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A Tribute to Sharon Wells MS, LM, CPM

by Robbie Davis-Floyd

Apprentice education is one of the most intense educations you can get as a midwife - practical and hands on, especially if you follow the core competencies set out by MANA and meet the standards of NARM.

—Sharon Wells, CPM, 1999

It is an honor to write this article about Sharon Wells, one of the founding mothers of American midwifery. Sharon made important contributions to the development of direct-entry midwifery in the US in three states—Florida, New York, and Tennessee—and then went on to effect change at the national level through her instrumental role in envisioning and creating NARM certification.

Sharon Wells is the homebirth mother of 2 daughters. She graduated from the University of Tennessee with her BS in Education in 1966, and obtained her MS in Educational Psychology, with a specialization in Reading, in 1972. She has been a practicing midwife for 19 years and has

assisted in the births of over 400 babies, including her granddaughter. She began learning midwifery on the Farm in Summertown, Tennessee during the 1970s, where in 1976 she also became certified as an EMT. In the early 1980s, she moved to Gainesville, Florida where she undertook a two-year apprenticeship with midwife Susan Shapiro. In 1983 the DEMs of Florida achieved passage of new legislation, which mandated attendance at a midwifery school. Rising to the challenge, Sharon tapped her expertise in education to become one of the founding mothers and first Administrator of the North Florida School of Midwifery. A true midwifery pioneer, she graduated from the school she helped to found and was licensed by the state of Florida in 1988.

In 1989 Sharon and her family moved to New York to help care for her ailing father-in-law. While running a thriving home birth practice on Shelter Island, she also took on a leading role in the legislative efforts of the New York direct-entry midwives, becoming a founding

Dear Sharon,

The NARM Board wishes to thank and honor you for all the years of dedication and service you have given to NARM and the preservation of midwifery in this country. You have been instrumental to the advancement of midwifery through the CPM credential. Your vision was part of the early impetus for the development of the CPM; your drive and dedication have been important factors in its present success. Over the eight years of your hard work on the NARM Board, you developed knowledge, wisdom, and perspective that greatly facilitated the increasing sophistication and organization of the CPM process, midwives’ legislative efforts in many states, and NARM’s work with state agencies. We appreciate you and all that you have done for direct-entry midwives and the women they serve.

With love and appreciation,
The NARM Board

Tribute to Sharon

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 CPMinfo@aol.com

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

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mother and the first president of the Midwives' Alliance of New York (MANY). For four years, until the passage of the New York Midwifery Practice Act in 1993, she worked to find a way for DEMs to be included in the proposed legislation. She planned strategy, sat in meetings, lobbied legislators, and helped to garner a great deal of grass roots support. For a time it seemed as if her efforts would bear fruit, but when the bill was actually passed, the final version did not open the hoped-for pathways to legalization and regulation for the practicing direct-entry midwives in New York, as Sharon explains in "The New York Legislative Sellout."¹

In the midst of this intense lobbying effort, Sharon also participated in the Interorganizational Work Group (IWG). Sponsored by the Carnegie Foundation, this group consisted of consumers, and representatives from MANA and from ACNM. During their years of meetings and dialogue in the early 1990s, the members of the IWG attempted to come to some agreement about educational routes and standards for midwifery. Their efforts were ultimately unsuccessful, but Sharon came away from those meetings and from events in New York with an enhanced understanding of DEMs' need for a national certification that could validate their education, skills, and experience, no matter what their educational route. In particular, Sharon understood that developing such a certification would be critical to preserving apprenticeship. During the IWG meetings, Sharon had begun compiling a Skills List, starting with lists already developed by the existing direct-entry midwifery schools.

In the late 1980s MANA had created an Interim Registry Board whose charter was to develop an examination to test midwifery knowledge. The original intention was to develop a national registry of those who had passed this written exam. Over 400 midwives were eventually listed in this voluntary registry. In the

early 1990s the Interim Registry Board evolved into the North American Registry of Midwives (NARM). In 1993 Sharon was invited to become a member of the NARM board.

Sharon came to NARM with a vision and a sense of mission about realizing it. Her vision included a concrete plan to turn the NARM registry process into a full-fledged certification. She saw that this certification had to be competency-based—it had to focus on what a midwife knows and can do, not how she learned it. From 1993 when Sharon joined the NARM board, till 2000 when her term of office ended, she played a variety of key roles in creating and implementing NARM certification. She

authored or coauthored all of NARM's major documents, including How To Become a CPM and the application packet. She was heavily involved in designing and implementing NARM's 1995 Job Analysis, the largest survey ever carried out of practicing direct-entry midwives; the Skills List she had compiled was used as the starting point for developing the survey. She interfaced with state regulatory agencies to help them understand NARM requirements and to design state legislation and regulation accordingly. And she liaised with midwives in various states to help them plan effective legislative strategies and to work for insurance reimbursement. Her title was Certification Coordinator.

After trying unsuccessfully to achieve licensure in New York under the 1993 law, Sharon moved back to the Farm. In addition to her work for NARM, she became involved in the successful effort to achieve passage of Tennessee's new midwifery law in 2000. And for several years she has been active in the Maternal Child Health section of the American Public Health Association, working to getting the APHA to pass a resolution endorsing CPM certification. She retired from the NARM board in 2000 when her second term of office ended; her work with APHA is ongoing.



At present, there are almost 700 CPMs in the U.S. and several in Canada and Mexico; the majority have been educated through apprenticeship. This international certification is the only one in the world that preserves all routes to midwifery and emphasizes the skills needed to attend out of hospital births. It has thus become critical not only to American midwives but also to the international midwifery movement. The NARM Board wishes to acknowledge Sharon's core contributions to the development of CPM certification and thus to the preservation of home birth midwifery and apprenticeship. We honor her as pioneer and Founding Mother, and we conclude this tribute to Sharon with her own words, excerpted from her article "Caught in the Middle of the Maternity Care Crisis and a Political-Educational Debate":

There is a need for midwives in all settings—hospitals, clinics, birth centers and homes. Midwifery educators need to be united in the primary goal of increasing the number of midwives in a timely fashion. It is not a competition over whether midwives should be nurse-midwives or direct-entry midwives or working in homes or hospitals. Every midwife is necessary, and all routes of entry into midwifery must be validated quickly if we are to make a timely difference in America's maternity care crisis.

Note:

- ¹Sharon's published articles are important for understanding why she and NARM have fought so hard to preserve apprenticeship as a valid form of midwifery education. They include: "Midwives' Alliance of New York Educational Proposal," MANA NEWS. Vol. VIII, No. 3, July, 1990.
- "Waban's Story," THE BIRTH GAZETTE. Vol. 6, No. 3, Summer, 1990.
- "The New York Legislative Sell-Out," THE BIRTH GAZETTE. Vol. 8, No. 4, Fall, 1992.
- "Direct Entry Midwifery Education: Caught in the Middle of the Maternity Care Crisis and a Political/Educational Debate," THE BIRTH GAZETTE. Vol. 9, No. 2, 1993.
- "Entry Level Midwifery Skills List Revision # 3," THE BIRTH GAZETTE. Vol. 9, No. 3, 1993.
- "Direct-Entry Midwifery Education: Caught in the Middle," PATHS TO BE-

COMING A MIDWIFE: GETTING AN EDUCATION. Midwifery Today, Inc., 1998.

Nelson, Carol and S. Wells, "Certified Professional Midwives Can Improve the Quality of and Access to Maternity Care Services for Women Who Desire Birth in Out-of-Hospital Settings," PROPOSED POLICY STATEMENTS published in THE NATIONS HEALTH. September, 1999.

NARM Herstory

Part One

by Ruth Walsh

I have been asked to write a history of NARM. Where do I begin? With a birth analogy, what else? MANA, of course, is the mother. Conception, as is often the case, occurred in mystery. The latent phase I would rather term the prodromal stage. Maybe because it sounds like drone and my memory of this time was of a constant everlasting droning of all the pros and cons of credentialing versus no credentialing, masculine vs. feminine, regulation vs freedom, voluntary vs compulsory. I do not mean to suggest that it was boring, because in that heyday, it seemed the finest feminine minds in the country were endlessly articulating with passion and brilliance, the clearest ideas surrounding these issues. The debate spilled into the alternative press, I believe, and was not confined to midwifery publications. Can it only have been twenty years ago? It seems a life time of meetings have passed since the article discussing the pros and cons of credentialing appeared in the MANA news in September of 1983.

Several committees in MANA were evolving at this point. The credentialing committee reported that they were at an information gathering stage, for indeed, MANA existed but we hadn't a clue who we really were. The standards and practice committee was busy and at the annual meeting in 1984, in Toronto, 200 midwives of every stripe, from Shamanic to CNM, came to consensus on a Statement of Standards of Practice. T. Charvet and J. Rooks promoted formal education in the MANA News.

At MANA's 1985 annual meeting, the membership came to consensus that some kind of voluntary certification cre-

dential was desirable. Guiding principles were developed regarding numbers of experiences, requirements for a written and a skills test, and administrative issues. The standards and practice committee called for midwifery organizations to send in their own practice guidelines to be compiled for reference in further decision making. They planned a practice survey for 1986 of all midwives. The education committee began collecting competency models from various midwifery organizations. They also planned to articulate the various educational models. The same debate over yes, no, the slippery slope to credentialing hell continued. The credentialing committee came up with a registry proposal. The whole issue was to be voted on by the membership in West Virginia at the 1986 meeting.

In West Virginia the debate was hot and heavy, revolving mainly around liability issues, discipline and due process, and educational prerequisites. The debate was fierce but a vote of confidence on the concept of developing a voluntary national midwifery examination was almost unanimously in favor. The outcome was a proposal to appoint an Interim Registry Board to figure out the liability issues and report back to the MANA board. In 1987, the first board was appointed, including Sandra Abdullah-Zaimah, Lisa Hulette, Katherine Kaufman, Susan Liebel, Rosemary Mann, Tina Moon and Elizabeth Davis as liaison to MANA.

The IRB decided that the test would cover knowledge only, would not certify competence but only knowledge. Competency was left to local jurisdictions. The IRB also made it clear that it could not proceed without the core competencies from the education committee. The MANA budget allocated \$100 to the credentialing committee, \$300 to the education committee, and \$0 to the IRB.

In 1988 I became chair of the IRB. At that time we were still waiting for the core competencies and other guidance from MANA. We were also trying to figure out how to go about developing an exam of national stature. The idea of a committee or a person writing the exam did not strike me as having any particular credibility. There was a national organization for credentialing (that eventually

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NARM Policy

NARM Policy on Participation in the Statistics Project:

All CPMs were required to participate in Project 2000, a collection of CPM birth statistics for the year 2000. Full participation is required for recertification.

The statistics committee has been busy collecting the data, and many CPMs have continued to send in their stat forms for births in the year 2000 and beyond.

When the statistics committee has completed the input of current data, NARM will send a Statistics Completion Certificate to all who participated as required.

The response of CPMs to the statistics project falls into four categories:

- 1) Those who submitted all logs and statistics forms on births done in the year 2000;
- 2) Those who submitted some statistics, but have not submitted reports on all births listed in their logs for 2000; and
- 3) Those who did not submit any information for the year 2000
- 4) Those who were not practicing and/or had no reports to turn in, but who did notify the statistics committee that they would have no reports.

NARM has offered all CPMs who participated fully in the collection of statistics the equivalent of 25 CEUs on their next recertification period. A total of 30 CEUs is required for certification, but 5 of the hours must be in peer review. CPMs who receive the credit for statistics must still obtain 5 hours of peer review. Recertification for those who did not complete the statistics requirement is in jeopardy. The list that follows describes each category and what will be required for recertification:

- 1) CPMs who submitted all logs and statistics forms on births done in the year 2000 may recertify at the appropriate time and may count their participation toward the required CEUs. If recertification is due prior to receiving the Statistics Recertification Certificate, the CPM may write a note verifying that the requirement has been met, and may then send a copy of the certificate when it arrives.
- 2) CPMs who have submitted all birth log information but who have not sent all

birth reports to the statistics committee will be allowed to submit those reports late. Recertification will not be permitted until the reports are turned in. If the statistics are submitted prior to the recertification date, the CPM will receive credit for 25 CEUs toward recertification. If the forms are received after the certification has expired, no credit will be given for CEUs. The expired CPM will need to meet all requirements for late recertification after submitting the required statistical forms.

- 3) CPMs who did not fulfill the statistics project requirements will not be allowed to recertify until they have submitted statistics forms on all births done in 2000. These statistics will not count as prospective data for the NARM project, but will count in the general MANA statistics collection. Upon submitting statistics forms, the CPM will be allowed to recertify but will need to meet all current recertification requirement including CEUs and any applicable late recertification fees (see the web page or the Recertification forms for late recertification information).
- 4) CPMs who did not attend any births in the year 2000 will be allowed to recertify upon sending a notice of inactivity to the statistics committee. These CPMs will need to meet all CEU requirements for recertification.

All CPMs are encouraged to continue submitting statistics on a voluntary basis. The more prospective births we have in the database, the more reliable our statistics will be. Send logs quarterly, and send birth reports 6-8 weeks after the birth.

If you have any 2000 statistics forms overdue, please send them in as soon as possible.

More information on the statistics collection project may be found at www.mana.org/narm

Send all statistics forms and logs to:

CPM Stats
36 Glen Avenue
Ottawa, Ontario, Canada
K1S 2Z7

Questions may be sent to:

CPM2000@ISTAR.CA

CPM Revocation Information

According to the Candidate Information Bulletin, In the case of dishonesty, refusal to inform, negligent or fraudulent action of self-interest in which the certified midwife compromised the well being of a client or client's baby, or with non-compliance to the NARM Grievance Mechanism, this CPM's certificate must be revoked.

After two years, the midwife may re-apply for NARM certification by sending a letter of intent to NARM Applications.

A request for the current CPM Application and a money order for \$50.00 (application packet fee) must accompany the letter of intent. Complete instructions will be sent to the applicant including the following:

1. To complete current General Application Form 100 and
2. NARM Certified Professional Midwife (CPM) Application
3. The application fee (\$700 money order or Cashier's Check)
4. Documentation of continuing education IS REQUIRED AND must be current, dating from the previous CPM credential to the present.
5. All previous requirements originating from Peer Review findings must be completed prior to reinstatement.
6. Any complaints that have been received during the period of revocation must be heard by Peer Review and documented to the NARM Accountability Committee.
7. The Board may decide to implement an initial period of probation during which additional education or documentation requirements must be met. Failure to meet these requirements could result in suspension or revocation.
8. NARM may suspend or revoke the reinstated CPM credential through the NARM Grievance Mechanism.
9. A second revocation is permanent.

NARM Policy on Public Education and Speaking Engagements

NARM is aware that many midwives who have become CPMs would like to share the benefit of their knowledge and experience with other midwives. NARM encourages CPMs to promote the CPM certification process by encouraging other midwives who are interested in or actively pursuing certification. There are some guidelines that we feel should be understood by everyone who participates in public education regarding the NARM process.

1) Anyone who has been active in the development or administration of the NARM Examinations is prohibited from teaching a specific class in preparation for these examinations. Item writers, Subject Matter Experts, Cut Score participants, or translators may not teach a course in preparation for taking the NARM Written Examination or Skills Assessment for three years after participation at any level. NARM Qualified Evaluators may not teach a course in preparation for taking the Skills Assessment for three years after asking to be removed from the NARM QE list. Agreement to these conditions is part of the non-disclosure statement that is signed by all NARM participants. This does not prohibit general midwifery coursework, general conference teaching, participation in a comprehensive midwifery educational program, or one-on-one teaching through an apprenticeship.

2) Anyone who has taken the NARM Written Examination or NARM Skills Assessment is prohibited from offering information regarding the specific information tested for three years from the date of the examinations. This does not prohibit general midwifery coursework, general conference teaching, participation in a comprehensive midwifery educational program, or one-on-one teaching through an apprenticeship.

3) Any information formally presented as part of a conference or workshop, which is presented as being about NARM or about the CPM certification process, must meet one of the two following criteria:

- a) The session must be presented by a member of the NARM board of directors, or must be endorsed by NARM and approved by the NARM board of directors (presenters may submit a complete outline of the content of the session to the NARM board of directors to receive this endorsement), or
- b) The conference brochure must clearly state that the session is not endorsed by NARM and is based totally on the experience of the presenter(s). When information is presented in this situation, each participant must be given a written handout at the session which states that the information is not endorsed by NARM and is based solely on the experience of the presenter(s), and must be given the telephone, e-mail, and written address of the NARM Public Education office so that further questions may be addressed by NARM. NARM will provide the brochure "How to Become a CPM" to be handed out at the session, upon request by the presenter.

Policies and Procedures

NARM now has select policies and procedures on the webpage. Available now are:

1. Certification requirements for physicians
2. Delinquent applications
3. Entry level currency
4. Educational policy
5. Internationally educated midwives
6. MEAC grads - early exam
7. Practice Guidelines
8. Preceptor-Apprentice
9. Recertification notice
10. Revocation
11. Speakers
12. Stats participation policy

If you have any questions regarding a specific policy, please feel free to call us at 888-842-4784

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evolved into the National Organization for Competency Assurance or NOCA) that could have told us exactly how to do it but I never managed to contact them. In retrospect, I realize their recommendation would have been to hire a testing company for tens of thousands of dollars and that would have been the end of the IRB and a national exam. After all, we had a budget of \$0. However, I knew intuitively, that an exam just composed by a MANA or IRB committee would have no claim to legitimacy and I agonized over how to proceed. The credentialing committee had already reported in the MANA news that they were superseded by the IRB and felt their job was done. At some point, MANA allocated \$500 to the IRB but at the same time quite bluntly cut us off and told us to figure it out. We advertised in the MANA news for someone who had testing experience to help us. We received several applications and after reviewing them, selected a CNM with public health background as the most appropriate applicant. But when we contacted her, she declined the position.

Meanwhile, between 1987 and 1989, the education committee had continued to work on the core competency document. Another new organization, the educators coalition (the organization that gradually evolved into MEAC), also reviewed and edited the core competencies. After the 1989 MANA conference in Boston, the MANA news reported the then current draft as the "most refined, integrated, thoroughly reviewed core competency document that exists for North American direct entry midwives."

In the summer of 1990 I went camping and whined to an old client about all the problems of the IRB and how do you develop a credible exam blah, blah, blah. She turned to me and said "well first you...then you do...and then you pre test the exam and then make revisions and administer the final version." The client was Mary Ellen Sullivan and she had a Master's degree in testing research methodology. She applied for the job as testing consultant and was promptly hired by the IRB. And then we were out of the latent phase and into labor. We recruited

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Committee Reports

Applications Report July 2001

Sharon K. Evans, Director of Applications

The Applications Department has grown tremendously since I began processing applications in 1997. Then we had a little over 200 CPMs. Today our numbers have grown to 667 Certified Professional Midwives.

We currently have 108 applicants in various phases of the process. Because we had some applications that were in process for years, the NARM Board felt it was necessary to implement new policies. A Delinquent Applications letter

was sent to all applicants this year, a policy developed by the NARM Board during 2000, to keep the application process within a specific time-frame (to deter delinquent applications) and to assure that application materials are current (i.e., CPR card, etc.).

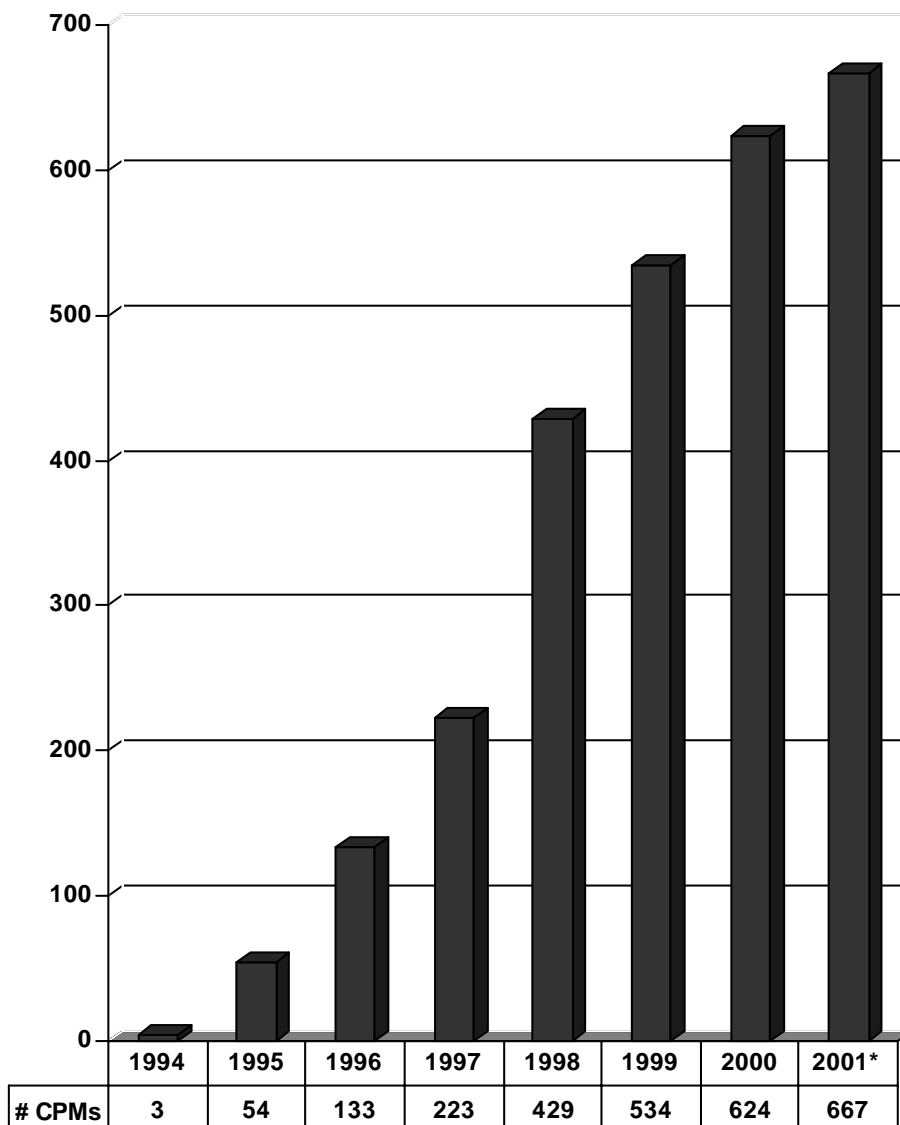
As all those certificates were issued, I didn't realize the work necessary to make the re-certification process run smoothly. It has been an evolving process not without challenges and a few database errors, to my dismay. I can foresee certification and re-certification becoming a department in itself. A total of 151 renewal reminder letters were sent out in 2000. On March 1, 2001

178 re-certification reminder letters were sent to CPMs. The reminders were sent to all CPMs with expiration dates up to June 30, 2001. The next batch of reminder letters will go out again this month, September and December.

In the last issue of the CPM News a letter went out to all applicants and CPMs announcing the implementation of the NARM Audit mechanism. The audit program was successfully launched in March 2000. Audits include one (1) CPM per month (approximately 2%) for this year. One out of each 5 applications will be audited during this year.

As you can see, we've been busy in the Applications Department. I really am proud of the applicants who cross my desk. The documentation, especially for the PEP process is tedious and for the most part, most applications are very organized and complete. The applications do pile up at deadline time, but we are managing to get through them. I have also found most applicants to be a delight to serve. I look forward to our advanced growth as Certified Professional Midwives take their rightful place in society.

CPM Profile, 1994 - July 2001



CPM2000 Report

Ken Johnson and Betty-Anne Davis

The protocol for data collection has been very well received at our presentations at the American Public Health Association. Maternity care researchers in the audience have been encouraged to see that the CPM2000 design includes: prospective logs, client consent forms, direct contact of mothers for validation and satisfaction surveys, detailed data forms and the two options for depth of data collection by each midwife. As well, most CPMs have found that, regardless of the time factor, it is important and manageable. Therefore we plan to continue the tight method by which we are collecting data and do not foresee changing the process.

As a group you are to be congratulated on your hard work and commitment. We have received logs listing more than 8,000 clients (including into the year 2001) and received data on more than 6,000 courses of care.

On this end, we have phoned more than 400 clients to confirm birth details

and ask about satisfaction. More than 4,000 dataforms have been entered into the computer and we are readying the data analysis programs. We have contacted more than 200 CPMs so far to check in and to confirm that all data has been sent for the year 2000, and have to continue to do so until we are sure that everything is in. The management of data on this scale with several hundred midwives involved, including the entry and linking of logs, consents and dataforms is a rather large task, but we have several dedicated and highly competent women employed to help — Jenness Oakhurst, midwife and our data entry goddess for the last decade; Carrie Whalen, mother of all other CPM tasks, Shannon Salisbury, data entry and computer wizardess who has almost completed a windows version for those of you who want to enter directly into the computer, and Billy and Tanya, CPM novitiates.

We will present results at the MANA 2001 meeting in Albuquerque and have been accepted for an oral presentation of results at the annual American Public Health Association conference in November.

We have been developing a survey to find out about clinical and billing protocols to compliment the data collected to date and will send that to you sometime in the next couple months.

Due Dates: For those CPMs who have chosen to continue contributing to the CPM database (thank you), the next due date for logs, consent forms and dataforms is June 30th. We will continue to follow a schedule with similar due dates to the ones on the year 2000 log forms, but now it will be four times a year: March 31st, June 30th, September 30th, and December 31st.

ACNM Conference Report

Abby J. Kinne, CPM

The Midwives Model of Care™ Booth was a hit! It was so satisfying to see our Materials Committee work come to life in a beautifully coordinated and very professional looking booth. Let me take this opportunity to once again thank Nancy Creel, Pam Maurath, the Documents Review Committee and especially Tina Williams and the Materials Workgroup for all

their incredible work during those intense days throughout the month of May! There were often times when we all wanted to throw up our hands in disgust and frustration. But seeing Nancy's vision come together in a finished product was totally exhilarating, making even our worst moments during the process seem worth it!

Pam also provided snazzy (and professional) business cards for each of us who worked at the booth. Although at first we wondered why we needed them, with some guidance from Pam, we soon learned that they were quite useful and we were able to hand them out generously to each booth visitor with whom we spoke.

The MANA posters and T-Shirts were the BIG DRAW to the booth....providing a wonderful opportunity to open a conversation with the customer about the Midwives Model of Care™ and our reception. Carol Nelson, Debbie Pulley, Gera Simkins, Karen Webster and Sharon Wells did a tremendous job of helping with sales and greeting anyone who approached the booth; networking; schmoozing and generally smiling until their cheeks hurt and talking until they were hoarse! Most of the time there were six of us at the booth, and believe me, most of the time (especially the first night) all six of us were kept hopping!

The MANA Reception was awesome!!!! We printed 300 postcards to advertise it and distributed ALL of them! Having Ina May Gaskin there as the draw was truly inspirational! Karen did an incredible job of planning the reception. The food was exquisite.... breads and cheeses, great varieties of snack foods, chips and salsa, chocolate cookies, incredible chocolates, hot chocolate fondue with a huge tray of fruit to dip in it, fresh vegetable trays, dips, coffee, soft drinks and wine.

By 7 pm when the reception was to begin, the room was already packed in like sardines....this, in spite of the fact that the room was kind of out of the way and difficult to find. Over and over again, I heard tremendous compliments about what a great spread we had and how much everyone enjoyed it. It definitely went a long way toward encouraging good relations with the CNMs! Well worth the cost!

On Sunday, the ACNM-MANA Liaison Committee met. The ACNM members

were Nancy Sullivan and Cecilia Jevitt who met with Debbie Pulley and I in Clearwater, FL and a new addition was Susan Stapleton, ACNM Board Member. A fourth member will be named by the new ACNM Board. I felt like I bonded to Susan instantly and hope the ACNM will allow her to remain on this committee.

The meeting went SO well. I think the meeting in Clearwater was focused on feeling each other out and developing trust...but by this meeting we were all ready to work! In no time at all, we were able to work our way through the IWG document and had no difficulty reaching consensus regarding the new language. We agreed to make final changes via email and get the document on the agenda for both the ACNM Board meeting in August and the MANA Board meeting in September. It is our hope that both Boards will once again endorse this statement. The ACNM representatives were optimistic that the attitudes in the ACNM leadership about working cooperatively with MANA are shifting with the new Board members taking office.

The Bridge Club meeting (my first) was somewhat distressing to me. I think I anticipated a lot of "warm fuzzies" but instead felt there was a lot of negativity and hurt feelings expressed. I suspect that this "safe space" to air these feelings is perhaps the most important reason for its existence. Both Nancy Sullivan and Susan Stapleton attended this meeting.

On Wednesday night, I attended the Closing Ceremonies, which included a live, loud band and wonderful food! They DO know how to throw a party! However, shortly after we arrived, Susan Stapleton came in and asked if she could sit with me. For the next three hours, she and I yelled over the band (Did I say the band was loud???) She is definitely an ally and we really got to know one another, talking much of that time about strategy to help the ACNM and MANA join forces in the future....identifying common ground. Though I would have liked to dance and sing (especially after a glass or two of wine) the time with Susan was irreplaceable!

Debbie and I were finally able to leave the hotel for the first time Wednesday afternoon for a 3 hour whirlwind tour just so we could say we had been in DC! The whole experience was amazing.

Notices & Announcements

Attention All CPMs – You, Too, Could Be a Qualified Evaluator!

Are you interested in becoming a Qualified Evaluator for the NARM Skills Assessment? If so, sign up to take the Qualified Evaluator training at the MANA conference this year. The QE training will be offered as a full-day pre-conference workshop on Thursday, September 20, 2001.

To qualify for the QE workshop, a CPM must be currently certified and have beyond the minimal experience requirements for certification. The additional experience requirements are two years of midwifery practice, 30 births, 300 prenatals, and 30 postpartum exams as primary midwife. The experience requirements may be met before or after obtaining the CPM credential, but must be in addition to the 20/20 births, 75 prenatals, and 40 postpartum exams documented for certification.

After passing the QE training, the QE is placed on the active QE list that is sent to all NARM PEP candidates when they become eligible for the Skills Assessment. The candidate then chooses a QE and together they arrange a schedule for administering the Skills Assessment. The candidate is responsible for providing all the required equipment, and for providing a pregnant woman and a newborn baby for the assessment, but the QE may assist in making these arrangements if needed. The skills assessment takes about 3-4 hours to complete. The QE receives a \$50 reimbursement from NARM for administering the Skills Assessment.

To register for the QE Workshop, the CPM must call NARM for an application (1-888-353-7089) and must register for the QE workshop through the MANA conference. To receive a MANA conference brochure, please contact Julia Knight-Williamson at 505-265-2782 or abq2001@aol.com. More information about the MANA conference can be found at www.mana.org. For more information about becoming a QE, call the NARM Test Department at 1-888-353-7089.

Would YOU like to serve on the NARM Board of Directors?

NARM encourages all CPMs to consider serving on the NARM Board of Directors. Some experience in organizational or political areas is helpful but not necessary. NARM has board positions for CPMs and for public members. Public members should not be midwives, but should have some affiliation with midwifery (parent, author, activist, etc).

Board members should expect to spend approximately ten hours a week on board work, including a required two-hour conference call on Friday mornings. Board members need access to a computer and e-mail, and some familiarity with MS Word. The NARM Board meets just prior to the MANA conference and, some years, again in the Spring.

NARM is looking for CPMs with a variety of life and midwifery experience. The ability to write and/or speak in public is an asset, and a strong sense of commitment to the midwifery community is essential. Potential board members may be interviewed at the MANA conference in September. If you would be interested in serving on the NARM board, or know someone you would like to nominate, please call Debbie Pulley at 1-888-842-4784 or write CPMinfo@aol.com.

National Association of Certified Professional Midwives Forms

Direct-entry midwives have come a long way in the past five years. Of the three components that are the hallmark of a profession – certification, an education accreditation council, and a professional organization – two have already been established. The Certified Professional Midwife (CPM) credential is legally recognized in 17 states, with total number of CPMs nationwide nearing the 700 mark. The Midwifery Education Accreditation Council has been officially recognized by Department of Education as an education accreditation council. Now, four of us have formed an Interim Work-

ing Group to organize a CPM professional organization, the missing component in the professional triad for CPMs. Named the National Association of Certified Professional Midwives (NACPM), it is intended to function as an independent professional organization for CPMs, setting standards and promoting the interests of CPMs in the legislative arena. We are hoping that every CPM will join in this effort.

Why did members of the Interim Working Group decide to take the initiative in forming a professional organization?

The Massachusetts Midwives Association, in coalition with the eastern and western Massachusetts chapters of the ACNM and the Massachusetts Friends of Midwives (MFOM), is working on a legislation that will create a joint midwifery board in the Commonwealth of Massachusetts. In working through the details of the bill, both the legislative sponsors and the coalition partners have asked about the CPM practice guidelines and standards. It did not take much inquiry to figure out that in fact there were no national practice standards for CPMs, and that if Massachusetts CPMs were going to meet this requirement in time for passage of the Massachusetts legislation, we needed to step up to the plate and accept the challenge of creating a professional organization that could then engage in a broad-based process to set national practice standards for CPMs.

A few phone calls later, it became apparent that the idea and need for setting national practice standards extended beyond Massachusetts. In fact, Massachusetts was only the immediate instance of a legislative effort that was stalled for lack of national CPM practice standards. CPMs from Vermont felt that national standards would have strengthened their hand in getting less restrictive rules and regs and that experience would be seconded by the other 16 states that regulate CPMs. The point is that time spent now to establish standards of practice will help avert roadblocks in the future.

Why is it important to convene a task force to define the process for setting standards?

The members of the Interim Working Group were keenly aware that setting

national practice standards would not be an easy task. Most importantly, it would require a process that allowed maximum input from existing CPMs. There are currently 650 active CPMs, so organizing anything inclusive with that number of people was by definition a challenge. Therefore, the Interim Working Group limited its role to four administrative tasks:

- Create a name for the new organization
- Write and publish an article in the CPM News calling all CPMs to become charter members of this new professional organization
- Create a means to collect contact information for CPMs interested in becoming charter members of this organization - see the enclosed stamped, addressed postcard
- Organize, i.e. reserve a room and set a date for an initial meeting of a Task Force whose initial agenda would be:
- Determine and approve the sequential steps needed to engage in a broad-based, inclusive process to set national practice standards and guidelines for CPMs
- Elect a board of directors for the newly formed National Association of Certified Professional Midwives

Why is it important that as many CPMs as possible participate in this process?

All of the organizers of this effort recognize that setting national practice standards has been viewed with significant trepidation by most CPMs. Most CPMs see standards as limiting their practice. They wonder, will VBACs, breeches and twins be outside the scope of practice standards? Does this mean that I will lose the flexibility to use herbs, or that I will have to carry more equipment? In fact individual members of the working group had the same concerns, fears, and trepidations. However, they also realized that it was possible to create a process that would be as inclusive as possible so that any practice standards would reflect the practice of the entire CPM community. More importantly, they recognized that while setting standards was the next step in establishing the CPM as a professional credential, it did not have to mean that CPMs would be unduly restricted in their practice. Instead it would mean

that CPMs themselves would set practice standards.

Currently, the 17 states that regulate direct-entry midwives have some kind of practice standards defined in their rules and regulations. Many of you have participated in these state processes, and therefore know that often it is the doctors and state agency personnel, not the CPMs, who have the upper hand. In many cases these rules and regs are in fact very limiting. While there is no guarantee that states would immediately adopt the practice standards developed by a national CPM professional organization, it is likely that over time they would do so, because for most other professions, the state rules and regs refer to the practice guidelines and standards of the professional organization. However, because there is no national professional organization, and therefore no national standards, these states do not even have the option to choose to adopt CPM created practice standards in their rules language.

Why is your participation important?

Members of the Interim Working Group thought that it was time to stop letting others define the practice standards for CPMs. That meant taking responsibility for creating a professional organization for CPMs that could in fact create a process for creating practice standards that would be by and for CPMs. The Interim Working Group is committed to facilitating this open and inclusive process for CPMs. We also know that unless all or most of the existing CPMs participate in this process it will not truly reflect the practice standards of the profession. Therefore, we urge, we beg, we plead, we implore you to attend the task force meeting on Thursday, September 20. The purpose of this day-long meeting is to establish and set in motion the process for developing standards, not to set or discuss specific standards, and to establish the working committees that implement the ongoing work of this new professional organization. If you cannot attend the September 20 meeting, consider volunteering for one of the working committees.

We hope to see lots of CPMs at the task force meeting on Thursday, September 20 at the MANA Conference in Albu-

querque, New Mexico. If you have not yet received a conference brochure, you may find one at www.mana.org

Sincerely,

Interim Working Group of the National Association of Certified Professional Midwives (NACPM)

Terri Nash, CPM - Massachusetts

Dolores Carbino, CPM - Maine

Marilyn Greene, CPM - Tennessee

Mary Lawlor, CPM - Vermont

CPM Professional Organization

by Ruth Walsh, CPM

I have been reading old MANA newsletters for a history of NARM. It is astonishing to see that the efforts of decades of work of MANA committees has resulted in today's reality of Department of Education endorsement of MEAC and a national certification process managed by NARM that certifies over 600 midwives.

Now there is a movement to establish a professional organization for CPMs. From the experience of our past, I have some advice:

Be sure to be as inclusive as possible in developing this organization. Mobilize the power of every CPM.

Use consensus decision making processes. The power of documents and organizations comes from the bits of power of each midwife consolidated into one focused force.

Build on the work that exists. As we used documents from other midwifery organizations, refer to the Job Analysis, the Core Competencies, the Ethics Statement. Look the ACNM documents regarding their professionalism.

Separate from MANA. NARM and MEAC were able to fly when they left the nest.

Stay close to MANA. Minimize cost and maximize participation by tagging your meetings onto the MANA annual conference.

Know that you really will be speaking for CPMs and do it right.

Join this organization and take your turn at doing the work. MEAC, NARM and MANA board members, committee chairs, and newsletter coordinators are

Notices & Announcements

just ordinary midwives who TAKE THEIR TURN doing the work.

Remember, there are many professional organizations that function with very small percentages of practitioners as members and this skews their output. If you want a CPM organization that is true to your ideals, that will not irritate you, you had better be an active part of it.

Numbers Matter!

MANA is the only national organization that is open to all midwives. The ACNM's membership has surpassed 8000 while MANA's membership has held steady at around 1000 for nine years.

In order to continue to provide an effective counterbalance to the medicalization of midwifery, and to promote the Midwife Model of Care™ and the CPM, MANA must grow.

Only half of all CPMs currently belong to MANA.

JOIN MANA, SO THAT WE CAN STAND TOGETHER AND BE COUNTED!

Benefits of membership include:

- The MANA News – a primary source of information about political issues affecting CPMs
- Ensuring that MANA represents the interests of CPMs
- Being part of the Sisterhood of Midwives
- Fostering midwifery as a social movement
- Helping to preserve out-of-hospital birth
- Being counted in the national tally of direct-entry midwives

Ask not what MANA can do for you – ask what you can do for midwifery by joining MANA!

To join, contact:

Kelley Daniel
5426 Madison St.
Hilliard, OH 43026
(614) 777-0246
Birthlady@aol.com

IMPORTANT! New Recertification Address:

The NARM Application Department moved from Oregon to Alaska two years ago. Any correspondence that has the Oregon address (including recertifications) should now be sent to Alaska. Please note the new address for sending applications and recertifications is:

NARM Applications
PO Box 672169
Chugiak, AK 99567

Recertification forms can be found on the NARM Webpage.

Certification Revocation

The North American Registry of Midwives Board has revoked the CPM credential from Valerie El Halta. She may no longer refer to herself as a NARM CPM, Certified Professional Midwife, or CPM, and is advised to honestly and responsibly inform current and prospective clients that her CPM credential has been revoked.

After two years she may apply for her CPM credential to be reinstated.

Conferences and CEUs

Workshop Webpage: Ollie Hamilton, CPM, has put together a wonderful webpage that lists many workshops. The address is <http://www.birthwithlove.com/resources/workshops/>

MANA SE Regional Conference:

“Handing Down the Tradition”
August 23-26, in Lucas, Kentucky
Contact Candy Brunk at 859-737-1836 or c_sbrunk@bellsouth.net

MANA 2001: A Midwifery Odyssey,
Albuquerque, New Mexico
September 20-23, 2001
Contact ABQ2001@aol.com

Address Correction

If you know a CPM who is not receiving the CPM News, please have them contact us to verify we have the correct address.

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subject matter experts, requested donations of test exam questions from various schools and licensing agencies. We reviewed, revised and rewrote. We invited candidates to take the exam. We charged the unbelievable fee of 150 dollars. Unbelievably high then, and incredibly low now. But those 150 dollar checks, coming in at the rate of a couple each week, for a test that didn't yet exist kept the bills paid and the ball rolling. I appreciated then and appreciate now the support and faith of all those early test takers.

The pretest was given in September of 1991. After extensive revisions, it was officially administered as the North American Registry Exam for Midwives in El Paso, Texas, in November of 1991. We applied for incorporation as a non profit organization totally separate from MANA called the North American Registry of Midwives. The IRB had accomplished the mission assigned by MANA. A national exam to measure midwifery knowledge was a reality, the IRB was a separate entity, protecting MANA from the liability factor, and the stage was set for further development into a full certification granting organization.

Look for part two in the next CPM News.

NARM Needs Pictures!

NARM is in the process of redoing its materials. The consulting firm has recommended we use plenty of pictures. Do you have special pictures that typify the Midwives Model of Care™ that you would be willing to share? If so, send them to NARM, 5257 Rosestone Dr., Lilburn, GA 30047, along with a release authorizing NARM to use them on its materials and/or webpage.

Proof of CPM Status

If your state requires proof of your CPM status, please contact NARM for an authorization form. This form is also available on the NARM Webpage.

From Your Peers

Building Relationships Between Midwives

By Gaye McMichael, CPM

Midwives are a unique and peculiar lot! We tend to be very strongly convinced of what we believe. We are fiercely protective of that which means the most to us. We are intuitive and yet very down to earth in our decision-making. We care deeply for those with whom we have a relationship. Yet we are easily hurt, put on the defensive. Insecurities haunt us along the way. All of this goes into making us who we are. The rest of the world sometimes has a difficult time interpreting this creature known as midwife. We often feel as though we cannot explain our deep feelings accurately to others who are not familiar with the kind of life we live.

This is why we need each other. Midwives can benefit in many ways by establishing and maintaining healthy relationships with other midwives. In some areas, this is geographically difficult. In other areas, different philosophies of practice may inhibit networking. But the bottom line is, wherever there is an option to be in contact with other midwives, a valuable interchange can take place.

First of all, we just need to have another person in our life who is walking a similar path. There will come a time for each of us, as a midwife, where we will question ourselves or need the input of another midwife. Sometimes we need an understanding shoulder to cry on. Sometimes we need someone else to tell us, "Don't worry about that, you're a great midwife!" Sometimes we need another caregiver to tell us what they think about a scenario we give them. Sometimes we just need to know there is another person out there that we CAN talk to. Relationships with one another as midwives enhances and enriches our own practice and can help with the emotional needs we all have.

Another thing we can give each other is honesty. This can be a "difficult gift" because it requires each of us to be willing to hear the truth. But are we interested in growing? Are we interested in doing things a better way? Sometimes, another midwife who can objectively

assess a situation can give valuable feedback. If we have ears to hear and we are willing to learn and if there is a trust built between midwives, we can all improve. And going back to the heart of our work, we know that we all want to do a good job.

There are those moments when we "just need to vent" ... about the long labor that just ended in a transport ...about a client unwilling to pay for services in a timely fashion ...about how hectic life is ...about things that are going on in our lives. Having a friend who can understand because of similar life-calling is a treasure.

Practical information, peer review and educational sharing are logical reasons for networking with other midwives. The wealth of information that is available is best gleaned and shared by all who are in their own process of continuing education. It's great to pick up the phone and find out from another midwife "the scoop" on something of interest. It's nice to be able to meet together and share birth stories and information.

We are sensitive, strong, caring and influential people who take our work seriously and value our clients. And because of this, we tend to give all we have of ourselves. Sometimes we get tired. Sometimes we have fascinating stories that need a certain audience to appreciate the tale. Our husbands and children don't often desire to hear about the amazing cervix that went from four to ten in twenty minutes! Yet these are the kinds of experiences we want to share with someone else. We want affirmation, approval. Other midwives with whom we can build a relationship can give us the support and strength we need in our joys and our tears. Let's make an effort to seek out others who are willing to enter into this kind of companionship and all benefit, learn, share and become stronger and better in our work and in our own lives.

RN Researching Friedman's Curve, Requests Input

My name is Sandy Cesario and I have been a labor and delivery nurse for approximately twenty-five years. Currently, I am an educator and researcher at Texas Woman's University. A project that I am about to undertake involves investigation of labor support and re-evaluation of the antiquated Friedman's Labor Graph.

I am looking for midwives who might be willing to complete a brief descriptive survey about the agencies in which they practice (if doing deliveries in an agency setting) and a brief summary of the lengths of labors for five women who did not receive any major medical intervention (i.e. pitocin or epidural anesthesia). A copy of a form and a return envelope will be mailed directly to participants and participation will remain strictly confidential. Client information will be completely anonymous and only minimal information about each woman will be collected, making it impossible to identify individuals or agencies.

Your help with this project is greatly appreciated. **If you would be willing to complete this survey, please email your name and mailing address to: SCesario@twu.edu**

The form and a return envelope will be mailed directly to you.

Thank you very much for your consideration! I am looking forward to hearing from you.

Sandy Cesario Assistant Professor,
College of Nursing Texas Woman's
University, Houston Center
1130 M D Anderson Blvd
Houston, TX 77030
Office Phone: 713-794-2110

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 <CPM info@aol.com> , or by mailing it to Debbie Pulley, NARM Public Education, 5257 Rosestone Drive, Lilburn, GA 30247.

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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