour is defined as 55 clock minutes of time. To be awarded .5 (half) Contact Hours, the time period is 30 minutes to 55 minutes. Less than 30 contact minutes will not be awarded Continuing Education Contact Hours.
- All recertifications are subject to audit.

Mandatory Areas

- A. Peer Review—5 Contact Hours
Participates in Peer Review *and/or*
Attends Peer Review Workshop
- B. Current CPR and neonatal resuscitation. NARM only accepts certification from courses which include a hands-on skills component. Online-only courses are not accepted. Approved CPR courses include the American Heart Association, the Red Cross, the American Safety and Health Institute (ASHI) Basic Life Support, and the Heart and Stroke Foundation of Canada. Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.
- C. Affirmation of current use of Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care).
- D. Documentation of workshop, course, or module on cultural awareness within the last three years.
- E. Demographic information

Two Options for Recertification

1. Mandatory Areas + 25 Contact Hours from a mixture of Categories all received within 3 years of when the Recertification is submitted.
2. Mandatory Areas + retaking the NARM Examination

Continuing Education Categories

Category 1 (maximum-25 Contact Hours) CEUs must have been granted by an accrediting organization such as MEAC, ICEA, Lamaze International, ACOG, ACNM, AWHON, State Health Departments, Nursing or Perinatal Associations.

Any class or course work that is granted accredited CEUs in a health profession specifically related to midwifery, women's health, or the evaluation and care of the newborn.

Category 2 (maximum-10 Contact Hours)

Course work or classes in midwifery, women's health, or the evaluation and care of the newborn without accredited CEUs.

Category 3 (maximum-15 Contact Hours)

Part 1: Research and Writing related to the field of midwifery, women's health, or the evaluation and care of the newborn.

Part 2: Teaching related to the field of midwifery, women's health, or the evaluation and care of the newborn.

Category 4 (maximum-5 Contact Hours)

Self-study or life experience related to the field of midwifery, women's health, or the evaluation and care of the newborn. One contact hour equals one **contact hour**.

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

Serving in a Volunteer Capacity as outlined in the Recertification Application.

Category 6 (maximum-10 Contact Hours)

Filing statistics forms with the MANA Division of Research. One Contact Hour for every ten MANA Statistics forms.

Category 7 (maximum-10 Contact Hours)

Service in an Out-Of-Country (OOC) maternity center or clinic.

Inactive Status

Annual Inactive Status

- Inactive Status may be claimed for up to three years in a row but must be renewed on an annual basis.
- The midwife may reactivate their CPM at any time during the Inactive Status by paying the recertification fee and fulfilling the Recertification Requirements.
- Certification will expire if Inactive Status is not renewed each year or CPM recertification is not submitted and approved.

To be put on Inactive Status, a CPM must:

- Submit the annual Inactive Status Application within 90 days of the CPM expiration date.

Midwives who are listed as Inactive:

- May NOT identify themselves as a CPM.
- May not act as a NARM Registered Preceptor.
- Will receive all NARM communications.
- Are bound to all policies regarding the Accountability and Appeal Policy.
- Will be identified as having been certified but currently on Inactive Status if inquiries come in.

Certification Date

- Certification dates are every three years.
- At the end of each year of inactivity, the CPM may become recertified by paying the recertification fee and fulfilling the Recertification Requirements. The certification date will be adjusted to that year.
- If the midwife chooses to reactivate the CPM up to 90 days before the one-year Inactive Status ends, their Inactive Status terminates and their active status will be retroactive to the original recertification date.
 - Preceptor status will be effective the date of recertification.
 - Preceptor status will not be retroactive to original recertification date.
- A CPM will be considered expired if they have not declared Inactive Status or recertified by their expiration date. There is a 90-day grace period to submit requirements. If Inactive Status or if a Recertification Application has not been submitted and approved, the CPM status is expired.

Expired Status

A CPM will be considered expired on their expiration date if they have not recertified, declared Inactive Status, or declared Retired Status.

Within the 90 days after expiration, they may recertify (and their CPM Status will be restored with their original expiration date), declare Inactive Status, or declare Retired Status.

Recertification after Expired Status

Should an expired CPM decide to reactivate certification, they will be required to submit evidence of the following on Recertification after Expiration Form 610:

- attendance at five births within five years of reapplication
- thirty contact hours in the last three years, including five hours of peer review as defined in the Reactivation packet
- current CPR and NRP

Once the Recertification after Expiration Form 610 is completed, please submit it along with the Reactivation fee (includes examination) as instructed on the form.

To reactivate from an expired status, the midwife will be required to retake the NARM Examination or submit a copy of their current state midwifery license or AMCB Certification. The NARM Examination will be scheduled after the Recertification after Expiration Form 610 is approved.

CPM-Retired

Retirement status may be granted to any CPM who applies, provided that they meet at least one of the following conditions:

- No longer practicing and have held the CPM credential for at least 9 years,
- Over the age of 60, or
- Medical reasons such as illness or disability.

Application for retirement status is a one-time only requirement. To apply for retirement status the CPM should submit a completed NARM Retirement Status Form 630 along with associated fees.

Retired CPMs:

May use the CPM-Retired title; Will receive a certificate which recognizes the CPM as Retired;

Will be listed in the NARM database/records as Retired versus Expired; Will receive any future mailings from NARM such as e-blasts and newsletters.

Retired CPMs may not:

Use the title of CPM without retired status designation; Practice midwifery using the CPM credential/certification; Act as a NARM Registered Preceptor.

Fees

A list of NARM fees is available on the website here: <https://narm.org/billing>.

Study Suggestions for Candidates Preparing for the NARM Examination

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

1. Allow time to prepare for the examination. Even experienced midwives will benefit from a review of the reference books. Reading and studying will help prepare the candidate to more effectively evaluate examination questions and answers.
2. Get a good night's sleep before the examination. You will not have an opportunity to eat before noon, so should nourish yourself before beginning.
3. If you experience "test anxiety," work on relaxation exercises while you study. Plan a schedule for study so you don't feel that you are cramming right before the test. Give yourself time to relax the day before. Remember that if you do not pass the examination on the first try, you may take it again at another time.
4. The NARM reference list (contained in the Candidate Information Booklet) lists over twenty books for study. Read as many as you can. Strive for a good balance of the medical and midwifery sources. If you are limited on time and/or resources, read the ones that supplement your general knowledge rather than reinforce it. The NARM Examination strives for a good balance of midwifery knowledge.
5. Utilize the information in your Candidate Information Booklet, especially the test specifications, the reference list and the sample questions.
6. For those candidates whose first language is not English, it might be helpful to focus on activities that will enhance verbal skills and reading skills. Such activities might include attendance at midwifery association meetings, participation in study groups, and observation of local out-of-hospital midwives who provide prenatal care or teach childbirth classes.
7. As you are reading, try making 3x5 index cards with questions on each side and answers on the other. Use the cards to quiz yourself.

NARM Examination Test Specifications

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

CPM NARM Examination Matrix

Domain	Percentage of exam questions	# Questions
1. Professional Issues, Knowledge, and Skills	4-6%	12 - 18
2. General Healthcare Skills	4-6%	12 - 18
3. Maternal Health Assessment	8-12%	24 - 36
4. Prenatal	23-27%	69 - 81
5. Labor, Birth and Immediate Postpartum	33-37%	99 - 111
6. Postpartum	13-17%	39 - 51
7. Well baby care	4-6%	12 - 18

Written Test Specifications, rev 2017

- I. Professional Issues, Knowledge, and Skills (5% of Exam - 12-18 Examination Items)**
- A. Applies understanding of social determinants of health (income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health)
 - B. Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity
 - C. Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings
 - D. Provides information on national and local health services, such as social services, WIC, breastfeeding, substance abuse, mental health, and bereavement
 - E. Educates about resources for referral to higher health facility levels, appropriate communication and transport mechanisms, prepared for emergencies
 - F. Knows legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines
 - G. Applies understanding of human rights and their effects on the health of individuals, including:
 - 1. domestic partner violence
 - 2. female genital cutting
 - 3. cultural effect of religious beliefs
 - 4. gender roles
 - 5. other cultural health practices
 - H. Facilitates mother's decision of where to give birth by discussing:
 - 1. advantages and risks of different birth sites
 - 2. requirements of the birth site
 - 3. how to prepare and equip the birth site
 - I. Participates in peer review for maternal and neonatal mortality or morbidity
 - 1. understands the purpose of peer review
 - 2. understands the process of participating in peer review
 - J. Understands the application of professional ethics, values, and human rights
 - 1. understands and applies the principles of confidentiality in relationships with clients and students including applicable components of HIPAA
 - 2. understands the process of shared decision making with clients throughout pregnancy and birth
- II. General Healthcare Skills (5% of Exam - 12-18 Examination Items)**
- A. Demonstrates the application of Universal Precautions as they relate to midwifery:
 - 1. handwashing
 - 2. gloving and ungloving
 - 3. sterile technique
 - B. Educates on the benefits and contraindications of alternative healthcare practices (non-allopathic treatments) and modalities, including herbs, hydrotherapy, waterbirth, chiropractic, homeopathic, and acupuncture
 - C. Understands the benefits and risks, and recommends the appropriate use of vitamin and mineral supplements, including prenatal multi-vitamins, Vitamin C, Vitamin E, Folic acid, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D
 - D. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
 - 1. local anesthetic for suturing
 - 2. medical oxygen
 - 3. Methergine ® (methylergonovine maleate)
 - 4. prescriptive ophthalmic ointment
 - 5. Pitocin ® for postpartum hemorrhage
 - 6. RhoGam ®
 - 7. Vitamin K (oral or IM)
 - 8. antibiotics for Group B Strep
 - 9. IV fluids
 - 10. Cytotec ® (misoprostol)
 - 11. epinephrine

Written Test Specifications, continued

- E. Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFL, fetal well-being and growth, position, placental position, and determination of multiples
- F. Demonstrates knowledge of benefits/risks of biophysical profile, including counseling and referrals
- G. Demonstrates knowledge of how and when to use instruments and equipment, including:
 - 1. amnihook
 - 2. bag and mask resuscitator
 - 3. bulb syringe
 - 4. Delee ® tube-mouth suction device
 - 5. hemostats
 - 6. lancets
 - 7. nitrazine paper
 - 8. scissors (all kinds)
 - 9. suturing equipment
 - 10. straight, in and out catheter
 - 11. vacutainer /blood collection tube
 - 12. gestational wheel or calendar
 - 13. newborn and adult scale
 - 14. thermometer
 - 15. urinalysis strips
 - 16. cord clamps
 - 17. doppler
 - 18. fetoscope
 - 19. stethoscope
 - 20. vaginal speculum
 - 21. blood pressure cuff
 - 22. oxygen tank, flow meter, cannula, and face mask
 - 23. pulse oximeter
 - 24. laryngeal mask airway (LMA)
- H. Proper use of injection equipment including syringe, single and multi dose vial/ampules, and sharps container
- I. Obtains or refers for urine culture
- J. Obtains or refers for vaginal culture
- K. Obtains or refers for blood screening tests
- L. Evaluates laboratory and medical records, with appropriate education and counseling of client, including:
 - 1. hematocrit/hemoglobin
 - 2. blood sugar (glucose)

- 3. HIV
- 4. Hepatitis B
- 5. Hepatitis C
- 6. Rubella
- 7. Syphilis (VDRL or RPR)
- 8. Group B Strep
- 9. Gonorrhea culture
- 10. Complete Blood Count
- 11. Blood type and Rh factor
- 12. Rh antibodies
- 13. Chlamydia
- 14. PAP test
- 15. Vitamin D
- 16. thyroid panel
- 17. HbA1c
- 18. genetic screening
- 19. blood albumin
- 20. complete metabolic panel
- 21. progesterone
- 22. HCG

III. Maternal Health Assessment (10% of Exam - 24-36 Examination Items)

- A. Obtains and maintains records of health, reproductive and family medical history and possible implications to current pregnancy, including:
 - 1. personal information/demographics including religion, occupation, education, marital status, and economic status
 - 2. increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity
 - 3. changes in health or behavior, and woman's evaluation of her health and nutrition
 - 4. potential exposure to environmental toxins
 - 5. medical conditions
 - 6. surgical history
 - 7. reproductive history, including:
 - a. menstrual history
 - b. gynecologic history
 - c. sexual history
 - d. childbearing history
 - e. contraceptive practice
 - f. history of sexually transmitted infections

Written Test Specifications, continued

- g. history of behavioral risk factors for sexually transmitted infection
 - h. history of risk of exposure to blood borne pathogens
 - i. Rh type and plan of care if negative
 - 8. family medical history
 - 9. psychosocial history
 - 10. history of abuse
 - 11. mental health
 - 12. Mother's medical history
 - a. genetics
 - b. alcohol use
 - c. drug use
 - d. tobacco use
 - e. allergies (environmental & medical)
 - f. history of vasovagal response or fainting
 - g. foreign travel history
 - h. vaccination history/status
 - 13. Father's medical history
 - a. genetics
 - b. alcohol use
 - c. drug use
 - d. tobacco use
 - B. Performs a physical examination, including assessment of:
 - 1. size of uterus and ovaries by bimanual exam
 - 2. general appearance/skin condition
 - 3. baseline weight and height
 - 4. vital signs
 - 5. HEENT (Head, Eyes, Ears, Nose, and Throat) including thyroid by palpation
 - 6. lymph glands of neck, chest, and under arms
 - 7. breasts, including mother's knowledge of self breast exam techniques
 - 8. torso, extremities for bruising, abrasions, moles, unusual growths
 - 9. baseline reflexes
 - 10. heart and lungs
 - 11. abdomen by palpation and observation for scars
 - 12. kidney pain (CVAT)
 - 13. deep tendon reflexes of the knee
 - 14. condition of the vulva, vagina, cervix, perineum, and anus
 - 15. cervix by speculum exam
 - 16. vascular system (edema, varicosities, thrombophlebitis)
- IV. Prenatal Care (25% of Exam - 69-81 Examination Items)**
- A. Provides appropriate prenatal care and educates the family of significance
 - B. Understands and educates about the anatomy and physiology of pregnancy and birth
 - C. Understands normal and abnormal changes during pregnancy
 - D. Assesses results of routine prenatal exams including ongoing assessment of:
 - 1. maternal psycho-social, emotional health and well being; signs of abuse
 - 2. vaginal discharge; including signs and symptoms of infection
 - 3. social support system
 - 4. maternal health by tracking variations and changes in:
 - a. blood pressure
 - b. weight
 - c. color of mucus membranes
 - d. general reflexes
 - e. elimination/urination patterns
 - f. sleep patterns
 - g. energy levels
 - h. nutritional patterns, pica
 - i. hemoglobin/hematocrit
 - j. glucose levels
 - k. breast conditions/implications for breastfeeding
 - 5. Assesses urine for:
 - a. appearance: color, density, odor, clarity
 - b. protein
 - c. glucose
 - d. ketones
 - e. pH
 - f. leukocytes
 - g. nitrites
 - h. blood
 - i. specific gravity
 - 6. Estimates due date based on standard methods

Written Test Specifications, continued

7. Assesses fetal growth and wellbeing
 - a. fetal heart rate/tones auscultated with fetoscope or Doppler
 - b. correlation of weeks gestation to fundal height
 - c. fetal activity and responsiveness to stimulation
8. Fetal palpation for:
 - a. fetal weight
 - b. fetal size
 - c. fetal lie
 - d. degree of fetal head flexion
9. Clonus
10. Vital signs
11. Respiratory assessment
12. Edema
13. Provides prenatal education, counseling, and recommendations for:
 - a. nutritional and non-allopathic dietary supplement support
 - b. normal body changes in pregnancy
 - c. exercise and movement
 - d. weight gain in pregnancy
 - e. common complaints of pregnancy:
 - (1) sleep difficulties
 - (2) nausea/vomiting
 - (3) fatigue
 - (4) inflammation of sciatic nerve
 - (5) breast tenderness
 - (6) skin itchiness
 - (7) vaginal yeast infection
 - (8) bacterial vaginosis
 - (9) symptoms of anemia
 - (10) indigestion/heartburn
 - (11) constipation
 - (12) hemorrhoids
 - (13) carpal tunnel syndrome
 - (14) round ligament pain
 - (15) headache
 - (16) leg cramps
 - (17) backache
 - (18) varicose veins
 - (19) sexual changes
 - (20) emotional changes
 - (21) fluid retention/swelling, edema
- E. Recognizes and responds to potential prenatal complications/variations by identifying, assessing, recommending treatment, or referring for:
 1. antepartum bleeding (first, second, or third trimester)
 2. pregnancy induced hypertension
 3. pre-eclampsia
 4. gestational diabetes
 5. urinary tract infection
 6. fetus small for gestational age
 7. fetus large for gestational age
 8. intrauterine growth retardation
 9. thrombophlebitis
 10. oligohydramnios
 11. polyhydramnios
 12. breech presentation:
 - a. identifying breech presentation
 - b. turning breech presentation with:
 - (1) alternative positions (tilt board, exercises, etc.)
 - (2) referral for external version
 - (3) non-allopathic methods (moxibustion, homeopathic)
 - c. management strategies for unexpected breech delivery
 13. multiple gestation:
 - a. identifying multiple gestation
 - b. management strategies for unexpected multiple births
 14. Occipit posterior position:
 - a. identification
 - b. prevention
 - c. techniques to encourage rotation
 15. vaginal birth after cesarean (VBAC)
 - a. identifies VBAC by history and physical
 - b. indications/contraindications for out-of-hospital births
 - c. management strategies for VBAC
 - d. identifies risk factors for uterine rupture:
 - (1) type of uterine suturing
 - (2) uterine incision (classical or transverse)
 - (3) uterine scar thickness

Written Test Specifications, continued

- (4) interdelivery interval
- (5) number of previous cesareans
- (6) previous vaginal births
- (7) implantation site of placenta
- 16. recognizes signs, symptoms of uterine rupture and knows emergency treatment
- 17. preventing pre-term birth:
 - a. risk assessment for pre-term birth
 - (1) smoking
 - (2) vaginal or urinary tract infections
 - (3) periodontal health
 - (4) prior pre-term birth
 - (5) other factors: stress, emotional health
 - b. educates and counsels mothers who request early induction of labor
 - c. educates for signs of pre-term labor
- 18. identifies and deals with pre-term labor with:
 - a. referral
 - b. consults for pre-term labor
 - c. treats pre-term labor with standard measures
- 19. assesses and evaluates a post-date pregnancy by monitoring/assessing:
 - a. fetal movement, growth, and heart tone variability
 - b. estimated due date calculations
 - c. previous birth patterns
 - d. amniotic fluid volume
 - e. maternal tracking of fetal movement
 - f. consults or refers for:
 - (1) ultrasound
 - (2) non-stress test
 - (3) biophysical profile
- 20. standard measures for treating a post-date pregnancy
- 21. Cholestasis
- 22. conditions from previous pregnancies such as diastasis, prolapse, cytocele, rectocele
- 23. identifies and refers for:
 - a. tubal, molar, or ectopic pregnancy
 - b. placental abruption
 - c. placenta previa
- 24. identifies premature rupture of membranes
- 25. manages premature rupture of membranes in a FULL-TERM pregnancy:
 - a. monitors fetal heart tones and movement
 - b. minimizes internal vaginal examinations
 - c. reinforces appropriate hygiene techniques
 - d. monitors vital signs for infection
 - e. encourages increased fluid intake
 - f. supports nutritional/non-allopathic treatment
 - g. stimulates labor
 - h. consults for prolonged rupture of membranes
 - i. reviews Group B Strep status and inform of options
- 26. consults and refers for premature rupture of membranes in a PRE-TERM pregnancy
- 27. establishes and follows emergency contingency plans for mother/baby
- 28. educates on options for hospital transport, including augmentation and pharmacological pain relief
- 29. cesarean birth:
 - a. knows local options for cesarean birth
 - b. educates on procedures for cesarean birth
 - c. provides support before, during (as permitted), and after the cesarean process
 - d. follows up for cesarean birth, including:
 - (1) physical healing
 - (2) emotional healing
 - (3) breastfeeding and infant care after cesarean birth

V. Labor, Birth, and Immediate Postpartum (35% of Exam - 99-111 Examination items)

- A. Understands and supports the normal physiological process of labor and birth
- B. Understands the relationship of maternal and fetal anatomy in relation to labor and birth

Written Test Specifications, continued

- C. Facilitates maternal relaxation and provides comfort measures throughout labor:
 - 1. applies knowledge of emotional and psychological aspects of labor to provide support
 - 2. applies knowledge of physical support in labor (counter pressure, position changes, massage, water, etc.)
 - 3. waterbirth
 - a. educates on benefits and risks of waterbirth
 - b. equips the birth site for a waterbirth
 - c. discusses specific management of complications during waterbirth
- D. Recognizes and counsels on signs of early labor and appropriate activities
- E. Assesses maternal and infant status based on:
 - 1. vital signs
 - 2. food and fluid intake
 - 3. status of membranes
 - 4. uterine contractions (frequency, duration, intensity)
 - 5. fetal heart tones
 - 6. fetal lie, presentation, position, and descent
 - 7. cervical effacement and dilation
- F. Assesses and supports normal progress of labor
- G. Recognizes and responds appropriately to conditions that slow or stall labor, such as:
 - 1. anterior/swollen lip
 - 2. posterior or asynclitic fetal position
 - 3. pendulous belly inhibiting descent
 - 4. maternal exhaustion
 - 5. maternal fears, emotions
 - 6. abnormal labor patterns
 - 7. deep transverse arrest
 - 8. obstructed labor
 - 9. advises on non-allopathic remedies (nipple stimulation, herbs, positions, movement, etc.)
- H. Recognizes, prevents or treats maternal dehydration
- I. Recognizes and responds to labor and birth complications such as:
 - 1. abnormal fetal heart tones and patterns
 - 2. cord prolapse
 - 3. recognizes and responds to variations in presentations, such as:
 - a. breech
 - (1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation
 - (2) techniques for release of nuchal arms with breech
 - b. nuchal hand/arm
 - (1) applies counter pressure to hand or arm and perineum
 - (2) sweeps arm out
 - c. nuchal cord
 - (1) loops finger under cord, sliding over head or shoulder
 - (2) clamps and cuts cord
 - (3) presses baby's head into perineum and somersaults the baby out
 - (4) prepares for possible resuscitation
 - d. face and brow
 - (1) mechanism of delivery for face or brow presentation
 - (2) determines position of chin
 - (3) management strategies for face or brow presentation
 - (4) prepares for resuscitation or treatment of bruising/swelling/ eye injury
 - 4. multiple birth and delivery
 - a. identifies multiple gestation
 - b. consults or transports according to plan
 - c. prepares for attention to more than one
 - 5. shoulder dystocia
 - a. applies gentle traction while encouraging pushing
 - b. repositions the mother to:
 - (1) hands and knees (Gaskin maneuver)
 - (2) exaggerated lithotomy (McRobert's position)
 - (3) end of bed
 - (4) squat
 - c. repositions shoulders to oblique diameter

Written Test Specifications, continued

- d. shifts pelvic angle with lunge or runner's pose
 - e. extracts posterior arm
 - f. flexes shoulders of newborn, then corkscrews
 - g. applies supra-pubic pressure
 - h. sweeps arm across newborn's face
 - i. fractures baby's clavicle
 - 6. indications for performing an episiotomy
 - 7. management of meconium stained fluids
 - a. recognizes and assesses degree of meconium
 - b. follows standard resuscitation procedures for meconium
 - 8. management of maternal exhaustion:
 - a. hydration and nutrition
 - b. rest/bath/removal of distractions
 - c. monitors maternal and fetal vital signs, including urine ketones
 - d. evaluates for consultation or referral
 - 9. recognizes/consults/transport for signs of:
 - a. uterine rupture
 - b. uterine inversion
 - c. amniotic fluid embolism
 - d. stillbirth
 - J. Evaluates and supports during second stage:
 - 1. recognizes and assesses progress in second stage
 - 2. supports maternal instincts in pushing techniques and positions
 - 3. recommends/suggests pushing techniques and positions when needed
 - 4. monitors vital signs; understands normal and abnormal changes
 - 5. facilitates supportive environment and family involvement
 - 6. prepares necessary equipment for immediate access
 - 7. uses appropriate hand techniques for perineal support and birth of baby
 - K. Assesses condition and provides immediate care of newborn
 - 1. understands, recognizes, and supports normal newborn adjustment at birth
 - a. keeps mother and baby warm and together for initial assessment
 - 2. determines APGAR score at one minute, five minutes, and, if needed, at ten minutes
 - 3. monitors respiratory and cardiac function by assessing:
 - (1) symmetry of chest
 - (2) sound and rate of heart tones and respirations
 - (3) nasal flaring
 - (4) grunting
 - (5) chest retractions
 - (6) circumoral cyanosis
 - (7) central cyanosis
 - 4. stimulates newborn respiration according to AAP/NRP recommendations
 - 5. encourages parental touch and speech while keeping baby warm
 - 2. responds to need for newborn resuscitation according to AAP/NRP recommendations
 - 3. recognizes and consults or transports for apparent birth defects
 - 4. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports
 - 5. provides appropriate care of the umbilical cord:
 - a. clamps and cuts cord after pulsing stops
 - b. evaluates the cord, including number of vessels
 - c. collects cord blood sample if needed
 - 6. assesses gestational age
 - 7. assesses for central nervous system disorder
- L. Recognizes and responds to normal third stage, including physiological and active management strategies
 - 1. determines signs of placental separation such as:
 - a. separation gush
 - b. contractions
 - c. lengthening of cord
 - d. urge to push
 - e. rise in fundus

Written Test Specifications, continued

- 2. facilitates delivery of the placenta by:
 - a. breast feeding/nipple stimulation
 - b. changing maternal position
 - c. performing guarded cord traction
 - d. emptying the bladder
 - e. administering non-allopathic treatments
 - f. encouraging maternal awareness
 - g. manual removal
 - h. transport for removal
 - M. Assesses condition of placenta and membranes, recognizes normal and abnormal characteristics
 - N. Estimates and monitors ongoing blood loss
 - 1. responds to a trickle bleed by:
 - a. assesses origin
 - b. assesses fundal height and uterine size
 - c. fundal massage
 - d. assesses vital signs
 - e. emptying bladder
 - f. breastfeeding or nipple stimulation
 - g. expressing clots
 - h. non-allopathic treatments
 - O. Responds to postpartum hemorrhage with:
 - 1. fundal massage
 - 2. external bimanual compression
 - 3. internal bimanual compression
 - 4. manual removal of clots
 - 5. administering medications
 - 6. non-allopathic treatments
 - 7. increasing maternal focus and participation
 - 8. administering or referin for IV fluids
 - 9. consulting and/or transfer; activating emergency back up plan
 - 10. treating for hypovolemic shock according to standard recommendations or protocols
 - 11. performing external aortic compression
 - P. Assesses general condition of mother
 - 1. assesses for bladder distension
 - a. encourages urination
 - b. performs catheterization if needed
 - 2. assesses condition of vagina, cervix, and perineum for:
 - a. cystocele
 - b. rectocele
 - c. hematoma
 - d. hemorrhoids
 - e. bruising
 - f. prolapsed cervix or uterus
 - g. tears, lacerations:
 - (1) assesses blood color and volume; identify source
 - (2) applies direct pressure on tear
 - (3) clamps vessel; if identified
 - (4) sutures 1st or 2nd degree or labial tears
 - (5) administers local anesthetic
 - (6) performs suturing according to standard procedures and protocols
 - (7) provides alternative repair methods (non-suturing)
 - 3. provides instructions on care and treatment of perineum
 - 4. monitors maternal vital signs after birth
 - 5. provides timely food and drink
- Q. Facilitates breastfeeding by assisting and teaching about:
 - 1. colostrum
 - 2. positions for mother and baby
 - 3. skin to skin contact
 - 4. latching on
 - 5. maternal hydration and nutrition
 - 6. maternal rest
 - 7. feeding patterns
 - 8. maternal comfort measures for engorgement
 - 9. letdown reflex
 - 10. milk expression
 - 11. normal newborn urine and stool output
- R. Performs a newborn exam by assessing for normal and abnormal
 - 1. assesses the head for:
 - a. size/circumference
 - b. molding
 - c. hematoma
 - d. caput
 - e. suture lines
 - f. fontanel
 - 2. assesses the eyes for:
 - a. jaundice
 - b. pupil condition
 - c. tracking

Written Test Specifications, continued

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

Written Test Specifications, continued

- h. blinking
 - 21. assesses skin condition for:
 - a. color
 - b. lesions
 - c. birthmarks
 - d. milia
 - e. vernix
 - f. lanugo
 - g. peeling
 - h. rashes
 - i. bruising
 - j. Mongolian spots
 - 22. assesses length of baby
 - 23. assesses weight of baby
 - 24. assesses temperature of the baby
 - S. Assesses gestational age of the baby
 - T. Administers eye prophylaxis with informed consent of parents
 - U. Administers Vitamin K with informed consent of parents
 - V. Reviews Group B Strep status and signs or symptoms and plans for follow-up
- VI. Postpartum (15% of Exam - 39-51 Items)**
- A. Assesses and evaluates physical and emotional changes following childbirth, including normal process of involution
 - B. Assesses and evaluates normal or abnormal conditions of mother or baby at:
 - 1. day one to day two
 - 2. day three to day four
 - 3. one to two weeks
 - 4. three to four weeks
 - 5. five to six weeks
 - C. Assesses and provides counseling and education for:
 - 1. postpartum subjective history
 - 2. lochia vs. abnormal bleeding
 - 3. return of menses
 - 4. vital signs, digestion, elimination patterns
 - 5. muscle prolapse of vagina and rectum (cystocele, rectocele)
 - 6. condition and strength of pelvic floor
 - 7. condition of uterus (size and involution) ovaries, and cervix
 - 8. condition of vulva, vagina, perineum, and anus
 - 9. facilitates psycho-social adjustment:
 - a. recognizes and responds to mild postpartum depression
 - b. counsels for appropriate support from family and friends
 - c. increases home or phone visits as needed
 - d. recognizes and responds to increased severity of postpartum depression or psychosis
 - e. counsels client and family on resources for depression; increases follow-up
- D. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:
- 1. uterine infection
 - 2. urinary tract infection
 - 3. infection of vaginal tear or incision
 - 4. postpartum bleeding/hemorrhage
 - 5. thrombophlebitis
 - 6. separation of abdominal muscles
 - 7. separation of symphysis pubis
 - 8. postpartum pre-eclampsia
- E. Evaluates and counsels for newborn jaundice
- 1. refers or consults for jaundice in the first 24 hours after birth
 - 2. evaluates, counsels, and monitors for physiological jaundice after 24 hours
 - 3. encourages mother to breastfeed every two hours
 - 4. exposes front and back of newborn to sunlight through window glass
 - 5. assesses and monitors newborn lethargy and hydration
 - 6. consults or refers for increased symptoms
- F. Provides direction for care of circumcised penis
- G. Provides direction for care of intact (uncircumcised) penis
- H. Breastfeeding care and counseling:
- 1. educates regarding adverse factors affecting breastfeeding or breastmilk
 - a. environmental
 - b. biological
 - c. occupational
 - d. pharmacological

Written Test Specifications, continued

2. evaluates baby's sucking method, position of lips and tongue
 3. evaluates conditions of breasts and nipples
 4. treats sore nipples:
 - a. exposure to air
 - b. alternates nursing positions
 - c. applying topical agents
 - d. applying expressed breastmilk
 - e. flange of lips
 - f. latch on
 - g. tongue tie
 - h. sucking
 - i. swallowing
 5. treats thrush on nipples:
 - a. dries nipples after nursing
 - b. non-allopathic remedies
 - c. allopathic treatments
 6. treats mastitis by:
 - a. provides immune support including:
 - (1) nutrition/hydration
 - (2) non-allopathic remedies
 - b. encourages multiple nursing positions
 - c. applies herbal/non-allopathic compresses
 - d. applies warmth, soaking in tub or by shower
 - e. encourages adequate rest/relaxation
 - f. assesses for signs and symptoms of infection
 - g. teaches mother to empty breasts at each feeding
 - h. provides or teaches gentle massage of sore spots
 - i. consults or refers to breastfeeding support groups, lactation counselor, or other healthcare providers
 - I. Provides contraceptive and family planning education, counseling, and referrals
 - J. Provides opportunity for verbal and written feedback from client
- VII. Well-Baby Care (5% of Exam - 12-18 Items)**
- A. Provides newborn care up to six weeks
 - B. Principles of newborn adaptation to extrauterine life (physiologic changes in pulmonary and cardiac systems)
 1. Basic needs of newborn (breathing, warmth, nutrition, and bonding)
 2. Normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
 3. Normal growth and development of the newborn and infant
 - C. Assesses the current health and appearance of baby including:
 1. temperature
 2. heart rate, rhythm, and regularity
 3. respirations
 4. appropriate weight gain
 5. length
 6. measurement of circumference of head
 7. neuro-muscular response
 8. level of alertness
 9. wake/sleep cycles
 10. feeding patterns
 11. urination and stool for frequency, quantity, and color
 12. appearance of skin
 13. jaundice
 14. condition of cord
 - D. Understands, respects, and counsels on traditional or cultural practices related to the newborn
 - E. Advises mother in care of:
 1. diaper rash
 2. cradle cap
 3. heat rash
 4. colic
 5. cord care
 - F. Recognizes signs/symptoms and differential diagnosis of:
 1. infections
 2. cardio-respiratory abnormalities
 3. glucose disorders
 4. birth defects
 5. failure to thrive

Written Test Specifications, continued

6. newborn hemorrhagic disease (early and late onset)
 7. polycythemia
 8. non-accidental injuries
 9. dehydration
- G. Evaluates, counsels, and monitors for physiological jaundice after 24 hours
1. encourages mother to breastfeed every two hours
 2. exposes front and back of newborn to sunlight through window glass
 3. assesses and monitors newborn lethargy and hydration
 4. consults or refers for additional screening and/or treatment
- H. Provides information for referral for continued well-baby care
1. performs or refers for newborn metabolic screening
 2. performs or refers for hearing screening
3. performs or refers for pulse oximetry newborn screening for congenital heart disease (CCHD)
 4. educates about referral for integrative/complimentary/alternative practitioners
 5. educates about options for pediatrician or family practitioner
 6. educates about health care providers for immunizations or non-immunizations
- I. Supports and educates parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death
- J. Supports and educates parents of newborns transferred to hospital or with special needs
- K. Supports integration of baby into family

Written Test Specifications, continued

Example of a Knowledge Question

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

Constipation can be treated with

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

ANSWER = (D)

Example of an Application Question

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

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

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

ANSWER = (B)

Example of an Analysis Question

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

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

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

ANSWER = (C)

NARM Examination Reference List

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- Foster, Illysa & Lasser, Jon, *Professional Ethics in Midwifery Practice*, Jones and Bartlett, 2010
- Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. I, Care During Pregnancy*, Labrys Press, revised 2010.
- Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. II, Care During Labor and Birth*, Labrys Press, 2nd edition, 2013.
- Frye, Anne. *Healing Passage*, 6th edition. Labrys Press, 2010
- Frye, Anne. *Understanding Diagnostic Tests in the Childbearing Year*, 7th edition, Labrys Press, 2007.
- Gaskin, Ina May. *Spiritual Midwifery*, 4rd edition, The Book Publishing Company, 2002.
- Gruenberg, Bonnie, *Birth Emergency Skills Training*, Birth Guru Publications, 2009
- Myles, Margaret. Frasier/Cooper *Textbook for Midwives*, Elsevier, 16th edition 2014
- Oxhorn and Foote. *Human Labor and Birth*, 6th edition. McGraw Hill, 2013.
- William's Obstetrics*, 23th edition. McGraw Hill, 2014
- Mohrbacher, Nancy, *Breastfeeding Answers Made Simple*, Hale Publishing, 2010
- Sinclair, Constance, *A Midwife's Handbook*, Saunders, 2004
- Snell, BJ and Gardner, Sandra, *Care of the Well Newborn*, Jones and Bartlett, 2017
- Varney, Helen, *Midwifery*, Jones and Bartlett., 5th edition 2014
- Weaver, Pam & Evans, Sharon, *Practical Skills Guide for Midwives*, Morningstar Publishing, 5th edition, 2012
- American Academy of Pediatrics, *Neonatal Resuscitation Textbook*, 7th edition, 2016

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

Midwives Alliance of North America Core Competencies

Adopted by the Midwives Alliance Board October 3, 1994

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

Guiding Principles of Practice

The midwife provides care according to the following principles:

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

I. General Knowledge and Skills

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

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

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

- A. principles of informed consent and refusal and shared decision making;
- B. critical evaluation of evidence-based research findings and application to best practices;
- C. documentation of care throughout the childbearing cycle;

- D. ethical considerations relevant to reproductive health;
- E. cultural sensitivity and competency;
- F. use of common medical terms;
- G. implementation of individualized plans for woman-centered midwifery care that support the relationship between the mother, the baby and their larger support community;
- H. judicious use of technology;
- I. self-assessment and acknowledgement of personal and professional limitations.

II. Care During Pregnancy

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

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

MANA Core Competencies, continued

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

III. Care During Labor, Birth and Immediately Thereafter

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

- A. the processes of labor and birth;
- B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;
- C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
- D. maternal emotional responses and their impact during labor, birth and immediately thereafter;
- E. comfort and support measures during labor, birth and immediately thereafter;
- F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;
- G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;
- H. fluid and nutritional requirements during labor, birth and immediately thereafter;
- I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;
- J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;
- K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;
- L. appropriate support for the newborn's natural

physiologic transition during the first minutes and hours following birth, including practices to enhance mother–baby attachment and family bonding;

- M. current biotechnical interventions and technologies that may be commonly used in a medical setting;
- N. care and repair of the perineum and surrounding tissues;
- O. third-stage management, including assessment of the placenta, membranes and umbilical cord;
- P. breastfeeding and lactation;
- Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

IV. Postpartum Care

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

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

MANA Core Competencies, continued

V. Newborn Care

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

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

VI. Well-Woman Care and Family Planning

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

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

VII. Professional, Legal and Other Aspects of Midwifery Care

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

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

NARM Position Statement Regarding Confidentiality

In the context of midwifery practice, confidentiality is critical to protect consumers.

During midwifery care, consultation, and peer review, respectful and confidential discussion may occur regarding both the midwifery consumer/client and the decisions and actions of the midwife and care team.

Personal and professional ethics regarding confidentiality require that someone who has learned personal details about another person refrain from sharing or discussing those details with anyone else without permission. When the person affected is not present, be respectful of them and their privacy.

When personal details and private information are discussed, each person who is in contact with the information becomes responsible for upholding the confidentiality of that person's information. Contact with private information may be unintended or accidental, but the professional and ethical responsibility for maintaining confidentiality always applies.

When personal details or professional actions become the subject of discussion, avoid gossip and speculation. If a person or their actions has caused concern, midwives are advised to limit discussion to areas appropriate for professional peer review.

Midwives are encouraged to include discussion of their confidentiality practices as part of their informed disclosure process with clients.

Midwives are advised to implement confidentiality considerations whenever client information is discussed.

Complaints regarding breach of privacy or confidentiality in peer review will be addressed through the Accountability Case Review process. Review of incidents where there has been a perceived breach of privacy or confidentiality will utilize resources such as the midwife's Informed Disclosure form, confidentiality agreements, informed consent documents, practice guidelines, and HIPAA Privacy and Security Rules.

HIPAA Privacy and Security Rules

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

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

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

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

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

Informed Consent and Informed Disclosure

Position Statement on Shared Decision Making and Informed Consent

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

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

Glossary for Informed Disclosure and Informed Consent

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

Informed Disclosure: A form written in language understandable to the client which includes a place for the client to attest that they understand the content by signing their full name. The form must include a description of the midwife's training and experience (including credentials), legal status, philosophy of practice, list of services provided, transfer/consultation protocols, transport plan, the NARM Accountability Process, and HIPAA Privacy and Security Disclosures.

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

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

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

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

Informed Disclosure for Midwifery Care

NARM requires that CPMs provide an informed disclosure (see definition) to all of their clients at the onset of care.

Components of an Informed Disclosure for Midwifery Care

NARM requires the Certified Professional Midwife to have written statements of Informed Disclosure for Midwifery Care on file for each client. Informed disclosure forms should be written in language understandable to the client and there must be a place on each form for the client to attest that they understand the content by signing their full name. The signed forms should be maintained in the client's chart. The form titles should include "Informed Disclosure for Midwifery Care," and must include, at a minimum, the following:

1. A description of the midwife's education, training, and experience in midwifery. In group practices, the Informed Disclosure should describe the different provider types the client will see during their care. Information relating to the individual provider's education, training, and experience in midwifery should be included in the Informed Disclosure Document, or the document should state where the client can find this information on the practice's website;
2. The midwife's or group practice's philosophy of practice;
3. A statement regarding the availability of Practice Guidelines upon the client's request. Practice Guidelines should include antepartum, intrapartum and postpartum conditions requiring consultation, transfer of care and transport to a hospital;
4. A medical consultation, transfer, and transport plan;
5. The services provided to the client by the midwife;
6. The practice providers' current credentials and legal status;
7. Whether the practice has student midwives, including a statement that all care provided by student midwives is directly supervised by a NARM Registered Preceptor. The client should have the option to decline student participation in their care;
8. NARM Accountability Process (including applicable licensing board for the practice's providers and facility); and
9. HIPAA Privacy and Security Disclosures

Informed Consent for Waiver of Midwife's Plan of Care

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

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

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

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

Resources for Informed Disclosure and Informed Consent:

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

CPM Practice Guidelines

All Certified Professional Midwives are required to have written Practice Guidelines. In the CPM Application, the candidate and their preceptor sign affidavits that the candidate has created Practice Guidelines, Emergency Care Form, Informed Disclosure (given at initiation of care), and Informed Consent documents (used for shared decision making during care), forms and handouts relating to midwifery practice, and an emergency care form. In the recertification application, the CPM again signs a statement verifying that they have written Practice Guidelines and will utilize Informed Consent in sharing these protocols with their clients. NARM does not require these documents be turned in with every application. Audits require candidates to send copies of their Practice Guidelines and other documents to the NARM Application Office to verify compliance with NARM's standards.

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

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

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

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

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

NARM Accountability and Appeal Policy

I. Overview

The North American Registry of Midwives (NARM) recognizes its responsibility to protect birthing families and the integrity and value of the Certified Professional Midwife (CPM) certification by taking an active role in evaluating allegations of misconduct by CPMs or CPM applicants. A CPM or CPM applicant who is the subject of a written complaint (the “Respondent”) is required to participate in the disciplinary process. Failure or refusal by the Respondent to participate shall result in revocation of the CPM credential or rejection of the CPM application.

II. Initiating Complaints

- A. Complaints must be received within two (2) years of the conclusion of care or complaints originating from a State regulatory board or quality assurance (QA) program must be received within 90 days of completion of said regulatory or QA investigation.
- B. Complaints must be initiated through the NARM Complaint form or by request to accountability@narm.org.
- C. Complaints may be initiated by:
 1. a midwifery client;
 2. a state licensing board or regulatory body;
 3. a state QA Program;
 4. an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint; or
 5. a CPM applicant.
- D. Complaints against a Respondent who is a CPM applicant
 1. If the CPM applicant is engaged in the Portfolio Evaluation Process (PEP), the complaint must include their preceptor as Respondent
 2. If the CPM applicant is enrolled in a MEAC accredited education program, the complaint will be referred back to the educational body for internal review
- E. A complaint may be made against a midwife whose CPM certification has been revoked, expired, or retired. NARM cannot require a midwife who is not a CPM to participate in the NARM Accountability Process, however participation is a requirement of recertification should the midwife apply to recertify.

III. Basis for Accountability Review

- A. NARM may address any complaint or concern that falls into the following categories:
 1. Fraud or deceit in an application, reapplication, or other communication to NARM, including, but not limited to, providing a false or misleading statement and/or knowingly assisting another to obtain or attempt to obtain NARM’s certification or recertification by fraud or deception.
 2. Irregularity regarding the NARM Examination, including, but not limited to, providing or receiving unauthorized assistance before, during, or after an exam, providing false information to gain admittance to an exam, or impersonating another examinee.
 3. Misrepresentation of certification or violation of NARM’s personal and/or intellectual property rights, including, but not limited to, unauthorized access, possession of, use of, distribution of, or access to NARM’s: exams; certificates, name, trade name, certification mark, service mark, trade dress or trademark; or other personal and/or intellectual property.
 4. Chronic or acute abuse of alcohol, prescription medications, street drugs, or other substances that produce intoxicating effects; new onset or ongoing instances of cognitive impairment caused by physical or mental conditions such as injury, illness, or degenerative disorders that impair the Respondent’s professional performance as a CPM.

5. Limitation or sanction by a federal, state, or private licensing board, administrative agency, association, or health care organization relating to public health or safety, or midwifery practice.
6. Conviction of, plea of guilty to, or plea of nolo contendere to a crime directly relating to midwifery practice and/or public health and safety.
7. Engaging in conduct not consistent with professional standards, including, but not limited to: any practice that creates unnecessary danger to the life, health, or safety of a client or their baby (fetus or neonate) or a neonate in the Respondent's care; or any practice that is contrary to the ethical conduct appropriate to the midwifery profession. Actual injury to a client or baby (fetus or neonate) need not be shown.
8. Unprofessional conduct that includes any actions or omissions that compromise client safety, quality of care, or professional integrity.
Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, or supplement in a manner inconsistent with widely accepted standards; or falsification of health records.
9. Breaches of confidentiality including but not limited to disclosure of client protected health information (PHI), sharing of identifying photos, videos, or stories on social media or in another social manner without permission.

B. NARM will not address complaints:

1. Without sufficient information including the name of client, a description of the event, and identification of the applicable complaint category described in III (A).
2. That do not indicate a violation of midwifery practice standards.

C. NARM reserves the right in its discretion to address a complaint or concern not set forth above. NARM reserves the right in its discretion to dismiss any complaint it deems unfounded.

IV. Priority Cases

- A. Receipt of a complaint(s) about a CPM that poses potential severe and immediate danger to birthing families may result in immediate actions by NARM Accountability Review Committee (ARC) in conjunction with the approval of the NARM Executive Director, including termination or suspension of certification or referral to outside authorities.
- B. Receipt of a complaint about a CPM who has previously been found at fault and sanctioned for one or more of the categories in section III (A), where the new complaint represents an urgent situation that poses immediate danger to birthing families, NARM ARC in conjunction with the approval of the NARM Executive Director may take immediate actions:
 1. To ensure time to conduct a thorough and fair accountability review of the complaint while protecting birthing families and the integrity of the CPM credential, NARM may suspend a Respondent's CPM certification.
 2. The Respondent will be notified via certified mail, and the suspension will be effective immediately upon receipt of notice.
 3. If the Respondent practices in a state in which a state licensing board or regulatory agency has jurisdiction, NARM will notify said entity of the complaint immediately upon issuing the suspension.
 4. NARM Accountability Program, understanding the implications of temporary suspension, will give priority status in hearing the complaint review in order to achieve a timely resolution..
- C. Compliance with the suspension notice
 1. Respondent will notify all current clients in writing of suspension of the CPM credential within two (2) weeks
 2. Respondent will remove "CPM" designation from all documents, advertising, and social media until and if suspension is lifted

- D. Failure to comply with the suspension notice will result in revocation of the CPM credential.
 - 1. Failure to sign certified mail receipt of notice of suspension will result in revocation of the CPM credential.
 - 2. It is the responsibility of CPM or applicant to maintain a current mailing address with NARM.
 - 3. Failure to participate in the accountability review will result in revocation of the CPM credential.

V. Accountability Review

- A. Following receipt of a complaint, the NARM Case Coordinator or designated staff shall notify the Respondent in writing of the complaint allegations and provide a written request for all records pertaining to the case. The Respondent must respond in writing and submit all records pertaining to the case via a secure portal or certified mail within 14 business days of being notified. Upon receipt of records, NARM will issue a written receipt via email and U.S. mail. Failure to respond to the notice in whole or in part may result in revocation of the CPM or cancellation of the CPM application.
- B. Identity of the complainant shall not be disclosed to the Respondent at any point in the accountability process, including at completion of Accountability Case Review or appeal.
- C. The Accountability Case Review will be conducted by the Accountability Review Committee (ARC) consisting of the Accountability Case Coordinator, the Accountability Administrator, and three (3) volunteer Accountability Peer Reviewers.
- D. All proceedings, documents, and testimonies of the Accountability Case Review are confidential and may not be disclosed to any individual or entity outside of NARM with the exception of disclosures initiated by subpoena.
- E. All Accountability Review Proceedings and case details are confidential. ARC members shall each be required to sign confidentiality agreements prior to engaging in the Accountability Case Review process.
- F. NARM may disclose findings and sanctions of suspension or revocation to State licensing boards, regulatory agencies, or legal authorities as deemed necessary to protect birthing families and preserve the integrity of the CPM credential.
- G. Respondent has the right to secure legal counsel at any point in the Accountability Review process. The NARM Accountability Review Procedure can be found at narm.org or may be requested by emailing accountability@narm.org.

VI. Possible Outcomes of Accountability Review

- A. The ARC may render any one or a combination of the following decisions deemed appropriate under the circumstances:
 - 1. exoneration of the Respondent;
 - 2. imposition of corrective actions to be performed by the Respondent;
 - 3. revocation of the CPM certification, NARM Registered Preceptor Registration, or rejection of the CPM application;
 - 4. notification of sanctions to state licensing and/or regulatory entities; or
 - 5. other sanctions that may be determined by the ARC to be appropriate.

VII. Notification

- A. The following notifications of the ARC's decision shall be made:
 - 1. to the Respondent;
 - 2. to the Complainant; and
 - 3. in the case of revocation:
 - a) a public notice of revocation shall be posted and shall remain posted online at www.narm.org; and
 - b) states that use the CPM certification for their licensure process shall be notified.

VIII. Appeals

- A. Respondent may submit an appeal of an ARC determination of findings to the Accountability Program.
 - 1. Requests for appeal must be initiated by contacting NARM at accountability@narm.org.
 - 2. Requests for appeal must be received by the NARM Accountability Program within thirty (30) days of receipt of NARM ARC notification of final findings and sanctions.
- B. Requests for appeal will be considered by the Case Coordinator and Accountability Administrator with the approval of the NARM Executive Director.
- C. An appeal may be granted if:
 - 1. the Respondent provides additional material facts and/or circumstances that were not available during the ARC's deliberations; or
 - 2. if the ARC made a material error in its deliberations or decision.
- D. Failure of the Respondent to present material facts and/or circumstances in the Accountability Review Process that were knowingly available to the Respondent at the time shall not serve as the basis of an appeal.
- E. NARM Case Coordinator or designated staff will notify Respondent of decision to grant or deny request for appeal.,
 - 1. Notification will be provided within thirty (30) days of request for appeal.
 - 2. Notification will be issued via certified mail.
- F. Appeal reviews will be conducted by the NARM Executive Director and ARC.
 - 1. The ARC will be comprised of the Case Coordinator, Accountability Administrator, and three (3) newly identified case reviewers.
 - 2. The Accountability Case Reviewers will be appointed by the Accountability Case Coordinator and confirmed to have no prior knowledge of the case and no prior relationship to the Respondent, Complainant or Client.
- G. All findings made by the Appeal committee are to be considered final.
- H. The NARM Appeal Procedure may be requested by contacting NARM at accountability@narm.org.

X. Preceptor/Student Accountability

- A. Complaints received involving the PEP Preceptor/Student relationship will be addressed by the NARM Accountability Program and the Accountability Case Review Process.
 - 1. Complaints lodged about Preceptor/Student relationships while participating in a MEAC accredited program will be referred to the educational program.
 - 2. Complaints meeting the criteria in III (A) above will be subject to review by the ARC.
 - 3. Complaints that do not meet the criteria in III (A) will be forwarded to the NARM Eligibility Program.
- B. Complaints involving the PEP Preceptor/Student relationship that meet the complaint criteria in III (A) will be subject to the Accountability Review Process and all notifications, possible outcomes, and right to appeal therein.
- C. Complaints involving the PEP Preceptor/Student relationship must be initiated through the NARM Complaint form or by emailing accountability@narm.org.

NARM Accountability Case Review Procedures

I. Accountability Review Procedure

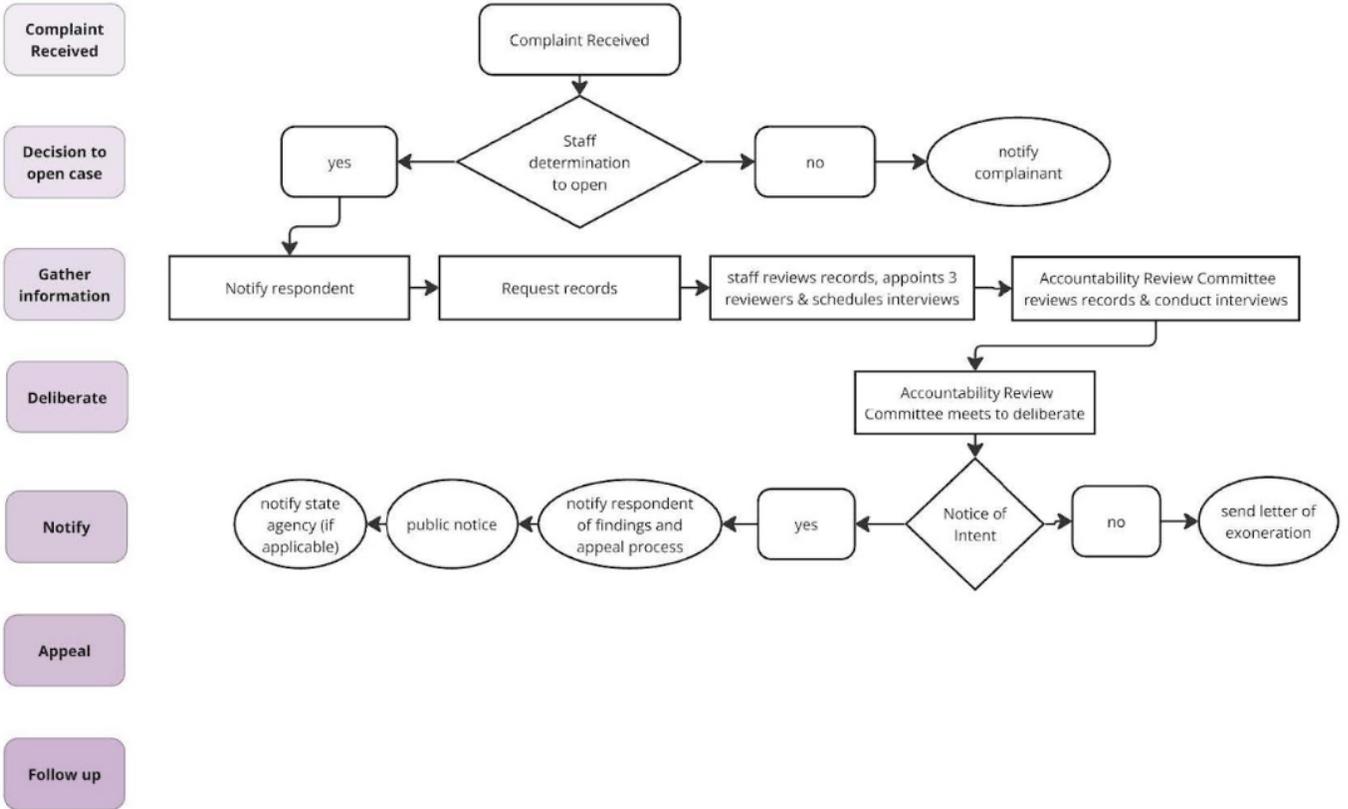
- A. The NARM Accountability Program staff shall notify the Respondent (CPM) of the specific allegations made by the complainant. The Respondent must respond within 14 business days of being notified. Notification will be issued by certified mail. Failure to respond to the notice may result in revocation of the CPM or cancellation of the CPM application.
- B. The accountability case review shall be held as follows:
 1. Accountability case reviews are conducted by The Accountability Review Committee (ARC) consisting of The AP Case Coordinator and Administrator and three (3) members of the Accountability Reviewer Pool who have no knowledge of the case and no prior relationship to the Respondent, Complainant, or Client
 2. Accountability Reviewers are appointed by the Case Coordinator from the NARM Accountability Reviewer Pool.
 3. Respondent will be required to participate in scheduled accountability case reviews, regardless of personal or professional commitments.
 4. Clients are not required to participate in disciplinary hearings, but may be invited to do so by the ARC.
 5. Clients may be asked for, but are not required to provide, any video or photo documentation of the event in question and/or deposition of experience as part of case review.
 6. Respondent and other providers/institutions directly involved in the case will submit records to the NARM Accountability Program via a secure portal.
 7. The Coordinator of the ARC shall establish the date of the case review and deadlines for submission of documents. In establishing dates and deadlines, the Coordinator shall ensure that they permit adequate time for the Respondent to prepare submissions and for testimony.
 8. The Respondent shall be permitted to submit documentation supporting their position and shall be required to appear at the case review.
 9. The appearance may be telephonically, by video conferencing, or in person and shall be at the Respondent's own expense.
 10. The ARC shall render its decision within ninety (90) days of the hearing.
 11. The ARC shall include with its decision a timeline for completion and review of any prescribed remediations including but not limited to continuing education, practice under supervision, or chart review.
 12. The Respondent has the right to appeal the decision by the ARC.

II. Accountability Appeal Process

- A. Requests for appeal will be considered by the Case Coordinator and Accountability Administrator in conjunction with the approval of the Executive Director.
- B. Requests for appeal will be considered if received within 60 days of issuance of a notice of intent to Respondent.
- C. Respondent will be notified of their right to Appeal at the time of issuance of notice of intent
 1. Access to the Appeal request form will be provided .
 2. Criteria for granting a request will be provided.
 3. Notification of the 60 day timeframe for requesting an Appeal.
- D. NARM Case Coordinator Director of Accountability or designated staff will notify Respondent of decision to grant or deny request for appeal.
 1. Notification will be provided within thirty (30) days of request for appeal, and
 2. notification will be issued via certified mail.

- E. Appeals will be granted to a Respondent following closure of an Accountability Case Review in which a notice of intent is issued if:
 - 1. the Respondent provides additional material facts and/or circumstances that were not available during the ARC's deliberations;
 - 2. the ARC made a material error in its deliberations or decision; or
 - 3. the request for Appeal is received by NARM Accountability Program within the 60 day timeframe.
- F. Upon granting a request for appeal, the NARM AP will appoint three (3) new Case Reviewers from the Accountability Case Reviewer Pool who have no prior Knowledge of the case and no prior relationship to the Respondent, Complainant, or Client
- G. The Appeals ARC will consist of the Accountability Case Reviewer, Administrator, three (3) newly appointed case reviewers, and the NARM Executive Director
 - 1. The Appeals ARC will receive all chart notes and relevant records pertaining to the case, including recordings of initial interviews.
 - 2. The Appeals ARC will receive access to any new material facts and/or circumstances that were not available during the initial deliberations.
 - 3. The Appeals ARC upon review of documents will meet for deliberation and to prepare for interview with the Respondent.
 - 4. Following interview with Respondent, the Appeals ARC will meet to deliberate and issue a final determination on the case.
- H. All findings made by the Appeal committee are to be considered final.
 - 1. Notice of Appeal determinations will be sent via certified mail.
 - 2. The Appeals ARC shall render its decision within ninety (90) days.
 - 3. In the case of revocation of the CPM credential, notice will be made public on the NARM website.
 - 4. In the case of revocation, the state regulatory agency or licensing board will be notified.

Complaint and Review Process



Glossary of Terms Used in Accountability Policy

Accountability Administrator: The program receives complaints against a CPM or CPM candidate, implements the Accountability Case Review Policy and Process, and coordinates with the Executive Director to align policy across NARM programs. The Program participates in data collection pertaining to complaints and case reviews for the purpose of quality improvement.

Accountability Case Coordinator: Accountability Program (AP) staff. A member of the Accountability Review Committee (ARC). Responsible for implementation of the Accountability Case Review Process, training staff and volunteers in Case Review Process, alignment of policy across programs at NARM. Directs the assignment of volunteer Case Reviewers

Accountability Program: Two staff members. An Accountability Case Coordinator and Accountability Administrator. The program receives complaints against a CPM or CPM applicant (Respondent), implements the Accountability Case Review Policy and Process, coordinates with the Executive Director to align policy across NARM programs. Participates in data collection pertaining to complaints and case reviews for the purpose of quality improvement.

Accountability Review Committee(ARC): Accountability Case Coordinator, and Accountability Administrator, and three (3) volunteer Case Reviewers. Responsible for reviewing charts and other documentation pertaining to a complaint filed with the Accountability Program (AP) against a CPM (Respondent), conducting interviews with the Respondent and other individuals with direct knowledge of the case, and making determinations regarding violations of midwifery standards and issuing sanctions when indicated.

Accountability Reviewer Pool (ARP): A pool of volunteer CPMs trained as case reviewers whose role is to participate on the Accountability Review Committee in response to complaints filed against a midwife holding the CPM credential (the Respondent).

Appeal: A formal request to reverse a previous decision regarding a specific case made by a Respondent to the Accountability Program. Requires Respondent to provide additional material facts that were not available at time of initial case review, or evidence that NARM ARC did not follow AP policy and procedure during the course of initial review.

Case Review: The process engaging the Accountability Review Committee (ARC) in the review of a complaint filed against a CPM (Respondent), all records pertaining to the event in question, and interview of the Respondent for the purpose of determining if violations of midwifery standards occurred.

Confidentiality: When applied to the Accountability Case Review, implies that all information, including but not limited to, details of the complaint, identity of the complainant, client or others directly involved in the case, or factual information found in records that is disclosed in the Case Review process will not be shared by anyone who participates in the Case Review. Any discussions surrounding the complaint and Case Review will be conducted only during formal and secure Accountability Review Committee (ARC) meetings. In the event of a revocation, a public notice of revocation will be posted on the NARM Accountability Program website. Details of the case will not be disclosed. In the event a subpoena is issued to NARM for documents pertaining to a Case Review, these documents are not protected under NARM Accountability Program confidentiality agreements

Complainant: An individual who files a formal complaint with NARM Accountability Program (AP) regarding the conduct of a CPM. As per Accountability Policy a complainant may be a client, state licensing board or regulatory body, a state QA program or an individual or entity with direct knowledge of relevant facts and circumstances sufficient enough to warrant a complaint

Complaint: A formal complaint filed against a CPM alleging misconduct as outlined in the AP Policy. Complaints must be formally filed with the Accountability Program using the standard complaint form available on the NARM website or by request in paper format.

Entity: A facility or organization including a hospital, medical office, emergency response facility, or insurer.

Revocation: Immediate and permanent removal of the CPM credential. A midwife will no longer be allowed to identify as a Certified Professional Midwife in any capacity. Revocation notices will be made public on NARM Accountability website. When applicable, states utilizing the CPM credential for regulatory purposes will be notified of the revocation.

Secure portal: NARM will maintain an encrypted portal for the submission of documents pertaining to complaints and the case review process. Access will be granted to Accountability Review Committee (ARC) members and Accountability Program staff when participating in a case review.

Respondent: A CPM who has had a complaint filed against them and is now in the process of investigation by NARM Accountability Program (AP).

Suspension: temporary suspension of the CPM credential for a determined period of time, and whose reinstatement is contingent upon completion of prescribed remediation efforts.

Unprofessional Conduct: Actions or omissions that compromise client safety, quality of care or professional integrity. Examples include: failure to collaborate with other health professionals when client safety/well-being may be compromised; misrepresentation of a drug, procedure, substance, device, supplement in a manner inconsistent with widely accepted standards; falsification of vaccination or other health records.

Glossary

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

The terms defined herein are specific to the CPM process.

Accountability: The check and balance system built into the certification process. Accountability includes continuing education, informed consent, peer review, complaint review, and the grievance mechanism.

ACNM: American College of Nurse Midwives; the professional association that represents Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) in the United States.

AMCB: American Midwifery Certification Board.

Assistant Under Supervision: A student midwife who is being taught to perform the skills of a midwife through hands-on clinical experience in gradually increasing degrees of responsibility.

Audit: A methodical examination and review of application materials, including any additional requested materials, such as practice documents and charts. Audits may be conducted randomly or for multiple discrepancies on any application type, including recertification applications.

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

CPR: Cardiopulmonary Resuscitation. Approved CPR courses include the American Heart Association, the Red Cross, and American Safety and Health Institute (ASHI) Basic Life Support.

CNM: Certified Nurse Midwife. An advanced practice registered nurse who has specialized education and training in both the disciplines of nursing and midwifery and is certified by the AMCB.

CM: Certified Midwife; A direct entry midwife who is certified by the AMCB.

Certified Professional Midwife (CPM): A professional independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM) and adheres to the Midwives Model of Care.

CEU: Continuing Education Unit; continuing education credits which are usually represented as credit hours but sometimes as units. For NARM recertification one contact hour equals one CEU.

Charts: A record of information about a client. Complete charts include the prenatal care record, labor and delivery records, newborn exam record, and postpartum record.

Client Code: Each client must have a unique code. If there is more than one birth, including twins, with any given client, there must be a different code assigned for each subsequent birth. If a preceptor has more than one student (applicant), each chart must have a code that all students will use. Students should not develop different codes for the same client.

Clinical: Any direct observation or evaluation of a client, e.g. – a birth, prenatal, postpartum, or newborn exam.

Clinical Experience: Any experience involving direct observation or evaluation of a client and signed for by a witness or Registered Preceptor.

Confidentiality: The protection of individually identifiable information, specifically client information.

Continuing Education: Keeping up with new developments in the field of midwifery, upgrading skills, acquiring new information, and reviewing skills and knowledge.

Glossary, continued

Continuity of Care (COC): Care provided throughout prenatal, intrapartum and postpartum periods. For the purposes of the NARM application, primary under supervision care must be provided for a minimum of five prenatals spanning at least two trimesters, the birth, including the placenta, the newborn exam, and at least two postpartums. Transports are not accepted for Continuity of Care births.

Co-Primary: A midwife who shares care of a client with another midwife, with each midwife bearing equal responsibility for the actions, inactions, and collective decisions.

Core Competencies: The Midwives Alliance of North America Core Competencies; a document of guidelines which establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice, providing the basis for the CPM credential.

Currency: Documentation of additional births and/or clinicals, which may be required for applications that have been in process for an extended period of time. Minimum required clinical experiences must span no longer than ten years, with at least ten out of hospital births within the last three years.

Education and Counseling: Information and discussion of components of the CPM Informed Consent Process and Shared Decision Making, provided in verbal and written language understandable to the client.

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

Emergency Care Form: A form individualized for each client, which should include the client's name, address, phone number, hospital chosen for transport (with telephone number), name and contact information of anyone who may be involved in the care of the client (such as client doctors or the backup physician for the midwife), and any person that the client lists as an emergency contact.

Expired CPM: One who has previously been issued the CPM credential but, within 90 days after their expiration date, has not provided documentation of maintaining the requirements of recertification.

Expired Application: is one that has been incomplete for longer than the allowed time frame or Suspended beyond the allowable timeframe and is no longer valid. Once expired, the applicant must restart the process, including submission of new forms and fees.

Falsification of Documents: The act of knowingly providing false, misleading, or altered information on an application, clinical documentation including falsification of medical records/charts, or any other materials required for NARM application forms.. This includes modifying dates, changing signatures, misrepresenting clinical experiences, or submitting fabricated preceptor verification.

Fetal/Neonatal Death: A death from 20 weeks intrauterine gestational age to 28 days old.

Forgery: The act of creating, altering, or imitating a document, signature, or official record with the intent to deceive. This includes, but is not limited to, signing another person's name, altering official documents, or fabricating information.

Inactive CPM: Voluntary suspension of CPM credential on an annual basis not to exceed three years; during which time the use of the CPM credential is prohibited. Inactive CPMs are also prohibited from serving as a NARM Registered Preceptor unless registered as a preceptor using another credential.

Informed Consent Form: A midwife's documentation of the process leading to the decision made by a client that is outside the Midwife's Plan of Care, which must include evidence that the client was fully informed of the potential risks and benefits of proceeding with the new care plan.

Glossary, continued

Informed Consent Process: Ongoing verbal and written education about risks, benefits and alternatives to the Midwife's Plan of Care. The midwife utilizes individualized counseling based on their practice guidelines and skill level, the client's medical history, and written documentation of a care plan that includes signatures of the client and midwife when appropriate. The Informed Consent Process necessitates revisiting areas of consent and non-consent over time and as changes occur.

Informed Disclosure: A form written in language understandable to the client which includes a place for the client to attest that they understand the content by signing their full name. The form must include a description of the midwife's training and experience (including credentials), legal status, philosophy of practice, list of services provided, transfer/consultation protocols, transport plan, the NARM Accountability Process, and HIPAA Privacy and Security Disclosures.

Initial Prenatal Exam: The Initial Prenatal Exam should be performed by the student midwife at their first encounters with the client over no more than two visits for the purpose of screening suitability for out of hospital birth. It includes an intake interview, history (medical, gynecological, family), and physical assessment. The client must be offered all the assessments listed in Skills Verification Form 201a, Maternal Health Assessment, "Performs a physical examination." NARM respects the right of the client to decline the physical exam as a whole or in part. When the client exercises this right of refusal, this should be noted in their chart, and the Initial Prenatal Exam may still count on Form 112b even without a full physical examination.

Licensed Midwife: A midwife who is legally recognized and regulated by their state.

MANA: Midwives Alliance of North America.

MEAC: Midwifery Education Accreditation Council.

Mediation: Process utilizing a third agreed upon party to bring about agreement or reconciliation among disputing parties.

Mentor: See NARM Registered Preceptor.

Midwife: One who attends a woman in childbirth as the primary care provider.

Midwife's Plan of Care: A care plan provided by the midwife to their client which is informed by their training, competency, practice guidelines, regional community standards of both medical and midwifery maternity care providers, and legal requirements. The Plan of Care includes both written and verbal communication and is revisited throughout the course of care as changes occur and at the time an exam or procedure is provided. A client may refuse a procedure at any time.

NARM: North American Registry of Midwives.

NARM Registered Preceptor: A midwife who meets requirements for supervising CPM candidates and has current, approved registration through NARM. The Registered Preceptor must be credentialed as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years.

Neonatal resuscitation courses must be approved by the American Academy of Pediatrics, the Canadian Paediatric Society, or pre-approved by NARM. Courses must be approved for use in the U.S. or Canada.

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

Glossary, continued

Observer: One who is physically present and observes a labor and birth *other than their own*.

OO: Out of Country; specifically, midwifery training conducted outside the U.S. or Canada.

Out-of-hospital Birth: A birth in a home, freestanding birth center, or other location not connected to a hospital.

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

PEP-EL: Portfolio Evaluation Process – Entry Level; the application route through which midwifery apprenticeship with one or more Registered Preceptors is thoroughly documented for review for the purpose of qualifying for the CPM credential.

PEP-EM: Portfolio Evaluation Process – Experienced Midwife; the application route through which a midwife's experience (a minimum of five years of experience beyond training) is thoroughly documented for review for the purpose of qualifying for the CPM credential. This application route was discontinued December 31, 2019.

Phase 1: The first of four phases of the PEP-EL application, requiring documentation of births attended as an Observer. Phase 1 serves as an orientation to a preceptor's practice.

Phase 2: The second of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as an Assistant Under Supervision. Phase 2 provides the applicant with appropriate instruction and training in preparation for providing primary midwifery care under the direct supervision of a Registered Preceptor during Phase 3.

Phase 3: The third of four phases of the PEP-EL application, requiring documentation of midwifery clinical experience as a Primary Under Supervision, verification of skills, CPR/NRP certifications, verification of utilization of practice documents, and references.

Phase 4: The fourth of four phases of the PEP-EL application, requiring documentation of additional births as a Primary Under Supervision. Phase 4 must be submitted within six months of passing the NARM Examination.

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

Plan of Care: See Midwife's Plan of Care.

Planned Hospital Birth: A birth planned for the hospital setting prior to the onset of labor.

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

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

Preceptor: See NARM Registered Preceptor.

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

Glossary, continued

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

Primary Under Supervision: A student midwife who provides all aspects of care as if they were in practice, although the supervising midwife has primary responsibility and is present in the room during all care provided. For Primary Under Supervision Births this includes labor management, the birth including the placenta, and immediate postpartum care.

Protocols: See Practice Guidelines.

Recertification: The process through which a CPM renews credentialing every three years by documenting CEUs, peer review, cultural awareness, and current CPR/NRP certifications.

Recertification After Expiration: The process through which an expired CPM may reapply for the CPM credential by documenting birth experience, CEUs, peer review, cultural awareness, and current CPR/NRP certifications. The expired CPM will be required to retake the NARM Examination unless they hold another current credential (such as a state license) recognized by NARM.

Registered Midwife: See Licensed Midwife.

Registered Preceptor: See NARM Registered Preceptor.

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

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

Standards of Practice: See Practice Guidelines.

State Licensed: See Licensed Midwife.

Supervisor: See NARM Registered Preceptor.

Suspended application: refers to an application that has not met required deadlines for corrections or communication, despite multiple outreach attempts from NARM. A Suspended status pauses the application review process and the applicant must respond to reinstate their application within the defined timeframe.

Transport: Transfer of care during labor to another primary caregiver including labor management, the birth including the placenta, and immediate postpartum care. In the case of transfer the student must remain with the client through the birth (if possible), and continue to be present through the immediate postpartum period. The supervising preceptor must be present until transfer of care has occurred. The student's presence must be documented on the client's chart in the transport notes.

Trimesters: First trimester is conception to 13 weeks, 6 days; second trimester is 14 weeks, 0 days to 27 weeks, 6 days; third trimester is 28 weeks, 0 days to the birth.

Witness: Anyone other than the applicant present at a birth.