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American Public Health Association Resolution Passes

After five years of revising and refining, the resolution “Increasing Access To Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-Entry Midwives” was approved by the American Public Health Association (APHA) governing Council. The text of the resolution is provided below. The Resolution in its entirety, including foot notes can be found on NARM’s webpage at www.narm.org. It is available as a PDF file at www.cfmidwifery.org.

The intent of both the authors as well as APHA was to draft a resolution that supported access to out-of-hospital maternity care by qualified providers, not to support a specific credential. Currently both Certified Professional Midwives (CPM) and Certified Midwives (CM) would qualify as state-regulated and nationally-certified direct-entry midwives. It is possible that in the future there would be additional certifications available that would also fall under the broad constructs of this resolution.

This resolution was the work of many people over a number of years. The authors include: Sharon Wells, MS, LM, CPM, a midwife who also holds a masters degree in education and is currently on staff at Draughons College in Nashville, TN; Carol Nelson, LM, CPM, a midwife who, among other pursuits, serves the Amish community near her home in Summertown, TN; Jonathan B. Kotch, MD, MPH, Professor and Associate Chair of the Maternal Child Health program at University of North Carolina, Chapel Hill and past chair of the Maternal Child Health section of APHA; Stanley H. Weiss, MD, FACP, Associate Professor, Preventive Medicine at New Jersey Medical School – UMDNJ in Newark, NJ, as well an active member of the Epidemiology section of APHA; and James Gaudino, MD, MS, MPH, MCH Medical Epidemiologist at the Epidemiology Center, Northwest Portland Area Indian Health Board in Portland, OR, as well as an active member of the Epidemiology section of APHA. In addition, Stanley Weiss and James Gaudino served in an advisory capacity with Ken Johnson and Betty Ann Daviss regarding the final methodology design for the CPM Statistics 2000 project.

Submitted by:

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“Increasing Access To Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-Entry Midwives”

THE AMERICAN PUBLIC HEALTH ASSOCIATION,

Reaffirming its position on credentials for health occupations, that there should be alternative routes involving educational systems of selection and preparation, and legal systems of licensing by which people can prepare and qualify for health occupations (1)

APHA Resolution

CPM News

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

Deadlines for submissions are December 1 and June 1. Send all newsletter material to: Debbie Pulley, 5257 Rosestone Drive, Lilburn, GA 30047 or info@narm.org

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

Contact Information

NARM General Information

(or to order How to Become a CPM)
888-842-4784

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PO Box 140508
Anchorage, AK 99514
907-689-7792

NARM Board
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5257 Rosestone Drive
Lilburn, GA 30047
888-842-4784
Info@narm.com

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West Jefferson, OH 43162
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Reaffirming its recognition that many women seek birthing alternatives⁽²⁾ and,

Recognizing that pregnancy and birth are normal life events for a majority of women, ^(3,4,5) and,

Reaffirming its endorsement of the philosophy of family-centered maternity care, the importance of continuity of care, and the use of a variety of licensed care-givers, ⁽⁶⁾

Recognizing that Direct-entry Midwives encompass a diverse group of midwives that have entered the profession directly through midwifery education and training, and not through a pre-requisite program such as nursing.⁽⁷⁾

Recognizing that there are alternative educational systems of selection and preparation for national certification of Direct entry Midwives that include either the Certified Professional Midwife (CPM) credential and the Certified Midwife (CM) credential; and that both require didactic programs, written examinations and clinical experience. ^(8,9) In the case of the Certified Professional Midwives the didactic component consists of education in a program accredited by an agency that is recognized by the US Department of Education or the PEP Program, the North American Registry of Midwives competency-based, educational portfolio evaluation, and the clinical component is equivalent to one year of experience which includes more than a thousand contact hours under the supervision of one or more preceptors, some of which must be in out-of-hospital settings, but none of which need to be in hospital settings;⁽⁸⁾ and in the case of the Certified Midwife (CM) credential requires education in institutions of higher learning accredited by an agency that is recognized by the US Department of Education to meet the same standards that Certified Nurse Midwives must meet, completing core science requirements similar to those required for a nurse, and fulfilling core midwifery requirements that are a part of all accredited nurse-midwifery education programs, and clinical experi-

ence that must include hospital experience, but is not required to include out-of-hospital experience.⁽⁹⁾

Recognizing that individual states interested in incorporating direct-entry midwives into their health care systems are moving towards regulatory models based on national certification.⁽⁵⁾

Recognizing evidence that many women seek alternatives to hospital care for normal pregnancy and birth, and,

Recognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes ^(10,11,12,13,14) and,

Noting that an epidemiological study of Certified Professional Midwives (CPMs) is ongoing in order to further substantiate practice outcomes, safety, client satisfaction, and practitioner competency is in progress; ⁽¹⁵⁾

Recognizing that out-of-hospital settings have the potential for reducing the costs of maternity care; ^(7,12,16)

Recognizing evidence that access to quality maternity caregivers remains an important issue, particularly for underserved urban and rural communities; ⁽¹⁷⁾ which may be addressed through out-of-hospital maternity services in some communities; and

Reaffirming that the APHA currently recognizes the value of and promotes educational opportunities for nurse-midwifery,⁽¹⁸⁾ and that many professionals recognize the contributions of direct-entry midwifery; and

Reaffirming that APHA has been an innovator in public health care by supporting research on alternative and complementary medicine ^(1,19) and increased access to midwifery services in the United States, ⁽²⁰⁾

Recognizing that there should be alternative routes involving educational systems of selection and preparation, and legal systems of licensing by which people can prepare and qualify for health occupations, including those direct-entry midwives who are nationally-

certified and who have successfully completed “a recognized midwifery education process”; (21,22,23,25) and

Recognizing evidence that direct-entry midwives have multiple educational routes (22,24) available to them in order to meet the entry-level requirements of knowledge, skills and experience; (22,24,25)

Recognizing evidence that individual states interested in incorporating direct-entry midwives into the health care system are moving towards regulatory models based on national certifications; (22)

Therefore, APHA

1. Supports efforts to increase access to out-of-hospital maternity care services and increase the range of quality maternity care choices available to consumers, through recognition that legally-regulated and nationally certified direct-entry midwives can serve clients desiring safe, planned, out-of-hospital maternity care services, and further:
2. Encourages the development and implementation of guidelines for the licensing, certification and practice for direct-entry midwifery practitioners for use by state and local health agencies, health planners, maternity care providers, and professional organizations;
3. Urges that there be increased opportunities, for supervised, clinical learning experiences, in a variety of settings, including both high-risk and low-risk, incorporated into direct-entry midwifery education programs;
4. Encourages an increase in cost effective maternal care services for rural and underserved urban populations by advocating for increases in funding of scholarships and loan repayment programs targeted at members of these communities;
5. Urges public and private insurance plans to eliminate barriers

to the reimbursement and equitable payment of direct-entry midwifery services in both public and private payment systems;

6. Encourages the National Center for Health Statistics, the U.S. Department of Health and Human Services and State Vital Records Offices to add the CPM as a separate certifier category on birth certificates to enable routine collection of systematic data;
7. Urges HRSA, CDC and state health departments to improve the collection and quality of vital statistics and other data to enhance the monitoring of birth outcomes (e.g., infant and perinatal mortality rates, maternal mortality rates, etc.) resulting from services provided by all practitioners including specific types of midwife practitioners;
8. Urges Congress and appropriate Department of Health and Human Services agencies to increase funding and other support for ongoing research and evaluation of maternal health and birth outcomes, practice outcomes, quality of care outcomes, and safety related to the services provided by direct-entry midwives.

The New CPM Brochure

The North American Registry of Midwives (NARM) is proud to make available a brochure about the Certified Professional Midwife (CPM). The brochure presents a basic overview of the CPM process. Also included is the *Midwives Model of Care* definition.

The latest version of the brochure, published in October, 2001, has an entire new “look”. The new CPM Brochure is ideal for handing out to clients, legislators, or anyone else you are interested in educating about the CPM process. For a free sample copy, send a

business-sized self-addressed stamped envelope to the North American Registry of Midwives, 5257 Rosestone Dr., Lilburn, GA 30047.

The brochures are \$.50 each plus postage. They can also be purchased in bulk for \$11.00/25 brochures, \$20.00/50 brochures (includes shipping and handling in the US and Canada). Please contact NARM for the cost of other quantities.

For more information and to see content of the brochure please see the NARM webpage.

New NARM Addresses

NARM has a new Applications Department address. All applications, requests for applications, and re-certifications should now be mailed to the address listed below. We will retain the Chugiak address for a while to catch mail that is sent there, but it won't be checked with the frequency it is now. All other correspondence should still go to the Lilburn address.

NARM also has a new web address:

www.narm.org

Most departments now have their own email addresses. I have also included those below. As always, please feel free to contact us if you have any questions.

NARM Applications
PO Box 140508
Anchorage, AK 99514

Information:
info@narm.org

Applications:
applications@narm.org

Testing:
testing@narm.org

Accountability:
accountability@narm.org

Committee Reports

Applications Report – December 20, 2001

Sharon K. Evans, Director of Applications

Applicants

154 application requests have been received YTD. There are 81 applicants in the Applicant Table, all in various phases of the certification process. The Applications Department has processed 82 new applications so far in 2001. All applications received are issued sequential numbers within the ID number which reflects the total numbers of applications received in a given year. Those in the Applicant Table at this time are as follows:

- In the initial Application process: 14
- In various phases of Testing: 52
- Certificates issued (waiting on specific items, i.e., audit items, etc.): 7
- Ready for certificates (waiting on items from Manitoba): 8

Delinquent Applications

Early in 2001, the Applications Department sent out a Delinquent Applications letter to all applicants. At this time four applicants have either not responded or have not completed their application requirements within the allotted timeframe. The Delinquent Applications letter states in part:

If any of these deadlines cannot be met, the applicant may request a six-month extension from the NARM Test Department. *If the deadlines and extensions pass without a documented effort on the part of the applicant to complete the certification process, the application will be considered expired and the applicant must reapply.*

Process	Six months	One year	18 months
Submission of incomplete application		Resubmit driver's license, CPM, & photos, request extension	Expired
Skills Assessment	Request extension	Expired	
CPM application	Request extension	Expired	
Written Exam		Request extension	Expired

An applicant must complete all required work within the timetable listed above, including written extensions. *An applicant whose application has expired will forfeit all fees.* Candidates should keep copies of all application materials submitted. If the candidate needs to have expired application materials returned, a \$100 fee will be required. Requests for extensions must be received in writing by the deadline listed. Every effort will be made by NARM to notify applicants of approaching expiration deadlines, but NARM cannot be responsible for notifying candidates who have moved or who do not receive mail at the address listed on the application. The responsibility for meeting deadlines and/or requesting extensions is the candidate's. If unusual circumstances prevent an applicant from meeting these deadlines, NARM will consider further extensions on an individual basis *if submitted in writing prior to the deadline.*

This policy was established by the NARM Board in the year 2000 and officially implemented in the year 2001.

Incomplete Applications

The Checklist for Entry-Level Midwife Form 110 specifically states the following:

- ✓ Important: Send all application materials in one package; incomplete applications will be returned.

The Applications Department will be returning any application that is not complete. In the past rather than send the application back, we have accepted the fees and worked with the applicant, sometimes creating a very long process for the applicant.

Due to the large volume of applications being processed, incomplete applications will be returned with the missing items highlighted. All items, including the cashier's check or money order will be returned. Once the application is complete, the fee will be accepted and an application ID number will be issued. At that point the person applying will be considered an applicant.

Application Audits

The Application Audit process has been successfully launched, with one (1) out of every five (5) applicants being audited. The applicants who have so far received audit letters have been in full compliance with the audit requirements. All audit requirements are based upon the Affirmation of Honest Intent of Representation, which is in the General Information Form 100 and Document Verification Form 205B or 310, attesting to the development and utilization of:

- Practice guidelines
- An informed consent document
- Forms and handouts relating to midwifery practice
- An emergency care plan

Preceptors

Preceptor requirements are listed in the Candidate Information Bulletin. All preceptors must affirm that they are either:

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

Preceptors must affirm that they were physically present in the same room in a supervisory capacity during each experience the applicant acted as a *primary midwife under supervision*. All preceptors sign and notarize Verification of Birth Experience Form 114 and Preceptor Verification of Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Form 202.

A new Preceptor Table has been added to the NARM database. Each preceptor is given an ID number, which is cross-referenced to the applicant in the Applicant Table. Preceptors in this table will be sent a form letter, which will request the following information:

- Total years in practice
- Approximate number of births done as primary midwife
- Demographic data
- Clinical site of practice (home, hospital, free-standing birth center or combination thereof)

The purpose of obtaining this information is to further validate the PEP process and the apprenticeship model of education for midwives as a viable route of entry into the profession.

CPMs and Recertification

To date, there are **722 CPMs** in the CPM Table. **98** new CPM certificates have been issued in 2001.

Each year the recertification requests have naturally increased, adding to the workload of the Applications Department. **146** recertification requests have been received YTD in 2001. As pre-

dicted in the July issue of the CPM Newsletter, the increasing recertification demands finally required the creation of the Certification Department. The Applications Department now sends the names of new and recertifying CPMs to Tina Williams for issuance. The process is still overseen by the Applications Department, with Tina also maintaining the address changes, etc., in the CPM Table.

Recertification reminders and CPM Audit letters are generated through the Applications Department. The CPM audits have continued smoothly, with approximately 2% of the CPMs being audited on a monthly basis, with wonderful cooperation and graciousness from the CPMs. We appreciate the cooperation received as the audit requests continue.

NARM Testing

A Report on the Development of the NARM Written Examination

Many CPMs, from the candidate just receiving the application packet to the experienced midwife who attended births for 20 years before receiving the CPM, have expressed curiosity about the NARM Exam. Who writes the questions? How is the content chosen? How is the passing score decided? The wonderful thing about the NARM process is that midwives are involved in every step of the process. It is the CPMs who do all of the above.

The first step in the process is to determine the content of the examination. A Job Analysis determines the appropriate content, which is a survey of the knowledge and skills of the practicing midwife. The original list of knowledge and skills was developed in the early 1990's in a series of task force meetings around the country. A formal and complete Job Analysis was done in 1995 when the survey was sent

to 1300 people who were identified as midwives by a variety of sources, including those who participated in the Registry (the predecessor to NARM), members of MANA, subscription lists of midwifery magazines, etc. Over 800 midwives responded to the survey. This list included a wide variety of midwives: licensed and unlicensed, direct-entry and nurse-midwives, very experienced and new practitioners. In 2001, the Job Analysis was repeated; this time the survey was sent to 660 CPMs. The Job Analysis identifies the knowledge and skills which practicing midwives deem essential to their job. A task deemed important by a high percentage of respondents goes on the list of topics that will be covered by one or more of the NARM examinations.

The next step is to write the questions that will be on the written examination. NARM welcomes all CPMs to participate in the writing of exam questions. NARM prints a list of reference texts in the Candidate Information Bulletin and all questions must be referenced to at least two of those resources. People who write questions for the exam are called "item writers." Many CPMs have participated as item writers for previous exams, and all questions are now written by CPMs. Most have attended item writing workshops, or telephone conference calls on item writing. NARM has developed a training program for item writers, which will be presented at the Boston MANA 2002 conference, for future item writers. An item writer will develop a question, a right answer, three wrong answers, and a reference for the answers. That item then goes to a team of item writers for revision. Review teams look for clarity in the question, and determine that the answers are appropriately right or wrong. Each item goes through two or three revisions before the final review by the NARM Board.

Each version of the examination goes through a "cut score" process to determine the minimum passing score. Directed by our testing company, a

Committee Reports

group of CPMs (called Subject Matter Experts, or SMEs) rate each question on the probability that an average but competent entry-level midwife would choose the right answer. Mathematically computing each SME's scores on each question results in the cut score, or the specific number of questions that must be answered correctly to pass that version of the examination. Each version of the examination may have a slightly different cut score required to pass, but tends to be fairly close to 80%. The exact cut score on each version is assigned a scaled score value of 75. This process equates the passing score to a scaled score of 75. This way, candidates taking different versions of the exam may have slightly different raw scores and slightly different percentages of right answers, but all will be evaluated as passing at a scaled score of 75. Confusing? You aren't alone. Many people find the concept of scaled scores, raw scores, and percentages confusing. But in the world of standardized testing, it is one of the most reliable methods for equating various versions of equivalent examinations.

The NARM Written Examination is revised approximately every two years. Some items from previous versions are kept, and new ones are added. A statistical analysis is kept on each item so any question that does not perform well can be reviewed and possibly revised for the next version. What does it mean for an item to perform well? Ideally, a question should be answered correctly about 95% of the time. If it is missed more often than that, the item is reviewed for clarity and possibly revised. If it is never missed by anyone, then the question may not be discerning. Interestingly, it is rare for very many people to miss the same question on any version of the examination.

Candidates who take the examination are allowed to write comments about any question. Comments have no effect on the candidate's score, but they are read by the test department and are

considered during exam revision. Also interesting is that while some candidates write comments about several questions, they rarely comment on the same questions. Most candidates do struggle with choosing the right answer on a few questions, but no questions consistently cause that struggle!

The responsibility for overseeing the psychometric development of the NARM Examination, and for assuring the validity and reliability of the exam, falls to our testing company, Personnel Research Center, Inc., of Philadelphia, PA, and our testing consultant, Gerald Rosen, EdD. Jerry and his staff also handle the printing, shipping, and electronic scoring of the examination. NARM's test department does the scheduling of the examinations and the reporting of scores.

That, in a nutshell, is how the NARM Written Examination is developed. The entire process depends on input from CPMs who volunteer to help, from the Job Analysis to item writing to cut scores. The 2001 Job Analysis has been completed and the results are being analyzed as we go to print. It remains to be seen whether this analysis will result in any additions or deletions from our current list of test specifications. Regardless of potential changes to the test specs, the NARM Written Examination will need new items written for the next version of the exam in 2002. It is NARM's hope that many CPMs will be eager to participate in this process and will come to the MANA conference in Boston to attend the item writing workshop. For more information, you may call the NARM test department at 1-888-353-7089 or write to:

testing@narm.org.

Test Department Annual Report

The NARM Test Department has been busy this year scheduling candidates for the Skills Assessments and for the NARM Written Examinations. By the end of December, 52 candi-

dates will have taken the Skills Assessment this year and 150 will have taken the NARM Written Examination. Of the 150 exam candidates, 82 took the exam as part of the CPM certification process and 68 took the exam as part of their state licensure process. Of the 82 NARM candidates, 46 documented their education through the Portfolio Evaluation Process (PEP) and 36 were graduates of MEAC-accredited midwifery programs. We are currently using Form G of the NARM Written Examination, which has been in use since August of 2000.

One of our big projects this year was the 2001 Job Analysis. This project was begun in November of 2000 with the meeting of the Job Analysis team prior to the MANA conference in Clearwater, Florida. This group of Subject Matter Experts (SMEs) worked under the supervision of Herb Bawden of Personnel Research Center to create the 2001 survey. Using items from the current job analysis, items culled from previous analyses, and recommendations from practicing midwives, the team created a comprehensive list of tasks to survey. In June, a trial printing of 30 surveys was sent to a cross section of midwives to review for clarity and typographical errors. Corrections were made, and a final printing was done in August. The 30-page survey was sent to all 660 midwives in the CPM database as of August 2001. There were approximately 25 surveys that were returned due to lack of a forwarding address. Reminder postcards were sent following the return deadline, and another 25 were returned for lack of a current address. Several CPMs called to say they had not received the original survey, so replacements were sent until the supply was exhausted. It is estimated that 600 surveys actually reached the CPMs. Three hundred sixty surveys were returned and are currently undergoing a formal analysis. The 2001 Job Analysis will be the first to survey only current CPMs. The earlier task analyses were done when there were

not yet a large number of midwives who had completed the certification process.

In many health fields, a Job Analysis done every five years reflects changes in the core tasks of a job due to technological advances in the field. Many in midwifery expect that our tasks will not change much because they are not so dependant on technological advances. It will be curious to see if our tasks change as a result of a more clearly defined group of respondents. The results of the 2001 Job Analysis should be available in early 2002 and will be announced in the next CPM News.

Plans within the NARM Test Department for 2002 include the completion of the Job Analysis and subsequent changes to the test specifications, the development of Form H of the NARM Written Examination (for use in 2003), and workshops to train Qualified Evaluators and Item Writers at the MANA 2002 Conference in Boston in October.

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 Written Exam and the skills tested on the Skills Assessment are identified from the Job Analysis, a survey of the current practice of midwives across the country. From this list come the test specifications for each exam. Many midwifery schools base their curriculum on these test specifications so that their graduates will be prepared for the certification exams. The skills checklist portion of the Portfolio Evaluation Process (PEP) is also based on this list, so that 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 compe-

tency 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 expected 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 that the midwife knows these skills whether or not s/he chooses (or is 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 written exam questions or on skills tested on the assessment 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 Bulletin.

Passing the NARM Written Examination or the NARM Skills Assessment depends on receiving a minimum number of correct answers. Leaving a question blank or refusing to perform a specific assessment skill does not automatically result in failing the examination, but will affect the total score.

Each question on the Written Examination is worth one point, but each skill on the Skills Assessment may count for several points. Refusing to perform a skill can cause you to fail the assessment and delay progress toward certification. Candidates should base their answers and demonstration of skills on the test specifications in the CIB, and not on specific individual or state protocols.

Additional CEU's now available.

CPMs completing participation in NARM's Grievance Mechanism or Peer Review in response to a complaint shall be granted five CEUs. These CEUs are in addition to the five required hours for peer review (comparable to NARM's CEU policy for Subject Matter Expert activity). The CEU's will be applicable in Category 5 on the Recertification forms.

Notices & Announcements

Report on the NACPM Task Force Meeting at MANA 2001, Albuquerque

by Mary Lawlor

The Task Force Meeting of the National Association of Certified Professional Midwives (NACPM) was held as announced at the MANA 2001 Conference in Albuquerque, New Mexico on Thursday, September 20. Members of the Interim Working Group, Terri Nash, Mary Lawlor and Dolores Carbonneau conducted the meeting. Lew Barsky, a professional from Albuquerque, was hired to facilitate the meeting. There were approximately 30 participants at the meeting, most of whom were Certified Professional Midwives (CPM). Prior to the meeting, the Interim Work Group had received more than 100 responses by the post card, which was included in the last CPM newsletter, and by e-mail from CPM's voicing support for the new professional organization and wishing to become charter members of the NACPM.

Many members of the Task Force brought strong concerns and questions to the meeting; however, we quickly came together as a working group by being eager and willing to listen to each other and to find ways to fairly and adequately address our needs as Certified Professional Midwives (CPM). By the end of the day, the group was positive, supportive and excited about the formation of the NACPM and its potential to advance midwifery. Discussion at the Task Force Meeting began with a report from the Interim Working Group about their work to date, which included:

- incorporating the NACPM and forming the Interim Working Group
- proposing a process for developing professional standards for

CPMs, modeled on the process that created and refined the CPM credential

- writing articles about the NACPM for the MANA and the CPM newsletters inviting participation in the organization
- contacting NARM, MEAC and MANA directly to inform them of the work being done, to seek their advice and support, and to discuss affiliations with these organizations
- organizing the Task Force Meeting at MANA 2001

Discussions at the Task Force Meeting included:

- the development of a mission statement for the NACPM
- the definition of the term "professional standards"
- the proposed process for developing professional standards
- the relationship between MANA and the NACPM

There was much discussion about the relationship between the NACPM and MANA. The group felt that it was important that the organization function independently with its own governing structure in order to be able to adequately promote and speak for CPMs in legislative, legal and professional arenas. However, the group also decided that it is essential to preserve a unified voice for independent midwifery and to not dilute the resources of the national midwifery community. A proposal from the MANA Board of Directors was considered, and the Task Force approved the formation of the NACPM as a section of MANA. (MANA currently has one other section under its umbrella, the International Section.)

Subsequent to the Task Force Meeting, this same proposal from the MANA Board of Directors was presented to the MANA membership at the Council of Sisters, and it was approved by consensus. It was pointed

out by the MANA Board of Directors that, although the International Section has existed for many years, the by-laws of MANA do not specifically allow for sections of MANA to be formed. It was decided by the MANA Board that preparations will be made to propose a change in the by-laws at the Council of Sisters at MANA 2002 in Boston next year, to accommodate sections of MANA.

The NACPM will function independently to represent its CPM members, with the stipulation that it will not speak for, or bind, the overall organization of MANA. Voting membership in the NACPM includes CPMs only, but there will be non-voting membership categories for consumers, friends and others. Membership will be entirely voluntary.

It was also decided by the Task Force Meeting members to form an Interim Executive Council to begin the development and work of the NACPM. This Council will have a term of four to six months and will be composed of members of the Interim Working Group. The tasks set out for the Interim Executive Council by the Task Force are as follows:

- draft a mission statement based on the work done at the Task Force and circulate it to the membership for further input.
- draft by-laws for the NACPM and describe the relationship of the NACPM to MANA
- recruit members for an Advisory Group
- recruit the ad hoc committee to develop professional standards through a process inclusive of all CPMs
- determine the scope (national or international) of the organization
- approve a final name for the organization
- develop a process for the election of the permanent Executive Council

- propose a budget and develop a mechanism for funding the NACPM

The support for the NACPM by the Task Force Meeting members included monetary donations for the start-up of the organization. To date, \$1300 has been donated to launch the NACPM.

The success of the NACPM depends on the input, support and participation of CPMs. As Interim Executive Council members we again invite you to send us your ideas and suggestions, as well as your contact information. We want to insure that your voice will be heard as we begin the work set out for us by the Task Force. If you have not done so already, please send us the postcard that was included in the last issue of the CPM Newsletter. You can also contact us at the following address or e-mail:

Mary Lawlor, CPM, LM
234 Banning Road
Putney, Vermont 05346
lawcing@sover.net

If you are not using the postcard, please be sure to send us your name, address, phone number, fax number, and e-mail address. Please let us know if you want to become a charter member of the organization, or if you do not want to become a charter member but want us to keep you informed about the NACPM.

We look forward to hearing from you and to working together to advance the profession of midwifery so that soon there can be a midwife for every mother!

MANA 2002: NARM Workshops

NARM will offer pre-conference workshops at MANA 2002 in Boston on October 24 for CPMs who wish to become Qualified Evaluators or Item Writers. All registrants must register for these specific workshops directly

with the NARM Test Department, but will receive CEU credit from MANA as a conference attendee.

NARM Qualified Evaluator Workshop:

This workshop trains experienced CPMs to administer the NARM Skills Assessment, a hands-on exam that completes the Portfolio Evaluation Process (PEP). QEs receive payment from NARM for administering the Skills Assessment. QE candidates must have the following experience in addition to the minimal required for the CPM certification: two years of midwifery practice, 30 out-of-hospital births, 300 prenatal exams, and 30 postpartum exams. Participants will receive a QE Workbook and the updated Practical Skills Guide for Midwifery. The fee for this workshop is \$100 to be paid upon registration with NARM.

NARM Item Writing Workshop:

This workshop trains experienced CPMs to write test questions for the NARM Written Examination. Participants must have completed the CPM certification process and been in practice for an additional year. Participants who complete the workshop are eligible to submit questions for the NARM Written Examination and to serve as Subject Matter Experts for item review and cut score analysis. The fee for this workshop is \$50 to be paid upon registration with NARM.

To register for the QE or Item Writing Workshops, you must request an application from NARM at least two months prior to the conference (by August 24), and submit the application and fee at least one month prior to the conference (by September 24). There will be a minimum number of participants required for the workshops to be held. Early registration will insure that adequate space can be reserved and that the workshop stays on the sched-

ule. All participants must meet eligibility criteria for participation and must register for these workshops directly through NARM by calling 1-888-353-7089 or writing to testing@narm.org

Conferences:

MANA:

The Massachusetts Midwives Alliance Massachusetts Friends of Midwives & Midwives Alliance of North America Present –

Growing the Midwifery Community:
Harvesting the Fruits of Our Labors
Wakefield, Massachusetts
(about 20 minutes north of Boston)
October 25-27, 2002

For more information, see the MANA Webpage at www.mana.org, or contact Atmakaur Khalsa at 508-429-8911 or akmidwife@aol.com.

Midwifery Today:

Midwifery Today USA Conference
Birth Reborn
Philadelphia, Pennsylvania, USA
March 21-25, 2002

Midwifery Today
International Conference
Healthy Birth
Guangshou, Guangdong
The People's Republic of China
June 7-9, 2002

Midwifery Today
International Conference
Revitalizing Midwifery
Including an
International Midwifery Education
Pre-conference Intensive
The Hague, The Netherlands
November 2002

Check out our Website for programs of these conferences at <http://www.midwiferytoday.com/conferences> and subscribe to E-news for free!

NARM Board Members & Policy

Board Candidates

The NARM Board is pleased to present two candidates for election to fill two vacancies on the Board of Directors. Please take the time to vote. Ballots must be postmarked by the NARM Board by March 15th. Write-in candidates are also permitted. The ballot can be found inside the back cover of this newsletter.

All CPM's are invited to participate in NARM work. There are several committees from which to choose. Committee work can lead to a position on the Board for those who are interested and dedicated to seeing NARM continue its work far into the future.

Joanne Gottschall CPM, RN

Joanne has been involved with midwifery since the birth of her daughter Kelly in 1979. Unaware of the various routes of entry, she entered nursing school in that same year on the first leg of her journey to become a Certified Nurse Midwife (CNM).

In 1993, following the homebirth of her son, Patrick, Joanne decided to pursue the direct entry midwifery route and began an apprenticeship. In 1998, she and a Certified Professional Midwife (CPM) and a Certified Nurse Midwife (CNM) began practicing together. In 1996, Joanne also began work in an LDRP hospital unit.

In September of 2000 (at her third of four MANA conferences, which she has attended) in sunny Clearwater FLA, she sat for the NARM test and obtained her CPM.

In her spare time, Joanne has written state reports for the MANA and CfM newsletter, has been actively involved in her state Friends of Midwives group, and has presented testimony for CPM licensure in two states. She has also regularly attended a midwifery study group since 1993.

Joanne is married and the proud mother to Kelly, Brendan and Patrick.

Madrona Bourdeau, LDM, CPM

I came into midwifery in 1976, after the birth of my first child. I started with a midwife planning a home birth and ended up in the hospital. After my daughter's birth, I began to question my life and really felt I had to become a midwife. That passion has never diminished.

After many years of pursuing midwifery in an illegal state, I was finally able to begin my apprenticeship in 1981. I went on to start my own practice in 1983. Later I gave birth to 2 boys, both with midwives at home. I became certified and then licensed in Oregon in 1993/94 and received my CPM in 1998.

I now have attended over 500 births. I have lived in an illegal state, a licensed state where reciprocity was not apart of their law, and a voluntary licensure state where I live currently. After experiencing all of this I feel very strongly the need to support women in becoming midwives and practicing safely and creating a strong profession where we can go about the work of helping woman birth their babies. I feel very privileged to be a midwife and all the trials and gifts that midwifery has brought me.

My reasons for being on the NARM Board are varied, but mostly my determination to keep the apprenticeship/preceptor model in place in midwifery. I feel that NARM strides to support the many roads women choose to become a midwife, and works hard to uphold that standard. I would like to see women having all these options in the many years that follow as we stride for professional acceptance. I feel that we don't need to accept the medical model for midwifery to be professional.

I feel very honored to be a part of NARM and hope that I continue to grow as a midwife, and as a part of NARM can serve midwifery.

NARM Policy on Financial Reimbursement for the Skills Assessment:

The fees paid to NARM for the Portfolia Evaluation Process (PEP) Application cover the costs of processing and evaluating the application and for the administration of the Skills Assessment by a NARM Qualified Evaluator (QE).

The QE is paid a fee by NARM for administering the Skills Assessment. The candidate does not pay any fee directly to the QE for administering the Skills Assessment. However, the candidate may reimburse the QE for any travel expenses incurred if the QE has to travel out of town to the Skills Assessment site. It is recommended that the candidate reimburse the QE up to 31 cents per mile for car travel, which may be documented or estimated by the QE. Reimbursement for airline travel, meals, and lodging may also be offered, if appropriate. The candidate may avoid this extra cost by traveling to the QE for the Assessment.

A pregnant mother and a newborn baby are required as models for the demonstration of some of the skills. The candidate may seek volunteers as models through her own resources, or may ask the QE to provide models if the candidate is traveling to a site where she has no resources for models. The candidate may provide compensation to the models for their time, travel, or miscellaneous expenses, such as babysitting. This is especially appropriate if the models are arranged by the QE and are not friends or clients of the candidate. It is recommended that the compensation to each model not exceed \$25.

NARM Board Ballot

NARM Board Elections

The following two CPM's have been selected by the nominating committee to fill the two open seats on the NARM Board. The nominees must first be elected by the CPM membership. You may vote for two candidates. Write in candidates may also be nominated. Please complete this form and return it to NARM, 5257 Rosestone Dr, Lilburn, GA 30047. All ballots must be postmarked by March 15, 2002.

___ Joanne Gottschall

___ Madrona Bourdeau

___ (Write-in Candidate) name: _____

Your Name: _____

Address: _____

Phone: _____

Citizens for Midwifery Welcomes CPMs!

By Susan Hodges, President, Citizens for Midwifery

Citizens for Midwifery is people working together to promote the Midwives Model of Care, with the goal that one day every childbearing woman will have access to this respectful, woman-centered kind of care. The more of us, the more we can do! We welcome all who want to support this work, especially CPMs!

When you join, you lend your support to Citizens for Midwifery. When you encourage your clients to join, you are helping to grow a powerful voice for the Midwives Model of Care. Your clients belong to a tiny and very privileged group of people — unlike most Americans, they have experienced firsthand the wonderful advantages and benefits of a midwife-attended out-of-hospital birth. You were there for your clients when they needed you. Citizens

for Midwifery can help your clients to be informed and ready to advocate for the Midwives Model of Care when you and midwifery need them.

The first step is to join Citizens for Midwifery yourself. Then request free Citizens for Midwifery brochures to share with your clients. You have made yourself incredibly available to your clients; you can ask your clients for a little support for midwifery, so that in the future more families will be able to enjoy this kind of care. Being a member of Citizens for Midwifery is a great way for your clients to support midwifery advocacy even when they are busy with new babies. A number of midwives are now including a membership as part of their fee, and filling out the form and writing the check in front of the client. Every member receives four issues of the informative Citizens for Midwifery News, full of information, resources, and news about midwifery advocacy across the country. Recognize and encourage the natural leaders and potential activists among your clients by introducing them to

each other and by making sure they get connected with Citizens for Midwifery.

Citizens for Midwifery supports local midwifery and midwifery advocacy organizations with our Membership Special — join or renew with one of these organizations when you join or renew with Citizens for Midwifery, and the membership is only \$15. Contact Citizens for Midwifery info@cfmidwifery.org for the Special Membership form and information.

Citizens for Midwifery helps you, too! Visit the fresh new CfM website at www.cfmidwifery.org, with a brand new section on “Finding a Midwife,” State by State information, and informative advocacy resources. Order CfM's Midwives Model of Care brochures to promote your business (you can call us toll-free at 1-888-236-4880). Know that Citizens for Midwifery coordinates efforts with other midwifery organizations to promote midwifery and the Midwives Model of Care nationally.

Use the enclosed form to join Citizens for Midwifery today!

Information Requests

Can NARM Give Your Name to Those Who Request Information?

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

Release Form

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

Current address:_____

Current city, state, zip:_____

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

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

CPM News

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