

NC ACPM

CPM Educational Pathways and Scope of Practice



October 2023

CPMs Across the United States

- Currently 37 states license the practice of CPMs, including the 3 states adjoining NC- Tennessee, Virginia and South Carolina



Apprenticeship

- Clinical training minimum 2 years in length
- All clinical training in the past 10 years
- 10 births as primary in the past 3 years

Education

- MEAC Accredited Academic Program
- Portfolio Education Process (PEP)

NARM Exam

CPM Pathway

A Certified Professional Midwife (CPM) establishes entry-level midwifery knowledge and skills to practice competently through education, training, and supervised clinical apprenticeship. After completing educational requirements and apprenticeship, CPM candidates must pass a written examination to become credentialed as a CPM.



Apprenticeship

- 10 birth observations: 2 planned in-hospital, 5 home births
- 20 births as assistant/in training, learning all aspects of care
- 25 births as primary midwife, minimum 10 out-of-hospital births
- Primary midwifery care of 50 clients during pregnancy
- Primary midwifery care of 50 clients during labor and delivery
- Primary midwifery care of 50 clients during postpartum
- 50 Newborn examinations
- 5 births as primary w/ full continuity of care: 5 prenatal in 2 trimesters, birth, immediate PP, 2 newborn exams (birth and >12 hours PP), 2 PP maternal exams (at 24 hours and 6 weeks)
- 10 births with minimum 1 prenatal exam

CPM Preceptors must have an additional 3 years experience after credentialing or 50 primary births beyond entry-level CPM requirements.



MEAC Accredited Academic Programs

- Midwifery Education and Accreditation Council (MEAC) is authorized by the USDE NACIQI (National Advisory Committee on Institutional Quality and Integrity) to accredit direct-entry midwifery schools and programs
- There are 10 MEAC accredited/pre-accredited direct-entry midwifery schools/programs in the U.S.
- Typically certificate programs, some confer degrees as authorized by regional accreditation or each state's DOE
- Direct-entry midwifery education takes 3-5 years
- Academic knowledge, clinical skills and critical thinking – including the “nursing skills” required for midwifery care
- Must satisfy the MANA core competencies and NARM required skills and clinical experiences
- Some MEAC programs may require additional apprenticeship experience beyond NARM requirements



Portfolio Evaluation Process (PEP)

- Apprenticeship with a Registered NARM preceptor
- Skills Verification by a Registered NARM preceptor
- 2nd Verification of Skills by one or more Registered NARM preceptors

Additional NARM requirements for certification

- Current NRP & CPR/BLS (adult & infant) certification
- Cultural competency training
- Midwives Model of Care
- MANA Core competencies
- NARM skills list
- PEP applicants: All clinical requirements must be completed within the U.S. or Canada
- Graduates of MEAC accredited programs: minimum 10 of 25 Primary Under Supervision births must be in the U.S. or Canada
- Individual practice documents: Practice protocols, Informed consent and Emergency care plan





NARM Exam and Credential

- 300 multiple choice questions, given in two 3 hour sections
- The CPM credential issued by NARM is accredited by the National Commission for Certifying Agencies (NCCA), the same agency that accredits the CNM credential.



Midwifery Bridge Certificate

- Completion of 50 accredited approved continuing education contact hours within the 5-year period prior to application.
- CEUs must be granted by an accrediting organization such as MEAC, ACOG, ACNM, AWHONN, AAFP, State Health Departments, Nursing or Perinatal Associations.
- Based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies.

A Pathway for PEP CPMs to meet ICM competencies and standards of midwifery education

- Category 1: Emergency Skills in Pregnancy, Birth, and the Immediate Postpartum – with hands-on components
- Category 2: Emergency Skills for Newborn Care – with hands-on
- Category 3: Specific Topics Relevant to Midwifery Care



CPM Scope of Practice

CPMs are primarily independent self-employed practitioners who attend births in homes and birth centers.

CPMs provide prenatal, labor, birth, postpartum and newborn care to healthy low risk clients and their babies. Training includes management of variations in the childbearing year and risk assessment to determine when to consult, transfer a client out of care, and transport to a hospital-based provider.



CPM Skills

- Ongoing prenatal care
- Risk assessment/consultation/risk out
- Testing and screening – prenatal labs, genetic testing, Paps, STIs, gestational diabetes, ultrasound, GBS testing, etc
- Nutritional counseling
- Psychosocial support
- Intermittent fetal monitoring
- Labor assessment and support
- Birth care
- Emergency management and transport
- Administration of drugs to control hemorrhage
- IV administration
- Episiotomy if necessary
- Suturing perineal lacerations (1st and 2nd degree)
- Newborn assessment – pulse oximetry, audiology, metabolic screening
- Postpartum care
- Breastfeeding, infant care and parent education
- Birth certificate filing (where legal)



CPM Recertification Requirements

- NARM requires recertification for all CPMs every three years.
- 30 continuing education credit hours
 - 25 continuing education credit hours or re-take the NARM Written Examination, plus
 - 5 hours of peer review
- Current NRP certification with hands-on component
- Current CPR certification with hands-on component
- Cultural competency course approved by MEAC or state education program



NARM CPM Grievance Process

- Client complaints can be filed with NARM's Accountability Department
- An ad hoc Complaint Review Committee of local CPMs reviews the case – client's complaint, midwife's records, hospital records, transport records, etc, and interviews the client and the midwife
- The Complaint Review Committee makes recommendations to the NARM Accountability Department Chair
- NARM determines what action to take – continuing education in specific areas, practice under supervision, suspension or revocation of CPM credential

What We are Working For

Successfully passing legislation for CPM licensure in North Carolina in 2025!

We believe that licensure and integration of CPMs in NC is a vitally important issue that can increase access to high quality midwifery care for NC families, improve outcomes and experiences, ensure appropriate levels of education and skills for NC CPMs, and provide appropriate accountability for CPMs in North Carolina.

We Would Love Your Support!

CNM support of CPM licensure is important because it illustrates a unified midwifery workforce that is in alignment

with the common goal of providing the safest, highest quality perinatal care possible for NC families. It also lays the groundwork for forming collaborative relationships between hospital based CNMs and community based CPMs, ensuring a continuity of midwifery care for families who intend to birth at home or in a birth center but need to transfer into hospital settings before, during, or after labor. We all know midwifery care improve outcomes, we would love to work together to magnify that impact for NC families!



More Information

- nacpm.org
- narm.org
- usmera.org
- ncforcpms.org



A sunset scene with silhouettes of a group of people, a bench, and a tree. The sky is a mix of orange, yellow, and brown. The silhouettes are dark against the bright background. The text is overlaid on the right side of the image.

Thank you

*“Alone we can do so little;
together we can do so much.”*

~Helen Keller